

Strategic Plan

Prevention Michigan DBA Prevention Network



2023 – 2025

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Executive Summary

Prevention Network is a statewide not-for-profit that aims to cultivate healthy communities across Michigan through prevention resources, technical assistance, and support. Prevention Network has provided support to individuals, grassroots groups, coalitions, and larger agencies across all 83 Michigan counties on substance misuse prevention since 1984. We strive to bridge the gap between research and practice for enhanced effectiveness of local prevention efforts.

Prevention Network was first funded by Michigan's Single State Office of Substance Abuse Services (OSAS), now a division of Public Health under the Michigan Department of Health and Human Services.

Funding for PN followed many years of OSAS support for grassroots, community-based prevention efforts. PN's creation and original funding was perhaps most immediately the result of statewide prevention activity in conjunction with public broadcast stations airing *The Chemical People* in November 1983. The two *Chemical People* programs were intended to mobilize parents, educators, public officials, and substance abuse professionals into task forces in every high school district in the country. These task forces were meant to address alcohol and other drug abuse among the youth in their communities.

The National Council on Alcoholism hosted meetings of the Prevention Network of Volunteers (PNV) Advisory Committee and conducted a statewide survey of eighty-five community prevention groups to assess their needs. These groups expressed the need for technical assistance for organizing and locating resources, financial assistance, training, and networking with other groups; services that repeated surveys have shown are needed. Since then Prevention Network has increased programming and adjusted based on current contract needs.

Prevention Network's board and staff, equipped with guidance from community members and currently available data, created its 2023-2025 Strategic Plan. This strategic plan is created in an effort to support local prevention efforts and ensure effective prevention in our communities. Intentional in its design, this document will help us provide credibility to our future planning and prevention efforts.

This plan highlights Prevention Network's key goals and activities to serve as a statewide networking/support system, grow core networks and programs, develop and maintain communications, monitor and share national and state legislative updates, provide training, financial support, and technical assistance to individuals and community groups, and strengthen the Network's identity as a visible, credible, statewide leadership organization.

The Board and Staff - together - will track the goals, objectives, activities, and timelines of the strategic plan and evaluate activities on a regular basis. Outcomes will be reported through the annual report each fiscal year.

We would like to express sincere appreciation to the many staff, board, workgroup members, and other stakeholders that helped make this plan possible.

Board Authorization

Prevention Michigan 2023-2025 Strategic Plan, is approved by the following:

Joe Thayer, Board Chair Date _____

Timothy Gill, Board Treasurer Date _____

Lisa Cattaneo-Boska, Board Secretary Date _____

Todd Bradley, Board Member Date _____

Melea Belton, Board Member Date _____

Terrance Newton, Board Member Date _____

Tracy Johnson, Board Member Date _____

Louise Montag, Executive Director Date _____

Brand Platform

Mission

Cultivate healthy communities across Michigan through resources, technical assistance, and support.

Vision

A life free of substance misuse in Michigan.

Who We Serve

Prevention Network works with community coalition leaders, prevention providers, policymakers, leaders, partners, residents, families, youth, and others who want to prevent substance misuse across Michigan.

Organizational Profile

Prevention Network is a statewide not-for-profit that aims to cultivate healthy communities across Michigan through prevention resources, technical assistance, and support. Prevention Network has provided support to individuals, grassroots groups, coalitions, and larger agencies across all 83 Michigan counties on substance misuse prevention since 1984. We strive to bridge the gap between research and practice for enhanced effectiveness of local prevention efforts.

We are comprehensive in our makeup, embracing a variety of viewpoints and methods of approach in dealing with alcohol, tobacco, and other drug prevention and related problems. We serve a diversity of community groups, professional and volunteer, whose autonomy we respect. We provide support through which their effectiveness can be increased and through which common goals can be identified and achieved.

Core Values

Lead with integrity

We are honest, transparent and committed to doing what's best for ourselves, colleagues, funders, partners, and stakeholders. We model responsible decisions based on professional and ethical standards.

Empower local communities

We support local communities, making local decisions, on local issues. We provide support through which their effectiveness can be increased and through which common goals can be identified and achieved, but respect the autonomy – the diversity, culture, and dynamics – of each community. When we empower local prevention to succeed, we all win.

Encourage diversity

We welcome all cultures, ages, races, gender, sexual orientation, socioeconomic status, languages, ethnic backgrounds, spiritual beliefs, religions, abilities, perspectives, and ways of thinking in a manner that recognizes, values, acknowledges, and respects the worth of the individuals and protects and preserves the dignity of each person. Our connection inspires the way we care for each other. Our differences—when embraced with humility and

respect—drive smarter decisions, increased innovation, stronger performance, and a culture where everyone can be themselves.

Leverage collaboration to bridge gaps

Together, we are stronger. Our success is driven by our ability to build relationships, break silos and connect across the entire continuum of care. We are proud to come together in creating comprehensive prevention services to Michigan communities. We carry the load together by building purposeful relationships grounded in cooperation and a shared vision.

Goals, Objectives, and Activities

PRIORITY AREA: TO SERVE AS A STATEWIDE NETWORKING/SUPPORT SYSTEM

Goal One: Maintain statewide prevention networks for those working on reducing alcohol-related problems, collegiate substance misuse prevention, healthy family/parenting support, and/or coalition support.

Objective 1: Formalize membership processes that will detail expectations and opportunities for program members

- Activity 1:** Formalize partnership process for core programs/networks and participation
- Activity 2:** Create a membership packet for those new to prevention and/or our services
- Activity 3:** Define program mission, goals, and key contacts for all programs
- Activity 4:** Update contact information and email lists for all programs
- Activity 5:** Utilize feedback surveys, needs assessments, environmental scans, and focus groups to improve program services and supports

Measurable Outcome(s): Clear process for participation in key activities and networking opportunities; Increased membership across programs; Increased engagement with local groups/stakeholders within priority populations; Increased knowledge and capacity of members; New networking opportunities and resources for prevention coalitions

Objective 2: Identify a process to collect feedback on additional needs of prevention professionals across the State. Develop strategies to meet those needs

- Activity 1:** Collect and analyze feedback information from key stakeholders on a regular basis
- Activity 2:** Develop goals and activities based on the feedback collected
- Activity 3:** Track and evaluate activities to report back to Prevention Network and funders
- Activity 4:** Update work plan activities based on evaluation and additional feedback

Measurable Outcome(s): Clear plan for program activities; Increased understanding of activities by entire network; Tools and measurements to better track and evaluate program activities

Objective 3: Coordinate and facilitate regular meetings with each network

- Activity 1:** Coordinate and facilitate program-related events at least quarterly
- Activity 2:** All program coordinators meet at least quarterly with each other to collaborate on related projects
- Activity 3:** Collect program outcomes and share program accomplishments in an annual report
- Activity 4:** Host an annual Prevention Network celebration for all program partners to connect and celebrate the work accomplished and leaders/volunteers that participated in Prevention Network events

Measurable Outcome(s): Increased engagement with local groups/stakeholders within priority populations; Increased knowledge and capacity of members; Increased collaboration across core programs

Objective 4: Connect with other local, state, and national partners in prevention to further connect and support local coalitions in Michigan

Activity 1: Develop new relationships with state partners in the field

Activity 2: Develop new relationships with national partners in the field

Activity 3: Visit individuals, community coalitions, agencies, colleges and universities, treatment and recovery providers, and other groups addressing substance misuse prevention across Michigan

Measurable Outcome(s): Increased visibility of Prevention Network as a statewide support and networking system; New collaborations and partnerships with national, state, and local partners

Goal Two: Develop and maintain communications on local, statewide, and federal resources.

Objective 1: Act as a resource hub for local coalitions and community members

Activity 1: Assess current website strengths and needs to develop plans for updates

Activity 2: Develop strategy and tools for increased engagement and sharing of prevention resources through digital means

Activity 3: Contract services for new website development utilizing strategy determined for resource sharing

Activity 4: Host and manage central portal for resource sharing among Michigan community groups with quarterly internal reviews

Activity 5: Increase visibility of portal among groups in Michigan

Measurable Outcome(s): Additional resources and templates are shared with local groups across the state; Increased networking and collaboration between groups; Central location for prevention materials that is easy to use and interactive

Objective 2: Build the capacity/framework for a communications strategy.

Activity 1: Create a calendar of state and national events to share with Board, Staff, coalitions, and prevention groups in Michigan

Activity 2: Hire support staff to manage communications strategy

Activity 3: Create clear guidelines for all communications that address different target audiences, communications platforms, evidence-based prevention messaging, brand and tone, and appropriate content

Activity 4: Develop an annual communications plan that utilizes current data and communications guidelines

Activity 5: Determine and utilize tracking and evaluation tools to evaluate and adjust communications strategy

Measurable Outcome(s): Clear guidelines for all communications; Uniform messaging and sharing across staff and platform; Increased usage of digital resources; Expert design and

consult to ensure we are reaching our audience; Ongoing evaluation of resource creation and dissemination

Objective 3: Create new resources to support those working on Michigan substance misuse prevention efforts

Activity 1: Develop content, toolkits, and templates to share

Activity 2: Create and use a tagging system for all resource creation to segment general and specific program resources

Activity 3: Determine best partnerships to collaborate and share resources

Activity 4: Develop and disseminate quarterly newsletters and an annual report detailing updates, resources (including funding resources), and progress on activities

Measurable Outcome(s): New content/resources created and shared; Method for easily finding appropriate resources based on need; Increased reach of resources; Website is reviewed at least quarterly for updates; Template policies and procedures are developed and disseminated

Goal Three: To monitor and/or actively participate in governmental activities, public policy development, and issues of concern for community groups and the achievement of prevention goals.

Objective 1: Monitor and share updates on legislative bills that have a public health impact

Activity 1: Develop and utilize a tool for tracking current bills that relate to substance misuse prevention

Activity 2: Educate all staff on the importance of advocating for good public policy, the differences in advocacy and lobbying, and how to track state and national bills

Activity 3: Determine legislative focus and priorities annually. Ensure Executive Director (and designated staff) are well versed in current legislation and public health research/impact regarding these priorities

Activity 4: Report on legislative updates to Board of Directors at least quarterly

Activity 5: Provide an annual advocacy report with major public health updates

Activity 6: Research the impact of public policy on the community. Share with program networks

Activity 7: Connect with other national and statewide advocacy organizations who we could partner with/participate in

Measurable Outcome(s): Increased awareness of pending legislation; Clear understanding of the public health impact bills could have on prevention; Clear understanding of what staff and Board can and cannot do in their roles at Prevention Network; Tools for tracking legislation that can be shared with local community groups; Increased engagement in national and statewide policy/advocacy efforts

PRIORITY AREA: TRAINING AND TECHNICAL ASSISTANCE FOR PREVENTION PROFESSIONALS

Goal One: Provide inclusive, culturally competent, and trauma-informed evidence-based education related to substance misuse prevention.

Objective 1: Create a menu of virtual and/or in-person training to conduct for prevention professionals, coalitions, and other stakeholders in Michigan.

Activity 1: Create corresponding curricula for virtual and/or in-person delivery for trainings*

Activity 2: Become and maintain an approved Provider with MCBAP

Activity 3: Develop additional partnership with MCBAP to address additional training needs

Activity 4: Set fee structure for training

Activity 5: Advertise that trainings conducted by Prevention Network will qualify for CEUs

Activity 6: Host annual conferences, webinars, and training specific to all program areas

Activity 7: Ensure trainings and resources are accessible, ADA compliant, and include closed captioning (if virtual)

Measurable Outcome(s): Created a menu of trainings, curricula and fee structure; Offered continuing education to training participants; Address knowledge/skills gaps among prevention professionals across state

Objective 2: Develop and coordinate a prevention academy for new prevention professionals

Activity 1: Partner with prevention leaders across state to develop and provide feedback on needs and content

Activity 2: Create a welcome packet for new preventionist including professional guidelines and expectations

Activity 3: Create a mix of self-paced, virtual, and in person training focused on building the skillset within the six prevention practitioner domains

Activity 4: Connect participants with others in cohort and provide regular networking opportunities

Activity 5: Develop mentoring program to connect new professionals with existing resources and leaders in the field

Measurable Outcome(s): Established cohort for new preventionists to network with; Established baseline knowledge for new prevention professionals; Regular and ongoing professional development and technical assistance for new professionals; Established mentoring program

Goal Two: Provide financial support to individuals, grassroots groups, and other organizations.

Objective 1: Fund professional development and capacity-building projects for individuals, grassroots groups, coalitions, institutes of higher education, and other agencies prevention substance misuse in their community

Activity 1: Identify and secure funding for scholarships, stipends, and mini-grant opportunities

Activity 2: Develop process, requirements, and application for individuals and groups to apply for funding

Activity 3: Provide scholarships and stipends for professional development opportunities including but not limited to NASPA CPE, MCRUD Shoalition, PAM conference, and Prevention Network training

Activity 4: Provide ongoing mini-grant opportunities

Measurable Outcome(s): Increase the capacity of individuals and local groups; Address financial needs identified across the state; Scholarships and financial assistance given to communities

Goal Three: Provide technical assistance to individuals, grassroots groups, and other organizations.

Objective 1: Provide technical assistance to individuals, grassroots groups, and other organizations

Activity 1: Conduct a staff assessment of who could best provide technical assistance in various topics within prevention and capacity for doing so

Activity 2: Formalize process for providing technical assistance to individuals and groups across Michigan

Activity 3: Develop a fee structure for technical assistance opportunities outside of current grant contracts

Activity 4: Promote technical assistance opportunities and areas of expertise to networks

Activity 5: Prioritize technical assistance with under-represented individuals/groups/organizations

Measurable Outcome(s): Developed process and fees structure for providing technical assistance; Provided individual technical assistance; Increased capacity and support to prevention professionals across state; Technical assistance provided to under-represented individuals/groups in alignment with Prevention Network's values

PRIORITY AREA: SUSTAINABILITY

Goal One: To strengthen the Network's identity as a visible, credible, statewide leadership organization.

Objective 1: Ensure Board and Staff lead with integrity, cultural competency, and share the same values as the communities we aim to empower.

Activity 1: Assess current Board and Staff strengths and gaps in demographics and skillset

Activity 2: Develop core, essential, and desirable attributes and skills of staff and Board

Activity 3: Seek to fill Board and Staff positions based on attributes and skills determined

Measurable Outcome(s): Diversified Prevention Network Board and Staff

Objective 2: Enhance Prevention Network sustainability through new funding sources.

Activity 1: Assess and utilize a donor management system to track donors contact information and giving patterns

Activity 2: Develop a fundraising plan and calendar

Activity 3: Cultivate individual donors each year

Activity 4: Apply for a foundation grant

Activity 5: Host one major fundraising event each year (5K, art-based event, zoo walk, dinner, silent auction, etc.)

Activity 6: Develop #GivingTuesday goal, strategy, and tools

Activity 7: Integrate fundraising opportunities, including corporate sponsorships, within Prevention Network activities

Measurable Outcome(s): Utilized a donor management system; Created fundraising plan and schedule; Cultivated individual donors; Applied for funding with one new foundation each year; Hosted a major fundraising event each year; Integrated fundraising opportunities within Prevention Network activities.

Objective 3: Invest in Board and Staff with additional Professional Development opportunities.

Activity 1: Develop an onboarding process for new Staff

Activity 2: Develop a manual for each staff position at Prevention Network

Activity 3: Develop an onboarding process for new Board members

Activity 4: Schedule and host annual Board retreat for all Board and Staff

Activity 5: Incorporate Staff and Board professional development into the budget (including, but not limited to substance misuse prevention, general professional skill building, leadership development, inclusion, ethics)

Activity 6: Discuss professional development opportunities in annual reviews with Staff and Board to assess feasibility in partaking as part of Prevention Network duties

Measurable Outcome(s): Documented positions and processes of all Prevention Network programs and processes; Comprehensive understanding of the responsibilities of each position at Prevention Network; Increased professional development training opportunities for Board and Staff

Objective 4: Increase awareness and transparency with Prevention Network activities

Activity 1: Collect data from all program activities throughout the year and develop and share an annual report

Activity 2: Develop space on the website to share strategic plan, annual report, newsletters and other major updates, and public financial documents

Measurable Outcome(s): Shared documents to increase transparency and understanding of Prevention Network's role and scope of work; Increased understanding of support provided to community groups; Increased financial support for activities

*Trainings may include, but are not limited to topics such as the following:

- Prevention ethics

- Social Media/Marketing (Using technology and social media to further prevention efforts)
- IC&RC Prevention exam prep
- Coalition building
- Using Prevention Theories, Frameworks, Models
- Trainings on the different classes of drugs and behaviors (sedatives, stimulants, etc and the different addictive behaviors which elicit the same neural responses)
- Grant seeking and writing
- Data sources and collection
- Lobbying vs. advocacy - the difference and importance as a prevention professional
- Leadership in prevention

Key Performance Indicators, Responsible Person(s), Dates, and Progress seen here:

<https://docs.google.com/spreadsheets/d/10v1HjpbD3LxOPNV3xGigiNwMsCTbOHoL3ZUuJevITVI/edit?usp=sharing>

Environmental Context

Prevention is on the continuum of care, alongside treatment and recovery. While treatment and recovery work with people with substance use disorders, prevention works with families, communities, organizations, and environmental strategies to reduce the number of people who find themselves faced with a substance use disorder. Prevention efforts are conducted through universal and targeted approaches. The prevention workforce must be skilled, trauma-informed, and risk factor conscience while promoting protective factors and resilience. Positive youth development and building healthy communities are the building blocks to solid prevention work. While treatment and recovery see their work changing lives daily, prevention often works to change lives over the course of years, interrupting generational cycles and community norms around substance misuse. Prevention-based programs are taking that message to schools, workplaces, faith-based organizations, and community centers in the U.S. and 22 countries worldwide. The success of these programs rely on a competent, well-trained, ethical, and professional workforce of Prevention Specialists. Prevention relies on cooperative work and connections within a community. Sometimes a preventionist may be leading a project, and sometimes they play a supporting role. Still, these specialists should always advocate for prevention science regardless of their role in a project.

SAMHSA identifies three types of prevention strategies when it comes to substance misuse; primary, secondary, and tertiary. Primary prevention focuses on the anticipation and prevention of drug use as well as addictive behaviors. In this stage a preventionist may use selective prevention methods and target a population of individuals whose risk of developing substance use disorder is higher than others. The focus of the secondary prevention strategy is to minimize the impact of a disease or addiction that has already presented itself in an individual. Lastly, tertiary prevention involves addressing the ongoing substance use, and applying medical treatments in efforts of lessening the consequence of an illness or chronic disease.

Harm reduction also plays a massive role in the prevention field. Harm reduction is a set of ideas and interventions seeking to reduce the harms associated with drug use and ineffective, racialized drug policies. Harm reduction stands in stark contrast to a punitive approach to problematic drug use. The framework of harm reduction acknowledges the dignity and humanity of people who use drugs and brings them into a community of care to minimize negative consequences and promote optimal health and social inclusion.

PIHP system and current funding streams, coalitions, and prevention groups

The Prepaid Inpatient Health Plans (PIHP) is an organization that is responsible for managing Medicaid services related to behavioral health and developmental disabilities. A PIHP means an entity that 1) provides medical services to enrollees under contract with the state Medicaid agency based on prepaid capitation payments, 2) includes responsibility for arranging inpatient hospital care, and 3) does not have a comprehensive risk contract. There are ten regions in the State of Michigan, and each region has its own PIHP system. PIHPs are prohibited from providing direct services. However, PIHPs devote considerable resources to developing, creating, and coordinating regional services. They also work at increasing regional support, both material and moral, for Substance Use Disorders (SUD) services for persons with SUDs and for reducing the costs of SUDs to the communities.

Current bills are circulating to eliminate the PIHP system down to 1 entity, SBs 597 & 598. This legislation would privatize all Medicaid mental health services by giving complete financial control and oversight or decision-making to for-profit insurance companies. We are seeing that the Department of Licensing and Regulatory Affairs (LARA) has proposed no longer overseeing prevention licenses or organizations. These policy changes pose potential public health risks. Medicaid funds are allocated monthly to each Community Mental Health Service Programs (CMH) through PIHPs according to the number of Medicaid beneficiaries in the PIHPs service area, and PIHPs pay providers directly. These providers include CMHs themselves and community-based providers under contract with a CMH or Substance Abuse Coordinating Agencies (CAs). Loss of these funds will limit and deny many low-income individuals the medical care they need.

Stigma and language

Working as prevention specialists, we are uniquely positioned to reduce stigma surrounding substance misuse. Stigma is defined as a mark of disgrace or infamy, a stain or reapproach, as on one's reputation. SUDs carry a high burden of stigma; fear of judgment means that people with substance use disorders are less likely to seek help and more likely to drop out of treatment programs in which they do enroll due to perceived or anticipated discrimination based on past use. In conversations, either formally or informally, the language we use to discuss substance use disorders can either increase or decrease substance use disorder stigma. Substance use disorder is among the most stigmatized conditions in the US and worldwide. Along with this, those with a substance use disorder who expect or experience stigma have poorer outcomes. As prevention specialists and practitioners, the language we use to talk about substance misuse shapes how the public views substance use disorders. Whether intentionally or unintentionally, using stigmatizing language can perpetuate negative stereotypes about the types of people affected by substance misuse and can decrease public support for prevention and treatment programs.

COVID-19

On January 20, 2020, the Centers for Disease Control (CDC) confirmed the first case of COVID-19 in the United States. On January 31, 2020, the World Health Organization International Health Regulation Committee declared the COVID-19 outbreak a Public Health Emergency of International Concern. Since the onset of the pandemic, the way that people lived, worked, traveled, communicated, and much more forever changed. The pandemic also took a huge toll on those who suffer from mental illness and substance misuse. In a survey of adults aged 18 years or older across the United States during June 25-30, 2020, 30% reported experiencing anxiety and depression, a significant increase from 2019 where the self reported rate of experiencing depression or anxiety was 10.3%.

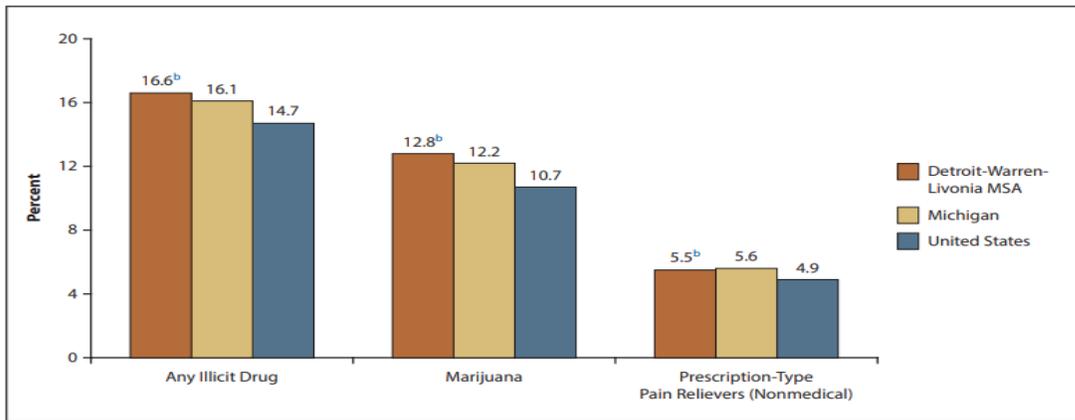
Along with this, according to the American Medical Association, there was an 18% increase in Opioid overdoses in 2020 compared to 2019. There is a "perfect storm" of factors leading to increased substance usage; the pandemic, isolation, stress, financial stress, decrease in access/availability to "resilience promoting activities," and so much more. COVID-19 patients with substance use disorders (SUDs) are more likely to require hospitalization and die from COVID-19 than those without SUDs, with patients with Opioid use disorders (OUDs) and African American patients at greatest risk. Thankfully, during this time Medicaid and other insurance providers were able to switch to Telehealth, allowing easier access to care for behavioral health concerns, such as substance use disorders. Still, more needs to be done in this trying time. Additionally, the collective trauma of living through a pandemic will increase the risk of SUDs among the population and there is a great need to promote positive coping

skills, collaborate with other mental health entities, and ensure Prevention Specialists are trauma-informed in their work. We need to increase prevention and early intervention efforts.

Substance Use in Michigan/National Average

Substance Use Disorders affects over 20 million Americans aged 12 and older. Accidental drug overdose is a leading cause of death among persons under the age of 45. High-risk behaviors and drug misuse also result in much higher chances of contracting viral infections, such as hepatitis or HIV/AIDS. Though legal, alcohol kills over 95,150 Americans every year. Among the 15 million individuals with Alcohol Use Disorder (AUD), less than 8% receive treatment. 10.37% of Michigan residents reported using illicit drugs in the past month. The national average is 8.82%. Research shows that even before the COVID-19 pandemic; Michigan reported extremely high rates of substance use including the use of illicit drugs, marijuana, alcohol, cigarettes, and prescription-type drugs.

Figure 1. Past Year Use of Selected Illicit Drugs for the Detroit-Warren-Livonia Metropolitan Statistical Area (MSA), Michigan, and the United States among Persons Aged 12 or Older: Annual Averages, 2005 to 2010



NOTE: For additional data, please see the tables available at <http://www.samhsa.gov/data/NSDUHMetroBriefReports/index.aspx>.

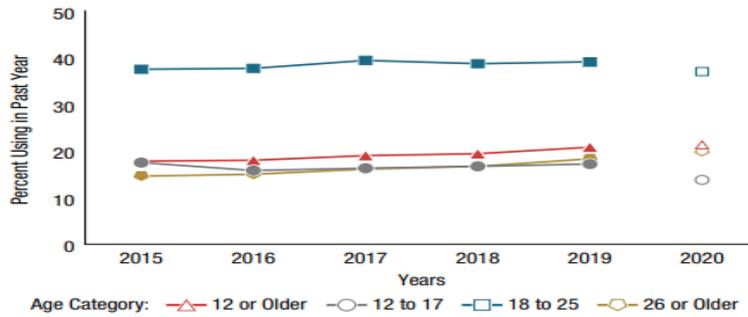
^a Difference between Detroit-Warren-Livonia MSA estimate and Michigan estimate is statistically significant at the .05 level.

^b Difference between Detroit-Warren-Livonia MSA estimate and United States estimate is statistically significant at the .05 level.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2005 and 2006 to 2010 (Revised March 2012).

Figure 10, 21, and 27 are a representation of data from the 2020 National Survey of Drug Use and Health regarding past-year substance use among people aged 12 or older.

Figure 10. Past Year Illicit Drug Use: Among People Aged 12 or Older; 2015-2020



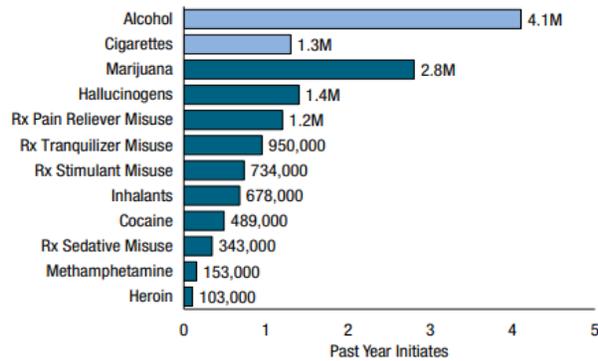
Note: There is no connecting line between 2019 and 2020 to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

Figure 10 Table. Past Year Illicit Drug Use: Among People Aged 12 or Older; 2015-2020

Age	2015	2016	2017	2018	2019	2020
12 or Older	17.8	18.0	19.0	19.4	20.8	<i>21.4</i>
12 to 17	17.5	15.8	16.3	16.7	17.2	<i>13.8</i>
18 to 25	37.5	37.7	39.4	38.7	39.1	<i>37.0</i>
26 or Older	14.6	15.0	16.1	16.7	18.3	<i>19.9</i>

Note: The estimate in 2020 is italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

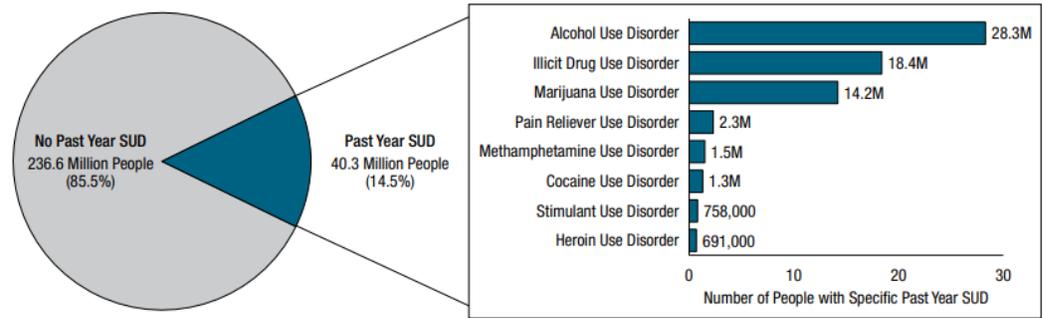
Figure 21. Past Year Initiates of Substances: Among People Aged 12 or Older; 2020



Rx = prescription.

Note: Estimates for prescription pain relievers, prescription tranquilizers, prescription stimulants, and prescription sedatives are for the initiation of misuse.

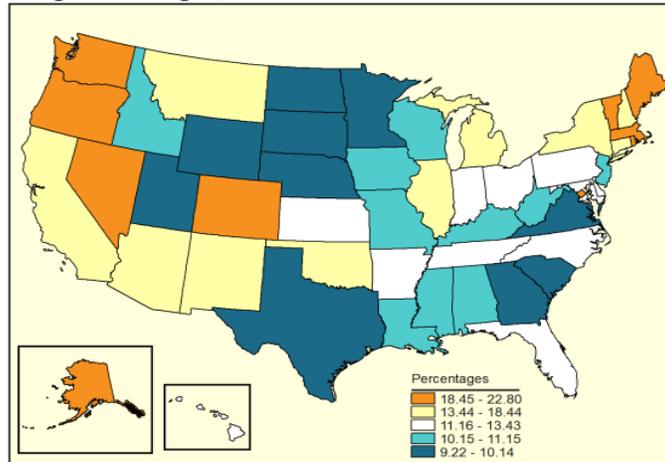
Figure 27. People Aged 12 or Older with a Past Year Substance Use Disorder (SUD); 2020



Note: The estimated numbers of people with substance use disorders are not mutually exclusive because people could have use disorders for more than one substance.

Figure 1a. provides data about illicit drug use in the past month among people aged 12 or older by state. As you can see Michigan is in the second highest category reporting 13.44-18.44%

Figure 1a Illicit Drug Use in the Past Month: Among People Aged 12 or Older; by State, Average Percentages, 2019 and 2020



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2019 and Quarters 1 and 4, 2020.

Diversity, Equity, and Inclusion

There are multiple barriers to consider when it comes to health equity and inclusion in care. These barriers to care include medical mistrust, generational trauma, social determinants of health, lack of insurance, and much more. The need for a diverse force of researchers and prevention professionals is evident now more than ever to mitigate health disparities. With a diverse workforce, prevention professionals will have the ability to tailor, evaluate, and retain culturally appropriate evidence-based practices and treatment programs based on current trends. The Opioid crisis is one of the largest drug epidemics in the history of the United States. According to SAMHSA, from 2011-2016, Black/African Americans had the most significant increase in opioid death rates involving synthetic opioids such as fentanyl. Black/African Americans are just one of the many ethnic groups disproportionately affected by the opioid epidemic. Minority groups are less likely to seek treatment for substance use disorders due to stigma that can lead to discrimination, mistreatment, and even harsh punishment for reported drug use. On average, only 10 percent of those who misuse substances seek treatment; this number is even lower for minority groups due to medical

mistrust and implicit bias in healthcare systems. Furthermore, there continues to be a decrease in initiation and engagement of Black, Latinx, and Native American populations in medication treatment for opioid use disorder.

Drug Trends

Based on a survey by Monitoring the Future, substance use has decreased over the last couple of years. It specifically decreased significantly in adolescents in 2021, which is the largest decrease since the survey started in 1975. However, access to substances has increased due to online sales, changes in cannabis policy, and an increase in fentanyl. Provisional data from the CDC's National Center for Health Statistics indicate an estimated 100,306 drug overdose deaths in the United States during a 12-month period ending in April 2021, an increase of 28.5% from the 78,056 deaths during the same period the year before. Cocaine deaths also increased, as did deaths from natural and semisynthetic opioids (such as prescription pain medication).

Co-Occurring Mental Health in MI

Co-occurring substance use and mental disorders are more common than people think. According to one National Survey of Drug use and Health, 5.6 million people in the United States have co-occurring mental health disorders meaning they use substances and have a mental health disorder. Research shows that one condition can significantly impact the effects of the other. Individuals with serious mental illness (SMI) or mental illness are more likely to be biologically affected by substances and are more likely to misuse substances. The reverse is also true, with individuals misusing substances being more likely to experience mental health issues and lack coping skills. In the past month, cannabis use and past-year daily or almost daily cannabis use significantly increased in adults aged 26 and up. Past-year cannabis use disorder significantly increased in adolescents. 9.5 million, or 3.8% of adults over 18, have both a substance use disorder and a mental illness. This furthers the need for partnerships between prevention providers and other behavioral health practitioners to ensure we are comprehensive in our approach to prevention.

Reference List:

1. https://docs.google.com/presentation/d/1rxgNHmBTBcCnYs0I_c2hikKXrXma2bjlYUGGa2l2XI/edit#slide=id.geaff080968_0_59
2. https://cadca workstation.org/public/DEA360/Shared%20Resources/Root%20Causes%20and%20other%20research/Crosswalk%20PST_USI_models%20with%20NMUPD_PD O_%20examples_9_27_2016_revised.pdf
3. https://www.michigan.gov/documents/mdhhs/Establishing_Administrative_Costs_PI_HP_System_646869_7.pdf
4. <https://preventionsolutions.edc.org/sites/default/files/attachments/Words-Matter-How-Language-Choice-Can-Reduce-Stigma.pdf>
5. <https://www.cdc.gov/nchs/data/nhis/mental-health-monthly-508.pdf>
6. <https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm>
7. <https://www.samhsa.gov/data/sites/default/files/NSDUHMetroBriefReports/NSDUHMetroBriefReports/NSDUH-Metro-Detroit.pdf>
8. <https://www.samhsa.gov/data/sites/default/files/reports/rpt35325/NSDUHFFRPDFWHTMLFiles2020/2020NSDUHFFRIPDFW102121.pdf>

Prevention Network's SWOT Analysis

<p>STRENGTHS</p> <ul style="list-style-type: none"> ● Strong leadership and passion for prevention among staff and Board ● Current staff and Board has diverse backgrounds and skill sets, allowing us to better support each program ● Shared Mission, Vision, Values, and culture - PN's ability to evaluate progress and make changes to better meet the needs of the state ● Majority of grants last 5+ years to maintain current programming ● Established in Michigan as a primary statewide prevention resource/support body. ● Can quickly adapt to changing environment and support communities where they are at <ul style="list-style-type: none"> ○ Able to bridge gaps - providing TA and trainings 	<p>WEAKNESSES</p> <ul style="list-style-type: none"> ● Need for more program coordinators and support staff <ul style="list-style-type: none"> ○ Staff are currently stretched so thin and current organizational structure is not conducive for collaboration between programs ● Need for increased visibility among community members and prevention professionals ● Absence of social media strategy ● Lack of Standard Operating Procedures (SOP) and guidelines for advocacy in a non-profit ● Not currently supporting or opposing legislation and/or other policy issues and initiatives
<p>OPPORTUNITIES</p> <ul style="list-style-type: none"> ● Clear importance of prevention, which is evident from increasing prevention dollars available in Michigan ● Create and share an clear organizational plan, so others better understand who we are and what we do ● Additional trainings and resources for preventionists in Michigan <ul style="list-style-type: none"> ○ Encompassing all levels of professionals (entry, mid, senior) ● Increase partnerships and help coalitions throughout the state build capacity. ● The ability to advocate at the state levels for policies; helping communities do the same at the local level ● Diversify representation across the state and within Board members. 	<p>THREATS</p> <ul style="list-style-type: none"> ● Maintaining our current goals and activities as policies change regarding illicit drug use <ul style="list-style-type: none"> ○ The legalization of currently illicit substances ● Lack of diverse funding streams <ul style="list-style-type: none"> ○ Limited discretionary dollars ● Reorganization at the state level; LARA; PIHP's ● Removal of professional certification and standardization requirements in Michigan undermine the credibility of the profession

Monitoring and Communication

Monitoring

The Prevention Network Board of Directors assumes the ultimate responsibility of monitoring progress on the Prevention Network 2023 – 2025 Strategic Plan. The Board and Staff - together - will track the goals, objectives, activities, and timelines of each. Responsible parties are identified for each activity as described in this Strategic Plan. The Board of Directors will oversee the progress of each goal and objective on a regular basis. The Executive Director will follow up with annual audits of each goal, objective, and activity with the assistance of the Board of Directors. The following questions will be asked during each audit:

- Will the goals be achieved according to the timelines specified in the plan? If not, why?
- Should the deadlines for completion be changed?
- Do personnel have adequate resources (money, equipment, facilities, training, etc.) to achieve the goals?
- Are the goals and objectives still realistic?
- Should priorities be changed to put more focus on achieving the goals?
- Should the goals be changed?
- What can be learned from our monitoring and evaluation in order to improve future planning activities and also to improve future monitoring and evaluation efforts?
- The Executive Director will report the following to the Board of Directors on an annual basis (within 1 month of conducting the review):
 - Trends regarding the progress (or lack thereof) toward specific goals, objectives, activities, and timelines
 - Recommendations about the status of goals, objectives, activities, and timelines
 - Any actions needed by the Board of Directors to accomplish goals, objectives, and activities

Communicating the Plan

Every Prevention Network Board and Staff member will receive a copy of the Strategic Plan, including the executive summary, which will include the Prevention Network brand platform. The plan (or relevant portions of the plan) will also be published on the Prevention Network website, shared in the Prevention Network newsletter, and submitted to funders and other stakeholders as appropriate.

In order to effectively communicate the Prevention Network Strategic Plan, those presenting the plan on behalf of the organization should offer historical information about the organization. Sharing where the organization came from and how it has grown is a powerful way to frame the communication about the Strategic Plan. Portions of the plan may be utilized to create other planning and strategy documents both for internal and/or external use.

It is important to utilize and communicate the Strategic Plan regularly within the organization, assisting Board and Staff to maintain a unified focus on the goals set herein. While monitoring the plan, it is vital to collect Board and Staff feedback on the progress made thus far and where the organization needs to refocus efforts in order to accomplish

stated goals. Prevention Network will continue regular communication about stated goals, objectives, and activities by connecting Board and Staff reviews/evaluations to the plan activities and include information in Prevention Network newsletters/annual reports about successes associated with the Strategic Plan, so they are clear for internal and external stakeholders.