

Michigan's Opioid Affected Youth Initiative

October 2019 - September 2022



Michigan Alliance for Drug Endangered Children: An Opioid and Substance Use Disorder Task Force Strategic Plan



Executive Summary

Analysis of the Problem

In 2018, there were 67,367 overdose deaths in the United States, with 69.5 percent (46,802) involving an opioid (Centers for Disease Control and Prevention, 2020). Nationally, overdose deaths from opioids have increased nearly six times since 1999 (CDC's Wide-ranging Online Data for Epidemiologic Research [WONDER], 2020). Similarly, the total number of overdose deaths involving any type of opioid in Michigan increased by more than 17 times from 1999 to 2018. In 2018, there were 2,011 overdose deaths involving opioids in Michigan. That is a rate of 20.8 opioid-related deaths per 100,000 population, which is significantly higher than the national rate of 14.6 (National Institute on Drug Abuse [NIDA], 2020).

The statistics on overdose fatalities are some of the most alarming, and most well-known, data on the opioid crisis. However, the effects of the crisis reach farther than individuals struggling with addiction and cause serious harm to families, children, and communities as well. Substance and/or opioid use disorder (SUD/ODU) inhibits a parent/guardian's ability to appropriately care for children in their custody. The National Alliance for Drug Endangered Children (National DEC) defines drug endangered children as those who are at risk of suffering physical or emotional harm because of drug use, possession, manufacturing, cultivation, or distribution. They may also be children whose caregiver's substance misuse interferes with the caregiver's ability to parent and provide a safe and nurturing environment (National DEC, 2019). As recognized by National DEC and evident in the research, primary challenges with responding to the crises facing drug endangered children include both identifying these at-risk youth and coordinating the various agencies charged with intervening and providing services to these children and families.

One of the most alarming yet consistent findings regarding caregiver SUD and OUD is that it is correlated with both child abuse and neglect and frequently exists as a co-occurring issue (Child Welfare Information Gateway, 2014; Fortson et al., 2016; Victor et al., 2018). Caregiver substance use is often accompanied with the need for other services, such as domestic violence and mental health services (Victor et al., 2018). Parents with SUD or OUD are three times more likely to physically or sexually abuse their child and four times more likely to neglect their child; studies have shown that between one-third to two-thirds of child maltreatment cases involve some degree of substance misuse (Lander et al., 2013). Drug endangered children may experience a variety of negative consequences due to their exposure to substance misuse and their increased risk of being abused or neglected. Children whose parents have SUD or OUD are at a higher risk for mental and behavioral disorders and have more academic, social, and family functioning difficulties than children whose parents do not struggle with SUD/ODU (Child Welfare Information Gateway, 2014; Lipari & Van Horn, 2017).

A 2016 study found that maternal, paternal, and both-parent substance misuse are significant predictors of mental [health] disorders in adolescents, and these results were substantiated even after the researchers controlled for variables such as other adverse childhood experiences, parental education, and the child's gender (Jääskeläinen et al., 2016). Moreover, drug endangered children are more likely than other children to engage in substance misuse (Lander et al., 2013; Child Welfare Information Gateway, 2014; Jääskeläinen et al., 2016; Lipari & Van Horn, 2017). The same 2016 study found maternal, paternal, and both-parent SUD/ODU to be significant predictors of harmful substance use in children ages 13-17 (Jääskeläinen et al., 2016). Drug endangered children whose parents exhibit parenting deficiencies due to SUD/ODU also have a higher chance of experiencing many mental health issues, such as depression, anxiety, and other trauma-related symptoms (Child Welfare Information Gateway, 2014). The family environments of these at-risk children also tend to have greater life stressors, such as caregiver instability and marital dysfunction (Solis et al., 2012).

Both nationally and statewide, the number of drug endangered children is likely underestimated due to a lack of uniform data collection and communication among agencies. In Michigan, neither law enforcement agencies (including drug task forces) nor Child Protective Services (CPS) have a drug endangered children data collection or tracking system. Reporting on drug endangered children is often optional among law enforcement agencies; thus, the data is frequently incomplete and unrepresentative. Michigan CPS reports that field workers have requested a tracking system, but the agency has not yet implemented one (Michigan CPS, 2018). Because the coordinated efforts of law enforcement and child welfare are crucial for the safety and care of impacted youth, a lack of streamlined communication and data poses a critical problem.

In recognition of the unique struggles facing drug endangered children and the professionals charged with supporting this population, the Michigan State Police (MSP), with funding from the Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention has launched the Michigan Alliance for Drug Endangered Children: An Opioid and Substance Use Disorder Task Force. This project will work to raise awareness of the effects of the opioid crisis on families and children, to improve data collection and sharing, and to promote multidisciplinary collaboration among DEC professionals.

Project Overview

In October 2019, the Michigan State Police Grants and Community Services Division (MSP GCSD) received \$1 million in grant funding from the Office of Juvenile Justice and Delinquency Prevention (OJJDP) for the Opioid Affected Youth Initiative (OAYI). The core elements of this project include creating a multidisciplinary task force, using data to develop strategies to improve coordinated responses, and implementing public safety, intervention, prevention, and diversion services for youth and families

who are directly affected by opioid use. To address these components, the MSP GCSD partnered with National DEC to implement the DEC approach, which promotes multidisciplinary collaboration to increase awareness and identification of drug endangered children. The DEC approach uses a multi-level structure, with alliances at the national, state, and local level all working together. MSP's first step toward implementing the DEC approach was to create the Michigan DEC Alliance.

The Michigan DEC Alliance is a statewide advisory entity comprised of representatives from various fields that interact with drug endangered children, such as law enforcement, child welfare, medicine, education, prosecutors, and others. The Michigan DEC State Steering Committee serves as the statewide oversight and guidance body for local and regional DEC alliances. The state steering committee provides resources to assist with the implementation and coordination of DEC alliances across the state of Michigan. The committee also discusses topics such as funding, leadership, and other state-level issues.

Committee membership represents communities all over the state and reflects the varied professions working to protect children from harmful exposure to drugs. The Michigan DEC State Steering Committee serves as a liaison with National DEC, which opens the door to extensive resources, training, and networking opportunities.

State Steering Committee Structure

The Michigan DEC Alliance has committee members from the following state and federal agencies and nonprofit organizations:

- Michigan Department of Health and Human Services
 - Jessica Kincaid: Children's Protective Services (CPS) Program Office
 - Katie Kidd: Macomb County CPS Office
 - Markia Diop: Wayne County CPS Office
- Prosecuting Attorneys Association of Michigan
 - Julie Knop: Child Abuse Training Unit
 - Megan Aukerman: Forensic Interviewing Trainer
- Michigan Department of Education
 - Mary Teachout: Office of Health and Nutrition Services
- Children's Advocacy Centers of Michigan
 - Dr. Amelia Siders: Director of Clinical Practice, Development and Education
- Up North Prevention (Catholic Human Services)
 - Donna Hardies: Certified Prevention Specialist
- Inter-Tribal Council of Michigan
 - Jenna Holt: Behavioral Health Services
- U.S. Attorney's Office—Eastern District of Michigan
 - Brandy McMillion: Assistant U.S. Attorney
- Federal Bureau of Investigation - Detroit Office
 - Mary Abouljoud: Community Outreach
 - Supervisory Special Agent Darcele Jones

- Nurse-Family Partnership of Michigan
 - Amanda Lick: Government Liaison
- Michigan’s Task Force on Opioids (Office of Governor Gretchen Whitmer)
 - Natalie Holland: Opioids Policy Analyst

MSP is the lead agency and GCSD employees Leslie Wagner and Libby Gorton serve as the Project Administrator and Project Coordinator, respectively. The Project Administrator oversees high-level decision-making, financial aspects, and federal reporting requirements. The Project Coordinator manages daily operations, facilitates committee meetings, and serves as the main point of contact for committee members. After delays due to the COVID-19 pandemic and technical difficulties associated with mandatory telework, the MI DEC State Steering Committee met for the first time on June 9, 2020. Subsequently, the committee meets the second Tuesday of each month for about one to one and a half hours. To date, the committee has only met virtually over Zoom. However, project staff intend to transition to in-person meetings when public health allows. In-person meetings will rotate in location to best accommodate committee members and will include a call-in option. Once the committee is well-established, meetings will move to a quarterly schedule.

State Steering Committee Purpose and Duties

The main tasks of the committee include raising awareness of the struggles drug and opioid endangered children face and promoting multidisciplinary collaboration as a method to better identify and serve these youth and families. To fulfill this purpose, committee members:

- Meet monthly (later quarterly) to share professional experience and expertise and discuss high-level issues, such as funding, DEC protocols, and leadership
- Participate in National DEC trainings and sponsor/promote these trainings for local DEC alliances
- Offer guidance and coordination/implementation assistance to local DEC alliances
- Help local alliances connect with National DEC and other state and local DEC alliances across the country
Identify data gaps and strategies to collect and share needed data more effectively

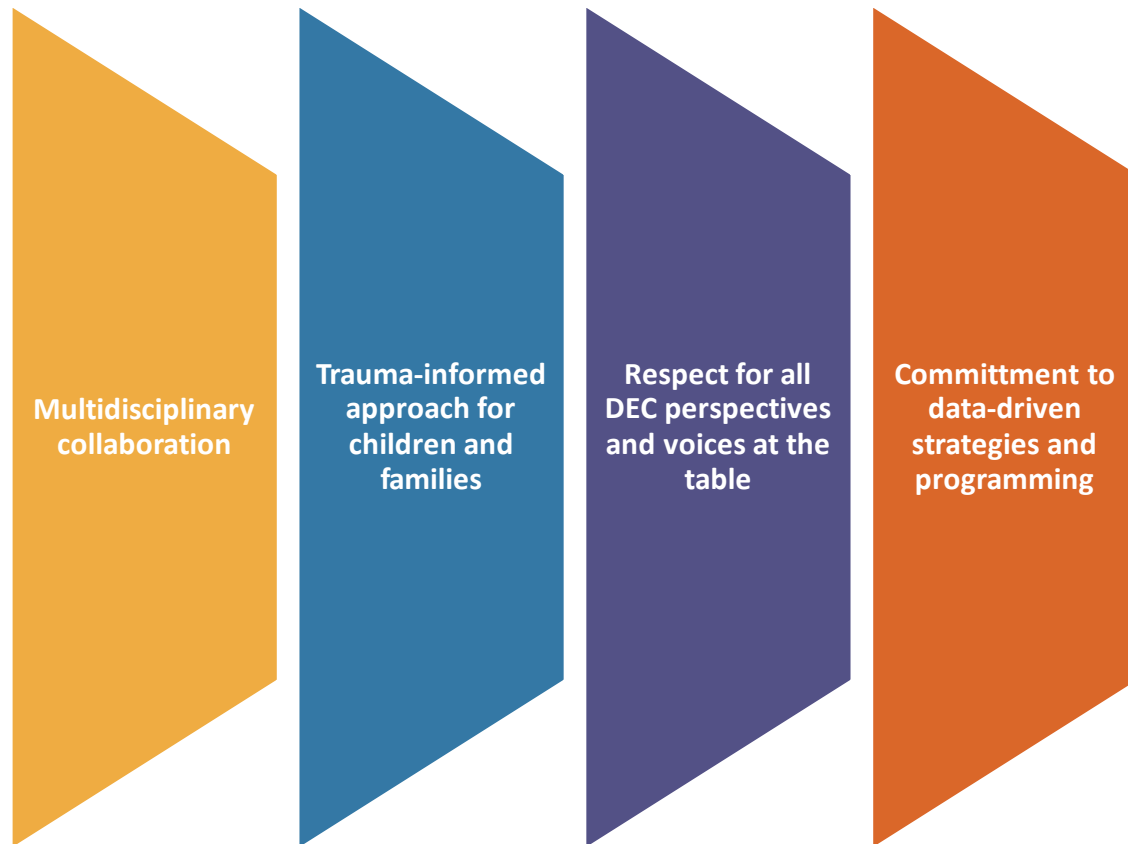
Vision Statement

The Michigan DEC Alliance seeks to establish a collaborative system of professionals that work to ensure all children lead lives free from abuse, neglect, and exposure to opioids and other harmful substances.

Mission Statement

The Michigan DEC Alliance protects and serves drug endangered children by promoting multidisciplinary collaboration and information sharing among DEC professionals, from early identification through intervention, response, and support.

Core Values



SWOT Analysis



Goals-Based Approach Justification

The Michigan DEC Alliance uses as goals-based approach in order to:

- Feel well positioned to identify current and future goals
- Establish a clear mission and vision statement and core values
- Be able to make decisions in hierarchical fashion
- Assess each program goal and objective individually, and conduct the planning required to accomplish each goal and objective

Process

To accomplish the program goals and objectives, the Michigan DEC State Steering Committee agrees to a decision-making process including:

- Goal brainstorming
- Reviewing goals presented

- Prioritizing goals
- Creating an action plan for each goal that identifies 'who, what, when, how'

Strategic Goals

The overarching goal of the Michigan DEC Alliance is to reduce the harm experienced by youth and communities that is caused by caregiver opioid and substance use disorder. To ensure that activities conducted during the performance period contribute to this broad goal, the OAYI team has identified more specific strategic goals. The strategic goals and their connection to the overarching goal are listed below. More detailed information on strategic goals, objectives, activities, performance measures, and data-tracking mechanisms are included later in the plan in a table format.

Strategic Goal #1: Raise awareness of the effects of the opioid crisis on families and children throughout Michigan. Most coverage of the opioid crisis describes the effects on those struggling with opioid use disorder, such as health issues and overdoses. The effects on families and children are not as well-known but have serious consequences, nonetheless. Michigan DEC cannot effectively intervene for opioid endangered children without first becoming an established and respected community organization. Raising public awareness of the impact on families and children is a necessary first step toward reducing the harm the opioid crisis has caused to this community.

Strategic Goal #2: Improve data collection and sharing between DEC professionals. The lack of data collected on drug and opioid endangered children makes it difficult to implement targeted programming. To be impactful, interventions must be data-driven and responsive to specific problems. Michigan DEC seeks to implement data-driven, impactful programming by first collecting information necessary to fully understand the problem. The DEC approach promotes multidisciplinary collaboration as the best way to improve service to at-risk and drug endangered youth. Data-sharing is critical to this collaboration, as it ensures all professions are working toward a shared goal with shared information. DEC professionals can meet goals more efficiently by aligning resources and data, rather than operating from separate silos. Improving data collection and sharing will help Michigan DEC reduce the harm experienced by youth and communities caused by the opioid crisis.

Strategic Goal #3: Promote multidisciplinary collaboration. As previously stated, multidisciplinary collaboration is critical to improving service to at-risk and drug-endangered youth. Building cross-sector relationships ensures coordinated strategies that provide a more comprehensive view of an opioid endangered child's situation. Multidisciplinary collaboration allows various professions to combine their resources and strengths to best address the issues facing drug and opioid

endangered children. Improving services and early interventions through multidisciplinary collaboration will contribute directly to reducing the harm caused to youth and communities by the opioid crisis.

Activity Timeline (2 years)
Year 2, Quarter 1



As Michigan DEC moves to the implementation phase in year two, the project team will focus on conducting National DEC trainings for communities throughout the state. With the state committee now well-established, the project team will shift its work toward creating and assisting local-level DEC alliances in their start-up phases.

Local-level alliances will serve as a community driven effort that allows each locality to focus on its specific needs. Local-level alliances are a means to give ownership to local leaders and to recognize that each community has unique needs and will accordingly implement different activities to meet those needs. Potential activities include a community assessment, response teams, listening sessions, Handle With Care, QR codes, and mobile apps, among others (National DEC Roadmap Toolkit, Implementation, <https://www.nationaldec.org/implementation>). Upon implementation, a data-sharing agreement and MOU will be put in place between the local-level alliance and the state alliance. This agreement will ensure that local alliances regularly provide reports to the state alliance on activities undertaken and appropriate performance metrics (number of participants in an activity, number of disciplines involved, any changes in policies or practices of local agencies, etc.).

Continuing public awareness activities (website updates, press releases, newsletter, participation in events, etc.) and forming cross-sector partnerships with related organizations (Handle With Care, MI Children’s Trust Fund, etc.) will contribute to the implementation of local-level DEC alliances across Michigan. Setting up a network of multidisciplinary local-level alliances throughout the state is critical to the overall effectiveness of Michigan DEC, as this system-level initiative will ensure that the project is well-known and sustainable.

Alongside expanded training efforts, Michigan DEC will continue research on data collection and sharing software. This software will be piloted as a sharing mechanism between law enforcement and child welfare agencies, but may later broaden to include other disciplines, such as medicine and/or education. The OAYI Project Coordinator will continue research that began in year one and will discuss available options with the OAYI Project Administrator, Michigan DEC committee members, and appropriate Information Technology staff. This research will include gathering information on software used in other states, similar software currently used in Michigan, the process for creating new software, and existing platforms that could house new or existing software. Potential data-sharing software systems include DECSYS (Drug Endangered Children Tracking System), which was created in Colorado and is currently used in several states, and DEC for Kids, a program created and used in Oklahoma. The software Michigan DEC chooses must allow information to flow back and forth between multiple disciplines, rather than a one-way output from only one discipline or agency. Ideally, Michigan DEC's data-sharing software will include information from law enforcement search warrants, child welfare history (information from previous cases), and a mapping function (with safeguards to protect privacy), among other types of data. Implementing an automated system to enable appropriate data sharing between partners will improve cross-sector collaboration, which ultimately improves outcomes for drug and opioid endangered youth. Though it may be difficult to definitively prove that data sharing has improved outcomes for opioid endangered youth, the OAYI team intends to evaluate the software system using both quantitative and qualitative data to document positive outcomes for and improved services to this population. Impact will be measured by comparing relevant data points before and after the data sharing software is implemented. Relevant data points may include number of cases resulting in child welfare intervention, length of time needed to resolve cases, and user testimonials, among others.

Finally, Michigan DEC will draft an evaluation plan at the beginning of the implementation phase. As with the strategic plan, the project team will continually revisit and revise the evaluation plan to ensure that all goals, objectives, and performance metrics are regularly assessed.

Year 2, Quarter 2



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In the second quarter of year two, Michigan DEC will continue to facilitate National DEC trainings for local-level alliances and other interested parties and will also continue public awareness efforts. To reduce reliance on National DEC staff, and strain on OAYI resources, Michigan DEC will work to increase the number of certified DEC trainers. National DEC offers an intensive “Train-the-Trainer” course that teaches community members how to present the other three National DEC courses—CORE DEC Awareness, DEC Approach, and Local DEC Alliance Development. Increasing the number of certified DEC trainers will improve the reach, sustainability, and financial situation of Michigan DEC. As National DEC staff are all based out-of-state, each training trip requires significant travel costs. Additionally, National DEC staff work with over thirty states, resulting in somewhat limited availability for in-person training. Michigan DEC will work to build up the pool of local certified DEC trainers, which will increase availability, reduce travel costs, and further contribute to long term sustainability.

After concluding research in quarter one of year two, OAYI project staff will work with the appropriate IT staff to implement the statewide data collection system. This system will likely be limited to a few sites as pilot locations but will expand once staff have determined it is working well. OAYI staff will monitor the system and work with users and IT staff to address issues.

Year 2, Quarter 3



Year two quarter three will largely be a continuation of work from the first half of year two, as well as from year one. Michigan DEC will continue to build and strengthen the project network and cross-sector partnerships and will coordinate with National DEC for technical assistance with these and other efforts. Michigan DEC will also review previously implemented system-level procedures (DEC protocols) and will work with regional drug teams to verify that these procedures are data-driven and adequately address youth, family, and community challenges resulting from the opioid crisis.

Additionally, Michigan DEC will begin researching sustainable funding solutions that will allow the program to continue after OAYI funding ends. The first avenue will likely

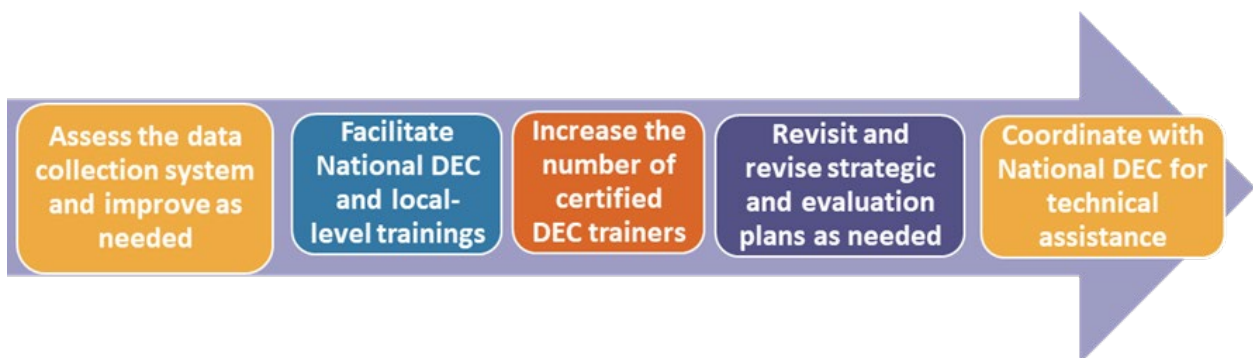
be applying for a one-year OAYI extension with OJJDP, but Michigan DEC committee members will also investigate grants that may be available to them as employees of various federal, state, and nonprofit entities.

Year 2, Quarter 4



Most work during the last quarter of year two will be a continuation of previous projects. Additionally, Michigan DEC will begin the evaluation process. This will entail searching for and contracting with a third-party evaluator, to ensure an objective evaluation. An unbiased assessment of the first year of Michigan DEC’s work will be essential to future success of the initiative. This process will provide an opportunity to reflect on challenges, failures, and successes, and to refocus to ensure alignment with the mission and vision of Michigan DEC.

Year 3, Quarter 1



Though OAYI project staff will regularly check in with the statewide data collection system and its users throughout year two, staff will conduct a formal assessment at the beginning of year three. This assessment will highlight outputs and outcomes resulting from the new system, as well as remaining challenges and areas for improvement. Outputs will include number of views, number of users, number of cases entered by law enforcement, and number of child welfare cases opened or followed up due to information shared from law enforcement, among other items. Outcomes will include improvements in data sharing (indicated by number of cases

entered in the system), increase in multidisciplinary collaboration (evidenced by user testimonials), interventions to assist drug endangered children (indicated by comparisons with past years), and ultimately, healthier and safer living environments for children exposed to substance and opioid use by their caregivers (indicated by long term data comparisons).

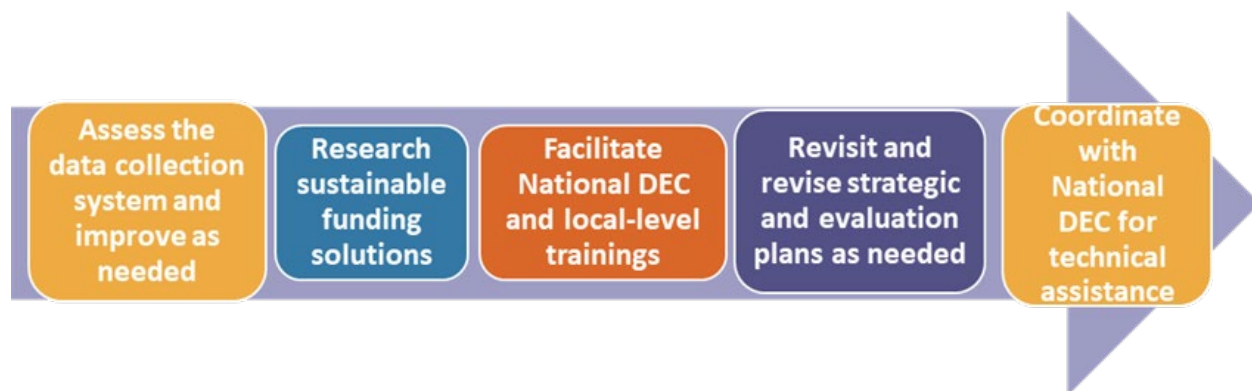
Additionally, Michigan DEC will continue to conduct DEC trainings for local alliances and other interested parties, add certified DEC trainers, coordinate with National DEC for technical assistance as needed, revisit and revise the strategic plan, and work with a third-party evaluator to assess the accomplishments of the first year of implementation.

Year 3, Quarter 2



By quarter two of year three Michigan DEC will have a final, objective evaluation and will use this document to adjust the strategic and action plans as needed. Michigan DEC will continue with regular training and technical assistance operations, as well as research on sustainable funding solutions and adjustments to the data collection and sharing software.

Year 3, Quarter 3



Quarter three of year will be a continuation of existing operations. If the first round of research on sustainable funding solutions is not successful, Michigan DEC committee members will expand the search to other resources, such as community organizations and foundations.

Year 3, Quarter 4



In the final quarter of year three (second year of implementation), Michigan DEC will continue with regular operations, as this initiative will continue after the OAYI project ends. By this time, Michigan DEC will also have implemented a sustainable funding solution, to ensure that work can continue without interruption.

Two-year Action Plan for Implementation

Goal #1: Raise awareness of the effects of the opioid crisis on families and children throughout Michigan

Objective #1a: Establish the Michigan Alliance for Drug Endangered Children (MI DEC)

Activity

- Determine the structure and purpose of the MI DEC Committee, recruit members

Audience Reached

- Individuals working in fields such as behavioral and public health, law enforcement, education, and others at a state level.
- Professionals with decision making and leadership roles

Lead Entity

- OAYI Project Coordinator- Libby Gorton
- OAYI Project Administrator- Leslie Wagner

Outreach Mechanisms

- Phone calls, emails, meetings (both in person and virtual) to recruit members.

Performance Indicators

- Outputs: Number of confirmed committee members, number of MOUs and/or data-sharing agreements signed
- Outcomes: Greater awareness of DEC approach, high-level advisory committee that will create a permanent, cohesive movement throughout the state

Data-tracking Mechanisms

- List of all individuals and agencies contacted (including follow-up if necessary), date of confirmation, contact information of individual confirmed for committee. Notes from calls, email threads

Timeline

- Year 1, quarters 1-4

Objective #1b: Implement local level DEC alliances

Activity

- Reach out to counties and Native American tribes across the state to gauge interest

Audience Reached

- Counties, cities, and tribal communities across Michigan

Frequency, Intensity, Duration of Service

- Frequency:* Weekly, but may vary, as some communities will request more follow-up than others.
- Intensity:* Will vary by community. Some will request more in depth discussion and training opportunities than others.
- Duration of Service:* Remaining 2-3 years of OAYI grant

Lead Entity

- OAYI Project Coordinator-Libby Gorton
- OAYI Project Administrator-Leslie Wagner
- MI DEC committee members

Outreach Mechanisms

- Website and social media posts, press releases, phone calls, emails .

Performance Indicators

- Outputs:* Number of contacts made, number of inquiries or requests for service, number of local alliances started
- Outcomes:* Stronger, more widespread DEC movement throughout Michigan, better view of the situation of drug endangered children, larger social network, stronger relationships

Data-tracking Mechanisms

- Website/social media views (may use trackable links), records of phone calls and emails

Timeline

- Begin in year 1 quarter 4, continue through years 2-3

Objective #1b: Implement local level DEC alliances

Activity

- Build on existing local efforts

Audience Reached

- Counties, cities, and tribal communities across Michigan

Frequency, Intensity, Duration of Service

- Frequency:* Biweekly
- Intensity:* Less intense than with communities that have not yet started DEC alliances
- Duration of Service:* Remaining 2-3 years of OAYI grant

Lead Entity

- OAYI Project Coordinator-Libby Gorton
- OAYI Project Administrator-Leslie Wagner
- MI DEC committee members

Outreach Mechanisms

- Website and social media posts, press releases, phone calls, emails.

Performance Indicators

- Outputs:* Number of contacts made, number of inquiries or requests for service, number of local alliances started
- Outcomes:* Stronger, more widespread DEC movement throughout Michigan, better view of the situation of drug endangered children, larger social network, stronger relationships

Data-tracking Mechanisms

- Records of phone calls and emails, meeting notes and agendas,
- Data sharing agreements with local-level alliances and regular reports of performance metrics from local activities, data input to data sharing software

Timeline

- Begin in year 1 quarter 4, continue through years 2-3

Objective #1c: Implement a public awareness campaign



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Activity

- Participate in events (ex. National Child Abuse Awareness Month, National DEC Awareness Day)

Audience Reached

- DEC professionals and concerned community members throughout the state

Frequency, Intensity, Duration of Service

- *Frequency:* Infrequent, several times a year
- *Intensity:* High—though infrequent, participation in events will require more intensive preparation, effort, and availability than other public awareness outlets.
- *Duration of Service:* Remaining 2-3 years of OAYI grant

Lead Entity

- OAYI Project Coordinator-Libby Gorton
- OAYI Project Administrator-Leslie Wagner
- MI DEC Committee members will participate in events as well

Outreach Mechanisms

- Virtual and physical (in-person)

Performance Indicators

- *Outputs:* Number of events participated in, number of MI DEC committee and local DEC alliance members participating, number of new connections/follow-ups resulting from participation in an event
- *Outcomes:* Wider social network, MI DEC becomes a well-known and respected project, greater awareness of DEC approach

Data-tracking Mechanisms

- Participation lists and agendas from events

Timeline

- Begin in year 2 quarter 2, continue through years 2-3

Goal #2: Improve data collection and sharing between DEC professionals

Objective #2a: Implement a data collection and sharing software system



Objective #2a: Implement a data collection and sharing software system

Activity

- Work with IT personnel to integrate software into existing platforms and launch site

Audience Reached

- DEC professionals. Initially only law enforcement and child welfare personnel. Specific offices TBD

Frequency, Intensity, Duration of Service

- *Frequency:* Few weeks leading up to launch will likely require weekly (at least) conversation with IT
- *Intensity:* High-Site launch will require in-depth attention to detail and problem solving
- *Duration of Service:* Launch will occur in quarter 2 of year 2, site will be active for the remaining 2-3 years of the OAYI grant

Lead Entity

- OAYI Project Coordinator-Libby Gorton
- OAYI Project Administrator-Leslie Wagner

Outreach Mechanisms

- Connect with MSP IT personnel through email, phone, or introductions from coworkers

Performance Indicators

- *Outputs:* Number of meetings with IT, number of months needed to accomplish launch
- *Outcomes:* Data collection system will be easy to locate and use

Data-tracking Mechanisms

- Meeting notes, email threads with IT personnel

Timeline

- Year 2 quarter 2

Objective #2a: Implement a data collection and sharing software system

Activity

- Provide trainings for users

Audience Reached

- DEC professionals. Initially only law enforcement and child welfare personnel. Specific offices TBD

Frequency, Intensity, Duration of Service

- *Frequency:* Several training sessions for initial round of users (pilot locations), likely bimonthly or monthly
- *Intensity:* Trainings will be detailed and intensive. Trainings will cover all functions of the software
- *Duration of Service:* Trainings will only be offered for 2-3 months for the initial round of users, but will re-open as more software users are added

Lead Entity

- MSP IT personnel
- OAYI Project Coordinator-Libby Gorton

Outreach Mechanisms

- Users will receive notice of trainings through their email. Trainings will also be advertised on the DEC website and other relevant webpages

Performance Indicators

- *Outputs:* Number of trainings provided, number of participants in each session
- *Outcomes:* DEC professionals (primarily law enforcement and child welfare personnel) will feel comfortable using the new software, which will improve cross-sector collaboration and outcomes for drug and opioid endangered children

Data-tracking Mechanisms

- Training notes and agendas, correspondence and follow-ups with participants

Timeline

- Year 2, quarters 2-4

Objective #2a: Implement a data collection and sharing software system

Activity

- Determine what gaps exist and how we can obtain needed information

Audience Reached

- N/A

Frequency, Intensity, Duration of Service

- *Frequency:* Analysis of missing data will be revisited every month
- *Intensity:* May vary depending on specific community or data point in question. Overall medium intensity
- *Duration of Service:* Remaining 2-3 years of OAYI grant

Lead Entity

- OAYI Project Coordinator-Libby Gorton
- OAYI Project Administrator-Leslie Wagner
- National DEC partners, Eric Nation and Stacey Read

Outreach Mechanisms

- Connections to organizations with relevant data through MI DEC committee members, real-time data collection (through surveys collected at community events)

Performance Indicators

- *Outputs:* Number of agencies connected with, number of new data points gained, number of local surveys collected
- *Outcomes:* Needed data will be collected in a creative way, which will give DEC professionals in Michigan a more complete view of the situations of drug and opioid endangered children and how to help them lead healthier, safer lives

Data-tracking Mechanisms

- Copies of surveys collected, correspondence with new agencies connected with, records of new data points collected

Timeline

- Year 3, quarters 1-4

Goal #3: Promote multidisciplinary collaboration

Objective #3a: Work with National DEC to provide training to local alliances and partner organizations



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Objective #3a: Work with National DEC to provide training to local alliances and partner organizations



Objective #3b: Engage youth/lived experience voices

Activity

- Ensure that state committee and local alliances have members with lived experience at the table, or provide opportunities for youth/lived experience voices to be heard (ex. online platforms, social media, special events, etc.)

Audience Reached

- Lived experience and youth voices, as well as DEC specialists and community leaders who will benefit from exposure to lived experience and youth voices

Frequency, Intensity, Duration of Service

- *Frequency:* State and local DEC alliance members will review membership upon implementation and quarterly thereafter to ensure appropriate representation is achieved.
- *Intensity:* Low intensity—Engaging lived experience/youth voices may require some recruitment efforts but will not require intensive programming.
- *Duration of Service:* Remaining two years of OAYI grant

Lead Entity

- MI DEC committee members
- Local DEC alliance leaders

Outreach Mechanisms

- Use networks of current members, advertise on website, social media, newsletters, flyers, etc.

Performance Indicators

- *Outputs:* Number of youth and/or lived experience members, number of local alliances with youth/lived experience members
- *Outcomes:* Increased youth participation, greater respect for youth/lived experience voices, programming will better address needs of target population

Data-tracking Mechanisms

- State committee and local alliance membership lists including relevant job and background info

Timeline

- Year 2, continue in Year 3

Objective #3b: Engage youth/lived experience voices

Activity

- Hold youth listening sessions in evenings when youth are more likely to be available. Schedule listening sessions around already existing events, like Families Against Narcotics (FAN) Family Forums. Youth will inform our project with unique perspective

Audience Reached

- Lived experience and youth voices

Frequency, Intensity, Duration of Service

- *Frequency:* Youth focus groups will be held once quarterly
- *Intensity:* Youth focus groups will be an intensive activity, though not frequent. Focus groups will last 1-2 hours and will include surveys and discussion
- *Duration of Service:* MI DEC will host youth focus groups during the second year of OAYI (first year of implementation) and will then assess the efficacy and decided whether this service should continue in year 3 or not

Lead Entity

- OAYI Project Coordinator-Libby Gorton
- OAYI Project Administrator-Leslie Wagner
- MI DEC Committee members

Outreach Mechanisms

- Use networks of current members, advertise on website, social media, newsletters, flyers, etc.

Performance Indicators

- *Outputs:* Number of focus groups held, number of participants in each focus group
- *Outcomes:* Increased youth participation, greater respect for youth/lived experience voices, programming will better address needs of target population

Data-tracking Mechanisms

- Registration for focus groups, sign-in sheets at focus groups, surveys collected from focus groups

Timeline

- Begin in year 2, continue
- through year 3

Objective #3b: Engage youth/lived experience voices

Activity

- Share information on MI DEC with youth groups for youth involved with criminal justice and/or child welfare systems, or youth participating in opioid use disorder-related programming (FAN Family Forum)

Audience Reached

- At-risk youth, youth involved with child welfare and/or juvenile justice systems

Frequency, Intensity, Duration of Service

- *Frequency:* MI DEC committee members will continually share information and reach out to youth groups. Estimated frequency is about once a month
- *Intensity:* Low intensity. Outreach will consist of regular but casual sharing of updates, event info, highlights, etc. .
- *Duration of Service:* Remaining 2-3 years of OAYI grantation of materials should not take longer than one week leading up to training sessions

Lead Entity

- OAYI Project Coordinator-Libby Gorton
- OAYI Project Administrator-Leslie Wagner
- MI DEC Committee members

Outreach Mechanisms

- Use networks of current members, advertise on website, social media, newsletters, flyers, etc.

Performance Indicators

- *Outputs:* Number of youth groups contacted, number of follow-ups from each contact
- *Outcomes:* Increased youth participation, greater respect for youth/lived experience voices, programming will better address needs of target population

Data-tracking Mechanisms

- List of relevant agencies/groups, copies of correspondence with agencies/groups, record of follow-up

Timeline

- Begin in year 2,
- continue through year 3