

MACOMB COUNTY OFFICE OF SUBSTANCE ABUSE PREVENTION MANUAL

Prevention Planned 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 statewide reductions in 30 day use of substances of abuse, reductions in prescription and over-the-counter drug use, as well as reduction of underage drinking and increase perception of risk or harm. The primary focus areas are:

- 1) Reduce Childhood and Underage Drinking
- 2) Reduce Prescription Drug Abuse/Misuse
- 3) Reduce Youth Access to Tobacco
- 4) Reduce Illicit Drug Use

MCOSA's prevention plan combines federal and state priorities plus local needs through a data driven process. The four Prevention Priorities focus areas each contain five consequence areas:

- 1) Mortality, Morbidity & Addiction (Substance use and negative impacts)
- 2) Social Connectedness
- 3) Education
- 4) Crime and Justice
- 5) Medical Physical

Contracted providers are contracted to provide specific face-to-face staff activity which is accounted for by submission in the MCOSA designated data system.

Evaluation – Annually

Contracted providers are required to participate in MCOSA's annual desk or on-site contractual performances evaluations 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 hours planned for the activity, versus the number of hours completed. Other areas of consideration include high-risk populations served, strategies employed, and outcomes achieved. An annual observation by MCOSA 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.

Prevention Data Collection (MPDS/SUDPDS)

A Prevention Data Collection User Guide document has been co-created by MDHHS/OROSC and the regional PIHPs. This document is available on <https://mpds.sudpds.com/> This user guide contains definitions and instructions how to capture data correctly. This also includes a validation matrix on the last page. If changes occur within the Michigan Prevention Data/Substance Use Disorder 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.

Prevention Contractors

MCOSA's Contracted Prevention Providers are listed on the MCCMH website (mccmh.net) in the footer. Click on MCOSA Provider List.

Data Entry - Monthly

Contracted provider is responsible for entering monthly activity data in the MDPS system **by the 10th of every month** following the actual month of activity. Written confirmation (via email) to the SUD Specialist is expected when data is completed. Include the 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 SUD Specialist 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 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, MCOSA requires a written explanation of how and when provider plans to complete the MBO.

SYNAR Reports and Activity

An overview of the Synar project, and a link to Synar protocols, reports and samples regarding reducing youth access to tobacco (YATT) can be found on the MCCMH Web site [[The Synar Amendment vs. Tobacco Products – MCCMH](#)] A final yearly report is also due by October 15th that covers other YATT information. The SUD Specialist at MCOSA will send further Synar guidance and the YATT report to the DYTUR for Macomb.

MBO Adjustments - Annually

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

- Total Amount of Hours - Contracted provider **must** complete all the hours listed in the original MBO Plan to receive full funding.
- Every attempt must be made to fulfill MBO hours. If a provider is not able to complete hours in one MBO, they may shift those hours 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 MCOSA for each adjustment.

Outcome Report – Annually

Prevention outcome reports **are due by the 15th of November following the year of MCOSA 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 this manual for requirements and Chapter 10 – “Director’s Verification forms – Prevention” 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 is hired prior to having the required certification and does not currently meet the requirement, they may immediately apply

for a Development Plan through MCBAP. Generally, 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-	Consultant certification required
Specialist//Professional	Prevention staff with responsibilities for development and implementation of plans and services with responsible service areas at regional or local levels	Certification required
Specially Focused Staff	Individuals responsible for implementing a specific Evidence Based Practice curriculum or carrying out prevention related activities under the direction of other staff.	Certification not required

Cultural Competency

All phases of the Strategic Prevention Framework and delivery of services need to be culturally competent. Therefore it is advised that the self-assessment toolkit provided by Michigan Department of Health and Human Services, Behavioral Health and Developmental Disabilities Administration, Bureau of Substance Abuse and Addiction Services, Recovery Oriented System of Care, Transformation Steering Committee’s be used as a guide. This document is titled “Transforming Cultural and Linguistic Theory into Action” and is available as part of this Chapter as an attachment.

Required notification to MCOSA

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

Required Recipient Rights and Funding Statements

The following funding statements are required on all literature that uses MCOSA 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** – “Federal, State and local funding has been provided through Macomb County Community Mental Health – Office of Substance Abuse to support project costs.”

Other Consumer Resources

Consumers have rights and MCOSA is dedicated to providing individuals with quality services. Anyone receiving services with MCOSA funding should know their rights. These documents are available in this manual:

- a. MCOSA/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:

- **Coalition list** - Local substance abuse coalitions are established to create knowledge and opportunities to inform the community about issues that pertain to substance abuse. These issues may include, but are not limited to, information dissemination, education, problem identification or environmental change. as it pertains to substance abuse.
- **Macomb County Office of Substance Abuse Prevention Plans** – MCOSA uses data to drive decisions to support substance abuse prevention activities throughout the county. These activities are both evidence-based and specific to focus areas which are guided through BHDDA and federal recommendations.
- **Screening Brief Intervention Referral to Treatment [SBIRT tools can be found at <http://preview.mccmh.net/wp-content/uploads/2020/11/SBIRT-tools.pdf>]** 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 opportunities specific to Alcohol Tobacco and Other Drugs (ATOD) contact the SUD coordinator at MCOSA, Dawn.Radzioch@mccmh.net to get added to a training email list or go to the MCCMH Training Opportunities page [<https://www.mccmh.net/training-opportunities/>].
- **Web-based research and links** – [<https://www.mccmh.net/where-do-i-find-good-data/>] This webpage 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.