

APPLICATION TO BECOME A US ACCREDITED SAFE COMMUNITY

Section 1: Contact Information

Name/Title: Joy Buchanan, Consultant

Organization: Consultant

Mailing Address: City Hall

333 W. Ellsworth St.

Midland, MI 48640

Email: jbuchanan@midland-mi.org

Phone: 989-859-0547

Name/Title: Ken Arthur, Human Resources

Organization: City of Midland

Mailing Address: City Hall

333 W. Ellsworth St.

Midland, MI 48640

Email: karthur@midland-mi.org

Phone: 989-837-3357 x3361

Section 2: Community Description

Midland, Michigan is a 26 square mile community located near the Saginaw Bay in the Great Lakes Bay Region of Michigan. It is the county seat and largest city in Midland County.

Population

Midland is home to 41, 863 residents (2010 census.) 30.4% percent are children under the age of 18. 31% of all households are made up of individuals and 12.8% of households consist of someone living alone and/or 65 years of age or older.

Industry and Business

The Dow Chemical Company's decision to locate in Midland was based on the discovery of an electrolytic process for extracting chemicals from sea/saline water, abundant under Midland's flatlands. The company provides a variety of critical products to the world. The Dow Corning Corporation is a joint venture between The Dow Chemical Company and Corning Glass. Established in 1943, the company is a leader in silicone chemistry. Midland is home to 100 other advanced materials, life science manufacturing, healthcare, and printing businesses.

Government

Midland has a Council-Manager form of government. The Council consists of five members elected from geographic wards. Council members serve a two-year term.

Education

Midland is home to seven grade schools, two middle schools, and two high schools. Private schools include two religious grade schools, and the Midland Academy of Advanced and Creative Studies (K-12). Northwood University and Davenport University are located in Midland, as well as a Michigan State University research facility, and the Michigan Molecular Institute. A medical education building, for Michigan State medical residents is located on the campus of the Mid-Michigan Medical Center.

Cultural Opportunities

The Midland Center for the Arts offers events and classes related to arts and sciences, as well as two auditoriums frequented by local and national performers, and the Midland County Historical Society's Heritage Park offers a research library, an interactive history gallery, and a Dow Chemical Historical museum.

Residents enjoy more than 3,000 acres in 72 parks, including the Pere Marquette Rail- Trail, a 30-mile ribbon of asphalt, connected to the Chippewa Nature Center, which hosts more than 1,200 acres of deciduous and coniferous woods, rivers, ponds, wetlands and upland fields. Midland's Dow Gardens feature 100 acres of flower and vegetable gardens, plus an arboretum.

Skaters use Midland's Civic Arena, which has an NHL size rink, an Olympic rink and an indoor soccer facility. Midland has two golf courses, a BMX bike track, a Community Center with multiple pools and exercise facilities, a Gymnastics Training Center, a Community Tennis Center, and a Curling Center.

Midland is home to a minor League baseball team, the Great Lakes Loons, and an average of 4,000 Great Lakes Bay residents attend home games throughout the season.

More than 85 places of worship represent a variety of denominations and architectural styles, earning Midland the nickname, "City of Beautiful Churches."

Last year United Way of Midland County recruited and placed 2,700 volunteers contributing 46,645 volunteer hours and supported nonprofit organizations with nearly \$5 million in contributions, annually, from the community.

Health Care

MidMichigan Health is a nonprofit health system, affiliated with the University of Michigan Health System. The facility provides urgent care, home care, nursing home care, physicians' medical offices, and other specialty health services. The system has approximately 6,100 physicians, advanced practice providers, nurses and other health care providers and volunteers. MidMichigan Health supports a four-year Family Practice Residency, which is affiliated with the Michigan State College of Human Medicine.

Awards

Midland has been recognized repeatedly at the national level for its high quality of life and business-friendly attitude. A sampling follows:

- One of America's 100 safest communities (Neighborhood Scout, 2013)
- Top 10 Cities in Michigan, First Place (Movoto, 2013)
- Community for a Lifetime, (Michigan Office of Services to Aging, 2013)
- Best Small Cities to Raise a Family, Fourth Place (Forbes, 2014)
- Bronze Level Bicycle Friendly Community Recognition (League of American Bicyclists, 2012)
- Best Tennis Town in America (U.S. Tennis Association, 2009)

The Dow Chemical Company took the lead in organizing this project by giving a financial grant to the City of Midland to pursue the Safe Community Accreditation. Dow, a longtime supporter of the National Safety Council, wanted to ensure that Midland, one of its largest manufacturing communities, was focused on safety throughout the community in every way. The City of Midland and Dow hired Joy Buchanan, a retired Dow employee and currently a communications consultant, as project manager to develop the application.

Section 3: Criteria to be a Safe Community

I. Safe Community Mission

The mission statement of the Safe Communities Coalition is to **“positively impact the health and safety of Midland residents by identifying issues where attention is needed, developing a master plan for improvement, and measuring success rates of the interventions implemented.”**

Financial support for the Safe Communities Coalition was provided by The Dow Chemical Company and supported by the Midland City Manager and City Council Members. The City of Midland houses the Safe Community operations.

The communications strategy for the Coalition is to require that the project manager: speak to as many individuals and groups as possible in the community to share the potential positive impact of this effort; actively pursue and communicate solutions for the health and safety issues identified; share the successes of the Coalition’s efforts; and ultimately improve safety and health in the community through the coordination of the proposed action plans with existing agencies and projects already addressing current issues.

The Safe Communities Coalition’s first meeting was on November 10, 2014, after Joy Buchanan, Safe Community Coordinator, met individually with each potential member to inform, share, and request their involvement and participation. All individuals approached agreed to participate fully in the effort to achieve the Safe Community Accreditation. Joy Buchanan facilitates the meetings, held on a quarterly basis.

The communications strategy of the Safe Community organization includes local newspaper articles, radio interviews, Chamber of Commerce meetings, multiple organization presentations, City Council presentations, and multiple other community opportunities to share our message.

Coalition members appear in Appendix A; the organization chart is in Appendix B; Safe Community meeting minutes are in Appendix C; and Safe Community Committee Reports are in Appendix D. Letters of Support are in Appendix E.

II. Data Collection and Applications

1. Demographics for Midland, MI (as of 2014 Census Data)
 - a. 99% urban - 1% rural
 - b. Males/47.8%
Females/52.2%
 - c. Median age/39 years

2. Education:
 - a. 92.9% - High school or higher
 - b. 44% - Bachelor's degree or higher
 - c. 18.4% - Graduate or professional degree

3. Population: 41,957
 - (92%) – White/Caucasian
 - (3.3%) – Asian
 - (2%) – Black, African American

4. Households (Total 17,506)
 - (31.8%) – One person
 - (34.1%) – Two Person
 - (14.5%) – Three Person
 - (12.1%) – Four Person
 - (5.1%) – Five Person

5. Median Household Income: \$50,928K
 - Less \$10K – 7.6%
 - \$15-24K – 12.8%
 - \$25-34K – 9.9%
 - \$35-49K – 13.7%
 - \$50-74K – 17.5%
 - \$75-99K – 11.5%
 - \$100-149K – 10.6%
 - \$150-199K – 4.9%
 - Over \$20K – 6.1%

6. Unemployment Rate:
Population of 16+ years=33,718
 - In labor force – 61.2%
 - Employed – 57%
 - Unemployed – 6.9%

7. Occupations:

46.2% - Management, Professional and related
23.7% - Sales/Office
14.7% - Service
9.5% - Production/transportation
5.8% - Construction/Maintenance

8. Industry:

27.3% Manufacturing
24.1% Education/Health and Social Services
9.5% Retail Trade
8.9% Arts/Entertainment
7.2% Professional Scientific/Management/Administrative/Waste
Management
4.9% Construction

9. Median Age of Midland Residents (2012):

0-5 - 7.4%
6-11 - 7.94%
12-17 - 8.46%
18-24 - 10.93%
25-34 - 11.52%
35-44 - 10.89%
45-54 - 14.78%
55-64 - 12.15%
65-74 - 7.5%
75-84 - 5.79%
85+ - 3.01%

10. City Data.com Crime Rate Index (2012):

Midland - 90
U.S. Average - 299

The Midland Safe Communities Coalition collected data in November 2014 - December 2015. We were able to obtain information (2012-13 and 2013-14) from the following organizations, individuals, city staff, and hospitals:

- MidMichigan Emergency Room Visits (including ages/issues)
- Ambulance Data
- City Police Data for Vehicular Accidents/Mental Health and Suicide Calls/Impaired Driving/Drug Abuse

- City Fire Department Calls (Fires and Emergencies) and Lift Assists
- Police statistics for aggravated and non-aggravated assault
- Community Mental Health Statistics on abuse/mental health issues
- MidMichigan Mental Health Unit statistics
- Child Death Review Board
- Midland Area Community Foundation Health Initiative data
- Legacy Center Data on teen drinking/drugs/suicide
- Poison Control Center
- Midland's Non-Profit organizations related to drug, suicide issues
- Midland Public Schools
- Midland United Way
- Sheriff's Department

The data compiled in the initial research, can be found in Appendix I.

Community Data – Setting Priorities

Once all the community data was collected, a data team (subset of the community coalition) reviewed the information and agreed on the four areas on which we would concentrate. This does not mean that in future years we would not address additional issues.

- 75% of the individuals who visited the emergency room and then hospitalized for at least one night were victims of some sort of fall
- Cooking fires for seniors (in City-owned senior housing) increased from 61 incidents in 2013 to 176 incidents in 2014
- While steady, drug abuse (cocaine, marijuana, heroin, other opiates, methamphetamine, and alcohol) remains a large problem in Midland County. The number of hospital admissions for latest official data include 2010 (517), 2011 (527), and 2012 (433), and do not adequately reflect what police and sheriff deputies feel is the breadth of the issue. The one-pot meth cookers are increasing in the community and they are dangerous to the public, as well as the individuals engaged. Heroin also continues to be a problem because of its low cost and availability.
- Finally, when we looked at just the police calls for suicide attempts or completion, we noticed a doubling from 2012-13 (54 calls) to 2013-2014 (104 calls) in the City of Midland. In both of the years we reviewed, Midland experienced four deaths from suicide.

The information above, along with approximately 50 personal interviews with medical, safety, non-profit, hospital, etc. employees led The Safe Community Coalition to adopt the following issues to address in Midland:

Senior Falls and Cooking Fires;

Drug Abuse, both prescription and illegal, and;

Mental Health/Suicide.

The data collected will be used to educate the public, and develop programs to improve the safety of Midland residents, thus reducing the numbers of incidents/injuries in Midland, MI.

Type of Injury	Trend
Older Adult Falls	80% of the falls requiring hospitalization occur in residents over the age of 60, with most being 80-89 years of age. This is equivalent to 175 Midland residents.
Senior Cooking Fires	Senior cooking fires increased from 61 (fire calls) in 2013 to 176 (fire calls) in 2014, more than doubling in one year
Illegal drug usage	Hospital Admissions for Substance Abuse totaled 318 in 2011; 328 in 2012; 240 in 2013
Mental Health and Suicide	There were 4 completed/identified suicides in 2012 and 2013, but attempts doubled in the same time frame

III. Effective strategies to address unintentional and intentional injuries

Falls/Cooking Fires	Reduce Falls 3%/2016; 6%/2017; 10%/2018 Reduce Fires 2%/2016 4%/2017 5%/2018	Awareness and Education	Evidence Based http://www.mainehealth.org/mob	Target seniors	3-years	MidMichigan Medical Center; Senior Services; Midland Fire Department
Illegal/Prescription Drug Abuse	Drinkers seek help: increase 1.6% to 5%/2017 Drug users seek help: 9.3% to 15%/2017	Awareness and Education	Evidence Based www.drugabuse.gov/publications/principles-drugaddiction-treatment-researchbasedguide	Target teens and adults	3-years plus	Community Health; Police; MidMichigan Medical Center
Mental Health and Suicide	Reduce 3%/2016 4%/2017 6%/2018	Awareness, education, and engagement in mental health activities	Evidence based www.sprc.org/ASIST	Target youth, teens, adults, elderly	3-years plus	Community Health, NAMI, MidMichigan Medical Center, Police, mental health organizations

IV. Evaluation Methods

Project	Activities	Outcomes	Length	Indicator(s)	Method	Results
Older Adult Falls and Cooking Fires	Training for seniors on both cooking fires and falls; seminars; home inspection; classes; doctor education	Reduced injuries from falls and reduced number of fire calls for cooking fires	Expect more intermediate and long term outcomes given the number of seniors in our community and the education parameters	The number of falls requiring hospitalization ; the number of calls ambulances make for life assists; and the number of fire calls made for a cooking fire/seniors	Hospital ER data; fire call data; life assist data; and senior living center data	Initial results found there were more falls than expected, especially the lift assist when seniors fell at home and could not get up. There was also a doubling of cooking fires in the years we researched
Illegal Drug Use (Street or Prescription)	Continue to use current resources for treatment; enhance education in schools and youth groups; train family practice doctors; and educate parents	Fewer numbers of drug addicts in treatment; healthier youth and adult population; less school delinquency; fewer emergency room calls	Expect intermediate and long term improvement because of the size of our issues and the length of time required in changing behaviors and getting off drugs	We will continue to measure the number of drug cases handled, the number of those in treatment and the number of arrests for drug use and/or production	Police arrest numbers; court cases; Ten16 house treatment numbers	We were not surprised with the drug issues Midland Experiences, Primarily because there has been much work done in this area, and the local police have been diligent. However, there remain many issues that must be resolved.
Mental Health Issues; Suicide Attempts and Suicides	There is much education that needs to be completed in Midland; training; and stigma reduction; there is a great need for additional therapists	Fewer suicide calls and less waiting times for therapy; Greater public acceptance of the issues	All three levels of outcomes expected because there is a lack of understanding about these issues, as well as not wanting to talk about these issues	We will measure attempts through ER and police; completed suicides; wait time for therapy; and overall acceptance in community	Hospital Mental Health Unit and ER data; Police/ Fire data; school incidents and Ten 16 data	This has been a journey in that we have had to dig to find info on this issue. That search provided awareness and every day we are learning something new. The best result to date has been awareness and putting the picture together.

Section 4: Community Inventory of Safety and Injury Initiatives

Falls/Fire Prevention	Target Group
Home modification visits/intervention	Adults 65+
Quarterly education programs in group residential homes	Adults 65+
Poisoning Prevention	
Med Drop Boxes	All ages
Childhood poisoning programs	Parents
Education Programs	All ages-offered through MI Department of Human Services
Violence and Suicide Prevention	
Yellow Ribbon Program	Teens
Community Police Officers in High Schools	Teens
Annual Suicide Walk	All ages
Emergency Preparedness	
Emergency Operation Center	Entire Community
Nixle Communications	Entire Community
Workplace Safety	
Our community has extensive workplace safety in place thanks to The Dow Chemical Company and Dow Corning Corporation being located here. The programs of these companies has significantly influenced other manufacturers and businesses in Midland so we are able to have a great industrial safety performance in our small city.	Entire Community

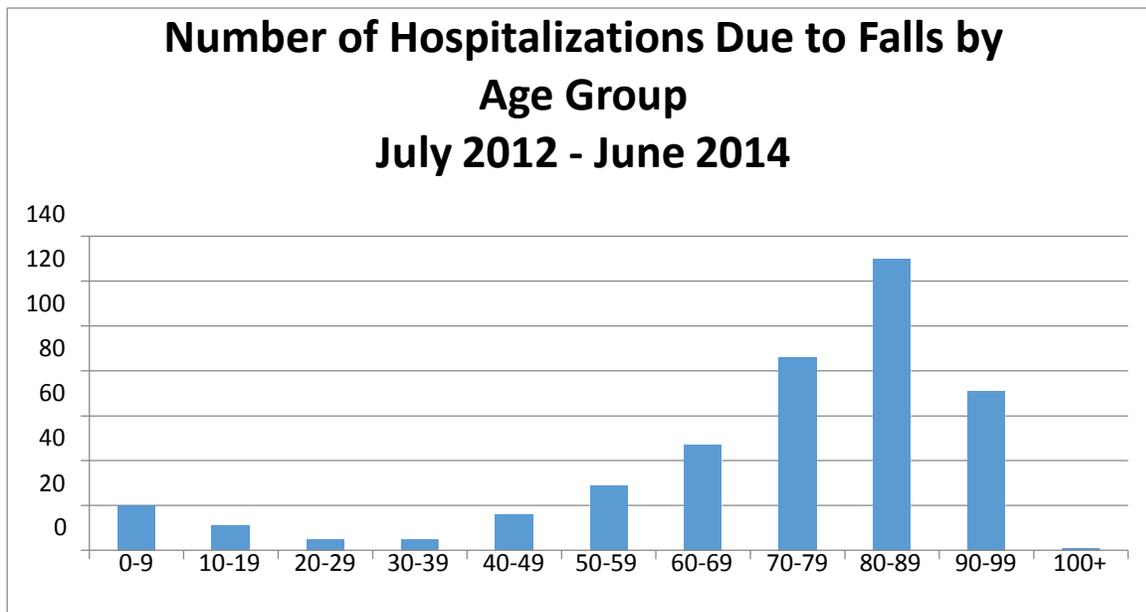
Older Adult Falls Prevention

Falls are responsible for more than 200 hospitalizations in the City of Midland each year, an incident rate of 5 per 1,000 residents. The CDC reports that 20-30% of people who fall suffer moderate to severe injuries such as lacerations, hip fractures, and head traumas.¹ There is an opportunity to educate Midland residents of all ages and provide programs for those most at risk to prevent injuries from falls, which will lead to a safer and higher quality of life.

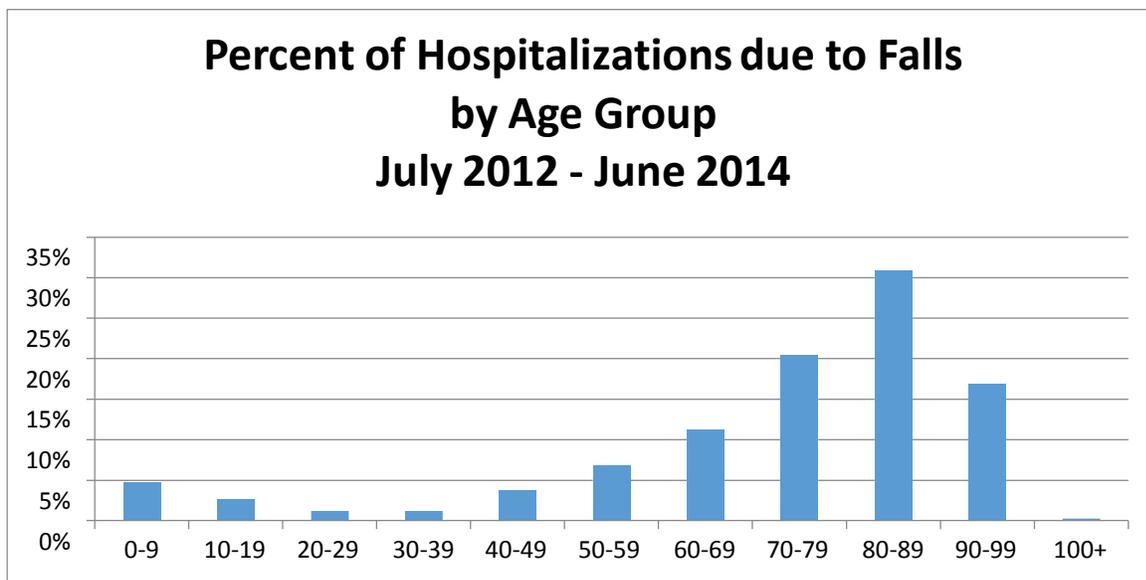
¹ CDC Recreational Safety Website: Adult Falls
<http://www.cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html>

Data Review and Application of Data to Goals

The graphs below evaluate the ages and age group percentage of residents living in the City of Midland who were **admitted** to MidMichigan Medical Center – Midland (i.e., more severe injuries) as the result of a fall during the two years beginning July 1, 2012 and ending June 30, 2014. There were a total of 421 hospitalizations due to falls during this time period.



Data Source: Lori Coppola and Tom Wood, Trauma Registry, MidMichigan Medical Center-Midland



Data Source: Lori Coppola and Tom Wood, Trauma Registry, MidMichigan Medical Center-Midland

The two graphs above indicate that more than 80% of all falls requiring a hospitalization occur to residents 60 years of age and older, with the most at-risk age group being 80 to 89 years of age. This is equivalent to almost 175 residents per year in the City of Midland over the age of 60 who sustain injuries in a fall that are serious enough to require hospitalization.

The following data indicates the type of falls occurring to residents in the two prior graphs:

Type of Fall	Count	Average Age
Fall - same level	282	76
Fall – down stairs/steps	41	63
Fall – same level/striking other object	36	73
Fall - from height (ladder/building)	33	52
Fall – from bed	20	73
Fall – due to contact w/person	2	48
Total	421	71

Data Source: Lori Coppola and Tom Wood, Trauma Registry, MidMichigan Medical Center-Midland

The data in the chart above show that the greatest opportunity for preventing falls is to focus on those occurring from the same level (includes falls during locomotion, striking other object, and falls out of bed), with a secondary focus on falls down stairs and from a height (either from a building or ladder.)

Additionally, the Midland Fire Department collects data on “lift assist” events where they respond to help individuals who have fallen and require aid in getting onto their feet. For the calendar years of 2013 and 2014, there were 225 and 294 “lift assists,” respectively, in the City of Midland, which supports the conclusion that Fall Prevention is a critical topic to address in the community.

Existing Resources

The following fall prevention programs are currently available in the City of Midland:

- **Matter of Balance:** This is an evidence-based program focused on fall prevention for seniors. Midland has two master trainers and several coaches, who offer 7-8 sessions per year at 12-14 people per session, which reach approximately 100 residents annually for these 8 week sessions. Classes are held at assisted living homes, senior centers, and at local community facilities. Most sessions are provided free of charge due to funding from the American Osteopathy Association, the Michigan Health Endowment fund, Area Agency on Aging, and from local agency support (Senior Services and MidMichigan Medical Center-Midland).
- **Fall Prevention Presentations:** Firefighters and MidMichigan Medical Center-Midland have one-hour fall prevention presentations that are delivered to residents to raise awareness and offer prevention techniques on this subject.
- Several local agencies offer home safety assessments for clients that aid in fall prevention.
- Midland is home to two large industrial companies, The Dow Chemical Company and Dow Corning Corporation, who have robust fall protection programs for their workers. Midland is also home to Great Lakes Safety Training Center, a facility that trains local contract workers on fall prevention and other safety-related topics. This workplace training translates to the home environment where workers share their knowledge of fall prevention with their families, creating a safer community.

The following table was used by the Falls team to evaluate existing and potential fall prevention programs:

Program Name	Free or Low Cost?	Cost to deliver	Number of people needing training to deliver	Who delivers?	Potential number of people/yr impacted	Time commitment to deliver program	Evidence based program?	Quality of program (H/M/L)	Format / location
Matter of Balance	Free (already have)	med-high	12	2 volunteer coaches / class	12-14/class; 12/fy -> 150 people	16hrs; 4hr/wk	Y	M	Residential homes and Sr Centers
Move with Balance	Low startup cost	low	12	Instructor w/fitness background	50	1hr/wk for 10 weeks	Y	M-H	Community center; focus is on more active seniors
SLIP	Free; Kelli has COs which are \$75	minimal; printing costs	No training necessary; needs good	Anyone	Thousands	45 minutes 1X/yr segment; 4 segments	N	H	Any gathering place
Steady Toolkit	Low cost	minimal; printing costs	NA	physicians; mid-care providers	Thousands	low; integrated into office visits	N	M	Medical Office
Otago	High cost	RN training; PT retainer; go to individual's homes; provide ankle cuff weights	four - five	RN/PT	Highly dependent upon resources available	6hr/person/yr	Y; 35% reduction in falls in high risk group	H	One on one in home
MI Fall Prevention Plan	Low cost	pamphlets for printing	NA	NA	Thousands	NA	N	L	pamphlets
Consumers Energy falls program	Free or low	Free	Staffed by Consumers	Consumers	Community event	10-15 min/person	NA	H	Mobile trailer

Proposal: Effective Strategies to address injuries from falls via this written Fall Prevention Plan

First 12 months of Safe Communities Coalition Fall Prevention Efforts

- **Identify facilitators, schedule locations, and deliver SLIP, Remembering When, or other fall prevention presentations at gatherings that reach a large number of seniors, such as residential centers, assisted living centers, nursing homes, and other events that focus on seniors as the audience.** Determine how to further enlist firefighters in educating seniors, as they are the first responders to falls occurring in the community.
- **Continue to deliver Matter of Balance, and pursue grant funding to provide 10-12 new volunteers.** We will pursue a partnership with a local educational institution, such as Saginaw Valley State University, to determine if grants are a possibility for this funding. Saginaw Valley State University is located near Midland and provides academic programs such as occupational therapy, kinesiology, and nursing that are aligned with our efforts related to Fall Prevention. More trained volunteers will allow this program to reach a greater number of seniors at risk of falls.



(Members of the Safe Communities Falls Committee (left to right): Kelly Juday, Great Lakes Safety, Mary Haslem, chairman, The Dow Chemical Company, and Kelli Jenkins, MidMichigan Medical Center-Midland.)

- **Efforts will be made to collect further data on non-admitted falls from Urgent Care centers and the Emergency Room.** This will allow our team to respond to other causes of falls that haven't yet been addressed with our current dataset of hospitalizations due to falls.
- **Through ongoing communication with other local groups and online research, evaluate additional fall prevention programs** that may be worthwhile to pursue, and revise this Midland Fall Prevention Plan annually.

Next 12-24 Months

- **Participate in, or organize, ongoing Fall Prevention events for the community** with a focus on medication interaction, audiology testing, osteoporosis prevention information, a “dump your prescription drugs” station, and a falls screening check ([Timed Up and Go test](#)) endorsed by the CDC and administered by trained health professionals. We would also like to provide squishy balls or thera bands with logos that will encourage and remind seniors to exercise as a fall prevention strategy, in addition to handouts outlining routine home exercise regimens to maintain generalized strength and endurance.
We plan to include Consumers Energy’s portable Slip Simulator trailer that they have agreed to provide free of charge at community events. The simulator gives healthy, able-bodied people a simulation of what it’s like to walk on slippery surfaces, such as the ice encountered in Midland during the winter months, so that safe walking techniques can be practiced. A video of a simulator similar to the one used by Consumers Energy can be seen at this link: [Slip Simulator](#). An ideal collaboration opportunity for this event is the Spring or Fall Senior Expo held at the Midland Mall. These events are sponsored in part by Senior Services of Midland, and The Midland Daily News.
- **Pursue instructor training for at least two individuals for [Remembering When](#)TM**, a fire prevention and fall prevention program developed by NFPA and the Centers for Disease Control and Prevention (CDC) to help older adults live safely at home for as long as possible. We would also identify approximately 12 volunteers to support this collaborative effort with involvement from MidMichigan Medical Center-Midland, Senior Services, and the Fire Department.
- **Meet periodically with the Community Health Improvement Plan (CHIP) team focused on reducing falls with seniors** to determine where we can collaborate and mutually support each other.

- **Partner with MidMichigan Medical Center-Midland to determine the most effective way to integrate the STEADI Toolkit into medical office visits with seniors.** This is a low-cost way to reach at-risk seniors so they receive tools that can help prevent falls in their living environment.

Long-Term Plans: 24-36 months

- **Develop workplace outreach that communicates fall prevention information** to workers, and encourage them to share this information with senior family members. This effort will assure we reach a broader demographic group while also supporting seniors. Consider creating a video of the training so it can be shared more readily.
- **Develop a Home Safety Assessment and share with providers** in the Midland Community. This assessment will include key areas of prevention based on the main causes of falls seen in data collected in the community (hospital, urgent care centers, firefighters).
- **Submit a grant proposal for development of the [Otago](#) program.** This is an evidence-based exercise program that has shown a reduction of 35% in falls with those in the highest-risk age groups, and features a one-on-one personal method of delivery via five visits to residents' homes.
- **Evaluate the MI Fall Prevention Plan website's Fall Risk Assessment Tool (FRAT)** that was developed for physicians, and determine if this and other materials available on the website would be worthwhile to implement in Midland.

The above activities will all be integrated into existing programs and organizations to manage, primarily Senior Services, the Midland Fire Department, and MidMichigan Medical Center - Midland.

Falls Project Goal:

Reduce the number of hospitalizations due to falls by 3% by year-end 2016, and by a total of 6% by year-end 2017, from the baseline of 211 average per year.

Senior Cooking Fires

When the Safe Communities Coalition reviewed all fire statistics, it was obvious Senior cooking fires had grown significantly, not unlike falls. As a result, Coalition Members decided to combine the falls and fire activity, especially since the target audiences were the same. The following statistics from the Midland Fire Department were the deciding factor on addressing Senior fires:

2013: Senior Cooking Fires/Burned Food = 61 fire calls

2014: Senior Cooking Fires/Burned Food = 176 fire calls

1. Currently, the Midland Fire Department meets quarterly with seniors in the two City-sponsored senior Housing Facilities. Firefighters deliver messages about the danger of cooking fires and the importance of paying attention to cooking/toaster ovens, etc. All apartments in the senior facilities are equipped with smoke detectors.
2. Firefighters also work closely with Senior Services in giving joint presentations quarterly to seniors on Fall and Fire Protection. In addition to the City Senior Housing facilities, both groups provide presentations to multiple organizations.

As a result of the efforts on Safe Communities, four participants representing the MidMichigan Medical Center, Senior Services of Midland County and the Midland Fire Department, were trained on 'Remember When' in November 2015 and will spearhead Remembering When training for Midland seniors. It is expected this will reduce the number of both cooking fires and falls in our community.

Reduction goals for cooking fires in senior residences data for both individual homes and City-sponsored retirement communities, and based on 2013-14 data are:

2016 - 3% reduction

2017 – 4% reduction

2018 – 5% reduction

Fire Prevention Committee:

- Kelly Juday, Great Lakes Safety Training Center, Chair
- Josh Mosher, Midland Fire Department
- Jim Heading, Midland Fire Department, Outreach
- Jill Dougherty, Great Lakes Safety Training Center
- Joy Buchanan, Safe Communities Chair

Data from the Midland Fire Department:

1. Cooking Fires:
 - a. 2012-2013 – 61 Calls for burned food/cooking fires
 - b. 2013-2014 – 176 Calls for burned food/cooking fires
 - c. 95% of calls came from community-owned senior residences

2. Collaborating statistics:
 - a. Senior citizens age 70 and over have the greatest risk of fire death. The fire death risk for seniors is more than double the average population. Source: <http://thealarm-specialists.com/facts-on-causes-of-death-for-senior-citizens/>

 - b. Seven people died each day in U.S. home fires, on average, and older adults were most likely to die in a home fire. Cooking equipment remains the leading cause of home fires and home fire injuries; however, smoking materials persist as the leading cause of home fire deaths, according to the report. Source: National Fire Protection (2013). Seven people die each day in reported home fires. Retrieved from <http://www.nfpa.org/press-room/news-releases/2013/seven-people-die-each-day-in-reported-us-home-fires>

 - c. Americans over the age of 65 are one of the groups at greatest risk of dying in a fire. People the age of 80 die in fires at a rate three times higher than the rest of the population. Source: <http://www.examiner.com/article/elderly-at-greater-risk-for-fire-related-deaths>

Midland's Plan for Improving Statistics in Midland:

- Work with Community Outreach from the Midland Fire Department on ways to further educate seniors, while complimenting existing programs
- Educate elderly residents by making frequent and quarterly presentations at all nursing homes, community senior residential homes, adult foster care providers, group and assisted living homes, and senior centers. We will do this in conjunction with existing providers.



The above photograph shows a fire extinguisher training in progress. The Great Lakes Safety Training organization has agreed to provide this training equipment for regularly scheduled senior citizen training relative to cooking and home fires.

Substance Abuse Disorders

Midland has not been immune to experiencing an increase in drug abuse and illegal drugs, including growing heroin and methamphetamine problems over the last few years.

Data from the Michigan Department of Community Health, Bureau of Substance Abuse and Addiction Services show an increase and a change in substance abuse for Midland County from 2010-2012. With Midland as the largest city in the county and the major emergency room facilities, we used these county statistics to drive our efforts:

2010 Hospital admissions/Midland County=517

Alcohol-189
Cocaine-26
Marijuana-73
Heroin-72
Other opiates-145
Methamphetamine-2

2011 Hospital Admissions-Midland County=527

Alcohol-185
Cocaine-13
Marijuana-37
Heroin-89
Other opiates-183
Methamphetamine-6

2012 Hospital Admissions-Midland County=433

Alcohol-170
Cocaine-14
Marijuana-35
Heroin-57
Other Opiates-131
Methamphetamine-3

This information, in conjunction with the Midland City Police Department statistics, and data from all agencies dealing with drug issues, the community developed a Community Health Improvement plan (CHIP) to address the substance abuse disorders.

Members of CHIP include: Dow Chemical Health Director; Senior Services, Midland County Council on Aging Director; Community Mental Health Program Director; Midland County United Way Director; 211 Northeast Michigan Director; Midland County Health Department Director; MidMichigan Healthy Community Health Manager; Midland Community Foundation President/CEO; Sim Patient Central

Michigan University; Shelter House, Executive Director; Midland/Clare County DHS Social Services Program Manager; Family and Children's Services CEO; MidMichigan Health Nurse Practitioner; Greater Midland Community Center, Ex. Director; Midland's Open Door, Ex. Director; Bullock Creek Schools, Superintendent; Great Start Collaborative Director; MidMichigan Health PCMH/Population Health Coordinator; Midland County Commissioner; MidMichigan Community Action Coordinator; Northwood University System/Safety and Security Director; Midland Reform Church Pastor; Legacy Center President; and Disability Network Executive Director.

Current programs and facilities in Midland for those impacted by Substance Abuse Disorders include:

- Six-bed social detox program in Mt. Pleasant, MI offering a safe environment for substance abuse withdrawal. A six-bed unit under the direction of a physician, who handles medical assistance for withdrawal symptoms.
- Ten 16 Recovery Treatment, offers two six-bed residential facilities in Midland, MI (one for women and one for men) where residents can withdraw from substance abuse while receiving meals, personal care, and 24-hour supervision.
- A 20-bed facility in Midland with active treatment, therapeutic programming and a range of social and recreational therapies.
- These facilities take calls 24/7, staff gathers information on the phone and admittance is within 24 to 48 hours.
- Center for Recovery and Wellness is the newest opportunity for individuals or families who have someone in a drug or alcohol recovery process or need information about substance abuse disorders, addiction and recovery. The center, located in the Strosacker Center, 220 W. Main St. Midland, is staffed by individuals with recovery experience. Both drop-in services and scheduled programs are available.

All of the above programs are offered to either gender, 18 years and above, who have an ability to care for themselves and are medically stable.

Other opportunities offered in Midland include outpatient counseling, residential family clinical days, family and friends' visitation and resources, peer support and individual and family support groups. This includes a monthly program which is open to anyone interested about drugs or alcohol. Topics and information includes signs and symptoms of drug abuse and addiction, drug information, interventional strategies, treatment options and support options.

Finally, For A Brighter Tomorrow is a non-profit organization in Midland helping individuals with successful recovery from addiction. They help individuals eliminate recovery obstacles, such as insurance lapse costs of court-ordered drug testing, housing, extended rehabilitation stay, clothing, obtaining proper ID, parent and family support groups and transportation.

The following Chart compares Ten 16's 2012/2015 Service Statistics:

	<u>Persons/served</u>	<u>Units of Service</u>
Detox	416/445	1,702/1537 bed days
Residential	252/292	4,492/5,606 bed days
Outpatient Counseling	1,155/609	12,955 hours/6,689 sessions
Peer Support	133/378	258 groups/events/1,924 sessions
Prevention	4,246/4,292	1,900 hours/1,909 hours

	<u>AVG. Length Stay</u>	<u>Completion Rate</u>
Detox	409 Days/3.45 days	87%/85.4%
Residential	17.8 days/19.2 days	74%/71.9%
Outpatient Counseling	11.2 sessions/14.1 sessions	46%/52.8%

90 Days Post Treatment

Able to Sustain Recovery	61%/58%
Of those who relapsed, those who returned to recovering lifestyle	82%/77%
Involved with support program	59%/60%
Improved relationships	86%/82%
Length of treatment was right for me	85%/80%
Staff cared about my success	98%/97%

Ten 16's Recovery Network 2015 annual report can be found in Appendix G.

The Midland County Health and Human Services (MCHHS) organization adopted the following strategy for reducing substance abuse disorder in Midland County, Michigan. Because this effort is extensive and includes many of the same needs the City of Midland would address in illegal drug abatement, Safe Communities received permission to use the MCHHS plan for its accreditation. The City of Midland is the largest City in the County, so the data would certainly be consistent with City data. Also, Safe Communities has worked extensively with the individuals who initially established these guidelines and they are hopeful with inclusion in the Safe Communities work, the efforts will be easier to achieve.

For a detailed plan on drug use, treatment, and reduction, please see the MCHHS plan in Appendix H.

Mental Health and Suicide Prevention

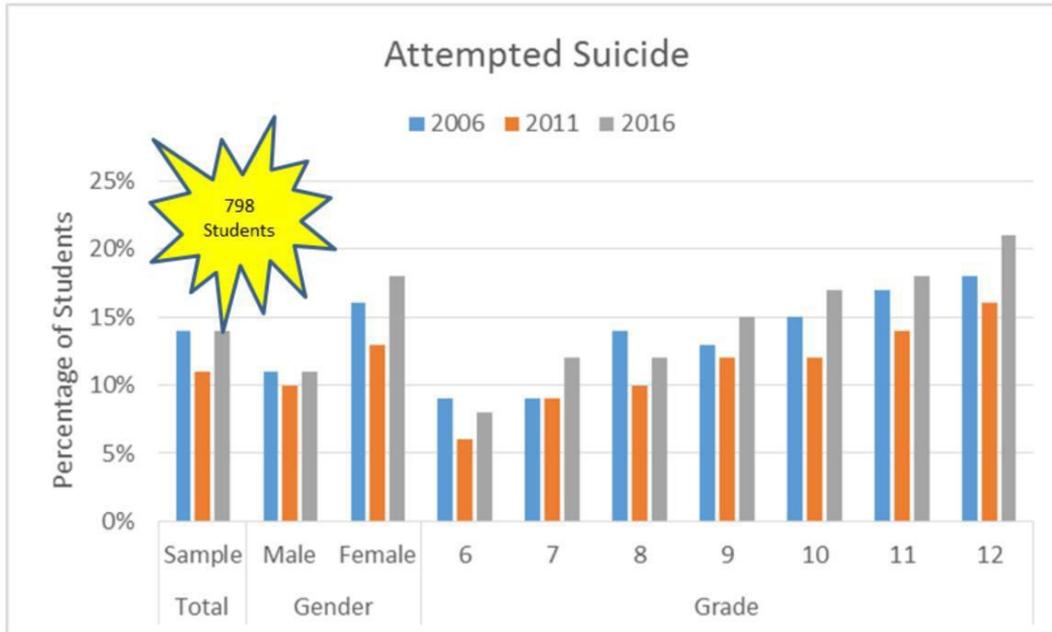
While looking at Mental Health and suicides as a potential issue to address for Midland's Safe Communities effort, our team ran across the following quote from a 2010 presentation of the Health and Human Services Council. It led the Safe Communities team to look further into these issues. Additional data provided the insight to confirm that Mental Health and Suicide need to be included in Midland's top priorities to be addressed.

“16% of teenage girls in our community were frequently depressed and 13% have attempted suicide, compared with 10% of local boys. Community Mental Health is counseling over 200 youth for depression, the most diagnosed condition.” Nationally 11% of adolescents have a depressive disorder by the age of 18. 12% of older adults are depressed, but represent 20% of suicides.”

Midland Health and Human Services Council

This student survey was just completed, as scheduled, for 2015 and the new results are below. As you will see, there is an increase across the board, which further clarifies our effort to address these issues.

Attempted Suicide



The Midland Police Department provided us with statistics showing, in the first year of our two-year study, they had been contacted 54 times, on a 911 call by or for someone threatening to take their own life, someone who had attempted suicide, or someone who was unconscious or had died as a result of suicide. The second year, there was a doubling of calls (100) for the same issues.

Suicide Data for Midland, MI

2012-2013

July 1, 2012 - June 30, 2013

M = Mental					M = Mental				
Eval	D = Death	Means/Weapon	Age	M/F	Eval	D = Death	Thoughts of Suicide	Age	M/F
	D	Gun	12	M		M		14	F
	D	Hanging	30	M		M		18	F
	D	Hanging	30	F		M		19	M
	D	Propranolol	22	M		M		23	F
4		TOTAL DEATHS				M		24	F
M		Alcohol	29	M		M		26	F
M		Alcohol	79	F		M		31	F
M		Ambien, Clonazepam	41	F		M		35	M
M		Ambien, Wine	36	F		M		35	M
M		Clonazepam, Alcohol	47	F		M		42	M
M		Diphenhydramine,				M			
M		Lisinopral HCTZ	39	M		M		42	M
M		Gun	33	F		M		44	M
M		Gun	35	F		M		44	M
M		Hanging	17	M		M		46	F
M		Hydrocodone, Carnoprodol	33	M		M		52	F
M		Isometh/Apap/Dichlor	26	F		15	THOUGHTS OF SUICIDE		
M		Knife	24	F					
M		Knife	26	F					
M		Knife	25	F					
M		Knife	21	M					
M		Knife	35	M					
M		Knife	21	F					
M		Knife	24	M					
M		Knife, pills	21	M					
M		Knife, Prozac	22	F					
M		Knife, Tylenol	26	F					
M		Lorazepam, Ativan	26	F					
M		Pills	42	F					
M		Pills	18	F					
M		Prozac	19	F					
M		Razor	51	M					
M		Razor	44	F					
M		Razor	25	F					
M		Screwdriver	26	F					
M		Simet, Alcohol	42	M					
M		Tessalon	21	F					
M		Tylenol	24	M					
M		Vehicle	21	M					
M		Xanax, Vehicle	24	F					
M		Xanax, Morphine	57	M					
35		TOTAL ATTEMPTED							

2013-2014

July 1, 2013 - June 30, 2014

M = Mental Eval

D = Death	Means/Weapon	Age	M/F
D	Gun	50	M
D	Gun	76	M
D	Gun	31	M
D	Hanging	41	M
<hr/>			
4	TOTAL DEATHS		
M	Alcohol	36	f
M	Aleve, Advil	17	F
M	Ambien	42	F
M	Ate broken glass	20	M
M	Buspar, Trazadone, Alcohol	35	M
M	Buspirone	44	M
M	Cleaning product	50	M
M	Cut	24	F
M	Cut	31	M
M	Cut	19	F
M	Cut	50	M
M	Cut	27	F
M	Cut, Alcohol	25	F
M	Cut, Alcohol	44	M
M	Cut, razor	83	F
M	Diazepam, oxycodone	32	M
M	Diphenhydramine	25	M
M	Flexeril	46	M
M	Fork	11	M
M	Gabapentin	40	F
M	Hang	32	M
M	Jump	33	M
M	Knife	39	F
M	Knife	42	F
M	Knife	28	M
M	Knife	87	F
M	Knife	25	M
M	Knife	54	F
M	Knife	23	F
M	Knife, broken glass	18	M
M	Norcutin	40	F
M	Nyquil, Xanax, Norco	38	F
M	Oxcarbazepine	14	F
M	Paxil	27	M
M	Pills	26	F
M	Pills	32	F
M	Pills	53	F
M	Pills, alcohol	45	F
M	Pills, cut	15	F
M	Rat poison	36	M
M	Razor	21	M
M	Razor	47	F
M	Suffocation, cut	16	F
M	Tramadol	21	F
M	Trazadone	47	F
M	Tylenol, no-doz	49	F
M	Unisom	33	F
M	Vehicle	22	M
M	Vicodin	17	F
M	Vicodin, alcohol	19	F
M	Vyvanse	25	F
M	Xanax, alcohol	19	F
M	Xanax, Amitriptyline	20	M
M	Xanax, Benedryl	35	F
M	Xanax, Vicodin	27	F
<hr/>			
55	TOTAL ATTEMPTED		

M = Mental Eval

D = Death	Thoughts of Suicide	Age	M/F
M		18	F
M		19	F
M		19	M
M		19	M
M		19	M
M		20	F
M		20	M
M		20	F
M		20	M
M		20	M
M		20	M
M		21	M
M		21	M
M		22	M
M		23	F
M		24	M
M		24	M
M		24	F
M		26	F
M		28	F
M		28	M
M		31	M
M		31	F
M		31	M
M		31	M
M		32	M
M		35	M
M		36	M
M		38	F
M		39	F
M		39	F
M		41	M
M		47	F
M		52	M
M		52	M
M		52	M
M		56	M
M		56	M
M		59	M
M		59	M
M		60	M
M		61	M
M		63	M
<hr/>			
45	THOUGHTS OF SUICIDE		

MidMichigan Medical Center's data indicates from 2012-14, 288 individuals sought assistance through the Emergency Room for suicide attempts. These could possibly be some of the 154 identified by Midland Police.

The above are the only official sources of information about mental illness and suicides, although an educated and informed guess tells us there are numerous mental health issues handled by private doctors or hospitals that are not recorded in the Midland community. Because of a lack of information, we believe the available data used for

this study does not include many residents who are suffering and being treated independently, or not treated at all. All of this, led us to do more research, making this a top priority for our Safe Communities' effort.

Our data does tell us there are more than 200 individuals being treated for depression, the mental illness known to drive suicide, on a regular basis at Community Mental Health. This does not include all the physicians and mental health caretakers in our community who are likely seeing many patients suffering from depression and other mental illnesses.

Local school counselors from one of our high schools tell us in the last three years, they have collectively counseled more than 1,000 students with personal and emotional at risk issues. In addition, Family and Children's Services offers an in-school outpatient counseling program for youth ages 14-18. Master level counselors meet with youth at the school to eliminate the transportation barrier. The program is funded by United Way so there is no cost to students.

While we don't have all the data or all the information, our team felt this was a crucial concern to our community and that looking for more, real information and looking at solutions to these problems was essential.

In addition to youth, we are an aging community, so we are also concerned about elderly suicides. National statistics tell us 12% of older adults are depressed, and these individuals account for 20% of the suicides occurring each year. Our statistics in this area are minimal, if available at all, so one of the efforts will include determining how to collect ongoing data in this area.

Interviews with a number of mental health professionals, mental health patients and parents, and the local chapter of NAMI (National Association of Mental Illness) led to the following conclusions:

- Too few psychiatrists and psychotherapists are available for support in our community
- There are difficulties in obtaining admission to MidMichigan's Medical Center mental health unit
- There is a lack of post-hospitalization care
- Tremendous social isolation occurs for those suffering from mental illnesses
- There is a lack of respite care for working parents

- There is a lack of public knowledge, leading to negative public attitudes about mental illness and suicide
- There is a lack of communications between school officials and parents on signs of mental illness or suicide
- Accurate data on mental illnesses and suicides is not available

Safe Communities will address issues associated with Mental Illness and Suicide in a number of different ways:

First 12 months:

- Add mental illness/suicide to the Community Health Improvement Plan, already existing and overseen by the Midland Area Community Foundation. (healthymidland.org)
- Enhance education of community residents through public information/ success stories and a website designed to educate the public, which will be managed and operated by the 2016 Leadership Midland Class (a group of young professionals being trained on community knowledge and leadership)
- Develop a community mental health team (from existing professionals and organizations in the community) to develop accurate/robust statistics.
- Add a trained mental health practitioner to the emergency room staff, in an on-call position, to be shared by practitioners in the community
- Work with MidMichigan Medical Center - Midland to educate medical personnel and practitioners about treatment, counseling and follow up on their patients with mental illnesses
- Work with Assistant Principals at Midland Public Schools for education and awareness of mental health issues in Midland and available resources
- Define a community resource center for information about mental health and suicide, utilizing, among others, NAMI materials and programs
- Develop a police intervention team, specifically trained to handle mental health crises
- Coordinate with community religious leaders to pick one weekend of the year to address mental illness and seeking help from the pulpit
- Expand the training of 211 and 911 operators on handling mental health calls
- Stabilize 911 calls on mental health issues by year-end 2016

12-24 Months

- Evaluation of services, size, hospitalization, and follow-up care of MidMichigan Medical Center's Mental Health Unit.
- Develop full partnership on these issues with Midland Public Schools, including research into funding in-home support for students in need
- Investigate having psychological counselors at schools, as well as current career/college support counselors

- Investigate opportunity to adopt the practice from other States of in home support from newborn to school age on things parents can teach at home to enhance learning skills
- Bring a renowned “Mental Health or Happiness” speaker into the community, through Matrix Midland
- Provide a centralized site for teens suffering from mental illnesses to gather
- Develop a resource center for individuals, families, employers, etc. on mental health and suicide prevention
- Expand availability of mindfulness classes, family psychoeducation, and support groups
- Work with largest employers in community to address mental illness and suicide programs as part of worker safety
- Reduce 911 calls on mental health issues 2% by year-end 2017

24-36 Months

- Address social interaction opportunities for adolescents/teens suffering from mental illnesses
- Develop a resource center for individuals, families, employers, etc. on mental health and suicide prevention
- Have three additional psychiatric/psychologist professionals handling cases in Midland
- Reduce 911 calls on mental health issues by 4% by year-end 2018

Nationally, suicide is the second leading cause of death among 15-29 year olds. More than 800,000 people die by suicide every year, which means one person every 40 seconds, around the world. There are more deaths from suicides than from war and homicide together. All of this is information from the World Health Organization, which reports its target is to reduce suicide rates 10% by 2020.

And what drives these suicides? Professionals will tell you that most suicides are driven by mental illness, especially depression.

Mental illnesses are as real and valid as physical illnesses. Whether there are malfunctions in the brain or in the body, people need proper diagnosis and treatment.

Mental Health Education and Suicide Prevention information in Midland has been available over the last few years, but data shows the information has been limited, and current mental health/suicide numbers indicate there are problems in the community that need to be fully addressed. These include significant increases in education and awareness of the concerns about this subject; increasing the numbers of mental health providers in the community; improving access to mental health assistance through the

schools, and changing attitudes toward mental health and suicide among community residents. There are a few groups working diligently on these issues in an effort to reduce this health issue's impact on Midland. All parties agree there is still much work to be done.

An article about mental illness and suicide, which appeared in the Midland Daily News, in conjunction with Mental Health Awareness month and as part of the Safe Communities education program appears in the Appendix.

Sustainability of Midland's Safe Community

Accomplishments to date include:

- Determination of four areas of concentration – Falls, Senior Cooking fires, Drug Abuse (prescription and illegal), and Mental Health/Suicides
- Several newspaper articles about the Coalition's efforts
- Initial steps to developing a mental health crisis team in the police department
- Submission of a grant request to the local community foundation for a Senior Falls training program
- Project manager's involvement in the City of Midland's injury review board
- More than 30 presentations to Midland groups
- Additional accomplishments can be found in Appendix H.

Goals:

- Reduce the number of fall injuries
 - Reduce the number of senior cooking fires comments
 - Reduce the incidences of illegal drug use, both street and prescribed drugs
 - Reduce the number of suicide attempts and suicides
- (Specific goals are included in the discussions about each of the above goals.)

Task Groups:

- Older Adult Falls/Cooking Fires
- Prescription Drug Abuse/Illegal drug use
- Mental Health/Suicide

The mission statement of the Coalition follows:

"The Midland Safe Community Coalition, through analysis of available community data, will determine its most significant community safety issues, select target issues to address resulting in significant strides towards improving safety statistics for the City of Midland."

Coalition Communications:

Sharing information with surrounding communities is an easy task, in that we are part of a Great Lakes Bay Region in Michigan, connecting us with Saginaw, Bay City, and Mount Pleasant. While we are a City (versus County) seeking accreditation, we are the largest City in Midland County, which requires us to make great use of Midland County data in achieving improved safety and health in our community.

1. The project manager for Safe Communities is the individual who spearheads the communication inside and outside of our local community. She has given multiple presentations about our effort to achieve a Safe Community Accreditation in Midland and external communities. These have included many non-profits in Saginaw and Bay City; calls and conversations with State-wide organizations (NAMI, State Police, Housing authorities, Dean of Central Michigan University Medical School, etc.) about Midland's efforts and how they relate to what other communities are doing, and Coalition members are also communicating with their counterparts in their own and other communities.
2. The Midland Safe Communities coalition shares information within the community by talking to service groups (Kiwanis, Rotary, etc.), newspaper articles written by both reporters and the project manager, information on the City's website, presentations at City Council meetings, which are on local TV and covered in the newspaper.
3. Integrated Communications Plan:
 - a. The project manager's office is in City Hall, which allows total integration with all City Departments and services.
 - b. The editor of the local daily newspaper is a coalition member of Safe Communities.
 - c. The project manager has a 30-year communications background.

Much engagement work was done before initiating the Safe Communities project to insure involvement and acceptance of findings.

4. Community Plan to Sustain Safe Communities

The City of Midland will continue to house the office of Safe Communities, providing the office space and support for the Safe Communities manager. Funding for the director and activities of the Safe Communities organization (website, presentations, local activities, etc.) will be provided in 2016 by The Dow Chemical Company. Concentration in 2016 will be on building a community-based support for the enhancement and sustainability of the Safe Communities Coalition. We will engage a variety of supporters, including local businesses and foundations, individual donors, and small organizations. Work on establishing the funding levels and donors is underway.

Accomplishments to Date for Midland:

- This application and review is the first major effort to collect data and develop programs across multiple agencies and organizations.
- Our efforts have been covered in the local paper and there have been 32 presentations about Safe Communities given to local organizations, businesses, and groups.
- In addition, we have presented our data, findings and plans to The Dow Chemical Company, Dow Corning Corporation and Cabot Corporation community impact panels.
- The data about Senior Fires and Falls has led to an enhanced relationship between the Fire Department, MidMichigan Medical Center, and Senior Services. Now all senior trainings include fall and fire safety, as well as other information provided by Senior Services.
- Local trainers have graduated from the new “Remembering When” fire and fall safety program and they are in the process of providing those trainings in Midland.
- In the drug/alcohol arena, we have adopted what was already working successfully through the Midland County Community Health Improvement Plan (CHIP) so as not to duplicate efforts and good work.
- In addition, regarding drugs and alcohol, we are working hand in hand with the Midland Police Department, who are dedicated to reducing the drug issue in Midland. Officers have been trained in many areas regarding these issues and we have an undercover narcotics team that has had significant success, especially with the growing methamphetamine and heroin issues.
- The major impact has been in the mental health and suicide area, where we have a dedicated group of folks who are looking at all the mental health gaps in our community (through work at the Midland County Community Foundation.) This team is meeting weekly until the gaps analysis/program development for resolution to the gaps is completed.
- We attended local NAMI group meetings, seeking input from those impacted by mental health issues
- We have engaged MidMichigan Medical in all conversations and they have been encouraged to further enhance engagement in mental health. It appears that will happen.
- Our team has met with the Midland Probate Court guidance counselor for assistance on the mental health issue, especially as it relates to youth.
- We are working with the Survivors of Suicide Group in the Great Lakes Area for training and family assistance.

- We have hosted a meeting of community mental health providers to discuss the level of suicide and mental health issues in the community and how to make improvements.
- The Midland Police Department has committed to train all officers with Mental Health First Aid Training, to ensure officers understand and are able to handle calls related to mental illness, suicide, etc.
- In addition, we are working with MidMichigan Medical to help us instruct physicians to always ask about falls and mental health issues during annual physical exams.
- Interestingly, as we have worked on this project, one of the most important outcomes has been a positive awareness in the community and the network of people who are asking to be engaged in a safer and healthier community

APPENDICES:

A. Community Coalition Member List

Developing Midland's Safe Community Coalition was the start of our journey to become a Safe Community. Members were determined by needs of information required in the application, and their impact on the safety of our community.

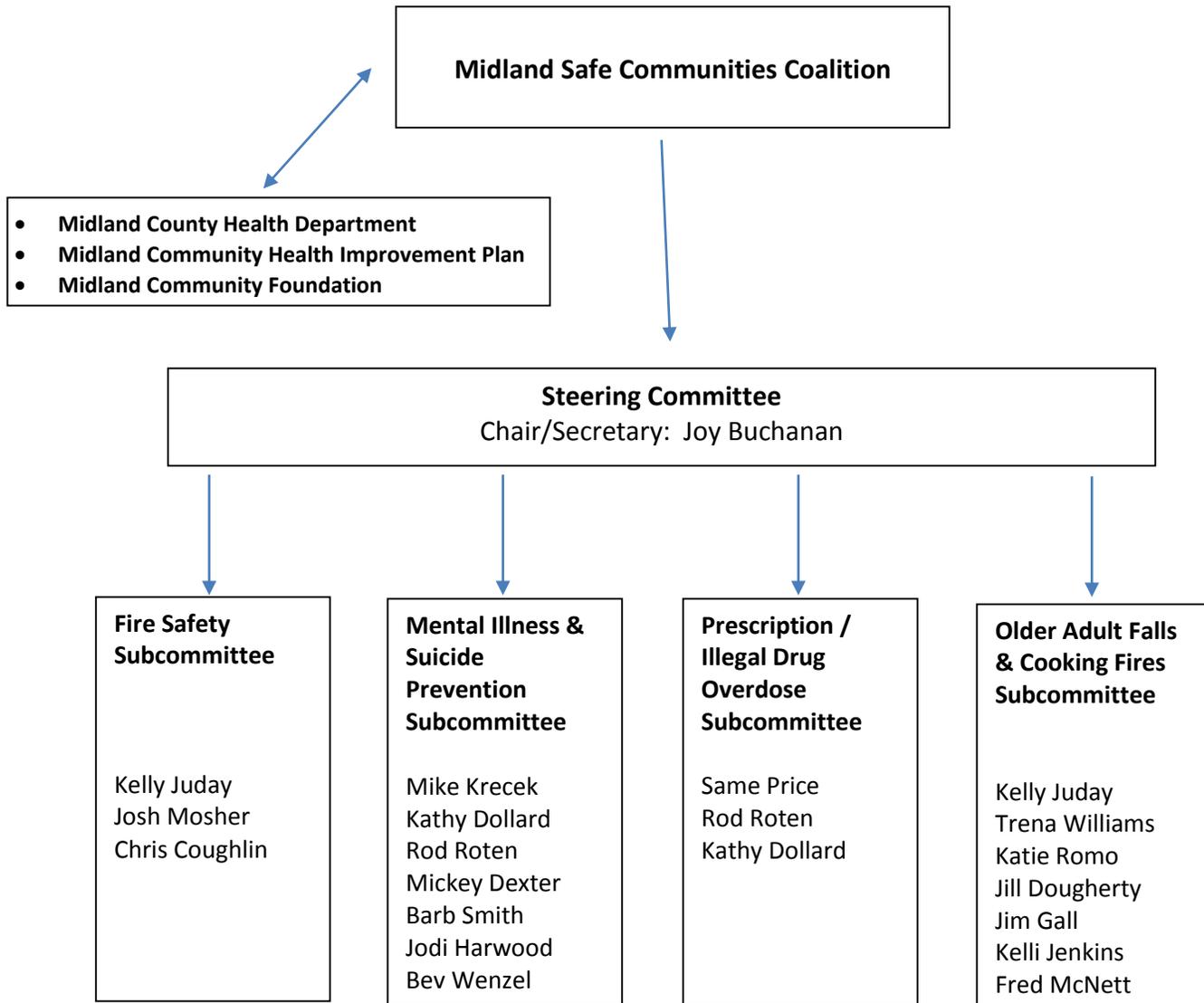
Members include:

- Clifford Block, Midland Police Chief, cblock@midland-mi.org (M/D)
- Scott Stephenson, Midland County Sheriff, sstephenson@co.midland.mi.us (M/D)
- Chris Coughlin, Midland Fire Chief, ccoughlin@midland-mi.org (FF)
- Jack Telfer, Editor, Midland Daily News, jtelferii@mdn.net
- Nancy Lamb, Michigan Public Affairs Leader, The Dow Chemical Company, nelamb@dow.com
- Diane Postler-Slattery, CEO, MidMichigan Health, dpostlerslattery@midmichigan.org
- Mary Haslem, retired, Dow Chemical Michigan Operations (FF)
- Selina Tisdale, Executive Director, Midland Downtown Business Authority, stisdale@midland-mi.org
- Roger Garner, Coordinator, Midland County Emergency Services, rgarner@co.midland.mi.us
- C. Michael Krecek, Director, County Health Department, MKrecek@co.midland.mi.us
- Sharon Mortenson, President and CEO, Midland Area Community Foundation, smortenson@midlandfdn.org
- Michael Sharrow, Superintendent, Midland Public Schools,

- sharrowme@midlandps.org
- Paul Barbeau, President and General Manager, Great Lakes Loons, pbarbeau@loons.com
- Chris Tointon, CEO, Greater Midland Community Centers, ctointon@greatermidland.org
- Kelly Juday, Executive Director, Great Lakes Safety Training, kjuday@glstc.org (FF)
- Ann Fillmore, Executive Director, United Way of Midland County, afillmore@unitedwaymidland.org
- Alan Brown, Executive Director, Midland County Council on Aging, abrown@mccoa.org (FF)
- Sam Price, MA, President and CEO, Ten Sixteen Organization, sprice@1016.org (D)
- Melissa Eigner, Midland County Chamber of Commerce, meigner@macc.org
- John L. Pfenninger, MD, Owner, President and Founder, The Medical Procedures Center P.C., jack@mpcenter.net
- Fred A. McNett, Employee Safety and Security Leader, Dow Corning Corporation, f.a.mcnett@dowcorning.com (FF)
- Jill Dougherty, Business Development and Office Manager, Great Lakes Safety Training, jdougherty@glstc.org (FF)
- Tige Culbertson, Youth Director/Pastor, Messiah Lutheran Church, tige75@gmail.com

These local officials, as well as the project manager, Joy Buchanan, are responsible for leading the efforts of our Safe Community organization in Midland.

B. Safe Communities Organization Chart



C. Safe Community Coalition Meeting Minutes

November 10, 2014 – Meeting Minutes

The first meeting of the Midland, MI Safe Community Coalition was held on November 10, 2014 (7:30 a.m.-8:30 a.m.) at the Doan Center in Midland.

Attendees included: C. Michael Krecek, Jack Telfer, Cliff Block, Mary Haslem, Selina Tisdale, Roger Garner, Kelly Juday, Jill Dougherty, Ann Fillmore, Sam Price, Dr. John Pfenninger, Nancy Lamb, Fred McNett, and Joy Buchanan.

Coalition members heard a presentation by Joy Buchanan, City Consultant, about the Safe Community America program, the requirements, the process to achieve accreditation from the National Safety Council, and all requirements of Coalition members.

Meeting attendees also had a lengthy discussion about accumulating data and agreed to get as much data as possible from the last two fiscal years of the City, which would be from July 1, 2012 through June 30, 2014. If more can be gathered, it will be.

The data committee will consist of at least Cliff Block, Police Chief; Chris Coughlin, Fire Chief; and Joy Buchanan. It is expected individuals from the community will be added to this group as additional needs are identified.

There were a number of questions raised during the meeting about Safe Communities and the expectations of the National Safety Council. Buchanan explained that the City would be required to complete an annual report to the NSA and be re-accredited every five years.

The benefits of becoming an accredited Safe Community were discussed and those in attendance agreed this effort was an excellent project for the City. Many thanked The Dow Chemical Company for making the opportunity possible.

The next meeting of the Coalition will be on March 24, 2015 at the Doan Center. At that time, the data search will have been completed and we will be able to assign task forces for issues that the Coalition agrees need to be addressed.

The meeting was officially adjourned at 8:50 a.m.

Submitted by,

Joy Buchanan
Project Manager

March 24, 2015 – Meeting Minutes

The second meeting of the Midland, MI Safe Communities Coalition was held on March 24, 2015 (7:30-8:30 a.m.) at the Doan Center in Midland.

Attendees includes: C. Michael Krecek, Cliff Block, Jack Telfer, Mary Haslem, Roger Garner, Kelly Juday, Jill Dougherty, Sam Price, Dr. John Pfenninger, Chris Coughlin, Nancy Lamb, Fred McNett, Ken Arthur, Chris Tointon, Melissa Eigner, Ann Fillmore, Sharon Mortenson, and Joy Buchanan.

Attendees heard an overview of the initial findings from the data search for injuries and accidents in the City of Midland. The data research team included: Police Chief, Cliff Block; Deputy Police Chief, Rod Roten; Fire Chief, Chris Coughlin; Fire Marshal, Josh Mosher; Emergency Medical Services Manager, John Shafer; Kelli Jenkins, Trauma Prevention/Outreach Coordinator, MidMichigan Medical Center-Midland; and Shari Meredith, RN BS, ER Clinical Resource Nurse, MidMichigan Medical Center-Midland.

Resources used to develop the master list of injuries included the MidMichigan Medical Center Trauma Registry, Ambulance calls, and Fire and Police records. The committee also worked with a consulting team from Saginaw Valley State University, who assisted in the development of information for the Midland Community Foundation Health Dashboard.

The most significant data points appeared in the MidMichigan Medical Center trauma registry (using only City of Midland zip codes.) The trauma registry numbers used were based on an individual seen in the Emergency Room and subsequently admitted to the medical center, as a result of an injury they presented with in the ER. Findings from this data follows:

2012-13	2013-14
Falls – 239	Falls – 225
Car Accidents – 62	Car Accidents – 21
Bikers – 8	Bikers – 3
Cuts/Fires – 16	Cuts/Fires – 21
Sports – 1	Sports – 7
Animals – 9	Animals – 4
Motorcycle – 4	Motorcycle – 8
Falling objects – 0	Falling Objects – 4
Bar fight – 7	Bar fight – 0
ATV, etc. – 1	ATV, etc. – 5
Suicide attempts – 4	Suicide attempt – 3
Pedestrian – 2	Pedestrian – 1
Abuse – 1	Abuse – 0
Assault – 1	Assault – 0
Drowning – 0	Drowning – 1

Ambulance Service Calls showed a different set of numbers for several incidents, including increasing numbers of suicides/attempts, overdose poisoning, intoxic/withdrawal, and both non-aggravated juvenile and domestic assault.

Fire reports indicated reduced numbers (for the reporting years) in building fires, 27/16; chimney/flue fires, 6/3; Trash fires, 3/0; and Non-buildings, 2/1. There were increased fires in Mobile Homes, 1/2, and a significant increase in Cooking/Burned Food Fires, 61/176.

Finally, we looked at the Midland County portion of the Michigan Department of Public Health, Bureau of Substance Abuse and Addiction Services report on primary substance reported upon hospital admissions. We learned that alcohol abuse was less in our reporting time frame, 185/170; Marijuana stable at 37/35; Heroin down 89/57; other opiates also down, 183/131. However when you look at the total opiate category, you will see drug use is considerably higher than alcohol consumption: Alcohol 185/Opiates 272 for 2012 and Alcohol 170/Opiates 188 for 2013.

The difficulty with the above numbers is that they do not include the Ten Sixteen counseling, Community Mental Health, MidMichigan Medical Center Mental Health Unit, and other organizations dealing with drug and alcohol addictions.

The team felt there was much additional research to be done to get better, more accurate numbers for incidents in Midland County. The positives identified included: the Community was getting a better handle on its issues, there was a need to have more central reporting, and there were many areas for improvement that this Safe City process was helping the community to identify.

Four groups were developed to do further research and to identify plans for improvement. They included:

Falls, chaired by Mary Haslem from Dow Chemical; Prescription Drugs/Illegal Drug Abuse chaired by Sam Price from Ten Sixteen; Food and Cooking Fires chaired by Josh Mosher, Fire Marshal; and Mental Health and Suicides, chaired by Joy Buchanan. Reports will be presented at the next meeting of the Coalition.

The next meeting of the Coalition will be July 14, 2015 at the Doan Center. At that time, teams are expected to report findings and recommendations.

The meeting was officially adjourned at 9:10 a.m.

Submitted by,

Joy Buchanan, Project Manager

July 14, 2015 – Meeting Minutes

The third meeting of the Midland, MI Safe Community Coalition was held on July 14, 2015 (8:00-9:00 a.m.) at the Doan Center in Midland.

Attendees included: C. Michael Krecek, Cliff Block, Mary Haslem, Roger Garner, Jill Dougherty, Sam Price, Fred McNett, Chris Coughlin, Ken Arthur, Sharon Mortenson, Melissa Eigner, Scott Stephenson, Alan Brown, Dave Dunn, and Joy Buchanan.

Unable to attend were: Chris Tointon, Ann Fillmore, John Pfenninger, Selina Tisdale, Diane Postler-Slatery, Michael Sharrow, Jack Telfer, and Kelly Juday.

Coalition members heard a presentation by Joy Buchanan, City Consultant, about the continuing Safe Community effort, including the four issues the effort will detail: Falls, Senior Cooking Fires, Prescription and Illegal Drugs, and Mental Health and Suicides.

Buchanan presented the Falls Committee success in identifying existing programs, as well as new programs available to the community. This committee has plans for the next three years and is in the implementation stage of moving toward reducing falls in the Midland community by 5 percent in the next two years. The good news is that there are already ongoing programs addressing falls in the community, with more being planned. The committee was congratulated for its thoroughness and progress.

Meeting attendees also heard about the Cooking Fires issue being addressed by the Fire Department. Since the local Fire Department does presentations to seniors about both cooking fires and falls, they are joining forces with the Falls Committee to ensure there is no duplication of effort. They can also join forces and become back-ups to each other. Both groups are looking for funding to further train individuals in providing Falls and Cooking Fires trainings for the community.

Addressing the use/abuse of prescription drugs and illegal drugs has taken more time to gather information and address the issue. However, under Safe Communities, all of the organizations in Midland dealing with some aspect of drug abuse, counseling, etc. have joined forces and are working together to ensure there is no overlap and that clients are getting the best treatment and counseling possible. Drugs are a concern in Midland, and despite enormous success from the Police in shutting down drug operations, there continues to be a problem with production and sale of illegal drugs.

Many Safe Communities are dealing with the same issues, so we are researching others' efforts to determine what lessons we can learn and how best to create a structure to reduce the effects of this issue in the community.

Finally, the issue of mental health and suicide was discussed at length. Suicide is driven by mental health issues, at least 90 percent of the time. And mental illness is no different than diabetes or cancer or any number of other diseases. It is a chemical imbalance and can be effectively treated. The Midland police calls for attempts or actual suicides have doubled in the last two years, which mirrors national statistics. This drove the investigation of mental health/suicides as an issue for Midland, and it became apparent this is something we needed to address. There is a committee

working on this, and it was suggested at a recent meeting that the Drugs and Suicide committees work together, especially since so many of the issues in both arenas are related.

The meeting was officially adjourned at 9:05 a.m.

Submitted by,
Joy Buchanan
Project Manager

D. Committee Meeting Reports

Falls/Fire Committee

Objective: Make recommendations to improve the incidences of non-safe behavior resulting in falls.

Date: May 6, 10:30-11:30

Location: 1790 Building, Dow Chemical Michigan Operations

Attendees:

Kelli Jankens, Mid Michigan Medical Center

Fred McNett, Dow Corning

Trena Winans, Senior Services

Kelly Juday, Great Lakes Safety Training Center

Joy Buchanan, Leader of Safe Communities effort

Mary Haslam, Dow Chemical

Key discussion points:

- **Seek expertise in current safety program development**
Avoid duplication of existing programs & determine what else is needed as new or enhancement to existing effort.
- **Determine what programs already exist**
 - **Matter of Balance** (evidence-based national program) – Trena and Kelli are trained to teach. 7-8 sessions per year at 12-14 people per session. 8 week session. Washington Woods, Riverside, Sr Centers, Creative 360, potentially the hospital. Some sessions with no fee. Negatives: people afraid of falling don't/can't get to class. No solid evidence it's reduced fall incidents. Has some funding from AOA and MI Health Endowment fund (Northwood Pres on this board)
 - **Stepping On** – similar to Matter of Balance
 - **Move with Balance** – more exercise-based; 10 weeks at 1 hr/wk. Hand/eye coordination; fall prevention.
 - **Include fall prevention programs at GLSTC, Dow, Dow Corning.** Can we need to do more to enhance existing programs? Can we impact elderly relatives through these audiences?
- **Develop program ideas, in conjunction with expert, for potential new programs to address current concerns**
 - **Collect data on fall injuries from Urgent Care centers** – this would get us in front of more serious incidents.
 - **Steady Toolkit from CDC** – for physicians; good materials we could use. Lots of info we can download and print. - Joy
 - **Otago** – administered by RNs, PTs and goes directly to homes. Good for those who are isolated; good evidence of success. - Trena
 - **Handouts from physicians that would be proactive measures people can take.**
 - **MI Fall Prevention Plan** – Kelli will send links / Fred
 - **CMU Falls Prevention program** - Kelli will see if still in place
 - **Consumers Energy has a fall prevention program that is excellent; gives sensation of falling and how to deal with.** – Kelly; will also focus on transition from work to home safety

- **Lunch & learn program: SLIP-Sr lifestyles and injury prevention.** \$75 CD with slideshows, brochures, home safety checklist – Mary (from Kelli)
- **Fall Injury Prevention Day – Sept 23;** first two weeks in May are industrial fall prevention awareness
- **Mass media campaign?** Include messaging between seniors; better received from peers.

Need to address concerns about being put into a nursing home and reassure seniors that they can take positive action to prevent falls. They know this is a risk and are motivated to address it. What messaging will also work for younger audiences? Use of humor helps.

- **Determine what would be required to institute program, both manpower and money**
 - Did not address this topic on May 6; move to May 26th agenda.
 - **Suggest potential funding ideas**
 - Did not address this topic on May 6; move to May 26th agenda.
- **Goal for our team:** Determine where we can have the biggest impact and recommend.

Falls/Fire Committee

Attendees	Joy Buchanan
	Trena Winans
	Kelly Juday
	Kelli Jankens
	Fred McNett
	Mary Haslam

Date:	May 26, 2015
Location:	Great Lakes Safety Training Center
Start Time:	9 AM
End Time:	11 AM

Our Goal: *Determine the most appropriate Fall prevention program(s) for Midland, and recommend in the Safe Communities submission.*

Start Time	Agenda Item	Person(s) Responsible	Minutes	Notes
9:00	Welcome and agenda review	Haslam	5	
9:05	Review evaluation grid; revise	Team	15	
9:20	Evaluate: Steadi Toolkit	Buchanan	10	
9:30	Evaluate: Otago	Winans	10	
9:40	Evaluate: MI Fall Prevention Plan	McNett	10	
9:50	Evaulate: SLIP Program	Haslam	10	
10:00	Evaluate: Consumers Energy	Juday	10	
10:10	Determine what would be required to institute program(s), both manpower and money	Team	20	See program evaluation spreadsheet
10:30	Suggest potential funding ideas	Team	20	Grants; corporate partners (Dow, Dow Corning, Consumers, Insurance companies). Civic groups (Kiwanis, Lions, Rotary, etc). Ask Joy for input.
10:50	Determine next meeting and agenda	Team	10	June 24, 3:30-5 PM at GLSTC
11:00	Adjourn			

NOTES:

Alan, director of Senior Services, is aware of another effort related to falls in the community so will put us in contact with them.

Target area to focus on: elderly who have been admitted for an injury from a fall

Another target area: younger people involved in serious falls

Where do elderly get their information from? TV, newspaper, etc.

IDEAS:

Fall prevention event with screenings: medication interaction, audiology, osteoporosis, dump your drugs, etc. Potentially have with other areas of Safe Communities, or tie with Sr Expo at Mall (Oct. 14)?

Event would ideally be during the day and in an easily accessible are for Srs.

Squishy balls or thera bands to hand out at events

Every Monday June 1 - July 20 there's a Matter of Balance class 9:30-11:30 at Riverside Place
Monday/Wed starting 6/8-7/1 from 1:30-3:30 at Trailside (Sr Center on Saginaw)

Falls/Fire Committee

Attendees

Joy Buchanan

Trena Winans

Kelly Juday

Kelli Jankens

Fred McNett

Mary Haslam

Jim Gall

Debra Farrell

Date: June 24, 2015

Location: Great Lakes Safety Training Center

Start Time: 3:30 PM

End Time: 5 PM

Our Goal: *Determine the most appropriate Fall prevention program(s) for Midland, and recommend in the Safe Communities submission.*

Start Time	Agenda Item	Person(s) Responsible	Minutes	Notes
3:30	Welcome and agenda review	Haslam	5	
3:35	Update on Safe Communities application status	Buchanan	10	Other teams are still gathering data and making progress. Target is end of July for having it submitted to NSC. There will be some back and forth after that and we may need to make changes. NSC will visit Midland.
3:45	Revisions to draft report	Team	45	
4:30	Determine what else is needed for application: Data, input, etc	Team	15	
4:45	When should we meet next?	Team	5	
4:55	Review Action Register & update	Team	10	
5:00	Adjourn			

NOTES

Falls/Fire Committee

Attendees	Joy Buchanan	Date:	August 12, 2015			
	Kelli Jankens		Location:	Conf Call		
	Kelly Juday			Start Time:	4 PM	
	Trena Winans				End Time:	5 PM
	- Jim Gall					
	Debra Farrell					

Our Goal: *Determine the most appropriate Fall prevention program(s) for Midland, and recommend in the Safe Communities submission.*

Start Time	Agenda Item	Person(s) Responsible	Minutes	Notes
4:00	Agenda review	Haslam	5	
4:05	Update on Safe Communities application status	Buchanan	5	First draft of application is completed. Working on Falls information, then will move to Fires/Drug Abuse/Mental Health-Suicide prevention. Could be late Nov when submitted. Recent article in MDN about Safe Communities.
4:10	Ideas for Senior Expo on Wed, Oct. 14. 9AM-3 PM	Team	20	Booths set up in Midland Mall. Screenings (balance, osteoporosis) would be helpful. Need team members to man the booth this one day. Booths have table cloths. Volunteers: K.Juday, T. Winans, M. Haslam
4:30	Discuss MACF potential grant for Falls project: what do we want to pursue?	Team	20	MACF needs proposal by Aug 21; \$5K-\$25K range of grants. Joy and Trena will discuss offline.
4:50	Determine date/time of next meeting	Team	5	Sept. 16 - 11 AM at GLSTC
4:55	Review Action Register & update	Team	5	
5:00	Adjourn			

NOTES

Senior Expo Ideas	Who
Fall Prevention information (online)	
Matter of Balance schedule/info	Trena/Kelli
Consumers trailer - simulator	K. Juday - trailer is currently booked on this date.
Safe Communities signage	Joy
Sign up sheet for Matter of Balance	K. Jankens
Bike helmets at cost? Or, have a drawing and give 3-4 away.	
Have giveaways at table (coffee mugs, etc)	Juday, Gall, Haslam, Winans
Spin wheel w/information on falls - win a prize with each spin	K. Jankens
Slipper swap - local business donates new; trade in old pair	K. Jankens
(WalMart has supported in other areas)	
Refer to any Fall screening events in the community	
Refer to other screening events	

Falls/Fire Committee

Attendees	Fred McNett, Joy Buchanan, Kelly Juday,	Date:	September 16, 2015
	Tina Podboy--Laughner, Kelli Jankens,	Location:	GLSTC
	Trena Winans, Jim Gall	Start Time:	11 AM
		End Time:	Noon

Our Goal: *Determine the most appropriate Fall prevention program(s) for Midland, and recommend in the Safe Communities submission.*

Start Time	Agenda Item	Person(s) Responsible	Minutes	Notes
11:00	Agenda review	Haslam	5	
11:05	Update on Safe Communities application status	Buchanan	5	Hoping to have application done by Nov. 1.
11:10	Finalize items for Senior Expo on Wed, Oct. 14. 10 AM-3 PM	Winans	35	Tina has a table and table cover reserved for us. Posters, Workout to Go folders, Exercise for Physical Activity brochures, books with exercises for giving away. K. Jankens will bring fall decorations & flowers. Has spinning wheel she'll bring w/questions about falls. Will have prizes; everyone will bring some from their work areas where we have things available. Joy has asked City to create a Safe Communities logo that we can hang from backdrop. Joy, Kelli Jankens, Mary will be there at 9:30 AM. Jim has fall prevention checklist we can hand out. K. Juday will bring cooking fire brochures. Volunteers: K.Juday, T. Winans, M. Haslam
11:45	Grant status	Buchanan, Winans	10	Midland Community Foundation Town Grant application: Remembering When. Joy will send us a link so we can vote. One of the 3 projects listed will be chosen. Consider friending the MCF.
11:55	Determine date/time of next meeting	Team	5	
Noon	Adjourn			

NOTES

Consider having baskets at Sr Center Christmas dinners as giveaways - there are 6 centers.
 Fall prevention day is Sept. 22. Our team would like to sponsor a Community event on this day and publicize well in advance; make it a big event with speakers, sponsors.
 Need to determine where to hold event.
 NCOA/FPAD is a great online resource; CDC also has mall walking information

Sr Expo Booth - enter by Ruby Tuesday's

Senior Expo Ideas - from 8/12/15 meeting

	Who
Fall Prevention information (online)	
Matter of Balance schedule/info	Trena/Kelli
Consumers trailer - simulator	K. Juday - trailer is currently booked on this date.
Safe Communities signage	Joy
Sign up sheet for Matter of Balance	K. Jankens
Bike helmets at cost? Or, have a drawing and give 3-4 away.	
Have giveaways at table (coffee mugs, etc)	Juday, Gall, Haslam, Winans
Spin wheel w/information on falls - win a prize with each spin	K. Jankens
Slipper swap - local business donates new; trade in old pair	K. Jankens
(WalMart has supported in other areas)	
Refer to any Fall screening events in the community	
Refer to other screening events	

Trena: Noon-3
 Jim - morning
 Kelly Juday - afternoon

Kelly Jankens - all day

Joy - arrive at 9 AM

From T. Winans 9/1/15 email:

Workout to Go: Mini Exercise Guide 100

Exercise and Physical Activity: Getting Fit for Life tri-fold brochure 200

Posters from Go4Life encouraging older adults to be active every day. One features a couple dancing and the other features a woman with a bicycle.

We can also give 5-10 copies of the book Exercise and Physical Activity: Your Everyday Guide from the NIA

For our meeting, I will bring examples of some great fact sheets, infographics, activity planners, etc to see if there are any the team might want to get printed as handouts for the booth.

There are possible fall prevention videos online we could consider running. Sometimes that's nice, sometimes distracting. Just an option to consider.

Mental Health Committee: August 13, 2015

Attendees:

Mike Krecek, Midland County Health Director'

Bev Wenzel, ROCK Director

Jodi Harwood, Mental Health Specialist

Mickey Dexter, Inpatient Psych Unit Director, MidMichigan Health

Barb Smith, Director, Great Lakes Survivors of Suicide

Kathy Dollard, Director, MidMichigan Community Health

Joy Buchanan, Safe Communities Coordinator

The group, while all interviewed separately, joined together to discuss the status of mental health issues and suicides in the Midland Community. There was a roundtable discussion of everyone's roles in the mental health issue and agreement on concerns that the issue of mental health and how it drives suicide was not being addressed adequately.

The discussion centered on each person's role and where they could be potential duplication of services. There did not seem to be any duplications, but all agreed that working together would enhance the recognition of concerns and how they were being addressed.

A discussion ensued about the numbers of suicide attempts and completed suicides in the community and all agreed the numbers were not accurately reflecting the breadth of the problem or how issues were being addressed. The official numbers were too low for what those on the committee were seeing and experiencing in their work. This occurs for a number of reasons: people don't want to talk about suicide or mental health, some suicides occur without being identified as a suicide, there is still a stigma about mental health and the resulting need to cover up issues, there are not enough mental health counselors in the community, etc.

Attendees agreed to work with each other on a closer basis, offering to help each other with patients/potential patients who are asking for help. There was agreement that there is plenty to accomplish without worrying about overlapping services.

There was some discussion about having a speaker for Matrix Midland that could talk about the impact of mental health on a community, especially the successes seen for communities that are open about mental health and the need for proper care. The group also talked about a speaker who could talk about the importance and benefit of happiness and wellbeing in one's life.

In the interim, it was agreed there needed to be lots more education about mental health issues, including that mental health issues are the identified causes of about 90 percent of completed suicides in the country.

March 17, 2016/Mental Health Committee Minutes

<u>Attendees</u>	<u>Organization</u>	<u>Email</u>
Richard Osburn	Senior Services	rosburn@
Mike Sharrow	MPS	aldat@miqmidlandpd.org
Joy Buchanan	Safe City	flags4joy@charter.net
Tom Olson	Partner on Change	tjolson@midmichpsych.com
Kylie Anderson	The Rock	kylie@therockc4yd.org
Jerri Liphard	MidMIHealth	Jerri.liphard@midmichigan.org
Bev Wenzel	The Rock	bev@therockc4yd.org
Bev Pyles	Health Dept.	bpyles@co.midland.mi.us
Kelly Baves	Health Dept.	kbaver@co.midland.mi.us
Janine Ouderkirk	Shelterhouse	Ouderkirk@shelterhousemidland.org
Cliff Block	Midland Police	cblock@midland-mi.org
Kathy Zimmerman MP	MPG Psychiatry	Kathy.zimmermann@midmichigan.org
J. Dee Brooks	Prosecutors office	jdeebrooks@midland.mi.us
Michael DeRuyter	Reformed Church	pastor@midlandreformed.org
Kim Kasberg		kim_kosberg@yahoo.com
Mellissa Kesterson	MACF	mkesterson@midland?????.org
Debra Miller	CMHCM	dmiller@cmhcm.org
Beth Sorenson Prince	FCS	esorenson@fcs-midland.org
Rachael Wade	FCS	rvanderaa@fcs-midland.org
Wally Mayton	Memorial Persbyterian	wallym@mempres.org
Jennifer Heronema	The Legacy Center	jheronema@tlc4cs.org
Sam Price	Ten16 Recovery Network	sprice@1016.org

Summary of Key Insights:

- Special Populations
 - o The vulnerability with developmental disabilities
 - o The intersection between Domestic Violence and substance abuse and mental health is under recognized
 - o Mental health and substance use disorders, feeding off each other
- Resources
 - o Mental health and the aging lost in shuffle—always last to be funded
 - o Lack of mental health resources available in the criminal system
 - o Post partum depression and infant mental health (bonding issues)
 - o Caring for families with children with special needs
 - o Just making sure there is easy access to services for post partum depression
- Accessibility
 - o Barriers exist to accessing services- transportation , finances....
 - o Problems accessing services because of lack of services available or inability to pay for services

Gaps in Mental Health Care Workgroup – Midland County
March 31, 2016

In Attendance:

- Joy Buchanan – Safe Communities Project
 - Ann Date – Partners In Change
 - Kathy Dollard – Community Mental Health for Central Michigan
 - Sharon Mortensen – Midland Area Community Foundation
 - Beth Sorenson Prince – Family and Children’s Services of Mid-Michigan
 - Kathy Zimmermann – MidMichigan Health
-
- This workgroup has convened to analyze the gaps in services for mental health care in our community. The gaps in services have been identified through various initiatives, including the Safe Communities Project.
 - This smaller team is charged with putting the ideas of the larger group into a more palatable form and report back to the larger group with ideas to move forward and work to eliminate/reduce gaps in service. This group will also attempt a first pass at a problem statement for review by the larger group.

Report on previous Action Step Register:

- Sharon reported that Sarah Kile from 211 had responded that there may be options for 211 to provide information. A for profit entity can only be included if they offer a unique option, services at a low cost for lower income people, include a sliding fee scale or utilize government funding such as Medicare/Medicaid

Development of Problem Statement for larger group:

- A listing of gaps has been categorized under four main headings:
 - Access
 - Intervention/Services
 - Collaboration
 - Education/Awareness
- Within those four main categories, a division between “Long Term” or “Deep” topics (those which will take more time, require more systemic change) and “Short Term” (items that may use existing resources and only require some coordination, revisiting) has been made.
- Workgroups are suggested for the topics and membership of the workgroups may be determined based on stakeholders and community partner investment of time and resources.

Action Step Register:

What	Who	By When
Review categorization of gaps for clarification of terminology and workgroup formation	Buchanan, Date, Dollard, Mortensen, Prince, Zimmermann	4/4/2016

Attached:

Categorization and Workgroup Formation completed on 3/31/2016.

Mental Health Services & Gaps

MINUTES

April 11, 2016

Attending: Deb Miller, Sharon Mortensen, Rodney Roten, Nancy Lamb, Scott Stevenson, Bobbie Arnold, Beth Sorenson Prince, J. Dee Brooks, Wally Mayton, Kylie Anderson, Michael DeRuyter, Ann Date, Bev Pyles, Amanda Johnson, Kathy Zimmerman, Jerri Liphard, Janine Ourderkirk, Joy Buchanan

The meeting began with a review of the last meeting and its minutes, where it was noted that mental health service gaps were identified and a smaller leadership group was created. The leadership group announced it has met three times since last meeting.

The larger group divided into smaller groups to review gaps and then finalize topics for work groups, as well as assign recommended community members to those work groups.

Review Gaps:

Education / Awareness

- Appropriate training for school officials
- Short term
 - psychoeducation at all levels
 - Patient, family, community, employers, and front-line engaged
 - Education on physical risk of drug abuse
 - Education about mental illness and social populations
 - For example – how mental illness appears in the aged population or those in poverty or any vulnerable group

Collaboration

- Agencies work together to ensure person goes to right place
- People don't know where to go for help
- Need for clearinghouse of what works – where to go
- What are the protocols?
 - For the ER
 - For general practitioners
 - For mental health group in hospital

Interventions

- Lack of diversion programs for mentally ill in criminal justice system
- “Blueprint for Safety” for first responders dealing with mentally ill persons
- Need more mental health worker focus on special populations (i.e. LGBT)

Finalize Work Group Members: It was noted that leadership at organizations/organizational categories mentioned below would decide on the appropriate person to participate in work group, but the Mental Health Services and Gaps group is defining which “type” of person best fits the category (administrator, etc.).

E. Letters of Support

The following letters are from the Mayor of Midland and Nancy Lamb, Director of Public Affairs, The Dow Chemical Company.



The Dow Chemical Company

January 10, 2015

National Safety Council
Safe Communities America
1121 Spring Lake Drive
Itasca, IL 60143

As the major funder of the Midland, MI application for a Safe Communities designation, I am pleased to write in support of this application and the resulting work for a Safe Communities designation for our community.

The Dow Chemical Company puts safety first, off and on the job, so the Safe Communities program fits our model perfectly. It's apparent from early work on the designation that the effort to learn more about community safety will go a long way to make Midland a better and safer community.

Just in the process of working on the application, there have been many discoveries of how we can protect our citizens to a greater degree. We have always prided ourselves on being a safe community, but we are discovering there is still work to be done. It's clear the journey to earn this designation will be beneficial to all concerned.

Thank you for the opportunity to participate in your program.

A handwritten signature in cursive script that reads "Nancy Lamb".

Nancy Lamb
Director, Public Affairs Michigan Operations
The Dow Chemical Company





City Hall • 333 West Edwards Street • Midland, Michigan 48640-5132 • 989.437.4471 • 989.835.2717 Fax • www.midlandmi.org

January 10, 2015

National Safety Council
Safe Communities America
1121 Spring Lake Drive
Itasca, IL 60143

As the mayor of Midland, Michigan, this letter is in support of an application for a Safe Communities designation for our community.

The City Council recently heard a presentation about the project and we are in full support of this effort.

After doing some research on Safe Communities, it's apparent that the research and planning on achieving a Safe Community status will go a long way to further protecting our citizens.

We're proud of what a great community we have now, and this designation and the required work on safety and health of our citizens will be beneficial to all concerned.

Thank you for the opportunity to participate in your program.

Sincerely,

Maureen Donker
Mayor, City of Midland

F. World Suicide Prevention Day Article

Written by Joy Buchanan

Appeared in the September 11, 2015 edition of the Midland Daily News

“The World Health Organization has earmarked September 10 as World Suicide Prevention Day for the last 13 years, in an effort to promote suicide prevention as a major preventable cause of premature death.”

What does the World Health Organization’s Suicide Prevention Day have to do with Midland?

Midland’s Safe Communities Coalition recently announced Mental Health and Suicides would be one of four safety issues to be addressed to help make Midland a safer community. As with all issues, awareness and education are critical to understanding and changing attitudes.

While the numbers of individuals in Midland either attempting suicide or taking their own lives do not match national and international numbers, our Coalition believes even one is too many.

Accurate local numbers for these topics, especially suicide, are difficult to obtain. However, in the two years of statistics (2012-2013 and 2013-2014) reviewed by the Safe Communities Coalition, our community experienced four suicides in each fiscal year and 54 attempts in the first year, with 104 attempts in the second year. The doubling of attempts was what triggered the local Coalition’s decision to work to educate the community and help prevent suicides.

In addition to the Midland City Police suicide attempt data, 400-plus residents were referred to the MidMichigan Medical Center’s mental health unit by Community Mental Health. These numbers do not include individuals engaged in private counseling, and many who never seek professional assistance.

The Safe Communities Coalition, made up of 20 plus community leaders, was established through a Dow grant to the City of Midland. It is designed to determine the most serious safety issues in the community, then determine ways to improve those

safety conditions, thus making a safer community. The Coalition is working to earn an accredited Safe Community Award, sponsored by the National Safety Council.

The other three issues in the City of Midland that are being addressed by the Safe Communities Coalition include drug abuse, home cooking fires, and community residents' falls.

As part of Midland's commitment towards the Safe Community accreditation, Coalition members agreed to share information about all of our chosen issues. With the World Health Organization's declaration of Suicide Prevention Day, the Midland Coalition decided to begin its education efforts on mental health and suicide.

The World Health Organization's statistics indicate more than 800,000 people die from suicide every year, which means there is a suicide death every 40 seconds, around the clock. Suicide is the second leading cause of death among 15-29 year olds, and there are more deaths from suicides than from war and homicide together.

Suicide impacts everyone. There are no clear and distinct symptoms for those who suffer and ultimately choose to end their lives. Many times, there are no obvious signs.

Critical to understanding suicides is understanding the mental health issues caused by chemical imbalances in individuals, which may cause suicides. These include depression, bipolar affective disorder, schizophrenia and other psychoses, dementia, and developmental disorders. The important message about these issues is they can all be treated, but they have to be recognized and a treatment plan identified, which should include counseling. Unfortunately, for some individuals, thorough treatment of these diseases is not always successful. Of greater concern, are the many individuals who suffer from these diseases, but are not getting the help they need.

Why? Because sadly, while an estimated 23 percent of Americans will experience a mental disorder in any given year, almost half of them will not seek treatment. This is often due to the stigma associated with anyone diagnosed with a mental health disorder. Only when more of us understand the truth about mental illness will the stigma against mental disorders begin to improve.

Some myths and facts about mental illness include:

- Myth - People believe mental health problems do not affect children or youth.
Fact - However, one in five children and youth struggle with mental health. Seventy percent of adult mental illness begins during childhood or adolescence
- Myth - Depression is a character flaw and people should “snap out of it.”
Fact - Research shows that depression has nothing to do with being lazy or weak. Rather, it results from changes in brain chemistry or brain function.
- Myth - Some say people with mental illness lack intelligence.
Fact - Mental illness has been shown to have nothing to do with intelligence, it parallels the pattern of any healthy population.
- Myth - People with a mental illness shouldn't work because they will drag down the rest of the staff.
Fact - People with mental illnesses can and do function well in the workplace. They are unlikely to miss any more workdays than a worker with any chronic physical condition like diabetes or heart disease.
- Myth - People with a mental illness never get better.
Fact - The reality is that treatment works. Treatments for mental illness are more numerous and better and researchers continue to discover new treatments. Many people can and do recover from mental illness.
- Myth - People with mental illness can be violent.
Fact - Only 1 percent of people with mental illness fit the “violent” stereotype. Only 3 percent of violent offenses could be attributed to mental illness. People who suffer mental illness are actually more likely than the general population to be victims of violence.

As a society, what should we do to make life better for those suffering from a mental illness or those who have recovered from a mental illness?

- First, educate yourself about mental illness and be aware of any prejudices or judgmental thinking you might be harboring.
- Don't use hurtful or derogatory language while talking about mental illness.
- Find opportunities to share facts and positive attitudes about people with mental health issues. Challenge any myths you hear.
- People with mental health issues make positive contributions every day, just like those people with serious medical issues.
- Applaud the people with mental health issues who make valuable contributions to society.
- Treat people with mental health problems with dignity and respect.

The World Health Organization describes mental health as “an integral and essential component of health. Its constitution states: “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

“Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community.”

Individuals involved with Midland's Safe Communities Coalition understand education is critical to building knowledge and helping residents understand mental illness. The committee is dedicated to finding out all of the services available and offered to Midland residents, and what services we might consider providing. Coalition members will also look at ensuring mental health plays a role in the public health agenda, integration of mental illness exists in primary health care, the community has adequate resources for individuals with mental illness, and the public understands the impact of mental health issues on the community.

Midland's Coalition efforts will be based on a safer, more engaging community for individuals with mental health issues and reducing the number of suicides and attempts, resulting from these mental illnesses.

If you or someone you know is thinking about suicide, please call the Community Mental Health of Central Michigan crisis line at 989-631-2320, which operates 24 hours/day.

###

Joy Buchanan is the project manager for Midland's Safe Communities Coalition. If you have questions or are interested in more information, she can be reached at jbuchanan@midland-mi.org.

Appendix G: Ten 16 Recovery Network Annual Report, 2015



TEN16 recovery network
Real. Hope. Now.
2015 ANNUAL REPORT

SERVICES

	Persons Served	Units of Service
Detox	416	1,537 bed days
Residential	737	5,806 bed days
Outpatient Counseling	629	6,689 sessions
Peer Support	378	1,934 sessions
Recovery Housing	46	5,210 bed days
Prevention	4,292	1,909 direct hours

OUTCOMES

	Avg Length of Stay	Completion Rate
Detox	3.75 days	85.7%
Residential	19.2 days	71.9%
Counseling/Peer Support	14.1 sessions	52.8%

90-DAYS AFTER TREATMENT

Able to sustain recovery	58%
Of those that relapsed, those that got back to recovering lifestyle	77%
Involved with a support program	60%
Improved relationships	87%
Living environment supports recovery	84%
Length of treatment was right for me	80%
Still excited about my success	97%

TEN16 recovery network
Real. Hope. Now.

WHAT OUR COMMUNITIES PROVIDED TO TEN16

Program Revenues In-Kind	\$2,905,469
Local Utilities/Ways	1,765,662
Grants/Contributions	45,000
Other	100,000
TOTAL	\$5,216,131

WHAT TEN16 RETURNED TO OUR COMMUNITIES

Wages	\$1,671,816
Benefits & Payroll Taxes	70,918
TOTAL Payout Expenses	\$2,111,377

Client Services	\$ 292,300
Occupancy	243,279
Contractual Services	103,158
Office Expenses	81,398
Travel & Training	61,170
Interest Expenses	44,564
Depreciation	174,900
Other Expenses	101,861
TOTAL	\$3,187,346

COMMUNITY LEADERSHIP / BOARD OFFICERS

Deb Schaler, MMCAA	Chairperson
Bruce L. St. John, Dose Criminal	Vice Chair
Jeanette Tobin, Dose Criminal	Treasurer
Paul Thill, Penn State University	Secretary

TEN16 works because of our partners and sponsors:



Appendix H: Strategy for Midland Community Health Improvement

Objective #1: Increase the number of people seeking services for Substance Use Disorder (SUD)					
Environmental Strategy: Provide Information					
Measure	Baseline	Post-Goal	Source	Data	Status
1A: Reported Drinkers Seek Help	1.6% sought help	5% seek help	Midland County Health Survey (MCHS)	Baseline: 2014 MCHS Post: 2018 MCHS	
1B: Reported RX/Illegal Drug Users Seek Help	9.3% sought help	15% seek help	MCHS	Baseline: 2014 MCHS Post: 2018 MCHS	
Objective #2: To reduce the number of drug overdoses, and meet the needs of those struggling with opiate dependency					
Environmental Strategy: Enhance Access, Modify/Change Policies					
Measure	Baseline	Post-Goal	Source	Data	Status
2: Number of 911 calls related to opiates/meth	TBD 4Q 15*	10% decrease over baseline	Midland County 911 Report	Baseline: 911 Calls Post: 911 Calls	

Tactic	Timeline	Communication Strategy	Audience	Owner	Status
Draft white paper highlighting key messages and 1 important data points	4Q 2015	Outline that will be used as a starting point to develop key messages, presentations, handouts, articles, etc.	All audiences	Jennifer Heronema, Sam Price, Beth Sorenson Prince	
Work with team to develop resource list and coordinate posting to various websites, including Midland Daily News (MDN) court listings page	4Q 2015	Ensure resource information is posted to appropriate websites	General Population	Teresa George, Jennifer Heronema	
Collaborate with MDN to provide resource listing to readers where possible	4Q 2015	Develop paragraph listing SUD resources; submit to MDN	General Population	Jennifer Heronema	
Contact Midland County 911 to obtain recent statistics regarding the # of overdose calls. Use this information to establish baseline measure, as well as post measure goal.	4Q 2015	Secure information; provide to team members; confirm baseline; determine goal (both timeframe and level)	General Population	Janine Ouder Kirk	

Tactic	Timeline	Communication Strategy	Audience	Owner	Status
Confirm that 211 and 911 have up-to-date referral information for Midland City/County.	4Q 2015	Contact 211, review information, update, confirm with team, resubmit.	General Population	Teresa George	
Work with MidMichigan Health, local Pharmacist Association & local Dental Association to host another Prescribing Practices/SBIRT workshop	4Q 2015 – 3Q 2016	Coordinate w/ MidMichigan Health; assist with promotions	Physicians/Patients	Sam Price	
Collaborate with MidMichigan Health to plan Town Hall for parents about Attention Deficit Hyperactivity Disorder (ADHD) Meds.	1Q 2016	Speaker/date; handouts; media coverage	Parents/Students	Jennifer Heronema	
Develop “roadshow” for health and human service agencies on how to recognize signs of problems or addiction and where to get help.	4Q 2015	Develop materials; create list of agencies and contacts; distribute	Agencies	Jennifer Heronema	
Research current protocols from law enforcement/Emergency Room related to referring overdose patients to treatment.	1Q 2016	Contact; inquire; discuss; agree; change	Law Enforcement/ MidMichigan Health	Jennifer Heronema	
Place article in <i>Youth Connections</i> magazine regarding signs of addiction and where to find help.	4Q 2015	Draft article; review; submit	Parents/Students	Jennifer Heronema	
Place an article in MDN regarding signs of addiction and where to find help.	1Q 2016	Draft article; review; submit	General Population	Sam Price	
Partner with the faith-based community to plan a Sunday on which all participating churches will preach about substance use disorder, how to prevent it, how to recognize signs of problems or addiction, where to go for help	1Q 2016	Coordinate w/ clergy; schedule date; develop materials/information packet	Faith Community	Mike DeRuyter	
Follow-up training for Senior Services Care Management Staff on identifying substance abuse and suggestions on how to respond.	2Q 2016	Coordinate w/ Senior Services; Develop presentation and materials	Staff/Seniors	Sam Price	
Research current laws regarding amnesty/immunity for dropping off a person to the Emergency Room who is at risk of Overdose.	2Q 2016	Contact J Dee Brooks.	Law Enforcement/ Addicts	Kathy Dollard	
Identify 2-4 physicians willing to adopt the Opioid Risk Tool into their practice, and pilot impact on prescribing patterns.	2Q 2016	Contact; inquire; discuss; agree	Patients w/ SUD or pre-SUD	Sam Price	
Explore the use of Adverse Childhood Experiences (ACEs) within the middle/high school students as a way to identify those youth most at-risk.	2Q 2016	Review research; share results with pediatricians and youth-serving orgs.	Parents/Agencies	Jennifer Heronema	

Develop educational material for Midland County Jail inmates about drug tolerance levels (and how they decrease during incarceration).	3Q 2016	Develop materials; coordinate w/ law enforcement	Inmates	Kathy Dollard	
Research Project Lazarus as a model community response.	3Q 2016	Identify; review; discuss feasibility	General Population	Sam Price	
Work with law enforcement and EMTs to ensure access/training for all first responders in the use of Narcan.	3Q 2016	Identify best practices; determine feasibility; collaborate with Law Enforcement/Emergency Medical Technicians (EMTs).	Heroin Addicts	Beth Sorenson Prince	
Participate in new teacher orientation/ Professional Development day at local school districts to discuss how to recognize signs of problems or addiction and how to respond.	4Q 2016	Coordinate w/ schools; Develop presentation and handouts	Teachers/Students	Kathy Dollard Beth Sorenson Prince	
Explore the development of specific treatment/support services for those who are opiate dependent, including medication assisted recovery using Vivitrol and a family support group.	4Q 2016	Identify best practices; determine feasibility; discuss timeline	Addicts	CHIP SUD Team	

Appendix I:

Initial Safe Community Research			
Fires	7/1/12 - 6/30/13	7/1/13 - 6/30/14	Change
Building	27	16	-41%
Chimney/Flue	6	3	-50%
Trash	3	0	-100%
Mobile home	1	2	100%
Cooking/Burned Food	61	176	189%
Other	7	1	-86%
Vehicular Accidents	7/1/12 - 6/30/13	7/1/13 - 6/30/14	Change
Fatal	2	2	0%
Personal Injury	227	177	-22%
Property Damage	1225	1288	5%
Overdose Poisoning	7/1/12 - 6/30/13	7/1/13 - 6/30/14	Change
Ambulance Calls	31	45	45%
Alcohol/Withdrawal	7/1/12 - 6/30/13	7/1/13 - 6/30/14	Change
Ambulance Calls	51	76	49%
Older Adult Falls	7/1/12 - 6/30/13	7/1/13 - 6/30/14	Change
Falls down steps	57	53	-7%
Falls due to contact with person	3	5	67%
Fall from bed	24	21	-13%
Fall from height	37	42	14%
Fall from same level	238	265	11%
Fall same level/strike object	47	53	13%
Total Falls	406	439	8%
Suicide Attempts	7/1/12 - 6/30/13	7/1/13 - 6/30/14	Change
Attempts	27	33	22%
Completions	4	4	0%
Non-Aggravated Assault	7/1/12 - 6/30/13	7/1/13 - 6/30/14	Change
Domestic	138	163	18%
Juvenile	20	31	55%
Aggravated/Felonious Assault	7/1/12 - 6/30/13	7/1/13 - 6/30/14	Change
Domestic	8	2	-75%
Juvenile	1	4	300%
Impaired Driving	7/1/12 - 6/30/13	7/1/13 - 6/30/14	Change
Fatalities	0	0	0%
Injury Crashes	14	8	-43%
Property Damage Crashes	20	22	10%

Appendix J:



City of Midland

City Worksite Safety For Safe Communities

July 26, 2016



Risk Management The Foundation

- ESHAC Formed in 1991-92
(Employee Health and Safety Action Committee)
- Formed to create a culture of safety and wellness
- Developed Policy and Procedures
 - City Disaster Plan
 - Employee Safety program
 - Departmental Level Required Training
 - City Manager's Safety Award Program



Risk Management Where are we now

- Incident Reporting
- Development of Risk Management Committee
- Incident Review and Analysis
- Review of City/Departmental Policy
- Employee Incentives
- Evolving



Incident Reporting

- Reportable Incidents
 - Injury
 - Property Damage
- Completing and Submitting
- Timeliness of Reporting
- Supervisors Role and Recommendation



Risk Committee Mission

- Review Incident Reports
- Identify Trends
- Make Recommendation Addressing Trends
- Look into other areas of Risk Management
- Develop Risk Management Tools



Incident Review and Analysis

- Establishment of Risk Categories
- MIOSHA and Workers Compensation
- Establishment of Database
- Tracking Incidents
- Analysis of Incidents and Root Cause



Reporting Structure

- Data currently being tracked in the incident database:
 - Date of Incident
 - Date of Review
 - Employee Name / ID
 - Department
 - Brief Summary of Incident
 - Property Damage (P) or Personal Injury (I)
 - Risk Management Category**
 - Primary Cause**



Risk Codes (17) Assigned

Criterion	Risk Code	Risk Code Description
Near misses	1	Incident report complete
Capturing past incident in current review period	2	Not reporting of past incidents
Confidential information contained in report; not for public view	3	Incident report comments inhibit future reporting
Hazard previously known	4	Known safety hazards not corrected
Function/procedure not covered under formal or informal training	5	Lack of or insufficient training
Temporary code sent back to safety committee or department	6	More info or follow-up needed
Procedure or function itself was the main contributor	7	Possible procedure change needed
Appropriate tool exists, but was not used	8	Appropriate tools not used
Established policy exists, training provided, or known procedure disregarded	9	Disregard for safety policy/training
Serious incidents cause is not clear	10	Root cause analysis needed
Function, motion, or time limit exceeded reasonable tolerance level	11	Worker fatigue
If reasonable actions were taken, incident may have been eliminated or severity reduced	12	Due care & caution not taken/poor work habits
Wearing the appropriate PPE for the task being used. Incident may have been eliminated or severity reduced	13	PPE lacking
Followed intended use of product; failure of product caused incident or damage	14	Equipment malfunction
Same type incident same person	15	Recurring injury
Injury occurring without direct work activity	16	Physical condition of EE may have contributed
Cause unknown	17	Observation made by EE



Reporting Structure

- Data currently being tracked in the incident database:
 - Date of Incident
 - Date of Review
 - Employee Name / ID
 - Department
 - Brief Summary of Incident
 - Property Damage (P) or Injury (I)
 - Risk Management Category
 - Primary Cause**



Primary Cause (40) Assigned

Animal Bite	Fire	Projectile
Backing-up	Insect Bite	Pulling
Bee Sting	Jumping	Ran-into
Bending	Lifting	Recurring
Bodily Fluids Exposure	Mis-Marked	Repetitive motion
Bump	Misuse of Equip	Run-into
Burn	Near Miss	Scrape
Chemical Exposure	Needle Stick	Shoveling
Cut	Observation	Slip
Dropped Object	Pain/Nausea	Step
Equip Damage	Patient-engage	Suspect-engage
Equip Malfunction	Physical Reaction	Training
Fatigue	Pinch	Trip
	Twisting	



Reporting At a Glance

- Date range of incidents and property damage –
 - ✓ March 2008 thru Today
- 1,056 – total number of Incidents
- 1,012 Incident Reports Reviewed



Primary Cause Heavy Hitters

Primary Cause or Injury	Personal Injury	Property Damage	Grand Total	% of Total
Backing-up	1	114	115	10.9%
Lifting	68		68	6.4%
Projectile	35	11	46	4.4%
Ran-into	17	179	196	18.6%
Run-into	5	77	82	7.8%
Slip	73	1	74	7.0%
Grand Total	601	455	1056	100.0%
% of Total	57%	43%	100%	

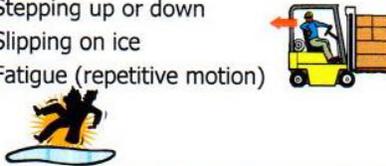


Primary Cause or Injury	Personal Injury	Property Damage	Grand Total	% of Total
Animal Bite	5		5	0.5%
Backing-up	1	114	115	10.9%
Bee Sting	30		30	2.8%
Bending	8		8	0.8%
Bodily Fluids Exposure	8		8	0.8%
Bump	32		32	3.0%
Burn	5		5	0.5%
Chemical Exposure	14	1	15	1.4%
Cut	35	1	36	3.4%
Dropped Object	6	3	9	0.9%
Equip Damage	1	32	33	3.1%
Equip Malfunction	3	12	15	1.4%
Fatigue	45		45	4.3%
Fire		2	2	0.2%
Insect Bite	1		1	0.1%
Jumping	7		7	0.7%
Lifting	68		68	6.4%
Mis-Marked		2	2	0.2%
Misuse of Equip	5	11	16	1.5%
Near Miss	2	6	8	0.8%
Needle Stick	9		9	0.9%

Primary Cause or Injury	Personal Injury	Property Damage	Grand Total	% of Total
Observation		1	1	0.1%
Pain/Nausea	22		22	2.1%
Patient-engage	5		5	0.5%
Physical Reaction	11		11	1.0%
Pinch	20		20	1.9%
Projectile	35	11	46	4.4%
Pulling	21		21	2.0%
Ran-into	17	179	196	18.6%
Recurring	11		11	1.0%
Repetitive motion	7		7	0.7%
Run-into	5	77	82	7.8%
Scrape	8	2	10	0.9%
Shoveling	2		2	0.2%
Slip	73	1	74	7.0%
Step	27		27	2.6%
Suspect-engage	20		20	1.9%
Training	9		9	0.9%
Trip	16		16	1.5%
Twisting	7		7	0.7%
Grand Total	601	455	1056	100.0%
% of Total	57%	43%	100%	

Reporting At a Glance

- Activities revealed to most likely result in injury or property damage:
 - Backing up a vehicle or equipment
 - Lifting of heavy or awkward objects
 - Stepping up or down
 - Slipping on ice
 - Fatigue (repetitive motion)



Year Over Year Incidents Comparison

Year	Count	#	%
*2008	34		
2009	145		
2010	136	-9	-6%
2011	127	-9	-7%
2012	113	-14	-11%
2013	146	33	29%
2014	130	-16	-11%
2015	148	18	14%

Monthly Incidents Comparison

Month	Count	% of Total
Jan	99	9.4%
Feb	106	10.0%
Mar	88	8.3%
Apr	81	7.7%
May	67	6.3%
Jun	91	8.6%
Jul	112	10.6%
Aug	80	7.6%
Sep	87	8.2%
Oct	88	8.3%
Nov	79	7.5%
Dec	78	7.4%
Grand Total	1056	100.0%

Reporting At a Glance

- Each of the 1,012 reports were evaluated by the Risk Management Team, and assigned one of 17 Risk Categories.

Risk Code Description Comparison

Risk Code	Risk Code Description	Count	% of Total
1	Incident report complete	291	28.8%
2	Not reporting of past incidents	4	0.4%
3	Incident report comments inhibit future reporting	1	0.1%
4	Known safety hazards not corrected	9	0.9%
5	Lack of or insufficient training	14	1.4%
6	More info or follow-up needed	1	0.1%
7	Possible procedure change needed	54	5.3%
8	Appropriate tools not used	30	3.0%
9	Disregard for safety policy/training	52	5.1%
10	Root cause analysis needed	1	0.1%
11	Worker fatigue	30	3.0%
12	Due care & caution not taken/poor work habits	452	44.7%
13	PPE lacking	16	1.6%
14	Equipment malfunction	21	2.1%
15	Recurring injury	27	2.7%
16	Physical condition of EE may have contributed	5	0.5%
17	Observation made by EE	4	0.4%
	Grand Total	1012	100.0%



Reporting At a Glance

- 45% or 452 incidents were assigned Risk Category #12 - Due care & caution not taken/poor work habits
- 29% or 291 incidents were assigned RC #1 – Incident Report Complete



Reporting At a Glance

- 5% or 54 incidents were assigned Risk Category #7 - Possible procedure change
- 5% or 52 incidents were assigned RC #9 – Disregard for safety policy/training



Review of City/Departmental Policies

- Types of Policies vs. Incidents
- Recommendation for New Policy
- Enforcement of City Policies
- Changing the Safety Culture



Ongoing Challenges

- Changing Workforce
- Experience levels
- Weather Patterns
- Keeping ahead of developing trends
- Continued assessment Risks
- Collection of pertinent data
- Employee and Department Incentives



**Risk avoidance
is a work in process!**



Appendix K: Police Department Safe Community Activities

The City Police manage/train in a designated buffer zone around The Dow Chemical Company and Dow Corning industrial facilities to ensure safety for the Midland community. In this area, they are able to identify potential threats and incidents that they can train for and control to protect the Midland community.

Youth Law Enforcement Week – The week-long event is offered to teens in the Midland Community interested in learning more about police work potential career opportunities. It is run as a mini law enforcement academy and includes physical training, exposure to different law enforcement opportunities (City Police, Sheriffs, Department of Natural Resource officers, State Police and Honor Guard.) Throughout the week, participants experience tasks that officers would deal with and the week ends with a mock crime scene where participants “solve” the crime.

School Resource Officers assigned to both high schools, but who also serve middle and elementary schools, are available to students to talk about teen driving, drugs, alcohol, abuse at school or home, suicides, mental illness, or whatever is on their mind. The presence of the officers has been very successful and they are popular with the students.

In Midland, there is both a Dive team and a Swat team that include officers from both the Police Department, and the Sheriff’s Department. Officers can apply for either of these teams and be trained, in some cases for both. Midland County teams have mutual aid agreements with other nearby communities to provide support in either case.

Training exercises – Midland officers experience many training opportunities. Recently, officers completed training in administering Narcan, officers will be trained in mental health interaction beginning in August, and they will undergo active shooter training at MidMichigan Medical Center in September.

The Police maintain an honor guard which is used in Midland 12-14 times/year. It’s one, if not the most, active honor guard in the State. They primarily work at Law Enforcement funerals or funerals for City officials. However, they have presented the flags at a Detroit Red Wings game, other State events, Special Olympics events, Law Enforcement Torch Runs, etc.

Appendix L: Midland Fire Department Hazardous Materials Response

July 1, 2015 – June 30, 2016 – Local Midland Fire Department Responses

Biological Hazard Suspected or Confirmed	1
Toxic Condition	2
Chemical Hazard (No spill or leak)	1
Chemical Spill or Leak	2
Carbon Monoxide incident	5

July 1, 2015 – June 30, 2016 – Local Midland Fire Department Responses with Region Response Team

Poisonous Condition	1
Hazardous condition/spill or leak	2
Structure Fire w/hazardous materials	1
Technical Assistance for another agency	2
Hazardous condition in a structure causing public health concerns	1

Appendix M: Floodplain Letter

January 8, 2016

To whom it may concern:

You are receiving the following information because your home and/or business or portions of your property are located within the 100 year or 1% floodplain. The floodplain on your property has been identified by the Flood Insurance Rate Maps (FIRM) produced by the Federal Emergency Management Agency (FEMA). Because the City of Midland participates in the National Flood Insurance Program (NFIP) we feel it is important to inform our citizens about the potential flood related hazards which may affect your property and explain what options exist to protect your property from these hazards.

FEMA Floodplain Maps Have Been Updated

The County of Midland and City of Midland's floodplain maps were updated with new FEMA Flood Insurance Rate Maps (FIRM), effective on **May 4, 2009**. In addition, in 2009, the City of Midland adopted a floodplain management ordinance and a resolution to enforce all State of Michigan Construction Code regulations that pertain to residential and commercial construction within the floodplain. While the city performed these functions prior to 2009, a new ordinance and resolution were necessary at that time to formally adopt the revised FIRM.

Community Rating System Class Status

In recognition of the city's exemplary floodplain management programs and services, the Federal Emergency Management Agency recognized and recently reaffirmed the City of Midland as a Community Rating System (CRS) Class 5 community. As a result of this Class 5 rating, all residents wishing to purchase or renew flood insurance policies are automatically eligible to receive a 25% premium discount over standard insurance rates. Flood insurance can be purchased from any state licensed insurance agent.

Midland was the first and still is the only community within the State of Michigan to achieve a CRS Class 5 rating. This rating provides city residents with the lowest flood insurance rates in the State of Michigan.

The Local Flooding Hazard

There are several flood hazard areas throughout the City of Midland. Most flooding occurs from the Tittabawassee and Chippewa rivers, Sturgeon and Snake creeks and Inman Drain and can usually be forecast in advance. The Tittabawassee River is the largest source of flooding in Midland, with the last 100-year flood event occurring in 1986, when the river crested at 33.94 feet. Since then, the Tittabawassee River has reached flood stage (24 feet) 16 times and most recently crested at 28.26 feet on April 15th of 2014.

During flood events the velocity of rivers and streams greatly increases. For example, during the 1986 flood the Tittabawassee River reached an all-time peak flow of 38,700 cubic feet per second (cfs). The typical flow of the river is between 1,000 and 3,000 cfs.

Ice jams can also occur on the Chippewa and Tittabawassee Rivers during the winter months. This usually happens when temperatures rise and warm rains fall on the frozen rivers causing them to break up. Broken ice then jams up against the shallow river bottom which in turn backs up the river, making it rise beyond normal levels. Fortunately, ice jams are most frequently experienced in areas west of Midland and in areas where only parkland and natural preserves are affected.

To find out which portions of your home, business or property are located within the floodplain, please contact the Midland Planning and Community Development Department at (989) 837-3374. Elevation certificates that have been submitted by property owners and/or developers to the city since 2000 may also be available.

Flood Safety

Many roads and low lying areas in Midland are quickly covered by water during yearly flooding events. If you come upon “Road Closed” barricades while driving, please locate an alternate route: this will help ensure your safety. Most injuries and deaths in flooding events occur when unsuspecting citizens drive into flooded roadways. In as little as two feet of water, your vehicle can become buoyant. This could cause you to lose control of your vehicle and lead to either an accident or cause the vehicle to be swept downstream into a deeper water hazard or river. There is a simple way to avoid this predicament: **Turn Around Don’t Drown!**

Remember, if flooding occurs, keep your home and family safe by shutting off gas and electric utilities so as not to cause additional hazards once your home is inundated with flood water. If you have to evacuate your property due to rising flood waters remember not to walk through flowing waters because currents can be deceptive. As little as six inches of flowing water can knock an adult off their feet. Also, stay away from electrical power lines. Electrical current can travel through water and electrocution is the second leading cause of death during floods. Finally, keep children away from flood waters, ditches, culverts, and storm drains. Flood waters can carry unimaginable items that have dislodged themselves. You could be pulled into a culvert by floodwaters, rendering you helpless.

For more information during a flooding event, call Midland County’s Emergency Hotline at **1-888-TELL-MORE**, or tune into **MGTV Cable Channel 188, WMPX 1490 AM or WMRX 97.7 FM**. Information can also be found at www.midland911.org and www.facebook.com/MidlandCountyEmergencyManagement and [www.cityofmidlandmi.gov/departments/Planning/Floodplain Information](http://www.cityofmidlandmi.gov/departments/Planning/Floodplain%20Information). These sources can provide the latest on flood levels and road closures.

Flood Insurance Requirements

According to the NFIP, a home located within the special flood hazard area (SFHA) or 100 year floodplain has a 26% greater chance of being damaged by a flood over the life of a 30-year mortgage than by fire or other loss. Your homeowner's insurance **WILL NOT** cover flood damage. This is why flood insurance is mandatory for all federally backed mortgages. Your home does not have to be in the floodplain to get flooded.

Because the City of Midland participates in the NFIP, anyone who owns or rents property within the city can purchase flood insurance through a licensed local insurance agent. There is a 30-day waiting period for flood insurance coverage to begin.

Both home owners and renters may purchase flood insurance. Be sure to examine your policy to make sure you have enough coverage. Also, check to be sure you have contents coverage. Make sure you read your policy carefully to see what is not covered (e.g. furniture and TV in a basement are not insurable.)

Flood insurance is available to all City of Midland property owners at a 25% rate reduction because the City of Midland voluntarily participates in the NFIP's Community Rating System (CRS). Call (800) 427-4661 with any questions regarding the NFIP.

Flood Insurance Reform Affecting Insurance Rates

As a result of the catastrophic damages caused by Hurricanes Katrina and Sandy, Congress enacted the Biggert-Waters Flood Insurance Reform Act of 2012 (BW-12), requiring that FEMA and the NFIP create a reserve fund for payment of insurance claims resulting from floods. The Act was intended to stabilize funding for the NFIP by eliminating subsidized flood insurance rates and moving most flood insurance policies to full-risk premiums over a four year period. Implementation of that Act would have resulted in substantial premium increases for many flood insurance policy holders.

Congress has since repealed and reformed many provisions of the 2012 Act by passage of the Homeowner Flood Insurance Affordability Act of 2014 (HFIAA). This law slows down some of the flood insurance rate increases and offers relief to some policy holders who experienced steep flood insurance premium increases in 2013 and early 2014. Flood insurance rates and other charges were revised for new or existing policies beginning on April 1, 2015. While the cost of flood insurance will continue to move toward full-risk premiums, HFIAA limits yearly premium increases to a capped percentage to minimize immediate impacts on policy holders. An annual premium surcharge will also be applied to all new and renewed policies until, with limited exceptions, all subsidies under the NFIP have been eliminated. Further detailed information can be found by referring to WYO Bulletin (W-14053) at www.NFIPiService.com.

Flood Protection and Permits

Since your property is located within the 100-year or 1% floodplain, there are several regulations that the City of Midland enforces to ensure that homes and businesses are reasonably safe from flooding. Take these steps to protect your home from flooding: clean your gutters, down spouts and drain lines; re-grade your lot; and flood proof your house with water tight doors. In a flood emergency be sure to move furniture and valuables out of the flooded area and sandbag your property to prevent further flood water inundation.

The Midland Building Department enforces the Michigan Building Code and Michigan Residential Code which mandates that the lowest floor (including the basement) of all structures located within the 100-year floodplain is elevated to at least one (1) foot above the base flood elevation. In addition, the building code mandates that if uninhabitable spaces (such as crawl spaces) are below the base flood elevation, flood venting must be installed to relieve the pressure caused by both flowing and standing water on the home's foundation. If you see illegal floodplain development happening or have additional questions please contact the Building Department at (989) 837-3383.

In Michigan, all floodplain development (not just construction of buildings but filling, excavation, fences, etc.) requires a Part 31 Floodplain Permit from the Michigan Department of Environmental Quality (MDEQ). To obtain a MDEQ Floodplain Permit contact Joy Brooks, Saginaw Bay District Floodplain Engineer at (989) 894-6226. This MDEQ floodplain permit is required prior to obtaining any municipal issued building permits.

If your property is flooded and you have purchased flood insurance through the NFIP, you may be eligible to receive up to \$30,000 to move or elevate your damaged property. To find out more about the Increased Cost of Compliance program, please contact the NFIP at (800) 427-4661.

Natural and Beneficial Functions of Floodplains

Floodplains that are left undisturbed provide a wide range of benefits to both human and natural systems. These benefits include: filtering nutrients, oils from roadways, and farm chemicals out of surface water. Floodplains also support a wide range of outdoor recreational activities and may contain historic or archeological sites. Floodplains enhance waterfowl, fish and other wildlife habitats.

The City of Midland has taken great strides to preserve over 1,400 acres of floodplain as natural open space. Several floodplain areas have been converted into public open spaces such as Chippewasee and Emerson Parks and the Currie Municipal Golf Course. As most citizens witness each spring, these parks and the golf course regularly flood with little or no long-term property damage.

Flood Hazard Maps and Floodplain Determinations

The City's Planning Department maintains copies of all of the FIRMs, which are issued by FEMA, for review by citizens. In addition, citizens may obtain electronic copies of the new flood maps that became effective on **May 4, 2009** from FEMA by calling the phone number listed below. FIRMs can be purchased from FEMA directly at (877) FEMA-MAP, or www.fema.gov when purchasing maps, please reference the County of Midland's community number **26111C**.

City of Midland GIS (Geographic Information System) Map & Website Information

For further detailed information on where your property is located in relation to the floodplain, the city provides public access to its GIS Interactive Map at the following link: [http://www.cityofmidlandmi.gov/government/Planning/Floodplain Information/City of Midland Interactive Flood Plain Map](http://www.cityofmidlandmi.gov/government/Planning/Floodplain%20Information/City%20of%20Midland%20Interactive%20Flood%20Plain%20Map).

In addition, please feel free to contact the city's Planning Department at (989) 837-3374 if you have any questions or would like additional information relative to floodplain management. The Planning Department also maintains copies of all Letters of Map Amendments (LOMA's) on properties and structures that FEMA has determined have been removed from the floodplain by natural ground elevation (**currently we have 199 LOMA's on file**).

The Flood Warning System

Flooding within Midland can be predicted in advance of it occurring, giving ample warning for preparation and evacuation. The Midland County Office of Emergency Management (MCOEM) works in close cooperation with the National Weather Service (NWS) to gather weather and river data to determine when flood warnings will be necessary. Typically, an official flood warning from the NWS is issued at least 24 hours in advance of the Tittabawassee River reaching official flood stage. If the river continues to rise beyond flood stage, City and County officials will monitor the situation and warn potentially affected neighborhoods. Flood warning and river level information is continuously broadcasted on **MGTV** and **1-888-TELL-MORE**.

In the event of flash flooding due to ice jams or large storms, you may be the first to notice the oncoming situation, and the MCOEM needs to be notified to activate its Emergency Operations Plan. To get more information during a flooding event, please contact the Midland County Emergency Information Hotline at **1-888-TELL-MORE** or tune into **MGTV Cable Channel 5, WMPX 1490 AM or WMRX 97.7 FM**.

Substantial Improvement/Substantial Damage

The NFIP requires that if the cost of construction, addition, rehabilitation, or reconstruction to a building equals or exceeds 50% of the building's market value, then the building must meet the same construction requirements as a new structure. Substantially damaged buildings must also be brought up to the same standards (e.g., a damaged residence with repair costs that equal or exceed 50% of the building's value before it was damaged must be elevated at least one (1) foot above the base flood elevation).

Additionally, the cumulative cost of housing improvements will be added over the life of the structure and compared to the existing market value to determine if these improvements exceed 50% of the structure's value. The goals of these provisions are to eventually remove or elevate all structures out of the 1% floodplain.

Drainage System Maintenance

As simple as it may sound, keeping smaller drains, ditches and streams free of debris can dramatically improve the outflow of water run-off from low lying areas as well as reduce the occurrence of ice jams. It is a violation of City ordinance to dump materials into these waterways. There are large numbers of County and City drains and waterways that receive annual maintenance to ensure that man-made debris and naturally-occurring vegetation are removed. If you observe any waterways adjacent to your property that is filled with sediment or vegetation and debris, please contact the City's Utilities Department at (989) 837-3500 and they will send out crews to clean these waterways.

Floodplain Manager Contact Information

The City has a Floodplain Manager (CFM) to assist all citizens with floodplain related issues. Should you have more detailed questions or need additional information about the floodplain affects your property, please contact me, at (989) 837-3379 or bkaye@midland-mi.org.

Please be advised, to raise awareness about flood related issues and to maintain compliance with CRS accreditation, you will receive this letter on an annual basis.

Sincerely,

C. Bradley Kaye, AICP, CFM
Assistant City Manager for Development Services

APPENDIX N:

Tracking Midland’s resident’s health is part of the Midland County Health Department, which tracks communicable disease, obesity, smoking, poverty, mental health, safe food, etc. All this is in addition to providing child health care, immunizations, drinking water safety, health screenings and education, similar to what health departments do across this country.

In the State of Michigan, Midland ranks 8th in the overall ranking of health behaviors and 6th in health factors. In the chart below, we have compared Midland County Health Rankings to Top U.S. Performers and the rest of Michigan:

<u>Health Behaviors</u>	<u>Midland County</u>	<u>Top U.S. Performers</u>	<u>Michigan</u>
Adult Smoking	16%	14%	21%
Adult Obesity	32%	25%	31%
Physical Inactivity	23%	20%	23%
Access to exercise	84%	91%	84%
Excessive drinking	21%	12%	20%
Alcohol impaired Driving deaths	25%	14%	30%
Sexually transmitted Infections	192.1	134.1	453.6
Teen births	19	19	29

In Midland County, primary care physicians are on a ratio of 990:1; dentists 1,410:1; mental health providers, 510:1; preventable hospital stays are 47 compared to 59 in Michigan overall; diabetic monitoring is at 90% compared to 86% statewide; and Mammography screening is at 75%, as compared to 65% in the State.

Some of the services/programs provided by the Midland County Health Department include: Children’s special health care services, family planning, hearing and vision testing, lead poison prevention program, maternal infant health program, pregnancy tests, immunizations and international travel immunizations, flu clinics, environmental health services, communicable and sexually transmitted diseases, health education and promotion, emergency preparedness and response.