MACOMB COUNTY COMMUNITY MENTAL HEALTH/SUBSTANCE USE SERVICES PREVENTION MANUAL

Prevention Activities Eligible for Funding

Prevention programming is intended to prevent and/or delay the onset and reduce the consequences as well as progression of substance abuse. It is conceptualized as part of a continuum to reduce risk factors, increase protective factors, promote individual assets and resilience, increase family health, decrease negative community impacts, and develop community and environmental support. Activities are intended to change or promote positive prevention norms and policies plus encourage collaboration and community involvement.

Prevention activity is built using a Strategic Prevention Framework based on data driven decisions. In particular, the planning process and service delivery system emphasizes community involvement and planning to have impact on the federal National Outcome Measurement indicators. Those indicators include achieving county-wide reductions in 30-day use of substances of abuse, perceived risk of use, age at first use and perception of disapproval.

A minimum of 90% of MCCMH funded prevention programming must be evidence-based. Activities recognized by SAMHSA such as Blueprints for Healthy Youth Development and Evidence Based Behavioral Practice, as well as other federally recognized programs, will be utilized to deliver services. Additional examples include those programs that were previously listed on National Registry of Evidence-based Programs and Practices (NREPP) with positive outcomes demonstrated, Office of Juvenile Justice and Delinquency Prevention's Model Programs Guide and The Community Guide.

Additional registries of EBP Services Types can be found at: https://pttcnetwork.org/centers/pacific-southwest-pttc/product/guide-online-registries-substance-misuse-prevention-evidence.

Prevention services must be provided through all six strategies identified by the Center for Substance Abuse Prevention (CSAP). These strategies are information dissemination; education; alternatives; problem identification and referral; community-based processes; and environmental change. MCCMH will ensure that all 6 strategies are employed through the collective of contracted prevention providers.

- **Information dissemination,** providing awareness and knowledge of the nature, extent, and effects of alcohol, tobacco, and drug use, misuse, and addiction on individuals, families and communities. This is one-way communication such as development of a media campaign, staffing a booth at a health fair, etc.

- **Education** is two-way communication between the educator and the participant aimed at affecting critical life and social skills, such as decision making, refusal skills, critical analysis, and systematic judgment abilities.

- **Alternative programs** provide for the participation of target populations in activities that exclude alcohol, tobacco, and other drug use. Examples include

supervision/coordination of ATOD-free events, park clean-up events and mentoring programs.

- **Problem identification and referral** aims at identification of those who have indulged in illegal/age-inappropriate use of tobacco or alcohol, and those individuals who have indulged in first use of illicit drugs, in order to assess if the behavior can be reversed by education to prevent further use.

- **Community-based processes** include organizing, planning, and enhancing effectiveness of program, policy, and practice implementation, interagency collaboration, coalition building, and networking.

- **Environmental strategies** establish or change written and unwritten community standards, codes, and attitudes, thereby influencing incidence and prevalence of the abuse of alcohol, tobacco and other drugs used in the general population. Effective environmental strategies focus on entire populations and have potential for long-term change.

Additional examples are listed in the MPDS User Manual [https://mpds.sudpds.com/Downloads/Provider%20Agency%20Manual%20Revision%20April%202023.pdf].

In addition, prevention strategies are classified using the Institute of Medicine (IOM) Model of Universal, Selective, and Indicated, which classifies preventive interventions by the population targeted.

- **Universal-Direct** - Interventions directly serve an identifiable group of participants but who have not been identified on the basis of individual risk (e.g., school curriculum, after-school program, parenting class). This also could include interventions involving interpersonal and ongoing/repeated contact (e.g., coalitions).

- **Universal-Indirect** - Interventions support population-based programs and environmental strategies (e.g., establishing ATOD policies, modifying ATOD advertising practices). This also could include interventions involving programs and policies implemented by coalitions.

- **Selective** - Activities targeted to individuals or a subgroup of a population whose risk of developing a disorder is significantly higher than average. For example, persons with a diagnosed mental illness, delinquent or violent youth, etc.

- **Indicated** - Activities targeted to individuals, identified as having minimal but detectable signs or symptoms foreshadowing disorder or having biological markers indicating predisposition for disorder but not yet meeting diagnostic levels. Persons who have begun experimenting/using substances but are not in need of treatment for a diagnosable addiction. For example: minors in possession, individuals in recovery and not currently in need of treatment or using, etc. Note: Children of parents who use substances who have not begun experimenting with substance use should be categorized as Selective and not Indicated.

Providers are contracted to provide specific face-to-face staff activity which is accounted for by submission in the MCCMH designated data system, as detailed below under Prevention Data Collection.

Prevention Contractors

MCCMH's Contracted Prevention Providers are listed in the Provider Directory on the MCCMH website (www.mccmh.net).

Evaluation – Annually

Contracted providers are required to participate in MCCMH's annual desk or on-site contractual performance audits and other ongoing evaluations of prevention services. Contracted providers are required to use the Management by Objectives (MBO) format to plan activities and record activity. At the end of the fiscal year, achievement of MBO goals are measured by examining the number of face-to-face staff units planned for the activity, versus the number of units completed. Other areas of consideration include high-risk populations served, strategies employed, and outcomes achieved. An annual observation by MCCMH is also required for at least one funded activity using a standard monitoring protocol tool which evaluates the quality of services delivered to a "real world" sample. Providers are expected to work toward Prevention Prepared Community utilizing the guidance of a Strategic Prevention Framework. The goals of this document should strive to have a positive impact and improve the overall health of the communities they serve.

Michigan Prevention Data System (MPDS)

A Provider Agency User Manual has been co-created by MDHHS/SUGE and the regional PIHPs. This document is available on the MPDS website (https://mpds.sudpds.com/Downloads/Provider%20Agency%20Manual%20Revision%20April%202023.pdf) or can be provided to you by contacting the MCCMH Prevention Coordinator. This user manual contains definitions and instructions on how to capture data correctly. This also includes a validation matrix on the last page. If changes occur within the Michigan Prevention Data System, this document will be revised. Providers are required to ensure all staff utilizing the prevention data collection system receive training and supervision on the system. Providers are also required to have a quality improvement process in place that routinely measures the accuracy and timeliness of data entry.

Data Entry - Monthly

Contracted provider is responsible for entering monthly activity data in the MPDS **by the 10th of every month** following the actual month of activity. Written confirmation (via email) to the Prevention Coordinator is expected when data is completed. Include the Monthly Balance Sheet with number of units and records entered for the month. Approval for data entry extensions will be considered but are limited and require the submission of a request for an extension in writing at least two business days before the monthly deadline.
The Prevention Coordinator will notify contracted providers if data is balanced and meets criteria for content within five business days of notification of data submission. If data corrections are necessary, providers are required to complete adjustments within three business days.

MBO Reports - Quarterly

Each quarter, contracted providers will receive a quarterly MBO report showing the number of units that have been completed to date, number of units needing to complete per MBO, and percentage completed.

- The first quarter of each fiscal year runs from October 1st through December 31st, 25% of the hours of each MBO should be completed.
- The second quarter is January-March, 50% of each MBO hours should be completed from October to the end of March.
- The third quarter is April-June, 75% of each MBO hours should be completed from October through June.
- The fourth quarter is from July-September, 100% of each MBO hours should be completed for the fiscal year.

If a provider falls below the expected completion rate for that quarter, MCCMH requires a written explanation of how and when provider plans to complete the MBO.

MBO Adjustments - Annually

Generally, in the 3rd quarter of the Fiscal Year, MCCMH will notify contracted providers that they may request to adjust their original MBO Plan to reflect actual MBO activities. Approval will be based on MCCMH's overall prevention service delivery requirements. Refer to the guidelines below regarding adjustments. For funding amendments, contact the Finance Administrator at MCCMH.

- Total Amount of Units (1 unit = 15 minutes of service) - Contracted provider **must** complete all the units listed in the original MBO Plan to receive full funding.
- Every attempt must be made to fulfill MBO units. If a provider is not able to complete units in one MBO, they may shift those units into another MBO, **provided** the strategy codes (A, C, E, N, P, V) are the same. Provider must provide satisfactory explanation in writing for approval by MCCMH for each adjustment.

SYNAR Reports and Activity

MCCMH contracts for Synar activities and identifies a Designated Youth Tobacco Use Representative (DYTUR) for Macomb County. The Synar amendment holds states to a Retailer Violation Rate of 20% or less.

Synar documents and samples regarding reducing youth access to tobacco (YATT) can be found on the MDHHS website (https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/drugcontrol/prevention/prvcontent/youth-access-to-tobacco-and-synar-info) This site includes the Synar Compliance Checks Procedure and Protocol, reporting forms, vendor education protocol, and much more. A final yearly report is also due from the DYTUR by October 15th that covers other YATT information.

Note: Block grant funds may not be used to fund enforcement of youth tobacco access laws.

Outcome Report – Annually

Prevention outcome reports **are due by the 15th of November following the year of MCCMH funding**. The reports must include:

- Name of Program
- Number of MBO units planned and completed
- Brief description of each program
- Outcomes (ex: increase of knowledge, change in attitude, etc.)
- Setting of Program (community, school, etc.)
- Number of Individuals served for fiscal year
- Measures (What was the program intended to do for the participants? Build refusal skills, increase family connectedness, etc.)
- Data chart showing increase/decrease of each indicator (taken from pre/post test, survey, interviews, etc.)
- Changes/challenges provider had facilitating the program
- Final interpretation of program – were program goals successful, will provider increase use of program, will provider continue or discontinue use of program, etc.

Prevention Staff Qualifications – By Service Type

See Chapter 9 "Staff Credentialing and Privileging" of the Substance Use Services Provider Manual for requirements and Chapter 10 – "Director's Verification form" for the necessary documentation and request for approval.

The chart below outlines staff and supervision requirements by program description. It is permissible for staff to exceed qualification requirements. If staff are hired prior to having the required certification and do not currently meet the requirement, they may immediately apply for a Development Plan through MCBAP. These prevention plans allow up to two years for a full-time person to complete their requirements; however, part-time staff may request additional time from MCBAP to meet the experience requirement. This extension of time request must occur prior to the initial application because development plans do expire and extensions are not allowed once that happens.

Staffing Category	**Description**	**Certification Requirement**
Program Supervisory Staff	General prevention program oversight and staff supervision responsibilities	One of the following: Certified Prevention Consultant – IC&RC (CPC) Certified Prevention Specialist – IC&RC (CPS) or Certified Health Education Specialist (CHES) – only if credential effective for three (3) years

Staffing Category	Description	Certification Requirement
Specialist//Professional	Prevention staff with responsibilities for development and implementation of plans and services with responsible service areas at regional or local levels	One of the following: Certified Prevention Specialist – IC&RC (CPS) Certified Prevention Consultant – IC&RC (CPC) Development Plan – Prevention (DP-P) – approved development plan in place Certified Health Education Specialist (CHES) (Supervision by MCBAP prevention credentialed staff or an approved alternative certification)
Specially Focused Staff	Individuals responsible for implementing one specific Evidence-Based Practice curriculum or carrying out prevention related activities under the direction of other staff.	Certification not required (Required to be supervised by MCBAP certified staff)

Cultural Competency

All phases of the Strategic Prevention Framework and delivery of services need to be culturally competent. Therefore, it is advised that prevention staff complete cultural competency training upon hire.

Required notification to MCCMH

1. Changes in policies and procedures – if your contract agency makes any policy or procedural changes during the fiscal year, they must notify MCCMH in writing.
2. Receipt of other funding – if your contract agency receives funds other than those provided by MCCMH during their contract year, they must notify MCCMH in writing when they receive said funds and state the purpose of those monies.
3. New Staff/Staff that Resigned or was Terminated - MCCMH must receive written notification immediately of addition or departure of staff. MCCMH must also receive requests to add/delete staff to MPDS immediately.

Required Recipient Rights and Funding Statements
The following statements are required on all literature that uses MCCMH funds and are distributed to the public.

- **Recipient Rights Statement** – "Recipients of substance abuse services have rights protected by state and federal law and promulgated rules**.** For information, contact *[insert the Agency name, address and phone number]* or State Recipient Rights Coordinator, PO Box 30664 Lansing, MI 48909."

- **Funding Statement** – "Support for this initiative was provided by Macomb County Community Mental Health and MDHHS through a federal grant from SAMHSA."

Other Consumer Resources

Consumers have rights and MCCMH is dedicated to providing individuals with quality services. Anyone receiving services with MCCMH funding should know their rights. These documents are available in the Substance Use Services Provider Manual:

a. MCCMH HIPAA Privacy Statement (Chapter 10)
b. "Notice of Privacy Rights While Receiving Mental Health or Substance Abuse Services" (Chapter 6)
c. "Know Your Rights" (Chapter 6)

Additional Prevention Resources:

- **What Guides Prevention Services** – [www.mccmh.net/prevention] This web page contains links to agencies and toolkits that guide the field of SUD prevention, including evidence-based programs and interventions, Strategic Prevention Framework, and more.

- **Coalition list - [**www.mccmh.net/substance-use-disorder**]** Listed under Prevention Services. Local substance use prevention coalitions are established to prevent substance misuse through collaborative community efforts. Coalitions should include key sectors of the community and follow the strategic prevention framework.

- **Screening Brief Intervention Referral to Treatment [SBIRT tools can be found at www.mccmh.net/substance-use-disorder, under Prevention.** According to SAMHSA, SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Various locations such as schools, faith communities, primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.

- **Training resources** –To receive training specific to Alcohol Tobacco and Other Drugs (ATOD) check the following resources:

  Education Resources - MCBAP
  Conferences & Training - Community Mental Health Association of Michigan
  Improving MI Practices
  Prevention Technology Transfer Center (PTTC) Network
  HealtheKnowledge

- **Web-based research and links – [**Substance Use Disorder – MCCMH, under Drug Facts and Data**]** This web page contains sources to assist programs and coalitions to locate data which can be used to drive decisions and provide evidence of need for needs assessments or grant opportunities. This page is constantly being updated to provide the most recent information.

Prevention 2/2025