



Houghton and Keweenaw Counties Communities That Care

Community Action Plan 2018 – 2020

Prepared by: Rebecca Crane, Susan Hallwachs, Taryn Mason, Ray Sharp, Kevin Weir

Houghton and Keweenaw Counties Communities That Care Member and Supporters

*Denotes Workgroup Chair

Brad Barnette	Lauren Kirwin*	Kristine Putz
Abby Beaudoin	Diana Langdon	Dawn Reagor
Hayley Beaudoin*	Mary LeDoux	Kristen Rundman
Iola Brubaker	Kellie Luoma	Heather Sanders
Nicole Ceccon	Amy Machiela	Kass Simila
Rebecca Crane	Taryn Mason	Ray Sharp*
Major Michael Farley	Gregg Markkanen	Kayla Short
Chelsea Goodreau	Jane Markkanen	Sue Stratton
Cheyne Greason	Maggie Munch	George Stockero
Heather Guilbault	Susan Nielsen	Kevin Store
Susan Hallwachs	Sue O'Connell	Cindy Twardzik
Kassy Kallio*	Dave Olsson	Angie Van Tassel
Ann Kretchman	Ellie Pulda	Kevin Weir*

Our mission: Houghton Keweenaw Communities That Care shall utilize the CTC model with fidelity as a prevention framework to promote healthy youth development and reduce adolescent problem behaviors, such as substance abuse, depression/anxiety/suicide, violence, delinquency, school drop-out and teen pregnancy.

Our vision: To develop a supportive, safe community that empowers youth through education, positive relationships, healthy beliefs, and clear standards.

Our Problem Behavior Reduction Goals (All rates expressed as percentages)					
Behavior (8th Grade)	2015 National Norm*	2016	(Goal) 2018	(Goal) 2020	(Goal) 2022
Substance Use Outcomes (30 Day Use)					
Alcohol	9.7	6.4	6.4	6	4
Marijuana	6.5	3.3	3.3	3	2
Cigarettes	3.6	2.6	2.6	2	1
Chewing Tobacco	3.2	6.2	6	4	3

Our Problem Behavior Reduction Goals (All rates expressed as percentages)					
Behavior (10th Grade)	2015 National Norm*	2016	(Goal) 2018	(Goal) 2020	(Goal) 2022
Substance Use Outcomes (30 Day Use)					
Alcohol	21.5	16.1	16.1	16	15
Marijuana	14.8	5.2	5.2	5	5
Cigarettes	6.3	9.9	9.9	9	7
Chewing Tobacco	4.9	14.3	14.3	14	12

Our Problem Behavior Reduction Goals (All rates expressed as percentages)					
Behavior (12th Grade)	2015 National Norm*	2016	(Goal) 2018	(Goal) 2020	(Goal) 2022
Substance Use Outcomes (30 Day Use)					
Alcohol	35.3	29.9	29.9	29	27
Marijuana	21.3	17	17	17	15
Cigarettes	11.4	19.4	19.4	19.4	17
Chewing Tobacco	6.1	14.2	14.2	14.2	13

*National Norm = 2015 *Monitoring the Future* national survey

The Communities That Care model focuses on promoting positive youth development and preventing problem behaviors by assessing predictors both of problem behaviors and of positive youth outcomes. Risk and protective factors have been identified in research in many fields, including for problem adolescent behaviors. We identified the following risk factors as our priorities for immediate action, and have set the following goals:

Our Risk Factor Goals (All rates expressed as percentages)					
Risk Factor (8th Grade)	2015 National Norm*	2016	(Goal) 2018	(Goal) 2020	(Goal) 2022
Low Perceived Risk of Harm from Drug Use	37.9	53.1	53.1	50	46
Depressive Symptoms	45	32	32	29	26
Risk Factor (10th Grade)	2015 National Norm*	2016	(Goal) 2018	(Goal) 2020	(Goal) 2022
Low Perceived Risk of Harm from Drug Use	40.1	44.6	44.6	41	38
Depressive Symptoms	38	44	44	41	38
Risk Factor (12th Grade)	2015 BH Norm*	2016	(Goal) 2018	(Goal) 2020	(Goal) 2022
Low Perceived Risk of Harm from Drug Use	47.4	54.1	54.1	51	48
Depressive Symptoms	33	40	40	37	34

*National Norm = Bach Harrison Norm

Houghton & Keweenaw Counties Community Action Plan Outline

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I. Executive Summary

This plan describes the ways to address the priority risk factors identified in the Houghton and Keweenaw Counties Communities That Care effort. The Communities That Care system is a way for members of a community to work together to promote positive youth development. The system was developed by the Social Development Research Group at the University of Washington. Their research has identified risk factors that influence youth problem behaviors, and protective factors that buffer children from risk and help them succeed in life.

The Houghton and Keweenaw Counties Communities That Care developed its outcome-focused plan based on data from the CTC Youth Survey. The Risk and Protective Factor Assessment Work Group identified top youth risk factors, and the community voted on two factors as priorities for community planning: **low perceived risk of harm from drug use** and **depressive symptoms**. The Resources Assessment and Evaluation Work Group then completed an assessment of existing youth-development and prevention resources that target these risk factors in Houghton and Keweenaw Counties in October of 2017.

The drafting of this document, the Houghton and Keweenaw Counties Community Action Plan, was the next step in the Communities That Care process. In February of 2018, members of the Community Board attended the Community Planning Workshop. They began drafting community-level outcomes to help define and measure the desired changes for the Houghton and Keweenaw community. Community-level outcomes include behavior and risk factor outcomes.

The Community Board members began selecting preliminary programs, policies, and practices at the Community Planning Workshops and finalized their selection with the completion of the Community Action Plan. Program-level outcomes were also finalized during this process. These consist of implementation goals (which will measure the way in which the programs will affect change) and participant outcomes (which will measure the extent of the desired change).

The following are the programs, policies, and practices selected:

- To address the risk factor **low perceived risk of harm from drug use**:
 - [Botvin Lifeskills Training \(LST\)](#)
 - Support Relevant National/State/Local Anti-Underage Drinking, Anti-Tobacco Use and Cessation, and Anti-Drug Abuse Campaigns and Messaging including but not limited to:

- Great American Smoke Out
- Alcohol Awareness Week
- National Prevention Week
- National Prescription Drug Take Back Day
- National Drug Facts Week
- World No Tobacco Day
- Consider [Prime for Life \(PFL\)](#)'s potential as a future adolescent intervention program for an indicated population that has received a substance use infraction or referral.
- To address the risk factor **depressive symptoms**:
 - [Signs of Suicide \(S.O.S.\)](#)
 - [Guiding Good Choices \(GGC\)](#)
 - [The Blues Program](#)
 - Houghton and Keweenaw County Suicide Prevention Walk

The following systems-change strategies were selected by Houghton and Keweenaw Counties Communities That Care to help facilitate the implementation of the selected programs and address gaps, issues, and barriers in the community:

- Houghton and Keweenaw Counties Communities That Care will work with local prevention providers to expand, enhance, and monitor the effectiveness of existing tested, effective resources that address the priority risk factor **low perceived risk of harm from drug use** by taking the following actions:
 - Increasing the number of students in grades 6, 7, and 8 being provided Botvin Lifeskills Training, by offering and encouraging Botvin Lifeskills Training be implemented in all Houghton and Keweenaw County Middle Schools.
 - Continuing to monitor school-based survey results along with anonymous matched pre-and-post program results
 - In conjunction with reviewing the results of the second implementation of the youth survey, explore, craft, and/or focus group the need and the structure for an adolescent Prime for Life intervention for youth that have incurred a substance use infraction or referral (not to replace any need for individual treatment).
- Because Houghton and Keweenaw Counties lack sufficient services for adolescent mental health and depression and anxiety issues, a progressive, tiered prevention model is required to address the priority risk factor of **depressive symptoms**, which

Houghton and Keweenaw Counties Communities That Care will provide by taking the following actions:

- Working with local prevention providers and areas schools to expand an existing program, Signs of Suicide (S.O.S.)
 - Seeking new funding streams for an additional tested, effective resource, the Blues Program in local middle and high schools
 - It is intended that Signs of Suicide (S.O.S.) will act as a prevention program for all students, and additionally as an identification and referral source for selected and indicated students to access more intensive prevention programming through the Blues Program
 - If needed, offering additional classroom-based support to address crisis's that may arise for youth and schools during the above programming via the existing local Mobile Response Team (MRT), in order to work towards a wrap-around support model; the MRT is made up of trained staff from the local crisis center and is already working with the targeted schools
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- Houghton and Keweenaw Counties Communities That Care will work with local prevention providers, parents, and the community to increase offerings of Guiding Good Choices, an adolescent parenting series proven to reduce problem behaviors, as well as **depressive symptoms**, in middle school age children.
 - Houghton and Keweenaw Counties Communities That Care will spearhead an annual Suicide Prevention Walk, in order to raise awareness and reduce stigma surrounding suicide, depression, and mental illness.

II. Introduction

Purpose and Use of the Action Plan

Houghton and Keweenaw Counties Communities that Care presents its 2018 - 2020 Community Action Plan. This plan describes the results of the work completed thus far in the Houghton and Keweenaw Counties Communities That Care effort. It will describe the changes we want for our community, the programs, policies, and practices that will be implemented to address the community's identified priority risk factors, and the outcomes that will measure progress toward our community's vision.

Houghton and Keweenaw Counties implemented the Communities That Care process to help achieve the community's vision for a compassionate, accepting community where all people work together to create a safe and healthy environment for all.

Prevention Science Overview

In the summer of 2016, Houghton and Keweenaw Counties began implementing the Communities That Care system. The Communities That Care system helps community members work together to efficiently and effectively promote positive youth development. The system was developed by Dr. J. David Hawkins and Dr. Richard F. Catalano of the Social Development Research Group at the University of Washington in Seattle, WA. It is based on their research, which has identified risk factors that predict youth problem behaviors and protective factors that buffer children from risk and help them succeed in life.

Community Involvement

The Houghton and Keweenaw Communities that Care Community Board is comprised of community members from public and private institutions including: local government, education, health, law enforcement, local business, faith-based institutions, private social services, and parents and youth.

There have been several organizations that have helped with the development of the Communities That Care process in Houghton and Keweenaw Counties.

Northcare Network provided the initial funding resources that include a part-time Coordinator, as well as training and technical support. Copper Country Intermediate School District, Copper Country Mental Health Institute, Dial Help Community Support and Outreach Center,

and Western U.P. Health Department have taken active lead roles in the planning process. Numerous other agencies and organizations have provided additional resources throughout the process, including:

<p>Aspirus Keweenaw Hospital BHK Child Development Board Big Brothers Big Sisters Barbara Kettle Gundlach Shelter City of Houghton Calumet Laurium Keweenaw Schools Chassell Township Schools Continuum of Care Copper County Homeless Prevention Coalition Copper Country ISD Copper Country Mental Health Dial Help Finlandia University Girl Scouts Gloria Dei Lutheran Church Grace UMC Great Lakes Recovery Center</p>	<p>Hancock Public Schools Hancock Police Department Houghton County Houghton-Portage Township Schools Keweenaw Family Resource Center Lake Linden-Hubbell Public Schools Marquette County Health Department Michigan State Police Calumet Post NAMI Keweenaw Omega House PFLAG Phoenix House Portage Health Foundation Portage Lake District Library Western Upper Peninsula Planning and Development Region U.P. Kids Western Upper Peninsula Health Department</p>
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III. The Community Action Plan

A key goal of the Communities That Care process is to develop a Community Action Plan that builds on the data-based assessment of a community's priorities, strengths, and resources. This plan focuses on priority risk factors and draws on community resources and strengths. It also addresses resource gaps, issues, and barriers by recommending new tested, effective programs or systems-change strategies.

The Houghton and Keweenaw Counties Communities That Care plan accomplishes this goal by identifying specific desired outcomes for each selected program, policy or practice; for the priority risk factors on which the plan is focused; and for adolescent health and behavior problems. It describes how each selected program, policy, and practice will work to bring about desired changes in Houghton and Keweenaw Counties' youth and presents preliminary recommendations for how these programs will be implemented in the community. Finally, it discusses systems-change strategies that will help with implementation.

Houghton and Keweenaw Counties Communities That Care developed its outcome-focused plan after the Risk and Protective Factor Assessment workgroup identified two risk factors as priorities for community planning: **low perceived risk of harm from drug use**, and **depressive symptoms**.

Houghton and Keweenaw Counties Communities That Care first drafted community-level outcomes, which consist of behavior and risk-factor outcomes. Community Board members drafted these outcomes at the Community Planning Workshops in February of 2018 and in subsequent Resource Assessment and Evaluation Workgroup meetings. Program selection also took place at these workshops, with the Community Board members selecting four programs and one community event to address the identified priority risk factors.

Work was next focused on drafting program-level outcomes, which consist of implementation goals and participant outcomes. Implementation goals describe how the programs will be delivered in order to match the program design; participant outcomes describe the desired changes in knowledge, attitudes, skills, or behaviors that the program will produce for participants.

Various members of the Community Board drafted the plan in March 2018.

How to Use the Plan

The Community Action Plan is intended to help guide participants at the Implementation Planning Workshop, the Evaluation Planning Workshop, and the Funding Workshop to develop implementation, evaluation, and budgeting plans for the selected programs, policies, and practices. Participants developing these plans should use this plan to develop:

- Funding strategies, by tying funding plans to outcomes and reevaluating funding priorities as outcomes are monitored
- Implementation plans for the programs identified in the plan
- Evaluation plans for programs by first monitoring the short-term program-level outcomes and then longer-term community-level outcomes

Data Collection Efforts

The Risk and Protective Factor Assessment Workgroup collected and analyzed data from Houghton and Keweenaw county youth. Then, with input from key leaders and the community, they identified priority risk factors to address. The Community Assessment Report details the results of this work.

The assessment was completed using the Communities That Care Youth Survey and existing public data sources. In December 2016, the Communities That Care Youth Survey was administered to 8th, 10th, and 12th grades in Chassell Township Schools, Houghton Portage Township Schools, Hancock Public Schools, and Lake Linden-Hubbell Public Schools. To get the most complete picture of our community, the Risk and Protective Factor Assessment Work Group also collected data from public records to measure risk factors and problem behaviors not covered by the survey.

Prioritization Process

Based on the analysis of the data and input from the community, the following risk factors were identified as priorities for community attention:

- **Low Perceived Risk of Harm from Drug Use**
- **Depressive Symptoms**

These risk factors were selected as priorities for prevention action primarily because data indicated that they are significantly elevated throughout Houghton and Keweenaw Counties.

The Community Board further decided to focus prevention efforts to impact youth in the middle and high school age range. They determined that the transition from late childhood to adolescence provides multiple challenges to our youth, and is a time when effective prevention can make a huge difference in the quality of these youths' lives. Additionally, the data shows a steep increase in youth health and behavior problems from 6th to 10th grade and the Community Board is determined to reduce that increase.

Existing Resources

Based on the assessment information, the Resources Assessment and Evaluation Workgroup reported that:

- Beginning in the 2018/2019 school year there will be one tested, effective resource offered in Houghton and Keweenaw Counties working to address the priority risk factor **low perceived risk of harm from drug use**.
- There are limited tested, effective resources in Houghton and Keweenaw Counties that address the risk factor, **depressive symptoms**. Existing tested and effect resources that do impact this risk factor are implemented at limited and insufficient saturation levels.

Gaps, Issues, and Barriers

The work group also reported that:

- A universal tested, effective program currently implemented in Houghton and Keweenaw Counties that address the priority risk factor **low perceived risk of harm from drug use** is underway in the form of Botvin Lifeskills Training, in all but two small, K-8 school districts and two middle schools, and are slated to reach near-full saturation levels for participating middle schools by 2019. All efforts will be made to offer and encourage the outlying middle schools to implement Botvin Lifeskills Training.
- Universal tested, effective programs currently implemented in Houghton and Keweenaw Counties that address the priority risk factor **depressive symptoms** have extremely low saturation levels for middle and high school age youth as well as

parents. Currently, Signs of Suicide (S.O.S.), a suicide prevention program, is being implemented in two area middle and high schools.

- Tested, effective programs for a selective and indicated youth population that address the priority risk factor **depressive symptoms** have not been identified as present in the community.

Recommendations

Based on the results of the community assessment, the work group recommended that:

- Existing tested, effective resource addressing **low perceived of risk of harm from drug use** will continue to be expanded in Houghton and Keweenaw County middle and high schools, and that these existing programs continue to be monitored for effectiveness.
- Continue to explore, craft, and/or focus group the need and the structure for an adolescent Prime for Life intervention for indicated youth that have incurred a substance use infraction or referral (not to replace any need for individual treatment).
- The Community Board work to acquire funding for and encourage all Houghton and Keweenaw County middle and high schools to implement Signs of Suicide (S.O.S.), as a universal tested, effective program to address the priority risk factor, **depressive symptoms**.
- The Community Action Plan includes a proposal to acquire funding and staffing in order to implement a tested, effective program, The Blues Program, to address the priority risk factor **depressive symptoms** for a selective and indicated student population in all Houghton and Keweenaw middle and high schools.
- The Community Board work with local prevention providers to increase offerings and participation in an existing universal tested, effective resource, Guiding Good Choices, to address the priority risk factor **depressive symptoms** by targeting parents of middle school age youth.
- The Community Board assist in the planning, funding, outreach, and implementation of one annual community awareness and healing event, a suicide prevention walk, as supplementary universal community education and support tool to address the priority

risk factor **depressive symptoms** as well as to continue to reduce stigma surrounding, suicide, depression, and mental illness.

- Generally speaking, youth substance use rates (problem behavior) in Houghton and Keweenaw County are lower than the national average. **The noted exception is tobacco use.** According to the Communities That Care Youth Survey, Houghton and Keweenaw County High School Seniors use of cigarettes during the last 30 days is 70% higher than the national average, and their chewing tobacco use during the last 30 days is 133% higher than the national average. It is recommended that the Board support and/or create local anti-tobacco and cessation messaging, policies, and practices, in addition to implementing Botvins Life Skills which identify tobacco use reduction as an expected outcome.

Community-Level Outcomes

Houghton and Keweenaw Counties Communities That Care developed outcome goals for the following priority health & behavior problems:

- **Substance Use**

Houghton and Keweenaw Counties Communities That Care developed outcome goals for the following priority risk factors:

- **Low Perceived Risk of Harm from Drug Use**
- **Depressive Symptoms**

Health and behavior outcomes are meant to identify the changes that need to be made in behaviors to reach the Houghton and Keweenaw community vision. The outcomes will help measure changes in the problem behaviors of substance use. The following behavior outcomes were drafted to help identify the changes that need to be made:

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Additionally, other and self-seeking help behavior will be measured annually by the increased utilization of the Mobile Response Team and Dial Help Crisis Services from youth ages 0-17.

Risk-factor outcomes are meant to identify the changes Houghton and Keweenaw Counties needs to make in its priority risk factors to achieve the previously described behavior changes, as well as to measure the change in the priority risk factor **depressive symptoms**. The following priority risk factor outcomes were drafted to help identify the changes that need to be made

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Depressive Symptoms	33	40	40	37	34

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Selected Programs, Policies and Practices

Existing Tested, Effective Resources:

Botvin Lifeskills Training (LST)

To address the risk factor **low perceived risk of harm from drug use**, Houghton and Keweenaw Counties selected the program Botvins Lifeskills Training:

LifeSkills Training (LST) is a classroom-based universal prevention program designed to prevent adolescent tobacco, alcohol, marijuana use, opioid use and prescription drug misuse, and violence. LST contains 30 sessions to be taught over three years (15, 10, and five sessions), and additional violence prevention lessons also are available each year (three, two, and two sessions). Three major program components teach students: (1) personal self-management skills, (2) social skills, and (3) information and resistance skills specifically related to drug use. Skills are taught using instruction, demonstration, feedback, reinforcement, and practice – (Blueprints for Healthy Youth Development)

The Copper County Mental Health Institute, Dial Help Community Support & Outreach Center, and Western U.P. Health Department currently have staffing and funding and are implementing this program in Houghton and Keweenaw Counties.

Guiding Good Choices

To address the risk factor **depressive symptoms**, Houghton and Keweenaw Counties selected the program Guiding Good Choices.

Guiding Good Choices (GGC) is a family competency training program for parents of children in middle school. The program contains five-sessions, with an average session length of two hours each week. Children are required to attend one session that teaches peer resistance skills. The other four sessions are solely for parents and include instruction on: (a) identification of risk factors for adolescent substance abuse and a strategy to enhance protective family processes; (b) development of effective parenting practices, particularly regarding substance use issues; (c) family conflict management; and (d) use of family meetings as a vehicle for improving family management and positive child involvement – (Blueprints for Healthy Youth Development)

The Copper Country Mental Health Institute and Dial Help Community Support & Outreach Center currently have staffing and funding and are implementing this program in Houghton and Keweenaw Counties. There are currently 2 trained instructors in the county and existing plans and funding to double this number by fall of 2018.

Proposed Tested, Policies and Practices:

Signs of Suicide (S.O.S.)

To address the risk factor **depressive symptoms**, Houghton and Keweenaw Counties selected the program Signs of Suicide (S.O.S.). Several factors made this selection sensible:

- Costs: Core Middle School Program \$495
- Costs: Core High School Program = \$495
- Additional resources such as parent newsletters, and a Brief Adolescent Depression Survey are available to supplement the program.
- Training is available but not required.
- Program can be implemented in one class period within a health class or similar course.
- Two local schools are offering this program. One school has longer term experience with the program.
- Existing local school-based Mobile Response Team can be used as additional support during program implementation, as well as follow up.
- Students that self-identify as needing additional support can be referred to The Blues Program, as it is developed.

The SOS Signs of Suicide Prevention Program (SOS) is a universal, school-based depression awareness and suicide prevention program designed for middle-school (ages 11–13) or high-school (ages 13–17) students. The goals are to 1) decrease suicide and suicide attempts by increasing student knowledge and adaptive attitudes about depression, 2) encourage personal help-seeking and/or help-seeking on behalf of a friend, 3) reduce the stigma of mental illness and acknowledge the importance of seeking help or treatment, 4) engage parents and school staff as partners in prevention through “gatekeeper” education, and 5) encourage schools to develop community-based partnerships to support student mental health.

The SOS curriculum includes lessons on raising awareness of depression and suicide, helping students identify the warning signs of depression in themselves and others, identifying risk factors associated with depression and suicidal ideation, and using a brief

screening for depression and/or suicidal behavior. Students are taught to seek help using the ACT (Acknowledge, Care, Tell) technique. This technique teaches students to acknowledge when there are signs of a problem in themselves or a peer, show that you care and are concerned about getting help, and tell a trusted adult. Upon completion of the program, students are given response cards to indicate if they would like to speak to a trusted adult about themselves or a friend - (NREPP)

Students who indicate they need additional help and support, or exhibit signs of depression or suicide, could be referred to the following tested, effective program, The Blues Program.

The Blues Program

To address the risk factor **depressive symptoms**, Houghton and Keweenaw Counties selected The Blues Program to address a selective or indicated population in area high schools.

- Implementation Costs: Pre-Implementation Calls = \$1,000
- Implementation Costs: Implementation Plan Creation = \$1,500
- Training Costs: \$2,000 plus trainer expenses
- Training Costs: \$6,000 weekly consultation until certified
- Salary and fringe: \$55,000 plus fringe \$22,000
- Estimated Total first year program costs: \$87,500. Efforts will be made to mitigate the actual cost of salary and fringe, in order to reduce first year cost and empower long-term sustainability, by utilizing existing collaborative community relationships. **Finally, an additional \$4250 in annual sustainability fees should be considered in the funding acquisition process. These fees are not mandatory, but according to the developers are often utilized by providers who desire ongoing supervision and/or for opportunities to become a train the trainer.**
- Qualifications: Mental health professionals who have had some training in the assessment and intervention of adolescent affective disorders. This could include psychologists, clinical social workers, school counselors, and psychiatrists.
- Options exist for one instructor to implement the program in all participating schools or to train interested school counselors to implement the program in their own schools. Costs can adjusted up or down during the implementation planning phase.

A six-week group intervention focused on reducing negative cognitions and increasing engagement in pleasant activities in an effort to prevent the onset and persistence of depression in at-risk high school youth with depressive symptoms. The Blues Program (Cognitive Behavioral Group Depression Prevention) is intended to actively engage high

school students with depressive symptoms or at risk of onset of major depression, includes six weekly one-hour group sessions and home practice assignments. Weekly sessions focus on building group rapport and increasing participant involvement in pleasant activities (all sessions), learning and practicing cognitive restructuring techniques (sessions 2-4), and developing response plans to future life stressors (sessions 5-6). In-session exercises require participants to apply skills taught in the program. Home practice assignments are intended to reinforce the skills taught in the sessions and help participants learn how to apply these skills to their daily life.

Program-Level Outcomes

The following participant outcomes were drafted for Botvin Lifeskills Training Program:

- Increase student knowledge, skills, and attitudes by 2 - 5% for students in grades 6, 7, and 8 for Botvin Lifeskills, as measured by matched pre and post-test surveys.

The following implementation outcome was drafted for Botvin Lifeskills Training:

- Botvin Lifeskills will be implemented and/or offered to Houghton - Portage Township Schools, Hancock Public Schools, Dollar Bay Schools, Adams Township Schools, Lake Linden Schools, Stanton Township Schools, Chassell Township Schools, and Calumet-Laurium-Keweenaw Schools for all students in grades 6, 7, and 8 by 2019 for school districts currently implementing, and 2020 for new school district implementations.

The following participant outcomes were drafted for the Signs of Suicide (S.O.S.) Program:

- Increase personal help seeking behavior of self and others by 5% as measured by program response cards and school counselor survey.
- Increase knowledge related to mental illness, suicide, depression, and anxiety as measured by pre- and post-test surveys.
- Increase youth utilization of Mobile Response Team and Dial Help Crisis Services

The following implementation outcome was drafted for the Signs of Suicide (S.O.S.) Program:

- Supply and encourage the implementation of the Signs of Suicide (S.O.S.) Program in all Houghton and Keweenaw middle and/or high schools.

The following implementation outcome was drafted for Guiding Good Choices

- Increase offerings of the Guiding Good Choices Program to four offerings per year: Target goals for implementation include offering a minimum of 4 Guiding Good Choice Series reaching between 30 and 100 participants.

Implementation goals and outcomes for The Blues Program will be developed during the pre-implementation planning phase of The Blue Program implementation process.

Preliminary Evaluation Plans

Evaluation of the Botvin Lifeskills Program, will be used to report the program's achievements to Houghton and Keweenaw Counties community members and funders. Implementation goals will be measured by the prevention provider's program Coordinator who will record attendance, hours logged, and activities to ensure program implementation fidelity.

Prevention Program Coordinators will be responsible for coordinating the collection of data to measure implementation goals through matched pre- and post-test surveys.

Participant outcomes will be evaluated using matched pre- and post-testing of identified behaviors. A pre-test will be administered before program implementation, with a post-test administered at the end of the completion of the program. Statistical analysis & reporting will be conducted by the Resource Assessment and Evaluation Work Group. Evaluation costs, if applicable, will be determined.

Preliminary implementation plans and budgets

- Currently funding and providers exist and have begun the implementation of Botvin Lifeskills through the Northcare Network. In the event any additional instructors are needed, online instructor trainings are available periodically on a near monthly basis and training funding is available to prevention providers.
- Currently funding and providers exist for Guiding Good Choices through the Northcare Network. There are currently two trained instructors in the county and existing plans and funding to double this number by fall of 2018.
- Preliminary implementation plans for Guiding Good Choices include expanding offerings to 4 series annually engaging between 30 and 100 parents.

- Preliminary implementation costs for Signs of Suicide (S.O.S.) are estimated at \$495 for each middle and high school curricula for each participating school. Total costs are dependent on curricula sharing, and grades of implementation. Some school districts may choose to implement in middle school, others in high school, and others may choose both. Current schools providing the program use exiting teachers and counselors to deliver the program. Costs would be limited to the first year of implementation.
 - Details concerning the planned implementation of Signs of Suicide (S.O.S.) in Houghton and Keweenaw Counties will be finalized during an upcoming implementation planning session.

- Implementation of The Blues Program would require outside funding to be sought and acquired. It is estimated first year costs to implement the program are \$87,500. As The Blues Program may require hiring a qualified mental health professional, continuing annual costs after the first year are estimated at \$77,000. Efforts will be made to mitigate the actual cost of salary and fringe, in order to reduce first year cost and empower long-term sustainability, by utilizing existing collaborative community relationships. **Finally, an additional \$4250 in annual sustainability fees should be considered in the funding acquisition process. These fees are not mandatory, but according to the developers are often utilized by providers who desire ongoing supervision and/or for opportunities to become a train the trainer.**
 - Details concerning the planned implementation of The Blues Program in Houghton and Keweenaw Counties will be finalized working in concert with local schools and the New York Foundlings Implementation Support Center.

Goals for Community Board Development

We plan to increase the number of persons actively engaged with CTC (both on the Community Board and on specific workgroups) by 50%.

Another goal is to increase the number of Community Board members who are on staff at local middle schools, as well as members from the faith-based communities, and increase youth involvement.

As we move further into the funding acquisition phase of the Communities That Care Model we also plan to specifically work to increase the number of active members on the Funding Work Group.

We also plan to work to increase capacity by offering on demand or rotating topic community board orientations, in order to engage and enlist prospective members in an efficient and effective manner.

Goals for Promoting the Social Development Strategy

A key element of our CTC effort is to build protection community-wide by promoting the Social Development Strategy. During this action plan period, we plan specifically on targeting educational professionals and parents of adolescent children. The Copper Country Intermediate School District Regional School Health Coordinator will offer Social Development Strategy Teacher Trainings.

Additionally, the Social Development Strategy is a key foundational part of Guiding Good Choices, a program the action plan identifies as a tested, effective program slated for increased offerings.

IV. Conclusion & Recommendations

Summary of Key Findings

The following are previous key findings that have importance to the Houghton and Keweenaw Community Action Plan:

- The community has identified the following priority risk factors for the community: **Low Perceived Risk of Harm from Drug Use and Depressive Symptoms**

The following are the key findings of the Houghton and Keweenaw Community Action Plan:

- To address the risk factor friends **Low Perceived Risk of Harm from Drug Use**, the Houghton and Keweenaw Community selected Botvin Lifeskills Training.
- To address the risk factor **Depressive Symptoms**, the Houghton and Keweenaw Community selected the programs, Signs of Suicide, The Blues Program, Guiding Good Choices, as well as a suicide prevention walk.

Recommendations for Next Steps

The following are recommendations for next steps by those responsible for implementing, budgeting, and evaluating programs in Phase Five of the Communities That Care effort:

- Develop detailed implementation plans to deliver each program with fidelity.
- Develop specific evaluation plans to monitor program delivery and participant outcomes.
- Identify future sources of funding, including local, state, and federal funding streams and local, state and federal grants.
- Work with the New York Foundling Implementation Support Center to determine system readiness for The Blues Program.
- Partner with school districts to develop implementation plans for Signs of Suicide (S.O.S.) and The Blues Program.

V. Appendix A

What is the New York Foundling (Foundling) Implementation Support Center (ISC)?

The Foundling ISC is an organization developed specifically to help agencies and communities overcome barriers that are commonly encountered when first attempting to implement evidence-based treatment models for children/youth and families experiencing serious behavioral and emotional problems. The goals of this organization as they pertain to the Blues Program Development Process are to help communities and service systems determine if they are an appropriate match for the model.

Specifically, the Foundling ISC will use a multi-stage, multi-component implementation strategy to work within and across the service systems and service provider organizations interested in Blues Program to conjointly assess the appropriateness of Blues Program for the target populations of interest to the community; and, if appropriate, to identify and conjointly address issues likely to affect its successful implementation. For those organizations that are an appropriate match, the Foundling ISC will work with that agency/service system and the developers of the Blues Program to facilitate a successful start-up and implementation of the Blues Program model.

What are the next steps in evaluating our organization's/service system's potential to adopt the Blues Program model?

The Foundling ISC invites interested service systems and/or service provider organizations to engage in a comprehensive exploration of system readiness, which if successful will culminate in an informed decision regarding whether or not to adopt and implement the Blues Program. This exploration process begins with a pre-intention information exchange stage. This stage provides an opportunity for representatives of a system or provider organization to engage in a discourse about elements required to implement Blues Program and the readiness to adopt and implement the Blues Program. The first step of the Blues Program feasibility and information review process begins with a telephone call between the representative of the service system or provider organization and a Foundling ISC Senior Advisor. Please complete the following and email to Shannon.Ghramm-Smith@nyfoundling.org or bluesprogram@nyfoundling.org or call (212) 727-6989.

Blues Program Development¹

Pre-Intention Stage (Exploration Process)

Goals:

1. Provide service systems with basic information about the nature of the Blues Program and its demonstrated and anticipated benefits
2. Engage service systems in considering the value of the Blues Program in solving a particular problem or addressing a particular objective critical to the service system
3. Describe the Blues Program development, training, and quality assurance process
4. Determine conjointly whether Blues Program is appropriate to meet the needs of the target population, geographic area, service system mandates, service system mission
 - a. Identify adjustments to the target population, geographic area, service system, that would be needed to render Blues Program a good fit.
 - b. Identify adjustments in the implementation of Blues Program that would be needed and consider the extent to which these can be made without risking effectiveness
5. Determine sources and adequacy of funding to cover the cost of startup and ongoing implementation of Blues Program
6. Identify service provider organizations that may be well suited to implement the Blues Program
7. Determine whether to progress to Engagement and Commitment

Structure: This stage begins with an expression of interest email or phone call. An ISC Senior Advisor will provide ongoing follow up calls/emails.

Core Processes: Information gathering and exchange, assessment of service system regarding need and capacity regarding a specific target population, and strategic thinking.

Activities:

- Mutual engagement and early discussions
- Describe program development process
- Determine if Blues Program is a good fit with target population, geographic area, service system mandates, and service system mission
- Identify community stakeholder support needed for successful implementation
- Discuss whether service system/provider has the funding to cover the cost
- Request service system/provider budgets
- Identify possible funding sources

¹ Several conceptual models of implementation stages exist, and research is just beginning to evaluate the progression of these phases and nature of activities in each phase. The labels in this document are based on the evidence-based Community Development Team (CDT) approach developed originally at the California Institute of Mental Health. The activities within each phase are based on a combination of ISC experience using the CDT approach, experiences in the FFTCW pilot, and the program development processes used by the purveyors of the standalone models.

- Review Blues Program costs and services
- Identify community need in terms of target treatment population and geographic area
- Detail resource requirements to implement Blues Program – discuss budget analysis, feasibility
- Confirm decision to pursue Blues Program development

Materials Needed: Demographic data of the target population, Interested Party policies and procedures affecting that target population, Interested Party government mandates/mission affecting that target population, Interested Party budgets

Anticipated Duration of Stage 1: Stage 1 may be protracted as the Interested Party explores the fit of Blues Program with the identified need of the services systems and provider organizations relative to the needs of the target population.

Fees: No charge for this Stage unless travel of ISC staff is required.

Follow up: ISC provides weekly and as needed check in calls continues until a decision is made to either continue to the Pre-Implementation Stage, or not to pursue development of a Blues Program.

Pre-Implementation Stage

Goals:

1. Cultivate and sustain engagement and commitment by the service system (and relevant collaborating systems) to adopt and implement Blues Program
2. Enable service systems contemplating the adoption and implementation of Blues Program to understand, and truly endorse:
 - a The value of Blues Program to specific objectives of the service system
 - b How to support the successful implementation of Blues Program in the context of that service system and collateral/collaborating systems in some particular community/communities
3. Establish an implementation workgroup and or program champion from the service system and/or the organization(s) planning to implement the Blues Program; this team and/or champion works together with the ISC to develop an implementation plan in preparation for training

Structure: ISC will provide four to five video conference calls and two four-hour webinars.

Core Processes: Presenting basic information about the Blues Program, need-benefit analysis, planning, explore resource requirements, and explore agency /provider's commitment to move forward.

Activities:

- Develop plan with Interested Party to identify potential provider agency and procedures for engaging provider agency, if different from Interested Party
- Identify member(s) of the core implementation team (referred to as Program Champions)
- Provide Blues Program Application for Site Training and Site Certification
- Inform key stakeholders about Blues Program
- Provide information on the Blues Program Research
- Introduce Implementation Planning Document to be completed jointly by the Program Champions
- Clarify target population with prioritization and exclusion criteria
- Develop client referral process
- Clarify necessary credentials and recruitment plan for staff
- Assure support and buy-in from key community stakeholders
- Work with Blues Program Developers to schedule training:
- Develop or adapt needed agency policies and procedure
- Finalize agreements with Blues Program Developers/NYF (ISC)

Materials needed: Interested Party’s budget analysis, analysis of Interested Party’ policies/government mandates/mission and fit with the Blues Program target population and model requirements, analysis of stakeholder demographics/mandates/mission; Training Plan for Blues Program. Completed Implementation Plan, Blues Program Application for Site Training and Site Certification.

Anticipated Duration of Stage 2: 30-60 days

Fees:

Table One – Pre-Implementation Cost	
Activity	Cost
Pre-Implementation Calls	\$1,000 (Call are one Hour with Prep-Time Included)
Creation of Implementation Plan	\$1500 (Includes 8 hours In Person and Prep-Time) Can be done as two half day video conferences or one in person day.

Implementation Stage

Goals: The goal of this stage is for each site to establish and operate a model adherent program staffed by proficient practitioners. At the end of year one, the goal would be to have a trained TOT in place to support the ongoing implementation of the Blues Program.

Structure: This stage begins immediately following the Blues Program training when the program is ready to begin facilitating groups.

Core Processes: Monitoring and supporting program staff and administrators, fidelity focus, technical investigation and problem solving, and procedural skills development.

Activities:

- Staff training on the Blues Program
- Execution of Implementation Plan
- Monthly calls facilitated by the ISC to track on utilization of the service as well as identification and planning for potential barriers
- Establish ongoing data tracking of utilization of the service and completion rates that include pre and post outcomes
- Blues Program Sustainability Meeting (via webinar)

Materials needed: Completed contracts with Blues Program model purveyors and service system/provider organization, finalized Implementation Plan.

Estimated Duration of Stage: 1 Year

Fees:

Table Two –Implementation Cost	
Activity	Cost
Blues Model Training	\$2,000 plus travel cost of the trainer
Weekly consultation until certified Between 12-24 Calls	Up to \$6,000 (\$100 per hour) (Includes prep time, tape review, and one hour of consultation bi-weekly) during the 6 month Training Implementation Phase (*this cost estimate covers the facilitator doing 2 groups to fulfill certification requirements. If a facilitator is running more than 2 groups, each developer tape review and consultation would cost \$100 per hour.)

Table Three –Sustainability Cost	
Activity	Cost
Blues Model TOT training	\$2,000 (training can be done via video conferencing or in person)
Monthly consultation until certified as a TOT Six Total Calls	\$1,500 (Includes prep time and one hour of consultation per month)
Tri-Annual Adherence Check	\$750 (Includes prep time, tape review of TOT delivery of Blues program session, and one hour phone consultation three times a year)

Blues Program Application

Please identify a principle contact person for your proposed Blues Program site including:

Name:

Title:

Agency/Organization:

E-Mail Address:

Mailing Address:

City:

State:

Zip:

Contact Number:

Please send the completed application by email to Shannon.Ghramm-Smith@NYFoundling.org or by fax at (917) 485-7556, Attn: Shannon Ghramm-Smith