

PARTNERSHIP FOR SUCCESS III 5-Year Summary Evaluation

Lakeshore Regional Entity

A summary of activities within the Lakeshore Regional Entity region conducted between FY2016 and FY2020 funded in whole or in part by the Partnership for Success (PFS) III grant serving Mason, Oceana, and Muskegon Counties

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EXECUTIVE SUMMARY

The Partnership for Success (PFS) III grant is a federal grant received by the Michigan Department of Health and Human Services, Office of Recovery Oriented Systems of Care (OROSC). The project seeks to build healthier communities and increase behavioral health service capacity by strengthening and enhancing community-level infrastructure through community coalitions that utilize the Strategic Planning Framework to address underage drinking and prescription drug misuse among persons age 12-25.

OROSC selected the counties of Mason, Oceana, and Muskegon to participate in this project based on priority data indicators. This document details the activities during the five-year grant period and provides an analysis of data trends for targeted indicators.

Coalition Development and Capacity Building: To ensure maximum impact of PFS resources, efforts are coordinated and driven by county coalitions with the goal of preventing substance abuse and its negative impact in the community.

Muskegon County: The Coalition for a Drug Free Muskegon (DFM) County was established in 2005 and works to reduce substance abuse and related consequences by acting as an organizing body for over 50 community organizations. With 7 active committees, including an Executive Committee and Data Committee, the coalition is a well-established collaborative that has become an integral part of their community and has been recognized at both the state and national level for their initiatives and outcomes.

PFS has been instrumental in sustaining capacity of the coalition with support for strategic planning in 2017, funding for initiatives, enhanced evaluation including formative evaluations conducted in 2017 and 2019, and a ten-year outcome evaluation report.

Mason and Oceana County: The Leeward Initiative of Mason County and the LEADS Coalition of Oceana County were established with support from the PFS grant in 2016. Each coalition has since conducted needs assessments to inform strategic planning, adopted five-year strategic plans to guide efforts, established active committees working to implement the strategic plan and adopted bylaws to guide procedures. Both coalitions have continually worked to engage their community and evaluate and improve efforts.

The Leeward Initiative of Mason County, has established 9 active committees, including an Executive Committee, with 15 active voting members and 140 community partners continually receive coalition information and updates.

The Oceana County LEADS coalition has established three active workgroups, including an Executive Committee, with 21 active members, and 117 community partners continually receiving coalition information and updates. The coalition continues to partner with the youth coalition, TOPIC, to support youth-developed substance abuse prevention initiatives and annual youth summit.

Interventions and Implementation: PFS funds have been used to support the following:

- Prime for Life (PFL): This program uses motivational intervention in a group setting to prevent alcohol and drug problems through early intervention. Twenty-six series were provided serving 152 individuals.
- Strengthening Families Program (SFP): This program for Parents and Youth ages 10-14 works to reduce youth substance use through family skills training. Eighteen series have been provided serving 206 individuals.
- Community Trials to Reduce High-Risk Drinking: This collaborative model works to address underage and young adult alcohol misuse. This program seeks to reduce minor's access to alcohol, improve responsible alcohol retailing, improve visible enforcement, and enhance a community's ability to respond collaboratively to prevent alcohol misuse.
- Prescription Drug Misuse Prevention: Each coalition established a workgroup to address the opioid crisis. Efforts worked to reduce inappropriate over-prescribing of opioid medications, improving community awareness of the risks of prescription opioids, supporting medication disposal to reduce access, improving response to identifying and supporting those experiencing opioid addiction, and enhancing efforts to reduce opioid related overdose deaths.
- Screening Brief Intervention and Referral (SBIRT): An evidence-based practice used to incorporate screening for problematic substance use in health care settings, followed by a brief intervention by the provider, and referring to additional services, if appropriate.

Regionally, a brief self-screening assessment for parents was developed which provides personalized recommendations for local resources and referrals to programming. An interactive screening tool was added to the TalkSooner.org website and distributed through health care providers.

Trends in Targeted Data Indicators: The LRE established metrics to track changes in data related to priorities established by the PFS III grant. For details, refer to Attachment A. Highlights include:

- ***Underage Alcohol Use:*** 14%↓ in lifetime use and a 34%↓ in recent alcohol use among high school students between 2014 and 2020 while statewide rates increased slightly.
- ***Prescription Drug Misuse:*** 40%↓ in recent misuse of prescription painkillers among high school between 2014 and 2020, and a 33%↓ decrease in recent misuse of any prescription medication between 2016 and 2020. Statewide data not available.
- ***Opioid Overdose Deaths:*** In 2015, the LRE PFS region rate of opioid overdose deaths (per 100,000 residents) was higher than statewide. The region's rate has since decreased while statewide rates have increased to greater than that of the region.
- ***Opioid Prescribing:*** 24%↓ in the rate of opioid prescriptions dispensed to residents in the LRE PFS region between 2015 and 2018. State-wide rates were continually lower than the region with slightly less improvement (21%↓).

I. COALITION DEVELOPMENT ACTIVITIES

As part of PFS efforts, the Mason and Oceana Counties established coalitions and developed 5-year strategic plans during Year 1. Since then, the coalitions have continued to grow and are using the Strategic Prevention Framework (SPF) to enhance community level infrastructure through linkages with primary care, and to address underage drinking and prescription drug misuse and abuse among youth and young adults.

Muskegon County has a well-established coalition, The Coalition for a Drug Free Muskegon. The Coalition for a Drug Free Muskegon (DFM) County was established in 2005 and works to reduce substance abuse and related consequences by acting as an organizing body for over 50 community organizations. PFS support has been instrumental in sustaining capacity of the coalition.

Mason County:

During Year 1 of the grant, Mason County established a new community coalition with the goal of preventing substance abuse among youth and young adults. Mason County engaged 65 participants in the strategic planning process. Participants included representatives from law enforcement, education, the courts, media, youth-serving organizations, behavioral health, healthcare, businesses, faith-based organizations, and parents.

The coalition began by developing the following mission statement to guide the planning process: “Working together to achieve a reduction in substance abuse by increasing understanding, ensuring treatment services, and supporting our families and community.”

The group reviewed local data available to inform the substance abuse problems including the Michigan Profile for Healthy Youth 2014. State and national comparison data was reviewed from the Youth Risk Behavior Survey conducted by the Center for Disease Control. Review included an overview of youth substance use rates followed by more in-depth review for the top drugs of abuse, including alcohol, tobacco, marijuana, and prescription drugs.

Based on this data review and stakeholder input, the coalition developed problem statements. Data for some of the problem statements was not available at this meeting but prioritized based on stakeholder input. Additional data collection was done following these meetings to confirm and validate these priorities. Problem statements include:

- **Youth Using Alcohol at a Young Age:** Almost half (46.5%) of Mason County high school students report using alcohol at least once and almost one-fifth (19.7%) report doing so before the age of 13 (Mason/Lake MIPHY 2014).

- **Youth using Marijuana at a Young Age:** More than one-third (36.2%) of high schoolers have ever used marijuana, including 33.3% of 9th graders, and 40.4% of 11th graders with an average age of 12.9 for first use (Mason/Lake MIPHY 2014).
- **Increased Use of Opiates among Young Adults:** 15% of young adults reported having taken a prescription painkiller without a prescription in the past year and 6.3% report having used heroin at least once (Young Adult Survey 2016).
- **Synthetic Drug Use with Life-threatening Consequences:** Key stakeholders report that use of synthetic drugs (MDMA, cathinone or “bath salts”, and synthetic marijuana) and related hospitalizations have increased in recent years for middle schoolers, high schoolers, and young adults in Mason County (Stakeholder Interviews 2016).

Additional data was collected to further understand local issues impacting the identified problems. The coalition reviewed the data to determine local conditions contributing to selected problems and developed targeted strategies for local conditions.

The coalition has continued implementation of their strategic plans through action-oriented subcommittees, established leadership committees, elected leadership positions, and adopted bylaws to guide coalition procedures. In addition, the coalition has worked to raise awareness of their effort and has established orientation materials and procedures to ensure new members are well-informed and prepared to contribute to the coalition.

As of Year 5, the Mason County Leeward initiative sustained their coalition with 9 active subcommittees, including the Executive Committee with 7 members, and a workgroup for each goal area of the strategic plan including alcohol, synthetic drugs, marijuana, opioids, and recovery. The coalition has achieved representation from each of the 12 sectors recommended by the Community Anti-Drug Coalitions of America (CADCA) with 15 active voting members, and 140 community partners continually receiving coalition information and updates.

In addition, a Recovery Support Group has been established through a partnership with WCMCMH and the People's Church, and a transportation system has been developed to support people seeking treatment outside of the county.

Muskegon County:

The Coalition for a Drug Free Muskegon (DFM) County was established in 2005 and works to reduce substance abuse and related consequences by acting as an organizing body for over 50 community organizations such as schools, health care providers, law enforcement, government organizations, and civic leaders, as well as business and youth.

With 7 active committees, including an Executive Committee and a Data Committee, the coalition is a well-established collaborative that has become an integral part of their community and has been recognized at both the state and national level for their initiatives and outcomes.

Local stakeholders come together through the DFM coalition to join efforts, with coalition-implemented initiatives, as well as programs implemented by partner agencies to fulfill portions of the community-owned strategic plan. Working in this way, the collective membership of the coalition can have a larger impact through coordinated and targeted efforts that exceed what any one organization would be able to achieve independently. The Coalition has been recognized at both the state and national level for their initiatives and outcomes.

With support from the PFS grant, the coalition concluded long term strategic planning for the 3rd time with sessions during the Summer of 2017. The coalition also revised their mission statement during this planning process resulting in the mission, “To reduce substance use disorder in Muskegon County through education, prevention and treatment.”

The group reviewed local data which resulted in prioritization of problem statements:

- **Opiates:** Drug-related overdoses were the leading cause of accidental deaths in Muskegon county resulting in 39 deaths in 2015. Although entirely preventable, 95% involved opiates and of these, 89% involved multiple drugs. (2015 Medical Examiner Annual Report
- **Alcohol:** More than one-in-four (26.5%) college students in Muskegon County report binge drinking in the past two weeks and 11.9% report use three or more times per week (Core Alcohol and Drug Survey 2014).
- **Marijuana:** More than one-in-four (26.9%) HS students report using marijuana at least once with 15.3% reporting recent use (Muskegon MIPHY 2016) and 88% of persons admitted to treatment for marijuana report starting before age 18 (LRE TEDS FY2016).
- **Vaping:** Use of vaping products has increased among teens and young adults with 17.5% of HS students reporting current use (Muskegon MIPHY 2016).

Nationally among young adults (18-24), 13.6% report recent use and 35.8% report ever using (National Adult Tobacco Survey 2013-2014).

- **Maternal Smoking:** In 2013 more than one-in-four mothers who gave birth (28.8%) reported smoking during pregnancy compared to one-in-five (19.7%) state-wide. This rate has increased 31% since 2006 (from 22.0% to 28.8%). (MI Vital Statistics 2013).
- **Substance Use Disorder Treatment:** There is a large gap between initiation of substance use and admission to substance use disorder services. In FY2016, most (78%) Muskegon County residents admitted to treatment began using their primary drug of choice before the age of 25 but only 22% of admissions were for persons age 25 or younger.

Once priority problems were established, the coalition reviewed the data to determine local conditions contributing to selected problems and developed targeted strategies for local conditions.

During the entire grant period, the coalition implemented initiatives from their strategic plans through action-oriented subcommittees with PFS funds used to support efforts related to underage alcohol use and prescription drug misuse. In addition, a formative evaluation was done in 2017, and updated in 2019, with PFS support. This evaluation monitors whether the coalition has the structures, procedures, and group dynamics in place to ensure a well-functioning group that can move effectively through the Strategic Planning Process and sustain efforts over time. Upon completion of this evaluation, the Executive Committee tasks itself with improvements for the coalition.

Oceana County:

During Year 1 of the grant, Oceana County established a new community coalition with the goal of preventing substance abuse among youth and young adults. Oceana County engaged 39 participants in the strategic planning process. Participants included representatives from law enforcement, education, the courts, media, youth-serving organizations, behavioral health, healthcare, businesses, faith-based organizations, and parents.

The community began by developing the following mission statement to guide the planning process, "To achieve a measurable reduction in youth drug and alcohol use by empowering our community to embrace and engage in effective, local, data-driven strategies."

The group reviewed local data available to inform the substance abuse problems resulting in the following problem statements:

- **Youth Using Alcohol at a Young Age:** 37.3% of Oceana County high school

students report having drunk alcohol in their lifetime (Oceana MIPHY 2014).

- **Youth using Marijuana at a Young Age:** Almost one-fifth (19%) of high school students report having “ever used” marijuana, with an average age of first use being 13.5 years (MIPHY 2014).
- **Increase in opiate related overdoses and death:** Opiate related hospitalizations increased from a rate of 8.1 to 8.4 per 10,000 residents between 2008 and 2014. (Michigan Substance Use Data Repository)

Additional data was collected to further understand local issues impacting the identified problems. The coalition reviewed the data to determine local conditions contributing to selected problems and developed targeted strategies for local conditions.

Following planning, the coalition has continued implementation of their strategic plan through action-oriented subcommittees, has established leadership committees and elected leadership positions, and have adopted bylaws to guide coalition procedures. In addition, the coalition has worked to raise awareness of their effort and has established orientation materials and procedures to ensure new members are well-informed and prepared to contribute to the coalition.

The Oceana County LEADS coalition has sustained their full coalition, Executive Committee with 4 members, two active workgroups, and ad-hoc committees are established as necessary for specific projects. The coalition continues to partner with the youth coalition, TOPIC, to support youth-developed substance abuse prevention initiatives and annual youth summit. The coalition has achieved representation from each of the 12 sectors recommended by the Community Anti-Drug Coalitions of America (CADCA) with 21 active voting members, and 117 community partners continually receiving coalition information and updates.

II. OPIOID PREVENTION ACTIVITIES

Each coalition established and sustained workgroups to address the opioid crisis. Efforts worked to reduce inappropriate over-prescribing of opioid medications, improve community awareness of the risks of prescription opioids, support medication disposal to reduce access, improve identification and support for those experiencing opioid addiction, and to enhance efforts to reduce opioid related overdose deaths.

Mason County:

The Mason County Opioid Task Force met for the first time in April 2017 and has worked to collect additional data, recruited physicians and pharmacists to become involved and to gather their input on how the coalition can support them and to request feedback on task force efforts. With 10 active members, the group is working to reduce stigma of addiction and encourage people in the community to seek treatment. The workgroup continues efforts to engage community members, healthcare professionals, the courts, and local law enforcement in collaborating to address the opioid problem.

Local efforts funded in whole or in part during the grant period include:

- Media: The coalition worked in partnership with the Oceana coalition to engage local media, (the Mason County News), to run a series of articles about the local opioid issue and to promote coalition events and activities to address the opioid issue.
- Data Collection: The coalition worked with the local Medical Examiner to improve tracking and reporting of opioid related overdose deaths and healthcare and law enforcement to track overdose responses.
- Disposal: The coalition worked to increase awareness of the importance of disposing of unused medications and to increase opportunities to safely dispose of medication locally. Efforts included:
 - Creating and disseminating a flyer and poster with information about medication disposal sites and locations for receiving a medication lock box.
 - An additional permanent medication disposal unit was purchased and installed at the Scottville Police Department.
 - 900 DisposeRx packets have been distributed. Packets were provided at no cost by the Amerisource Bergen Foundation. These packets contain a blend of solidifying materials that provide a safe means of disposal of unused or expired medications which can provide a solution for residents without access to transportation. Distribution was done through community partners such as Senior Centers and Community Centers.

- Drug take-back events have served 358 households: collecting 250 pounds of medication and sharps.
- Lock Boxes: The coalition distributed medication lock boxes to support safe storage and monitoring of prescription medication in the homes. Procedures were developed, and partnerships built with 11 local agencies who have distributed 348 lock boxes to Mason County Residents.

Muskegon County:

Efforts to address prescription drug misuse began in 2010 when the Muskegon Area Medication Disposal Program began and expanded in 2016 when the coalition partnered with the Muskegon Area Opiate Task Force to reduce opioid related overdoses and deaths.

Throughout the grant period, the Coalition for a Drug Free Muskegon's Muskegon Area Medication Disposal Project (MAMDP) committee continued efforts to reduce inappropriate access to prescription medications.

The Muskegon Area Opiate Task Force: Convened in 2016 with leadership and support provided by Health West, the Muskegon Area Opiate Task Force is comprised of health officials, law enforcement and community leaders dedicated to educating the public and fighting the opioid problem.

Local efforts funded in whole or in part during the grant period include:

- Medication Disposal through the MAMDP....
 - MAMDP conducted drug-take back events twice annually in conjunction with national Drug Enforcement Agency (DEA) events to capitalize on the public awareness of properly disposing unwanted medications. Over 200 vehicles attend every event and since 2010, over 37,000 pounds of medications have been safely destroyed.
 - Ensured local permanent disposal sites and promoted awareness and availability, resulting in the establishment of 11 permanent disposal boxes at local law enforcement offices throughout the county and 6 permanent disposal boxes located at local healthcare providers and pharmacies as of August 2020.
 - Promoted awareness of the importance of proper disposal through distribution of flyers to medical providers, retirement communities, pharmacies, veterinarians, physicians, dentists, funeral homes, churches, healthcare providers, senior resources, hospice programs, schools, and colleges. Distributed press releases and provided interviews via

newspapers as well as radio and television stations. Messaging shared via social media on Facebook, Twitter, Instagram, local websites, and blogs.

- Public Health Muskegon County (PHMC) partnered with MAMDP to distribute lock boxes for safe storage of medications in the home to prevent misuse or youth access; 250 distributed at the 2019 fall event.
 - PHMC partnered with MAMDP to distribute pill organizers; distributed 100 at the 2019 fall event.
 - Promoted Fall 2019 take back event live on Wood TV 8 to advertise the event and raise awareness of the importance of safely storing and disposing of unused medications.
- An Opiate Summit has been hosted annually since 2017 to bring awareness to the ongoing opioid epidemic. The summit seeks to promote and support recovery with presentations by experts, testimonials from those in recovery, and an emphasis on available community resources. The event was well attended with over 200 attendees. In 2018, the task force focused on engaging community members rather than professionals with 50 community members in attendance. In 2019, the summit was well attended with just under 150 community members. A virtual summit is being planned for October of 2020.
- Mercy Health (MH) formed a special committee in response to analysis of overdose rates reviewed by the Task Force. The committee worked to assist the medical community with education and support for responsible prescribing practices and to encourage use of alternative methods of pain management. This internal MH committee established protocols and began disseminating best practice information at least one year before legislation passed at the state level requiring such efforts. The Task Force also held an educational event with continuing medical education credits for physicians in 2019 that focused on bias and the influence on treatment and prescribing practices with 75 healthcare professionals in attendance.
- A Social marketing campaign was developed, promoting messages on the risks of opioid prescriptions. A webpage was developed in 2019 to educate the public and provide resources and information to community residents.
- In Year 3, the Opioid Task Force, with support from HealthWest, the local community mental health services provider, provided presentations to local primary care physicians about complying with new legislation enhancing requirements for opioid prescribing. Efforts included development of consent forms for use with patients and effective use of Michigan Automated Prescription System (MAPS).

Oceana County:

The Oceana County Opioid Task Force met for the first time in March 2017 and has worked in partnership with the Mason coalition.

Local efforts funded in whole or in part during the grant period included:

- Partnered with local media, and the Mason Leeward Initiative, to engage local media to develop and run a three-part newspaper series to highlight the scope of the local opioid problem. This first article worked to engage law enforcement and the court system to share what they are experiencing. Subsequent articles are highlighting an upcoming event hosted by the coalition to engage community members around this issue.
- The coalition also partnered with Families Against Narcotics (FAN) to conduct community meetings and to explore the feasibility of beginning a FAN chapter to serve both Mason and Oceana Counties.
- Hosted a community forum titled, “Solving the Opioid Epidemic” with Phil Pabona from Families Against Narcotics (FAN), with 65 attendees.
- Visited local physician offices to provide an orientation to revised opioid prescribing requirements and better understand their support needs; provided follow-up to address identified needs.
- Distribution of lock boxes through partnership with 10 local agencies; 379 lock boxes distributed since March of 2018. The coalition garnered additional financial support through Mercy Health in 2018 and the local Children’s Trust Fund in 2020.
- Distributed DisposeRx packets which contain a blend of solidifying materials that provide a safe means of disposal of unused or expired medications and providing a solution for residents without transportation. Distribution was done through community partners such as Senior Centers and Community Centers. 1,500 packets were provided by the Amerisource Bergen Foundation at no cost to the coalition.
- Participated in a two-part medication take-back event, collecting more than 150 pounds of medication in Year 5.

III. COMMUNITY TRIALS TO REDUCE HIGH-RISK DRINKING (CTRHRD)

This program uses a community mobilization model to reduce underage and high-risk drinking through reduced youth access, responsible beverage service, and increased perceptions of risk for binge drinking and driving after drinking alcohol.

Mason County:

Mason county implemented the CTRHRD through the Alcohol Task Force, a subcommittee of the Mason Leeward Initiative Coalition. Efforts include strategies to reduce provision of alcohol to minors and to raise awareness of parents to improve communication and monitoring of their teens to prevent alcohol use.

Local efforts funded in whole or in part include:

- Tall Cop Presentation: In Year 2, Mason County hosted well-attended Tall Cop presentations on current trends in drug and alcohol use as well as signs of use among youth and young adults with 249 attendees in Mason.
- Social Hosting Campaign: During Year 4, the campaign to raise awareness of the legal consequences for providing alcohol to a minor was promoted by placing informational stickers on pizza boxes with the campaign continuing in Year 5.



Muskegon County:

Muskegon implemented the CTRHRD program through the Muskegon Alcohol Liability Initiative (ALI), a committee of the Coalition for a Drug Free Muskegon. Efforts include strategies to reduce sales of alcohol to minors, over-serving at bars and restaurants, and working to increase awareness of the risks of underage drinking, binge drinking, and of driving while intoxicated. Many of the initiatives began prior to the PFS during the coalitions ten years of Drug Free Community Support Program Funding and were able to continue during the grant period because of PFS funding.

Local efforts funded in whole or in part include:

- Party Patrol: A tip line was established in 2012 for reporting underage drinking parties so that law enforcement could intervene through a partnership with the Lakeshore Chamber of Commerce's Silent Observer program. Law enforcement continue to utilize the agreements for a multi-jurisdictional response to ensure safe and effective responses to parties with underage drinking. Awareness of enforcement efforts were promoted through a multi-tiered campaign including billboards, FaceTheBook, fliers, posters, and sidewalk graphics.

- FaceTheBook: Annual, year-round, county-wide school-based youth education campaign on the health, legal and social consequences of underage drinking with 2,170 followers on Facebook. The campaign began in 2011.
- Safe Prom: Law enforcement attend prom events each year to provide a positive presence at area proms to prevent youth drinking and drug use and has been offered to all school districts since 2012.
- Collegiate Alcohol Awareness Week: Muskegon ALI and local law enforcement team up with Baker College and Muskegon Community College for National Collegiate Alcohol Awareness Week each year. Education is provided on the dangers of drinking and driving and binge drinking. Marketing materials for the Binge Effects Campaign are provided to each school.
- Young Adult Binge Effects Campaign: This campaign began in 2017 to raise awareness of the risks of binge drinking among college students and operates in coordination with Alcohol Awareness Week. For more information on the campaign, visit www.bingeeffects.org
- Responsible Alcohol Retailing:
 - Vendor Education: Annual distribution of vendor education materials by law enforcement officers to all 300+ alcohol retailers.
 - Compliance Checks: Annual decoy operations where law enforcement visit retailers to monitor that they are not selling to individuals that are not of legal age to purchase alcohol. Failure results in a citation and each retailer that passes is recognized with a follow up letter to congratulate them and award a certificate.
 - Muskegon County Volunteer Server Training: Provide training at no cost for volunteers serving alcohol at community events.

The table below summarizes the effort each year and the corresponding rate of compliance among retailers through Year 4. It should be noted that these efforts to ensure responsible alcohol retailing have been in place since 2009 so compliance is high; efforts seek to sustain rather than increase compliance.

	<i>Retailers receiving Education</i>	<i>Compliance Checks</i>	<i>Compliance Rate</i>
Year 1	285	156	97%
Year 2	104	104	94%
Year 3	280	182	93%
Year 4	380	164	95%

Oceana County:

Oceana county implements the CTRHRD program through their Alcohol and Marijuana Task Force, a subcommittee of the Oceana LEADS Coalition. Efforts include strategies to reduce provision of alcohol to minors and to raise awareness of parents to improve communication and monitoring of their teens to prevent alcohol use.

Local efforts funded in whole or in part include:

- Social Hosting Campaign: To raise awareness of the legal consequences for providing alcohol to a minor, promoted through distribution of coasters at 10 local bars and restaurants during Year 2. The coalition also partnered with the local sheriff's department to promote messaging on their electronic message boards.

Efforts continued in Year 3 with development and distribution of counter-mats with information about the laws and consequences for providing alcohol to a minor. These counter-mats were displayed by alcohol retailers with 42 distributed in English and 47 in Spanish. Oceana County also partnered with TOPIC youth to distribute 'tickets' on automobiles parked at prom events that provided info about underage drinking and its effects on driving.

- Keep Out Project: The Keep Out work team garnered resources to put together a simulation teen bedroom to give parents an opportunity to see the ways that teens can hide alcohol or other drugs or paraphernalia. The display has been viewed by over 500 adults at 8 community events since 2017. Parents provided feedback that they were shocked and surprised at what they learned. They encouraged coalition members to reach out to more parents and provide additional opportunities for parents to participate in the experience. This project has helped the coalition establish a strong partnership with local law enforcement.
- Tall Cop Presentation: Hosted a well-attended Tall Cop presentation on current trends in drug and alcohol use as well as signs of use among youth and young adults in Year 3. At the event, the simulation teen bedroom was available for parents to better understand the ways teens hide alcohol or other drugs or paraphernalia.

IV. STRENGTHENING FAMILIES PROGRAM (SFP)

This program for Parents and Youth ages 10-14 works to reduce youth substance use through family skills training. The program includes seven two-hour sessions in which parents and youth meet separately for instruction during the first hour and together for family activities during the second hour. Sessions work to support parents in understanding the risk factors for substance use, to improve parent-child bonding, and to monitor compliance with parental guidelines and setting appropriate consequences and managing anger and family conflict. Children receive instruction on resisting peer influences to use substances.

Regional efforts worked to increase referrals to prevention programming through the development of a brief self-screening assessment for parents to self-identify for the program. This screening was added to the homepage of the Talksooner website and provides personalized recommendations for local resources as well as links to program providers if screening results warrant a referral. Screening questions were also distributed through health care providers, with a focus on pediatrician offices, directing parents to access local resources on the TalkSooner.org website.

Mason and Oceana Counties

Throughout the grant period, Mason and Oceana Counties worked to establish the Strengthening Families Program in their communities. Efforts to develop the capacity to deliver this programming began in October of 2018 through a partnership with the Children's Trust Fund to support a facilitator training.

During Year 4 the coalitions continued efforts to train the facilitators needed to deliver programming and the first program was offered in early Year 5 in partnership with a local church, serving 10 participants.

Mason secured funding from the Mason County Children's Trust Fund to purchase additional program materials in Year 5.

Muskegon County

The SFP is provided in Muskegon County by Pathways, an Arbor Circle program funded in part through PFS funds. Initial efforts sought to build partnerships throughout Muskegon County to raise awareness of the program and establish effective referral procedures from community partners. Arbor Circle joined several local collaborative groups to enhance visibility of the program and to develop relationships with potential referring organizations. They established relationships with school health centers and many of the schools in Muskegon County.

Promotional efforts included digital billboards, a Facebook ad campaign, and advertising on local buses. They also passed out post cards to promote the Talksooner website where parenting class opportunities are highlighted, including Strengthening

Families Program. The campaign achieved 199,290 impressions for the “Be a Parent” campaign and a total of 1,440 clicks to the webpage.

They continue to routinely receive referrals from Mercy Health Counseling, the primary substance use disorder treatment provider in Muskegon County, the Department of Human Services, schools, hospitals, physician’s offices, and counseling practices throughout Muskegon.

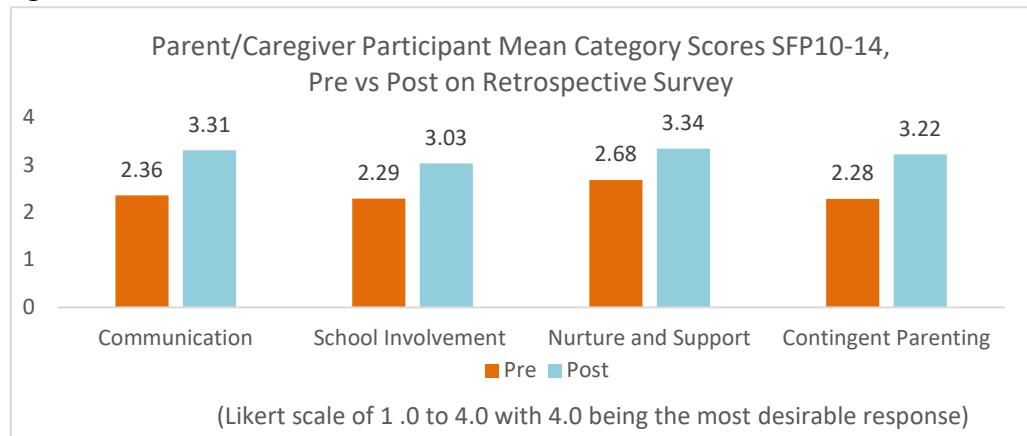
SFP programming provided in Muskegon, during the grant period include:

Grant Year	Series Provided	# Served	# Referrals Received
Year 1	5 (2 PFS funded)	– 10 caregivers – 11 youth	na
Year 2	5	– 18 caregivers – 27 youth	32
Year 3	4	– 44 caregivers – 59 youth – 15 childcare	24
Year 4	2	– 9 caregivers – 10 youth – 2 childcare	53
Year 5	1	– 5 caregivers – 4 youth – 3 childcare	10

Programming Outcomes: Programming was evaluated using a retrospective survey tool for youth and another for parent/caregiver participants. Mean scores were calculated for each item and for categories of questions to assess improvement from pre to post-test. For detailed results refer to Attachment B.

Parent/Caregiver Results: Scores for parents and caregivers participating in SFP during grant years 1 through 4 show an improvement on all 20 measures. As shown in figure 1, improvement in mean scores occurred in each category, including: contingent parenting (41%↑), family communication (41%↑), nurturing and support (25%↑), and school involvement (32%↑).

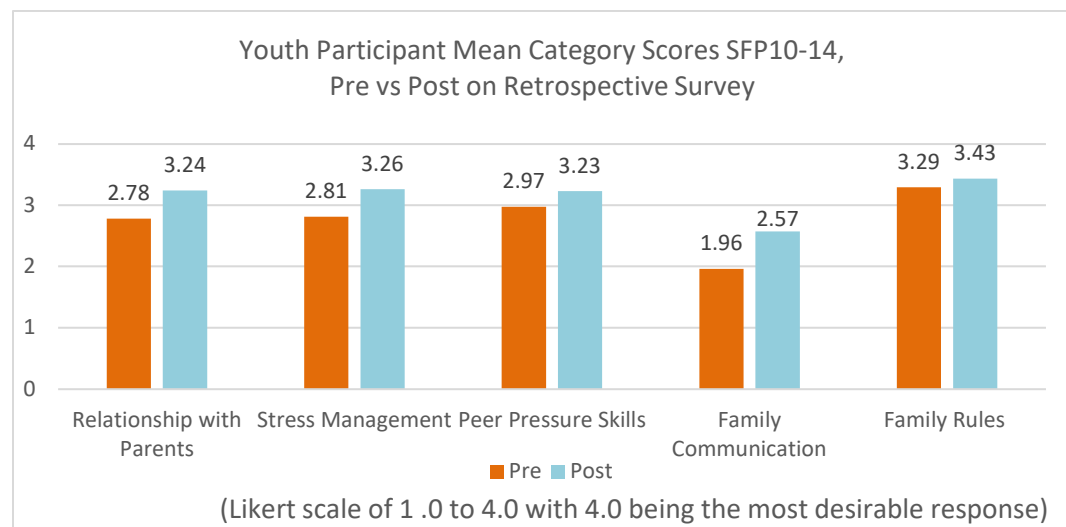
Figure 1



Feedback from parents support these results with one parent participant noting “that our children have stresses just like we do and that they have feelings just like we do. We need to listen to each other.” According to one youth participant, the most important thing they learned is “how to say no to your friends and to not do drugs.”

Youth Results: Overall scores for youth participating in SFP during grant years 1 through 4 show an improvement on all 15 measures. As shown in Figure 2, the greatest improvement in mean scores for family communication (31%↑), relationship with parents (17%↑), and stress management (16%↑). For detailed results refer to Attachment B.

Figure 2



V. PRIME FOR LIFE (PFL)

This evidence-based program uses motivational intervention in group settings to prevent alcohol and drug problems and provide early intervention when appropriate. Depending on the needs of the participants, the program can range from 4.5 to 20 hours in duration. PFL emphasizes changing participants' perceptions of the risks of drug and alcohol use and related attitudes and beliefs. Instructors use empathy and collaboration (methods consistent with motivational interviewing) to increase participants' motivation to change behavior to protect what they value most in life. Participants assess their level of progression toward addiction and develop a detailed plan for reducing risky behavior.

In March 2016, the LRE hosted a training for Partnership for Success community leaders to become trained in delivering the PFL program. In addition, evaluation procedures were developed with the creation of a pre and post-test survey in partnership with ReFocus, LLC.

Mason and Oceana Counties

During Year 2, Mason and Oceana Counties enhanced capacity to deliver Prime 4 Life programming. Staff were trained, and referral forms were developed and distributed to community partner organizations including schools, local Department of Human Services, and law enforcement and probation officers. Mason County provided one P4L session serving one individual using a one-on-one approach.

Efforts to establish referral sources continued in Year 3. Mason County met with court personnel and parole officers to discuss referral procedures and partnered with a local high school to establish a monthly P4L class at the school for youth receiving disciplinary action. Programming began in September of 2018 and resulted in 4 youth receiving one session, in lieu of suspension. Mason and Oceana county provided joint program delivery for 2 additional participants.

During Years 4 and 5, Mason and Oceana counties continued to partner with schools to offer the program as an alternative to suspension. Seven series were provided in Year 3, serving 22 individuals and in Year 4 Oceana County provided 2 series serving 10 individuals. During Year 5, Mason county provided programming to 9 participants.

Muskegon County:

Prime for Life was provided by Public Health Muskegon County. Efforts to establish community partnerships and consistent referrals were a primary focus throughout the grant period include: communication with Community Mental Health Access centers for persons seeking substance use disorder services, offering to provide treatment on-site as an early intervention program at the CMH or local treatment provider, and offering to provide on-site treatment at Teen Health Centers.

No programming was provided in Year 4 due to a lack of community interest and referrals. Alternative programming was provided using alternative funding that better

aligned with community stakeholder needs, resulting in an increase in referrals from the court system.

Throughout the grant period programming was provided to the following groups:

- Participants of the EXIT program which provides support, education and training for felony convicted young men scheduled to be released from the county jail.
- Youth in the Fresh Start program which serves 14- to 18-year-olds who are enrolled in Muskegon Public Schools involved with the court system.
- Adults in the process of transitioning from jail to home.
- Youth at the Juvenile Transition center.

Grant Year	# Series	# Sessions	# Served	Outcomes
Year 1	2	5	25	Among adult participants, 78% demonstrated an improvement at post-test; and 45% of participants achieving an 80% score or better at post-test. Among middle school participants, 41% demonstrated an improvement at post-test. Among High school participants, 11% demonstrated an improvement at post-test.
Year 2	9	75	68	Overall, 41% of participants demonstrated an improvement at post-test. Of youth participating in Universal Syllabus, 27% demonstrated an improvement at post-test. Of youth participating in the 8-hour syllabus 25% demonstrated an improvement at post-test. Among adult participants, 78% demonstrated an improvement at post-test.
Year 3	1	8	6	88% of participants demonstrated an improvement at post-test.
Year 4	0	0	0	Na
Year 5	1	4	5	Not available

VI. SCREENING BRIEF INTERVENTION AND REFERRAL (SBIRT)

Screening Brief Intervention and Referral (SBIRT) is an evidence-based practice used to identify, reduce and prevent problematic use, abuse and dependence on alcohol and illicit drugs through a process of screening in healthcare settings using standardized tools, a brief intervention by the health care professional for patients engaging in risky substance use behaviors; and referring the patient to additional services.

For Michigan, the priority identified for SBIRT within the PFS III grant was to implement SBIRT with resulting referrals to PFS III programming including Prime for Life and the Strengthening Families Programs.

In 2018, a regional effort was undertaken to assess SBIRT procedures within Federally Qualified Health Centers (FQHC) and Teen Health Centers (THC) in each county. This effort focused on identifying ways to encourage improved implementation and increase referrals to prevention programming for at-risk youth. Each county identified the relevant health centers in their county and contacted leaders within the organization to determine current screening practices

Each county met with local healthcare leaders to discuss how they could support them in connecting youth with services, to gauge their interest, to better understand potential barriers, and to identify support or resources that would be useful.

It was determined that confidentiality requirements for youth receiving a screening made external referrals to prevention programming impossible. To offset this challenge, each county began offering to provide Prime for Life (P4L) programming on-site at their local teen health center.

The regional collaborative also developed a brief screening tool for parents to self-assess for programming and provides personalized recommendations for local resources such as the Strengthening Families Program. This screening tool was added to the TalkSooner.org homepage and provides personalized recommendations for local resources and linkage to prevention programming based on results. The screening tool was also distributed through healthcare offices.

Mason and Oceana Counties:

Mason and Oceana Counties worked with local healthcare providers to assess screening and referral practices to identify opportunities for enhancement. It was determined that Mercy Health Lakeshore Campus conducts their own screening and the coalition made themselves available to support those efforts and assist with identifying local referral options.

In Oceana county, local doctors' offices and the FQHC continue to complete SBIRT during all office visits. In Mason county, the coalition monitors the use of screening and referral processes by area providers. Local resources were identified, and referral cards

developed. Partnering sites are provided with referral cards and resource materials to support referral to local programming.

Muskegon County:

During Years 1 and 2 the DFM coalition worked with Mercy Health Muskegon to assist with development of a comprehensive delivery of SBIRT throughout the Mercy Health healthcare system. To support this effort, the coalition hosted multiple meetings with Mercy Health leaders to plan for SBIRT implementation. Service delivery gaps were identified and explored including the mechanisms for referral, delivery of interventions, and closing the loop on nurse/ physician communication.

SBIRT implementation began at Mercy Health in August of 2016. Early evaluation identified that there was low adherence by medical staff providing the screening. Education was provided to nurses and screening increased by 50% within a three-week period.

Efforts to embed SBIRT throughout Mercy Health continues with efforts to overcome barriers. In Year 2, the emergency rooms began implementation of a rapid triage program at the same time as SBIRT and the rapid triage took precedence which limited full implementation of SBIRT. Because of this, referrals to treatment continue to be low. To address these issues, Muskegon County worked to embed peer support specialists within the emergency room (ER) to improve follow-through and referral to services based on screening results. To support this effort, Mercy Life Counseling successfully applied for a grant through the Lakeshore Regional Entity (LRE).

In addition, the Rapid Assessment for Adolescent Preventive Services, (RAAPS) continues to be implemented in Muskegon County at Hackley Community Care with all youth served between ages 12 and 18. The assessment results in a brief printout that continues to be used within their system to identify services within the clinic that may be beneficial to the teen and to encourage participation.

VII. ANALYSIS OF DATA TRENDS FOR TARGETED ISSUES

The LRE established metrics to track changes in data related to priorities established by the PFS III grant. A narrative summary of data trends is provided below. For full detail regarding these metrics refer to Attachment A.

Underage Alcohol Use:

As shown in figure 3, the 3-counties in the LRE PFS Region saw continual improvement in alcohol use rates among high school students with a 14% decrease in lifetime alcohol use and a 34% decrease in recent alcohol use among high school students. In comparison, statewide, recent use decreased only 8% between 2013 and 2019 (28.3% to 25.9%).

Both Muskegon and Oceana counties saw continual improvements with Oceana having the greatest declines with a 34% decrease in lifetime and a 55% decrease in recent use. Data was not available until 2018 for Mason county making trends difficult to assess. However, rates did worsen between 2018 and 2020. (figure 4)

Figure 3

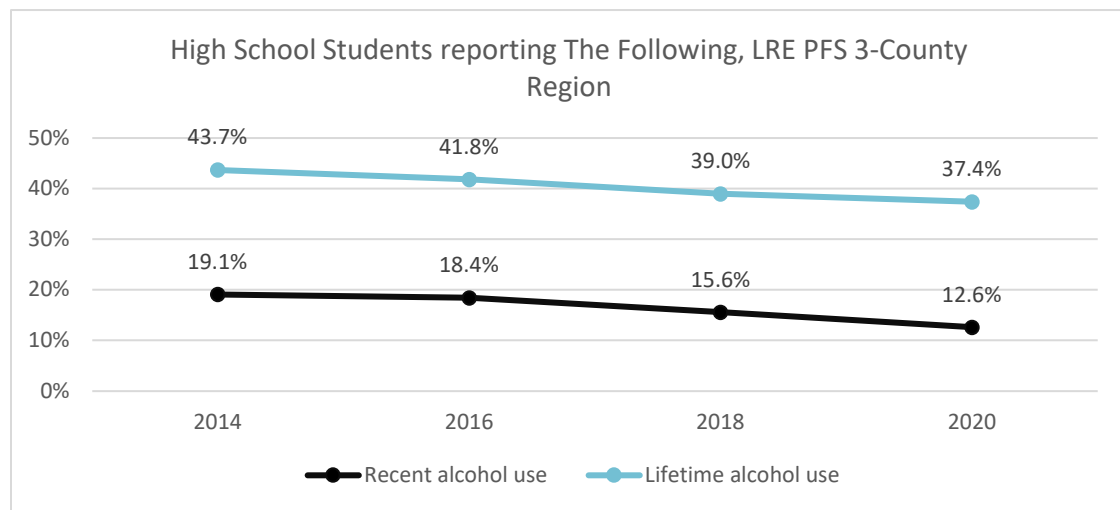
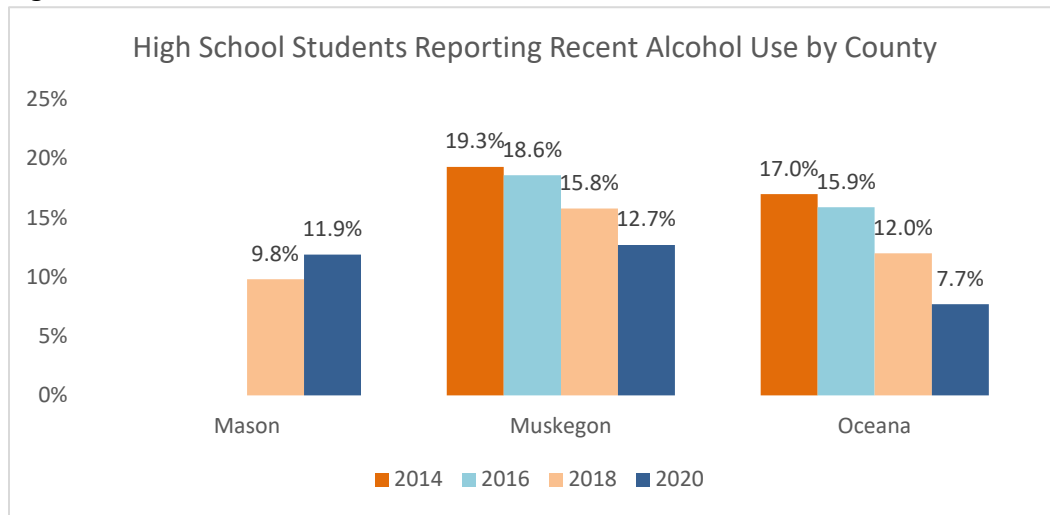


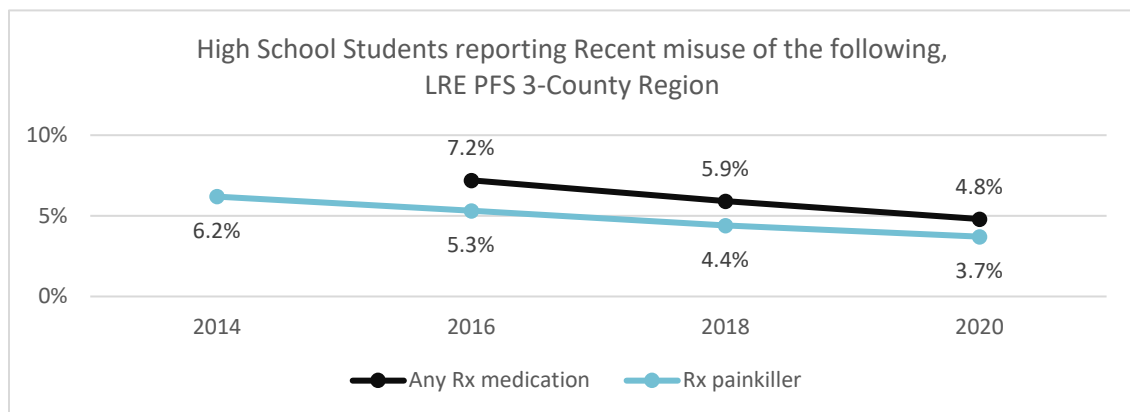
Figure 4:



Prescription Drug Misuse:

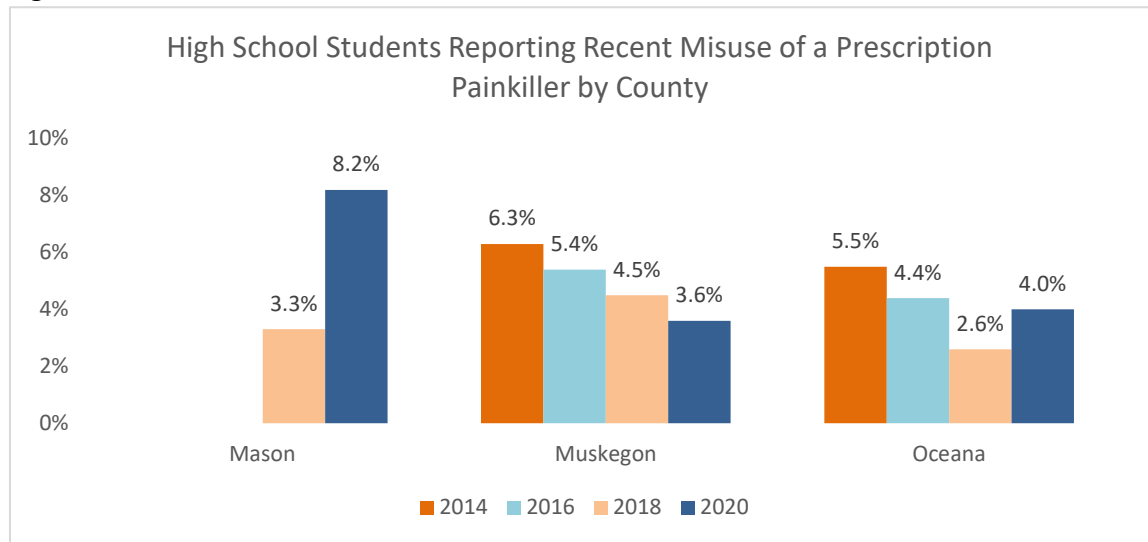
As shown in figure 5, the 3-county PFS Region saw continual improvement in prescription drug misuse with a 33% decrease in recent misuse of any prescription medication and a 40% decrease in recent misuse of prescription painkillers among high school students. Statewide comparison data is not available.

Figure 5



As shown in figure 6, Muskegon counties saw continual improvement with a 36% decrease in recent misuse of any prescription drug, and a 43% decrease in recent misuse of prescription painkillers. Oceana county saw continual improvement between 2014 and 2018 with rates worsening slightly in 2020. Data was not available until 2018 for Mason county making trends difficult to assess. However, rates did worsen between 2018 and 2020.

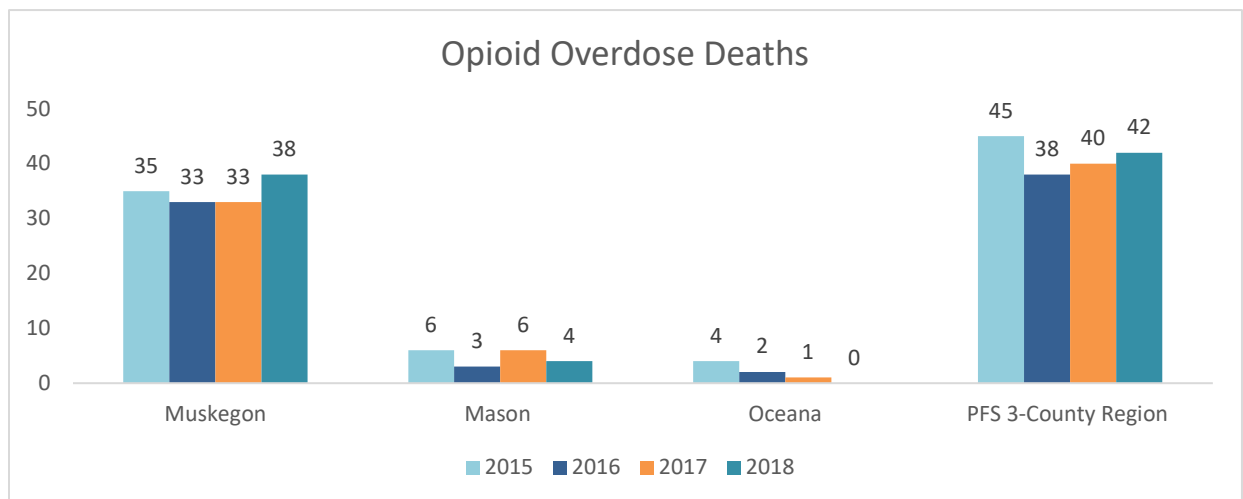
Figure 6



Opioid Overdose Deaths:

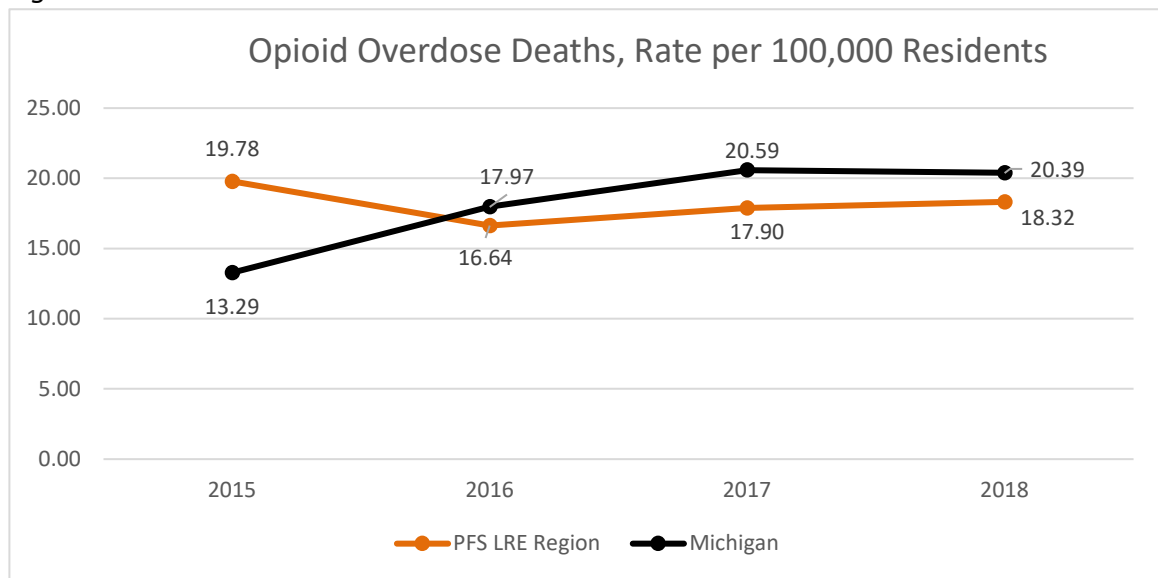
As shown in figure 7, there has been a slight decrease in the number of opioid overdose deaths in the 3-county region with 45 deaths in 2015 and 42 in 2018. Muskegon county saw an increase in 2018.

Figure 7



When the rate of opioid overdose deaths (per 100,000 residents) is compared to state-wide, in 2015 the LRE PFS region was substantially higher than statewide. Since then there was a steady increase statewide through 2017, while the LRE PFS region declined between 2015 and 2016 then increased slightly through 2018. In 2018, the LRE PFS region maintained a rate slightly lower than state-wide. (figure 8)

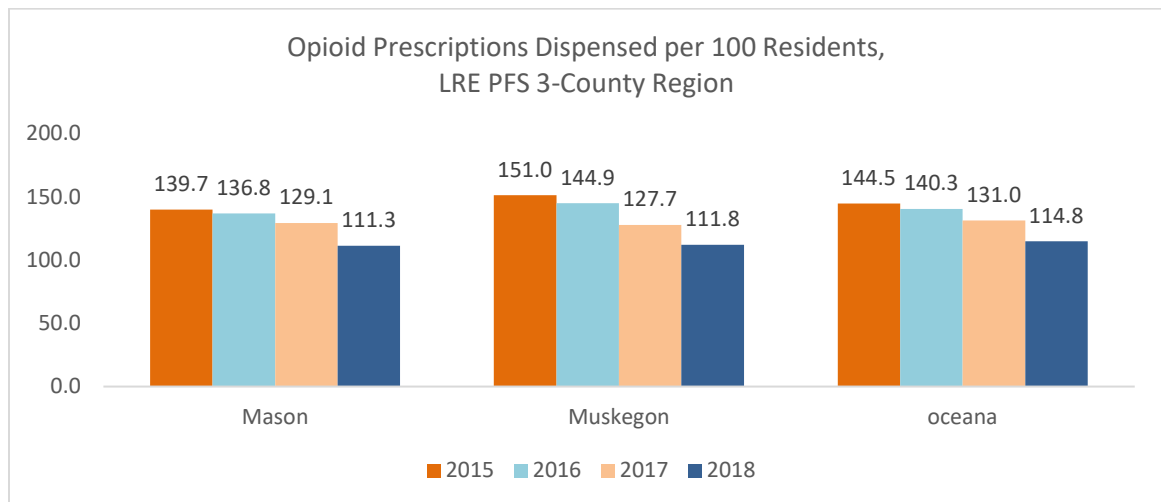
Figure 8



Opioid Prescribing:

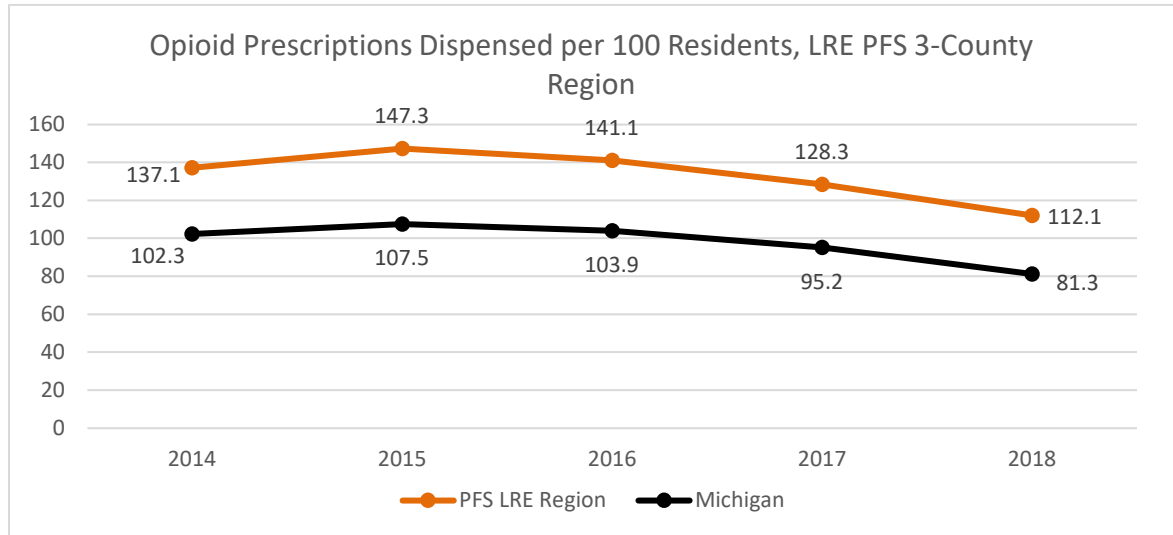
Rates of opioid prescriptions dispensed to residents decreased in each county between 2015 and 2018 with a 24% decrease between 2015 and 2018 for the 3-county PFS region (from 147.3 to 112.1). Each of the counties saw a continual decrease in opioid prescribing with the greatest decrease of 26% in Muskegon, followed by a 21% decrease in Oceana, and a 20% decrease in Mason. Opioid prescriptions are expected to continue declining in 2019 and 2020 due to legislative changes that took effect in June 2018.

Figure 9



As shown in figure 10, between 2015 and 2018, the rate of opioid prescriptions dispensed state-wide remained lower than the LRE PFS region. The state-wide rate demonstrated a similar trend with a decrease of 21%. During this time, the rate of opioid prescriptions continued to be higher than statewide.

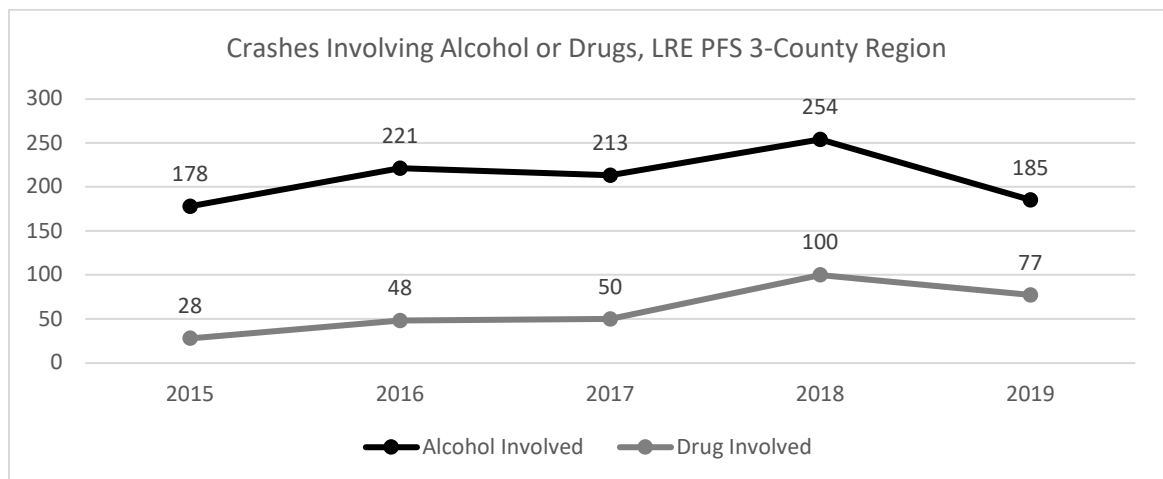
Figure 10



Substance-Involved Crashes:

Alcohol and Drug Involved crashes have increased since 2015 with an almost 3-fold increase in drug-related crashes between 2015 and 2018 then decreased in 2019. Alcohol-involved crashes increased 43% between 2015 and 2018 and declined to near 2015 levels in 2019. Local law enforcement report that the increase in drug-related crashes was likely due to improved reporting for drug-involved crashes.

Figure 11



Attachment A: Lakeshore Regional Entity, Partnership for Success Metrics Tracking

Indicators Source: MIPHY Youth Survey, High School Students	MASON (2014 & 2016 not avail)		MUSKEGON				OCEANA			
	2018	2020 ¹	2014	2016	2018	2020	2014	2016	2018	2020 ¹
Recent misuse of any Rx medication	3.3%	12.2%	--	7.4%	6.0%	4.7%	--	4.7%	3.8%	3.9%
Recent misuse of a Rx Painkiller	3.3%	8.2%	6.3%	5.4%	4.5%	3.6%	5.5%	4.4%	2.6%	4.0%
Recent alcohol use	9.8%	11.9%	19.3%	18.6%	15.8%	12.7%	17.0%	15.9%	12.0%	7.7%
Lifetime alcohol use	29.3%	45.5%	43.7%	42.3%	39.3%	37.5%	43.5%	37.3%	34.6%	28.4%
Alcohol use before age 13	12.2%	20.5%	13.3%	11.3%	10.9%	12.4%	14.4%	11.6%	11.1%	7.5%
Would be easy to get alcohol	45.5%	52.0%	59.2%	55.8%	55.5%	55.0%	65.1%	55.0%	54.2%	52.1%
Report binge drinking as low risk	45.5%	46.0%	29.5%	31.6%	30.8%	31.1%	31.2%	26.4%	27.8%	41.3%
Report Rx misuse as low risk	31.7%	26.0%	23.4%	25.8%	24.4%	24.3%	18.4%	18.7%	25.2%	23.7%
Family has not discussed alcohol or drug expectations w/ them	24.4%	22.4%	23.0%	22.8%	22.7%	22.5%	21.1%	22.1%	26.5%	33.3%

Indicators Source: MIPHY Youth Survey, High School Students	LRE Region 3-County Total			
	2014	2016	2018	2020
Recent misuse of any Rx medication	--	7.2%	5.9%	4.8%
Recent misuse of a Rx Painkiller	6.2%	5.3%	4.4%	3.7%
Recent alcohol use	19.1%	18.4%	15.6%	12.6%
Lifetime alcohol use	43.7%	41.8%	39.0%	37.4%
Alcohol use before age 13	13.4%	11.3%	10.9%	12.4%
Would be easy to get alcohol	59.8%	55.7%	55.4%	54.9%
Report binge drinking as low risk	29.7%	31.1%	30.9%	31.7%
Report Rx misuse as low risk	22.9%	25.1%	24.6%	24.3%
Family has not discussed alcohol or drug expectations with them	22.8%	22.7%	22.6%	22.8%

¹ Limited participation in MIPHY for Mason and Oceana Counties due to COVID-19 school closures in 2020.

Indicators	MASON					MUSKEGON					OCEANA				
	2015	2016	2017	2018	2019	2015	2016	2017	2018	2019	2015	2016	2017	2018	2019
# Opioid Overdose Deaths ²	6	3	6	4	--	35	33	34	38	--	4	2	1	0	--
Opioid prescriptions rate per 100 residents ³	139.7	136.8	129.1	111.3	--	151.0	144.9	127.7	111.8	--	144.5	140.3	131.0	114.8	--
Alcohol-related traffic crashes ⁴	26	21	42	36	32	155	154	163	164	118	40	38	49	42	35
Drug-related traffic crashes ⁴	12	9	26	7	10	29	33	56	57	61	9	7	8	18	6

Indicators	LRE PFS 3-County Region				
	2015	2016	2017	2018	2019
# Opioid Overdose Deaths ²	45	38	40	42	--
Opioid prescriptions rate per 100 residents ³	147.3	141.1	128.3	112.1	--
Alcohol-related traffic crashes ⁴	178	221	213	254	185
Drug-related traffic crashes ⁴	28	48	50	100	77

² Michigan Death Certificates, Division for Vital Records and Health Statistics, MDHHS via Michigan Substance Use Data Repository

³ Michigan Automated Prescription Service via Michigan Substance Use Data Repository

⁴ Michigan Office of Highway Safety Planning via Michigan Substance Use Data Repository

Attachment B: SFP Parent/Caregiver Outcomes

Muskegon County Strengthening Families Program for Youth Age 10-14 Evaluation Results Compiled Year 1 thru 4

Parent/Caregiver Outcomes: The tables below show mean scores for parents and caregivers participating in the SFP during grant years 1 thru 4 at pre and post-test.

Likert scale of 1 .0 to 4.0 with 4.0 being the most desirable response		Mean Score		Percent Improved
Communication (General Child Management)		Pre	Post	
Wait to deal with problems with my child until I have cooled down		2.14	3.40	58.9%
Help my youth understand what the family and house rules are		2.46	3.40	37.8%
Find ways to include my child in family decisions about fun and work activities		2.34	3.21	37.1%
Let my youth know the reason for the rules we have		2.41	3.26	35.3%
Work together with my youth to solve problems that come up at home		2.45	3.28	33.7%
Communication Total		2.36	3.31	40.3%
School Involvement		Pre	Post	Percent Improved
Often tell my child how I feel when he or she misbehaves		2.34	3.09	32.1%
Have regular times for homework		2.33	2.88	23.3%
Talk with my child about ways to resist peer pressure		2.21	3.12	41.4%
School Involvement Total		2.29	3.03	32.2%
Nurture and Support		Pre	Post	Percent Improved
Remember that it is normal for children to be harder to get along w/ at this age		2.52	3.26	29.0%
Take time to do something fun together as a family		2.65	3.36	26.7%
Talk with my child about his or her future goals without criticizing		2.54	3.20	26.3%
Spend special time one-on-one with my youth		2.55	3.07	20.3%
Listen to my youth when he or she is upset		2.61	3.32	27.3%
Try to see things from my youth's point of view		2.41	3.38	40.3%
Show my child love and respect		3.46	3.83	10.6%
Nurture and Support Total		2.68	3.34	24.9%
Contingent Parenting (Setting rules and following through with consequences)		Pre	Post	Percent Improved
Let my youth know what the consequences are for breaking rules		2.29	3.30	44.5%
Find ways to keep my child involved in family work activities, like chores		2.15	3.21	49.5%
Follow through with consequences each time he or she breaks a rule		2.15	3.16	47.4%
Give compliments and rewards when my child does chores a home or learns to follow rules		2.50	3.44	37.6%
Explain to my child the consequences of not following my rules re alcohol use		2.34	3.00	28.1%
Contingent Parenting Total		2.28	3.22	41.3%

Attachment C: SFP Youth Outcomes

Muskegon County Strengthening Families Program for Youth Age 10-14 Evaluation Results Compiled Year 1 thru 4

Youth Outcomes: The tables below show mean scores for youth participating in the SFP during grant years 1 thru 4 at pre and post-test.

Likert scale of 1 .0 to 4.0 with 4.0 being the most desirable response		Mean Score		Percent Improved
		Pre	Post	
Relationship with Parents				
I appreciate the things my parent(s)/caregiver(s) do for me		3.02	3.47	15%
I listen to my parent(s)/caregiver(s)' point of view		2.53	3.15	24%
I understand the values and beliefs my family has		2.68	3.15	17%
I feel truly loved and respected by my parent(s)/caregiver(s)		2.92	3.19	10%
Relationship with Parents Total		2.78	3.24	17%
Stress Management		Pre	Post	Percent Improved
I do things to help me feel better when I am under stress		2.32	3.00	29%
I know how to tell when I am under stress		2.98	3.40	14%
I am able to tell when my parent(s)/caregiver(s) are stressed out or having a problem		3.07	3.39	10%
Stress Management Total		2.81	3.26	16%
Peer Pressure Skills		Pre	Post	Percent Improved
If a friend suggests that we do something that can get us both into trouble, I am able to get out of doing it		2.72	3.00	10%
I know the qualities that are important in a true friend		3.20	3.48	9%
Peer Pressure Skills Total		2.97	3.23	9%
Family Communication		Pre	Post	Percent Improved
We have family meetings to discuss plans, schedules, and rules		1.68	2.42	44%
My parent(s)/caregiver(s) and I can sit down together to work on a problem without yelling or getting mad		2.05	2.66	30%
My parent(s)/caregiver(s) are calm when they discipline me		2.15	2.65	23%
Family Communication Total		1.96	2.57	31%
Family Rules		Pre	Post	Percent Improved
I know there are consequences when I do not follow a given rule		3.42	3.43	0%
I know what my parents/caregivers think I should do about drugs and alcohol		3.19	3.42	7%
Family Rules Total		3.29	3.43	4%