Meeting Minutes

SPF SIG Advisory Council

August 27, 2010

9:30-11:30 AM

The following Advisory Council Members were present: Cindy Cashen, Cristy Willer, Cynthia Curran, Delisa Culpepper, Devon Urquhart, Diane Casto, Donn Bennice, Jesse Metzger (UAA Evaluator), Kate Burkhart, Kathy Allely, Kathy Graves, Krysti Bland, Mike Lesmann, Peggy Brown, Sandy Samaniego, Shirley Gifford, Shirley Pittz, Steven King and Becky Judd (EPI Workgroup)

During the meeting held on 8/13/10 the Advisory Council reviewed the data for our priority areas based on age, gender and race. Today the Advisory Council's review was a more in-depth look at our priority data by regional patterns and trends.

❖ Correction to Meeting Minutes from 8-13-10

There is a correction to Meeting Minutes from 8/13/10: Please note that the Minutes have been changed to the following on page 3:

Alcohol Related Fatalities: According to the Alaska Fatality Analysis Reporting System (FARS) data, 44% of Alaska motor vehicle fatalities were alcohol related in 2008. For clarification related to motor vehicle crashes and collision involving alcohol, please use the definitions below. Please note that these three terms are not interchangeable:

- "Alcohol-Related" – this includes alcohol consumption by drivers, pedestrians, passengers, bicyclists, etc. It means basically that alcohol was consumed by someone in the crash, not necessarily a driver, and not necessarily at the level of .08 BAC.
- "Impaired Driving" – this includes only drivers (at a BAC level defined by the agency from whom the data was provided)
- "Drinking and Driving" – This includes only drivers who had any amount of alcohol in their system.

❖ Considerations

Although priority areas of consumption and consequences have been identified, our focus areas must be directly related to alcohol consumption and drinking patterns.

Alcohol/Child Maltreatment: Shirley Pittz, OCS expressed concern regarding alcohol in its relation to the maltreatment of children. Although this is a high interest area there is currently no way to correlate the data between the two; at this time, OCS has not collected or made this data available. In the past

efforts have been made to retrieve data from OCS for substantiated cases involving alcohol. OCS has stated that it is not a statutory obligation to track data related to substance abuse. Because the Advisory Council feels strongly that we should be tracking substance use in relation to child welfare cases, this issue will continue to be addressed as a "data gap" with the hope that during the SPF SIG grant we will be able to fill this data gap.

Kathy Allely, Public Health, indicated that Jared Parrish, from Women's, Children's and Family Health may be able to provide some data through the Infant Mortality Review Board. She will contact Mr. Parrish to see what, if any data may be available. The Advisory Council will continue to keep this issue as a critical need.

Alcohol/Trauma: Kathy Graves would like to see more data on alcohol in its relation to trauma; multi-generational trauma incorporates child abuse and other consequences areas. She indicated that Chanda Aloysius, VP of Behavioral Health at Southcentral Foundation has program data that links alcohol abuse and childhood trauma through the work at the Dena A Coy program and perhaps the Wellness Warrior program. Kathy will contact Chanda and put her in touch with Diane Casto for a possible near future presentation on this data. It was suggested that the connection between trauma and alcohol abuse be addressed in the SPF SIG Request for Proposals (RFP).

Alcohol/Interpersonal Violence/Sexual Assault: On September 30th "Alaska Victimization Survey by Dr. Andre Rosay of University of Alaska Anchorage's Justice Center will be released to the public. Some of this research may be able to tie alcohol consumption to domestic violence and sexual assault. Most of our data sets do not include these consequences, resulting in a data gap. AC member Mike Lesmann will follow up with Katie TePas, the Governor's lead for domestic violence. If the Advisory Council can obtain this data in a timely manner interpersonal violence and sexual assault may be incorporated into the SPF SIG's Request for Proposal.

Community Capacity: Because changeability needs to be demonstrated in the next four years, the Advisory Council needs to consider the community's readiness for change. The Advisory Council brainstormed if there should be a needs assessment/readiness survey/consideration of current partnerships during the SPF SIG Request for Proposal process. Grantees need to have not only the desire to go through the SPF process, but the capacity to complete the process. It will be crucial for success to have some level of community readiness, a belief that change can be accomplished in their community, as well as drive and willingness to move the SPF process forward. In an effort to give Advisory Council members a "picture" of our statewide community readiness, Diane Casto will collect and provide information on all communities that have been trained in the Public Health Mobilizing Action Through Partnerships and Planning (MAPP); those communities who have recently completed a SPF planning process; and other similar assessments such as Communities that Care and Native Aspirations. Looking at communities that have completed these types of assessments may indicate more "readiness" to apply for a SPF SIG grant.

Quantity of Grants: The Advisory Council also discussed how many grantees we should consider for funding to guarantee each grantee will have enough funding to truly see change in four (4) short years. In order to maximize SPF SIG monies, it is important to "narrow the scope" of our communities to ensure success during the grant period.

Partnering with Education: There are significant trends in youth alcohol consumption and consequences related to youth attending alternative high schools. There is an initiative in the Department of Education to work closely with alternative high schools as well as incorporating substance abuse into the curriculum. AC Member, Cindy Curran, noted that DEED Commissioner Larry LeDoux is concerned about substance use in alternative high schools as well as the alarming suicide rates in Southwest Alaska. Diane Casto will provide a list of locations of Alternative High Schools with the information provided for our next meeting.

Amount of Funding: The Alaska SPF SIG is $10.7 million over a five year period. Of this $10.7 million, 85 percent of funds must go to community-based services. The 85% equals approximately $1.7 million each year. The SPF SIG will utilize approximately $300,000 for a training/TA contract for use by SPF SIG grantees as a resource for training, TA and support, as well as establishing a sustainable prevention training/TA statewide process. In addition, a portion of the third-party evaluation will be covered by the 85%--related to the community evaluation process. The remaining money will total approximately $1.3 million per year that will be available for distribution to SPF SIG grantees. If allowed and if funds remain, Alaska will apply for a no cost extension for an additional one-year of funding; if granted, this will provide all grantees with an additional 6 months of funding beyond the initial grant award.

❖ Review of Regional Data

Jesse Metzger of the UAA Evaluation Team reviewed each section of regional data sent to each AC member and mentioned noteworthy points. An important consideration is the difference between rates versus numbers: because of the small populations in rural Alaska, and the larger populations in urban Alaska, data will show high rates of social issues in rural areas (but small numbers) and low rates in urban Alaska (with large numbers). For example, in larger areas such as Anchorage, there are high numbers of youth consuming alcohol, but because of the large population the overall rate of youth consumption is lower than in some rural communities. In order to focus funding on both areas of rates and numbers the Advisory Council has selected a *hybrid/stratified model* in regards to allocation of funds.

- Youth alcohol use: The YRBS does not publish regional data because the data belongs to each school district, not to the state. Local communities can access their local YRBS data by contacting their local school district. Published data is aggregate state data only.
- Adult Alcohol Abuse: The BRFSS reviews current alcohol consumption, heavy alcohol use, and binge drinking. The Northern and Southwest regions demonstrate the highest percentage of overall adult alcohol use, but have the lowest percentage of heavy and binge drinking; this is

noteworthy. Heavy drinking rates are highest in Southeast, Interior and Gulf Coast regions. Binge drinking rates are highest in Interior, Gulf Coast and Southeast regions.

- Charges of Minors Consuming Alcohol: These data include Minor Consuming Alcohol (MCA) (1st time), Repeat (2nd offense) and Habitual (3 or more) offenses, by community, not region. . Chevak has a small population, but has a large rate of MCA. Larger populations with high rates include Kotzebue, Kenai, Barrow and Palmer. Anchorage and Fairbanks have the largest number of charges. Some communities are excluded from these data including Angoon, Haines, Juneau, Skagway and Yakutat; these communities will be added in September when the court system finishes their IT expansion and updates.
- Suicide: This data demonstrates community/borough level rates of suicide. The suicide rates are not tied to alcohol consumption. The Northwest and Southwest regions have the highest rate of suicide. Anchorage has high numbers of suicide, but rates are lower. The parentheses underneath each percentage are the actual number of suicides completed (on the map included in your information packet). For example, from 1996-2005, Anchorage area had a rate of 17.3 suicides per 100,000 and had 616 total suicides; the Northwest Arctic area had a rate of 71.5 per 100,000 but only 50 total suicides.
- Alcohol Related Mortality: Alcohol related mortality refers to death in which alcohol was involved according to Bureau of Vital Statistics; this includes cirrhosis of the liver and freezing to death while intoxicated. This does not include suicide. Between 2004 and 2008 the highest rates of alcohol-induced mortality were the census areas of Lake and Peninsula, Yukon-Koyukuk, Nome and Dillingham. The highest numbers of alcohol-induced deaths were Anchorage, Fairbanks Northstar Borough and the Kenai Peninsula Borough.
- Interpersonal Violence: No regional breakout.
- Sexual Assault: No regional breakout.
- Drinking and Driving: The BRFSS has little data to show regional trends or rates of drinking and driving but does indicate that the residents of Interior Alaska drive the most after "perhaps having too much to drink". The data from the Fatality Analysis Reporting System (FARS) shows the highest number of fatalities and fatal crashes by alcohol impaired drivers in Mat-Su, Anchorage and Kenai Peninsula.

❖ Areas of Consideration

The following are some of the high priority areas for the SPF SIG, as defined by data:

- Adult Heavy and Binge Drinking are highest among adults in the age range of 19 to 45 years of age.
- Regional data trends: Northern, Northwest, Southwest have higher rates of alcohol consumption while urban areas indicate high numbers.

- **Timeline**:

Strategic Plan: The Strategic Plan is due to the SPF SIG Federal Project Officer on September 17th. The review process of the Strategic Plan takes approximately 6-8 weeks. The State may not release the RFP until approval has been received from the SAMHSA SPF SIG Project Officer.

Request For Proposals (RFP): Once the Strategic Plan is submitted the State will release the Request for Proposals to solicit grantees, according to our defined areas of need or highest contribution; this will take place in October or November of 2010.

Funding Grantees: The State anticipates funding grantees no later than February 2011.

- **Next Meeting:**

After an in-depth discussion about how we want to prioritize funding, it was recommended that Diane Casto and Jesse Metzger review the data and develop some optional funding scenarios, based on the data, which can be reviewed, discussed and voted on by the Advisory Council. In an effort to make this final determination before September 17, the Advisory Council Meeting will meet again on Monday September 13 at 3:00 p.m. Prior to this meeting Jesse Metzger and Diane Casto will review data and develop an options matrix for review. This option's matrix will be sent to all Advisory Council members prior to our next teleconference meeting on September 13th. To join the call dial 1-800-315-6338, code 8407#.