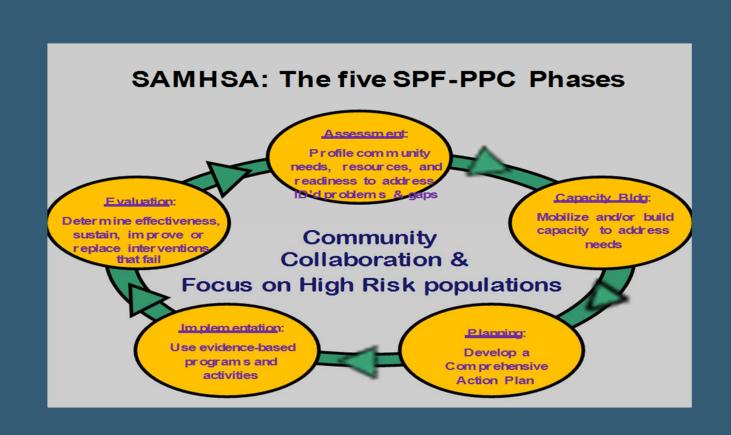
PREVENTION PREPARED COMMUNITIES

"Creating communities where individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health and reduce the likelihood of mental illness, substance abuse . . . and suicide."

(SAMHSA, 2011)



FIVE INFRASTRUCTURE STEPS



GUIDING STEPS TO DEVELOP & IMPLEMENT PPC AT THE LOCAL LEVEL

Ensure focus on communities facing behavioral and physical health disparities:

- ➤ Racial and ethnic minorities; lesbian, gay, bi-sexual, transgendered people; people with disabilities; and transition-age youth; communities facing elevated levels of SUD and higher suicide rates.
- ➤ Develop workforce capacity to provide integrated services and deliver specialized SUD prevention services that promote health and well being.

PPC: PRIORITY AREAS & DELIVERABLES

- a) Prevent/Reduce Consequences of Under Age Drinking (UAD) and Adult Problem Drinking.
- b) Reduce Prescription Drug and opioid Misuse and Abuse.
- c) Eliminate/Reduce Under Age Tobacco Use.
- d) Prevent/Delay use/Reduce Consequences of SUD (emerging local trends).
- e) Promote Behavioral and Physical Health.
- f) Prevent Suicides/Attempted Suicides.

MICHIGAN YOUTH RISK BEHAVIOR SURVEY

Substance Use	2015	2017
Current Alcohol Use	25.9	29.6
Current Binge Drinking	-	13.2
Current Smoking Cigarettes	10.0	10.5
Current Electronic Vapor Products Use	23.0	14.8*
Current Marijuana Use	19.3	23.7
Lifetime Heroin Use	2.5	2.5
Lifetime Prescription Pain Medicine w/o Doctor's Rx or Used Differently Than Indicated	-	16.1

*Significant difference

- Measurement changed in 2017

YOUTH RISK BEHAVIOR SURVEY (CONT.)

Mental Health	2015	2017
Feeling Sad or Hopeless	31.7	37.3*
Made Suicide Plan	15.0	17.7
Attempted Suicide	9.2	9.4
Suicide Injury, Poisoning or Overdose Treated by a Doctor or Nurse	2.7	3.0

^{*}Significant difference

TOTAL COST OF SUBSTANCE USE DISORDER SERVICES FOR ALL ADOLESCENTS AGE 16-17

Service Category	Total Submitted Charges
Psych Eval	\$ 3,665.50
Outpatient	\$ 1,027,964.27
Assessment	\$ 55,270.90
Drug Screening	\$ 2,198.84
Case Management	\$ 5,410.00
Withdrawal Management	\$ 1,461.00
Intensive Outpatient	\$ 32,546.45
Domiciliary	\$ 141,738.50
Residential	\$ 1,316,027.03
Peer Coaching	\$ 80.00
Transportation	\$ 61.55
Recovery Supports	\$ 2,525.00
Total	\$ 2,588,949.04

FY2016: State Funding of \$301 per adolescent = \$856,111 for adolescent treatment services

PFS 2015 GRANT PROJECT: INTEGRATED PREVENTION AND PRIMARY CARE EFFORTS

STRATEGIC PREVENTION FRAMEWORK (SPF) - PARTNERSHIPS FOR SUCCESS (PFS) 2015 GRANT



A 5-year grant that Michigan received from the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP).



The SPF-PFS program is designed to address two of the nation's top substance abuse prevention priorities: 1) underage drinking among persons aged 12 to 20; and 2) prescription drug misuse and abuse among persons aged 12 to 25.



The PFS 2015 Grant also expects states and communities to identify and address sub-populations experiencing behavioral health disparities.

PFS 2015 FOCUS ON SBIRT AND INTEGRATED CARE

Coalition Activities

PFS Funding Promotes:

- Reduction in use of alcohol among those 12-20
- Reduction in misuse of prescription drugs among those 12-25
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Prevention Programming

SBIRT/P & Integrated Care

- Selection of screening tool
- Identification of key partners
- Trainings on SBIRT and screening tool use
- Regular data collection
- Contact with referral partners

PFS 2015 GRANTEE INTEGRATION HIGHLIGHTS

- Healthcare professionals involved with the work of coalitions; providing insight and imparting knowledge
- Prevention providers and coalition coordinators outreach to numerous healthcare sites; offering training for healthcare professionals
- Increase in collaboration between healthcare staff and community referral sources/sites
- Creation of formal process to offer support to medical professionals working with patients with a substance use disorder

PFS 2015 GRANTEE INTEGRATION HIGHLIGHTS (CONT.)

- St. Joseph County: Working with Indiana University to offer TA around SBIRT implementation process and training to medical professionals
- Bay County: Conducting live simulations with Saginaw Valley University nursing students to prepare for and build confidence regarding SBIRT implementation
- Wayne County/Detroit: Brought in the University of Wisconsin to conduct an SBIRT Train-the-Trainer program with key staff from 13 teen health clinics in order for them to train medical personnel at their respective sites
- Mason County: Utilizing coalition members to conduct an environmental scan of all medical sites to access level of SBIRT readiness

QUESTIONS?