

Michigan Youth Coalition Network (MYCN)

Prevention Network: Youth Coalition Assessment 2022



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Introduction

The Michigan Department of Health and Human Services' Substance Use, Gambling, and Epidemiology Section has allocated funding to Prevention Network (PN) through the Substance Abuse Prevention and Treatment (SAPT) Block Grant American Rescue Plan Act (ARPA) Supplemental to expand two programs in the state of Michigan: the Michigan Coalition to Reduce Underage Drinking (MCRUD), and Parenting Awareness Michigan (PAM). In addition, this funding establishes a third program around youth coalition development. To guide program expansion across the state, the Michigan Youth Coalition Network (MYCN) was created as an extension of Prevention Network. The MYCN will provide professional development opportunities, resources, and support to coalitions working with youth around substance use disorder (SUD) prevention. Within the MYCN, a statewide MYCN coordination position has been created. The MYCN Coordinator will assess current youth programming activities, provide resources and support to new and existing coalitions interested in involving youth in coalition practices, and coordinate coalition leadership development opportunities.

Methods

To ensure a fit between services to be offered by MYCN and youth coalition needs, Prevention Network contracted with the Wayne State University School of Social Work to conduct an environmental scan. A three-pronged analysis was completed which included an extensive literature review, an electronic youth coalition survey, and a group interview with Prevention Coordinators from across the state. The literature review consisted of information collection from the Wayne State University electronic library system and review of electronically available scholarly articles. To gather data directly from Michigan providers, a total of 70 electronic survey responses were collected from field experts in youth coalition practices across the state of Michigan. To complete the environmental scan, a comparison of scholarly best practices and knowledge from current field efforts were compared to best inform the development of an action plan for the MYCN Coordinator with the goal of improving youth targeted coalition efforts.

Literature Review

To determine best practices regarding youth coalition work, a literature review of the Wayne State University library system and electronically available literature was completed. Key terms used in the literature search included: youth coalition engagement, best practices in youth coalitions, youth coalition models, harm reduction practices for youth, and youth trauma informed practices. Data collection was limited to the last 10 years, all data sources were compiled and analyzed in Microsoft Excel. While a range of practices were found, a focus was on those with multiple citations and

practical applications. Identified best practices currently used in the field of youth coalitions include trauma-informed prevention, self-determination theory, strengths perspective, and harm reduction.

Research indicates that exposure to Adverse Childhood Experiences (ACEs) such as abuse, household challenges, and neglect, are associated with increased substance use among youth (Hughes et al., 2013). To mitigate the effects of ACEs, and related substance use, practitioners recommend developing and implementing trauma-informed prevention when working with adolescent populations (Shin et al., 2021). The core components of trauma-informed prevention programs are a systematic, structured, and didactic transfer of knowledge regarding both trauma and youth substance use, utilization of relatable peers, and life skill-building. Suggested program components include education on the neuro-psycho-social effects of ACEs and their impact on youth substance misuse, training on healthy coping skills and behavioral and emotional self-regulation, intergenerational trauma and substance misuse across generations, and a focus on the prevention of revictimization. Family buy-in and community involvement are critical for the implementation and sustainability of youth trauma-informed prevention while mindfulness-based activities are specifically suggested for identifying healthy coping skills and building youth self-efficacy.

Self-efficacy, a belief in one's own abilities, can also be built with youth by utilizing self-determination theory (SDT). SDT suggests that growth and development are based in the psychological needs of autonomy, competence, and relatedness. Autonomous motivations include understanding the importance of behavior or integrating a behavior into one's identity, which is more likely to lead to adaptive behaviors that reduce risk of substance use. (Moore & Hardy, 2019). When using SDT, the goal is to nurture needs for relatedness, competence, and autonomy. Self-determination can be developed by involving youth in program development and delivery, providing them with knowledge and skills to help themselves however they choose, and empowering them to support others in their lives and become leaders (Salazar et al., 2017). Staff must be trained to be non-judgmental, empathetic, and empowering to build the trusting relationships necessary to effectively develop autonomous motivation in the youth they serve.

Another best practice regarding youth coalition work is to utilize the strengths perspective. This perspective emphasizes strengths and resources of people, communities, and their environments rather than problems and pathologies (*Principles of the Strengths Perspective*, n.d.). The strengths perspective allows individuals and

communities to set and achieve their own goals, increasing a sense of autonomy and leading to higher rates of engagement. One way to incorporate the strengths perspective is to facilitate youth participation in community-involved positive development (CIPD) activities, such as after school programs administered by community-based agencies that foster norms against substance misuse while promoting personal and social competencies and character development (Cheon, 2008).

The National Harm Reduction Coalition defines harm reduction as “a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use” (*Principles of Harm Reduction*, 2021). A qualitative study found that youth actively engage in harm reduction on an informal basis and would benefit from programs informed by evidence from harm reduction (Jenkins et al., 2017). The study also found that for harm reduction programming to be effective, it must be “informed by youth experiences” and prioritize honesty. Social stigma is a major barrier to harm reduction as some incorrectly believe it is giving permission to abuse substances. Harm reduction values health and welfare of the individual over the ideological position of abstinence, allowing programs to select strategies that evidence shows are most likely to reduce harm.

Cultural competency is essential when implementing prevention programming, The National Prevention Information Network defines cultural competence as “a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations” (*Cultural Competence in Health and Human Services*, n.d.). Research found “In many cases if not all, a one-size-fits-all approach (e.g., too much emphasis on implementation fidelity of a universal prevention program) may not produce equitable outcomes across racial and ethnic groups and could even widen the gaps in disparities that already exist” (Song et al., 2018). Organizations and programs should continually strive to improve their cultural competency as there is no end point where development is no longer needed. Diversity, equity, and inclusion plans, equity toolkits, trainings, employee resource groups, and community agreements are tools and resources that can be used to cultivate and enhance cultural competency regarding youth coalition work.

In addition to utilizing effective practices, the reduction of ineffective practices is equally important for youth coalition work to be successful. Ineffective practices include scare tactics, testimonials or guest talks, assemblies, information-only and lecture-based

programs, and encouraging refusal (Darcy, 2020). Ineffective practices fail to demonstrate an investment or commitment to the youth that provides them with a sense of involvement and belonging.

Best Practices for Youth Engagement and Coalition Development

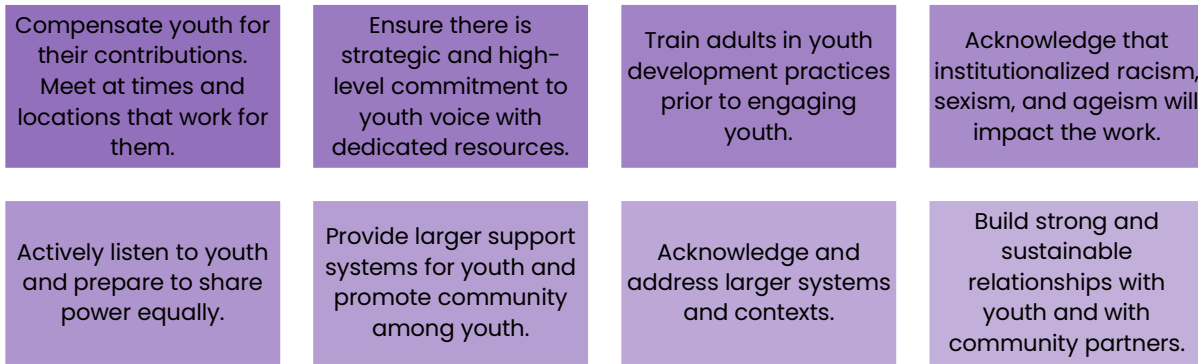
In addition to standard research literature, an internet search was completed to highlight best practices related to youth engagement and coalition development.

Youth Engagement

Themes reoccurring through articles focusing on youth coalition efforts include a clear need for distinctly defined roles for coalition members specifically youth, an importance for purposeful action, and a safe and welcoming environment space (Next Generation Coalition, 2021). For successful youth engagement, youth must have a strong voice created by allowing them to participate in conversations and strategic planning efforts freely (McGuire, 2020). To encourage youth participation in coalition efforts; prioritize the basic needs of youth, actively engage the most vulnerable students and families, and promote historical and cultural awareness to both youth and schools (Tri-County Health Department, 2019). Consider embracing a coordinating infrastructure in which schools are used as a resource hub for youth and families.

To encourage consistent and long-term youth engagement, consider working with youth to develop strategic, measurable, ambitious, realistic, timebound, inclusive, and equitable (SMARTIE) goals to guide coalition activities (*Ready by 21*, 2018). "SMARTIE goals are a concrete way to drive results that include and produce better outcomes, especially for the most marginalized communities, address disparities, or create belonging" (*Ready by 21*, 2018). It is essential to involve those directly impacted by disparities in the solution as well, parents and youth must both be involved in coalition engagement. **Figure 1** highlights key best practices to engaging youth in coalition work.

Figure 1: Best Practices to Engaging Youth



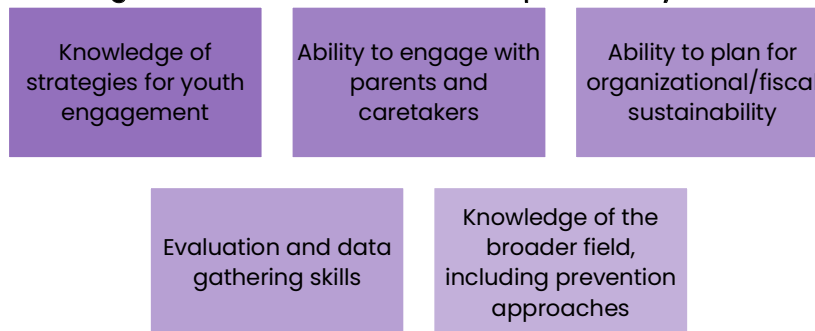
(Next Generation Coalition, 2021)

To recognize youth for coalition efforts consider offering the following incentives: letters of recommendation from coalition leaders, offering a graduation pin or cord for involved senior members, and working with community and state partners to nominate youth for state or nation awards (Next Generation Coalition, 2021). Incentives should prioritize efforts that can be added to a resume or college application to aid youth in the future.

Youth Coalition Development

In building coalition capacity and sustainability, carefully selecting an adult sponsor to lead youth coalition efforts is key. When selecting a youth coalition adult sponsor consider experience and reputation within the community, experience related to community organizing with targeted youth populations, meeting facilitation skills, and basic concepts in systems/policy change including asset-based community development experience (Next Generation Coalition, 2021). **Figure 2** outlines additional skills to consider when selecting a youth coalition adult sponsor.

Figure 2: Youth Coalition Adult Sponsor Key Skills



(Next Generation Coalition, 2021)

Environmental Scan

To understand current efforts related to youth coalition activities and gather feedback from field experts related to community need, an environmental scan was distributed electronically via the survey platform Qualtrics. The survey was sent to several listservs operated by Prevention Network including general interests, youth development, Coalition for Community Change, Michigan Coalition to Reduce Underage Drinking, Parenting Awareness Michigan, and the Michigan Higher Education Network. The survey was also promoted on the Prevention Network website, Prevention Network Facebook page, and distributed via MDHHS to Prepaid Inpatient Health Plan (PIHP) Prevention Coordinators. The survey was active from August 9, 2022, to August 31, 2022. Weekly requests for survey participation were sent to all listservs. The environmental scan was verified as distributed to 2,349 email addresses according to the tracking platform Constant Contact. In addition, the survey was distributed by partner organizations that were not included in the delivery estimates. To further encourage survey participation respondents were offered the chance to win a voucher for an approved Professional Development Training offered by PN. Training options include the 23rd Annual Substance Use and Co-occurring Disorder Conference or a Prevention Network Ethics Training. In total 70 survey responses were captured and analyzed.

Table 1: Service Location by Respondent

Table 1 provides a complete breakdown of respondents' service locations.

Of the total 70 respondents 34 reported providing service in Region 5. Most respondents reported serving middle school (n=52), high school (n=54) and family and parent (n=53) populations, while respondents serving college aged populations totaled 24.

Region	n (%)
Region 1	13 (18.8%)
Region 2	10 (14.5%)
Region 3	12 (17.4%)
Region 4	6 (8.7%)
Region 5	34 (49.3%)
Region 6	5 (7.2%)
Region 7	7 (10.1%)
Region 8	8 (11.6%)
Region 9	8 (11.6%)
Region 10	6 (8.7%)

When asked to describe efforts currently being made to engage youth in coalition activities, respondents reported Youth Advisory Councils (YAC) and youth representation on council boards to be the most utilized engagement strategy. Respondents also reported prevention education and youth leadership was significantly utilized to engage youth, with responses ranging from youth lead vaping prevention education to peer mentoring roles. To highlight utilization of prevention education, one respondent reported utilizing funds from a Drug Free Community (DFC) grant to send youth to

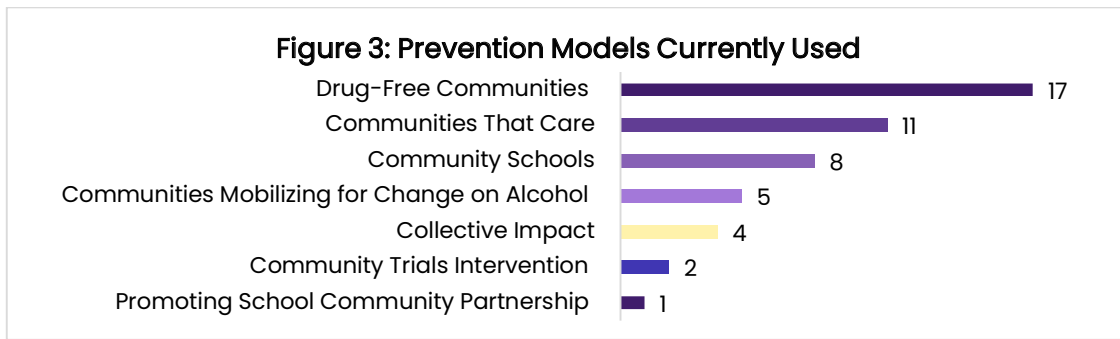
national prevention events. **Table 2** summarizes all strategies currently being utilized to engage youth in coalition activities.

Table 2: Current Efforts to Engage Youth in Coalition Activities

Engaging Youth in Coalition Activities	Responses	Examples of Responses
Advisory Council	18	<ul style="list-style-type: none"> • Youth Advisory Council • Youth serving on Advisory Council Board
Prevention Education	9	<ul style="list-style-type: none"> • Youth Poison Prevention • Harm Reduction • Tobacco & Alcohol Retailer Education • Youth led vaping prevention education • Peer Refusal Trainings led by High School students
Youth Leadership	9	<ul style="list-style-type: none"> • Youth serving on the agencies Board of Directors • Youth Leadership Clubs to promote well-being • Youth led volunteering activities • Youth identified community needs, including addressing the identified needs
Engagement Events	8	<ul style="list-style-type: none"> • Substance Free Activities and Sober Events for Youth • Annual Leadership Summit for Youth • Youth Camps • Youth Drug Conference • Youth volunteers for community service events
Youth Prevention Program	7	<ul style="list-style-type: none"> • Above the Influence • Peer-Assisted Learning Strategies (PALS) • Students Leading Students • Students Taking a New Direction
Evidence-Based Practices	4	<ul style="list-style-type: none"> • Botvin LifeSkills • Prime for Life • Youth Photo Voice

Coalition Models

Respondents overwhelmingly reported their coalition to be using the Drug-Free Communities prevention program (n=17). In addition to utilization of the prevention models outlined in **Figure 3**, respondents also reported utilizing: Whole School, Whole Community, Whole Child (WSCC), STOP Act, Project SUCCESS, Too Good for Drugs/Violence, Teen Intervene, Student Leaders Initiating Change, Guiding Good Choices, Prime for Life, Strengthening Families, One Voice, and Dover Youth to Youth prevention models.



Respondents reported many barriers to implementing prevention models through coalition work, **table 3** highlights several key examples. Key barriers to implementation included: program relevance to the target population, lack of fidelity, unachievable engagement, and lack of staffing availability to implement the model. Key barriers to success specific to youth coalition work include cost, school buy-in, staffing consistency, and model relevance. One respondent expanded on the barriers to implementing Prime for Life as “many districts are unfamiliar with the relationship between substance use targeted programming and life skills/decision making programming making integration of this sort of curriculum difficult.” Several respondents also reported the belief that all prevention models can be successful if implemented correctly and that reaching even one person is considered a success in the prevention field. It is important to note that the experiences of respondents may be specific to many environmental factors and may not have a direct link to evidence-based practice effectiveness. Additionally, several respondents reported models that cannot be categorized as prevention models however the considerations reported were relevant to this report. One respondent reported a need for follow up and relationship building following a stand-alone event to reach successful implementation.

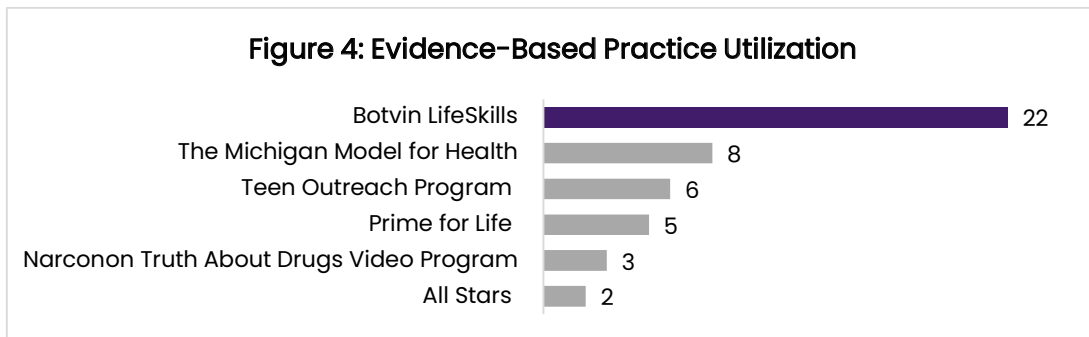
Table 3: Barriers to Implementing Prevention Models in Coalition Work

Prevention Model	Implementation Considerations
Navigating The Teen Years	Long standing program, determine relevance to the target population prior to implementation.
Project Towards No Drug Abuse	
All Stars	
Drug Abuse Resistance Education (DARE)	Lack of documented evidence to support effectiveness related to prevention.
Retailer Programs	Gaining buy-in from law enforcement is critical to successful implementation.
Communities that Care	Ensure staffing capacity prior to implementation.
Positive Action	To ensure implementation capacity, first determine program facilitators.
Stand Alone Events	Development of clear follow up protocols that foster continued relationships is key to success.
Prime For Life	Determine implementation capacity in relation to curriculum requirements, communicating program requirements clearly with schools is key.
Strategic Prevention Framework	Determine how fidelity might be assessed prior to implementation.
Michigan Model	Developing buy-in from schools and assessing capacity are key first steps.
Botvin LifeSkills	
Strengthening Families	Determine if the cost of the program is feasible.

Evidence Based Practices

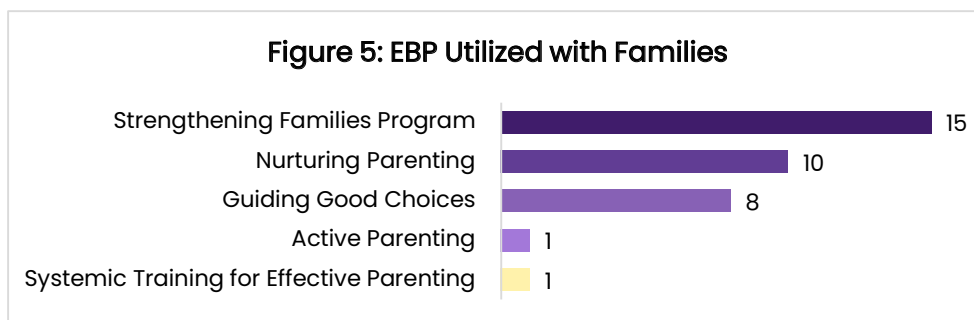
When asked to provide details about currently utilized evidence-based practices and prevention programming implemented in coalition work with youth, many respondents reported similar answers reported in the Coalition Model section above.

Figure 4 outlines respondents’ selections from the provided multiple choice selection, which highlighted the most reported evidence-based practice used to be Botvin LifeSkills Training (n=22). A total of 17 respondents selected other as the most utilized prevention model, responses ranged from: Teen Intervene, Too Good for Drugs/Violence, Anger Management, Guiding Good Choices, Protecting You Protecting Me, Catch my Breath, and Project Success.



Family Programming

When working with families, respondents reporting utilizing the Strengthening Families prevention program the most (n=15). **Figure 5** outlines additional programming reported to be utilized with families. When indicating “other” models utilized in prevention programming with families, respondents reported utilization of Teen Intervene, Michigan Model for Health, Conscious Discipline, 24/7 Dads, Botvin LifeSkills Training Parent Program, Prime for Life, and Talk Sooner programming.



When asked about barriers experienced with models previously used with families/parents, respondents mentioned low participation rates for the Guiding Good Choices program on 4 occasions. The Guiding Good Choices program was described as beneficial in reducing staff time requirements and cost savings; however, respondents reported a lack of buy-in from families even with incentives. Respondents also reported implementation barriers of the Strengthening Families Program to be program length and implementation cost. It is important to note that while several respondents reported implementation barriers to the Strengthening Families Program, several respondents reported great success in implementation with the program, drawing attention to a need for capacity and support building in EBP implementation.

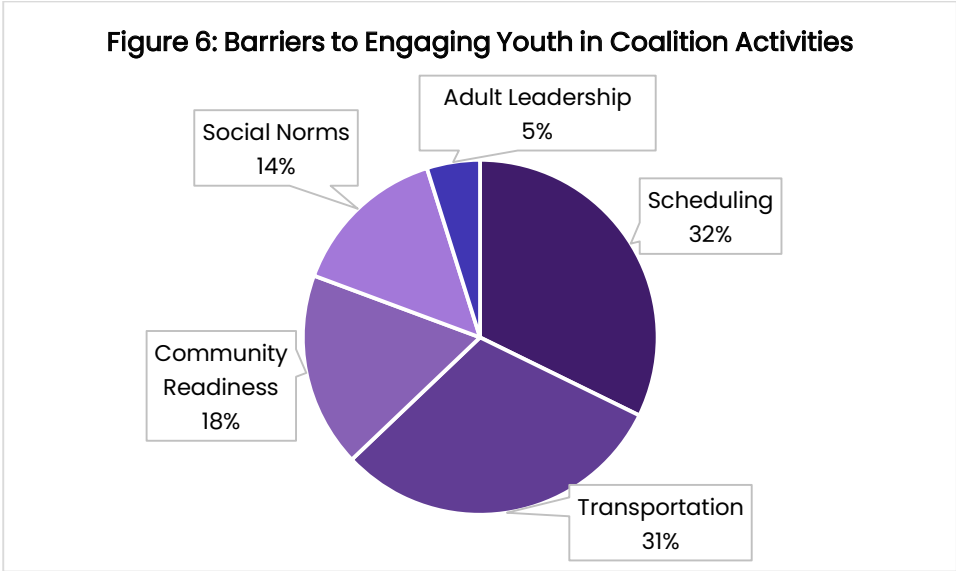
Table 4: Reported Barriers to Prevention Models Previously Used with Families

Prevention Model	Reported Barriers to Implementation
Guiding Good Choices	Low participation rates.
Strengthening Families	Lack of commitment from parents due to program length. Cost barriers.

Youth Engagement

When describing barriers to engaging youth in coalition activities respondents reported access to transportation and scheduling conflicts to be the greatest threat to youth engagement. Youth leaders often have competing obligations which can make engagement difficult, especially in rural areas with limited transportation. Several respondents reported that youth are difficult to engage over the summer months and over time without incentives. Additionally, respondents reported that youth are more

difficult to engage since the Covid-19 pandemic popularizing virtual participation. Social stigma was often cited where community readiness was lacking, respondents reported that youth experienced bullying and peer pressure associated with being involved with prevention activities. Securing adult leadership to implement prevention activities was also cited as a barrier, as well as lack of technology.



When describing support needed to reduce barriers to engaging youth in coalition activities and to enhance participation of youth in coalition efforts respondents most frequently reported a need for funding (n=19). **Figure 7** highlights each resource respondents reported as necessary to reduce barriers to engaging youth in coalition efforts.

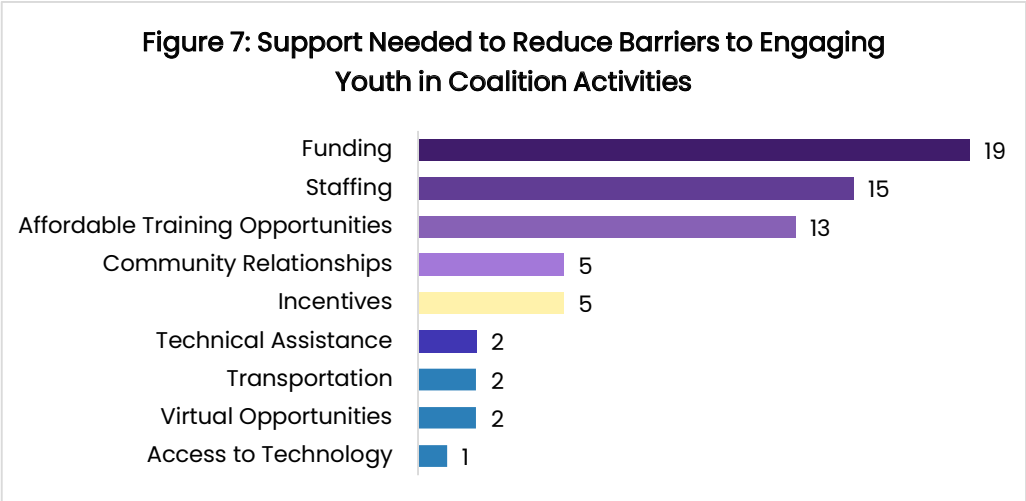
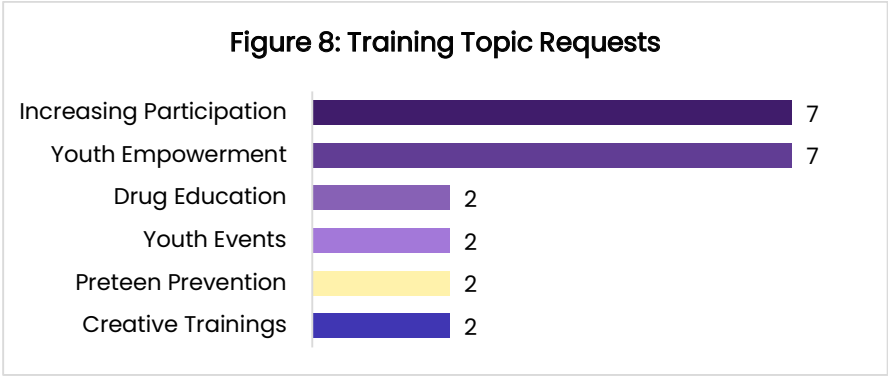
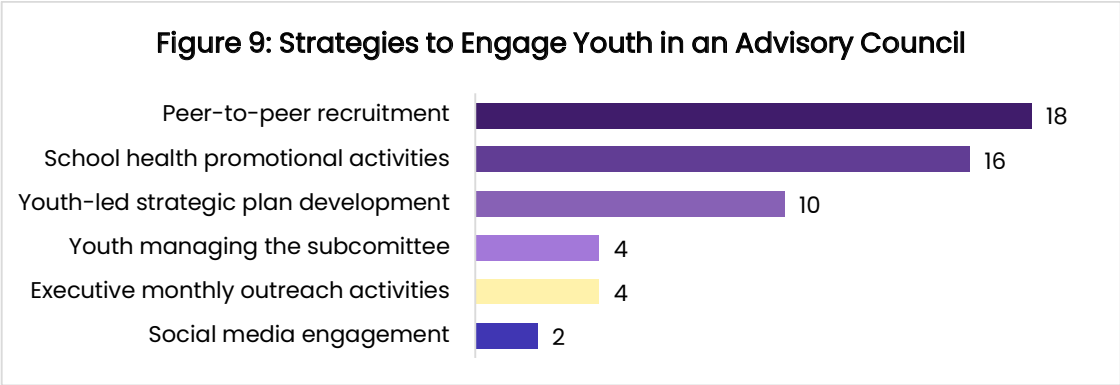


Figure 8 highlights the training topics respondents requested be offered by Prevention Network. Both youth empowerment (n=7) and increasing youth coalition participation (n=7) were reported as top training needs. Respondents selecting other as a training option reported a need for training in the following topics: coalition long term planning, positive community norms (Montana Institute), media influences, health disparities, evidence-based programming (including Students Leading Students), social media promotion, data sources to inform practices, recovery coaching, and peer engagement.









When describing strategies currently utilized to engage youth in advisory council tasks not related to meeting attendance respondents most reported utilizing peer to peer recruitment (n=18). **Figure 9** highlights the most reported engagement activity for youth coalition work.



When asked to rank which social media platforms generate the most engagement with youth respondents reported Tik Tok to be the most effective (93.3%). Despite Tik Tok’s popularity with youth, there are significant mental health and safety risks associated with the platform that are important to take into consideration. Respondents selecting “other” as a response option reported Tumblr to be a platform utilized to engage youth.

Figure 10: Social Media Platforms to Engage Youth

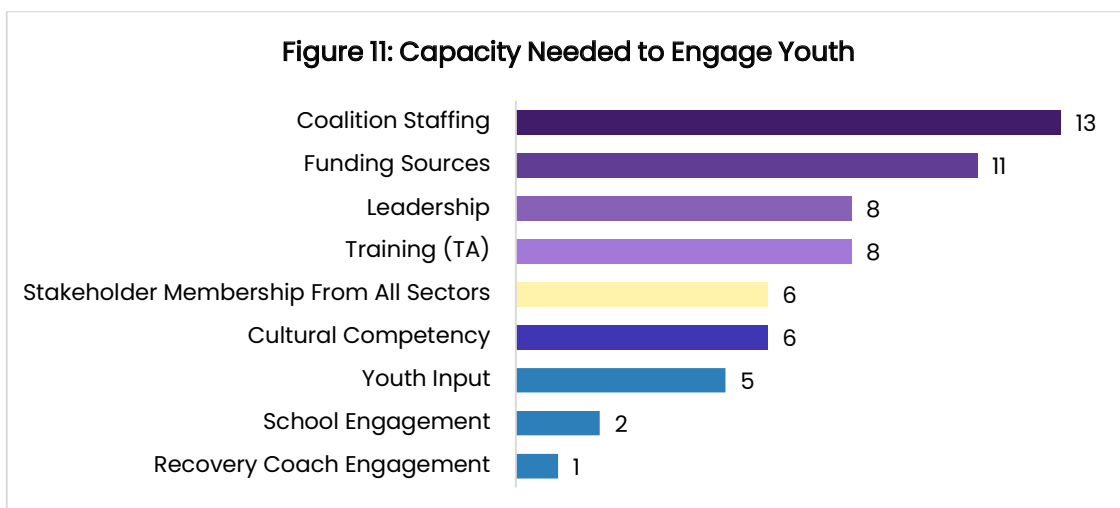
Platform	Ranking Priority
 Tik Tok	93.3%
 Instagram	73.3%
 Snapchat	53.3%
 Facebook	33.3%
 YouTube Shorts	33.3%
 Twitter	6.7%

To understand the level of involvement youth have in the social media accounts of each coalition, respondents were asked to define the operator of their coalition’s accounts. Respondents reported coalition staff to operate their coalitions social media account (n=8) most frequently. A total of 2 respondents reported youth to be involved in the marketing process of social media accounts.

Coalition Needs

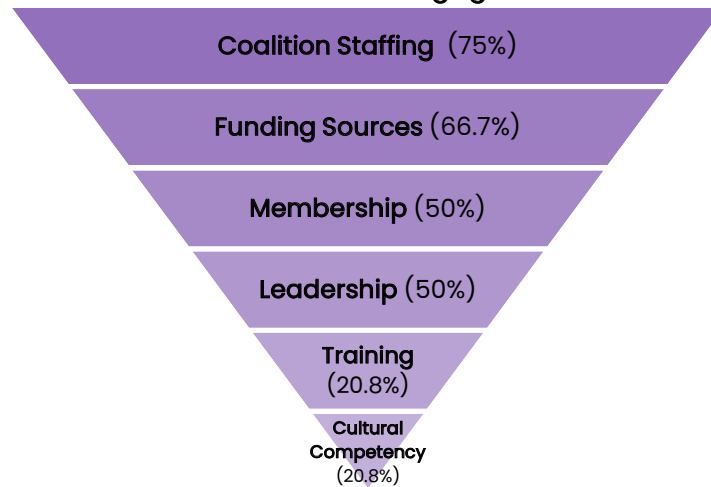
Respondents reported the greatest capacity need for successful youth engagement in coalition work to be coalition staffing (n=13), followed by funding resources (n=11). **Figure 11** further outlines needs reported by respondents coded into 9 categories.

Figure 11: Capacity Needed to Engage Youth



When ranking the most needed resources to effectively accomplish youth engaged coalition work, respondents equally reported coalition staffing (75%) and funding (66.7%) to be top priorities. **Figure 12** highlights the importance of each resource according to respondents.

Figure 12: Most Needed Resource to Engage Youth in Coalition Work

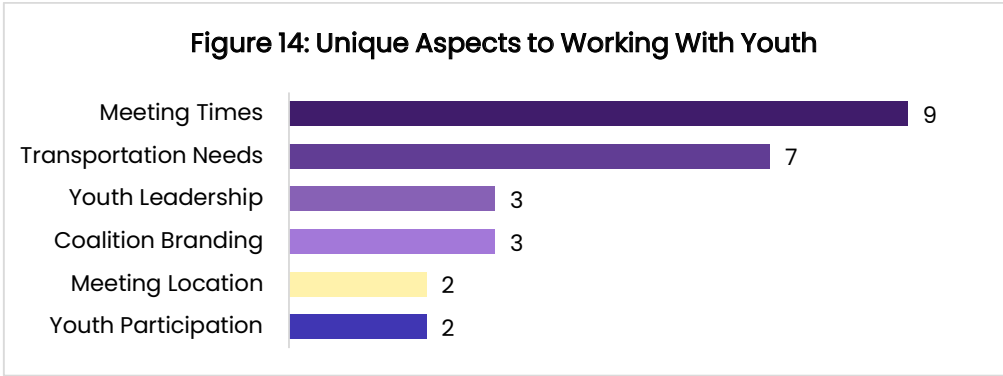


When ranking best practices for recruiting youth to coalition and advisory council activities, respondents ranked youth input (n=10) as most important and peer recruitment (n=6) second. Respondents reported actively involving youth in leadership roles including peer to peer engagement to produce success in recruiting youth. Providing training and meeting youth where they are, ranked as third most important. The following considerations for engaging youth were also noted: training youth to develop new skills and accessing youth through locations they are familiar with including school-based programming. Accessing youth through social media and providing incentives for participation were also mentioned as best practices.

When considering ways to create sustainability within a youth advisory council, respondents most often suggested considering youth input (n=12). This includes recognizing/awarding the efforts of youth, constant and active peer recruitment, and providing tangible youth leadership roles. Respondents also noted the importance of early succession planning (n=5) and youth involvements in fund raising efforts (n=4). To gain community-buy in, a respondent suggested partnering with trusted agencies in the community and using their logo on advisory council marketing materials to increase community recognition.

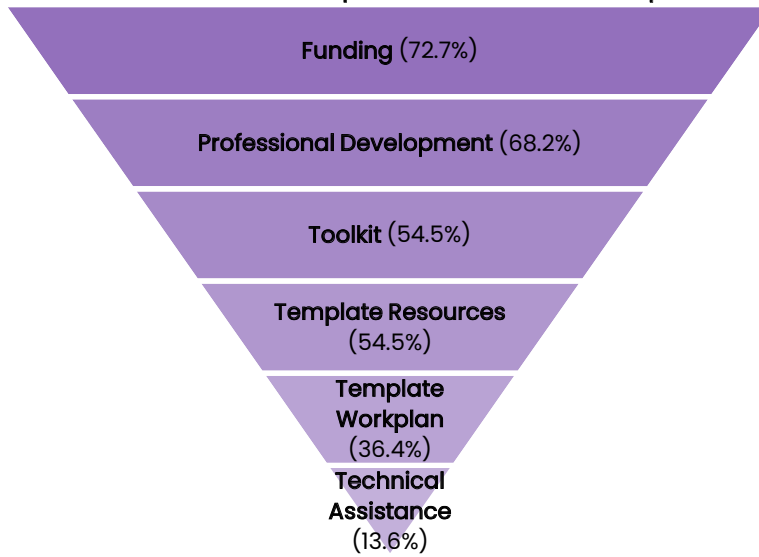


When asked to describe any unique aspects to working with youth in a coalition capacity, respondents most frequently reported meeting times (n=9) and transportation needs (n=7) as considerations to coalition capacity. Respondents noted that meetings throughout school hours are not possible, holding meetings during weekends and evening is possible, however youth often have competing obligations. Transportation needs are a barrier for youth, many cannot transport themselves while geographical barriers also contribute to transportation needs specifically in rural areas. **Figure 14** outlines other unique aspects to consider when working with youth. Respondents reported considerations must be made when holding meetings during evenings as this is often dinnertime, therefore food must be provided. Finally, respondents reported a need to consider the flexibility of staff to commit to alternative meeting times which may not align with the schedules of youth.



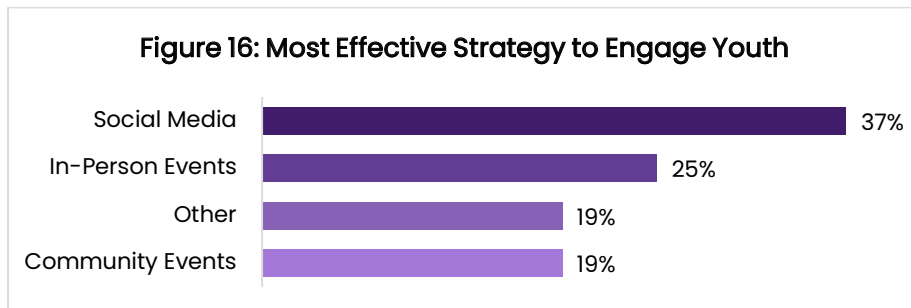
When ranking the top needed support from a statewide youth coalition development coordinator, respondents most often cited funding (n=16) as the most needed support. **Figure 15** highlights the highest ranked support needed as reported by respondents.

Figure 15: Statewide Youth Development Coordinator Top Needed Support



Respondents reported operation of youth coalition services occurring outside of the school year 61% of the time (n=17). Of those reporting operation outside of the school year respondents most frequently reported that they utilize summer events (n=7) as well as summer programs (n=5). Two respondents mentioned utilizing virtual meetings. Social media, monthly meetings, and community engagement were also mentioned as ways that organizations operate youth coalition services outside of the school year.

When reporting the most effective strategies for targeting college-aged youth for coalition activities 37% of respondents answered social media. Respondents who answered “other” mentioned University partnerships and word of mouth as the most effective strategy.



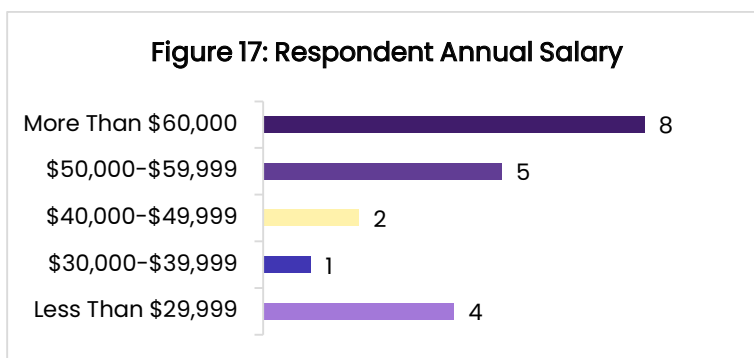
Respondents reported having a designated Youth Advisory Coordinator 41% of the time which directly correlates with **Figure 12** above indicating the top needed resource to effectively accomplishing youth engaged coalition work to be coalition staffing. Of the respondents reporting employment of a Youth Advisory Coordinator, 46% reported that position to be full time, 36% reported part time employment and 18% reported the position to be volunteer based.

Respondent Demographics

When indicating job title via open-ended textbox, respondents most reported a program coordinator role (n=10). A total of 7 respondents indicated an executive leadership or director role and 4 respondents reported a health education role. Of the 70 total survey respondents, only 20 participated in the demographic section which was optional.

When indicating the current annual salary of the 20 replies, 8 respondents reported earning more than \$60,000 per year. A total of 5 respondents reported an annual salary of \$50,000-\$59,999 and 4 respondents reported a salary of less than \$29,999 annually.

Figure 17 further highlights salary ranges reported by respondents.



Survey Limitations

The primary limitation is the smaller than expected sample size. The survey was distributed through many modes and shared repeatedly to encourage participation. The sample has uneven participation by region due to variability in this distribution and is not representative of the entire state. The survey was advertised to take no more than 15 minutes, but prevention staff are stretched thin, which may have reduced the response rate. Respondents were not required to answer each question of the survey; therefore, sample size varies from question to question. Where applicable, N values were included to highlight the participation level represented in the data. Ranking questions were reported by percentage rather than including N values. Several closed-ended questions were also used which can influence survey response however respondents were able to answer "other" and enter text in each closed-ended question. Demographic data was limited to job title, job description, and salary. Age, race, gender, etc. was not collected.

PIHP Prevention Coordinator Feedback

Each county in Michigan is served by one of ten regional behavioral health entities or Prepaid Inpatient Health Plan (PIHP) which designates a Prevention Coordinator to provide support to coalitions within their region. To gather feedback from the Prevention Coordinators, the interactive platform Jamboard was utilized during the

August Substance Abuse Prevention and Treatment (SAPT) Prevention Workgroup meeting which occurred virtually via Zoom. The goal was to gather direct feedback related to youth coalition efforts currently happening across the state. A series of questions were posted on “boards” which allowed users to provide written responses to each question, the group also engaged in discussion throughout the session. Of the 10 regions in the state of Michigan, 8 Prevention Coordinators participated in the Jamboard session. **Figure 18** below highlights some of their responses regarding successful prevention models, successful evidence-based practices, and support needed to reduce barriers.

Figure 18: SAPT Prevention Workgroup Feedback

Successful Prevention Models	Successful Evidence-Based Practices	Support Needed to Reduce Barriers
<ul style="list-style-type: none"> •Community Anti-Drug Coalitions of America (CADCA) •Strategic Prevention Framework •Youth Led Prevention •Communities Mobilizing for Change on Alcohol •Communities That Care •Students Leading Students •PhotoVoice •Drug Free Communities •Most Teens Don't •Peer-Assisted Learning Strategies (PALS) •Above the Influence •Prevention Leadership Teams •Prevention Theatre Collective 	<ul style="list-style-type: none"> •Botvin LifeSkills •PhotoVoice •School Linked Services (SLS) •Prime for Life •Tobacco Retailer Education •Smart Moves •Drug Free Community 	<ul style="list-style-type: none"> •Funding (incentives) •Capacity Building (Staffing Support) •Efforts to rebuild coalition post Covid •Considerations for youth competing obligations

Prevention Coordinators were asked to define current efforts being made to engage youth in coalition activities. Many include youth members in coalitions, especially through coalition teen councils. Youth are also engaged through a focused coalition on youth access to tobacco prevention, teen panels at coalition meetings, and youth workgroups. Further engagement opportunities include an Annual Youth Summit, leadership training opportunities, school outreach, student led groups like youth action clubs, and a multi-county PhotoVoice project.

PIHP prevention coordinators were asked about the most successful prevention models that they have seen used in youth coalitions. Three models were mentioned more than once: Community Anti-Drug Coalitions of America (CADCA), Strategic Prevention Framework, and Youth Led Prevention. Several other prevention models were discussed: Communities Mobilizing for Change on Alcohol, Communities that Care, Students Leading Students, PhotoVoice, Drug Free Communities, Most Teens Don't, Peer-Assisted

Learning Strategies (PALS), Above the Influence, prevention leadership team, and the Prevention Theatre Collective.

In addition to successful prevention models, coordinators discussed successful evidence-based practices utilized with youth coalitions. Botvin LifeSkills was reported by multiple coordinators, but others added PhotoVoice, School Linked Services (SLS), Prime for Life, Tobacco Retailer Education, Smart Moves, leadership camps, and Drug Free Communities.

Next the group discussed the support that is needed to reduce barriers to engaging youth in coalition activities as well as to enhance participation of youth in coalition efforts. Many voiced financial and capacity barriers. Following the COVID-19 pandemic, coordinators reported an increased need within coalitions to re-build capacity, specifically related to maintaining trained staff. Time is needed to rebuild coalitions following large staffing shifts in connection with the COVID-19 pandemic. Relationships and connections have changed and will need to be rebuilt as coalition members have also changed positions and new members will need to be recruited.

Another common barrier to engagement is the capacity limitations of youth who are often stretched too thin. Youth have many extra-curricular options and are involved in multiple activities, so participating in coalitions is not a top priority. Coordinators would like to have funds to incentivize youth participation and to pay for opportunities like resume building or other activities to engage youth.

Best practices to engaging youth from the perspective of Prevention Coordinator's included: peer-to-peer recruitment, youth-led meetings and peer led prevention programs. Establishing incentives (prizes, field trips, social media contests, etc.) was also mentioned by more than one coordinator. Coordinators stressed the importance of making opportunities fun: ensuring coalition efforts directly benefit youth, including offering volunteering and mentoring opportunities. The importance of collaboration with schools was discussed in the capacity that schools can offer meeting space, adult facilitators, the ability to meet during the school day, and school liaisons to initiate safety approaches. Several coordinators found it important to involve youth in ways that ensure their voices are heard and utilized, for example actively participating in coalition projects and decision making.

To create sustainability within a youth advisory council best-practices include, peer mentors, peer nominations for new council members, and peer-led initiatives including youth led presentations to younger students. Creating resume build opportunities for youth also created sustainability and buy-in from youth. Considering the needs of youth through carefully selecting meeting times, parental involvement, and empowering youth also developed strong and lasting youth sustainability. Allowing youth to have a voice in the development and implementation of council efforts was mentioned by several coordinators as a best practice due to the ownership given to youth.

To define the reach of youth coalition efforts, each region discussed the number of funded coalitions or providers. Region 1 funds eight upper peninsula coalitions with five providers. Region 2 has two providers that work with youth spread between twenty-one counties. Region 3 has four providers that focus on youth coalitions, but all 7 counties have coalitions. Region 5 has eight providers that work with youth coalitions. Region 8 has twenty-three coalitions and one provider organization that works with youth to operate a youth advisory board and implement related initiatives. Region 9 funds three community organizer positions that work with their adult and youth coalitions throughout Macomb County. Region 10 has one funded coalition focusing on youth initiatives.

Summary

From the literature review we learned the importance of trauma informed prevention, self-determination theory, and implementing a strengths perspective. Implementing trauma informed prevention strategies, creates an opportunity to understand generational substance misuse, develop coping skills, and to prevent revictimization. From self-determination theory we know that involving youth in coalition activities creates ownership which can lead to sustainability. Using a strengths perspective, coalitions might work with youth to build leadership skills through the development of coalition activities or events. Respondents of the environmental scan specifically noted the need for youth to have products from coalition participation to aid them in success in the future, for example resume building activities. By empowering youth, coalitions can create an environment in which youth are eager to have a voice and become change makers in their communities.

In terms of coalition capacity building, from the environmental scan we learned of the need for coalition funding and staffing. More work is needed to address both barriers which are fundamental to youth coalition operations. Respondents also reported a need for training related to increasing youth participation and youth empowerment. One way

in which respondents reported addressing youth engagement was to consider offering flexible meeting times that consider the transportation options youth have available. Coalitions must also carefully select an adult sponsor that is available to engage in coalition activities at times that are convenient for youth.

Respondents of the environmental scan reported youth are most engaged through advisory councils which often utilize drug free communities as the selected prevention model. For coalitions to operate successfully, capacity must be developed with schools, communities, and most importantly parents. Applying the strengths perspective, with limited funding coalitions can benefit from utilizing available resources to foster youth prevention efforts. Environmental scan respondents reported success utilizing schools as a resource hub for coalition activities, which alleviated transportation barriers for youth. Finally, efforts to engage youth via social media platforms most often involved TikTok however only 2 respondents reported involving youth in the marketing process. This example offers a missed opportunity for meaningful engagement of youth creativity in coalition activities. It is important to note that despite Tik Tok's popularity with youth, there are significant mental health and safety risks associated with the platform that are important to take into consideration.

Next Steps

From Prevention Coordinator's we learned there are gaps in youth targeted coalition efforts, developing plans to ensure statewide youth coalition efforts are made is a critical first step. To support and build upon current efforts, there is a clear need for increased coalition funding, training efforts, and staffing capacity. Developing a comprehensive guide for all coalitions to utilize compiling best practice efforts may aid coalitions as they strengthen their services. Evaluating evidenced-based practices and prevention programming for success, to inform guidelines for all coalitions to follow will benefit the prevention field in developing consistency amongst prevention programming. Following the dissemination and use of this report, it is suggested that the environmental scan be issued for a second round to gauge and understand any changes in the prevention field.

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