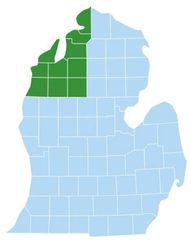
BLUEPRINT FOR ACTION:

Strengthening Behavioral Health Systems and Promoting Well-Being and Resiliency

DEVELOPED BY

NORTHWEST COMMUNITY HEALTH INNOVATION REGION



WITH FUNDING FROM

MICHIGAN HEALTH ENDOWMENT FUND

TABLE OF CONTENTS

A CALL TO ACTION

A LETTER FROM JANE

Dear Behavioral Health Ally,

Addressing behavioral health in Northwest Michigan is urgent. Even before the COVID-19 pandemic, it was identified as a top priority by the MiThrive collaborative community health needs assessment (sponsored by hospital systems, local health departments, and other community partners). This call to action is imperative as the pandemic negatively affects many people's mental health and creates new barriers for people with mental illness and substance use disorders. For example, according to the Kaiser Family Foundation, 4 in 10 adults reported symptoms of anxiety or depressive disorder in 2021, up significantly from 2019 when 1 in 10 reported these symptoms. And last month, the American Academy of Pediatrics and other leading organizations jointly declared a national emergency in children's mental health, citing the serious toll of the pandemic on top of existing challenges.

This Blueprint for Action: Strengthening Behavioral Health Systems and Promoting Well-Being and Resiliency is the product of discussions with hundreds of cross-sector stakeholders across Northwest Michigan. As we learned about the considerable challenges and assets/resources in the region, we created the Blueprint to leverage those conversations and capture key areas for action. It both reflects local priorities and is aligned with national frameworks. You'll see we've included local and national strategies that address the challenges stakeholders highlighted in our conversations. Of course, we didn't capture them all. Please view the Blueprint in the spirit in was created: to spark discussion for collective action.

The CHIR's Behavioral Health Initiative would not have been possible without generous financial support from the Michigan Health Endowment Fund and in-kind contributions from the residents and leaders who shaped and vetted the Behavioral Health Blueprint. Our thanks to Pennie Foster-Fishman, PhD, as well as Erin Coe, Aiden Foster-Fishman, and Amy Horstman, for developing the Blueprint and to Jeannine Taylor, graphic designer.

Wishing you good health,

Jane K. Sundmacher, M.Ed.

Executive Director
Northwest Michigan Community Health Innovation Region

Pennie Foster-Fishman, PhD, Aiden Foster-Fishman, Amy Horstman, MPH, CHES, and Erin Coe. **Blueprint for Action: Strengthening Behavioral Health Systems and Promoting Well-Being and Resiliency in the Northwest Michigan Community Health Innovation Region.** November 2021.

THE STATE OF BEHAVIORAL HEALTH IN NORTHWEST MICHIGAN

POOR MENTAL HEALTH ACROSS THE REGION

1
WORK WEEK

Average # mentally unhealthty days in the last month

2018 BRFSS

16-80%

High school youth report major depressive symptoms

2018 MIPHY

4-20%

High school youth reported having a suicide plan

2018 MIPHY

5.32
PER 100,000

Deaths were caused by suicide across the region in 2019

Vitalstats, 2019

COUNTY	MENTAL HEALTH OR SUBSTANCE MISUSE INDICATOR							
	Average Number of Mentally Unhealthy Days reported in past 30 Days (age adjusted)	Percentage of students who experienced major depression during the past 12 months (High School)	Percentage of students who planned suicide in the past year (High School)	Binge drinking (adults) (age-adjusted %)	Percentage of students who had at least one drink of alcohol in the past 30 days- High School	Number of Deaths due to Alcohol	Number of Drug Overdose Deaths	Number of Prescription Opioid Units Dispensed
ANTRIM	2	3	3	2	2	4		2
BENZIE	2			4		3	1	2
CHARLEVOIX	1	4	4	2	4	1	2	3
EMMET	2	2	2	1	1	2	2	4
GRAND TRAVERSE	1	4	4	4	4	4	4	4
KALKASKA	4	2	2	1	2	1	1	2
LEELANAU	1	1	1	4	1	1		1
MANISTEE	3	1	1	2	3	4	3	3
MISSAUKEE	4			1		1		1
WEXFORD	4	3		1		2	4	4

SUMMARY TABLE KEY

1ST QUARTILE 2ND QUARTILE 3RD QUARTILE 4TH QUARTILE

The table above demonstrates that challenges related to mental health and substance misuse are not evenly distributed across the region. Strategic initiatives developed to address these issues may need to be more highly concentrated in order to be effective in areas with a more significant need. Data was unavailable or suppressed for those areas on the chart that do not have a color-coded circle. Please note that some of the data represented in the chart is in raw form and may be confounded by population size.

SIGNIFICANT SUBSTANCE MISUSE ACROSS THE REGION

19-23%

Adults reporting binge drinking

2018 BRFSS

11-26%

High school youth reporting having at least one drink in past month

2018 MIPHY

7-22%

High schoolstudents across the region reported using marijuana in the past 30 days

2018 MIPHY

126

Overdose Deaths per 100,000

2019 County Health Rankings

447

Overdose ED Visits

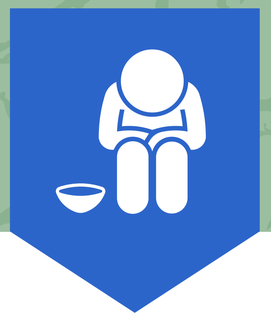
August 2020 - July 2021

53

Alcohol Influenced Driving Deaths 2015-2019

2020 County Health Rankings

WELLBEING & RESILIENCY CHALLENGES



10-19%

Children under 18 living in poverty

2019 Kids Count

30-43%

High school youth reported 2 or more ACES

2018 MIPHY

1,119

Children were victims of confirmed cases of abuse or neglect in 2020

2020 Kids Count

COUNTY	WELLBEING AND RESILIENCY INDICATOR				
	Percentage of High School students who reported experiencing 2 or more ACEs in their lifetime	Percentage of high school students who know adults in their neighborhood they could talk to about something important	Confirmed victims of child abuse or neglect, ages 0-17	Percentage of population below the poverty level	Percentage of ALICE Households
ANTRIM	2		3	3	2
BENZIE			3	2	4
CHARLEVOIX	2	2	1	2	1
EMMET	1	1	1	1	1
GRAND TRAVERSE	4	2	3	1	1
KALKASKA	4	3	4	4	2
LEELANAU	1	4	1	1	4
MANISTEE	2	1	3	3	4
MISSAUKEE			4	4	3
WEXFORD			4	4	3

SUMMARY TABLE KEY

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THE PANDEMIC HAS EXACERBATED MANY OF THESE CHALLENGES

3X

the # of reported symptoms of depression or anxiety nationally

March 2020-March 2021
CDC | National Center for Health Statistics

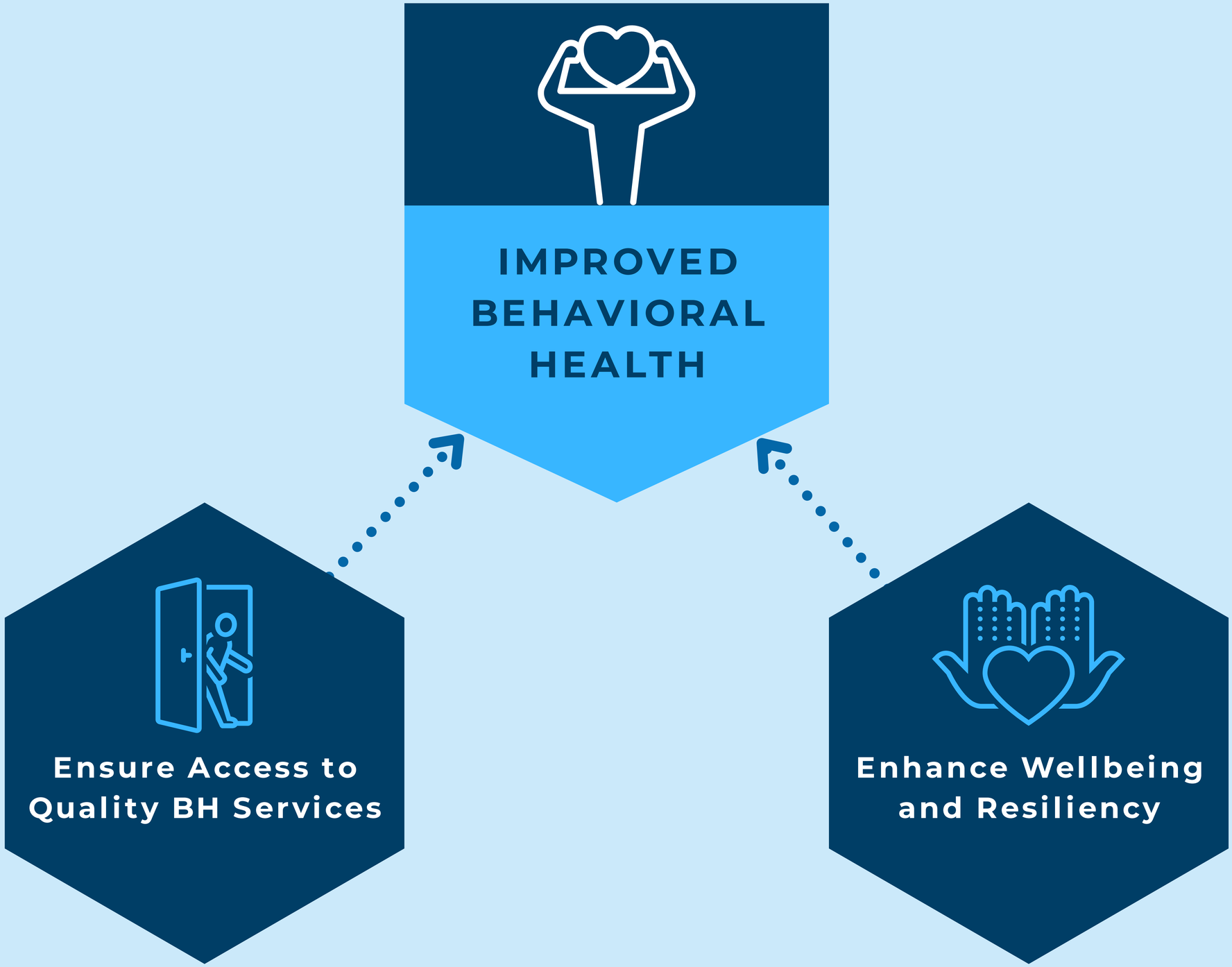
27%

increase in drug overdose deaths nationally

October, 2019- September 2020
National Center for Health Statistics

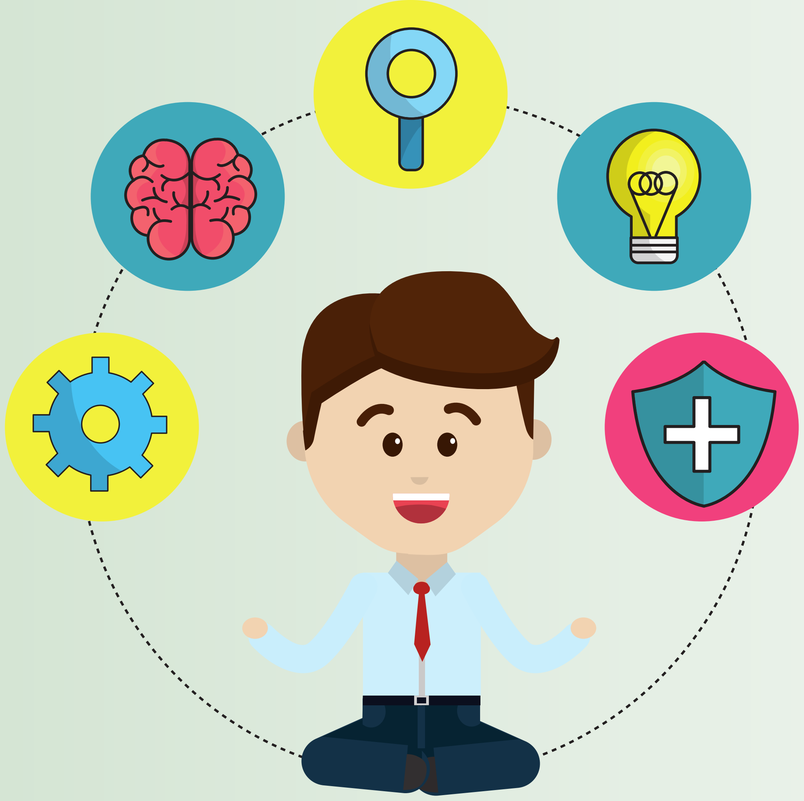
OPPORTUNITIES FOR IMPROVING BEHAVIORAL HEALTH

Across northwest Michigan, cross-sector stakeholders agree: Improving behavioral health across the region requires simultaneously tackling two goals:



ACCESS TO QUALITY BEHAVIORAL HEALTH RESOURCES

2016



ACCESS TO QUALITY BEHAVIORAL HEALTH RESOURCES

Across northwest Michigan, stakeholders agree there is an urgent need for easier access to the full range of behavioral health providers and services.

25,500

INDIVIDUALS IN THE REGION HAVE A MENTAL HEALTH CHALLENGE

Altarum, 2019

35%

OF THOSE INDIVIDUALS ARE UNTREATED

Altarum, 2019

9,164

INDIVIDUALS IN THE REGION MISUSE SUBSTANCES

Altarum, 2019

86%

OF THOSE INDIVIDUALS ARE UNTREATED

Altarum, 2019

TACKLING THIS URGENT NEED WILL REQUIRE:

- **More behavioral health providers and services in the region**
- **Easier access to these services and supports**
- **A willingness and ability to seek these services and supports**

The following pages present an action framework for increasing access to behavioral health providers and services.

INCREASE ACCESS TO QUALITY BEHAVIORAL HEALTH SERVICES

AN ACTION FRAMEWORK

This action framework highlights regional, state, and national best practices that target action areas prioritized by regional stakeholders.

PRIORITY ACTION AREAS

CHANGE STRATEGIES AND OUTCOMES

INCREASE AVAILABILITY OF BEHAVIORAL HEALTH PROVIDERS AND SERVICES

EXPAND PROVIDER WORKFORCE

- Increase Recruitment and Retention of Behavioral Health Providers
- Increase Telemedicine and Use of Telepsychiatry Platforms
- Expand Lay Provider, Indigenous Healing, and Peer-to Peer Support

EXPAND THE SPECTRUM OF SERVICES

- Increase Harm Reduction Opportunities
- Increase Availability of Evidence-Based Programs and Supports
- Strengthen Crisis Services and Supports

INCREASE AND COORDINATE BH FUNDING

- Levy Funds to Increase Behavioral Health Resources

PROMOTE EASIER ACCESS TO BEHAVIORAL HEALTH SERVICES AND SUPPORTS

ENHANCE INTEGRATED, COORDINATED CARE

- Co-Locate Services
- Enhance Availability of Navigation / Community Health Worker Support
- Enhance Coordination of Care

ENHANCE AWARENESS OF LOCAL RESOURCES

EXPAND AND SUSTAIN TELEMEDICINE

ENHANCE WILLINGNESS AND ABILITY TO SEEK SERVICES

REDUCE STIGMA & CONCERNS ASSOCIATED WITH RECEIVING SERVICES

- Reduce Negative Perceptions Around Mental Health and Substance Misuse
- Reduce Concerns about Treatment Requirements

INCREASE AWARENESS OF BEHAVIORAL HEALTH RISKS

- Promote Public Education on Behavioral Health Risks

BOOST AFFORDABILITY

- Ensure Adequate Financial Resources and Insurance Coverage

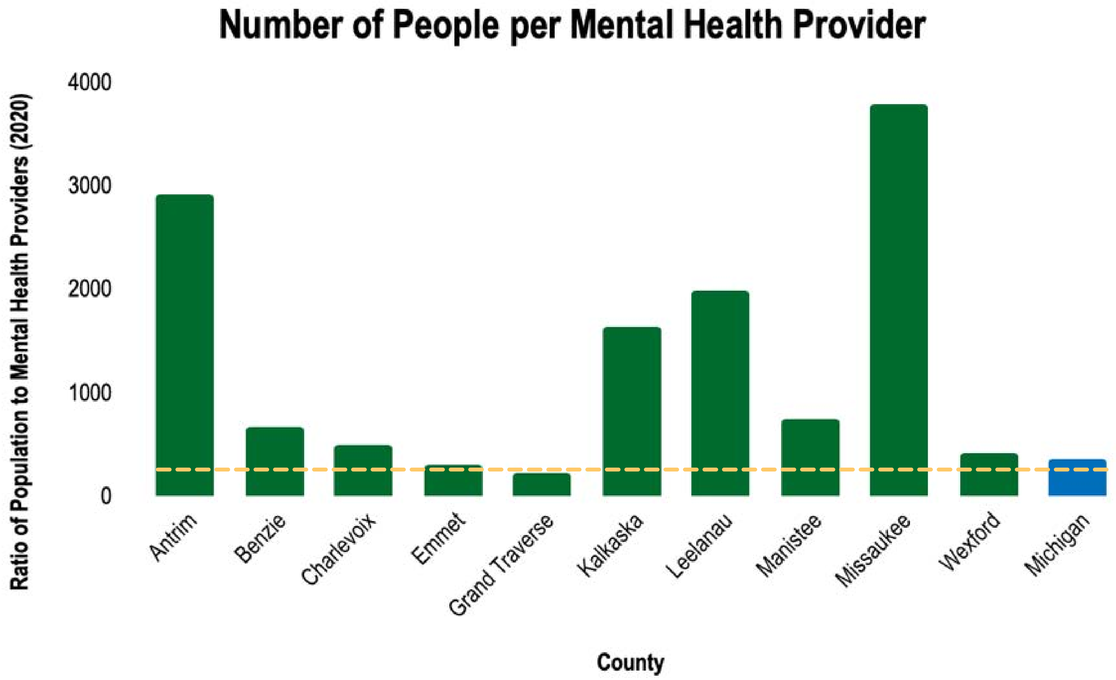
PRIORITY ACTION AREA:

INCREASE AVAILABILITY OF BEHAVIORAL HEALTH PROVIDERS AND SERVICES

OUR CHALLENGE

A significant number of children, youth and adults in the region are unable to find the providers, services, and supports they need to address their mental health and substance misuse concerns.

Eight of the ten counties in the region have mental health provider rates below the state average.



Community Health Rankings, 2020.

THE PANDEMIC HAD A NEGATIVE IMPACT ON MENTAL HEALTH AND WELL-BEING

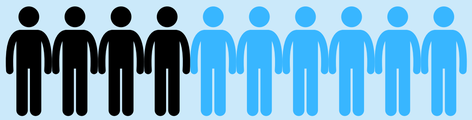
PRIOR TO THE PANDEMIC, ABOUT

1/10

PEOPLE REPORTED SYMPTOMS OF DEPRESSION OR ANXIETY

NHIS

SINCE THE PANDEMIC, ABOUT



4/10

ADULTS REPORTED THESE SYMPTOMS

U.S. Census Bureau Household Pulse Survey

MENTAL HEALTH PROVIDERS ARE IN SHORT SUPPLY ACROSS THE NATION; RECRUITMENT WILL BE CHALLENGING

250,000

MORE BEHAVIORAL HEALTH WORKERS WILL BE NEEDED BY 2025. THIS NUMBER IS EXPECTED TO BE MUCH HIGHER WITH THE PANDEMIC

U.S. Department of Health and Human Services, 2016

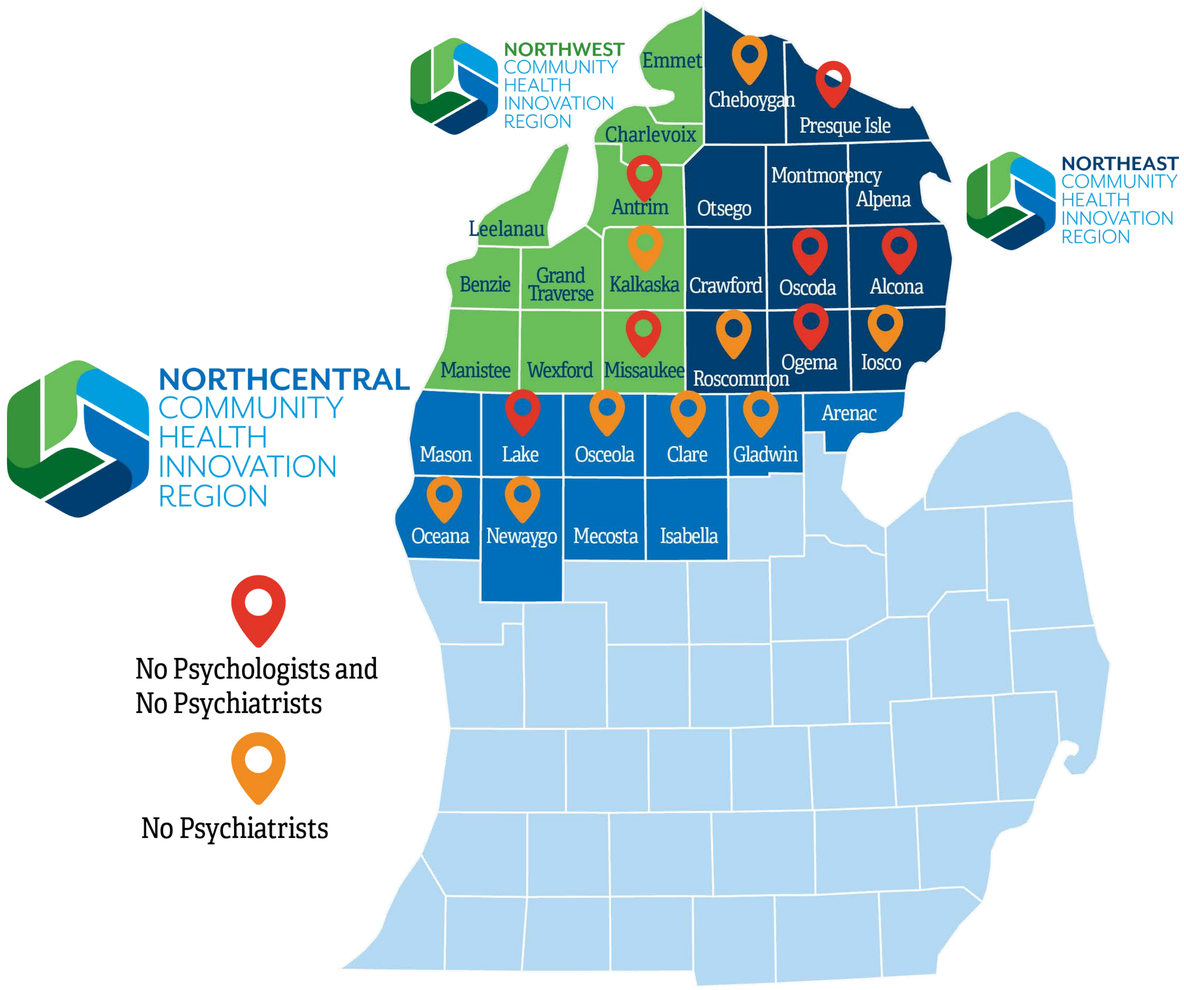
60%

OF SOCIAL WORKERS ARE OVER THE AGE OF 55. THE NATION IS NOT READY FOR THE UPCOMING WAVE OF RETIREMENTS

Kaiser Family Foundation

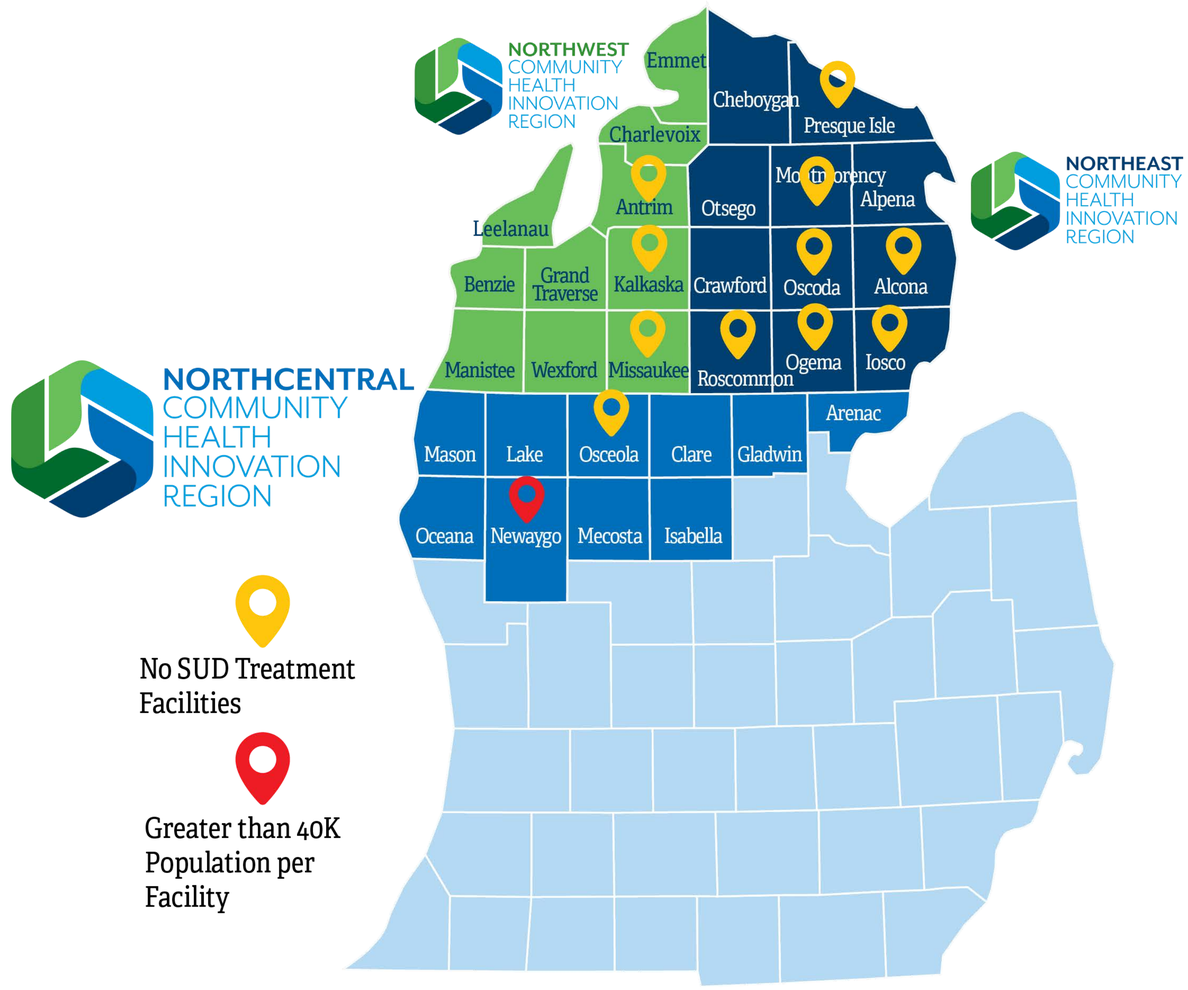
There are three counties in the Northwest CHIR region with minimal to no access to psychologists, psychiatrists or substance misuse treatment facilities: Antrim, Kalkaska, and Missaukee.

COUNTIES LACKING MENTAL HEALTH CLINICIANS



Source: Altarum analysis of National Plan and Provider Enumeration System data, Accessed 2018 (BH Access Study)

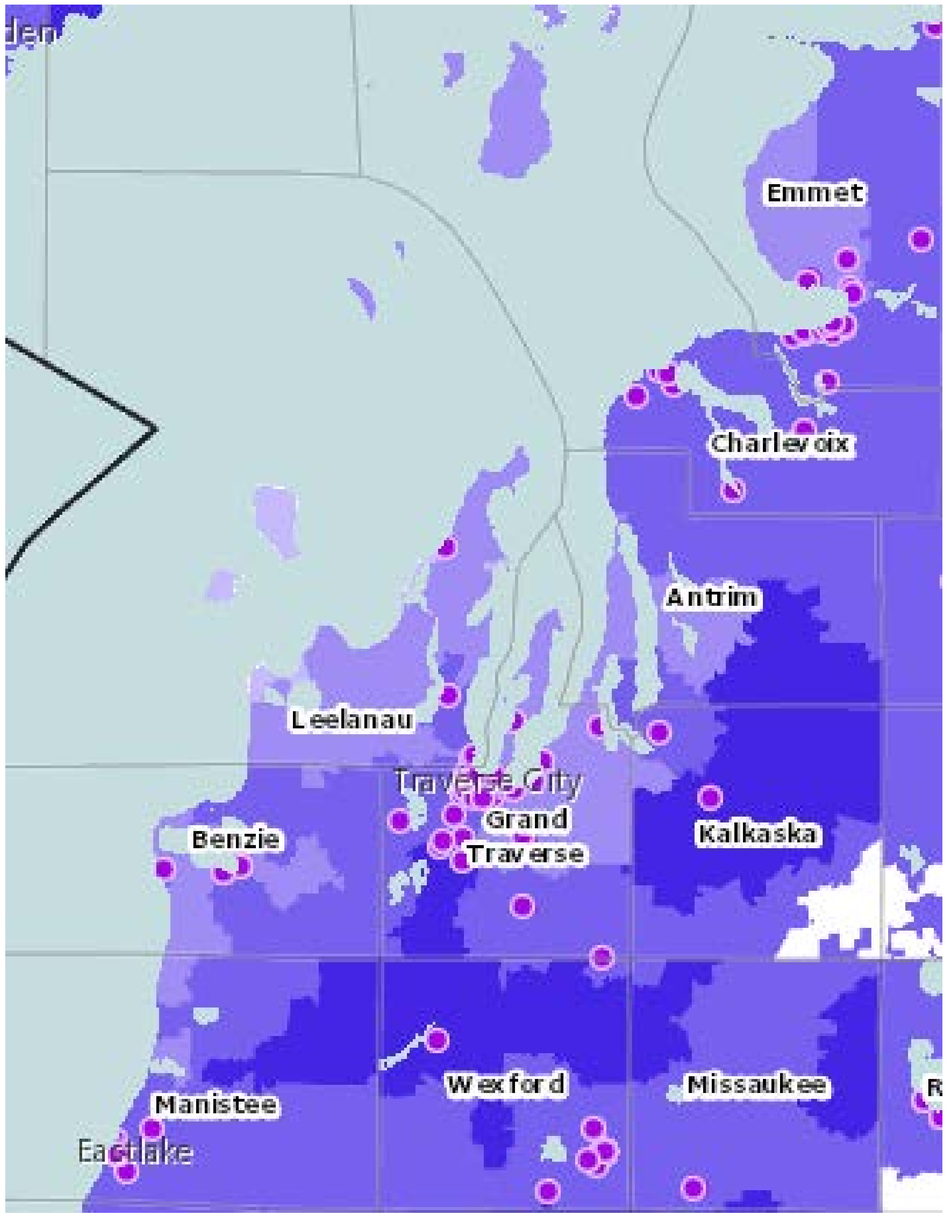
COUNTIES LACKING SUD TREATMENT FACILITIES



Source: SAMHSA Behavioral Health Treatment FacilityLocator (BH Access Study)

While all areas in the region need more providers, the communities with high concentrations of poor mental health and alcohol misuse have the greatest gap in services.

POOR MENTAL HEALTH AND PROVIDER PREVALENCE

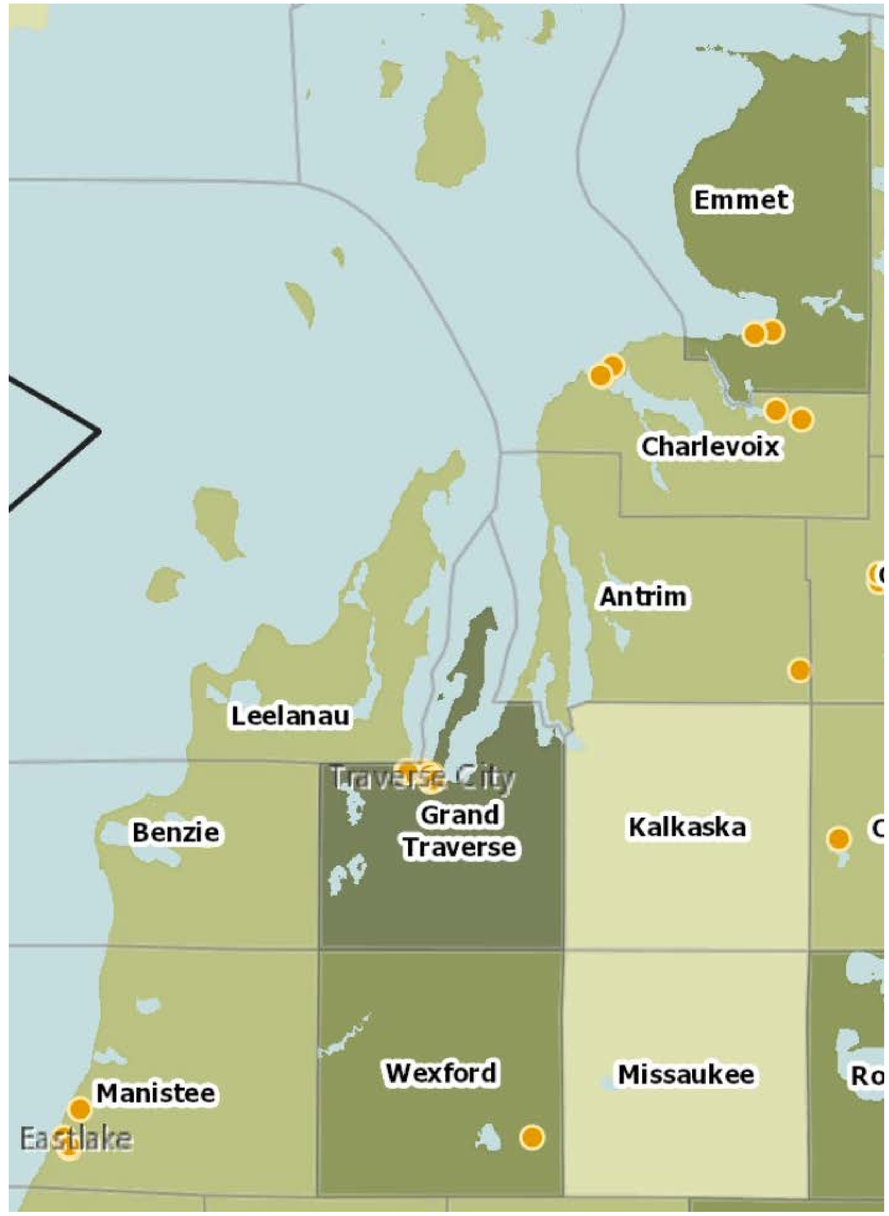


MAP LEGEND

Mental Health Providers, All, CMS NPPES May, 2021

Poor Mental Health, Prevalence Among Adults Age 18+ by ZCTA, CDC BRFSS PLACES Project 2018
- Over 16.0%
- 13.1% - 16.0%
- 10.1% - 13.0%
- Under 10.1%
- No Data or Data Suppressed

ALCOHOL USE DISORDER AND SUD PROVIDERS



MAP LEGEND

Addiction/Substance Abuse Providers, CMS NPPES May, 2021

Beneficiaries with Alcohol Use Disorder, Total by County, CMS 2018
- Over 300
- 121 - 300
- 61 - 120
- Under 61
- No Data or Data Suppressed

CHALLENGES TO INCREASING THE AVAILABILITY OF PROVIDERS AND SERVICES

INCREASE AVAILABILITY OF BEHAVIORAL HEALTH PROVIDERS AND SERVICES

REGIONAL STAKEHOLDERS IDENTIFIED THE FOLLOWING CHALLENGES TO HAVING THE TYPES OF PROVIDERS AND SERVICES AVAILABLE, WHEN NEEDED.

DIFFICULTY RECRUITING AND RETAINING BEHAVIORAL HEALTH STAFF

- The cost of housing in the region is a deterrent.
- Different organizations often compete for the same limited staff.
- BH staff shortages across Michigan mean the region is competing for a limited number of graduates.
- The stress associated with behavioral health positions has made it challenging to retain staff.
- Insurance paperwork requirements are a disincentive to join the field.

SHORTAGE OF SPECIALTY BEHAVIORAL HEALTH PROVIDERS

Frequently mentioned gaps include:

- Child / adolescent specialists
- Eating disorder specialists
- Spanish-speaking providers

INADEQUATE INSURANCE REIMBURSEMENTS

- The low rate paid for BH services by some commercial insurances and Medicaid means fewer professionals enter the field and some providers refuse to accept insurance.
- High co-pays required by some insurance companies mean BH services are often not affordable.
- Some commercial insurance plays refuse to pay for some residential treatment programs.

LONG WAITLISTS

- Many BH providers in the region have long wait lists, resulting in some individuals having to wait up to 6 months to receive needed services.

THE REGIONAL CRISIS SYSTEM IS INADEQUATE

- The range of crisis services needed to adequately care for populations in need are not available in the region.
- Lack of psychiatric beds and treatment services means that some individuals are stuck in the emergency department for weeks while waiting for an available bed.
- Many residents end up seeking services in locations over two hours away, making the involvement of families in treatment programs challenging.
- Transit to crisis programs is sometimes not available in time, resulting in individuals losing their designated slots.

CHANGE STRATEGY

EXPAND BEHAVIORAL HEALTH PROVIDER WORKFORCE

CHANGE STRATEGY:

EXPAND BEHAVIORAL HEALTH PROVIDER WORKFORCE

INCREASE RECRUITMENT AND RETENTION OF BEHAVIORAL HEALTH PROVIDERS ☆

INCREASE TELEMEDICINE AND USE OF TELEPSYCHIATRY PLATFORMS

EXPAND LAY PROVIDER, INDIGENOUS HEALING, AND PEER-TO-PEER SUPPORTS ☆

INCREASE RECRUITMENT AND RETENTION OF BEHAVIORAL HEALTH PROVIDERS ☆

Expand the Pipeline of New Behavioral Health Professionals

- **Promote a pipeline of trainees and graduates** from state social work, psychology, nursing, and psychiatry training programs into the region. This could include **more behavioral health internships, externships, and residency programs** since providers tend to settle where they have these experiences. Offset housing costs to increase effective recruitment. Several successful program models for expanding the pipeline for health care providers in rural areas could be adopted for behavioral health.
  - Wisconsin Collaborative for Rural Graduate Medical Education
  - Minot-Williston Rural Training Track Program

- **Explore the possibility of an in-person Masters in Social Work program in the region.** Explore expansion opportunities with Ferris State, Michigan State University and other graduate programs.

- **Develop a comprehensive workforce recruitment program** that exposes children, youth and college students to behavioral health careers. Recruit and support applicants for workforce training from underserved areas. They will be more likely to return to practice in those areas. Consider successful models from physical health:
  - FORWARD NM Pathways to Health Careers
  - Frontier Area Rural Mental Health Camp and Mentorship Program (FARM CAMP)

- **Recruit psychiatric nurses** to address psychiatrist gap.

THERE ARE

0

MSW PROGRAMS IN THE REGION

THE CLOSEST ONE IS AT FERRIS STATE IN BIG RAPIDS, MI

THERE ARE ONLY

11

CHILD AND ADOLESCENT PSYCHIATRISTS PER

100,000

PEOPLE IN MICHIGAN

THIS IS LESS THAN A QUARTER OF THE NUMBER THAT IS NEEDED TO MEET CURRENT NEED

NPR 2019

MICHIGAN HAS THE

3RD

HIGHEST NUMBER OF BEHAVIORAL HEALTH PROVIDER SHORTAGE AREAS IN THE NATION

Kaiser Family Foundation

INCREASE RECRUITMENT AND RETENTION OF BEHAVIORAL HEALTH PROVIDERS ☆

INCREASE TELEMEDICINE AND USE OF TELEPSYCHIATRY PLATFORMS

EXPAND LAY PROVIDER, INDIGENOUS HEALING, AND PEER-TO-PEER SUPPORTS ☆

Reduce the Financial Burden of Behavioral Health Professionals

- **Offer scholarships or loan-repayments** rewarding commitments to practice in the region.
- **Expand engagement in federal or state loan repayment programs** which provide loan-repayments to individuals working in Health Professional Shortage Areas. All 10 counties in the region have designated shortage areas; behavioral health providers have been identified as a shortage area in 9 of the 10 counties (April, 2021).
  - National Health Service Corps (NHSC)
  - Michigan State Loan Repayment Program Overview

Advocate for Medicaid to become a More Attractive Payer to Behavioral Health Providers

- Consider adjustments to Medicaid to **create parity** with physical health.
- Increase Medicaid reimbursement for behavioral health providers to **become more comparable to payrates provided by private insurers.** Some private insurers pay more than twice the hourly medicaid pay-rate for therapy.
- **Reduce paperwork burden** associated with seeking reimbursement from Medicaid.
- **Simplify application and review process** for providers to join Health Plan.

Reduce Burnout Among Behavioral Health Workers

- Leverage telemedicine to reduce provider burnout by **promoting more manageable and flexible scheduling**.
- Create work cultures that **support teamwork and promote employee wellbeing**.
- **Explore interventions** that can reduce employee burnout.

LOCAL HIGHLIGHTS

MENTAL HEALTH AND WELL-BEING SUPPORT FUND

Grand Traverse Regional Community Foundation

The Dahlstroms, a couple from the Grand Traverse area, donated $25,000 to create a fund that will offer grants to students studying mental health. By targeting students who are near the completion of their degree and who have an interest in practicing in the region, the Dahlstroms hope to increase the number of new providers coming into the region. They are cooperating with Michigan universities in an effort to create a provider pipeline into the region. The Dahlstroms have also included an additional $50,000 in their donation as a matching challenge.

BURNOUT AMOUNG MENTAL HEALTH PROVIDERS IS HIGH

PRE-COVID: 21%-61% REPORTED BURNOUT

American Psychological Association, 2018

DURING COVID: 70% OF PSYCHIATRISTS REPORTED BURNOUT

American Journal of Psychology, 2020

INCREASE TELEMEDICINE AND USE OF TELEPSYCHIATRY PLATFORMS

SUSTAIN AND EXPAND USE OF TELEMEDICINE TO INCREASE ACCESS TO BEHAVIORAL HEALTH

- **Close gaps in broadband** and technology capacity to better serve the region.
- Sustain health plans **reimbursement of telehealth** services.
- **Explore other ways to expand use of telehealth** within behavioral health.
  - SAMHSA's Evidence-Based Resource Guide on Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders

DEVELOP TELEHEALTH CONNECTIONS TO BEHAVIORAL HEALTH GRADUATE PROGRAMS

- **Connect region to university-based treatment clinics** where graduate students can provide free or low-cost therapeutic services via telemedicine. These connections could also expand access to specialty therapeutic services
  - Wyoming Trauma Telehealth Treatment Clinic

EXPAND USE OF TELEPSYCHIATRY

- **Connect health providers to behavioral health resources via telepsychiatry**.
  - See MC3 and RAD-IT in the column to the right and read about Project ECHO as examples of telepsychiatry.
- **Reduce barriers within practices to using telepsychiatry**. This includes expanding marketing to promote awareness of these resources and training multiple staff with any one practice to avoid attrition due to staff turnover.

MICHIGAN HIGHLIGHTS

MC3

Available to Primary Care Offices in All 10 Counties

MC3 is a University of Michigan telemedicine initiative that provides psychiatry support to primary care providers who are managing patients with behavioral health problems. Currently, several practices in the region are enrolled in MC3 though use is varied.

59 providers/clinics across the 10 counties are enrolled in MC3 but only 26 (44%) of these providers have used this resource.

RAD-IT

Available to Grand Traverse, Benzie, and Manistee Counties

Responding to Adolescent Depression through Integration and Telemedicine (RAD-IT) works to integrate behavioral health assessments into the primary care setting. The project is training primary care and family clinicians to provide screening for depression among adolescents, enact follow-up protocols, and establish telehealth services to link youth to providers specializing in adolescent mental health.

INCREASE RECRUITMENT AND RETENTION OF BEHAVIORAL HEALTH PROVIDERS ☆

INCREASE TELEMEDICINE AND USE OF TELEPSYCHIATRY PLATFORMS

EXPAND LAY PROVIDER, INDIGENOUS HEALING, AND PEER-TO-PEER SUPPORTS ☆

EXPAND LAY PROVIDER, INDIGENOUS HEALING, AND PEER-TO-PEER SUPPORT ☆

- Expand **awareness of and access to the diverse array of lay providers and peer support networks** already available in the region.
  - Parent cafes, play groups, community health workers, doulas, and recovery coaches are just a few of the many under-resourced peer and lay provider supports within the region.
- Reinvigorate Mental Health First Aid Training in the region, which provides an 8 - 12-hour training to **educate laypeople about how to assist individuals with mental health problems** or at risk for problems such as depression, anxiety, and substance use disorders.
- **Pursue certification and reimbursement authorization** for expanded peer support services.
  - California's Senate Bill (SB) 803 requires the establishment of **Peer Specialists as an approved provider** type offering coaching, mentoring, care coordination, skill building and employment supports to individuals with BH challenges and their families. Certification will be required for peer specialists within this bill.
- **Train lay providers to implement components of evidence-based programs**, providing support to behavioral health professionals who are at capacity.
  - Lay providers can effectively provide cognitive behavioral therapy to elderly populations.
  - Empower Care
- **Engage lay providers to provide care coordination and other implementation supports to increase the uptake and use of evidence-based practices.**
- Seek **Medicaid funding for indigenous healing** and other culturally competent services.
  - **Doulas** and other trained lay providers
  - **Spiritual Healers, Healing councils** and other ceremonies
- Help grow indigenous peer recovery services
  - Red Road to Recovery
  - In the Rooms
  - White Bison

LOCAL HIGHLIGHTS

BASES RECOVERY CENTER

Charlevoix, MI

Bases offers a substance use disorder peer recovery program which trains those who have completed a recovery program to support their peers who are recovering from substance use disorder.

MANISTEE FRIENDSHIP SOCIETY

Centra Wellness, Manistee

Manistee Friendship Society is a non-profit organization that provides a free safe-space for socialization, support, education and activities for adults living with various degrees of mental illness.

MIIGWECH

Little Traverse Bay

Miigwech is a non-profit within the Diné tribe that works to promote Mino-Bimaadiziwin (The Good Life). Through education, outreach, and systems change, Miigwech creates a positive environment that encourages growth, critical thinking skills, reasoning, global conscience, and respect for diversity in keeping with the Anishinaabe Seven Grandfather Teachings.

CHANGE STRATEGY

EXPAND
THE SPECTRUM OF SERVICES

CHANGE STRATEGY:

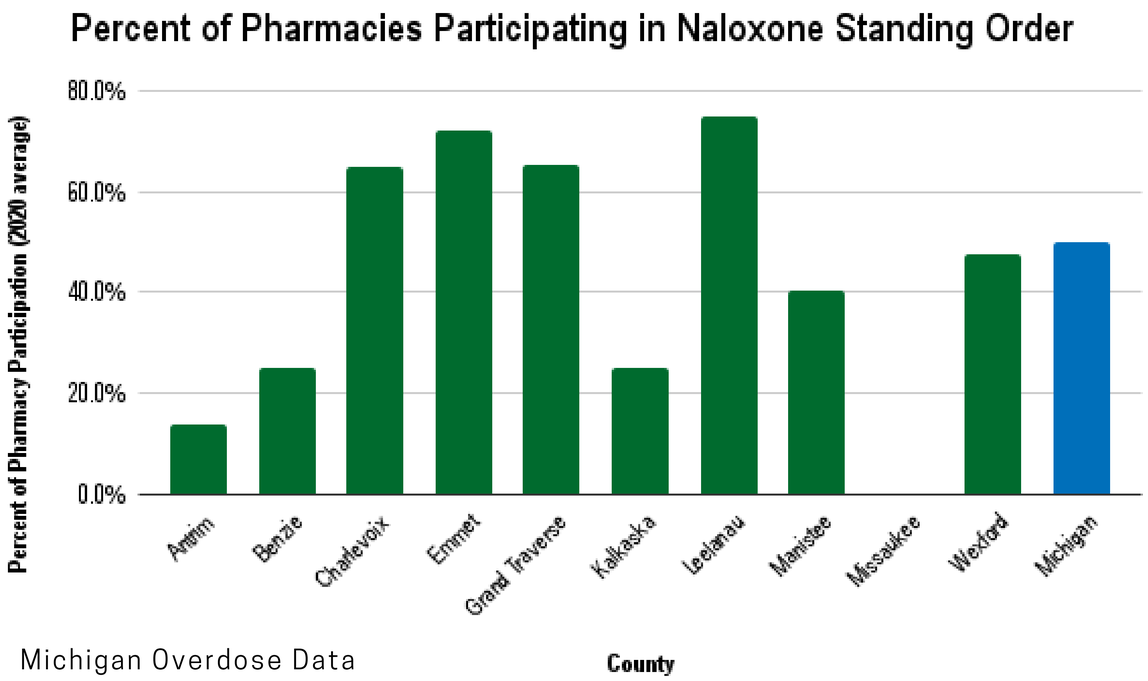
EXPAND THE SPECTRUM OF SERVICES

INCREASE HARM REDUCTION OPPORTUNITIES ☆ | INCREASE AVAILABILITY OF EVIDENCE-BASED PROGRAMS AND SUPPORTS | STRENGTHEN CRISIS SERVICES AND SUPPORTS ☆

INCREASE HARM REDUCTION OPPORTUNITIES ☆

EXPAND AVAILABILITY OF HARM REDUCTION RESOURCES ACROSS THE REGION

- **Increase access to naloxone distribution**, by expanding the number and diversity of sites in each county that offer this resource (e.g., first responders, pharmacies, community organizations, and medical settings)
  - Targeted Naloxone Distribution
  - Michigan Overdose Data Dashboard- Naloxone Distribution Sites
- **Offer naloxone distribution programs in criminal justice and treatment facilities** (inpatient and outpatient) to target individuals who are about to be released from supervision and/or cease treatment. Provide overdose response training and naloxone kits prior to their exit from their program or facility. Naloxone distribution in treatment centers and criminal justice settings
- Eliminate prior-authorization requirements for medications for opioid use disorder by having **health insurance providers cover the cost of MAT as a standard benefit** and all requirements that a physician contact the insurance provider for approval prior to writing the prescription are removed.
- **Screen for and initiate substance use treatment within emergency departments**. For example, patients receiving care in ED who have untreated OUD are referred to a provider for long-term buprenorphine-based MAT. Initiating buprenorphine-based MAT in emergency departments



Michigan Overdose Data

WHAT IS HARM REDUCTION?

Harm Reduction refers to policies and practices that aim primarily to reduce the adverse health, social, and economic consequences of high risk behaviors. It works to benefit people engaging in high risk behaviors as well as their families and communities.

INCREASE HARM REDUCTION OPPORTUNITIES ☆

INCREASE AVAILABILITY OF EVIDENCE-BASED PROGRAMS AND SUPPORTS

STRENGTHEN CRISIS SERVICES AND SUPPORTS ☆

NURTURE A HARM REDUCTION CULTURE ACROSS THE REGION

- **Adopt local or state legislation that provides overdose victims with limited immunity** from drug-related criminal charges and other criminal or judicial consequences that may otherwise result from calling first responders to the scene. 911 Good Samaritan Laws
- **Pursue policies that support access to clean needles and syringes** and allow pharmacies to sell them without prescriptions. They also allow public health departments to authorize and conduct programs that distribute clean needles and syringes and safely dispose of used ones. Access to Clean Syringes
- Collaborate with local police departments and judges to **reroute individuals with behavioral health issues from the judicial system**.
  - Look for information about NCCMH in the column to the right.
- **Encourage the decriminalization of small amounts of drugs** to allow people to receive housing and treatment.
- **Connect police with BH resources** that they can refer others to.
- Incorporate information on addiction, substance use disorders and medication-based treatment into Michigan's Automated Prescription System (MAPS)
- **Grow awareness of and commitment to a harm reduction orientation**. The Harm Reduction Movement
  - Create a **menu of options** that a client can autonomously choose from.
  - Allow clients to **set their own goals** and choose whether or not they want to work towards abstinence.
  - Do not engage in gathering collateral information (from family, friends, or doctors) without the **permission of the client** (and only with the client present).
  - Only offer recommendations to the client with their permission.

CREATE A HEALTHY DRINKING CULTURE

- Explore the recommendations offered by the recent assessment on how to create a healthy drinking culture in the Traverse City area.
- **Raise the price of alcohol** to reduce consumption and related harms, including sexual violence and motor vehicle crashes and fatalities. Pricing strategies for alcohol products

EXPAND DIVERSION PROGRAMS IN THE REGION

- Work with local police departments to refer people to behavioral health services instead of the judicial system.
  - **Train police officers** in mental health first aid.
  - Provide police officers with a **list of local services** to which to refer people.

44%
OF INDIVIDUALS IN COUNTY JAILS ACROSS THE COUNTRY HAVE A MENTAL HEALTH PROBLEM
(Lerman et al, 2021)

37%
OF PEOPLE IN PRISON HAVE A DIAGNOSED MENTAL ILLNESS
(Lerman et al, 2021)

HALF
OF ALL CONVICTED PRISONERS IN THE U.S. WERE UNDER THE INFLUENCE OF DRUGS OR ALCOHOL AT THE TIME OF OFFENSE
(NIDA, 2020)

85%
OF THE U.S. PRISON POPULATION HAS AN ACTIVE SUBSTANCE USE DISORDER OR WERE INCARCERATED FOR A CRIME INVOLVING DRUGS OR DRUG USE
(NIDA, 2020)

LOCAL HIGHLIGHTS

WEXFORD COUNTY SHERIFFS DEPARTMENT FREE NALOXONE VENDING MACHINE

Wexford County, Michigan

The Wexford County Sheriffs Department offers free naloxone to the community through a customized vending machine housed in their office. Naloxone is available to the public from the machine 24/7.

INCREASE AVAILABILITY OF EVIDENCE-BASED PROGRAMS AND SUPPORTS

EXPAND USE OF TELECOMMUNICATION RESOURCES FOR COUNSELING SUPPORTS

- **Provide free and confidential counseling and service referrals** via telephone-based conversation, web-based chat, or text message to individuals in crisis, particularly those with severe mental health concerns. Create regional provider networks to support these services.
  - Crisis line

INCREASE THE RANGE OF THERAPEUTIC SUPPORTS

- Expand array of evidence-based services offered in schools and by private providers. Explore the availability of evidence-based therapy models in the region. Consider the added value of expanding the following models:
  - **Family-based approaches** to treatment of youth substance misuse and SUD, as well as co-occurring mental health and behavioral problems. Multidimensional Family Therapy (MDFT)
  - **Cognitive-behavioral treatment** that includes concurrent individual therapy, family therapy, multifamily skills training, and telephone coaching. Dialectical Behavioral Therapy
  - **Family therapy** specifically designed to treat depression and suicidal thoughts and behaviors in adolescents. Attachment Based Family Therapy (ABFT)
  - **Cognitive, behavioral and affect regulation training** to address suicidal behaviors and co-occurring substance use disorders among adolescents, as well as common co-morbid conditions (e.g. depression, conduct problem) that may interfere with treatment progress. Integrated Cognitive Behavioral Therapy (I-CBT)
- **Offer universal school-based cognitive behavioral therapy programs** to prevent or reduce depression and anxiety symptoms to all students- regardless of presence or absence of mental health conditions. CBT
  - See information about TRAILS in the column to the right.
- Fund providers to expand their competencies in needed areas

ANTRIM, KALKASKA, AND MISSAUKEE COUNTIES HAVE

0

SUD TREATMENT FACILITIES

THERE ARE ONLY

17

RESIDENTIAL MENTAL HEALTH TREATMENT FACILITIES IN MICHIGAN, SERVING

590,000

PEOPLE EACH

THIS IS MORE THAN DOUBLE THE U.S. AVERAGE

MICHIGAN HIGHLIGHT

TRAILS

TRAILS is a University of Michigan school-based intervention designed to meet the mental health needs of all students. It involves multi-tiered interventions including universal education and awareness, early interventions, and suicide risk management. The Michigan Department of Education has recently expanded resources through 31-P to support the adoption and use of this program.

INCREASE HARM REDUCTION OPPORTUNITIES ☆

INCREASE AVAILABILITY OF EVIDENCE-BASED PROGRAMS AND SUPPORTS

STRENGTHEN CRISIS SERVICES AND SUPPORTS ☆

EXPAND ACCESS TO BH SPECIALISTS AND MORE DIVERSE PROVIDERS

- **Survey region to determine BH specialists needed in the region**. Stakeholders have identified an immediate need for eating-disorder specialists and therapists who specialize in infant or child mental health. In the short term, explore using MC3 or other telenet services to develop regional connections to these specialists. In the long term, work with graduate training programs to recruit needed specialists.
- **Recruit Spanish speaking BH providers**. Adopt the use of lay or peer supports who can provide translation supports until such providers are located.

EXPLORE THE FEASIBILITY OF DEVELOPING A CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC (CCBHC) IN THE REGION

CCBHCs provide a comprehensive range of services to vulnerable individuals with both physical and behavioral health needs. Some of the services they provide include:

- **Comprehensive range of mental health and substance use disorder services** to any individual in need of care. Including but not limited to people with:
  - Serious mental illness
  - Serious emotional disturbance
  - Long-term chronic addiction
  - Mild or moderate mental illness and substance use disorders
  - Complex health profiles
- **Care regardless of ability to pay**
- **Integrated services** to ensure an approach to health care that emphasizes recovery, wellness, trauma-informed care, and physical- behavioral health integration.

A 2021 EVALUATION OF CCBHC SITES ACROSS THE COUNTRIY FOUND THAT CCHBC'S:

INCREASED ACCESS TO CARE

LOWERED COSTS

REDUCED ED UTILIZATION

IMPROVED HEALTH AND BEHAVIORAL HEALTH OUTCOMES

LOCAL HIGHLIGHTS

WEST MICHIGAN CCBHC

West Michigan Community Mental Health services Mason, Lake & Oceana counties. It was one of the first sites in Michigan to become a Certified Community Behavioral Health Clinic. This certification has allowed it to increase access to anyone in need of care, regardless of insurance or severity of mental health/substance misuse problem.

INCREASE HARM REDUCTION OPPORTUNITIES ☆

INCREASE AVAILABILITY OF EVIDENCE-BASED PROGRAMS AND SUPPORTS

STRENGTHEN CRISIS SERVICES AND SUPPORTS ☆

STRENGTHEN CRISIS SERVICES AND SUPPORTS ☆

The Northern Michigan Crisis System Assessment Report (2021, tbdSolutions) provides a thorough assessment of the assets and needs of the region's BH crisis system. The report's recommendations for bolstering the crisis services systems are included below. The report also includes other recommendations to bolster the quality and effectiveness of the crisis response system.

EXPAND BEHAVIORAL HEALTH CRISIS SERVICES AND CAPACITY IN THE REGION

- **Expand Crisis Stabilization Services** by building a 6-chair Crisis Stabilization Unit in Traverse City to divert individuals from the emergency department and avoid unnecessary hospitalizations.
- **Expand Crisis Residential Treatment** by building a 6-bed crisis residential unit in Traverse City, co-located with the CSU and the Peer Drop-In Center
- **Expand Psychiatric Urgent Care** by building a 6-chair Psychiatric Urgent Care Center in Petoskey to divert people from the emergency department and avoid unnecessary hospitalizations.
- **Expand Psychiatric Inpatient Beds** by building a 16-bed inpatient psychiatric unit on the Cheboygan Hospital campus and include a 10-bed adult unit and a 6-bed youth unit with the ability to increase to 8 youth beds.
- **Co-locate Crisis Services to Promote Efficiency, Access & Coordination.** For example, co-locate Peer Drop-In Center, Access Center, Crisis Stabilization Unit, and Adult Crisis Residential Unit in Traverse City campus to create a multi-service access point and promote efficiencies in shared staffing and care coordination.

ADVOCATE FOR PARITY IN PAYMENT FOR CRISIS BEHAVIORAL HEALTH SERVICES

- Partner with organizations like the CMH Association of Michigan and the Michigan Association of Health Plans to **pursue the policy changes needed to bring equitable access to crisis services** since most commercial insurance companies do not reimburse most evidence-based crisis services.

EXPLORE TRANSIT SOLUTIONS FOR CRISIS SERVICES

- Explore non-emergent medical transport (NEMT) solutions and consider using transit personnel like retired law enforcement, retired military, and peer supports & recovery coaches.
  - Wisconsin's NEMT
- Advocate for the passing of House Bill 6452, which would allow individuals other than law enforcement officers to transport involuntary psychiatric patients.

BETWEEN OCT 2020 - SEPT 2021

MUNSON HOSPITALS ACROSS THE 10 COUNTY NWCHIR REGION SERVED

4,775

INDIVIDUALS EXPERIENCING BEHAVIORAL HEALTH PROBLEMS IN THEIR EMERGENCY DEPARTMENTS

MUNSON MEDICAL CARE IN TRAVERSE CITY OPERATES THE ONLY PSYCHIATRIC HOSPITAL UNIT IN THE REGION WITH

17

HOSPITAL BEDS

ANTRIM, KALKASKA, AND MISSAUKEE COUNTIES HAVE

0

SUD TREATMENT FACILITIES

THERE ARE ONLY

17

RESIDENTIAL MENTAL HEALTH TREATMENT FACILITIES IN MICHIGAN, SERVING

590,000

PEOPLE EACH

CHANGE STRATEGY

INCREASE AND COORDINATE BEHAVIORAL HEALTH FUNDING

CHANGE STRATEGY:

INCREASE AND COORDINATE BEHAVIORAL HEALTH FUNDING

LEVY FUNDS TO INCREASE BEHAVIORAL HEALTH RESOURCES

LEVY FUNDS TO INCREASE BEHAVIORAL HEALTH RESOURCES

With falls in funding for behavioral health resources across the state, one solution is an increase in property, income, and hotel taxes to address this gap.

CREATE MILLAGE TO INCREASE FUNDING FOR REGIONAL BEHAVIORAL HEALTH RESOURCES

- To date, voters in four counties in Michigan - Hillsdale, Jackson, Ottawa, and Washtenaw - have approved millages to expand mental health services. More information about two of these counties can be found in the column to the right.

INCREASE INCOME AND SALES TAXES TO INCREASE FUNDING FOR REGIONAL BEHAVIORAL HEALTH RESOURCES

- **California** implemented a 1% increase on income tax, earmarked for behavioral health resources. Counties have the ability to levy a 0.1% sales tax increase to provide further funding for BH services. These taxes generated $2.235 billion between 2018 and 2019, or $56.50 per capita. For more information, click here.
- Nine counties in **Missouri** have passed sales tax initiatives to fund youth mental health.

MICHIGAN HIGHLIGHTS

OTTAWA COUNTY, MICHIGAN

Ottawa County, Michigan passed a ten-year millage in 2016 that generates about 3.2 million a year for mental health services. So far, this funding has allowed them to serve over 3,000 additional residents. Provided services include: mental health care for seniors and incarcerated people, mental health resources for K-12 schools, summer camps for children with diagnosed mental health issues, and social recreation programs. For more information, click here and here .

WASHTENAW COUNTY, MICHIGAN

Washtenaw County, Michigan passed an eight-year millage in 2017 that generates $5 - $6 million per year for mental health and public safety improvements. The program began in 2019 and has expanded the accessibility and range of the county's mental health resources. Washtenaw County Community Mental Health hired and trained new, interdisciplinary staff members with experience in nursing, social work, crisis services, psychiatry, addiction treatment, and counseling. This has allowed them to treat an additional 637 people since the program began. For more information, click here.

THE WAY FORWARD

HEALTHCARE PROVIDERS CAN:

- Offer behavioral health training and certification opportunities to employees
- Offer telehealth services that include behavioral health or adopt programs, such as MC3
- Discuss the benefits of utilizing telehealth services with their patients
- Offer loan repayment programs for employees that remain in the region
- Partner with schools to expose children to careers in health
- Reduce the financial burden of recieving or maintaining licensure or certification

EMPLOYERS CAN:

- Offer behavioral health and/or peer recovery training and certification opportunities to employees
- Adopt an employee assistance program that would allow employees access to behavioral health services via telecommunication
- Create an environment that is supportive of behavioral health needs and implement trainings to reduce stigma in the workplace

EVERYONE CAN:

- Become educated on the behavioral health services and resources available in their community
- Participate in peer and/or community level behavioral health trainings as they become available

STATE AND COMMUNITIES CAN:

- Continue to sustain and create funding opportunities for telehealth services
- Develop policies that ensure lay providers are reimbursed for behavioral health services they provide
- Offer and fund behavioral health trainings and certifications for lay providers and peer recovery initiatives
- Make broadband internet available in rural areas to ensure equal opportunity to access telehealth services
- Remove restrictions on scope of practice that limit the ability of non-physician providers to practice to the full extent of their training
- Consider adjustments to Medicaid policy to make provider compensation more competitive
- Continue to participate in Conrad-J1 Visa Waiver for international medical school graduates

HEALTH PLANS CAN:

- Expand the number of in-network mental health and substance use providers for all services
- Publish up-to-date provider directories, including information on which providers are accepting new patients, and the provider's location, contact information, and specialty in a manner that is easily accessible to plan enrollees, prospective enrollees
- Establish reimbursement rates that ensure that mental health and substance use providers participate with the health plan
- Provide incentive payments to mental health and substance use providers who are full participants in network and meet designated access and quality metrics

PRIORITY ACTION AREA:

PROMOTE EASIER ACCESS TO BEHAVIORAL HEALTH SERVICES AND SUPPORTS

OUR CHALLENGE

A significant number of mental illness and substance use disorder cases are left untreated among adults and children alike due to a number of barriers that exist around accessing behavioral health services and supports.

ONE OF THE FACTORS IMPEDING ACCESS IS THE COST OF SERVICES DUE TO THE OVER RELIANCE OF OUT OF NETWORK PROVIDERS IN MICHIGAN.

OUTPATIENT BEHAVIORAL HEALTH CARE IS

4-6 X

MORE LIKELY TO BE OUT OF NETWORK COMPARED TO MEDICAL/SURGICAL CARE

(Milliman Research Report, 2017)

Michigan residents report a variety of reasons for why they do not receive behavioral health treatment, with cost of treatment being the leading factor.

Self-Reported Reasons for not Receiving Behavioral Health Treatment		
Top Reasons for not Receiving Treatment	**% Citing Each Reason (Care for Any Mental Illness)**	**% Citing Each Reason (Care for Substance Use Disorder)**
Couldn't Afford Costs	40%	27%
Thought Couldn't Handle/Not Ready to get Treatment	28%	38%
Didn't Know Where to Go	22%	19%
Didn't Have Time	20%	5%
Not Enough Insurance Coverage	13%	12%
Concerned About Neighbors' Opinion	11%	14%
Didn't want others to find out	9%	4%

(National Survey on Drug Use and Health, 2016)

CHALLENGES TO HAVING EASY ACCESS TO BEHAVIORAL HEALTH SERVICES

PROMOTE EASIER ACCESS TO BEHAVIORAL HEALTH SERVICES AND SUPPORTS

REGIONAL STAKEHOLDERS IDENTIFIED THE FOLLOWING CHALLENGES TO HAVING EASY ACCESS TO BEHAVIORAL HEALTH SERVICES AND SUPPORTS

THE BEHAVIORAL HEALTH SYSTEM IS DIFFICULT TO NAVIGATE

- Providers and residents are not always aware of the resources available or how to access them.
- The complexity of the system makes it challenging for individuals to actually obtain needed services.
- There are too few navigators in the region.

COORDINATED CARE IS DIFFICULT TO PROVIDE

- Interdisciplinary, coordinated care is difficult to realize because time spent on coordination tasks is often not reimbursable.
- Information sharing restrictions and lack of shared databases and common referral processes impede coordination efforts.

SERVICES ARE OFTEN NOT ACCESSIBLE OR AFFORDABLE

- Individuals often lack the transit needed to reach available services.
- Some insurance plans include high copays for BH services or even refuse to cover certain treatment programs.

STIGMA GETS IN THE WAY OF SEEKING SERVICES

- Some individuals worry that friends, family and/or coworkers will judge them, avoid them or treat them negatively if they become aware of their BH challenges.
- Some believe that only weak people seek help for BH challenges.

CO-LOCATED CARE IS GROWING IN THE REGION BUT MORE IS NEEDED

- Some schools do not yet have school-based clinics.
- Some health practices do not have co-located behavioral health providers.

LOCAL PROVIDERS ARE NOT TAKING FULL ADVANTAGE OF AVAILABLE TELECONSULTATION SERIVCES

- Few health care providers access MC3 in the region, a telepsychiatry service offered by the University of Michigan.
- Marketing and sustaining clinic capacity to use the service are a few of the barriers to use.

CHANGE STRATEGY

ENHANCE
INTEGRATED, COORDINATED CARE

CHANGE STRATEGY:

ENHANCE INTEGRATED, COORDINATED CARE

CO-LOCATE SERVICES ☆

ENHANCE AVAILABILITY OF NAVIGATION/ COMMUNITY HEALTH WORKER SUPPORT ☆

ENHANCE COORDINATION OF CARE ☆

CO-LOCATE SERVICES ☆

Offering behavioral health services in diverse locations across an area allows access to become easier and helps individuals find the services they need in the community where they live, work, and go to school.

Expand School-Based Mental Health Services

- **Expand school-based health clinics**
  - Strong evidence shows that school-based health clinics increase access to care, improve health outcomes, prevent more serious illness, and increase academic achievement. Many, but not all, schools have these clinics
  - MDHHS Child and Adolescent Health Center Model (CAHC)
  - MDHHS Expanding, Enhancing, Emotional Health Model (E3)

- **Implement evidence-based, multi-tiered behavioral health interventions in schools** to support students impacted by mental health concerns**.** Establishing multi-tiered systems in schools provides equitable and effective services to students and assists in care-coordination with community partners.
  - Transforming Research into Action to Transform the Lives of Students (TRAILS)
    - 31P grant dollars are available to fund the TRAILS program in schools
  - Child Mind Institute Professional Development Trainings
  - Universal Social, Emotional, and Behavioral screening
  - Multisystemic Therapy

- **Leverage funds that are adequate and equitable** to employ school-based health professionals, including social workers, schools counselors, interventionists, and teachers
  - American Rescue Plan
  - 31-N and 31-O Dollars

THE RATIO OF SCHOOL COUNSELORS TO STUDENTS IN MICHIGAN IS

1:729

WHICH IS THE 3RD HIGHEST IN THE NATION

(SCHAMI, 2019)

39%

OF PUBLIC SCHOOLS IN THE NMCHIR REGION DO NOT HAVE A SCHOOL-BASED HEALTH CLINIC

LOCAL HIGHLIGHTS

MAPS CARE CONNECT

The Care Connect program has been adopted by Manistee Area Public Schools and is supported by Centra Wellness Network and Northwest Michigan Health Services. School staff refer students to Care Connect Coordinators who connect them to the services that offer support for stress or trauma, serious and/or chronic mental illness, and an overall lack of resources.

CO-LOCATE SERVICES ☆

ENHANCE AVAILABILITY OF NAVIGATION/ COMMUNITY HEALTH WORKER SUPPORT ☆

ENHANCE COORDINATION OF CARE ☆

Integrated behavioral health and physical care

- **Expand evidence-based, integrated care models**
  - Assess the number of health care providers and clinics using an integrated behavioral health and physical care model and identify opportunities for expansion.
  - Identify challenges to coordination within integrated care practices.
  - Employ Triple Aim Strategies to provide integrated care, to build partnerships with community stakeholders to improve care, and implement alternative payment models to allow for more sustainable services.
  - Collaborative Care Model
  - Center of Excellence for Integrated Solutions

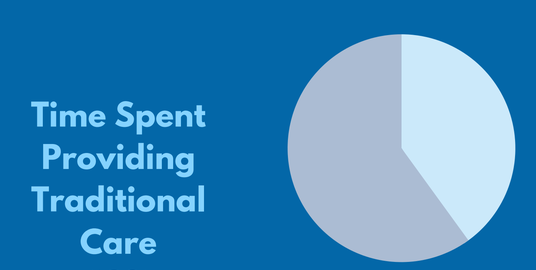
- **Expand integration of social and community health workers into primary care settings** and provide structure for physicians and behavioral health professionals to work as an interdisciplinary team to address social determinants of health.
  - Community in Primary Care model

- **Promote and make available behavioral health training opportunities for all healthcare staff**
  - Trainings for Mental Health Providers and Community Members
  - Empower

MORE THAN 65 % OF RURAL RESIDENTS RECEIVE THEIR MENTAL HEALTH CARE FROM PRIMARY CARE PHYSICIANS

(NIMH, 2018)

PEDIATRICIANS REPORT SPENDING UP TO 40% OF THEIR TIME TREATING MENTAL ILLNESS EVEN THOUGH THEY OFTEN FEEL ILL-EQUIPPED TO DO SO



(Van Buren, 2019)

LOCAL HIGHLIGHT

NORTHERN LAKES INTEGRATED HEALTH CLINIC

Traverse City & Grayling, MI

Clinic staff help clients use behavioral health strategies to increase motivation and plan lifestyle changes to be successful in their physical health goals. Individualized care plans are developed to meet unique needs. The Integrated Health Clinic combines behavioral health, physical health, navigation and resources, wellness, and care coordination to achieve total health care for its patients.

CO-LOCATE SERVICES ☆

ENHANCE AVAILABILITY OF NAVIGATION/ COMMUNITY HEALTH WORKER SUPPORT ☆

ENHANCE COORDINATION OF CARE ☆

Workplace Behavioral Health Services and Supports

- **Expand the use of Employee Assistance Programs** among regional employers as an affordable and effective strategy for employers to use to address mental health concerns in the workplace
  - EAPs are worksite-based services that refer employees to resources that assist with physical and/or mental health concerns, family matters, and financial and legal situations. Services may be delivered internally by professionals employed by the organization, or from an external, contracted company.
- **Encourage workplaces to promote and support the mental health** of employees and their families. Shift the understanding of mental health from an individual issue to a collective priority and get leadership-buy-in for mental health prioritization at work. The status of mental health among employees has a significant impact on organizational outcomes.
  - Right Direction: Cultivate better mental health at work
  - American Psychiatric Association Depression Infographic for Employers
  - Center for Workplace Mental Health: Making the Business Case
    - The tool found at the link above allows businesses to calculate the cost of poor employee behavioral health outcomes to their organization
- **Eliminate stigma in the workplace and reduce barriers** to care by raising awareness on behavioral health and implementing behavioral health programs in the workplace. Adequate behavioral health support at work has been shown to combat absenteeism, reduced productivity, and increased healthcare and disability costs
  - Center for Workplace Mental Health Employer Resources
  - Current Practices in Worksite Wellness
- **Prioritize health and sustainable ways of working**
  - As employees return to the office from working remotely during the pandemic, it's important for employers to readdress policies to better align with employees' new wants and needs, i.e. in-person, remote, or hybrid work options
- **Implement Peer Support Worker programs** to cultivate an environment of acceptance and validation in the workplace and create professional relationships focused on understanding, guidance, and self-empowerment
  - What is Peer Support?
  - SAMHSA's Core Competencies for Peer Workers in Behavioral Health Services

1/2

OF WORKERS IN THE U.S. ARE CONCERNED ABOUT DISCUSSING MENTAL HEALTH ISSUES IN THE WORKPLACE

(APA. 2021)

1/3

OF WORKERS IN THE U.S. WORRY ABOUT JOB CONSEQUENCES IF THEY SEEK HELP FOR MENTAL HEALTH ISSUES

(APA. 2021)

IN 2021, 76%

OF FULL-TIME U.S. EMPLOYEES REPORTED EXPERIENCING AT LEAST ONE SYMPTOM OF A MENTAL HEALTH CONDITION IN THE PAST YEAR

(MIND SHARE PARTNERS', 2021)

LOCAL HIGHLIGHT

CATHOLIC HUMAN SERVICES & TRAVERSE CONNECT

Several organizations throughout the region, including Catholic Human Services and Traverse Connect, offer Employee Assistance Programs (EAPs) for employers and their employees. The programs work to address a variety of issues, including financial problems, behavioral health issues, relationship problems, substance use disorders, stress management, and workplace concerns. EAPs offer resources to address personal difficulties and reduce the effects such issues can have on job performance.

CO-LOCATE SERVICES ☆

ENHANCE AVAILABILITY OF NAVIGATION/ COMMUNITY HEALTH WORKER SUPPORT ☆

ENHANCE COORDINATION OF CARE ☆

Housing Behavioral Health Services and Supports

- **Expand the use and availability of affordable recovery housing options in the region**
  - Essential to the recovery process is the availability of a continuum of affordable housing models within a community from Housing First to Recovery Housing
  - Recovery Housing provides peer-to peer and other addiction recovery supports. Individuals who participate in recovery housing have decreased rates of substance use and incarceration
    - Oxford Housing offers communal housing that enhances substance abuse recovery

- **Expand the use of the** Supportive Housing Model across the region to increase access to safe, affordable housing that concurs with intensive, coordinated behavioral health care.
  - Eliminate barriers to achieving health goals by providing rental assistance and expanding the use of Medicaid services for supportive housing.

STUDIES HAVE CONCLUDED THAT INDIVIDUALS PLACED IN SUPPORTIVE HOUSING SPEND, ON AVERAGE

75

FEWER DAYS IN STATE-RUN PSYCHIATRIC HOSPITALS COMPARED TO SIMILAR GROUPS WITHOUT SUPPORTIVE HOUSING

(Culhane, Metraux, & Hadley, 2002)

LOCAL HIGHLIGHT

ADDICTION TREATMENT SERVICES

Traverse City, MI

Addiction Treatment Services offers recovery homes as an option for clients seeking a safe and sober living environment. Recovery homes are supervised by Addiction Treatment Services managers who are skilled in guding individuals through the recovery process and providing life skills, education, and employment support.

NORTHWEST MICHIGAN SUPPORTIVE HOUSING

Antrim, Benzie, Grand Traverse, Kalkaska and Leelanau counties

Northwest Michigan Supportive Housing helps individuals who experience homelessness and mental illness find sustainable housing. The organization also offers additional supportive services, including budget counseling, life-skills training, home maintenance, utility assistance, and case management to help clients overcome any barriers related to maintaining and sustaining their housing.

CO-LOCATE SERVICES ☆

ENHANCE AVAILABILITY OF NAVIGATION/ COMMUNITY HEALTH WORKER SUPPORT ☆

ENHANCE COORDINATION OF CARE ☆

ENHANCE AVAILABILITY OF NAVIGATION/COMMUNITY HEALTH WORKER SUPPORT ☆

- **Expand community health worker workforce across the region** Community health workers are public health professional who have a detailed understanding of the community they serve. CHWs serve as liaisons between the community and health and social services, and build the capacity of the community and individuals by increasing health knowledge.
  - Offer trainings throughout the region to expand the workforce
    - Michigan Community Health Worker Alliance offers training opportunities
  - Adopt lay provider models that engage residents in their own communities to provide health supports
    - Adapt the Promotora de Salud/ Lay Health Worker Model,which allows members of the target population to become community health workers
  - Expand Medicaid reimbursement for community health workers and care coordination supports throughout the region
    - 6 states, not including Michigan, have authorized CHWs to be part of multidisciplinary health care teams by Medicaid or private insurance (County Health Rankings, 2021)
    - 4 states, not including Michigan, allow Medicaid payments to be provided for CHW services (County Health Rankings, 2021)

- **Increase and enhance communication between health plans and behavioral health service agencies** to streamline the availability of services and reduce insurance systems navigability barriers.

THERE IS A GREAT NEED FOR NAVIGATION SUPPORT IN THE REGION....

2671

REFERRALS WERE MADE TO COMMUNITY CONNECTIONS HUBS IN 2020

(NMCHIR,2020)

18% or 493

REFERRALS TO COMMUNITY CONNECTIONS CONCERNED BEHAVIORAL HEALTH NEEDS IN 2020

(NMCHIR,2020)

LOCAL HIGHLIGHT

COMMUNITY CONNECTIONS HUB

Northern Michigan Community Health Innovation Region

Community Connections facilitates easy access to services via a network of community health workers (CHWs) across the region. Local health providers and other community organizations utilize a web-enabled or paper screening tool to identify individuals' basic needs, determine if the client would like assistance, and document consent for a referral to Community Connections. CHWs use the Pathways Model to facilitate improved health outcomes and assist clients in accessing and navigating the resources and services available to them.

CO-LOCATE SERVICES ☆

ENHANCE AVAILABILITY OF NAVIGATION/ COMMUNITY HEALTH WORKER SUPPORT ☆

ENHANCE COORDINATION OF CARE ☆

ENHANCE COORDINATION OF CARE ☆

- **Provide navigator support in key organizations that serve children and families across the region**
  - Communities in Schools of Northwest Michigan has a site coordinator located in each of their schools
    - Site Coordinators connect families and children to services they need to succeed academically and to promote social and emotional behavioral skills
- **Evaluate the impact of and potentially expand the Behavioral Health Home Model** across the region. See description to the right.
  - BHH services in the NMCHIR are being provided by Centra Wellness network, Northern Lakes Community Mental Health Authority, and North country Community Mental Health
- **Facilitate data and information sharing agreements** among diverse sectors across the region.
- **Map out referral processes** that are used across the region to ensure patients' continuation of care is coordinated.
- **Arrange care coordination/case management team meetings** across organizations who have shared clients.
- **Utilize telehealth to facilitate team-based care** among providers who are not geographically close.
- **Expand and utilize existing screening tools and resource databases** to identify individuals' needs and connect them with local services.
  - Routinely update organization information within databases to ensure available resources are up-to-date.
    - Community Connections Hub: A service that assists clients in navigating the resources and services available to them.
    - 211: a free service that connects individuals to the local resources and services they need
    - 988: an upcoming behavioral health crisis hotline

WHAT IS A BEHAVIORAL HEALTH HOME?

Provides comprehensive care management and coordinated services to Medicaid beneficiaries with a serious mental illness or serious emotional disturbance.

Manages social-emotional needs by integrating primary care, mental health services and social services and supports for children and adults.

LOCAL HIGHLIGHTS

NORTH COUNTRY COMMUNITY MENTAL HEALTH, CENTRA WELLNESS NETWORK, & NORTHERN LAKES COMMUNITY MENTAL HEALTH AUTHORITY

All three organizations have adopted the Behavioral Health Home Model. Behavioral Health Homes address clients' overall health and social needs and function as the main point of contact for directing patient-centered care across the broader health care system.

CHANGE STRATEGY

ENHANCE AWARENESS OF LOCAL RESOURCES

IMPACTFUL STRATEGY:

ENHANCE AWARENESS OF LOCAL RESOURCES

LEVERAGE TECHNOLOGY AND TRAINING TO CREATE EASIER ACCESS TO RESOURCE INFORMATION

- **Increase awareness among professionals of strategies and services in the region**
  - Provide consistent opportunities for staff across organizations to meet each other and learn about services.
  - Share training resources across organizations to increase networking opportunities.
  - Incorporate information in staff orientations about their awareness of new services and changes in local programs and resources.

- **Increase public awareness of resources and services**
  - Continuously update 211 with regional behavioral health resources and services.
  - Develop a mapping of the behavioral health resources in the region.
    - Ecosystem maps help people quickly see the areas of their concern and provide clickable access to organizations and programs.
    - St. Louis Region Well Being Ecosystem Map
  - Raise awareness of National Suicide Prevention Hotline transitioning to "988", a behavioral health crisis hotline.
    - 988 will become available in Michigan in July of 2022.

IN 2016,

22%

OF INDIVIDUALS WITH A MENTAL ILLNESS AND

19%

OF INDIVIDUALS WITH A SUBSTANCE USE DISORDER IN MICHIGAN DID NOT RECEIVE THE CARE THEY NEEDED BECAUSE THEY DID NOT KNOW WHERE TO GO

(National Survey on Drug Use and Health, 2016)

LOCAL HIGHLIGHTS

NORTHERN MICHIGAN CHIR'S MAPPING PROJECT

The NWCHIR has developed a Stakeholder Mapping tool to include organizations and providers that focus on all aspects of Behavioral Health in the 10 county region. This will offer a map of available BH resources and provide a diagnostic to assess system strengths and gaps. To contribute information about your organization to this map go here.

CHANGE STRATEGY

EXPAND AND SUSTAIN TELEMEDICINE

IMPACTFUL STRATEGY:

EXPAND AND SUSTAIN TELEMEDICINE

EXPAND AND SUSTAIN TELEMEDICINE

- **Evaluate the value and impact of telemedicine** for different populations, problems, and services.
- **Collaborate with health plans** to ensure telemedicine options continue and are easy to reimburse.
  - Rural Health Information Hub: Reimbursement for Telehealth Services
- **Continue to grow telemedicine options in the region**
  - The Upper Midwest Telehealth Resource Center
- **Sustain and grow teleconsultation programs** that expand the reach of scarce psychiatrist resources
  - Examine how to grow and sustain primary care participation in the MC3 program
  - Explore how to enroll in Project Echo teleconsultation opportunities
- **Expand broadband internet** to support telemedicine throughout the region, especially in rural areas
  - American Hospital Association Telehealth Fact Sheet

LOCAL HIGHLIGHTS

MC3

Available to Primary Care Offices in All 10 Counties

MC3 is a University of Michigan telemedicine initiative that provides psychiatry support to primary care providers who are managing patients with behavioral health problems. Currently, several practices in the region are enrolled in MC3 though use is varied.

59 providers/clinics across the 10 counties are enrolled in MC3 but only 26 (44%) of these providers have used this resource.

NEARLY

40%

OF INDIVIDUALS LIVING IN RURAL AREAS IN THE U.S. DO NOT HAVE ACCESS TO BROADBAND INTERNET

(AHA, 2019)

THE WAY FORWARD

HEALTHCARE PROVIDERS CAN:

- Attend trainings related to behavioral health to expand skills
- Offer behavioral health training opportunities to staff
- Utilize an integrated care model in clinic practices
- Integrate behavioral health professionals into practices
- Utilize telehealth to facilitate team-based care with other providers
- Seek up-to-date information on local behavioral health resources and services

EMPLOYERS CAN:

- Adopt and offer an Employee Assistance Program to their employees
- Create and maintain an environment that is supportive of behavioral health needs and reduces stigma
- Implement additional programs that support employee behavioral health, such as a Peer Support Worker Program
- Offer flexible work schedule options to employees when feasible (i.e. remote work or hybrid work)
- Provide consistent education to staff on regional best practices, services, and resources

EVERYONE CAN:

- Become educated on the behavioral health services and resources available in their community
- Participate in peer and/or community level behavioral health trainings as they become available

STATE AND COMMUNITIES CAN:

- Leverage and pursue funding to expand school-based mental health services
- Seek funding opportunities to develop and sustain recovery housing options
- Provide training opportunities for Community Health Workers
- Raise public awareness of existing behavioral health resources and services
- Work to expand broadband internet access

HEALTH PLANS CAN:

- Offer reasonable reimbursement rates for primary and behavioral health integrated care services
- Enhance reimbursement for Community Health Worker Services
- Continue to offer reimbursement for telemedicine services
- Maintain clear communication channels with behavioral health service agencies

PRIORITY ACTION AREA:

ENHANCE WILLINGNESS AND ABILITY TO SEEK SERVICES

OUR CHALLENGE

Various barriers impede an individual's ability to seek or access services such as stigma, transportation, cost, and understanding of mental health challenges and substance misuse.

STIGMA ASSOCIATED WITH MENTAL ILLNESS AND ADDCTION IMPEDES SERVICE ACCESS

11%
OF PEOPLE WITH DIAGNOSED MENTAL ILLNESS

14%
OF PEOPLE WITH DIAGNOSED SUD'S

REPORTED NOT RECEIVING NEEDED TREATMENT DUE TO CONCERNS ABOUT THEIR NEIGHBOR'S OPINION (NON-MEDICAID, MICHIGAN PAYEES)

Altarum, 2019

There are different types of stigma, including **public, internalized, and institutional stigma**. Each can impact one's ability to seek treatment and support for a mental illness or substance misuse.
Stigma overview

LACK OF WILLINGNESS TO SEEK HELP OFTEN IMPEDES SERVICE ACCESS

28%
OF PEOPLE WITH DIAGNOSED MENTAL ILLNESS

38%
OF PEOPLE WITH DIAGNOSED SUD'S

REPORTED NOT RECEIVING THE TREATMENT THEY NEEDED BECAUSE THEY THOUGHT THEY COULD HANDLE IT ON THEIR OWN

Altarum, 2019

THE COST OF BEHAVIORAL HEALTH OFTEN IMPEDES SERVICE ACCESS

13%
OF PEOPLE WITH DIAGNOSED MENTAL ILLNESS

12%
OF PEOPLE WITH DIAGNOSED SUD'S

REPORTED NOT RECEIVING THE TREATMENT THEY NEEDED BECAUSE THERE WAS NOT ENOUGH INSURANCE COVERAGE (NON-MEDICAID, MICHIGAN PAYEES)

Altarum, 2019

CHALLENGES TO WILLINGNESS AND ABILITY TO SEEK SERVICES

ENHANCE WILLINGNESS AND ABILITY TO SEEK SERVICES

REGIONAL STAKEHOLDERS IDENTIFIED THE FOLLOWING CHALLENGES TO WILLINGNESS AND ABILITY TO SEEK SERVICES

STIGMA ASSOCIATED WITH MENTAL HEALTH AND SUBSTANCE MISUSE

- Individuals and families hide their challenges and avoid treatment because of stigma-related concerns. They fear the judgment from family, friends, neighbors, and co-workers.

STIGMA ASSOCIATED WITH SEEKING HELP

- Some individuals believe it is a sign of weakness to seek help
- Some individuals believe mental health and substance misuse are problems you handle at home.

SOME INDIVIDUALS CANNOT AFFORD BH SERVICES OR TREATMENT

- High insurance co-pays and other out-of-pocket expenses mean many individuals do not seek treatment or services.
- Some insurance providers do not cover certain services or resident treatments, particularly related to substance misuse.
- Some providers do not accept some insurance plans due to low reimbursement rates and/or the bureaucratic and paperwork hassles associated with that company.

MISUNDERSTANDINGS ABOUT BH CHALLENGES

- Some individuals are not familiar with the signs and symptoms of behavioral health challenges, so they do not seek services or treatment.

LACK OF TRANSPORTATION

- Transportation barriers interfere with an individual's ability to seek treatment or receive services.

LACK OF RELIABLE INTERNET

- The lack of broadband across the region means that some individuals cannot take advantage of telehealth options.

CHANGE STRATEGY

REDUCE STIGMA AND CONCERNS ASSOCIATED WITH RECEIVING SERVICES

CHANGE STRATEGY:

REDUCE STIGMA AND CONCERNS ASSOCIATED WITH RECEIVING SERVICES

REDUCE NEGATIVE PERCEPTIONS AROUND MENTAL HEALTH AND SUBSTANCE MISUSE

REDUCE CONCERNS ABOUT TREATMENT REQUIREMENTS

REDUCE NEGATIVE PERCEPTIONS AROUND MENTAL HEALTH AND SUBSTANCE MISUSE

Promote Public Education About Mental Health and Substance Misuse

- **Develop a social marketing campaign** addressing the stigma around mental health. This campaign could provide an introduction to and promotion of non-stigmatizing people-first language. Sharing similar language and definitions can help to reduce stigma associated with receiving treatment for mental health concerns.
  - Reducing Stigma Toolkit
  - Anti-Stigma Campaign

Explore Service Provision Approaches that Appeal to Specific Population Segments

- **Adopt programs and approaches** designed to destigmatize mental health challenges and the receipt of support or therapy.
  - Mantherapy.org is designed to appeal to men who "think mental health disorders are unmanly signs of weakness". The website provides men with information, support, and resource connections and can be designed to reach men in specific geographic locations. The Michigan Thumb is a Mantherapy location.

Reduce Stigma at the Workplace

Employees often worry that the disclosure of a mental health condition will lead to negative treatment and perceptions at work.

- **Work with local businesses** to create work environments that openly discuss mental health and well-being and normalize seeking help for mental illness and substance misuse.
  - Center for Workplace Mental Health

LOCAL HIGHLIGHTS

DISTRICT HEALTH DEPARTMENT #10

District Health Department #10 works to combat stigma through educational social media posts and PSAs. Click here for an example of one of these PSAs.

NATIONAL HIGHLIGHTS

RIGHT DIRECTION

Right Direction is a free initiative designed to provide employers with the resources needed to reduce stigma, raise awareness, and encourage help-seeking behaviors related to mental health within the workplace.

REDUCE NEGATIVE PERCEPTIONS AROUND MENTAL HEALTH AND SUBSTANCE MISUSE

REDUCE CONCERNS ABOUT TREATMENT REQUIREMENTS

REDUCE CONCERNS ABOUT TREATMENT REQUIREMENTS

Individuals are sometimes reluctant to seek treatment when they believe those treatments will reduce their own choices or opportunities. A recovery oreintation can help to mitigate these concerns.

Integrate a Recovery Orientation into Behavioral Health Settings and Key Partner Organiations

- **Create a menu of treatment options** that a client can autonomously choose from. Allow them to set their own goals and whether or not they want to work towards abstinence.
- Start with a casual, consensual conversation in a community setting to **emphasize autonomy**.
- For those that cannot manage intensive formal assessments, provide an option to organically **assess a client over a long period of time**.
- **Do not engage in gathering collateral information** from family, friends, or past providers without the permission of the client. Only do so with the client present.
- Only offer recommendations to clients with their **permission** to do so.
- Provide **drop-in groups** where participants can discuss their experience with substances or MH issues without any judgement. This can work as a foot-in-the-door to receive other care.
- Fully integrate the 10 elements of recovery into key organization's policies, practices and procedures. See box to the right.

16%

OF PEOPLE WITH DIAGNOSED MENTAL ILLNESSES REPORTED NOT RECEIVING THE TREATMENT THEY NEEDED DUE TO CONCERNS THAT THEY MIGHT GET COMMITTED OR HAVE TO TAKE MEDS

Altarum, 2019

A RECOVERY ORIENTATION INVOLVES THE INCORPORATION OF 10 KEY ELEMENTS INTO ORGANIZATIONAL POLICIES, PRACTICES & PROCEDURES

Self-Direction
Individualized and Person-Centered
Empowerment
Holistic
Non-Linear
Strengths-Based
Peer Support
Respect
Responsibility
Hope

Mental Health America

CHANGE STRATEGY

INCREASE AWARENESS OF BEHAVIORAL HEALTH RISKS

CHANGE STRATEGY:

INCREASE AWARENESS OF BEHAVIORAL HEALTH RISKS

PROMOTE PUBLIC EDUCATION ON BEHAVIORAL HEALTH RISKS

PROMOTE PUBLIC EDUCATION ON BEHAVIORAL HEALTH RISKS

Promote Mental Health First Aid

- **Educate community members about how to listen, reassure, and respond, even in a crisis**. Create an educated public that can recognize warning signs and intervene to support someone experiencing mental illness. This will reduce the strain on the limited providers in the region and increase access to behavioral health professionals in the community.
- **Provide an 8- or 12-hour training** to educate laypeople about how to assist individuals with mental health problems or at risk for problems such as depression, anxiety, and substance use disorders.
  - Mental Health First Aid

Create an Educational Campaign Sharing the Risks of Mental Illnesses and Substance Misuse

- **Host trainings for community members** to share information about warning signs and risks of mental illness and substance misuse
- Create a **virtual education campaign**
- Send information about risks and warning signs of mental illnesses and substance misuse in **weekly newsletter**. Include information about where to seek help.
- Post about risks and warning signs on **social media**.

18%

OF PEOPLE WITH DIAGNOSED MENTAL ILLNESSES REPORTED NOT RECEIVING THE TREATMENT THEY NEEDED BECAUSE THEY THOUGHT THEY COULD HANDLE IT ON THEIR OWN

(Non-Medicaid, Michigan Payees)

Altarum, 2019

38%

OF PEOPLE WITH DIAGNOSED SUDS REPORTED NOT RECEIVING THE TREATMENT THEY NEEDED BECAUSE THEY THOUGHT THEY COULD HANDLE IT ON THEIR OWN

(Non-Medicaid, Michigan Payees)

Altarum, 2019

LOCAL HIGHLIGHTS

HEALTH DEPARTMENT OF NORTHWEST MICHIGAN

The Health Department of Northwest Michigan has trained over a 1000 individuals in the region in Mental Health First Aid. This included training adults about the warning signs of mental health problems and how to support individuals, including youth, experiencing these challenges.

CHANGE STRATEGY

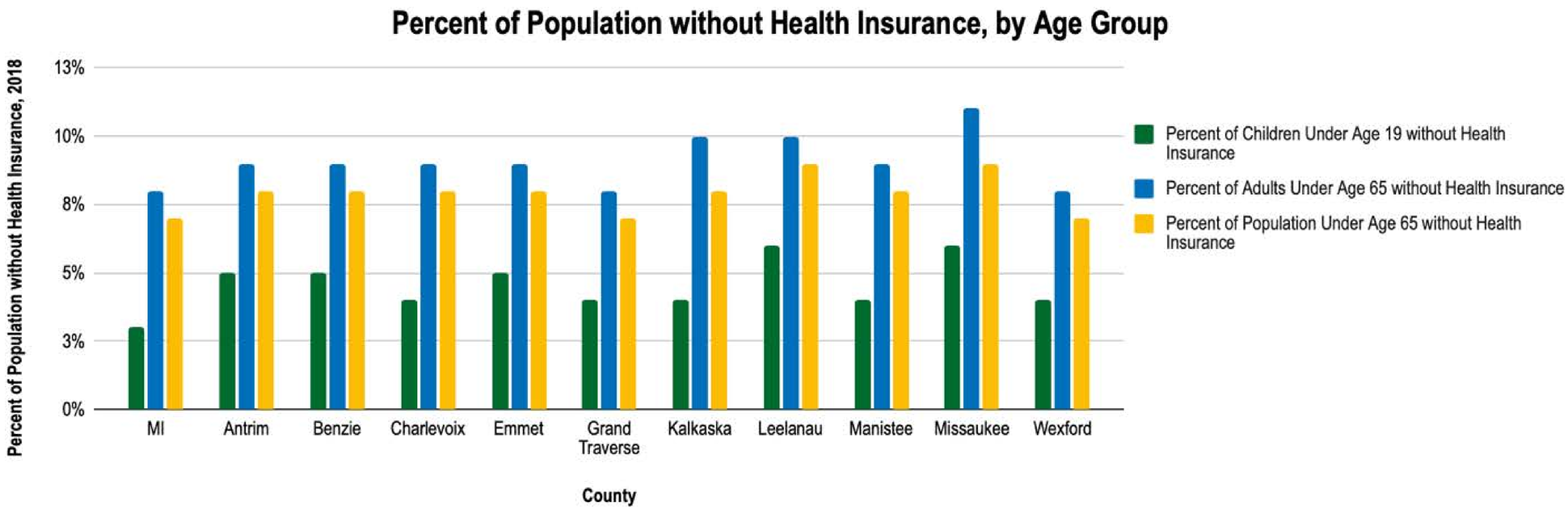
BOOST AFFORDABILITY

CHANGE STRATEGY:

BOOST AFFORDABILITY ☆

ENSURE ADEQUATE FINANCIAL RESOURCES AND INSURANCE COVERAGE

The cost of behavioral health care often impedes service access, even for those who have commercial insurance and Medicaid plans.



NON-MEDICAID PAYEES: INABILITY TO AFFORD COST OF BH SERVICES

40%
OF PEOPLE WITH DIAGNOSED MENTAL ILLNESSES

27%
OF PEOPLE WITH DIAGNOSED SUD'S

REPORTED NOT RECEIVING THE TREATMENT THEY NEEDED BECAUSE THEY COULDN'T AFFORD THE COST

Altarum, 2019

MEDICAID PAYEES: INABILITY TO AFFORD COST OF BH SERVICES

29%
OF PEOPLE WITH DIAGNOSED MENTAL ILLNESS

27%
OF PEOPLE WITH DIAGNOSED SUD'S

REPORTED NOT RECEIVING THE TREATMENT THEY NEEDED BECAUSE THEY COULDN'T AFFORD THE COST

Altarum, 2019

ENSURE ADEQUATE FINANCIAL RESOURCES AND INSURANCE COVERAGE

ENSURE ADEQUATE FINANCIAL RESOURCES AND INSURANCE COVERAGE

PROMOTE AND ENFORCE PROVISIONS FOR BEHAVIORAL HEALTH INSURANCE COVERAGE

- Encourage insurance plan design that lowers the patient cost of behavioral health care.
  - Work with local and state payers to cover the cost of a wide range of behavioral health services

REDUCE OUT-OF-POCKET EXPENSES

- Support the requirement for coverage to include essential benefits
- Support and enforce full implementation of the mental health parity law
- Support or create public health insurance that covers behavioral health services. Mental Health Benefits Legislation
- Pass state legislation to reduce costs and eliminate out-of-pocket expenses.
  - The Governor of New Mexico recently created the Health Care Affordability fund which, among other things, prohibits out-of-pocket expenses for behavioral health care for those with insurance.

DEVELOP A PROBONO COUNSELING NETWORK

- Explore the development of a pro-bono counseling network similar to the one available in Maryland.
  - The Pro Bono Counseling Project connects uninsured and under-insured low-income patients with compassionate and qualified mental health professionals who provide care on a volunteer basis at no cost.

MEDICAID ENROLLEES ARE THE MOST LIKELY TO REMAIN UNTREATED FOR MENTAL HEALTH CONDITIONS

HALF

OF MEDICAID ENROLLEES DO NOT RECEIVE TREATMENT

1/3 **OF PRIVATELY-INSURED DO NOT RECEIVE CARE**

1/5 **OF MEDICARE ENROLLEES DO NOT RECEIVE CARE**

Altarum, 2019

87% **OF PRIVATELY-INSURED IN MICHIGAN DO NOT RECIEVE CARE FOR SUBSTANCE USE DISORDERS**

Altarum, 2019

OUTPATIENT BEHAVIORAL HEALTH CARE WAS

4-6X

MORE LIKELY TO BE OUT-OF-NETWORK THAN MEDICAL OR SURGICAL CARE

(Milliman Research Report, 2017)

THE WAY FORWARD

HEALTHCARE PROVIDERS CAN:

- Adopt programs and approaches that destigmatize behavioral health.
- Offer tips or trainings for family or community members about how to respond when someone is in a behavioral health crisis.
- Incorporate the principles of recovery-based care into the mission and day-to-day activities of mental health departments and agencies.
- Adopt the rehabilitation option under Medicaid.
- Invest in evidence-based and emerging practices that are community-based and consumer/family-driven and promote recovery-oriented outcomes.
- Ensure that people in recovery have meaningful involvement in the planning, delivery and evaluation of mental health service systems.
- Utilize a strengths-based, individualized, recovery-oriented approach for all people in treatment.
- Encourage and guide people in treatment to an active role in leading their own recovery.
- Offer pro bono services for patients that can't afford to pay.

HEALTH PLANS CAN:

- Use recovery outcome measures and recovery-oriented planning tools to continuously improve the delivery of services.
- Cover behavioral health hospitalizations.

STATE AND COMMUNITIES CAN:

- Increase funding for recovery-oriented systems of care.
- Promote policies which are consistent with the recovery philosophy.
- Identify opportunities for people in recovery to have meaningful involvement in advocacy efforts in addition to the planning, delivery and evaluation of behavioral health services.
- Create a fund to provide behavioral health services to those who can't afford it.
- Eliminate out-of-pocket expenses for behavioral health.

EMPLOYERS CAN:

- Promote a work culture that normalizes behavioral health issues and supports seeking services.
- Endeavor to provide a healthcare plan that covers behavioral health service.

EVERYONE CAN:

- Educate decision makers that recovery is possible and is the expected outcome of proper treatment and supports.
- Correct misinformation reported in the media with positive, factual, and prompt responses expressed with the dignity we demand for those who suffer from behavioral illnesses.
- Encourage the community to be welcoming and inclusive of all individuals and appreciate the value of diversity that self-directed recovery can provide.

EXPERIENCE WELL-BEING AND COMMUNITY RESILIENCY

2016

EXPERIENCE WELL-BEING AND COMMUNITY RESILIENCY

Across Northwest Michigan, stakeholders agree there is an urgent need to move efforts upstream to promote the well-being and resiliency of all children, youth, families, and adults.

1,119

CHILDREN WERE VICTIMS OF CONFIRMED CASES OF ABUSE OR NEGLECT IN 2020

Kids Count, 2020

ONLY 50.6%

OF HIGH SCHOOL TEENS REPORT THAT THEY KNOW ADULTS IN THEIR NEIGHBORHOOD THEY COULD TALK TO ABOUT SOMETHING IMPORTANT ACROSS THE CHIR REGION

MIPHY, 2018

TACKLING THIS URGENT NEED WILL REQUIRE:

- **More Positive Healthy Experiences Across the Lifespan**
- **Fewer Risks for Behavioral Health Challenges**
- **Strengthened Community**

The following pages present an action framework for enhancing well-being and community resiliency.

ENHANCE WELL-BEING AND COMMUNITY RESILIENCY

AN ACTION FRAMEWORK

This action framework highlights regional, state, and national best practices that target action areas prioritized by regional stakeholders.

PRIORITY ACTION AREAS

CHANGE STRATEGIES & OUTCOMES

PROMOTE POSITIVE HEALTHY EXPERIENCES

PROMOTE NURTURING SUPPORTIVE RELATIONSHIPS
- Strengthen Parenting Skills
- Connect Youth to Caring Adults and Activities

INCREASE CONSTRUCTIVE SOCIAL ENGAGEMENT
- Sustain and Grow Youth After-School Programs and Activities in the Region
- Build Robust Communities and Incorporate Cultural Activities

PROMOTE SAFE ENVIRONMENTS
- Expand Affordable and Sustainable Housing Options
- Reduce Violence in Homes and Neighborhoods

ENHANCE SOCIAL-EMOTIONAL COMPETENCIES
- Expand Social-Emotional Learning Opportunities

REDUCE RISK OF BEHAVIORAL HEALTH CHALLENGES

REDUCE EXPOSURE TO ADVERSE CHILDHOOD EXPERIENCES
- Promote Social Norms that Protect Against Violence and Adversity
- Alleviate the Immediate and Long-Term Impact of Trauma
- Strengthen Economic Supports for Families

REDUCE ACCESS TO SUBSTANCES
- Develop a Healthy Drinking Culture
- Promote Social Norms that Impede Youth Use of Substances

INCREASE BEHAVIORAL HEALTH SCREENING
- Increase Perinatal Screening
- Increase Mental Health and Substance Use Screening

STRENGTHEN COMMUNITY

PROMOTE SENSE OF BELONGING
- Promote Sense of Belonging - Neighbors Knowing Neighbors

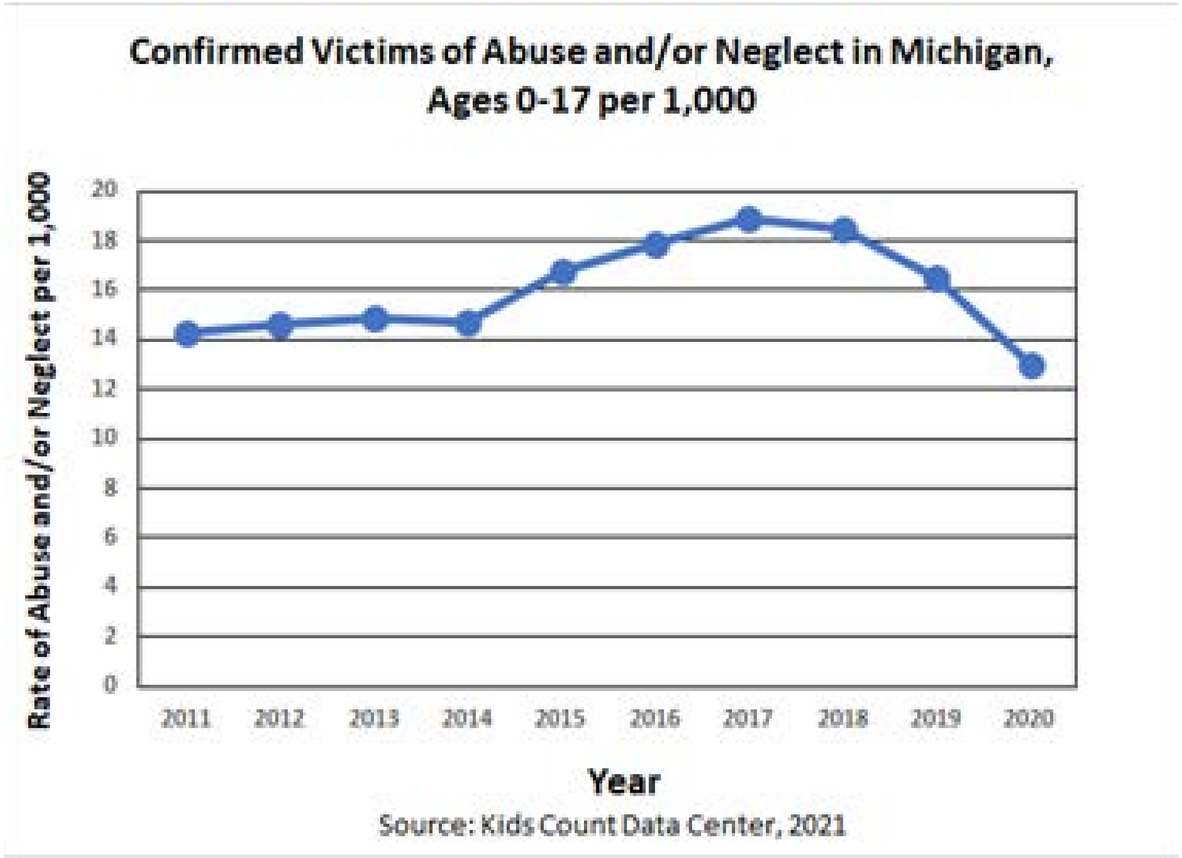
ENHANCE CIVIC MUSCLE
- Support Community Development that Enhances Civic Muscle

PRIORITY ACTION AREA:

PROMOTE POSTIVE HEALTHY EXPERIENCES

OUR CHALLENGE

Individuals are more likely to experience well-being and resiliency when they accumulate positive, nurturing experiences across their lifetime. Unfortunately, too many residents accumulate unhealthy situations that negatively impact their development and behavioral health.



Source: Kids Count Data Center, 2021

THERE ARE MANY SITUATIONS THAT CAN HAVE A NEGATIVE IMPACT ON BEHAVIORAL HEALTH

38.7%

OF HIGH SCHOOL STUDENTS ACROSS THE REGION WHO COMPLETED THE MIPHY SURVEY IN 2018 INDICATED THAT THEY HAD ALREADY EXPERIENCED TWO OR MORE ACES WITHIN THEIR LIFETIME.

State of Michigan, 2018

THE GOOD NEWS IS THAT EFFORTS TO PROMOTE POSITIVE NURTURING EXPERIENCES CAN REDUCE THE IMPACT OF THESE TRAUMATIC EXPERIENCES

ADULTS WHO EXEPRIENCED 3 OR MORE ACES AND HAD POSITIVE CHILDHOOD EXPERIENCES HAD LOWER RATES OF DEPRESSION, MISUSED SUBSTANCES LESS, AND WERE HEALTHIER.

Bethell, 2017

CHALLENGES TO PROMOTING POSITIVE NURTURING RELATIONSHIPS

PROMOTE POSITIVE NURTURING EXPERIENCES

REGIONAL STAKEHOLDERS IDENTIFIED THE FOLLOWING CHALLENGES TO PROMOTING POSITIVE NURTURING EXPERIENCES IN THE REGION

FAMILIES ARE EXPERIENCING MULTIPLE STRESSORS

- Many families in the region do not have the resources to adequately meet their families' basic needs, including housing and food.
- The accumulation of these stressors negatively affects home life.

TOO FEW PARENTING SUPPORTS IN THE REGION

- There are not enough home visiting supports, parenting programs, peer-to-peer supports, doulas and other resources to promote nurturing relationships in the early years.
- There is a lack of affordable child-care.

CHALLENGES ENGAGING YOUTH IN POSITVE YOUTH DEVELOPMENT OPPORTUNITIES

- Youth sometimes lack the transit needed to reach available programs.
- Some youth can't afford after school activities.
- Some of the youth's interests are not available

SOCIAL EMOTIONAL LEARNING IS NOT FULLY INTEGRATED INTO SOME SCHOOL SETTINGS

- Some school districts and ISDs are expanding their SEL efforts. However,these efforts are more curriculum based, versus working to more fully integrate an SEL culture throughout the school.

NOT ENOUGH PREVENTION AND EARLY INTERVENTION SUPPORTS TO BUILD RESILIENCY

- Insufficient funds to provide the range of prevention and early intervention supports needed across the ergion.

CHANGE STRATEGY

PROMOTE NURTURING SUPPORTIVE RELATIONSHIPS

CHANGE STRATEGY:

PROMOTE NURTURING SUPPORTIVE RELATIONSHIPS ☆

STRENGTHEN PARENTING SKILLS

CONNECT YOUTH TO CARING ADULTS AND ACTIVITIES

STRENGTHEN PARENTING SKILLS

Provide at-risk families with prevention supports

- Expand home visiting programs across the region
  - Healthy Families America provides home visiting services to families who are at risk for adverse childhood experiences, starting prenatally or right after birth and continuing for three to five years
  - Nurse-Family Partnership provides home visiting services to low-income, first-time mothers and their babies, starting during pregnancy and continuing through the child's second birthday.
  - Michigan's Home Visiting Initiative focuses on prevention at the family level and connects at-risk families with the resources and services they need to adequately support their child's development

Promote positive childhood outcome through use of strengths-based intervention models

- The Family Check-Up, which is designed for children ages 2-17, has been used successfully in a diversity of settings including health centers, community mental health agencies, schools, hospitals, and Native American tribal communities.

Ensure availability and use of evidence-based resources for parents

- The Child Development Institute promotes healthy development among children and houses a large number of of evidence-based resources for parents

429

FAMILIES ACROSS THE REGION MET THE STRICT ELIGIBILITY REQUIREMENTS FOR HOME VISITING SERVICES, BUT COULD NOT RECEIVE SERVICES DUE TO ACCESS AND AVAILABILITY CHALLENGES

STATE OF MICHIGAN, 2020

LOCAL HIGHLIGHTS

MOM POWER

Mom Power, a Strong Roots program, is a 10-week, curriculum that is specifically designed to target trauma-induced barriers to healthy relationships, social support, and engagement with services. Mom Power is the only program that has documented brain changes in participants' "empathy circuits".

Offered by Benzie-Leelanau District Health Department/ Health Department of Northwest Michigan and Pinerest Clinic.

GREAT START COLLABORATIVE

Traverse Bay, Charlevoix, Emmet, and Northern Antrim Counties

These Collaboratives provide services and resources that work to ensure that children in Michigan are given equitable opportunities to achieve their highest potential. They also strive to strengthen families and address the immediate needs of at-risk families.

STRENGTHEN PARENTING SKILLS

CONNECT YOUTH TO CARING ADULTS AND ACTIVITIES

CONNECT YOUTH TO CARING ADULTS AND ACTIVITIES

Promote nurturing experiences and relationships between youth and caring adults.

- The CDC's guide to Preventing Adverse Childhood Experiences

Establish ongoing cross-generational relationships

- Establish a relationship between an older adult and a child, adolescent, or college student through social interactions or a variety of educational and art activities, such as Intergenerational mentoring and activities
- Cross-age youth peer mentoring

ON AVERAGE, ONLY

50.6%

OF HIGH SCHOOL TEENS REPORT THAT THEY KNOW ADULTS IN THEIR NEIGHBORHOOD THEY COULD TALK TO ABOUT SOMETHING IMPORTANT ACROSS THE CHIR REGION

Michigan Department of Education, 2018

78.96%

OF HIGH SCHOOL STUDENTS ACROSS THE REGION REPORT THEY COULD ASK THEIR MOM OR DAD FOR HELP WITH PERSONAL PROBLEMS

Michigan Department of Education, 2018

ONLY

20.31%

OF HIGH SCHOOL STUDENTS ACROSS THE REGION REPORT THAT THEY HAVE NEIGHBORS WHO NOTICE WHEN THEY ARE DOING A GOOD JOB AND LET THEM KNOW

Michigan Department of Education, 2018

LOCAL HIGHLIGHTS

BIG BROTHERS AND BIG SISTERS OF NORTHWESTERN MICHIGAN

This organization works to allow all youth to achieve their fullest potential by creating and supporting one-on-one mentoring relationships. The purpose behind the relationships is to empower youth and guide them towards opportunities that allow them to succeed.

CHANGE STRATEGY

INCREASE CONSTRUCTIVE SOCIAL ENGAGEMENT

CHANGE STRATEGY:

INCREASE CONSTRUCTIVE SOCIAL ENGAGEMENT

SUSTAIN AND GROW YOUTH AFTER SCHOOL PROGRAMS AND ACTIVITIES IN THE REGION

SUSTAIN AND GROW YOUTH AFTER SCHOOL PROGRAMS AND ACTIVITIES IN THE REGION

Constructive social engagement creates opportunities for a community and its residents to become culturally competent and inclusive, collaborative, and supportive of the social and emotional needs that exist.

Engage youth in idenitfying and designing the after school activities that are offered

Increase availability and access to after school programs and activities

- Expand initiatives that support youth social, emotional, cognitive and academic development, and those that reduce risky behaviors and provide benefits to physical health. (youth.gov, n.d.)
- Youth.gov provides resources to create, maintain, and strengthen youth programs

Promote youth leadership

- Engage youth in leadership opportunities that allow them to grow in Social Entrepreneurialism, Philanthropic Stewardship, Environmental Responsibility, and Internships and Mentoring
  - YMCA of Greater Grand Rapids Youth Leadership Academy

ONLY

41.2%

OF HIGH SCHOOL STUDENTS ACROSS THE REGION REPORT THAT THEY HAVE A LOT OF CHANCES TO HELP DECIDE THINGS LIKE CLASS ACTIVITIES AND RULES AT SCHOOL

Michigan Department of Education, 2018

33%

OF YOUTH IN THE GRAND TRAVERSE COMMUNITY FOUNDATION YAC REGION INDICATED THAT THEY WOULD LIKE PROGRAMS THAT OFFER LEADERSHIP ACTIVITIES AND EXPERIENCES TO BE FUNDED

Grand Traverse Regional Community Foundation, 2020

LOCAL HIGHLIGHTS

ARMORY YOUTH PROJECT - MANISTEE COUNTY, MI

The Armory Youth Project supports Manistee County teens and their families by living out its mission "...to provide a safe environment where young people can build community and be encouraged in their educational, physical, and Christian spiritual development." The Armory Youth project provides teens with healthy after-school activities that take place in a safe environment that fosters self-confidence.

MICHIGAN HIGHLIGHTS

YOUTH LEADERSHIP ACADEMY

The Youth Leadership Academy is offered through the YMCA of Greater Grand Rapids. This program is designed to engage youth in a way that promotes a sense of belonging, develops emotional aptitude, explores hidden talents, and expands cultural intelligence. The Academy allows youth minds to grow around a variety of subjects including entrepreneurship, philanthropy and environmental responsibility.

CHANGE STRATEGY

PROMOTE SAFE ENVIRONMENTS

CHANGE STRATEGY:

PROMOTE SAFE ENVIRONMENTS

EXPAND AFFORDABLE AND SUSTAINABLE HOUSING OPTIONS

REDUCE VIOLENCE IN HOMES AND NEIGHBORHOODS

EXPAND AFFORDABLE AND SUSTAINABLE HOUSING OPTIONS

Provide funding for local community development activities

- Community Development Block Grants (CDBGs) provide funding for initiatives such as affordable housing, anti-poverty programs, and infrastructure development

Help tenants reduce their debt from unpaid, overdue rent

- Increase financial literacy and help tenants to repay debt
  - Debt advice for tenants with unpaid rent

Provide environmental improvement trainings to volunteers, professionals, or paraprofessionals

- Make healthy home environment assessments widely available to residents to effectively assess and remediate environmental home health risks

Expand low-income voucher assistance programs

- Housing Choice Voucher Program (Section 8)

Provide rapid access to permanent housing and support

- Offer crisis intervention, needs assessment, case management services for chronically homeless individuals with persistent mental illness or substance misuse issues
  - Housing First
  - Rapid re-housing programs

Expand housing rehabilitation programs across the region

- Housing rehabilitation loan & grant programs Home Improvement Loans and Grants
- Weatherization Assistance Program (WAP)

Expand affordable housing options in the region

A SAFE LIVING ENVIRONMENT POSITIVELY IMPACTS PHYSICAL HEALTH, AS WELL AS OVERALL WELL-BEING. STRESS LEVELS ARE REDUCED IN ENVIRONMENTS THAT ARE FREE FROM VIOLENCE AND IN GOOD REPAIR.

ON AVERAGE,

19.5%

OF CHILDREN, AGES 0-17 IN MICHIGAN, LIVE IN POVERTY

Kids Count Data Center, 2019

25%

OF HOUSEHOLDS ACROSS THE REGION ARE ALICE (ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED)

United for Alice, 2018

EXPAND AFFORDABLE AND SUSTAINABLE HOUSING OPTIONS

REDUCE VIOLENCE IN HOMES AND NEIGHBORHOODS

REDUCE VIOLENCE IN HOMES AND NEIGHBORHOODS

Expand family and domestic violence reduction programs used at the federal, state, and local level

- Federal: Utilize Family Violence Prevention & Services Program
- State: Seek and secure funding to offer Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA)
- Local: Offer Employee Domestic Violence Liaison Programs and Domestic Violence Leave in workplaces
  - City and County of San Francisco City Employee Domestic Violence Liaison Program
- Offer relationship skill development programs in schools to prevent bullying and domestic violence.

Respond to ACE's through expansion of cross-sector training opportunities and technical assistance

- Adopt ACE-aware, trauma-informed policies
  - Michigan ACE Initiative
- Michigan ACE Initiative July 2020 Impact Report

3.1%

OF WOMEN IN MICHIGAN WITH A RECENT LIVE BIRTH EXPERIENCED VIOLENCE BY A HUSBAND OR PARTNER

CDC PRAMS, 2019

50.59%

OF HIGH SCHOOL STUDENTS ACROSS THE REGION HAVE HEARD STUDNETS THREATEN TO HURT OTHER STUDENTS ONE OR MORE TIMES DURING THE PAST 12 MONTHS

Michigan Department of Education, 2018

25.23%

OF HIGH SCHOOL STUDENTS ACROSS THE REGION DO NOT FEEL SAFE AT SCHOOL

Michigan Department of Education, 2018

46.57%

OF HIGH SCHOOL STUDENTS ACROSS THE REGION HAVE PEOPLE IN THEIR FAMILY WHO HAVE SERIOUS ARGUMENTS

Michigan Department of Education, 2018

CHANGE STRATEGY

ENHANCE SOCIAL EMOTIONAL COMPETENCIES

CHANGE STRATEGY:

ENHANCE SOCIAL EMOTIONAL COMPETENCIES ☆

EXPAND SOCIAL EMOTIONAL LEARNING OPPORTUNITIES

EXPAND SOCIAL EMOTIONAL LEARNING OPPROTUNITIES

Social Emotional Learning (SEL) enhances communication, problem-solving, substance resistance, conflict management, empathy, coping, and emotional awareness and regulation skill development. These skills allow children and adults to become more confident and emotionally intelligent when confronted with difficult situations and decisions.

Increase the number of preK-12 schools offering a social emotional learning curriculum

- Michigan Department of Education's *Children Matter. You Matter. Learn SEL!* campaign aims to bring SEL to more schools throughout Michigan
- Move This World Social Emotional Curriculum for Schools
- Rethink Ed SEL K-12 Curriculum
- SELweb Curriculum
- National Center on Safe, Supportive Learning Environments

Integrate a shared SEL orientation across community organizations and settings

- Community settings play an important role in supporting social emotional learning development for all ages. The more opportunities individuals have to develop and practice their SEL skills, the greater their competencies. See more about systemic SEL integration here.

Increase the number of workplaces that implement SEL opportunities

- Provide employees with the opportunity to learn and build upon their self-awareness and self-management, responsible-decision making techniques, relationship skills, and social awareness.
- The CASEL Framework can be used in a variety of settings as a foundation for applying evidence-based social and emotional learning strategies.

STUDENTS WHO PARTICIPATE IN A SOCIAL EMOTIONAL LEARNING CURRICULUM ARE SHOWN TO HAVE

10%

FEWER PSYCHOLOGICAL, BEHAVIORAL, OR SUBSTANCE ABUSE PROBLEMS BY THE TIME THEY REACH THE AGE OF 25.

Options for Youth, 2021

NATIONAL HIGHLIGHTS

WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD

This framework emphasizes the development of student well-being, health, and academic success through the integration of multiple school components and community partnerships. Within this framework, SEL emerges through the integration of an SEL orientation into all school activities, such as physical education.

THE WAY FORWARD

HEALTHCARE PROVIDERS CAN:

- Refer patients with young children to services that strengthen parenting skills and offer support through home visits
- Provide parents with evidence-based resources to help build skills and knowledge
- Promote cultural competence and intelligence within their practice
- Screen pediatric patients for signs of ACEs and abuse and/or neglect

EMPLOYERS CAN:

- Provide trainings on cultural competence to employees
- Create an environment that is accepting of all cultures
- Offer social emotional learning opportunities to employees
- Make information on local housing support services readily available to employees

EVERYONE CAN:

- Promote positive childhood outcomes by being a trusted adult and advocating for youth
- Learn about and share knowledge on the resources and services available within the community that support healthy relationships

STATE AND COMMUNITIES CAN:

- Continue to sustain and create after school programs for youth to be involved in
- Provide home visiting services for families that connect them to local services and resources
- Offer and fund parental skills training courses and home visiting programs
- Promote youth leadership and voice
- Encourage and provide leadership opportunities for residents
- Seek funding for community development activities, including sustainable housing opportunities and assistance programs

SCHOOLS CAN:

- Offer and promote after school activities for youth
- Encourage youth to participate in leadership opportunities that exist in the community
- Provide staff with social emotional learning opportunities
- Implement a social emotional learning curriculum for students
- Promote cultural competence within the school and offer education on cultures
- Monitor youth for signs of ACEs and abuse and/or neglect
- Embed social emotional learning throughout school programs and curriculum

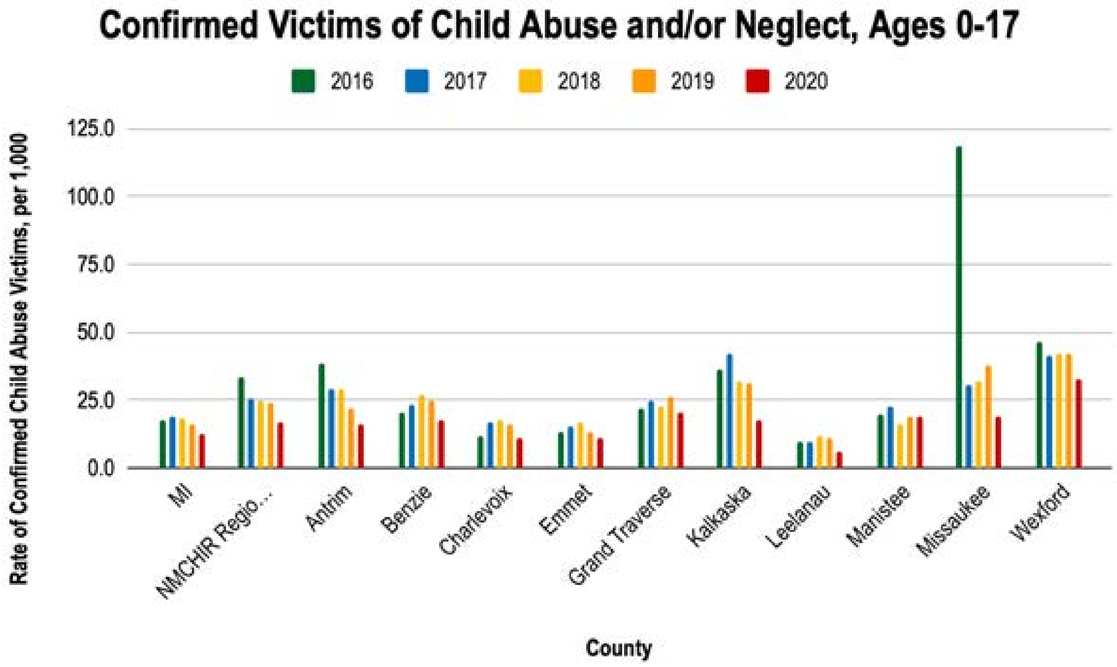
PRIORITY ACTION AREA:

REDUCE RISK OF BEHAVIORAL HEALTH CHALLENGES

OUR CHALLENGE

Various community conditions increase the risk of developing behavioral health challenges including exposure to ACEs, access to and normalization of substances, and lack of early detection opportunities.

The stress related to the pandemic has increased the number and severity of child abuse and neglect cases.



Kids Count, 2020

61%

OF ADULTS HAVE HAD AT LEAST ONE ADVERSE CHILDHOOD EXPERIENCE (ACE)

16%

OF ADULTS HAVE EXPERIENCED FOUR OR MORE ADVERSE CHILDHOOD EXPERIENCES (ACES)

CDC Vital Signs, 2019

PREVENTING ACES COULD REDUCE THE NUMBER OF ADULTS WITH DEPRESSION BY AS MUCH AS

44%

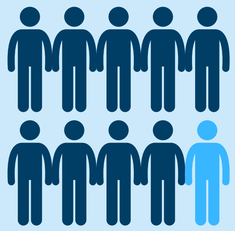
PREVENTING ACES COULD REDUCE HEAVY DRINKING BY AS MUCH AS

24%

CDC Vital Signs, 2019

9/10

ADULTS WITH SUBSTANCE USE DISORDERS STARTED USING BEFORE THE AGE OF 18



Peer Recovery Alliance

CHALLENGES TO REDUCING RISK OF BEHAVIORAL HEALTH CHALLENGES

REDUCE RISK OF BEHAVIORAL HEALTH CHALLENGES

REGIONAL STAKEHOLDERS IDENTIFIED THE FOLLOWING CHALLENGES TO REDUCING RISK OF BEHAVIORAL HEALTH CHALLENGES

FAMILIES ARE EXPERIENCING MULTIPLE STRESSORS

- Many families in the region do not have the resources to adequately meet their families' basic needs, including housing and food,
- The accumulation of these stressors negatively affects home life.

TOO FEW PARENTING SUPPORTS

- There are not enough home visiting supports, parenting programs, peer-to-peer supports, doulas and other resources to promote nurturing relationships in the early years.
- There is a lack of affordable child-care.

CHALLENGES ENGAGING YOUTH IN POSITVE YOUTH DEVELOPMENT OPPORTUNITIES

- Youth sometimes lack the transit needed to reach available programs.
- Some youth can't afford after school activities.
- Some of the youth's interests are not available

IT IS FAIRLY EASY TO ACCESS SUBSTANCES IN THE REGION

- Youth report that it is fairly easy to access a variety of substances in the region.
- The alcohol culture in the region promotes the acceptance of heavy drinking.

NOT ENOUGH SCREENING FOR BEHAVIORAL HEALTH RISKS

- While screening activity is growing, the use of screening tools across multiple settings is needed to promote early detection and treatment.

FUNDING IS NEEDED TO SUPPORT THE DEVELOPMENT OF A TRAUMA-INFORMED REGION

- While multiple staff across the region were trained in trauma-informed approaches, there has not been the funding to support the full integration of a trauma-informed approach into organizational and community practices.

CHANGE STRATEGY

REDUCE EXPOSURE TO ADVERSE CHILDHOOD EXPERIENCES (ACES)

CHANGE STRATEGY:

REDUCE EXPOSURE TO ADVERSE CHILDHOOD EXPERIENCES (ACES) ☆

PROMOTE SOCIAL NORMS THAT PROTECT AGAINST VIOLENCE AND ADVERSITY

ALLEVIATE THE IMMEDIATE AND LONG-TERM IMPACT OF TRAUMA

STRENGTHEN ECONOMIC SUPPORTS FOR FAMILIES

PROMOTE SOCIAL NORMS THAT PROTECT AGAINST VIOLENCE AND ADVERSITY

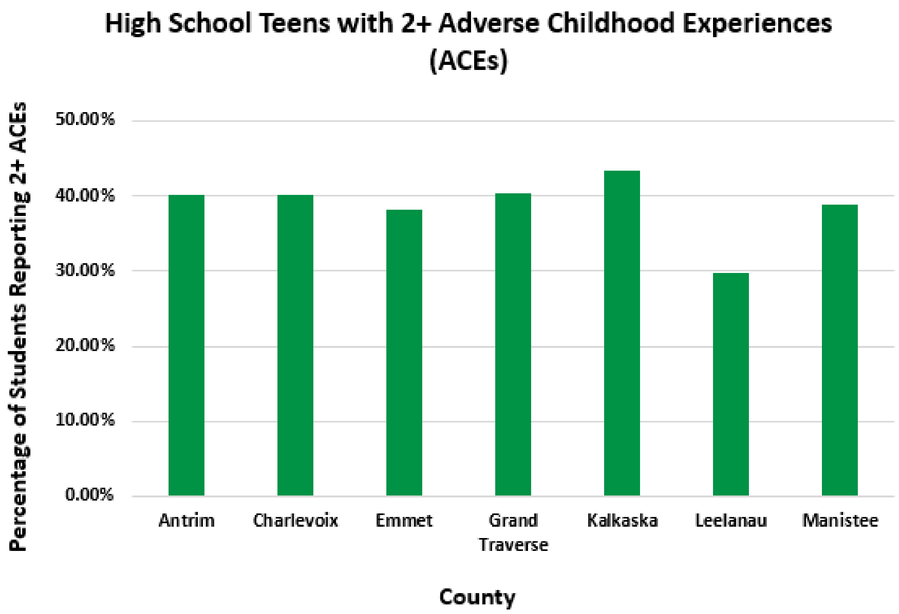
Create community norms that reduce exposure to and impact of Adverse Childhood Experiences. Support families financially and socially to reduce parental stress.

Communities play a role in promoting and advocating for social norms that highlight a shared responsibility for the health and well-being of all children. These social norms help to reduce the stigma that exists around seeking help. Promotion of norms that protect against violence and adversity would also encourage positive parenting and increase the understanding of safe and effective discipline. (CDC, 2019)

- Research has shown that public education campaigns help parents understand **cycles of abuse** and positively impact parenting practices by reducing parental anger, reducing child behavior problems, and improving parental self-efficacy.
- Address it Today. Prevent it Tomorrow.

The table to the right reflects the percentage of students who reported two or more of the following things happening to them during their lifetime: death of a parent or caregiver, mental abuse, physical abuse, sexual abuse, saw violence in home or neighborhood, lived with a person who had mental illness or attempted suicide, lived with a person who was an alcoholic or used drugs, or lived with a person who went to jail or prison.

MiPHY, 2018



LOCAL HIGHLIGHTS

PUBLIC WILL CAMPAIGN TO END CHILD SEXUAL ABUSE

Traverse Bay Children's Advocacy Center

This initiative aims to understand and shift social norms, behaviors, and laws/policies that have allowed abuse to occur. In partnership with MSU, it recently received a grant from the CDC to expand its efforts.

MORE THAN

50%

OF ALL CHILDREN ACROSS THE UNITED STATES EXPERIENCE ONE ADVERSE CHILDHOOD EXPERIENCE

Blanke, Norris, Miller, & Seegal, 2020

PROMOTE SOCIAL NORMS THAT PROTECT AGAINST VIOLENCE AND ADVERSITY

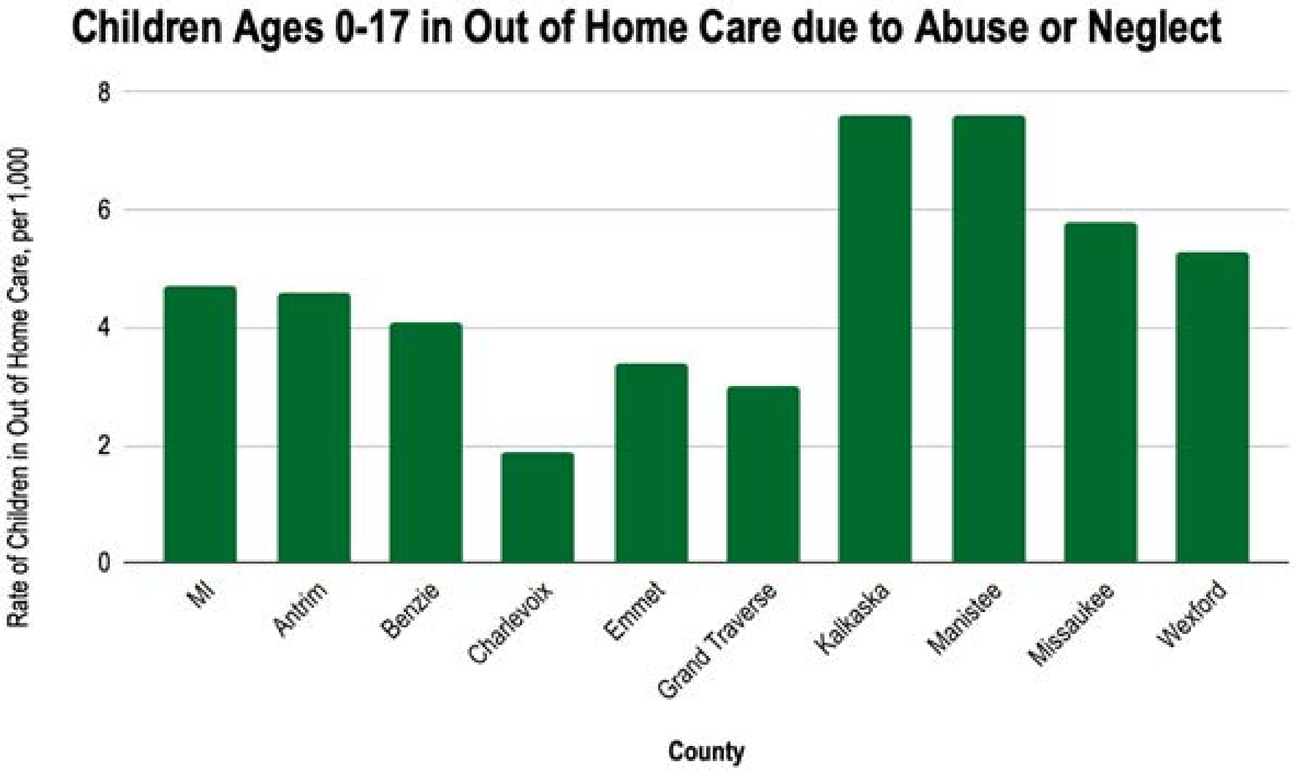
ALLEVIATE THE IMMEDIATE AND LONG-TERM IMPACT OF TRAUMA

STRENGTHEN ECONOMIC SUPPORTS FOR FAMILIES

ALLEVIATE THE IMMEDIATE AND LONG-TERM IMPACT OF TRAUMA

Create a Trauma-Informed Community

- Integrate trauma-informed policies, practices, and procedures across all sectors.
- Expand use of interventions to lessen immediate and long-term harms.
- Enhance primary care
  - Provide victim-centered services
  - Promote treatment to decrease the impact of ACEs
  - Promote treatment to prevent problem behavior and future involvement in violence
  - Provide family-centered treatment for substance use disorders
- Integrate ACEs screening into behavioral and physical health appointments and schools
- Build a regional trauma-informed network to shift mindsets, develop local capacities and promote development of a trauma-informed culture. The Virginia Trauma-Informed Network is a great example of one such infrastructure. Trauma-Informed Community Networks



LOCAL HIGHLIGHTS

CHILD AND FAMILY SERVICES OF NORTHWESTERN MICHIGAN

Child and Family Services has embedded a trauma-informed approach across its organizational policies, practices and procedures.

THE 45TH RESILIENCE NETWORK

The 45th Resilience Network is striving to build a robust network of cross-sector stakeholders who are committed to building trauma-informed communities in the region.

STRENGTHEN ECONOMIC SUPPORTS FOR FAMILIES

19.5%
OF CHILDREN IN THE REGION LIVE IN POVERTY

Kids Count, 2019

Lift families out of poverty to reduce stress that can negatively impact the family. This multi-generational strategy addresses the needs of parents and children so both can succeed and achieve lifelong health and well-being.

Lift Families Out of Poverty

- Expand **refundable earned income tax credits** for low to moderate income working individuals and families. Earned Income Tax Credit (EITC)
- Provide **financial assistance to working parents**, or parents attending school, to pay for center-based or certified in-home childcare. Childcare Subsidies
- Offer employees **control over an aspect of their schedule** through arrangements such as flex time, flex hours, compressed work weeks, or self-scheduled shift work. Flexible Scheduling
- Support programs that provide **matched dollar incentives** for low- or moderate-income individuals to place some or all of their tax refund in a savings account. Matched Dollar Incentives for Saving Tax Refunds
- Provide **supplemental services** for low-income individuals and families to support their work (e.g. job search assistance, transitional jobs, subsidized child care, health insurance, etc.) New Hope Project
- Establish time-limited **subsidized, paid job opportunities** to provide a bridge to unsubsidized employment. Transitional Jobs
- Extend or **raise the compensation** provided to eligible, unemployed workers looking for jobs. Unemployment Insurance
- Support **acquisition of job-specific skills** through education, certification programs, or on-the-job training, often with personal development resources and other supports. Adult Vocational Training
- Establish **locally mandated wages** that are higher than state or federal minimum wage levels. Living Wage Laws
- Provide **industry-focused education and job training** based on the needs of regional employers within specific sectors. Sector-based Workforce Initiatives

CHANGE STRATEGY

REDUCE ACCESS TO SUBSTANCES

CHANGE STRATEGY:

REDUCE ACCESS TO SUBSTANCES ☆

DEVELOP A HEALTHY DRINKING CULTURE

PROMOTE SOCIAL NORMS THAT IMPEDE YOUTH USE OF SUBSTANCES

DEVELOP A HEALTHY DRINKING CULTURE

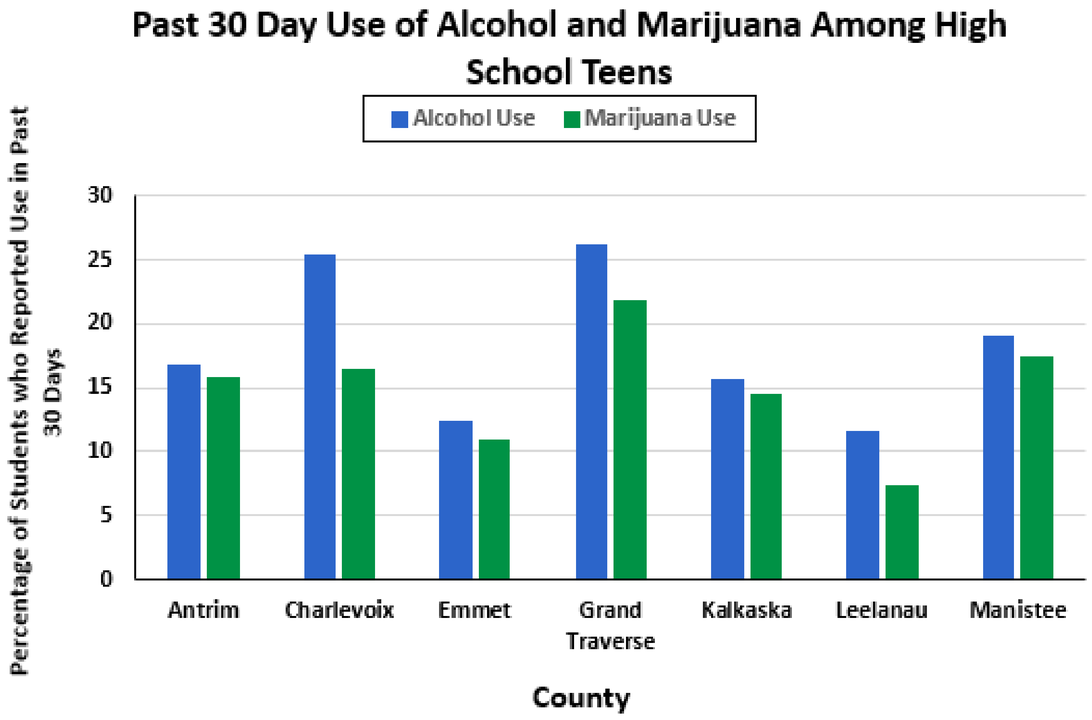
Environmental and social factors contribute to the initiation and abuse of alcohol and illicit drugs. Interventions addressing these factors can support a culture of safe and responsible substance use.

Action Idea: Promote Non-Alcohol Related Activities

- Coordinate with tour agencies and hotels to offer day and evening activities that do not focus on alcohol.
- Offer discounts for non-alcohol related activities.

Create Restrictions on the Number of Alcohol Venders in a Given Area

- Reduce the number of alcohol-serving restaurants and bars in town centers.
- Reduce the number of liquor stores in a given radius.



LOCAL HIGHLIGHTS

HEALTHIER DRINKING CULTURE TRAVERSE CITY

Traverse City's Strategic Plan to promote a healthier drinking culture recommends immediate, short-term, and long-term actions to be implemented by the City of Traverse City, the Traverse City Downtown Development Authority, and the Traverse City Police Department. The plan was formulated from over 70 one-on-one interviews with a range of community stakeholders. It recommends coordinating with local travel agencies to promote non-alcohol related events and experiences, supporting law enforcement training in conflict de-escalation, and identifying locations for outdoor lighting along public streets, sidewalks, and alleys in downtown Traverse City.

DEVELOP A HEALTHY DRINKING CULTURE

PROMOTE SOCIAL NORMS THAT IMPEDE YOUTH USE OF SUBSTANCES

PROMOTE SOCIAL NORMS THAT IMPEDE YOUTH USE OF SUBSTANCES

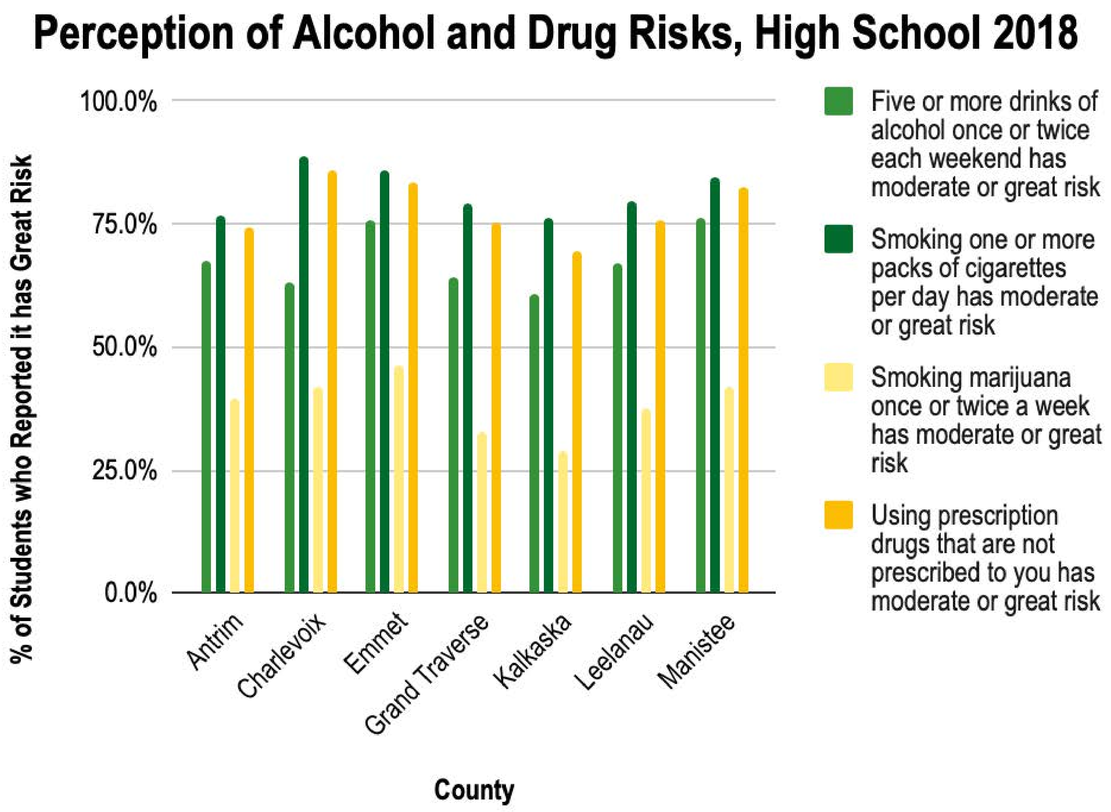
Incorporate information on addiction, substance use disorders and medication-based treatment into Michigan's Automated Prescription System (MAPS)

Promote Life Skills that Reduce Susceptibility to Negative Pressures

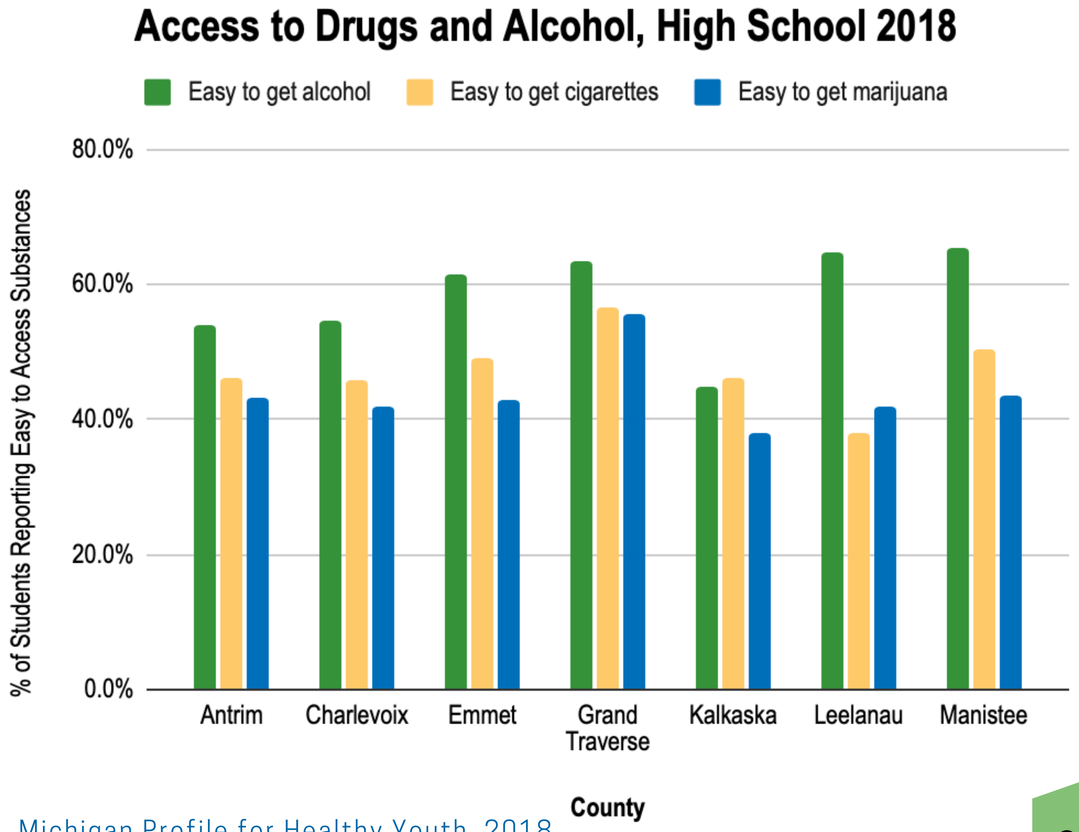
- Promote elementary and middle school students' life skills, character values, resistance skills to negative peer influence, and resistance to the use of illegal drugs, alcohol, and tobacco by utilizing classroom discussions and structured activities, role-play and cooperative learning games, and optional parental and community involvement. Too Good for Drugs
- Promote high school student's pro-social skills, positive character traits, and violence- and drug-free norms by utilizing curriculum, teacher training, and optional elements of family and community involvement. Too Good for Drugs and Violence

Reduce Sales to Minors

- Enhance enforcement of laws prohibiting the sale of alcohol to minors to limit underage alcohol purchases. Can also caution proprietors against selling alcohol to minors. Enhanced enforcement of laws prohibiting sales to minors



MDHHS Substance Use in Michigan, 2018



Michigan Profile for Healthy Youth, 2018

DEVELOP A HEALTHY DRINKING CULTURE

PROMOTE SOCIAL NORMS THAT IMPEDE YOUTH USE OF SUBSTANCES

Reduce Access to Opioids and Other Prescription Drugs

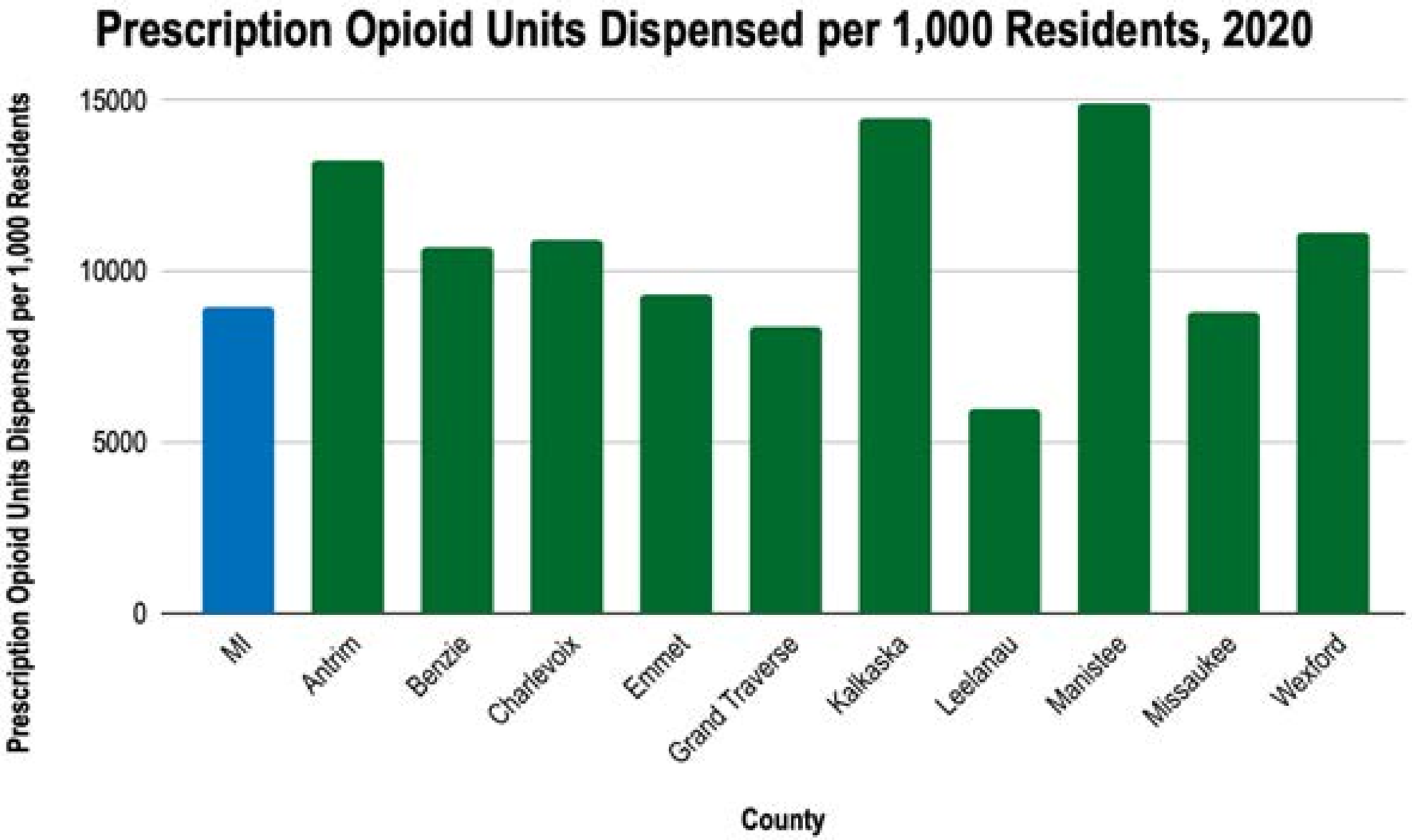
- Provide drug take-back locations at pharmacies and other community centers.
- Promote drug take-back events to limit availability of unused medications in the community.
- Include instructions on how to store drugs safely and securely in newsletters.
- Encourage local doctors to explore non-addictive medications in place of opioid prescriptions.

FROM AUGUST 2020-JULY 2021 THERE WERE

447

OVERDOSE ED VISITS IN THE REGION

MDHHS, 2021



Michigan Profile for Healthy Youth

CHANGE STRATEGY

INCREASE BEHAVIORAL HEALTH SCREENING

CHANGE STRATEGY:

INCREASE BEHAVIORAL HEALTH SCREENING

INCREASE PERINATAL SCREENING | INCREASE MENTAL HEALTH AND SUSBTANCE USE SCREENING

INCREASE PERINATAL SCREENING

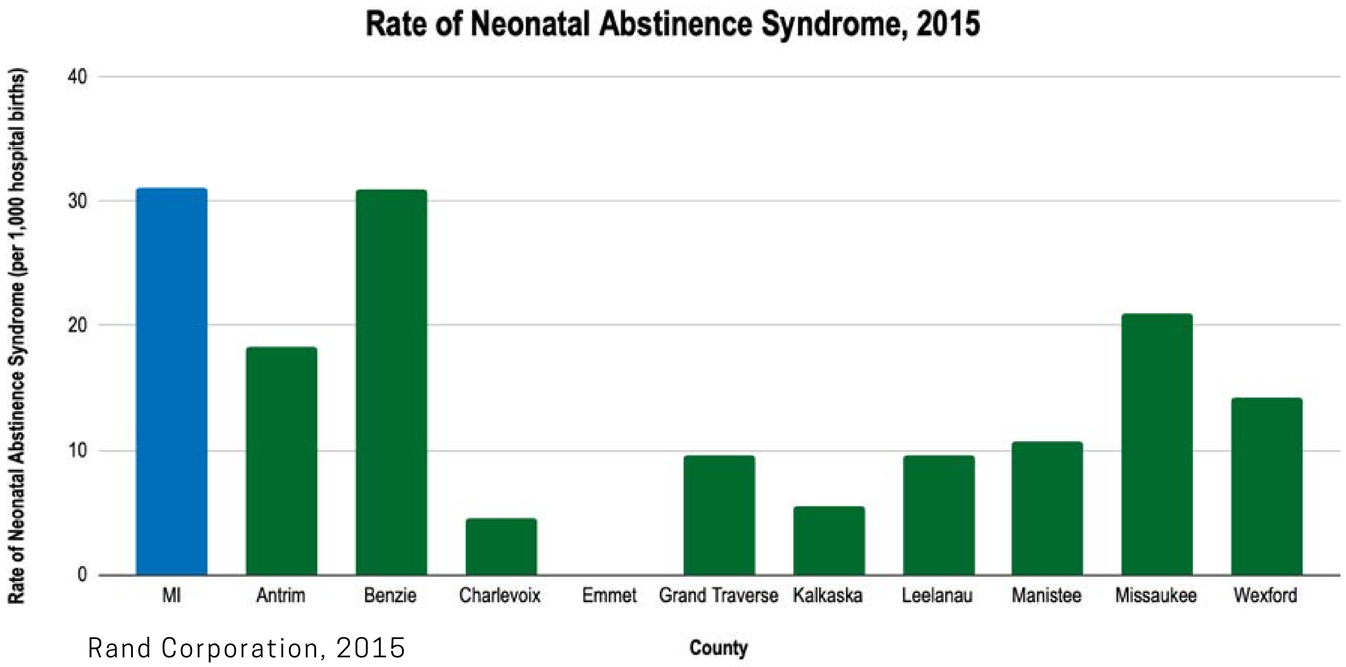
Integrate perinatal screening into primary care appointments

- **Train OBGYNs and other hospital maternity staff** how to recognize and intervene in the case of maternal opioid usage.
- **Keep a specialist on staff** to consult with mothers who use opioids.

Increase access to family planning services

- Ensure proximal **geographic access to family planning services** in all counties
- Promote access to birth control
  - Encourage **adequate insurance coverage**
  - Offer **free/low cost consultations and clinics**
  - Provide **free condoms** in doctors' offices and community centers
- Create a **fund for abortions** to decrease economic barriers to family planning
- Promote provider and community awareness of abortion pills. Where to get abortion pills

Reduce the number of opioid prescriptions given to pregnant or reproduction-aged females. Public Health Strategies to Prevent Neonatal Abstinence Syndrome.



Rand Corporation, 2015

LOCAL HIGHLIGHTS

HT2

Grand Traverse Women's Clinic, Munson Family Practice, Munson Grayling OB, Munson Prudenville OB, Alpena Mid-Michigan OB

HT2 is a mobile app for pregnant patients that can be used from the office or at home. The app screens for major behavioral health risks such as substance use and depression. It also works to build motivation to make changes and facilitates connection to available services.

INCREASE PERINATAL SCREENING

INCREASE MENTAL HEALTH AND SUBSTANCE USE SCREENING

INCREASE MENTAL HEALTH AND SUSBTANCE USE SCREENING

Promote Depression Screening in Primary Care Offices & Schools

- Co-locate and coordinate services
  - **Keep a mental health professional on staff** at primary care offices to provide screenings and consultations for patients.
  - Provide primary care providers with a list of resources to refer their patients to.
- Train primary care providers
  - **Train primary care providers** in mental health first aid so that they can recognize and intervene in a situation of poor mental wellness.
- Incorporate mental health screening into school counseling and social work practices.

Increase Substance Abuse Screening

- Include screening for fentanyl exposure in the standard panel of substances included in routine clinical drug screens, particularly in jurisdictions where fentanyl is known to be prevalent. Screening for fentanyl in routine clinical toxicology testing
- Utilize electronic screening and brief interventions (e-SBI) to screen individuals for excessive drinking, and deliver a brief intervention. Provide personalized feedback about the risks and consequences of excessive drinking.
- Promote screening for unhealthy alcohol use in primary care settings in adults 18 years or older, including pregnant women. Provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use. Screening and behavioral counseling interventions

ABOUT

20%

OF SCHOOLS NATIONALLY ENGAGE IN MENTAL HEALTH SCREENINGS

2020

THE WAY FORWARD

HEALTHCARE PROVIDERS CAN:

- Increase and promote behavioral health screening for patients of all ages.
- Provide trauma-informed care for all patients.
- Use de-stigmatizing language to encourage patients to seek behavioral health services.
- Reduce the number of opioid prescriptions in favor of less-addictive alternatives.
- Ensure all healthcare providers are trained in how to recognize and intervene in case of substance misuse.
- Keep a mental health professional on staff at primary care facilities to provide screenings and consultations for patients.
- Include screening for fentany exposure in routine drug screenings.

EMPLOYERS CAN:

- Offer free behavioral health screenings for employees.
- Endeavor to create a workspace that encourages seeking behavioral health services when needed.
- Offer employees control over an aspect of their schedule to accommodate for family obligations.

EVERYONE CAN:

- Normalize and promote behavioral health screenings.
- Promote social norms that share responsibility of health and well-being of all children.
- Support community members in seeking help to alleviate the impact of trauma.

STATE AND COMMUNITIES CAN:

- Offer community events with free behavioral health screenings.
- Encourage all healthcare providers and behavioral health organizations to implement trauma-informed policies and practices.
- Create public education campaigns that normalize and advertise the behavioral health resources in the community.
- Increase unemployment insurance to create a safety net for families and reduce the impact of poverty on children.
- Raise the local minimum wage.
- Provide job-search assistance, subsidized childcare, and health insurance to low-income individuals to reduce the impact of poverty on children in the community.
- Create restrictions on the number of alcohol venders in a given area.
- Organize take-back events for unused prescription drugs in the community.
- Increase access to family planning services.

SCHOOLS CAN:

- Provide behavioral health screenings for all students and teachers.
- Implement trauma-informed policies to help alleviate the impact of trauma on student success.
- Normalize seeking behavioral health services.
- Provide subsidized before- and after-school childcare to support children from working-class families.
- Promote life skills that reduce students' susceptibility to negative pressures.

PRIORITY ACTION AREA:

STRENGTHEN COMMUNITY

OUR CHALLENGE

More people than ever feel isolated, alone, and disengaged from their community. Loneliness and social isolation pose significant behavioral and physical health risks, increasing rates of depression, dementia, substance misuse, and premature death.

Strengthening community can enhance well-being and resiliency for residents of all ages. Strong community connections promote pro-social activities. When neighbors know neighbors, communities are safer in part because residents are more engaged citizens. Children and youth flourish when surrounded by a community that cares. Seniors delay the onset of diseases such as dementia when they are stimulated through social engagements, volunteering and interpersonal connections. Overall, positive connections can foster community development and a sense of pride.

THE MAJORITY OF MICHIGAN RESIDENTS DO NOT ACTIVELY VOLUNTEER IN THEIR COMMUNITY

29.4%

OF ADULTS IN MICHIGAN REPORT VOLUNTEERING IN THE PAST 12 MONTHS

2018, Corporation for National & Community Service

MANY ADULTS IN THE UNITED STATES REPORT FEELING LONELY

35%

OF ADULTS AGED 45 & OLDER

43%

OF ADULTS AGED 60 & OLDER

REPORTED FEELING LONELY

2020, National Academies of Science

CHALLENGES TO STRENGTHENING COMMUNITY

STRENGTHEN COMMUNITY

REGIONAL STAKEHOLDERS IDENTIFIED THE FOLLOWING CHALLENGES TO STRENGTHENING COMMUNITY

TOO FEW RESOURCES AVAILABLE THAT PRIORITIZE COMMUNITY BUILDING

- While many recognize the need for stronger sense of community, there are too few resources in the region that prioritize this activity.

SOCIAL MEDIA HAS FUELED DISAGREEMENTS AND COMMUNITY TENSIONS

- Social media posts often highlight disagreements and promote antagonistic exchanges.
- These virtual interactions erode community.

RURAL NATURE OF THE REGION MAKES COMMUNITY BUILDING HARD

- Difficult to build connections within such a rural setting.
- Distance and transit challenges make it difficult to participate in community activities.
- Some people chose rural living because they prefer the isolation it affords.

BUSY LIVES AND FAMILY STRESSES IMPEDE ENGAGING IN COMMUNITY ACTIVITIES

CHANGE STRATEGY

PROMOTE
SENSE OF BELONGING

CHANGE STRATEGY:

PROMOTE SENSE OF BELONGING ☆

PROMOTE NEIGHBORS KNOWING NEIGHBORS

PROMOTE NEIGHBORS KNOWING NEIGHBORS

Enhance Community and School Engagement

- Expand opportunities for community engagement by building spaces, such as community centers, for collective gathering, learning, and celebrating.
  - ALIVE
- Build a culture of engagement in the community to improve child well-being and foster positive relationships.
  - Vancouver Public Schools has on-site Family-Community Resource Centers to assist families with basic needs. Resources are readily available (e.g. health care, transportation, food assistance, clothing, school supplies).
  - Hanover Research

Create Neighborhood Small Grants Programs

- Neighborhood small grants programs provide funding to residents and resident groups to encourage residents to work together to build sense of community and healthier neighborhoods.
- Ruth Mott Foundation

Expand Cross-Age and Intergenerational Mentoring Programs

- Expand programs that connect older youth/young adults and seniors with younger children or adolescents. Mentors provide support, encouragement, guidance and social opportunities.
- Cross Age Mentoring Programs
- Intergenerational Mentoring

Incorporate local culture into community development

- Establish identity, value, and traditions that can be used as foundations when creating plans of action within the community
  - Penn State Extension Cultural Integration Resources
- Commit to creating an environment that is understanding and accepting of all cultural groups present within the community
  - Utilize a Community Tool Kit to enhance cultural competence across communities
  - 10 Things You Should do to Promote Cultural Competence

LOCAL HIGHLIGHTS

GROW BENZIE

Benzie County

Grow Benzie is an innovative community center that provides spaces and opportunities for all residents to gather, innovate, learn, and experience healthy food, opportunities, and the power of connections.

LIMITED CONTACT WITH OTHERS

1/3

OF OLDER ADULTS REPORT HAVING CONTACT WITH FAMILY, FRIENDS, OR NEIGHBORS FROM OUTSIDE THE HOME ONCE A WEEK OR LESS

National Poll on Healthy Aging, 2018

CHANGE STRATEGY

ENHANCE CIVIC MUSCLE

CHANGE STRATEGY:

ENHANCE CIVIC MUSCLE

SUPPORT COMMUNITY DEVELOPMENT THAT ENHANCES CIVIC MUSCLE

SUPPORT COMMUNITY DEVELOPMENT THAT ENHANCES CIVIC MUSCLE

Promote Fulfilling Relationships and Social Engagements to Help Build Strong Communities

- Individuals need to feel part of a community and contribute to its development and vibrancy. Those who feel connected tend to have happier and healthier lives. By enhancing civic muscle, communities can become stronger and focus on lasting progress. ThrivingUS

Intentionally Build Civic Muscle

- Organize accountability councils
  - Accountability councils ensure that the direction, coordination, and actions being taken within the community are done so with consideration of the local community.
- Promote the use of tracking systems to identify trends and influences relating to civic muscle among communities, states, and federal governments. Such systems can create a way to track changes relating to civic muscle and engagement. This would help provide data to those seeking to make change.
  - ThrivingUS
- Create equitable policies, especially those involving racial equity.
  - Healthy Neighborhood Investments
  - Encourage local and state governments to adopt policies emphasizing racial equity.
  - Encourage local and state governments to utilize racial equity assessments to assist in the development of equitable policies.

Implement comprehensive community leadership programs

- iLead Series Neighborhood Leader Training

MICHIGAN HIGHLIGHTS

YOUTH LEADERSHIP ACADEMY

The Youth Leadership Academy is offered the the YMCA of Greater Grand Rapids. This program is designed to engage youth in a way that promotes a sense of belonging, develops emotional aptitude, explores hidden talents, and expands cultural intelligence. The Academy allows youth minds to grow around a variety of subjects including entrepreneurship, philanthropy and environmental responsibility.

VOTER TURNOUT

71-93%

PERCENT OF RESIDENTS ACROSS THE 10 COUNTIES VOTED IN 2020

State of Michigan, 2020

THE WAY FORWARD

INDIVIDUALS CAN:

- Vote in local, state, and national elections.
- Attend community meetings.
- Advocate for inclusive and equitable policies.
- Form neighborhood committees to increase neighbor engagement and activities.
- Work to create community change.
- Support and develop relationships with neighbors.

COMMUNITIES CAN:

- Encourage positive interactions between community members.
- Host inclusive events for residents.
- Encourage voting in elections.
- Support positive and nurturing relationships.
- Offer after-school programming and mentorship programs.

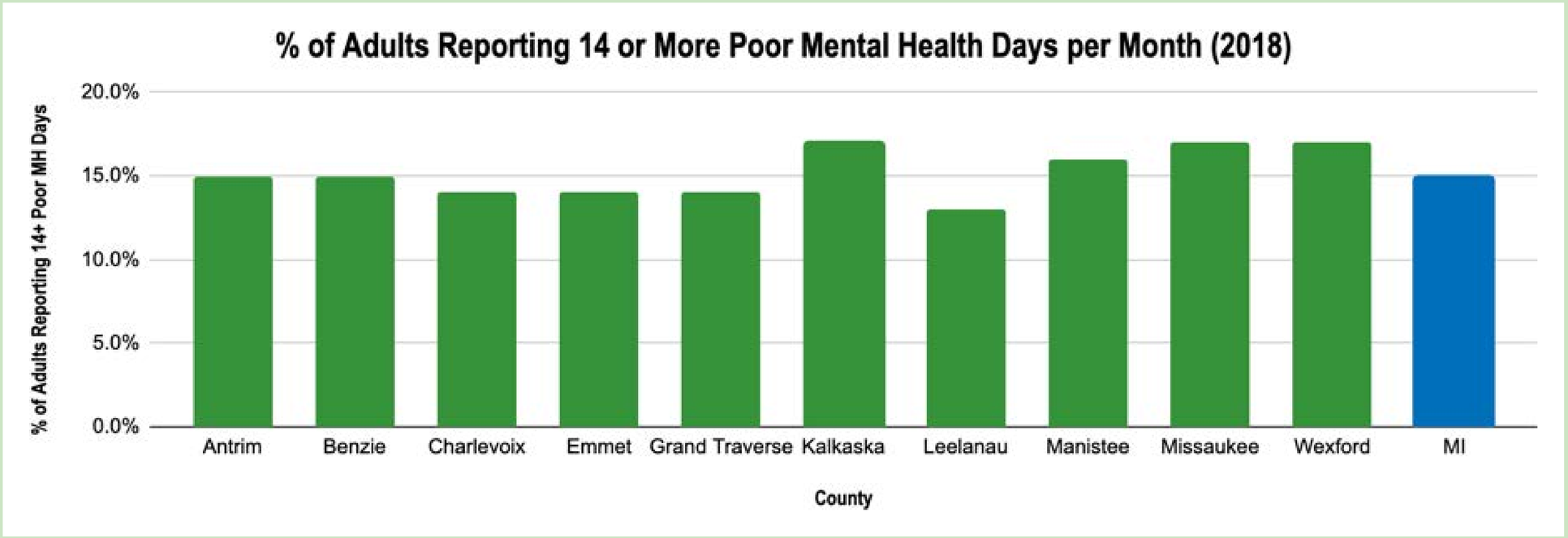
LEADERS CAN:

- Listen to community members' input and amplify their voices.
- Implement equitable policies, especially related to racial equity.
- Utilize tracking tools to follow community trends and implement policies that reflect community interests.
- Encourage cross-sector collaboration on priority issues in the community.
- Develop partnerships between community organizations.

DATA APPENDIX

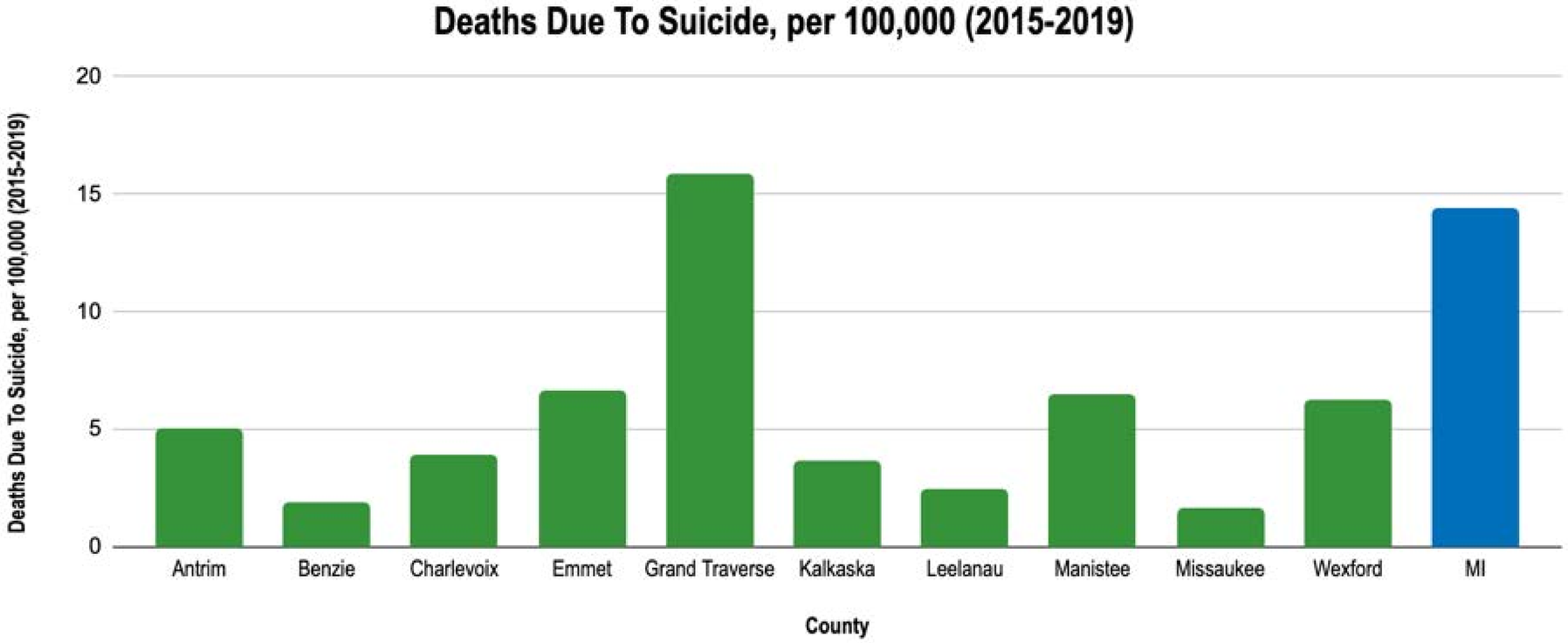
COUNTY	MENTAL HEALTH OR SUBSTANCE MISUSE INDICATOR							
	Average number of mentally unhealthy days reported in past 30 days, age adjusted (2018)	Percentage of high school students who experienced major depression during the past 12 months (2018)	Percentage of high school students who planned suicide in the past year (2018)	Binge drinking, adults, age adjusted (2018)	Percentage of high school students who had at least one drink of alcohol in the past 30 days (2018)	Number of deaths due to alcohol (2019)	Number of drug overdose deaths (2017-2019)	Number of prescription opioid units dispensed per 1,000 residents (2020)
ANTRIM	4.7	40.50%	18.30%	22.00%	16.70%	10		13268.13
BENZIE	4.7			23.00%		5	11	10,706.03
CHARLEVOIX	4.6	80.00%	20.00%	22.00%	25.40%	3	13	10917.35
EMMET	4.7	36.40%	16.80%	21.00%	12.40%	4	12	9,365.95
GRAND TRAVERSE	4.5	42.70%	18.90%	23.00%	26.10%	14	39	8,394.13
KALKASKA	5.2	34.10%	14.50%	21.00%	15.60%	2	10	14,461.53
LEELANAU	4.3	29.50%	8.50%	23.00%	11.60%	2		5,967.25
MANISTEE	4.8	16.00%	4.00%	22.00%	19.00%	6	19	14,921.15
MISSAUKEE	5.2			20.00%		3		8,803.63
WEXFORD	5.1	38.20%		19.00%		4	22	11,174.50

This table shows the raw numbers that were used to calculate the quartiles in the table on Page 6. This data was accessed through the following resources: County Health Rankings, MiPHY, County Health Rankings, MiPHY, MDCH, County Health Rankings, and MDHHS. More information about each of these sources can be found in the Data Resources.

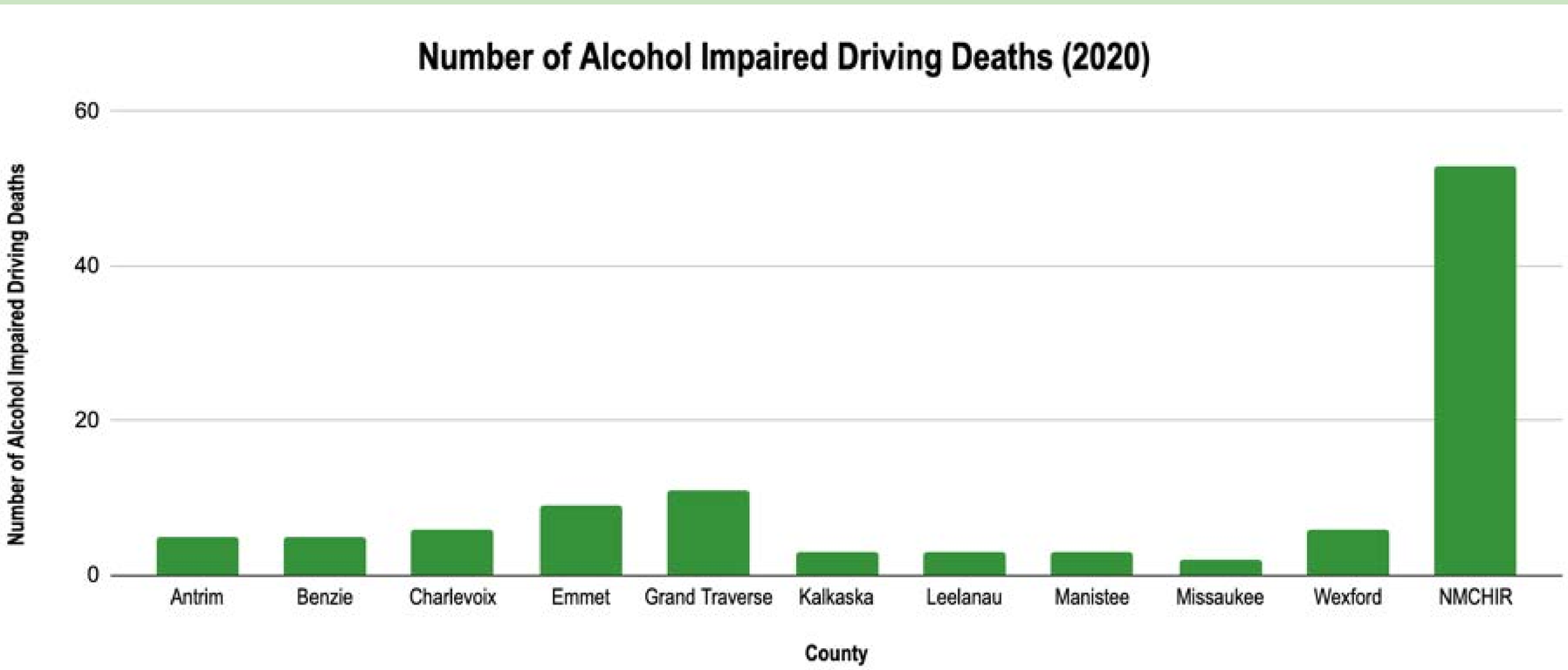


County Health Rankings

DATA APPENDIX
CONTINUED

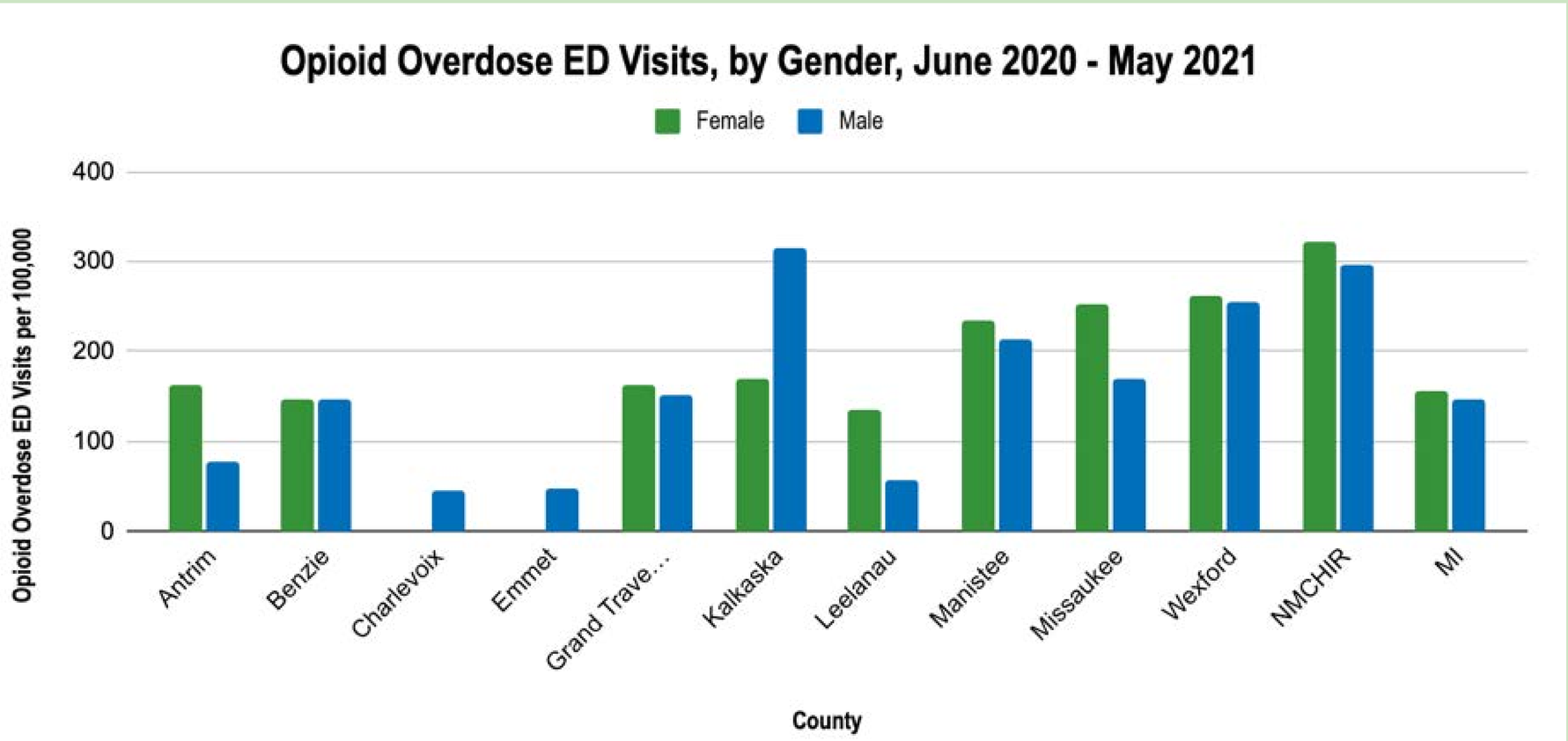


[Vital Stats]

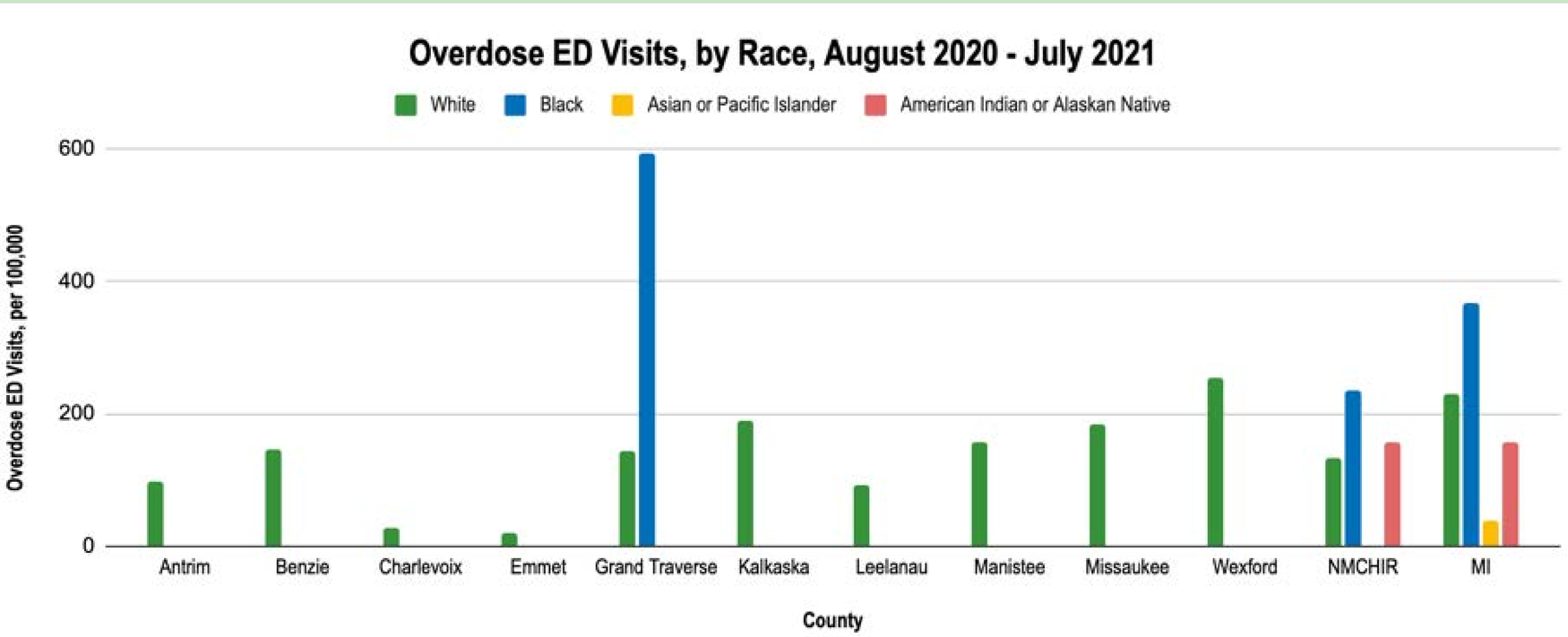


[County Health Rankings]

DATA APPENDIX
CONTINUED

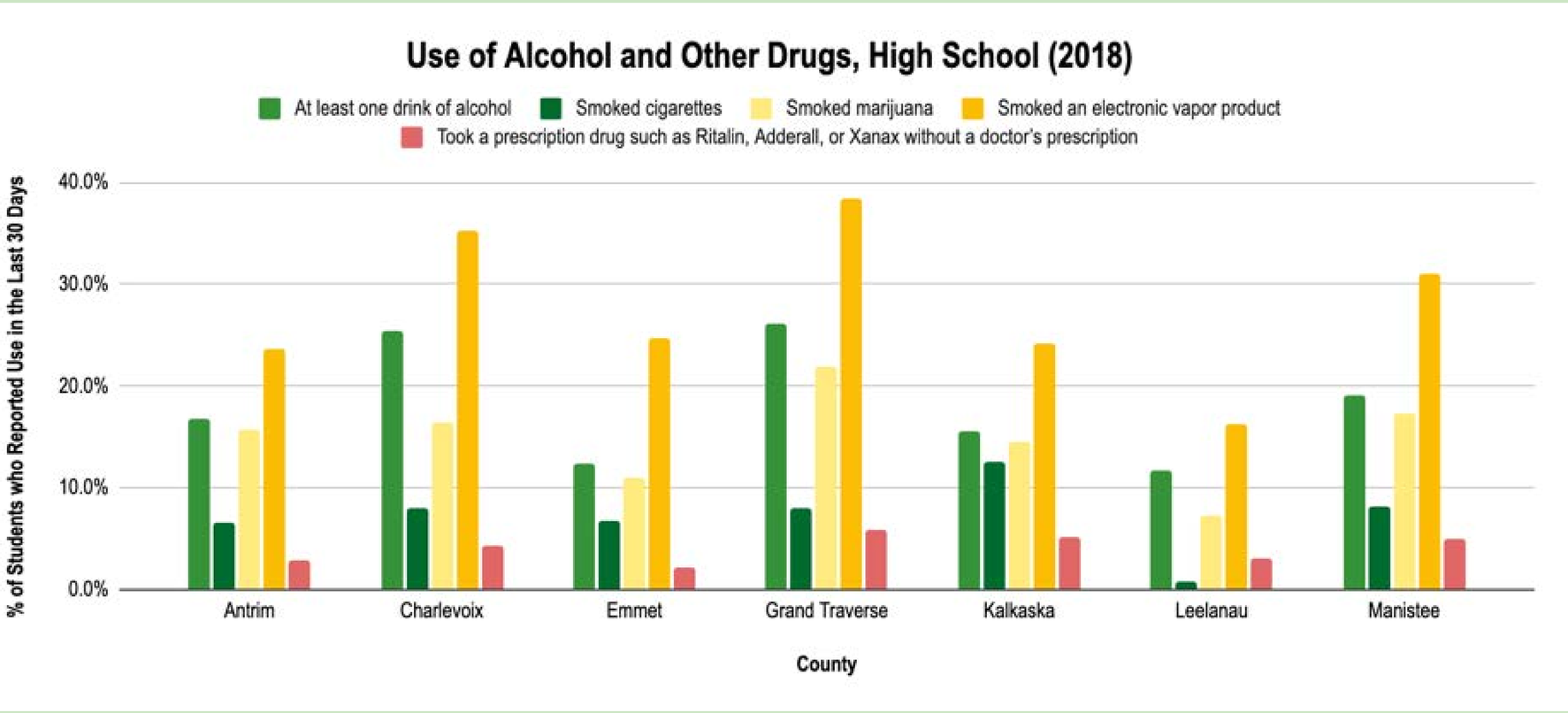


MDHHS

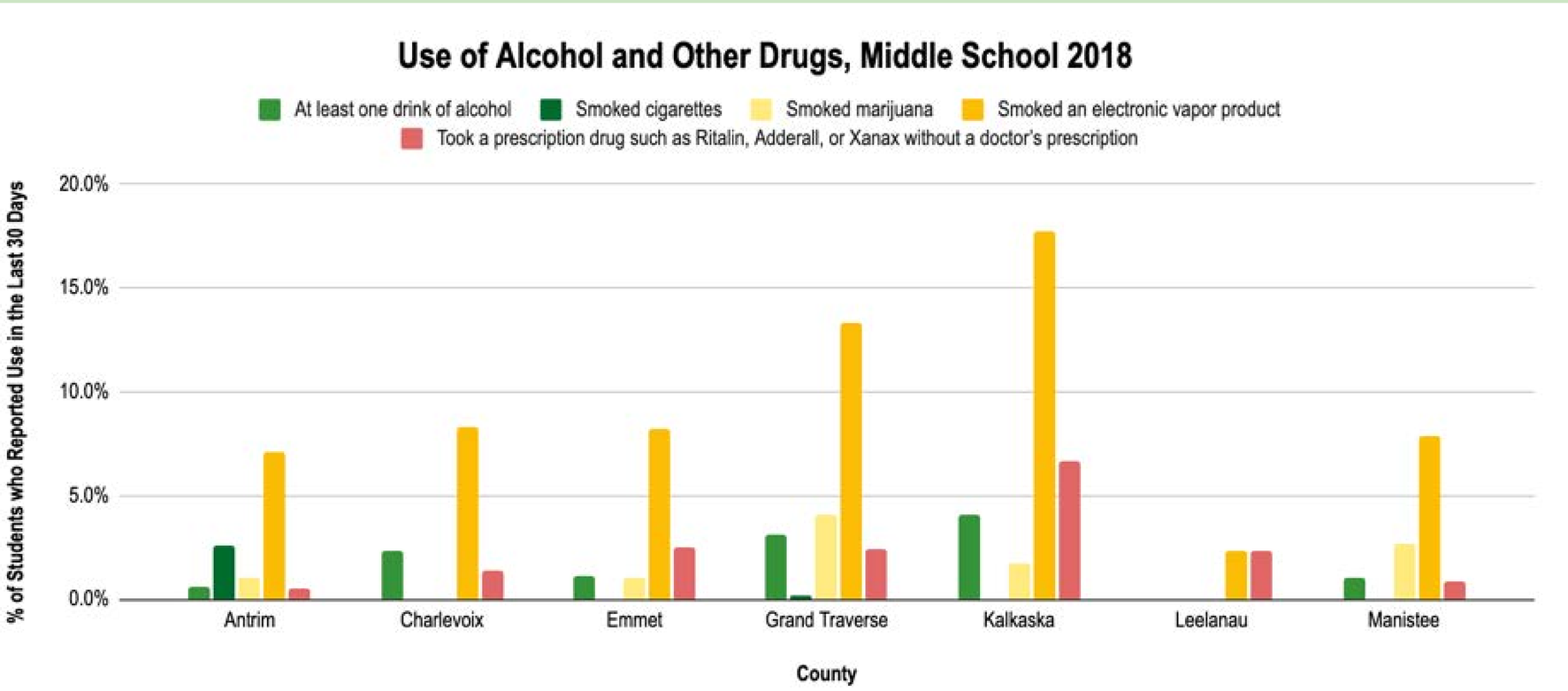


MDHHS

DATA APPENDIX
CONTINUED



MiPHY



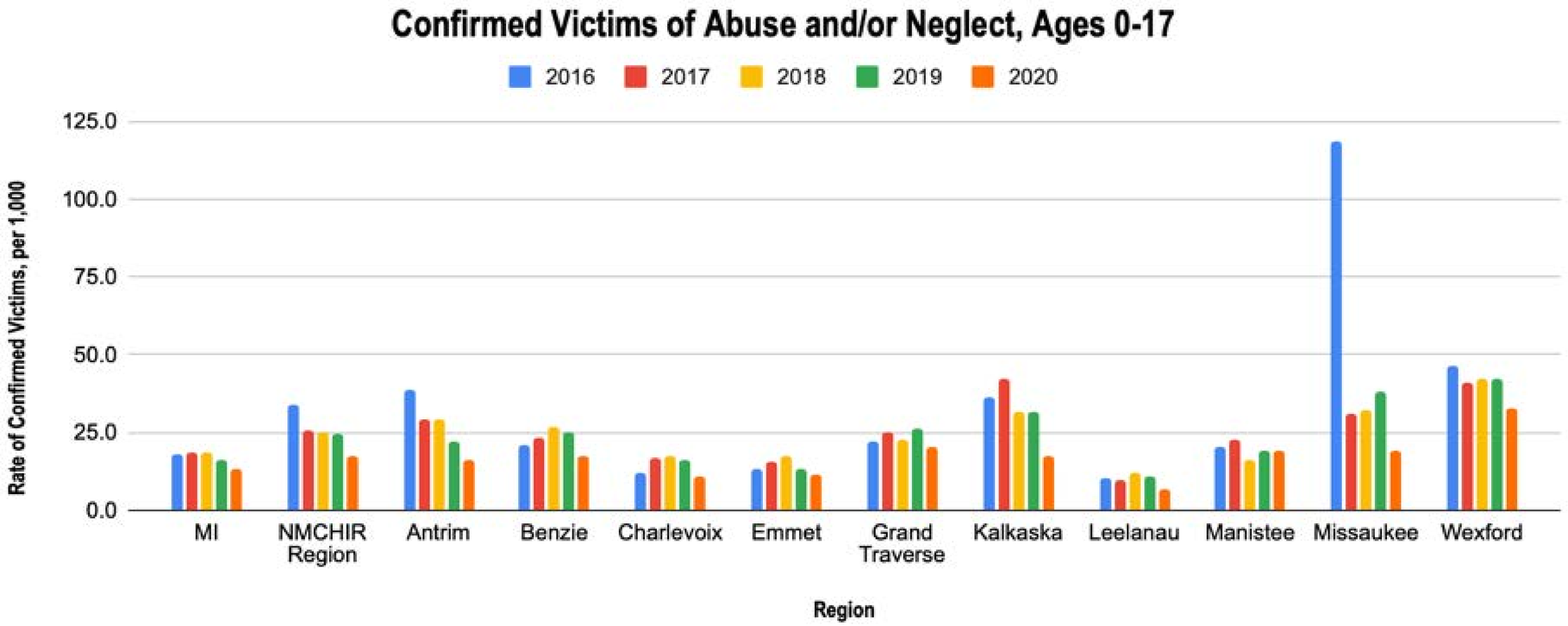
MiPHY

DATA APPENDIX
CONTINUED

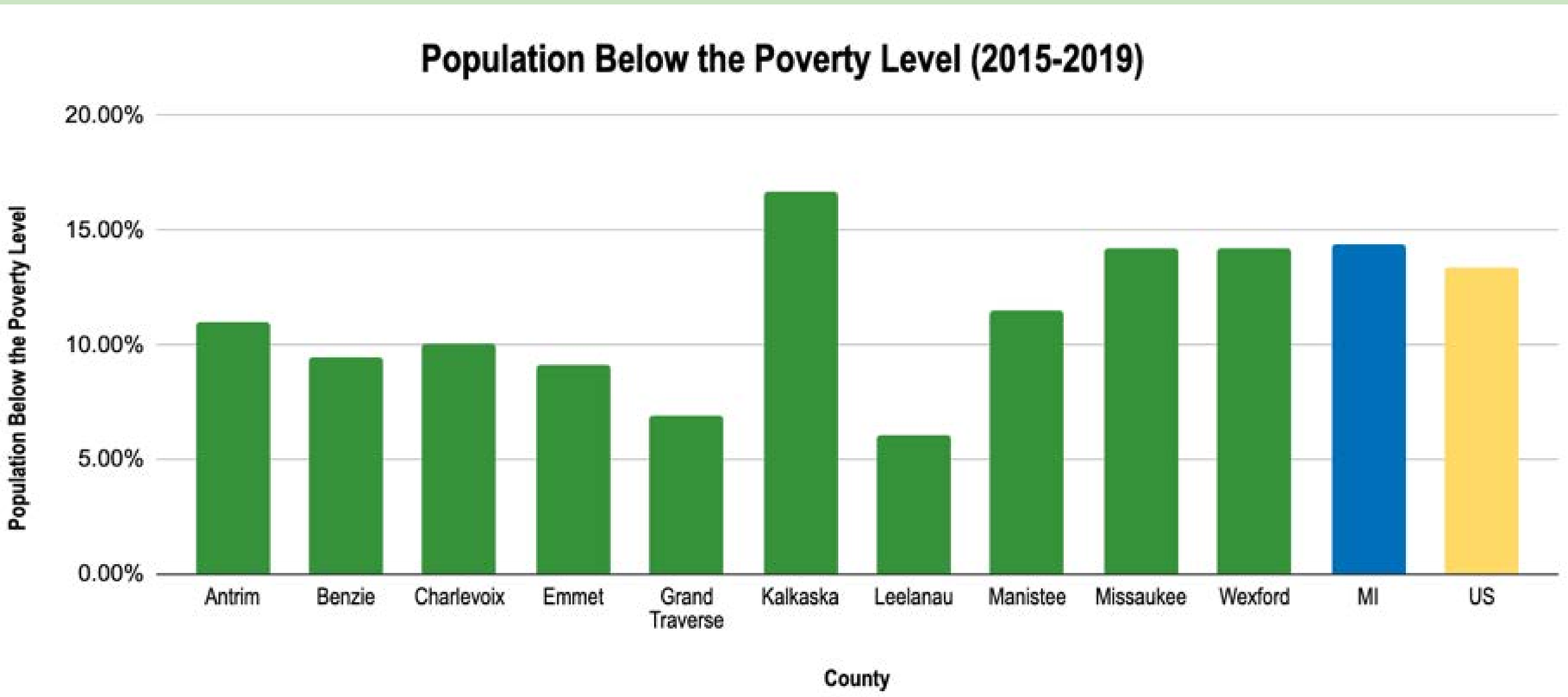
COUNTY	WELLBEING AND RESILIENCY INDICATOR				
	Percentage of high school students who reported experiencing 2 or more ACEs in their lifetime (2018)	Percentage of high school students who know an adult in their neighborhood they could talk to about something important (2018)	Confirmed victims of child abuse or neglect, ages 0-17 (2020)	Percentage of population below the poverty level (2015-2019)	Percentage of ALICE households (2015-2019)
ANTRIM	40.00%	56.30%	16	11.00%	23.00%
BENZIE			17.5	9.50%	29.00%
CHARLEVOIX	40.00%	51.80%	11.1	10.10%	25.50%
EMMET	38.10%	48.70%	11.5	9.10%	25.50%
GRAND TRAVERSE	40.20%	48.80%	20.6	6.90%	24.30%
KALKASKA	43.20%	52.30%	17.6	16.70%	26.50%
LEELANAU	29.60%	54.30%	6.6	6.10%	36.60%
MANISTEE	38.80%	42.20%	19.4	11.50%	31.40%
MISSAUKEE			19.4	14.20%	27.20%
WEXFORD			32.7	14.20%	27.30%

This table shows the raw numbers that were used to calculate the quartiles in the table on Page 9. This data was accessed through the following resources: MDOE, County Reports, Kids Count, the US Census, and United for Alice. More information about each of these sources can be found in the Data Resources.

DATA APPENDIX
CONTINUED



[Kids Count]



[US Census]

DATA APPENDIX
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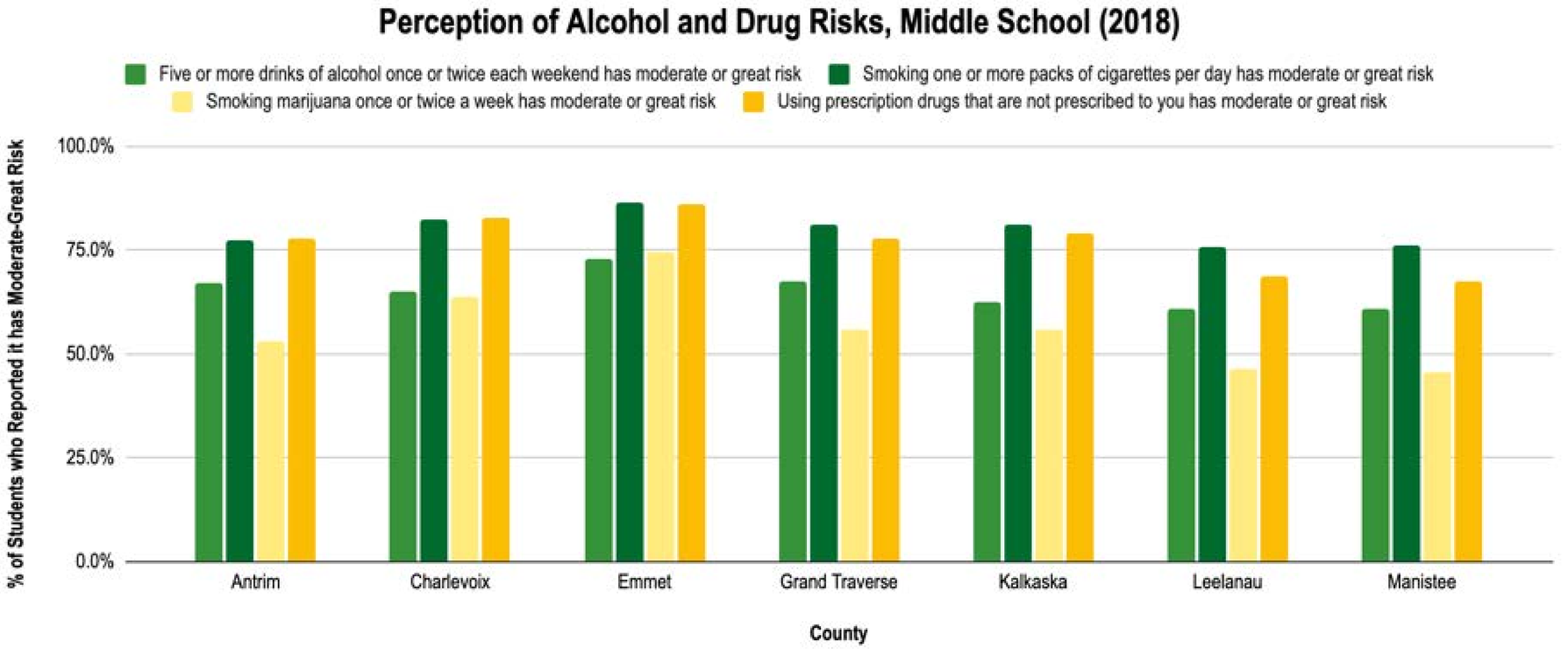
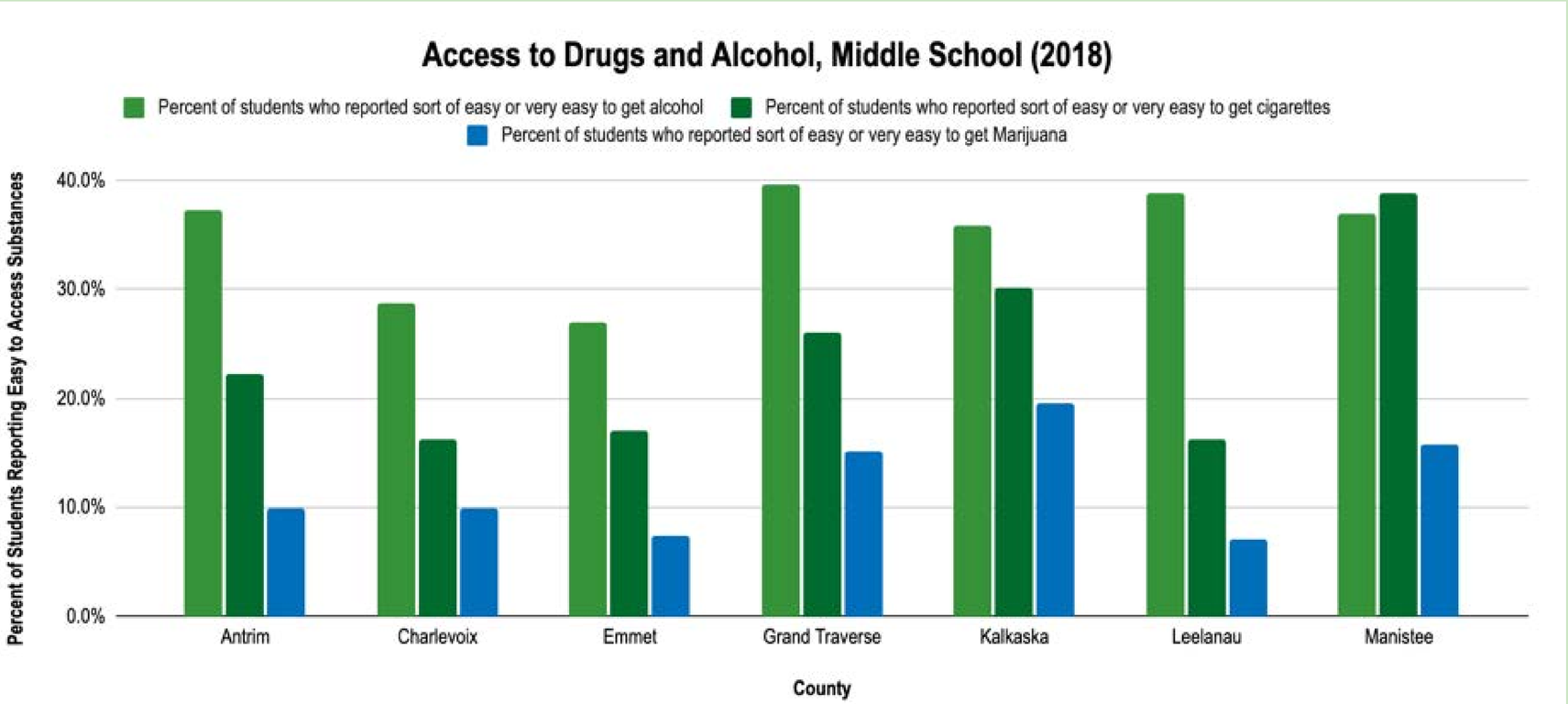


MiPHY



MiPHY

DATA APPENDIX
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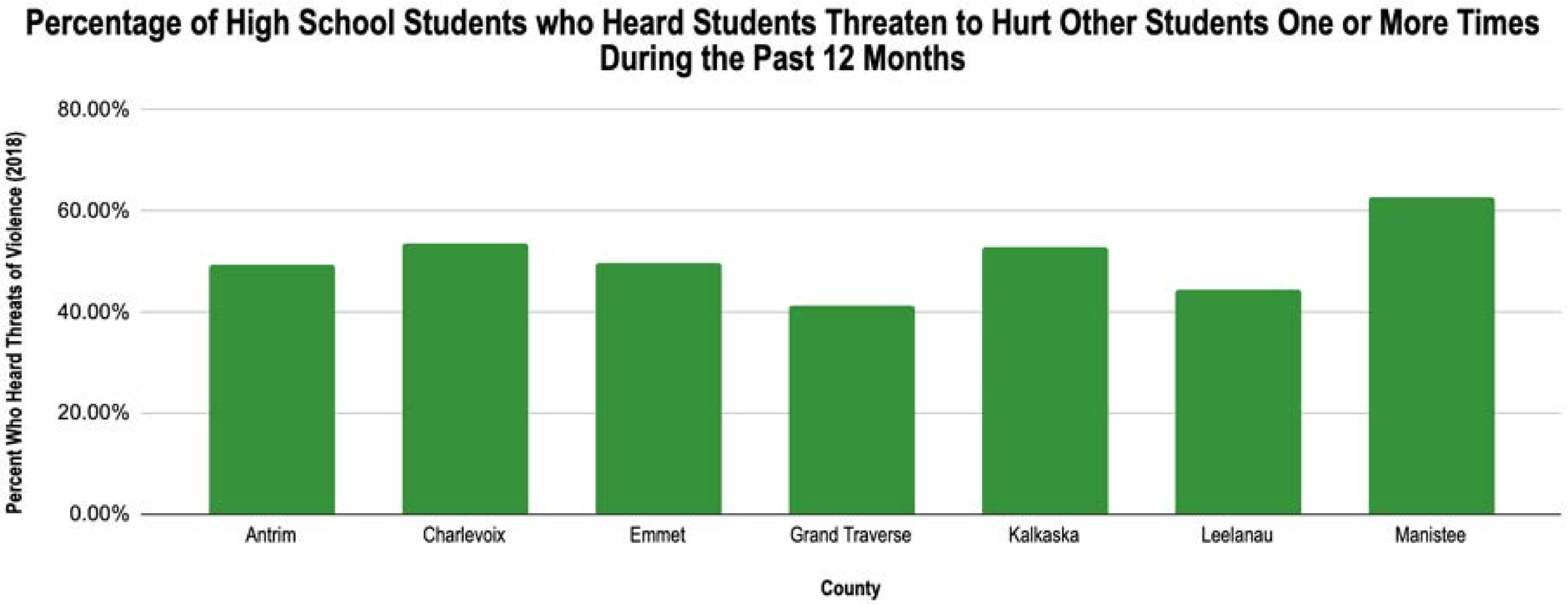

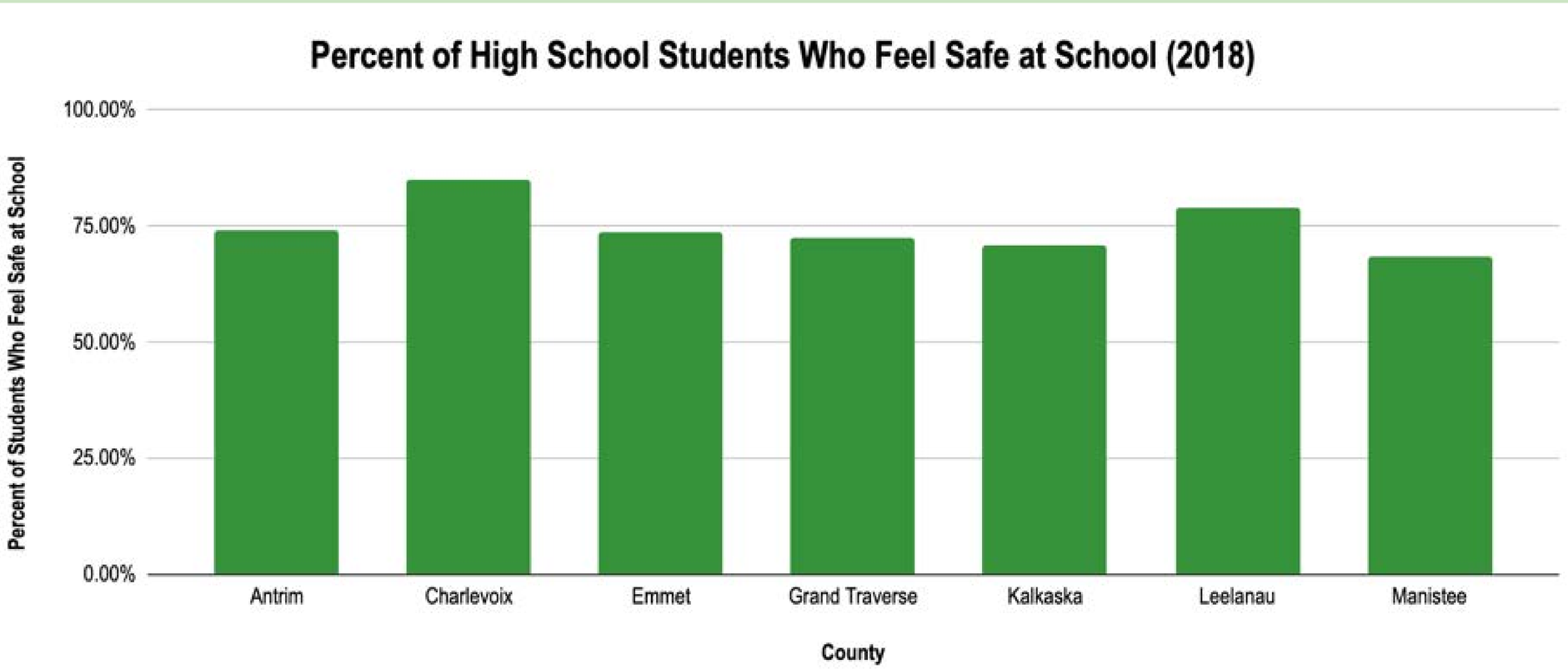

DATA APPENDIX
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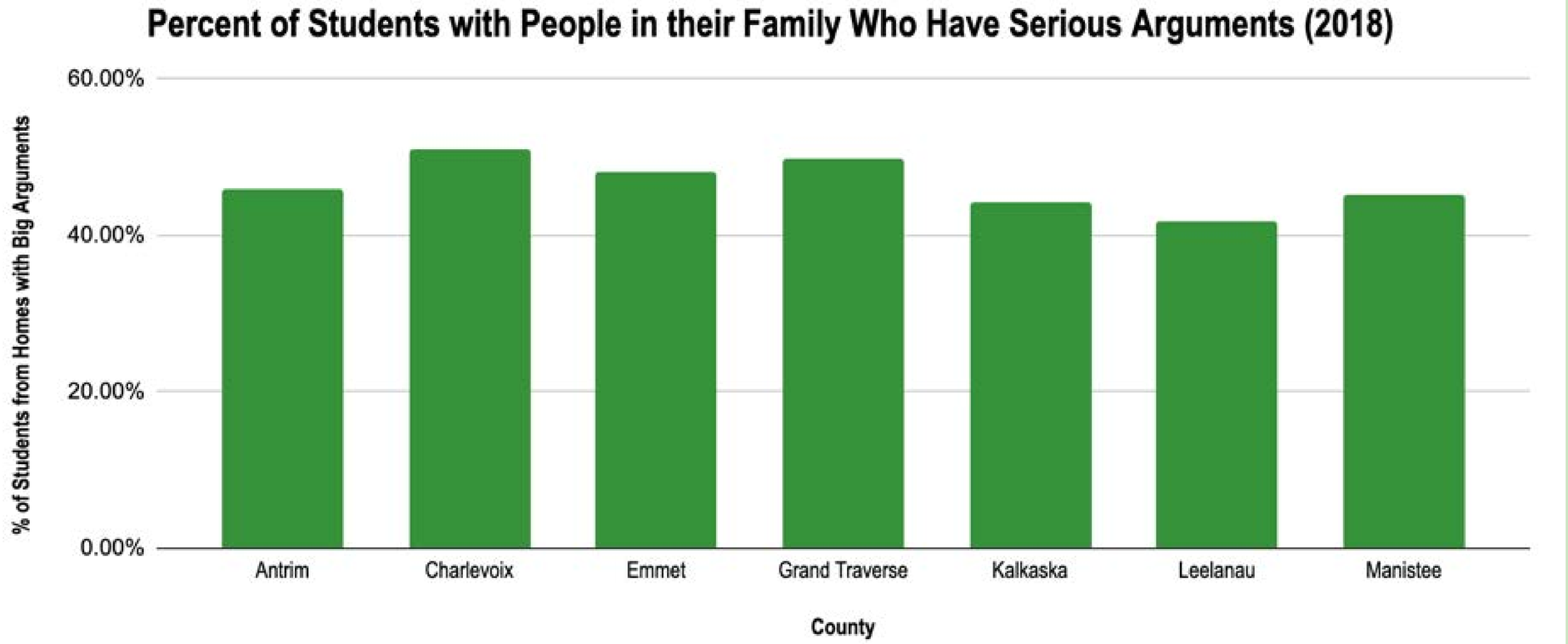

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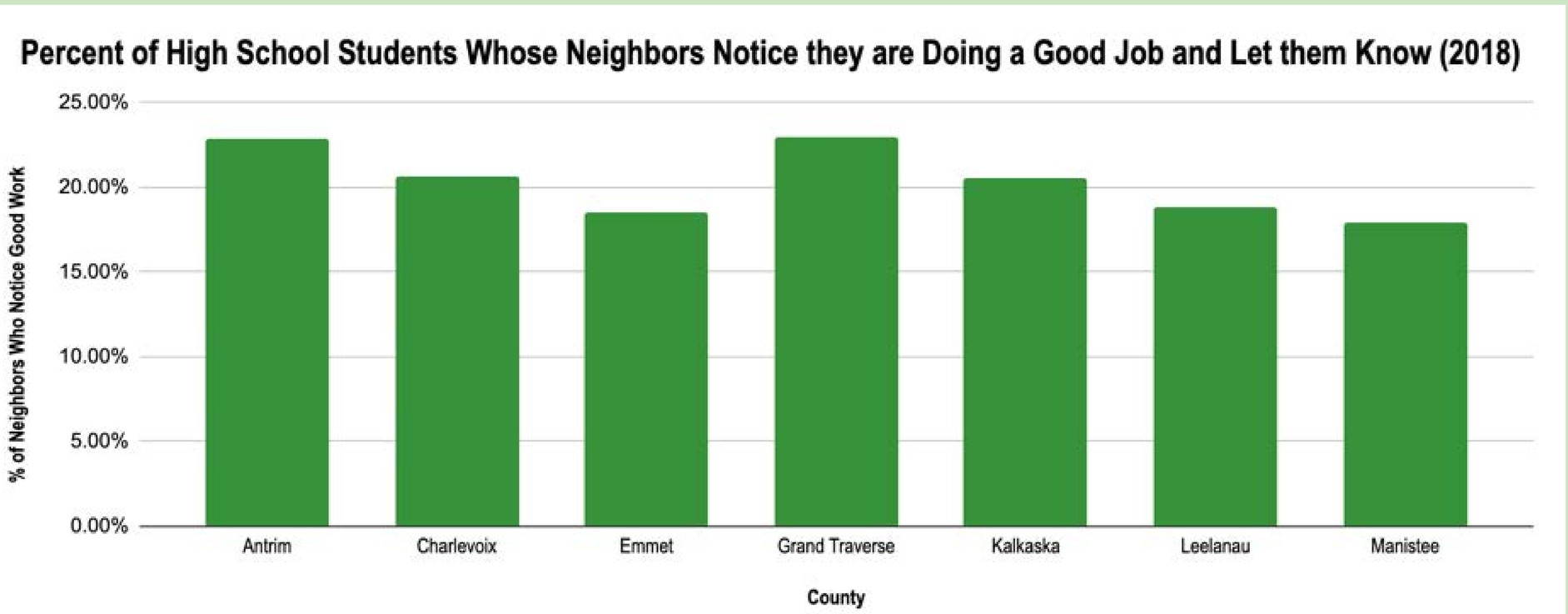

MiPHY

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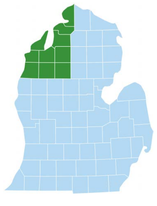

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