

**ACTION PLAN FOR
FY 2010/2011**

PATHWAYS/NORTHCARE NETWORK SUBSTANCE ABUSE SERVICES

COORDINATING AGENCY

200 W. SPRING STREET

MARQUETTE, MI 49855

SUBMITTED TO

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

OFFICE OF DRUG CONTROL POLICY

LEWIS CASS BUILDING

320 S. WALNUT

LANSING, MI 48913

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PUBLIC COMMENT AND COLLABORATION FORM/CHART

Question:

How does the coordinating agency (CA) invite each of the following to participate in development of the CA action plan?

Population	Method
General Public	<p>The NorthCare Coordinating Agency (NCA) promotes public comment utilizing multiple strategies. The general public is encouraged to participate in monthly Pathways Board Meetings and at NorthCare Advisory Meetings. The Coordinating Agency participates in three monthly Pathway Committee Meetings where public comment is a standing agenda item. Ten public forums were held throughout the region to gather public comment to develop this Action Plan in fiscal year 2009. These occurred on: October 29th, 2008 in Iron Mountain, MI, October 30th, 2008 in Marquette, MI, November 3rd, 2008 in Ironwood, MI, November 10th, 2008 in Sault Ste. Marie, MI, November 17th, 2008 in Hancock, MI, March 17th, 2009 in Wakefield, MI, March 19th, 2009 in Marquette, MI, March 30th, 2009 in Sault Ste. Marie, MI, April 13th, 2009 in Hancock, MI and April 14th, 2009 in Iron Mountain, MI. NorthCare has a website that offers availability for comment by the general public.</p>
Service Recipient/Clients/Consumers	<p>The NorthCare Coordinating Agency requires all treatment and prevention contracted providers to conduct client satisfaction surveys. The results of the survey are reported quarterly to the Coordinating Agency. The NorthCare Central Diagnostic and Referral component (AMS) conducts satisfaction surveys which allow clients the opportunity to provide feedback on the services they received. NCA has a website that allows consumers the opportunity to comment on their experiences in all contracted services.</p>
Business Partners	<p>NCA encourages comments and suggestions regarding program development from treatment and prevention providers throughout our region. Prevention contract providers meet at annual round table meetings and at pre-RFP meetings where they are able to provide input on the AP. Contracted treatment providers meet quarterly at Program Director's Meetings where they provide information that is incorporated into the AP.</p>
Others	<p>Collaboration with related agencies occurs through our Advisory Council which consists of members from various coalitions representing prevention and treatment services along with community members from each of the eight represented counties. This information, along with all of the above sources, is utilized to develop the AP.</p>

Question: How does the coordinating agency make available its completed CA action plan to each of the following?

Population	Method
General Public	The NCA Action Plan is posted on the NorthCare Website to make it accessible for the general public to read.
Service Recipient/Clients/Consumers	The NCA Action Plan is posted on the NorthCare Website. NorthCare Staff answer consumer questions directly via phone conversations through the AMS.
Business Partners	The NCA Action Plan is posted on the NorthCare Website for business partners to read. The Action Plan is discussed with treatment and prevention providers at the Program Director’s Meetings and at Pre-bid Meetings as part of the RFP process.
Others	The NCA Action Plan is available to anyone with internet access as it is posted on the NorthCare Website. Individuals without internet access can call the NorthCare Coordinating Agency to have a copy mailed to them.

PREVENTION PLANNING CHART

CA Name: Pathways/NorthCare Network

Fiscal Year: 2009/2010

Contact Person: Donna Kitrick, Chief Operating Officer, dkitrick@up-pathways.org

Prevention Priority Focus Area: CHILDHOOD & UNDERAGE DRINKING – SPF/SIG Funded

Who are your partners in this area of prevention focus and what specific roles do they play? Partners in this area are coalition memberships in each county.

There are over 200 community members in MC2.

Consequence(s)/ (Prevention Priority Focus Area)	Consequence Support Data	Data Sources	Associated Intervening Variables to Be Targeted	Primary Federal Strategies & associated Evidence-based Intervention for each Strategy	Geographic Area Served	Service Population Type	Activity Related- Immediate outcomes	Performance Indicator – Intended Long- term Outcome (NOMS link)	Provider Agency or Coalition Responsible for the activity
1. Underage drinking/binge drinking - SPF/SIG funded	33% youth alcohol use rate; 22% got drunk in past 2 weeks; aver age of first use is 13; easy get alcohol- 67%; parents disapproval of alcohol use: 85%	2008 SEARCH Sidebar Survey- Student Profiles of Life; NorthCare Network – SPF/SIG data analysis & Needs	Sale of alcohol to minors; reduction in binge drinking, age of first use, reduction of community event alcohol use; increase parental disapproval; youth participation in	CMCA & C4 (MC2 Youth group)	Marquette County	Universal: County alcohol retailers; youth & parents; Selected: media & low income youth (alternative HS): C4 activities	Increased local community event policies; reduce alcohol sales to minor rates; increased medias coverage of alcohol related traffic fatalities; Increase in	Sale rates to minors to be below 20%; reduce by 10% adult and youth binge drinking rates; to increase the age of first use by one year; to reduce alcohol related traffic crashes by 10%; Reductions in	Marquette County Health Dept & MC2

		Assessment	coalition activities and alternative youth activities			involved children of substance abusers; economically disadvantaged youth & violent/delinquent youth	youth leadership involvement with the coalition (MC2),	lower rates of bullying and prescription drug abuse by young people	
2.High rates of alcohol use among youth SPF-SIG Funded	67% of youth in Chippewa & Mackinac Co’s indicate it is easy to access alcohol; 39% used alcohol within the last 30 days	2007 SEARCH Institute Profiles of Student Life survey	Social norms are perceived pressure; rite of passage; age of first use; parental approval; mediating resources: prevention & early intervention	Education: Prime for Life program & schools newsletters	Chippewa County – Sault Area Schools, Brimley Are Schools, Rudyard Area Schools	Universal: economically disadvantaged youth and adults; Native Americans	Increase parent-child communication regarding alcohol use	Decrease use of alcohol by youth and adults; decrease rate of alcohol poisoning & related illness	Chippewa County Health Dept
Alcohol poisoning is more apt to occur in youth who use. Alcohol is the drug of choice among our youth in Chipp Co. SPF-SIG funded	28% of youth got drunk within the past 2 wks; 93 youth aged 18 & under presented to the local ER for substance related illnesses including alcohol poisoning	War Memorial Hospital ER data & 2007 SEARCH Institute data	“Rite of Passage” – approval of social drinking at any age; seasonal recreational activities; laws & policies & social host liability	Education & Problem ID & Referral; Prime for Life	Chippewa County – same as above	Same as above including youth under the age of 21 & who are referred by Juvenile Court	Increased parent/child communication about alcohol use;	Decreased use of alcohol among youth; decreased rate of alcohol poisoning & illness; perception of risk; perception of parental disapproval; intent to use	

<p>3. Underage drinking/binge drinking – SPF/SIG Funded</p>	<p>MI 2008 MI BRFSS Preliminary estimates 5.5%-heavy drinking, 17.6%-binge drinking, mean # of binge drinking occasion during the past 30 days is 4.2%; MCHD estimates heavy drinking rate is 18.2% in Mqt Co, Uniform Crime Report for juvenile arrest rates for narcotics is 29 – for liquor law violations it is 98; for 2007 the MI annual drunk driving audit for Mqt Co was 335 persons</p>	<p>MI 2008 BRFSS Prelim estimates; regional and local health dept data; Mqt Co Uniform Crime Report; 2007 MI annual Drunk Driving audit for Mqt Co, SPF/SIG Needs Assessment data</p>	<p>Lack of knowledge; low perceived risk of harm lack of mediating resources</p>	<p>Prime for Life – Education & Problem identification and referral</p>	<p>Marquette County</p>	<p>Persons already using substances; violent & delinquent youth; children of substance abusers</p>	<p>42 high risk youth served; 112 high risk adults will be serviced by the Prime for Life curriculum</p>	<p>Use of substance in the last 30 days; perception of risk/harm is reduced; intent to use reduced; and disapproval of use increases</p>	<p>Marquette General Health Systems-Behavioral Health Services</p>
<p>4. High risk drinking, underage drinking- NON SPF/SIG</p>	<p>Lack of knowledge about drinking; families supplying kids; youth cynicism; poor school performance</p>	<p>SPF/SIG Needs Assessment YRBS & BRFS</p>	<p>Availability of substances; social norms regarding use; lack of perception of risk & harm</p>	<p>Botvin’s Lifeskills</p>	<p>Chippewa County – Sault Tribe of Chippewa Indians</p>	<p>Universal on reservation – at risk population</p>	<p>No use of substance in a 30 day period, perceived risk of harm; disapproval of substance use</p>	<p>Abstinence from use of illicit substances; delayed average age of first use, improve school performance</p>	<p>Sault Tribe of Chippewa Indians – Substance Abuse Services</p>

5. High risk & underage drinking – SPF/SIG funded	SPF data collection identified an average rate of heavy drinking is 4.4% above the state average	SPF/SIG Needs Assessment TEDs & MDCH Side Bar Survey from SEARCH Profiles in Student Life	MIP's, underage drinking rates, social availability; education & media awareness through campaign There is a liquor license for every 309 citizens	Prime for Life - Education	Chippewa & Marquette Counties	Adults & Youth	Reduction of underage drinking & increase of pro-social skills for all ages. Increase strategies that promote healthy lifestyles through EBP	Community-wide change in attitude and approach –pre & post tests which include NOMS data collection	Great Lakes Recovery Centers
6. Increase in MIP's & OWI's & related crashes- NON SPF/SIG	Actual data – 2008 – 19 MIP's & 9 OWI's	Arrest Ledger – Sheriff's Dept	Officer patrols able to id more youth especially in rural county areas	Compliance & Education	Alger County	Youth	No use in last 30 days, reduction in MIP's & other associated alcohol-related driving offenses	Reduction in MIP's and OWI's among youth in county. Reduction of alcohol use among youth	Alger County Sheriff's Dept
7. Teenage use of alcohol results in higher rate of sexual activity; rate of individuals diagnosed with FASD- SPF/SIG funded	Teens that use alcohol are more likely to become sexually active at early ages; There are 384 individuals in the county diagnosed with FASD.	MI Resource Center Facts on Teens & Alcohol; SPF/SIG Needs Assessment	Social norm: perceived peer pressure; age of first use; parental approval; promotion: targeted promotion & products; placement in youth oriented media	Community-based process; education; Prime for Life program & Coalition building partnerships	Chippewa County	Youth – Universal public schools (middle & high) & university students	Increase in knowledge of alcohol & risks related to pregnancy & unborn child; increase in public knowledge of FASD	Decrease in rate of diagnosed FASD cases; perception of risk; average age of onset; perception of parental disapproval; data collection will be obtained via program pre/post tests	Chippewa County Health Dept
8. Underage Drinking – NON	Age of first use is correlated	Family Interviews &	Disapproval of substance use	Community-based process,	Marquette Count	Program offered to	Recruit 24 families,	Disapproval of substance use	Catholic Charities of

SPF/SIG funded	with many problems including further addiction	questionnaires that are completed at end of each session Questions include use in last 30 days	& abuse by both children & parents	Strengthening Families is an EBP-		youth and families who are going through substance abuse treatment: Children of substance abusers, persons with mental health problems, Economically disadvantaged persons who are disabled, victims of abuse	Provide 2 series of SFP – both in Marquette Co. Serve 24 families with 30 parents and 40 children	including tobacco. Parental substance use in the last 30 days; children’s use in the last 30 days; decrease is reported family stress; decrease in measured adult and children depression; decrease is childhood disciplinary measures; perceived risk of harm increased and state intentions to not use	the UP
9. Underage use of ATOD – NON SPF/SIG funding	52% of youth in the region use alcohol before the age of 14. 28% of HS youth report binge drinking	SPF/SIG Needs Assessment Data, Family Court data	Decrease the age of first use for ATOD	Botvin LifeSkills Training Program using education	Luce, Alger, Mackinac, Schoolcraft & Marquette Counties	Adolescents & teens – grades 6 to 12 include children of substance abusers, drop-outs, violent & delinquent youth	Increase the age of first use of ATOD & decrease continued use in teens & adolescents who have already begun experimenting	To decrease youth substance use & intent to use by using EB prevention curriculum	Child & Family Services of the UP
10. Early onset of alcohol use/abuse SPF/SIG funding	In Delta County, 22% of their students have tried alcohol by	DSISDE Search Survey results	Social Availability & social norms	All Stars, SMART Moves, Prime for Life,	Delta County & Menominee County				Public Health of Delta & Menominee

in part	ages 12 & 14 In Menominee County, 12.5 was the average age of first use!	Menominee County Communities that Care survey 2007							Counties
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Prevention Priority Focus Area: ALCOHOL RELATED TRAFFIC CRASH DEATHS – SPF/SIG Funded

Who are your partners in this area of prevention focus and what specific roles do they play? Partners for Prime for Life are law enforcement, schools, courts & media partners

Consequence(s)/ (Prevention Priority Focus Area)	Consequence Support Data	Data Sources	Associated Intervening Variables to Be Targeted	Primary Federal Strategies & associated Evidence-based Intervention for each Strategy	Geographic Area Served	Service Population Type	Activity Related- Immediate outcomes	Performance Indicator – Intended Long-term Outcome (NOMS link)	Provider Agency or Coalition Responsible for the activity
1. Underage drinking/binge drinking - SPF/SIG	33% youth alcohol use rate; 22% got drunk in past 2 weeks; aver age of first use is 13; easy	2008 SEARCH Sidebar Survey- Student Profiles of	Sale of alcohol to minors; reduction in binge drinking, age of first use, reduction	CMCA & C4 (MC2 Youth group)	Marquette County	Universal: County alcohol retailers; youth & parents;	Increased local community event policies; reduce alcohol sales to minor rates;	Sale rates to minors to be below 20%; reduce by 10% adult and youth binge drinking	Marquette County Health Dept & MC2

	get alcohol-67%; parents disapproval of alcohol use: 85%	Life; NorthCare Network – SPF/SIG data analysis & Needs Assessment	of community event alcohol use; increase parental disapproval; youth participation in coalition activities and alternative youth activities			Selected: media & low income youth (alternative HS): C4 activities involved children of substance abusers; economically disadvantaged youth & violent/delinquent youth	increased medias coverage of alcohol related traffic fatalities; Increase in youth leadership involvement with the coalition (MC2),	rates; to increase the age of first use by one year; to reduce alcohol related traffic crashes by 10%; Reductions in lower rates of bullying and prescription drug abuse by young people	
2. High risk drinking, underage drinking- NON SPF/SIG	Lack of knowledge about drinking; families supplying kids; youth cynicism; poor school performance	SPF/SIG Needs Assessment YRBS & BRFSS	Availability of substances; social norms regarding use; lack of perception o risk & harm	Botvin’s Lifeskills - Education	Chippewa County – Sault Tribe of Chippewa Indians	Universal on reservation – at risk population	No use of substance in a 30 day period, perceived risk of harm; disapproval of substance use	Abstinence from use of illicit substances; delayed average age of first use, improve school performance	Sault Tribe of Chippewa Indians – Substance Abuse Services
3. High risk & underage drinking which result in traffic crash deaths SPF/SIG funded	SPF data collection identified an average rate of heavy drinking is 4.4% above the state average, 24 alcohol related traffic deaths identified	SPF/SIG Needs Assessment TEDs & MDCH Side Bar Survey from SEARCH Profiles in Student Life	MIP’s, underage drinking rates, social availability; education & media awareness through campaign There is a liquor license	Prime for Life - Education	Chippewa & Marquette Counties	Adults & Youth	Reduction of underage drinking & increase of pro-social skills for all ages. Increase strategies that promote healthy lifestyles	Community-wide change in attitude and approach –pre & post tests which include NOMS data collection	Great Lakes Recovery Centers

	counties		for every 309 citizens				through EBP		
4.alcohol related accidents & injuries – SPF/SIG funded	Alcohol use is a contributing factor in about 50% of all motor vehicle crashes; it is also a major factor in the 3 leading causes of teenage death; accidents, suicide, & homicide	MI Resource Center Facts about Teenagers & alcohol	Social availability; parental supervision, graduations, festivals, recreational activities; social norms; enforcement: perceived enforcement, consequences, social host liability	Education & Problem ID & referral for Prime for Life	Chippewa County – Malcolm & Sault HS & Rudyard & Brimley Schools	Youth under 20 and youth under 21 yrs referred by Juvenile Court	Increase in identifying risks; increase in accepting the need to change behavior	Decrease drinking/driving offenses; decrease alcohol related accidents & injuries among youth; perception of risk; data collection obtained via pre/post testing	Chippewa County Health Dept
5. High risk behaviors related to the abuse of ATOD, MIP's	Binge drinking rates are 22.9%, there were 124 MIPs for ages 17 to 20, 657 OUIL in Menominee County between 2003 & 2005, 809 in Delta County during the same time	SPF/SIG Data – 2007, 94 th District Court Records 2008, Community Pdata 2007; 2008/09 DSISD SS/HS ATOD Survey	Retail Availability, enforcement and adjudication	Prime for Life	Delta & Menominee Counties	Universal (alcohol retailers), Social availability, social norms & mediating resources; Selected & indicated – youth ages 13-20 who are already engaged in high risk drinking-youth served are those already using substances,	Increased knowledge of risk associated substance use/abuse; satisfaction of part of participants & referral sources – Alternative School & Hannahville	Increased abstinence, reduce recidivism & reduce risk of future substance use problems; earlier intervention for youth needing treatment services; NOMS – data on youth ATOD use over time.	Public Health of Delta & Menominee Counties

						children of substance abusers & economically disadvantaged; adults assessed by the courts who are already engaged in high risk drinking or drug use			
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Prevention Priority Focus Area: PRESCRIPTION & OVER-THE-COUNTER DRUG ABUSE & MISUSE

Who are your partners in this area of prevention focus and what specific roles do they play? *Marquette County Health Department and the Marquette County Substance Abuse & Violence Prevention Coalition (MC2).*

Consequence(s)/ (Prevention Priority Focus Area)	Consequence Support Data	Data Sources	Associated Intervening Variables to Be Targeted	Primary Federal Strategies & associated Evidence-based Intervention for each Strategy	Geographic Area Served	Service Population Type	Activity Related- Immediate outcomes	Performance Indicator – Intended Long-term Outcome (NOMS link)	Provider Agency or Coalition Responsible for the activity
1. Prescription Drug Abuse Prevention – NON-SPF/SIG	Prescription Drug Abuse was one of the top three prevention issues cited by the planning	SPF/SIG Data – Needs Assessment & Analysis Plan	Prescription Drug Abuse by both adults and youth	Partnership for a Drug Free Community Education program	Marquette County	Universal & Selected to 20+ community groups	MC2 developed Power Point presentations to youth groups &	Reduction of prescription drug abuse by 5% in 2010 sidebar survey	Marquette County Health Dept & MC2

	document. The SEARCH Sidebar survey indicates a growing use of prescription drug abuse by 8 th 10 th 12 th graders						service or community groups – year one.		
2. High risk drinking, underage drinking- NON SPF/SIG	Lack of knowledge about drinking; families supplying kids; youth cynicism; poor school performance	SPF/SIG Needs Assessment YRBS & BRFSS	Availability of substances; social norms regarding use; lack of perception of risk & harm	Botvin's Lifeskills	Chippewa County – Sault Tribe of Chippewa Indians	Universal on reservation – at risk population	No use of substance in a 30 day period, perceived risk of harm; disapproval of substance use	Abstinence from use of illicit substances; delayed average age of first use, improve school performance	Sault Tribe of Chippewa Indians – Substance Abuse Services
3. Overdosing of prescription drugs – NON SPF/SIG funding	Actual arrests (7)	Arrest ledger from Alger Sheriff's Dept	Availability of substances, lack of perception of risk/harm in students	Education & Compliance	Alger County	Youth	No use in 30 days, increased perception regarding risk & harm, increase in parental disapproval	Reduction of youth using prescription drugs	Alger County Sheriff's Department
4. Youth engaging in prescription drug abuse – NON SPF/SIG funded	18% of students in Marquette & Alger counties have used drugs to get high 52% of students report that it would be easy to access multitudes of	National Center for Addictions & Substance Abuse, MARESA Needs Assessment – 2007, Profiles in Student	Youth perception of danger regarding prescription drug abuse is low – no real knowledge of developing brain, athletes	Pure Performance – (Life of an Athlete); Adolescent Brain Development –A Time of Risk & Opportunity; The Brain: Understanding	Marquette & Alger counties	Youth already using substances, children of substance abusers, economically disadvantaged	Youth & adults will have greater perception of danger for youth who engage in prescription drug abuse during this	Search Institute Student Survey; SPF/SIG Data collection; Pre/Post tests for Pilot site; post training follow up; reduction in school disciplinary infractions among athletes	MARESA

	prescription drugs, local high school counselors report athletes using performance and is not being addressed in the school setting	Life - 2008	high profile leadership status as a powerful influence upon peers	the Neurobiology through the Study of Addiction; Why Try Curriculum-research based			vulnerable period of brain development Coaches, parents, educators & mental health practitioners will be better informed, will promote non-use & intervene upon first signs of use		
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Prevention Priority Focus Area: YOUTH ACCESS TO TOBACCO – SYNAR ACTIVITY

Who are your partners in this area of prevention focus and what specific roles do they play? – *The Marquette County Health Department, the Chippewa County Health Department, Public Health of Delta & Menominee Counties. Each of these counties also partner with local community coalitions specific to tobacco misuse & prevention. *NOTE: The LMAS District Health Department recently gave notice to the Coordinating Agency that they DO NOT intend to deliver any type of substance abuse service after August 1, 2009. Because of this late notice, the CA will be soliciting and promoting other providers in the 4-county LMAS district to contract for prevention services. An update will be provided if needed.*

Consequence(s)/ (Prevention Priority Focus Area)	Consequence Support Data	Data Sources	Associated Intervening Variables to Be Targeted	Primary Federal Strategies & associated Evidence-based Intervention for each Strategy	Geographic Area Served	Service Population Type	Activity Related- Immediate outcomes	Performance Indicator – Intended Long-term Outcome (NOMS link)	Provider Agency or Coalition Responsible for the activity

1. Youth Access to Tobacco Products – NON-SPF/SIG	2008 Side Bar Data –Profiles in Student Life	Search Institute Sidebar Survey & NorthCare Network (Pathways) SPF/SIG data analysis	To maintain the sale of tobacco products by minors to be below 10%; to increase the difficulty of obtaining cigarettes by minors by 10%; to reduce the 30 day use of cigarettes by 10% (2010)	CMCA/SYNAR	Marquette County	Universal; youth & parents Selected; tobacco retailers & media	SYNAR results below 10%, # of education visits (50), Continue to license tobacco retailers (130+)	Reduction of youth use of tobacco by 10%; Maintenance of sales rate to be below 10%	Marquette County Health Dept; Tobacco Free Marquette County Coalition
2.Sales of tobacco to youth- NON SPF/SIG Youth using tobacco products	18% of MI HS students smoke Each day more than 3500 kids in the US try their first cigarette	Campaign for Tobacco Free Kids	Enforcement: consequences, perceived enforcement adult providers Retailer availability; retailer responsibility; accountability	Problem ID & Referral; SYNAR Education & Compliance Education & Community-based process	Chippewa County vendors	Selective: Underage sales Tobacco retail outlets & youth who violate the YTA law	Heightened awareness of youth tobacco sales Increase signage; increase in retailer awareness; parental support	Decrease in sales of tobacco to minors; average age of onset; perception of risk	Chippewa County Health Dept
3. Youth Access to tobacco products	Communities that Care & Search Profiles Survey, 57% of	Tobacco Free Michigan,200 8-09 DSISD SS/HS ATOD	Retail availability, enforcement & adjudication,	Compliance with YTA & education to vendors;	Delta & Menominee Counties	Selective: Underage sales	Increased awareness of harmful effects of tobacco on	Decreased sales of tobacco products to minors; delaying	Public Health of Delta & Menominee

	youth indicate tobacco is easy access	Survey	laws & policies	SYNAR Tobacco Retailer Ed visits using ODCP protocol			youth & YTA	the onset of use; preventing use	Counties
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Prevention Priority Focus Area: **FAMILY EDUCATION & SUPPORT SERVICES**

Who are your partners in this area of prevention focus and what specific roles do they play?-

Sault Tribe of Chippewa Indians, Big Brothers and Big Sisters of Marquette and Alger Counties, Chippewa County Health Dept, Catholic Charities of the U.P., Marquette General Health Systems, Bay Mills Indian Community

Consequence(s)/ (Prevention Priority Focus Area)	Consequence Support Data	Data Sources	Associated Intervening Variables to Be Targeted	Primary Federal Strategies & associated Evidence-based Intervention for each Strategy	Geographic Area Served	Service Population Type	Activity Related- Immediate outcomes	Performance Indicator – Intended Long-term Outcome (NOMS link)	Provider Agency or Coalition Responsible for the activity
1. High risk drinking, underage drinking- NON SPF/SIG	Lack of knowledge about drinking; families supplying kids; youth cynicism; poor school performance	SPF/SIG Needs Assessment YRBS & BRFSS	Availability of substances; social norms regarding use; lack of perception of risk & harm	Botvin's Lifeskills	Chippewa County – Sault Tribe of Chippewa Indians	Universal on reservation – at risk population	No use of substance in a 30 day period, perceived risk of harm; disapproval of substance use	Abstinence from use of illicit substances; delayed average age of first use, improve school performance	Sault Tribe of Chippewa Indians – Substance Abuse Services
2. Harmfully absent parents;	Confirmed cases of child abuse &	Kids Count Data Book;	People and young people are	Education & Community-	Marquette & Alger	Victims of abuse,	a family with a child	Intended outcome is to prevention	Big Brothers/Big

single parent children, children who are abused/neglected- NON SPF/SIG	neglect in both counties has increased dramatically in 6 years time (104% & 33.3%)	DHS statistics (current)	at risk when dealing with continued stress in their lives	based process through the cross-age mentoring curriculum from Big Brothers/Big Sisters (Nat'l)	Counties	children of substance abusers, violent & delinquent youth, economically disadvantaged citizens	is matched with a big brother or sister helping to reduce parents stress & anger	child from becoming violent, getting along better with their families, perceived risk of harm, disapproval of substance use; improved school performance	Sisters of Marquette & Alger Counties
3.Substance abuse among children of - divorce & within single-parent homes – NON-SPF/SIG Emotional difficulties among children of divorce & within single-parent homes	Absence of the father in the home significantly affects the behavior of adolescents & results in greater use of alcohol & marijuana 63% of youth suicides are from fatherless homes; children of divorce are 20 times more likely to have behavioral disorders Teens whose mothers received counseling have	Parenting Plan- Separated Parenting Access & Resource Center	Social norm: family, community & cultural history; neighborhood stability & attachment Mediating resources; early intervention & prevention services	Selective: divorcing parents & children ages 5-17 “Children in the Middle”	Chippewa County- family court referrals, community agency referrals, churches & school referrals	Selective: Divorcing couples and their children Violent & delinquent youth	Child problem-solving skills; clear communication between parents Increased support of relationship with other parent & child; decrease exposure to parental conflict Increased	Decrease in impulsivity in children & early on-set of use; perception of parental disapproval; data collection will be obtained via program pre/post test Decrease in child-reported stress; Perception of risk; data collection will be obtained via program pre/post tests	Chippewa Co. Health Dept

Substance use to deal with depression & emotional issues	fewer symptoms of mental health problems & lower rates of alcohol, marijuana use	SAMHSA– Children of Divorce Guide				Drop-outs; Divorcing parents & their children	problem solving; increase support of relationship with other parent	Decrease in early use of alcohol & use of other substances; data collection will be obtained via program pre/post tests	
4.Underage Drinking – NON SPF/SIG funded	Age of first use is correlated with many problems including further addiction	Family Interviews & questionnaires that are completed at end of each session Questions include use in last 30 days	Disapproval of substance use & abuse by both children & parents	Community-based process, Strengthening Families is an EBP-	Marquette Count	Program offered to youth and families who are going through substance abuse treatment: Children of substance abusers, persons with mental health problems, Economically disadvantaged	Recruit 24 families, Provide 2 series of SFP – both in Marquette Co. Serve 24 families with 30 parents and 40 children	Disapproval of substance use including tobacco. Parental substance use in the last 30 days; children’s use in the last 30 days; decrease is reported family stress; decrease in measured adult and children depression; decrease is childhood disciplinary measures; perceived risk of harm increased and state intentions to	Catholic Charities of the UP

						persons who are disabled, victims of abuse		not use	
5. FASD in UP citizens NON SPF/SIG funded	SPF/SIG data – In Marquette County alone, there is an estimated 634 individuals /w FASD, 43% of children with an FASD diagnosis have disrupted school experience for both themselves and regularly ed. Students	Marquette Co Health Dept (2006) SPF/SIG Data 7/07 – Disability Study (Streissguth, 1996)	Social Norms, Parenting Skills, Academic Failure, trouble with the law, mental health problems	Youth & young adults ages 12-20, Parents, Multidisciplinary (family teachers clergy & agency staff)	Marquette county & eastern UP 7 county catchment area	Youth education – Reach to Teach (SAMHSA curriculum) & FASD Prevention Curriculum from NOFAS	Knowledge gained as evidenced by data from pre/post testing; knowledge gained from curriculum course work, positive classroom atmosphere; collaborative treatment planning	Delay onset of use of alcohol; prevent prenatal exposure to alcohol; parents will change parenting strategies to accommodate the FASD disability; students will succeed in academic areas	Marquette General Health Systems – FASD Diagnostic Clinic
6. High Risk population & high rates of alcohol abuse on reservation – SPS/SIG funded	Higher rates of FASD, alcohol abuse, suicide, alcohol related traffic crashes	SPF/SIG data for Chippewa County, BRFS	Availability of substances; social norms regarding use; lack of perception o risk & harm	Parents of children who participate in SMART MOVES	Chippewa County – Bay Mills Reservation	SMART Moves – SMART Parents & FAN – Family Advocacy Network	Work with club staff & FAN Club to develop programming and activities that are alcohol free	Parents will become more knowledgeable and learn to role model healthy relationships – pre/post testing	Bay Mills Indian Community – Boys & Girls Club

Prevention Priority Focus Area: COALITION MENTORING & SUPPORT – NON SPF/SIG

Who are your partners in this area of prevention focus and what specific roles do they play? MC2 membership,

Consequence(s)/ (Prevention Priority Focus Area)	Consequence Support Data	Data Sources	Associated Intervening Variables to Be Targeted	Primary Federal Strategies & associated Evidence-based Intervention for each Strategy	Geographic Area Served	Service Population Type	Activity Related- Immediate outcomes	Performance Indicator – Intended Long- term Outcome (NOMS link)	Provider Agency or Coalition Responsible for the activity
1. Coalition maintenance & mentoring	MC2 Membership, meeting minutes CMSA Member Survey	SWOT Analysis (2006)	Increased membership 5%; increase sector membership; to reduce alcohol involved traffic crashes and high risk drinking; increase youth participation through mini- grant process	CMCA/C4	Marquette County	Universal; Countywide; Selected – youth groups as members	Membership expansion; increase member programming; yearly report of assessment data to the community	Reduction of high risk drinking behaviors by adults and youth by 10% (2010) Reduction in alcohol related traffic crashes by 10% (2010)	Marquette County Health Department & MC2 – C4
2. Coalition Maintenance focus: Underage drinking- Driving, Youth Access to Tobacco & Chew Tobacco, Prescription Drug Abuse NON SPF/SIG	58% HS students report using alcohol monthly; 2006 – 160 youth were arrested for alcohol related crime	Youth Asset Report 2007 – MSP Uniform Crime Reports	Law & policies: state and local ordinances; school policies	Environmental: public education; articles & speaking engagements	Chippewa County; schools, public community events	Universal	Increased awareness & knowledge of parent liability & local ordinances	Decrease in adult to youth supply of alcohol; perception of risk; perception of parental disapproval; data collection will be obtained via community assessment	Chippewa County Health Dept.

								process	
3.Coalition Maintenance – NON SPF/SIG	Bringing community members to the table to focus on responses to ATOD abuse was needed in Delta County. In Menominee, the establishment of a Health Youth Coalition is successful	SPF/SIG Data from 2007, DSISD Community Survey, 2008/09	High rates of crime as a result of ATOD abuse, Compliance checks necessary	Environmental – engaging community partners to combat consequences of ATOD abuse & use`	Delta & Menominee Counties	Universal	Increased awareness and community buy-in; increased knowledge of parent liability as social hosts; increased awareness of laws and local ordinances	NOMS – non use in 30 days; perception of use change; perception of risk & harm increased	Public Health of Delta & Menominee Counties

YOUTH ACCESS TO TOBACCO (YAT) SERVICES PLANNING CHART & NARRATIVE

Fiscal Year 2009-2010

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

CA: PATHWAYS/NORTHCARE NETWORK DATE: July 30, 2009 TOTAL RETAILERS: 293

CONTACT PERSON: Donna Kitrick, COO, dkitrick@up-pathways.org

SYNAR COMPLIANCE RATES OF LAST 3 YEARS: 8%, 4%, 16%

CURRENT SYNAR RESULT IS 100% COMPLIANCE FOR 2009.

PLANNED ACTIVITIES	VENDOR EDUCATION	Non-SYNAR COMPLIANCE CHECKS	COMMENTS	
A. ACTIVITY TYPE/CONDUCTED BY:				
A-1 # law enforcement				
A-2# By civilians	33	18	A minimum of 20% of vendors	
A-3 (Health Dept)	30	10	30%	
TOTALS:	63	28		
B. ACTIVITY WILL OCCUR				
B-1 October-December				
B-2 January – March				

B-3 April – June	80			
B-4 July	SYNAR Comp	SYNAR	SYNAR	
B-5 August- September				
C. TARGETING CRITERIA USED:				
C-1 By geographic area (list)				
C-2 By zip code (list)	49855,49866, 49849,49783,49841,			
C-3 By Random Sample (%)	100% minus C-4 & C-5	100% minus C-4 & C-5		
C-4 By previous failed checks	X	X		
C-5 By Sales complaints received	X	X		
C-6 – BY RETAILER TYPE	TOTAL RETAILERS	TARGETS PER TYPE	TOTAL RETAILERS	TARGETS PER TYPE
C-6a Restaurants	8	4	12	
C-6b Gas Stations	75	25	75	
C-6c Convenience Stores	65	25	65	
C-6d Grocery Stores	35	30	35	
C-6e Bar/Lounge	110	10	110	
C-6f Description of Other				

TOBACCO NARRATIVE:

While the focus of tobacco prevention is primarily on SYNAR Compliance and SYNAR Education, comprehensive tobacco prevention is always a part of the Tobacco Plan in each of our health department contracts. As was indicated earlier in this APG, the LMAS District Health Department recently notified the CA that they are not going to deliver substance abuse

services in the 4 counties they reside in. As a result of this, the CA will have to recruit other providers to assist with FY09/10 SYNAR requirements. A work amendment will have to be provided when a provider is secured.

July, 2009 compliance rates have been submitted. This year we are proud to say that Pathways/NorthCare region of the eastern UP eight counties had a 100% compliance rate with no sales. We couldn't be happier and more proud of our tobacco coalition and all the work that has been completed.

Approximately 20% or more vendors are selected from the ODCP Master Vendor updated Listing. The UP Tobacco Coalition meets quarterly with State staff and the CA Prevention Coordinator to review all tobacco prevention related work, not just SYNAR. Each county in the UP is represented on the UP Tobacco Coalition. Also, there are some local tobacco coalitions working in their communities under the direction of their Tobacco Coalition rep. The Tobacco-Free Living Coalition out of Chippewa County partners with The Sault Tribe Educators and local substance coalitions work together as does each coalition in each community.

Activities such as "Through with Chew Week", The Great American Smoke Out, TATU (Teens against Tobacco Use), and Kick-Butts Day are common throughout the eastern UP. For the past 11 years, the CA has funded a UP-wide high school youth conference each fall. Each year there is a dedicated tobacco prevention breakout workshop available for youth. Area universities are also becoming involved with tobacco prevention. Results of the SYNAR work are always published in multiple venues each year. Marquette County has a process in place for licensing tobacco retailers, an opportunity for education. They do survey law enforcement to keep track of offenses. Public Health of Delta and Menominee County do plan to conduct non-SYNAR compliance checks on 10% of the retailers in both counties. They will be focusing those on establishments with repeated offenses.

Decreasing funding unfortunately, severely limits expansion of prevention efforts, especially when it comes to being able to fund non-SYNAR checks and funding law enforcement. The UP still deals with great distances to travel to hit all the vendors that are regular offenders and then follow up with the official compliance checks. We are doing well to get that done. Updating the vendor list annually is absolutely critical for us as it will eliminate unnecessary travel errors, saving money.

COMMUNICABLE DISEASE PROVIDER INFORMATION PLAN/REPORT: Fiscal Year 2010

CA: Pathways/NorthCare CA Provider: Medical Care Access Coalition Date Submitted/ Revised: 07/31/2009

No. of CD Providers Under Contract with the CA: 2

CA Contact Person and E-mail Address: Robert Mellin, rmellin@up-pathways.org

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

EVENT	Plan: Original Plan <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revised		Report 1st Six Months--Actual #'s Due Date: April 30, 2010		Report 2nd Six Months--Actual #'s Due Date: Jan. 31, 2011	
	Estimated Number of Individuals to Receive Services	Estimated Number of Sessions to be Provided	Number of Individuals Who Received Services	Number of Sessions Provided	Number of Individuals Who Received Services	Number of Sessions Provided
Column A	Column B	Column C	Column D	Column E	Column F	Column G
Level 1 Provider Network Training	84	11				
Level 2 Provider Network Training	84	11				
HE/RR HIV/AIDS Information Session						
HE/RR Individual Level Prevention Counseling	1014	1014				
HE/RR Skills Building Workshops (single session)	326	36				
HE/RR Skills Building Workshops (multi-session)						
HE/RR Other Event Format						
HIV CTRS at SUD Treatment Provider (include site type/site number on separate attachment)						
HIV CTRS at Other Locations (include site type/site number on separate attachment)						
Outreach						
TOTALS	1340	1036	0	0	0	0
OUTREACH ONLY	Plan <input type="checkbox"/> Original <input type="checkbox"/> Revised		Report Due Date: April 30, 2010		Report Due Date: Jan. 31, 2011	
	Estimates		1st Six Months--Actual #'s		2nd Six Months--Actual #'s	
Number of Interventions that will result in referral to substance use disorder (SUD) treatment						
Number of referred individuals that follow-through on referrals						
Number of HIV tests (CTRS) to be conducted		67				
Number (%) of HIV CTRS anticipated to be positive results		0%		0%		0%

Appendix V

COMMUNICABLE DISEASE PROVIDER INFORMATION PLAN/REPORT: Fiscal Year 2010

CA: Pathways/NorthCare CA		Provider: Sault Tribe of Chippewa Indians			Date Submitted/ Revised: 07/31/09	
No. of CD Providers Under Contract with the CA: 2						
CA Contact Person and E-mail Address: Robert Mellin, rmellin@up-pathways.com						
For each intervention listed below and provided in the CA's region, please complete the following information:						
EVENT	Plan: Original Plan <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revised		Report 1st Six Months--Actual #'s Due Date: April 30, 2010		Report 2nd Six Months--Actual #'s Due Date: Jan. 31, 2011	
	Estimated Number of Individuals to Receive Services	Estimated Number of Sessions to be Provided	Number of Individuals Who Received Services	Number of Sessions Provided	Number of Individuals Who Received Services	Number of Sessions Provided
Column A	Column B	Column C	Column D	Column E	Column F	Column G
Level 1 Provider Network Training						
Level 2 Provider Network Training						
HE/RR HIV/AIDS Information Session						
HE/RR Individual Level Prevention Counseling	87	87				
HE/RR Skills Building Workshops (single session)	113	24				
HE/RR Skills Building Workshops (multi-session)						
HE/RR Other Event Format						
HIV CTRS at SUD Treatment Provider (include site type/site number on separate attachment)						
HIV CTRS at Other Locations (include site type/site number on separate attachment)						
Outreach						
TOTALS	200	111	0	0	0	0
OUTREACH ONLY	Plan <input type="checkbox"/> Original <input type="checkbox"/> Revised		Report Due Date: April 30, 2010		Report Due Date: Jan. 31, 2011	
	Estimates		1st Six Months--Actual #'s		2nd Six Months--Actual #'s	
Number of Interventions that will result in referral to substance use disorder (SUD) treatment						
Number of referred individuals that follow-through on referrals						
Number of HIV tests (CTRS) to be conducted		50				
Number (%) of HIV CTRS anticipated to be positive results		0%		0%		0%

Appendix V

COMMUNICABLE DISEASE PROVIDER INFORMATION PLAN/REPORT: Fiscal Year 2010

CA: Pathways/NorthCare CA		Provider: Western Upper Peninsula District Health Dept			Date Submitted/ Revised:	
No. of CD Providers Under Contract with the CA: 2						
CA Contact Person and E-mail Address: Robert Mellin, rmellin@up-pathways.org						
For each intervention listed below and provided in the CA's region, please complete the following information:						
EVENT	Plan: Original Plan <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revised		Report 1st Six Months--Actual #'s Due Date: April 30, 2010		Report 2nd Six Months--Actual #'s Due Date: Jan. 31, 2011	
	Estimated Number of Individuals to Receive Services	Estimated Number of Sessions to be Provided	Number of Individuals Who Received Services	Number of Sessions Provided	Number of Individuals Who Received Services	Number of Sessions Provided
Column A	Column B	Column C	Column D	Column E	Column F	Column G
Level 1 Provider Network Training						
Level 2 Provider Network Training						
HE/RR HIV/AIDS Information Session						
HE/RR Individual Level Prevention Counseling	181	181				
HE/RR Skills Building Workshops (single session)	144	12				
HE/RR Skills Building Workshops (multi-session)						
HE/RR Other Event Format						
HIV CTRS at SUD Treatment Provider (include site type/site number on separate attachment)						
HIV CTRS at Other Locations (include site type/site number on separate attachment)						
Outreach						
TOTALS	325	193	0	0	0	0
OUTREACH ONLY	Plan <input type="checkbox"/> Original <input type="checkbox"/> Revised		Report Due Date: April 30, 2010		Report Due Date: Jan. 31, 2011	
	Estimates		1st Six Months--Actual #'s		2nd Six Months--Actual #'s	
Number of Interventions that will result in referral to substance use disorder (SUD) treatment						
Number of referred individuals that follow-through on referrals						
Number of HIV tests (CTRS) to be conducted		120				
Number (%) of HIV CTRS anticipated to be positive results		0%		0%		0%

Communicable Disease Narrative

Outline

Introduction

NorthCare CA offers preventive education, testing and referral services for persons with substance use disorders that are at high risk for acquiring communicable diseases.

Current service providers and contracts

NorthCare CA meets the Prevention Policy #02 requirements by contracting with two providers and by linking with other grant providers to meet the needs of substance abusing clients. The CA has currently contracted with the Western Upper Peninsula District Health Department and the Marquette County Medical Care Access Coalition. Additional services are utilized through the Sault Tribe of Chippewa Indians through grants that they receive. All clinicians in the NorthCare Provider Network are trained to meet Level 2 requirements. New clinicians will continue to be trained to that level. Level 2 face-to-face trainings will be offered every other year. A Level 2 training DVD has been developed to be used by provider staff unable to attend the direct trainings and/or new staff. Direct-care staff are expected to train their support staff to meet Level 1 requirements per contract.

Services offered in local region

The Western Upper Peninsula District Health Department offers HE/RR Skill Building Workshops for our residential provider in the Western UP (Phoenix House). The Marquette County Medical Care Access Coalition provides the Level 2 training to all of our network providers. The Sault Tribe of Chippewa Indians performs HIV testing and prevention education sessions for all clients who are admitted into residential services at admission. All NorthCare clients admitted to residential services receive TB testing at admission through the treatment program. All clients admitted to outpatient services are screened by level 2 - trained network providers at admission. Appropriate referrals for testing and treatment services are made at that time. The NorthCare CA district continues to have a low incident rate for communicable diseases. This and a low, provider staff "turn-over" rate improve communicable disease services to substance abusing clients.

Future Directions for fiscal years 2010/2011

NorthCare CA will continue to train new clinicians to meet level two requirements. Targeted and focused trainings on specific topics will be provided as needs are identified. A needs assessment will be completed by each provider's clinical staff to better direct the educational interventions. A new training for providers will be developed this year to update the information with the latest available research findings. This includes a new Level 2 DVD. The NorthCare CA will continue to make available access to a HAPIS trained professional for technical assistance. The current contract providers will be utilized to offer the prevention education, testing and referral services that are currently offered.

TREATMENT CONTINUUM OF SERVICES OFFERED

Service Provider Type	Total <u>Number</u> of Provider Agencies Providing This Type of Service	<u>Number</u> of Agencies Providing This Type of Service Inside and Outside the CA Region	For Provider Agencies within the CA Region Complete the Following Information Regarding Geographic Location (Indicate the <u>number</u> of providers fitting each description item)
Outpatient (includes IOP)	26	In <u> 24 </u> Out <u> 2 </u>	<ul style="list-style-type: none"> • Setting: Urban _____ Rural <u> 24 </u> Suburban _____ Urban/Suburban Location: North _____ South _____ East _____ West _____ • Serves Multiple Counties <u> 24 </u>
Residential	11	In <u> 7 </u> Out <u> 4 </u>	<ul style="list-style-type: none"> • Setting: Urban _____ Rural <u> 7 </u> Suburban _____ Urban/Suburban Location: North _____ South _____ East _____ West _____ • Serves Multiple Counties <u> 7 </u>
Medication Assisted Treatment	5	In <u> 2 </u> Out <u> 3 </u>	<ul style="list-style-type: none"> • Setting: Urban _____ Rural <u> 2 </u> Suburban _____ Urban/Suburban Location: North _____ South _____ East _____ West _____ • Serves Multiple Counties <u> 2 </u>
Case Management	23	In <u> 20 </u> Out <u> 3 </u>	<ul style="list-style-type: none"> • Setting: Urban _____ Rural <u> 20 </u> Suburban _____ Urban/Suburban Location: North _____ South _____ East _____ West _____ • Serves Multiple Counties <u> 20 </u>
Early Intervention	18	In <u> 16 </u> Out <u> 2 </u>	<ul style="list-style-type: none"> • Setting: Urban _____ Rural <u> 16 </u> Suburban _____ Urban/Suburban Location: North _____ South _____ East _____ West _____ • Serves Multiple Counties <u> 16 </u>
Peer Recovery/Recovery Support	6	In <u> 4 </u> Out <u> 2 </u>	<ul style="list-style-type: none"> • Setting: Urban _____ Rural <u> 4 </u> Suburban _____ Urban/Suburban Location: North _____ South _____ East _____ West _____ • Serves Multiple Counties <u> 4 </u>
Integrated Treatment	17	In <u> 14 </u> Out <u> 3 </u>	<ul style="list-style-type: none"> • Setting: Urban _____ Rural <u> 14 </u> Suburban _____ Urban/Suburban Location: North _____ South _____ East _____ West _____ • Serves Multiple Counties <u> 14 </u>
Women’s Specialty	8	In <u> 7 </u> Out <u> 1 </u>	<ul style="list-style-type: none"> • Setting: Urban _____ Rural <u> 7 </u> Suburban _____ Urban/Suburban Location: North _____ South _____ East _____ West _____ • Serves Multiple Counties <u> 7 </u>
Acupuncture	1	In <u> 1 </u> Out <u> 0 </u>	<ul style="list-style-type: none"> • Setting: Urban _____ Rural <u> 1 </u> Suburban _____ Urban/Suburban Location: North _____ South _____ East _____ West _____ • Serves Multiple Counties <u> 1 </u>

Appendix VII

TREATMENT CAPACITY				
Special Populations				
Population	Services Available			Number of Providers at Each Level of Care
Women with Children	Sub Acute Detox	√ Yes	No	No. <u> 2 </u>
	Residential	√ Yes	No	No. <u> 3 </u>
	Out Patient (includes IOP)	√ Yes	No	No. <u> 7 </u>
	Medication Assisted Treatment	√ Yes	No	No. <u> 1 </u>
Adolescents	Sub Acute Detox	Yes	√ No	No. <u> 0 </u>
	Residential	√ Yes	No	No. <u> 1 </u>
	Out Patient (includes IOP)	√ Yes	No	No. <u> 23 </u>
	Medication Assisted Treatment	Yes	√ No	No. <u> 0 </u>
Persons with Co-Occurring Disorders	Sub Acute Detox	√ Yes	No	No. <u> 2 </u>
	Residential	√ Yes	No	No. <u> 3 </u>
	Out Patient (includes IOP)	√ Yes	No	No. <u> 13 </u>
	Medication Assisted Treatment	√ Yes	No	No. <u> 1 </u>
Older Adults	Sub Acute Detox	√ Yes	No	No. <u> 3 </u>
	Residential	√ Yes	No	No. <u> 6 </u>
	Out Patient (includes IOP)	√ Yes	No	No. <u> 24 </u>
	Medication Assisted Treatment	√ Yes	No	No. <u> 2 </u>
Special Services for Increasing Access to Treatment				
Special Service	Is the Service Offered		Number of Providers That Offer This Service	
Transportation Assistance	√ Yes	No	No. <u> 8 </u>	
Appointment Reminders	√ Yes	No	No. <u> 24 </u>	
24 Hour Call Line	√ Yes	No	No. <u> 24 </u>	
Provider Incentives	√ Yes	No	No. <u> 2 </u>	
Other <u> Increased Service Hours </u>	√ Yes	No	No. <u> 5 </u>	
Other <u> Follow-up Letters </u>	√ Yes	No	No. <u> 24 </u>	
Other <u> Informed Tx Options </u>	√ Yes	No	No. <u> 24 </u>	
Other <u> Advertising, Health Fairs, etc. </u>	√ Yes	No	No. <u> 14 </u>	

HIGH SERVICES UTILIZATION FORM/TABLE

Client Type	Average Age Group	Drug of Choice	Percent Having co-occurring Disorder	Average Length of Stay	Social Factors/Descriptors and Additional Contributing Factors – such as: transportation, employment, housing, legal involvement, educational, low family involvement, service location, physical/medical, financial, other
Most Expensive Adult Client Type: <i>Pregnant Opiate Addict needing Methadone</i>	23 Years of Age	Opiates	78% (Mild-Mod.)	137 + Days during Pregnancy (one client has not yet given birth)	9 Pregnant Opiate Addicted Clients in NorthCare CA Region over last 5 Years needing Methadone Treatment, which is not available in NorthCare CA region <ul style="list-style-type: none"> • 89% Unemployed • 56% on Probation or Awaiting Sentencing • 12 Years of Education, average • 44% IDU • 44% already had 2 or more children, while 22% had one child already • 1 mom murdered & child with CPS; 3 lost custody of children, 1 at risk of losing custody of children; 3 still have custody of children; 1 still pregnant (DHS/CPS) • 78 % White ; 22% Native American
Most Expensive Adolescent Client Type: <i>Youth with Legal Involvement</i>	14.6 Years of Age	Alcohol for 50% Marijuana for 50%	88% (Mild-Mod.)	50.6 Days in Residential	In the last 1.5 years, 80% of the 10 most expensive Youth had Legal Involvement. <i>Of these 8 clients:</i> <ul style="list-style-type: none"> • 63% Female; 37% Male • 75% White; 25% Native American; • 13% IDU • 8.38 Years of Education, average.

HIGH SERVICES UTILIZATION FORM/TABLE, continued

Service Type	Average Age Group	Drug of Choice	Percent Having co-occurring Disorder	Average Length of Stay	Social Factors/Descriptors and Additional Contributing Factors – such as: transportation, employment, housing, legal involvement, educational, low family involvement, service location, physical/medical, financial, other
Most Expensive Service Type – Adult: Methadone Residential, out of Region	23 Years of Age	Opiates	78% (Mild-Mod.)	137 + Days during Pregnancy (one client has not yet given birth)	9 Pregnant Opiate Addicted Clients in NorthCare CA Region over last 5 Years needing Methadone Treatment, which is not available in NorthCare CA region: <ul style="list-style-type: none"> • 89% Unemployed • 56% on Probation or Awaiting Sentencing • 12 Years of Education, average • 44% IDU • 44% already had 2 or more children, while 22% had one child already • 1 mom murdered & child with CPS; 3 lost custody of children, 1 at risk of losing custody of children; 3 still have custody of children; 1 still pregnant (DHS/CPS) • 78 % White ; 22% Native American
Most Expensive Service Type – Child/Adolescent: Youth Residential	15.68 Years of Age	Alcohol for 38% Marijuana for 51% Opiates for 8% Amphetamines for 3%	32% (Mild-Mod.)	34.56 Days in Residential	Youth Residential Services: in the last 1.5 years: <ul style="list-style-type: none"> • 37 Youth Residential Admissions • 81% had Legal Involvement • 49% Female; 51% Male • 70% White; 30% Native American • 8% IDU • 9.3 Years of Education, average