

Attachment A

Pathways/NorthCare Network Strategic Prevention Framework State Incentive Grant STRATEGIC PLAN

Vision, Mission and Goals for Eastern Upper Peninsula Region

(Alger, Chippewa, Delta, Luce, Mackinac, Marquette, Menominee, Schoolcraft)

Regional Vision

The Eastern Upper Peninsula is a safe community that promotes healthy attitudes, perceptions and behaviors regarding alcohol and other drug use.

Regional Mission

To reduce high-risk drinking behaviors that lead to alcohol –related traffic crash deaths and related consequences

Goal 1: To prevent alcohol-related traffic crash deaths and related high risk drinking behaviors and consequence

Objective 1.1 By December 30, 2008, plan and implement an eight-county “High Risk Drinking and Alcohol-Related Traffic Crash” Media Campaign that reaches 80% of our population that results in a reduction of alcohol related traffic crash deaths.

Objective 1.2 By December 30, 2008, a minimum of 10 law enforcement efforts will be highlighted resulting in an increase in “perceived risk of enforcement” that results in a reduction of alcohol related traffic crash deaths.

Goal 2: Promote Healthy and Responsible Lifestyles that Reduce High-Risk Drinking Behaviors

Objective 2.1 Adopt or expand 0013 Program or similar responsibility initiative in all Eastern Upper Peninsula Coalitions by December 30, 2008 resulting in a reduction of alcohol related traffic crash deaths.

Objective 2.2 Increase strategies by 15% that promote healthy lifestyles through evidence-based and/or best practice programs that develop skills and protective factors for youth within each eastern Upper Peninsula County by December 30, 2008.

Goal 3: Strengthen Services and Systems to Reduce High-Risk Drinking Behaviors

Objective 3.1 Develop and maintain at least one local Coalition in each county who follows CMCA Model including sustainability strategies by December 30, 2009 resulting in a reduction of alcohol related traffic crash deaths.

Objective 3.2 Identify and eliminate three barriers to treatment for youth by December 30, 2009 resulting in a reduction of alcohol related traffic crash deaths.

Objective 3.3 Develop a plan and strategies to collect data relevant on Native Americans and other high risk populations in the Eastern Upper Peninsula by December 30, 2008

SUMMARY OF SPF/SIG PROPOSAL January 8, 2008

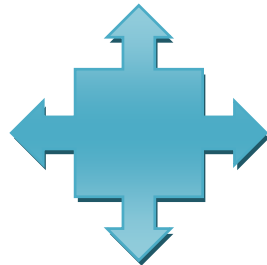
The Pathways/NorthCare Network Substance Abuse Coordinating Agency conducted an 8-county Needs Assessment as well as 8-county Community Discussions over the summer and fall of 2007. The purpose of the Needs Assessment and Community Discussions was to identify and understand the issues of Alcohol Related Traffic Crash Deaths and related consequences as they pertain to each county. The CSPPC was convened and from there, the CEW was developed. The CEW took on the responsibility of reviewing, evaluating and prioritizing the data and community discussion material. The CEW, then, presented their findings to the CSPPC to begin the process of developing a regional Strategic Plan.

Chippewa, Delta and Marquette counties emerged as the front runners in terms of numbers of deaths as well as higher populations than the other smaller, more rural counties. While there are much higher numbers with regard to the alcohol-related consequences than actual deaths, it should be noted that the eastern 8 counties reported 60 Out of 64 total U.P. alcohol related traffic crash deaths during our five year review period. Between 2002 and 2006, this region experienced 1,440 alcohol-related crashes resulting in 60 alcohol-related traffic crash deaths. There were 588 alcohol-related personal injury crashes resulting in 833 people being injured. Of the 453 drunk drivers involved in alcohol-related crashes (2003-2005), 144 (32%) suffered incapacitating injuries as a result of the crash. In 2005, five of the eight counties in the region were above the State average in the number of alcohol-related fatal crashes per 1,000 residents. Each of the eight counties, except Alger County, has been above the state average at least once in the last four years (2002-2006.) Between 2003 and 2005, there were 631 suspended licenses as a result of implied consent. There were 4,054 convictions for OUIL and driving while impaired during the same period. Estimates indicate that there are at least 50 alcohol-related poisonings and on average 39 people die each year due to chronic alcohol use in the region. An estimated

27 babies are born with FASD each year. Currently, there are at least 2,022 individuals with FASD in the region. The estimated minimum cost to the region for their care is \$5,330,031 annually. There is no question that high risk drinking costs our U.P. taxpayers a lot of money. Findings other than the ARTCD identified data information gaps for hospitals and emergency rooms and as well as our Native American reservations.

In assessing capacity, it should be noted that some of the established substance abuse prevention contracts are currently providing evidence-based programming (C.A. contract requirement) such as Prime for Life-Under 21 which is directed to youth who have had drunk driving convictions. However, each and every county community discussion indicated the need to expand and enhance those particular services to include adults. With that said, Prime for Life now has developed an adult component. Serious emerging concerns related to prescription drug abuse took place in each community discussion. The Chippewa County Sheriff indicated that each weekend, approximately 95% of the crime committed involves alcohol abuse. CMCA was initiated in each county with the original SIG grant. However, when that grant ended, continued funding to support that initiative was very limited as was the financial support of the newly organized community coalitions. Efforts to support the enhancement and expansion of the CMCA through our community coalitions also was acknowledge through our Needs Assessment process as a priority. Further developing these partnerships will be the key to our sustainability.

In closing, an SPF/SIG RFP has been developed by the Pathways/NorthCare Network Prevention Coordinator. Every licensed program and regional coalitions in each county will have the opportunity to apply for funding relative to the regional SPF/SIG Strategic Plan. Funding priorities will be made based on the counties with the most people and most profound data. Those areas with the least resources available will also be given serious consideration. Support for the regional coalitions is also critical to our on-going efforts to impact the issue of preventing alcohol related traffic crash deaths and associated consequences.



**PATHWAYS/NORTHCARE NETWORK
SUBSTANCE ABUSE COORDINATING AGENCY**

November - FY 07/08

**STRATEGIC PREVENTION FRAMEWORK/STATE INCENTIVE GRANT
STRATEGIC PLAN**

***Alger, Chippewa, Delta, Luce, Mackinac, Marquette, Menominee and
Schoolcraft Counties***

INTRODUCTION

In October of 2004, the Michigan Department of Community Health/Drug Control Policy (ODCP) received a Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Prevention (SAMHSA/CSAP) 5-year incentive grant to build prevention capacity and infrastructure, to prevent the onset and reduce the progression of substance abuse, and to reduce substance abuse-related consequences in Michigan communities. This grant is known as the Strategic Prevention Framework State Incentive Grant (SPF/SIG).

State-level implementation of SPF/SIG began in 2004 with a comprehensive data review by the State Epidemiological Workgroup who submitted their findings to the SPF/SIG Advisory Group, the Inter-Governmental Workgroup and the Michigan Association of Substance Abuse Coordinating Agencies. As a result, the statewide priority problem of “Alcohol-Related Traffic Crash Deaths” was identified. Michigan Communities then had the opportunity to apply for SPF/SIG Phase I funding to be used to conduct a regional Needs Assessment and for local planning efforts. Communities receiving SPF/SIG funding were required to address Alcohol-Related Traffic Crash Deaths as a priority problem.

In May of 2007, Pathways/Northcare Network Substance Abuse Coordinating Agency submitted a proposal for Phase I SPF/SIG funding to facilitate a regional needs assessment and comprehensive region-wide strategic planning for substance abuse prevention efforts. The region includes the eight counties currently served by the Northcare Network Coordinating Agency: Alger, Chippewa, Delta, Luce, Mackinac, Marquette, Marinette, and Schoolcraft. The proposal was accepted and work commenced.

The SPF/SIG Strategic Plan for NorthCare Network substance abuse prevention services was developed as the result of an 8-county community needs assessment. Along with an intense review of available local data as well as state-provided data by the CSPPC and the CEW, community discussions were also held in which perceptions, ideas and solutions were discussed relative to alcohol-related traffic crash deaths and the wide variety of “side effects” that result from high risk and binge drinking by both youth and adults in our region. That information was also included and considered in the development of the regional Strategic Plan. Each community discussion was hosted by the C.A. and the local Community Coalitions. A face to face meeting to discuss their data was the first step in the development of community partnerships that will eventually contribute to our sustainability plan. Personal “buy in” from community members is a useful and successful strategy when sustainability has to be part of the plan.

PRIORITY PROBLEMS and PURPOSE

PURPOSE AND SCOPE

The objective of Phase I SPF/SIG was to conduct a regional needs assessment and develop a regional strategic plan for substance abuse prevention efforts to specifically address alcohol-related traffic crash deaths as a priority problem. Key to the understanding of substance use and abuse consequences, and specifically, alcohol-related traffic crash deaths, was the development of a comprehensive needs assessment detailing usage patterns and current prevention efforts. The needs assessment would provide a clear picture of problems, issues, and potential prevention strategies for use in developing both local and regional plans.

METHODOLOGY

The assessment was led by a team consisting of Project Manager Merrilee Keller, Prevention Coordinator for the Pathways/Northcare Network Substance Abuse Coordinating Agency, George Sedlacek, Health Education Supervisor at the Marquette County Health Department, Judy Watson Olson, President of Great Lakes Center for Youth Development (GLCYD), and Karen Dubow and Martha Parks, consultants with GLCYD. This group met regularly throughout the process, conducted needs assessment activities, maintained communication with local coalitions, and provided support to the work of the regional Community Strategic Prevention Planning Collaborative (CSPPC) and the Community Epidemiological Workgroup (CEW): The CSPPC membership included chairpersons of county substance abuse prevention coalitions, treatment and prevention specialists and providers, and other key sector stakeholders recruited by the Project Manager. The role of the CSPPC was to serve as the planning body for the region. CEW membership consisted of a select group of volunteers from the CSPPC. The CEW's primary responsibility was to review and analyze the data from the assessment in order to guide the work of the CSPPC. (A list of all participants in the assessment process and others invited to participate can be found in Appendix A.) GLCYD facilitated the process, collected the data, and prepared it for review.

The CSPPC met for the first time on June 20th, 2007 in Marquette. Using the SPF/SIG recommendations provided by the MDCH/ODCP, the planning team presented the logic model and a preliminary look at the available data. The CSPPC completed a survey at the meeting to identify additional data needs (Appendix B.) During July, data was collected for all eight counties and reviewed by the CEW. (A list of data sources is supplied in Appendix C.) Spreadsheets were developed as a way to easily review and compare data across all eight counties (see Appendix D.) Individual data sheets for each county were compiled (Appendix E). This information was used to design presentations to gather additional input from county coalitions across the region.

Over the next eight weeks, the planning team traveled to all eight counties to present the data and to facilitate community discussions around the priority problem area. A total of 120 participants were involved in these meetings, representing education, public and private health organizations, law enforcement, youth and youth-serving organizations, businesses and civic groups, media, parents, seniors and religious organizations. Participants shared specific local issues and challenges related to the prevention of substance abuse and the provision of prevention and treatment services. Community input was sought to specifically identify how the priority issue, alcohol related traffic crash deaths, could be more effectively addressed. In addition, written surveys to assess local capacity needs were completed by 101 individuals (see Appendix F). A summary report of the community discussion meetings, data summaries for each county, and the discussion notes from each meeting is reported in Appendix G.

The CEW met in August to approve the final data report, review the results of the community discussions, and identify emerging themes for the development of the regional plan. The CSPPC then met to review the data and results from the community discussions. In a subsequent

planning session, the CSPPC developed goals and objectives for the regional strategic plan which would guide the local coalitions in the writing of their own local plans.

The SPF/SIG Logic Model supplied by the State was a key tool used to manage the information and keep the task focused. A final assessment logic model is presented in Appendix H.

RESULTS

Consumption: It was not surprising to learn that the rate of heavy drinking among adults in the region averages **2.7% above the state average**. Binge drinking averages **4.4% above the state average**. Most participants in the process had the sense that drinking rates are high due to pervasive social and family norms that make alcohol use fairly commonplace. For Native Americans, the rate of binge drinking is 7.7% higher than the State average: Sixty percent of Native Americans seeking treatment are diagnosed as “alcohol dependent” and 40% as “alcohol abusers.”

Underage drinking data was more shocking, especially for those who are not involved with youth on a daily basis. For 52% of youth in the region, first-time use begins by age 14. Fifty percent (50%) of the Native American youth report using alcohol prior to age 13. The binge drinking rate for high school youth is 28%, and for college students nearly 46%.

According to the community discussions, abuse of prescription drugs appears to be an emerging issue for both youth and adults in all eight counties, though exact numbers are not known and evidence is anecdotal at this time.

Consequences: Between 2002 and 2006, this region experienced 1,440 alcohol-related crashes resulting in 60 alcohol-related traffic crash deaths. There were 588 alcohol-related personal injury crashes resulting in 833 people being injured. Of the 453 drunk drivers involved in alcohol-related crashes (2003-2005), 144 (32%) suffered incapacitating injuries as a result of the crash.

Drinking drivers between the ages of 21-45 are responsible for 62% of all alcohol-related crashes while under-age drinking drivers are involved in 13% of all alcohol-related crashes. Alcohol-related traffic crashes constitute 4% of all traffic crashes, 28% of all fatal crashes, and 50% of all traffic crash fatalities.

In 2005, five of the eight counties in the region were above the State average in the number of alcohol-related fatal crashes per 1,000 residents. Each of the eight counties, except Alger County, has been above the state average at least once in the last four years (2002-2006.)

Between 2003 and 2005, there were 631 suspended licenses as a result of implied consent. There were 4,054 convictions for OUIL and driving while impaired during the same period.

Estimates indicate that there are at least 50 alcohol-related poisonings and on average 39 people die each year due to chronic alcohol use in the region. An estimated 27 babies are born with FASD each year. Currently, there are at least 2,022 individuals with FASD in the region. The estimated minimum cost to the region for their care is \$5,330,031 annually.

Beyond FASD-related costs, alcohol abuse costs the region roughly \$241 million annually in medical costs, lost earnings, specialty services, and costs related to alcohol-involved crashes, fires, crimes, etc. Of this, \$93.6 million is due to alcohol-related traffic crashes and costs associated with medical care, lost wages, property damage/loss, public services and quality of life reductions.

Knowledge Gaps: Despite a solid understanding of available statistics, several issues could be strengthened with additional data. One of these need areas is youth data, as it is not available in all counties. The key data source used for this assessment was the “Profiles of Student Life Attitudes and BehaviorTM,” survey, a product of the Search InstituteSM and the Sidebar Survey administered in 2006 in Marquette, Alger, Chippewa, and Mackinac Counties by the Great Lakes Center for Youth Development in partnership with local school districts and the Marquette County Health Department. In some counties, the “Profiles” data was available but it was several years old. In other counties, there was no comparable data and while it is generally felt that there are more similarities than differences among Upper Peninsula youth, it would be advantageous to have specific local information on which to develop future prevention efforts.

Adequate current data on the local population of Native Americans as it relates to substance use for either youth or adults is lacking. The data used was based on subsets of data compiled by various agencies and is therefore fairly general. Given that Native Americans are the largest minority population in the region, it would be beneficial to obtain more comprehensive data upon which to base future planning efforts for this population.

Currently, hospital/emergency room data is not consistently gathered or centrally reported, leaving a gap in knowledge about other alcohol-related consequences such as home, work, or recreational injuries and/or deaths, alcohol poisonings, domestic violence, and child abuse. Establishing a method for collecting standardized information from the region’s hospitals would strengthen the region’s ongoing needs assessment efforts.

LINKAGES AND CONNECTIONS

In the area of law enforcement, inadequate funding experienced by state and local law enforcement agencies poses a challenge to effectively enforcing laws related to alcohol use. Additionally, the large geographic area and the limited population per square mile make it difficult for small local agencies to respond effectively to local needs. As a result, there is a perception that law enforcement efforts are not sufficient.

Where alcohol violations are concerned, there may not be any legal consequences unless or until the offense involves other potentially more serious outcomes. Thus, first and second offenses are frequently handled informally and serious legal consequences often are not administered until after the second or third violation. This not only perpetuates the social message that this is not to be taken seriously, but also makes it more difficult for legal consequences to impact the behavior.

In other cases, potential consequences of legal action are not well known such as the fact that MIP convictions become part of one’s permanent record and may affect future employment and educational opportunities. Further, evidence-based programs that allow for informal settlement

of charges and for alternative approaches to help prevent future problems are not well utilized. This may be because these programs are not available in every county, or the linkages between the courts and these programs have not been formally developed. In the area of retail access, it is worth noting that there is one active liquor license for every 309 people in this region – more than double the per capita rate for the state (675/person).

While efforts aimed at selling to minors has decreased youth access to alcohol via retail means, youth are still exposed to alcohol-related messages on nearly every street corner. Bars are known to serve minors in some communities and many serve to intoxicated individuals beyond a limit where it would be reasonable to expect safe driving to occur.

Social access and the accompanying social and family norms are probably the region's biggest issues and the ones that may be the most challenging to address. Alcohol use is fairly common at community events, festivals and celebrations, and at family events such as graduation celebrations, weddings and reunions. Having alcohol available is the expectation. Drinking at these events is the norm. Getting drunk is frequently seen as a "right of passage," and using alcohol is perceived to be much less problematic than using marijuana or other drugs.

Roughly ½ of the youth in this region have been to parties where other kids their age were drinking. Even more disconcerting, of the students who drink, 18% say they get their alcohol from relatives, and 13% directly from their parents. Even when parents aren't directly supplying the alcohol, 44% of the youth acknowledge that alcohol is easy to obtain, and 24% feel it would be very easy to get it from home without their parent's knowledge.

As to the price of alcohol, one participant observed that "beer is cheaper than bottled water." Historically, increasing the sales tax on cigarettes, though controversial at the time, was eventually accepted as a justifiable way to pass on the costs associated with the consequences of smoking to those who were most responsible for incurring those costs. During the course of this work, many participants began to conclude that the same might prove to be true for beer and other forms of alcohol.

People do not perceive the health risks of alcohol in the same way they do the health risks of smoking or other drugs. Youth in this region (37%) feel there is no risk to moderate risk of harm associated with binge drinking once or twice each weekend and 42% of the college students rate the potential negative consequences of using alcohol as "not very important." Other health risks such as the impact on adolescent brain development, the potential for developing chronic alcohol-related diseases, and the affects of alcohol use during pregnancy are little discussed and not widely known by the general population.

When it comes to drinking and driving, some localities have developed strategies to address this by making transportation available during community events or at peak times during the weekends. Many local coalitions feel strongly that people have gotten the "don't drink and drive" message. While this may be true in some areas, 35 - 44% of the youth in the region (40% of Native American youth) reported riding with a driver who had been drinking at least once in the last year and 31% of NMU students reported riding with a drunk driver one or more times in the last 30 days. Further, up to 18% of the youth in the region report driving after drinking one or

more times in the last year and nearly 28% of the college students report driving drunk at least once in the last 30 days.

CAPACITY ASSESSMENT

According to the capacity assessment survey completed during the community discussion meetings, the community members involved in the process represented agencies that have a broad understanding of and commitment to local prevention efforts. Ninety percent (90%) of the respondents stated that their organization was involved with prevention programs and had identified prevention of youth drug/alcohol use as part of their organization's mission. Eighty six percent (86%) said members of their organization were learning about prevention programs, while 80% said that they had staff specifically assigned to activities to prevent youth drug/alcohol abuse. Eighty eight percent (88%) of the respondents felt that staff had a firm grasp of services offered in the community and could distinguish among the services offered. Eighty nine percent (89%) were willing to make programs available to staff in other organizations and 88% were willing to share prevention resources.

On an individual level, 99% of the participants expressed concern about drug and alcohol use in their community, and stated that they were personally aware of prevention programs and were interested in learning more about available programs. Ninety six percent (96%) said they spend time collaborating with others. This dedication, knowledge, commitment and collaboration will prove valuable to the region in the development and implementation of local prevention plans and regional prevention strategies.

Additionally, the region is fortunate to have a committed and knowledgeable Coordinating Agency whose staff has demonstrated a commitment to local programs and services. Coordinating agency staff, in collaboration with Health Department staff and other key stakeholders have worked diligently over the years to help develop local leadership and to form strong partnerships in each local community. The partnerships that have developed and the spirit of cooperation and collaboration that have been fostered are invaluable assets to ongoing prevention planning.

One area that would strengthen this already strong region is access to additional data to guide decision-making. The capacity of the region and of the local coalitions would be improved with more information on Native Americans, youth, and episodes of drug and alcohol use involving access to emergency room or other medical care facilities. Development of protocols designed to standardize, collect and review these data sets would be very helpful in increasing knowledge of local needs and trends and would facilitate the development of appropriate and timely interventions and prevention strategies.

On a local level, there is a need to increase and enhance evidence-based programming such as Prime for Life-Under 21 and others in all 8 counties. These programs are well-developed in several counties, are fully integrated into the continuum of services, and have been successful in reaching at-risk youth populations to prevent substance abuse, alcohol use and drunk driving. However, in some counties the programs have not been fully developed and/or have not been fully integrated into a continuum of services with strong linkages to other community services.

Even more of a need is the new component to Prime For Life which directs its message to that vulnerable young adult population and who have already entered the court system. Enhancing these programs, formalizing linkages, and implementing programs to reach other populations would strengthen the region considerably. Given the strong spirit of cooperation that is present in the region, there is every reason to believe that programs will be able to build upon prior successes and the knowledge and experience of others to make this happen on the local level.

Just as some counties are further along in programming and services, so too are some coalitions more fully developed than others. It has been shown that strong coalitions that are funded and supported are critical to successfully addressing alcohol and drug abuse prevention at the local level. These coalitions exist in each of the counties in the region, and lessons can be learned by recognizing why they have been successful. A committed local coalition with a single focus is more effective than a committee that deals with multiple issues. Local coalitions can work to develop the knowledge base among its membership and is more effective at sustaining the level of commitment necessary to be successful in these efforts. Therefore, by mentoring and supporting underdeveloped community coalitions, and by continuing to fund and support existing coalitions, the region as a whole will be made stronger.

You should note that **the \$133,677** is spread out throughout the 8-county catchment area with the emphasis directed at Chippewa, Delta and Marquette Counties based on data and statistical information gathered (Regional Work Plan-Logic Model). All county data is available for viewing on the NorthCare website

RELATIONSHIP to other Prevention Activities

Over the last three years, the NorthCare Prevention Coordinator began planning for the SPF/SIG opportunity. Training was provided to the newly organized SIG coalitions on strategic planning. Quarterly meetings were held with the coalition leaders to stay connected, discuss sustainability and share substance abuse prevention initiatives that were taking place in their communities. Deliberate connections were made to help the CA complete the Needs Assessment and strategic planning process. Discussions on this issue date back three years. Those connections became sub-contracts of Phase I and assisted the CA in the assessment and development of the strategic plan. Each coalition had opportunity to contribute to this plan which was approved by the CSPPC. The CSPPC brought together a group of dedicated individuals who also have requested the on-going quarterly meetings continue to stay current on SPF/SIG work as the result of their assessment. They accomplished a lot in terms of planning and networking thus giving the CA a seamless system to work with and contract with for substance abuse services.

COMMUNITY DESCRIPTION

Throughout this document you will see various descriptions of our community, the eastern Upper Peninsula. The CA Prevention Coordinator feels “at home” once over the bridge. While there are similarities in each county, community members are strong and indicated clearly the differences they also share. Common ground is clear: high rates of binge drinking, high rates of traffic crashes involving alcohol, very rural in nature covering many thousands of miles, struggles with the economics of our times, job losses and a shrinking mining industry, employment that may only be seasonal at its best. Each community has contributing factors but

the good news is that each community has members who are totally dedicated to providing a safe and healthy environment for their community members, young and old.

ASSESSMENT to EVIDENCE-BASED PROGRAMMING

It is the established policy of the CA that direct service programming needs to be evidence-based. Expansion of these programs is a large part of this Phase II request and should be noted for the sake of capacity building and sustainability. Over 90% of programming that are current contracts of the CA provide evidenced-based services and incorporating program components such as the Prime For Life Adult Series just makes good sense. SPF/SIG proposals will adhere to the same standard.

POPULATION-BASED & COMMUNITY-LEVEL CHANGE

Environment change will be evident throughout the projects that receive funding from this plan. The many issues that face our communities which involve alcohol are obvious, long standing and difficult to change. A comprehensive effort to facilitate change must be part of the infrastructure on every level. From policy change work to focusing our efforts on the most at risk populations we serve must be the priority. Raising the standard for and creating awareness of healthy role models in the adults who surround the children must be part of the change package. Focusing on repeat offenders and people who are continuously in trouble with law enforcement regarding alcohol use and abuse, drunk driving and binge drinking will be the primary targets for direct services. Supporting the groups of people who are dedicated to making communities safer and healthier through their coalition work will also be a priority.

CAPACITY and RESOURCES NEEDED (Budget)

Please refer to the SPF/SIG Regional Work Plan attached. An explanation of resources needed is incorporated into the plan.

TRAINING NEEDS

CMCA training will hopefully be provided throughout the 8 county catchment areas for the coalition memberships via video conferencing capabilities at regional health departments. Training of youth in the areas of public presentation and PSA development would also be included. Training staff on the standard reporting forms regarding law enforcement would be provided by an established Community Safety Specialist for the Marquette County Sheriff's Office. We hope to provide a Cultural Competency Training to make sure that all coalitions and possible sub-contract providers are able to provide services in a respectful and culturally competent manner. There will be a need to train direct service providers in the Prime For Life curriculum which now has a component that focuses on adult abuse of alcohol and who are involved with the court system as a result. Training on the new state-wide data collection system may also have to be part of the training needs. Tracking specific data as it relates to SPF/SIG dollars will also be important to the C.A.

BARRIERS for IMPLEMENTATION

Dwindling prevention funding would be the only serious barrier in our efforts to enhance and expand prevention services. For the U.P., focused interventions regarding binge and high risk

drinking and alcohol related traffic crash side effects is critical to all our substance abuse services. Drinking is such a huge part of the culture in the UP, who clearly suffers the side affects of such, that even small changes in behavior will be embraced and promoted. Changing people's thoughts and generational beliefs regarding alcohol use is and always has been our biggest challenge. But we believe that reducing high risk use can be accomplished with thoughtful, deliberate and consistent messages and services availability from all the key stakeholders in each community.

COLLABORATIVE RELATIONSHIPS

The region is fortunate to have knowledgeable, experienced and committed professionals at every level – from the provider to Coordinating Agency Director. There is a strong spirit of cooperation and collaboration throughout the region, and a willingness to try new programs and strategies. The CA has a 24-year history in the region which has been spent developing programming and professional friendships who are dedicated to service. The Prevention Coordinator has close working relationships with all the licensed prevention providers whether they receive funding from the CA or not. Most of prevention providers have been sub-contracts since the opening of the CA. These assets will assure that areas of weakness in capacity can be addressed in a reasonable time period and that goals established will be implemented successfully.

CULTURAL COMPETENCY

The CA Prevention Coordinator deliberately developed the CSPPC and the CEW to include a number of voices from the Native American Reservations in the eastern UP. There is representation from the Sault Tribe of Chippewa Indians, from the Bay Mill Indian Community, the Hannahville Indian Community and the Inter-Tribal Council of Michigan. Their voices, wisdom and experience are valuable assets to our region and their participation in this process is critical to its overall success.

SUGGESTED OUTCOMES, TIMELINES & MILESTONES

Please see the SPF/SIG Regional Work Plan for this information.