



Riverhaven Substance Abuse Prevention and Treatment
Services Coordinating Agency
**PREVENTION AND TREATMENT
SERVICES ACTION PLANS FOR
FISCAL YEARS 2010 AND 2011**

July 31, 2009
** ORIGINAL SUBMISSION **

Joseph P. Sedlock, MSA
Director, Riverhaven Coordinating Agency



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July 31, 2009

Michigan Department of Community Health
Office of Drug Control Policy (ODCP)
Lewis Cass Building
320 South Walnut Street
Lansing, MI 48913

Dear Ms. Hollis and all ODCP Staff:

The purpose of this letter is to confirm electronic transmittal of Riverhaven Coordinating Agency's FY10 and FY11 Action Plan (AP).

Stakeholder input has been solicited and considered in shaping our AP. The submission of our AP was recommended by our Regional Oversight Committee and approved by the Bay Arenac Behavioral Health Authority Board of Directors.

Riverhaven Coordinating Agency is committed to operating a system of management that integrates best practices at the level of service delivery and administration, takes advantages of efficiencies, and that is both consumer and data driven. As ODCP is a significant stakeholder, we invite your comments, suggestions, criticisms and other remarks.

We appreciate the opportunity to strengthen our partnership with you towards preventing and treating substance use disorders in our region of the State.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Sedlock", is written over a horizontal line. The signature is stylized and cursive.

Joseph P. Sedlock, MSA
Director Riverhaven Coordinating Agency
Bay Arenac Behavioral Health Authority



Appendix I

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Appendix II

PUBLIC COMMENT AND COLLABORATION FORM/CHART	
Question:	
How does the coordinating agency (CA) invite each of the following to participate in development of the CA action plan?	
Population	Method
General Public	RCA encourages the public to submit comments through our website at www.riverhaven-ca.org . We also set up an 800 number with flyers posted in provider waiting rooms so that the public can call in during a special Advisory Council meeting to provide feedback.
Service Recipient/Clients/Consumers	RCA utilizes the two methods mentioned in the section above. Additionally, we review feedback from our consumer satisfaction surveys.
Business Partners	RCA utilizes the two methods mentioned in the general public section. We also are discussing the plan at each county's Health and Human Service Collaborative and SPF/SIG Coalition meetings. In addition, we review provider satisfaction survey feedback. Network providers receive a draft and are asked to provide feedback.
Others	A draft document is presented to the Advisory Council, the Bay Arenac Board of Directors and the PIHP Affiliate Leadership. We also use our website, accept phone calls and e-mails.
Question: How does the coordinating agency make available its completed CA action plan to each of the following?	
Population	Method
General Public	A final version of the document will be available on our website at www.riverhaven-ca.org . It will also be available at Advisory Council meetings.
Service Recipient/Clients/Consumers	It is available in the two methods described above. Additionally, a final version is sent to Network Providers and they are encouraged to provide to their stakeholder (i.e, their boards, etc.)
Business Partners	It is available as described in the general public section. Copies will be available at HSCC and SPF/SIG coalition meetings. A copy will be e-mailed to all network providers.

Appendix III

PREVENTION PLANNING CHART

CA Name Riverhaven Coordinating Agency **Fiscal Year** FY10/11

Contact Person Jill Worden jworden@babha.org

Prevention Priority Focus Area Childhood and Underage Drinking- National Outcome Measure Domain: Reduction in Past 30 day use

Who are your partners in this area of prevention focus, and what specific role(s) do they play? (NOTE: This section is looking at how your CA is working toward community involvement.)

Coordinating Agency (CA) Prevention staff work with local groups in all six counties along with contracted prevention providers to address the problem area of underage drinking. These groups are made up of several key stakeholders in each community including, but not limited to: Department of Human Services (DHS), local schools, local business, religious leaders, law enforcement, courts, prevention agencies, local services agencies, parents and youth. The CA as a department of our regional PIHP also works closely with the Community Mental Health (CMH) agencies through out our region.

Consequence(s) / (Prevention Priority Focus Area)	Consequence Support Data	Data Sources	Associated Intervening Variable(s) to Be Targeted	Primary Federal Strategies (specific) and Associated Evidence-based Interventions (specific) for each Strategy	Geographic Area Served	Service Population Type (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
1. Illegal alcohol, use by youth.	<u>Alcohol past 30 day use.</u> <u>High School Youth</u> - Arenac – 40.6% - Bay – 33.4% - Huron – 40.7% - Montcalm – 30.8% - Tuscola – 33.6% - Shiawassee* – 35.8% <u>Middle School</u>	2008 Michigan Profile for Healthy Youth (MiPhy) County Reports for Arenac, Bay, Huron, Montcalm and Tuscola Counties. *As no 2008 MiPhy report was available for Shiawassee County, and as	- Lack of perceived risk - Parental approval of the problem behavior - Community Norms Favorable toward Alcohol use - Low Community readiness to address the	(Universal Programs) Education - All Stars Program - Smart Moves Program - Project Alert Program - Conflict Resolution Program - Lions Quest Skills for Adolescents - Systematic Training for Effective Parenting (STEP) Program - Second STEP Program - Strengthening Families Program <u>Alternatives</u> - Peer Assistance Leadership Program/Natural Helpers - SMART Leaders	Regional	Universal	- Increase knowledge of alcohol effects and consequences - Increase refusal skills - Increase family management skills - Increase community awareness of the problem behavior and consequences. *The above four outcomes are fairly constant for Universal Programs in the regional counties.	- Reduce past 30 day use of alcohol, tobacco and marijuana. - Increase age of first use. - Increase perceived risk. - Increase parental and community disapproval of the problem behavior. - Increase community capacity – i.e. coalition membership, coordinated funding, coordinated planning.	- Boy’s and Girl’s Club - Bay Regional Medical Center - Huron Health Department - Life Guidance Wellness and Prevention - List Psychological Services - Catholic Charities of Shiawassee

Consequence(s) / (Prevention Priority Focus Area)	Consequence Support Data	Data Sources	Associated Intervening Variable(s) to Be Targeted	Primary Federal Strategies (specific) and Associated Evidence-based Interventions (specific) for each Strategy	Geographic Area Served	Service Population Type (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
				<ul style="list-style-type: none"> - In home suspension Program (Adult/Peer mentoring) <u>Problem Identification and Referral</u> - Insight Program - Minor In Possession (MIP) Programs Student Assistance Programs 			<ul style="list-style-type: none"> experimentation. - Reduction of legal problems. - Increase in family communication. - Reduction of behavioral problems. 	<ul style="list-style-type: none"> - Decrease of past 30 day use rates. - Increase age of first use. 	

Appendix III

PREVENTION PLANNING CHART

CA Name Riverhaven Coordinating Agency **Fiscal Year** FY2010-FY2011

Contact Person Jill Worden, jworden@babha.org

Prevention Priority Focus Area Reducing Alcohol Related Traffic Crashes with focus on National Outcome Measure Domain: Crime and Criminal Justice

Who are your partners in this area of prevention focus, and what specific role(s) do they play? (NOTE: This section is looking at how your CA is working toward community involvement.)

Please see Strategic Planning Framework/State Incentive Grant (SPF/SIG) Implementation Status Report April 2009, p. 21 & 22 for community partners in the project. (Attachment #1)

Consequence(s)/ (Prevention Priority Focus Area)	Consequence Support Data	Data Sources	Associated Intervening Variable(s) to Be Targeted	Primary Federal Strategies (specific) and Associated Evidence-based Interventions (specific) for each Strategy	Geographic Area Served	Service Population Type (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
1. High rates of alcohol related vehicle crashes and Driving while Impaired and Under the Influence Arrest.	See Regional Substance Abuse Prevention Needs Assessment Summary p. 6 &7 (Attachment #2)	See Regional Substance Abuse Prevention Needs Assessment Summary p. 18 & 19 (Attachment #3)	See Regional Substance Abuse Prevention Needs Assessment Summary p. 7, 8 & 10,11 (Attachment #4)	See SPF/SIG Implementation Plan Phase II, Year One p. 4 (Attachment #5)	Regional	See Regional Substance Abuse Planning Process Summary & Community Based Objectives for Reducing Alcohol-Related Traffic Crashes and Underage Drinking p. 9 & 10 (Attachment #6)	See SPF/SIG Implementation Plan Phase II, Year One p. 15 & 16 (Attachment #7)	See Regional Substance Abuse Planning Process Summary & Community Based Objectives for Reducing Alcohol-Related Traffic Crashes and Underage Drinking p. 16 & 17 (Attachment #8)	- Montcalm Coalition to Prevent Underage Drinking (MCPUD) - Arenac Acts on Alcohol (AACT) - Bay County Prevention Network (BCPN) - Shiawassee Task Force On Prevention (S.T.O.P.) *** Remaining coalitions in Tuscola and Huron Counties are currently in the initial stages and will not develop a formal coalition structure until October 2009.

Appendix III

PREVENTION PLANNING CHART

CA Name Riverhaven Coordinating Agency **Fiscal Year** FY2010-FY2011

Contact Person Jill Worden – jworden@babha.org

Prevention Priority Focus Area Prescription and Over-the Counter Drug Abuse/Misuse

Who are your partners in this area of prevention focus, and what specific role(s) do they play? (NOTE: This section is looking at how your CA is working toward community involvement.)

Riverhaven will work with the State Office of Drug Control Policy (ODCP), local medical facilities, local health departments, local law enforcement agencies and local pharmacies to begin to identify data sources. We will also work with local school district to encourage collection of data through the 2010 Michigan Profile for Healthy Youth (MiPhy) and continue to collect local treatment data.

Consequence(s)/ (Prevention Priority Focus Area)	Consequence Support Data	Data Sources	Associated Intervening Variable(s) to Be Targeted	Primary Federal Strategies (specific) and Associated Evidence-based Interventions (specific) for each Strategy	Geographic Area Served	Service Population Type (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
1. Lack of data and resources related to Prescription and Over-the Counter Drug Abuse/Misuse	Not Available	Not Available	Not Available	Community Based <ul style="list-style-type: none"> • Begin to collect data to identify problem areas. • Work with State ODCP to regionalize State direction into this issue. • Mobilize local Coalition when data collection and State priorities are established 	Region	Universal	Identify regional problems associated with prescription and over-the counter drug abuse/misuse.	Reduced Morbidity and Increase Social Connectedness	Local Strategic Planning Framework/State Incentive Grant Coalitions, Regional Provider Network, and ODCP

Appendix III

PREVENTION PLANNING CHART

CA Name Riverhaven Coordinating Agency **Fiscal Year** FY2010-FY2011

Contact Person Jill Worden

Prevention Priority Focus Area Youth Access to Tobacco

Who are your partners in this area of prevention focus, and what specific role(s) do they play? (NOTE: This section is looking at how your CA is working toward community involvement.)

Local area coalitions (help to identify possible solutions), law enforcement organizations (support efforts and when possible participate in compliance checks and vendor educations), local prosecutors (support efforts), local schools (provide venue for youth education), local courts (referrals for tobacco programs).

Consequence(s)/ (Prevention Priority Focus Area)	Consequence Support Data	Data Sources	Associated Intervening Variable(s) to Be Targeted	Primary Federal Strategies (specific) and Associated Evidence-based Interventions (specific) for each Strategy	Geographic Area Served	Service Population Type (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
1. High Rates of Youth Tobacco Use	<u>Smoked Cigarettes in past 30 days.</u> <u>High School Youth</u> - Arenac – 18.5% - Bay – 19.5% - Huron – 19.9% - Montcalm – 17.9% - Tuscola – 18.1% - *Shiawassee – 18.8% <u>Middle School</u> - Arenac – 8.2% - Bay – 6.4% - Huron – 2.5% - Montcalm – 5.5% - Tuscola – 6.0%	2008 Michigan Profile for Healthy Youth (MiPhy) County Reports for Arenac, Bay, Huron, Montcalm and Tuscola Counties. *As no 2008 MiPhy report was available for Shiawassee County, and as Shiawassee	- Lack of perceived risk - Parental approval of the problem behavior	Education <ul style="list-style-type: none"> Teens Against Tobacco Use Program Poison Prevention Program School Tobacco Education Groups Problem Identification and Referral <ul style="list-style-type: none"> Not on Tobacco Program Youth Tobacco Support Groups 	Arenac, Tuscola, Shiawassee, Bay, and Huron Counties Bay and Arenac	Universal Indicated	Increase understanding of the risk associated with tobacco use. Reduction of past 30 day use. Reduction of age of first use.	Reduce past 30 day use Reduce age of first use	BASIS, List Sterling Area, Health Center, and Huron County Health Department. BASIS and Sterling Area Health Center

Consequence(s)/ (Prevention Priority Focus Area)	Consequence Support Data	Data Sources	Associated Intervening Variable(s) to Be Targeted	Primary Federal Strategies (specific) and Associated Evidence-based Interventions (specific) for each Strategy	Geographic Area Served	Service Population Type (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
	- *Shiawassee - 5.7%	county has similar characteristics of the other 5 regional counties, an un-weighted average of the region was utilized.							
2. Easy youth access to tobacco as indicated by high rates of Regional Synar non-compliance for two out of the past three years.	FY2006 – 26.9% FY2007 – 36.7% FY2008 – 9.7%	Formal Synar Data	-Easy Access - Community Norms favorable to the problem behavior	Environmental • Vendor Education • Community Group Educations • Non-Synar checks	Regional	Universal	Improve local Synar Rates	Increase age of first use	BASIS, List, Sterling Area Health Center, Huron County Health Department, Life Guidance Wellness and Prevention, Catholic Charities of Shiawassee County.

Appendix IV

**B. YOUTH ACCESS TO TOBACCO (YAT) SERVICES PLANNING CHART and NARRATIVE
Fiscal Year 2009/2010**

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

CA: Riverhaven DATE: 07/15/2009 TOTAL RETAILERS: 487

CONTACT PERSON / E-MAIL: Jill Worden / jworden@babha.org

SYNAR COMPLIANCE RATES OF LAST THREE (3) YEARS: 90.3% 63.3% 73.1%

IF LESS THAN 80% COMPLIANCE IN 2 OF LAST 3 YEARS, VENDOR EDUCATION AND NON-SYNAR COMPLIANCE CHECKS MUST MEET MINIMUM OF 25% OF TOTAL RETAILERS.

ENTER CA LEVEL DATA ONLY.

PLANNED ACTIVITIES	VENDOR EDUCATION		NON-SYNAR COMPLIANCE CHECKS		COMMENTS
A. ACTIVITY TYPE/CONDUCTED BY:	-		-		
A-1 # BY LAW ENFORCEMENT	0		25		This number could be higher or lower depending on law enforcements budgets in these economic times.
A-2 # BY CIVILIANS	135		105		
A-3 # BY OTHER (DESCRIBE)	0		0		
TOTALS:	135		130		
B. ACTIVITY WILL OCCUR :	-		-		
B-1 OCTOBER - DECEMBER	X		X		
B-2 JANUARY - MARCH	X		X		
B-3 APRIL - JUNE	X		X		
B-4 JULY					
B-5 AUGUST - SEPTEMBER	X		X		
C. TARGETING CRITERIA USED:	-		-		
C-1 BY GEOGRAPHIC AREA (LIST)	Arenac, Bay, Huron, Montcalm, Tuscola and Shiawassee Counties.		Arenac, Bay, Huron, Montcalm, Tuscola and Shiawassee Counties.		
C-2 BY ZIP CODE (LIST)					
C-3 BY RANDOM SAMPLE (%)	75%		75%		
C-4 BY PREVIOUS FAILED CHECKS (X)	X		X		
C-5 BY SALES COMPLAINT REC'D (X)	X		X		
C-6 BY VENDOR TYPE:	TOTAL VENDORS PER TYPE	TARGETS PER TYPE	TOTAL VENDORS PER TYPE	TARGETS PER TYPE	
C-6a Restaurants (#)	0	0	0	0	
C-6b Gas Stations (#)	99	30	99	30	

C-6c Convenience Stores (#)	184	68	184	70	
C-6d Grocery Stores (#)	78	12	78	15	
C-6e Bar/Lounge (#)	73	10	73	5	
C-6f Description of Other (#)	53	15	53	10	Big Box Stores, Pharmacies, bowling alleys, canoe liveries.

NARRATIVE:

C-7 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?

Analysis of local Synar data has helped determine both vendor education and compliance check plans for the region. Due to RCA’s low compliance rates for fiscal years 2007(63.3%) and 2006 (73.1%), the six county DYTUR staff have been required to do vendor education and non-Synar compliance checks with a minimum of 25% of the vendors in fiscal year 2008 and 2009. As a result, RCA’s regional compliance rate in 2008 improved to 90.3% Data from both the Formal Synar checks and the non-Synar checks were utilized to develop the 2008 and 2009 regional tobacco plans. It was apparent that during non-Synar checks, the majority of the vendors who were non-compliant were about equally split between convenience stores and gas stations. Because of this, special attention was and will be placed on these types of establishment in 2009 and 2010. The RCA plan for 2010 identifies 73% of vendor educations and 74% of non-Synar checks being done for these two types of establishments. Although RCA is unsure of local Synar rate for 2009 at this time, it will continue to do vendor education and non-Synar checks to at least 25% of the vendors in 2010 as this appears to have had a positive impact on its formal Synar rate in 2008 and hopefully will continue to show impact in the 2009 formal checks. Also in reviewing data regarding non-compliance during both formal and non-formal Synar checks, it became apparent that some clerks did not understand how to properly read identifications. To help with this the DYTUR staff developed a “Read the Red” campaign, which is designed to help clerks read the new vertical Michigan licenses to identify underage youth All vendors who failed formal Synar, non-Synar and law enforcement checks also will receive vendor education, and be targeted for non-Synar compliance checks. Other areas of concentration for vendor education and non-Synar compliance checks included new businesses, businesses identified by youth as places where they believe they could purchase tobacco and businesses who have not received vendor education in the last few years.

C-8 BRIEFLY DESCRIBE OTHER PLANNED TOBACCO INITIATIVE/ACTIVITIES.

See youth access to tobacco prevention planning chart.

Additional community mobilization efforts include educational presentations regarding the Synar amendment and the Michigan Youth Tobacco Regulations to local community groups. The presentations include the importance of Youth Tobacco Act, the consequences associated with non compliance and what community members can do to assist in the process. Some of the suggestions are to congratulate clerks who are checking identification while you are shopping and to speak to a manager about your concerns if you see stores not checking identification of young looking patrons.

DYTUR staff in all six counties, continue an active role in their community’s tobacco and/or substance abuse coalitions. Regional DYTUR staff will also continue to meet on a regular basis to share ideas on what is and is not working. Beyond the “Read the Red” campaign they developed a certificate of appreciation that is presented to the clerk personally who passed a non-Synar civilian or law enforcement check. The group decided that as it is

the clerk who would receive the fine if they failed the check, it should also be the clerk who received the congratulatory certificate if they passed the check. It was hoped that this reward would encourage clerks to diligently check identification in the future. The certificates seem to be having a positive effect in the region. Clerks are truly pleased when they receive them and in some cases store owners reward the clerks that have gotten them. On several instances, people have seen the certificates proudly displayed with the clerk's name hanging in the store. Clerks have even pointed out this certificate to customers coming into the store.

C-9 DESCRIBE ANTICIPATED HURDLES AND PLANS TO OVERCOME THEM.

Anticipated hurdles focus on the economy. With the state of Michigan's economy, the number of vendors going out of business, changing ownership or those that no longer carry tobacco products, it makes keeping an accurate up to date vendor list nearly impossible for the regional DYTUR staff. Also, with the reduction in law enforcement funding, partnering with local law enforcement agencies to complete compliance checks becomes extremely difficult. It is not that law enforcement is unsupportive of our compliance efforts, but rather, that they just do not have the additional funding or officer's time to assist. In short, the CA is not adequately funded in this area to provide the necessary partnerships with law enforcement in order to achieve the goals of this initiative.

Appendix V

C. Communicable Disease

GOALS

Goal #1

Increase access to CD education, testing and counseling to substance use disorder consumers in the six county RCA region.

Goal #2

Increase awareness of the negative effects of substance use/abuse on the health status of HIV positive individuals living in the six-county RCA region.

Goal #3

Increase access to HIV prevention and risk reduction training for prevention and treatment personnel of licensed substance abuse service providers in the six-county RCA region.

SERVICES

The HIV/AIDS Early Intervention Project (EIP), is a collaborative effort with Riverhaven Coordinating Agency (RCA), and Sacred Heart/Bay Area Social Intervention Services (SH/BASIS) SH/BASIS is responsible for providing direct services. The EIP provides HIV prevention, early intervention, and other services on site at thirteen (13) licensed substance abuse treatment providers located in RCA's six-county service areas. The services include the following:

- * HIV, Hep A, B, & C & other STI prevention educational presentations;
- * Safer sex demonstrations;
- * Material distribution-including literature and safer sex materials;
- * Risk reduction counseling;
- * HIV antibody testing; including pre and post test counseling sessions;
- * Referral services for HIV positive consumers with substance abuse issues;
- * HIV/AIDS and risk reduction Level 1 AND Level 2 training to prevention and treatment personnel of licensed substance abuse treatment providers in RCA's service area.
- * Maintain linkage with Michigan HIV/AIDS Council (MHAC), the statewide prevention and care-planning group.

HIV/AIDS Topics that are covered:

- Understanding the HIV testing process.
- Protocol followed when a client tests positive.
- Stages of HIV to AIDS.
- Signs and symptoms

- HIV/AIDS Statistics from MDCH.
- Michigan's confidentiality law
- Duty to warn

Viral Hepatitis Topics that are covered:

- What do clinicians need to know
- Infectious stages
- HCV Infection progression
- Treatment options for HCV & side effects
- HCV Testing

Tuberculosis Topics that are covered:

- What you should know about TB
- Drugs for treating TB & side effects
- Drug resistant TB

Sexually Transmitted Infections Topics that are covered:

- What are the stigmas regarding STI's
- Treatment options and referrals for consumers

COLLABORATION

Collaborating treatment agencies throughout the six-county service area will include; Sacred Heart/Bay Area Social Intervention Services (SH/BASIS), Catholic Charities, Catholic Charities of West Michigan, DOT Caring Centers (Bay City, Owosso, Caro), Huron Behavioral Health, List Psychological Services (Caro and Bay City), North Kent Guidance Services, Sterling Area Health Center and Trinity Counseling Services.

SH/BASIS has representation on the Michigan HIV/AIDS Council (MHAC), which is the statewide prevention and care-planning group. In addition, BASIS is a member of the Michigan HIV Network.

EVALUATION

Data related to all aspects of EIP is gathered throughout the fiscal year and recorded in the statewide HIV event system. EIP personnel prepare and submit semi-annual reports to the state on EIP activities including: pre and post-knowledge testing of consumers participating in educational presentations, information on perceived risk, reported intent to change behavior as a result of information presented, satisfaction with presentation components, etc., as well as process evaluation of the program activities.

A brief survey will be sent to all therapists to obtain their feedback regarding this area. RCA also intends to add CD links to our website on various topics.

COMMUNICABLE DISEASE PROVIDER INFORMATION PLAN/REPORT: Fiscal Year 2010						
C Riverhaven A:	Provid er: BASIS/Sacred Heart			Date Submitted/ Revised: 7/1/2009		
No. of CD Providers Under Contract with the CA: One						
CA Contact Person and E-mail Address: Darren McAllister, dmcallister@babha.org						
For each intervention listed below and provided in the CA's region, please complete the following information:						
EVENT	Plan: Original Plan <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revised		Report 1st Six Months--Actual #s Due Date: April 30, 2010		Report 2nd Six Months--Actual #s Due Date: Jan. 31, 2011	
	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	60	6				
Level 2 Provider Network Training	60	6				
HE/RR HIV/AIDS Information Session	850	170				
HE/RR Individual Level Prevention Counseling						
HE/RR Skills Building Workshops (single session)						
HE/RR Skills Building Workshops (multi-session)						
HE/RR Other Event Format						
HIV CTRS at SUD Treatment Provider (include site type/site number on separate attachment)	85	n/a				
HIV CTRS at Other Locations (include site type/site number on separate attachment)						
Outreach						
TOTALS	1,055	182	0	0	0	0
OUTREACH ONLY	Plan <input type="checkbox"/> Original <input type="checkbox"/> Revised		Report Due Date: April 30, 2010		Report Due Date: Jan. 31, 2011	
	Estimates		1st Six Months--Actual #s		2nd Six Months--Actual #s	
Number of Interventions that will result in referral to substance use disorder (SUD) treatment						
Number of referred individuals that follow-through on referrals						
Number of HIV tests (CTRS) to be conducted						
Number (percentage) of HIV CTRS anticipated to be positive results		0%		0%		0%

Communicable Disease Provider Contact Information Fiscal Year 2010

Coordinating Agency: Riverhaven

Date Submitted/Revised: 7/1/2009

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

CD Provider's Name: BASIS/Sacred Heart

CD Provider's Primary Contact Person: _____

CD Provider's E-mail Address: _____

CD Provider's Address: 515 Adams Street, Bay City, MI. 48708

CD Provider's Phone No.: 989-894-2991

CD Provider's Fax No: 989-895-7669

TREATMENT CONTINUUM OF SERVICES OFFERED

Service Provider Type	Total <u>Number</u> of Provider Agencies Providing This Type of Service	<u>Number</u> of Agencies Providing This Type of Service Inside and Outside the CA Region	For Provider Agencies within the CA Region Complete the Following Information Regarding Geographic Location (Indicate the <u>number</u> of providers fitting each description item)
Outpatient (includes IOP)	21	In ___13___ Out ___8___	<ul style="list-style-type: none"> • Setting: Urban ___4___ Rural ___9___ Suburban ___0___ Urban/Suburban Location: North ___4___ South ___0___ East ___0___ West ___0___ • Serves Multiple Counties ___0___
Residential	14	In ___0___ Out ___14___	<ul style="list-style-type: none"> • Setting: Urban ___0___ Rural ___0___ Suburban ___0___ Urban/Suburban Location: North ___0___ South ___0___ East ___0___ West ___0___ • Serves Multiple Counties ___0___
Medication Assisted Treatment	4	In ___0___ Out ___4___	<ul style="list-style-type: none"> • Setting: Urban ___0___ Rural ___0___ Suburban ___0___ Urban/Suburban Location: North ___0___ South ___0___ East ___0___ West ___0___ • Serves Multiple Counties ___0___
Case Management	12	In ___9___ Out ___3___	<ul style="list-style-type: none"> • Setting: Urban ___3___ Rural ___6___ Suburban ___0___ Urban/Suburban Location: North ___3___ South ___0___ East ___0___ West ___0___ • Serves Multiple Counties ___0___
Early Intervention	0	In ___0___ Out ___0___	<ul style="list-style-type: none"> • Setting: Urban ___0___ Rural ___0___ Suburban ___0___ Urban/Suburban Location: North ___0___ South ___0___ East ___0___ West ___0___ • Serves Multiple Counties ___0___
Peer Recovery/Recovery Support	9	In ___8___ Out ___1___	<ul style="list-style-type: none"> • Setting: Urban ___4___ Rural ___4___ Suburban ___0___ Urban/Suburban Location: North ___4___ South ___0___ East ___0___ West ___0___ • Serves Multiple Counties ___0___
Integrated Treatment	21	In ___13___ Out ___8___	<ul style="list-style-type: none"> • Setting: Urban ___3___ Rural ___10___ Suburban ___0___ Urban/Suburban Location: North ___3___ South ___0___ East ___0___ West ___0___ • Serves Multiple Counties ___0___
Women's Specialty	8	In ___4___ Out ___4___	<ul style="list-style-type: none"> • Setting: Urban ___2___ Rural ___2___ Suburban ___0___ Urban/Suburban Location: North ___2___ South ___0___ East ___0___ West ___0___ • Serves Multiple Counties ___0___
Acupuncture	0	In ___0___ Out ___0___	<ul style="list-style-type: none"> • Setting: Urban ___0___ Rural ___0___ Suburban ___0___ Urban/Suburban Location: North ___0___ South ___0___ East ___0___ West ___0___ • Serves Multiple Counties ___0___

TREATMENT CAPACITY		
Special Populations		
Population	Services Available	Number of Providers at Each Level of Care
Women with Children	Sub Acute Detox <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residential <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Out Patient (includes IOP) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Medication Assisted Treatment <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	No. <u> 0 </u> No. <u> 4 </u> No. <u> 4 </u> No. <u> 2 </u>
Adolescents	Sub Acute Detox <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residential <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Out Patient (includes IOP) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Medication Assisted Treatment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No. <u> 0 </u> No. <u> 1 </u> No. <u> 2 </u> No. <u> 0 </u>
Persons with Co-Occurring Disorders	Sub Acute Detox <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Residential <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Out Patient (includes IOP) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Medication Assisted Treatment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No. <u> 0 </u> No. <u> 6 </u> No. <u> 10 </u> No. <u> 0 </u>
Older Adults ** If considered as a special population, RCA does not have specific geriatric contracts currently with providers.	Sub Acute Detox Yes X No Residential Yes X No Out Patient (includes IOP) Yes X No Medication Assisted Treatment Yes X No	No. <u> 0 </u> No. <u> 0 </u> No. <u> 0 </u> No. <u> 0 </u>
Special Services for Increasing Access to Treatment		
Special Service	Is the Service Offered	Number of Providers That Offer This Service
Transportation Assistance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	No. <u> 4 </u>
Appointment Reminders	X Yes <input type="checkbox"/> No	No. <u> 16 </u>
24 Hour Call Line	X Yes <input type="checkbox"/> No	No. <u> 13 </u>
Provider Incentives	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No. <u> </u>
Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	No. <u> </u>
Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	No. <u> </u>

Appendix VIII

HIGH SERVICES UTILIZATION FORM/TABLE					
Client Type	Average Age Group	Drug of Choice	Percent Having co-occurring Disorder	Average Length of Stay	Social Factors/Descriptors and Additional Contributing Factors – such as: transportation, employment, housing, legal involvement, educational, low family involvement, service location, physical/medical, financial, other
<p>Most Expensive Adult Client Type:</p> <p>Female presenting with Alcohol as Primary Drug of Choice</p>	29	Alcohol	88	40 days	High adult utilizers represent a cross-section of clients served through Riverhaven Coordinating Agency. 59% report alcohol, 18% report “marijuana/hashish”, 18% report heroin and 5% report cocaine as their drug of choice. 47% of the highest adult utilizers had a dependent living situation, 35% lived independently, and 18% were homeless. 100% were not in the competitive labor force. 82% have at least 12 years of education and none are drug court clients. 71% are on probation from jail, and 24% have no current status with the correctional system. 71% of high adult utilizers have no children, and none were pregnant during treatment. 88% had household annual income of \$12,000 or less.
<p>Most Expensive Adolescent Client Type:</p> <p>Male presenting with marijuana/hashish as Primary Drug of Choice</p>	14	Marijuana/hashish	76	59 days	High child/adolescent utilizers represent a cross-section of clients served through Riverhaven Coordinating Agency. 53% report “marijuana/hashish” and 47% report “other opiates/synthetics” as their drug of choice. The highest utilizers have a dependent living situation, are not in the competitive labor force. 71% have less than 9 years of education and none are drug court clients. 53% are on probation from jail, 24% are under court supervision, and 12% have no current status with the correctional system. None have children and none were pregnant during their treatment stay. 65% reported annual household incomes of less than \$18,340 and 35% reported annual household incomes greater than \$18,340.

Service Type	Average Age Group	Drug of Choice	Percent Having co-occurring Disorder	Average Length of Stay	Social Factors/Descriptors and Additional Contributing Factors – such as: transportation, employment, housing, legal involvement, educational, low family involvement, service location, physical/medical, financial, other
Most Expensive Service Type – Adult: Outpatient Services	26	Alcohol	88	40 days	High Outpatient Services utilizers represent a cross-section of clients served through Riverhaven Coordinating Agency. 60% had a dependent living situation, 20% lived independently, and 20% were homeless. 100% were not in the competitive labor force. High Utilizers completed an average of 10 years of schooling, and 40% are currently in a training program. 80% are on probation from jail. 60% of high adult utilizers have one child, none were pregnant during treatment, and 100% had annual household income of \$12,000 or less.
Most Expensive Service Type – Child/Adolescent: Residential-Short-term Services	15	Marijuana/hashish	76	59 days	High child/adolescent utilizers represent a cross-section of clients served through Riverhaven Coordinating Agency. The highest utilizers have a dependent living situation, and are not in the competitive labor force. 70% are in the 8th grade. 60% are on probation from jail, 30% are under court supervision, and 10% are awaiting trial. None have children and none were pregnant during their treatment stay. Average annual household income reported by this group is \$19,040.