Section: **Substance Use Treatment & Prevention**	Policy Name: **Substance Use Disorder Prevention Services**	Policy Number: **11.10**
Owner: **Substance Use, Prevention and Treatment Director**	Reviewed By: **Joel A. Smith**	Total Pages: **15**
Required By: ☐ **BBA** ☒ **MDHHS** ☐ **NCQA** ☐ **Other (please specify):** _____	Final Approval By: Joel A. Smith, LMSW Joel A. Smith, LMSW (Apr 16, 2024 17:01 EDT)	Date Approved: Apr 16, 2024
Application: ☒ **SWMBH Staff/Ops** ☒ **Participant CMHSPs** ☒ **SUD Providers** ☐ **MH/IDD Providers** ☐ **Other (please specify):** _____	Line of Business: ☐ **Medicaid** ☐ **Healthy Michigan** ☒ **SUD Block Grant** ☐ **SUD Medicaid** ☐ **MI Health Link** ☐ **Other (please specify):** _____	Effective Date: **3/14/2014**

Policy: Substance Use Disorder (SUD) Prevention services funded by Southwest Michigan Behavioral Health (SWMBH) are provided through effective planning, development, and implementation initiatives; extensive use of evidence-based and research-based programs and practices; data-driven assessment of needs; evaluation of outcomes; collaborative efforts with strategic partnerships of the community; high ethical standards; culturally responsive interventions; and continuing improvement effects. SUD Prevention services are designed to be proactive in nature and comprehensive in scope, striving to identify and reduce individual, family, and environmental risk factors associated with substance use disorders, at the same time increasing protective factors that enhance the health and wellness of individuals, families and communities.

Purpose: To provide technical specifications and conceptual guidelines for provision of SUD Prevention services, which are in part or fully funded by SWMBH for Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph and Van Buren counties.

Scope: This policy applies to SWMBH contracted prevention providers.

Responsibilities: SWMBH contracted prevention providers are responsible for assuring policy requirements are met; SWMBH is responsible for monitoring policy implementation at SUD prevention providers.

Definitions:

Substance Use Disorder Prevention: "To prevent" literally means "to keep something from happening." SUD Prevention services designate an array of programs, actions, planned activities and interventions designed to address personal factors and environmental conditions that affect or contribute to the use and abuse of addictive substances and illegal drugs. The purpose of SUD Prevention services is to delay, avert (prevent) and mitigate (manage, reduce) the use of substances that lead to the development of substance use disorders.

Recovery Oriented Systems of Care (ROSC): Defined by the Michigan Department of Health and Human Services, Designated SUD Prevention Entity, as A model of services designed to utilize an integrated approach to care for persons receiving SUD services, in order to "support an individual's journey toward recovery and wellness by creating and sustaining networks of formal and informal services and supports. The opportunities established through collaboration, partnership and a broad array of services promote life enhancing recovery and wellness for individuals, families and communities."

Standards and Guidelines:

A. Service Planning and Delivery

1. Guiding Principles for Effective SUD Prevention Services

a. To ensure effective planning, implementation, delivery, and positive outcomes in SUD Prevention services, SWMBH requires SUD Prevention providers to select Prevention service models that meet the following criteria:

1. Follow rigorous research and science-based practices
2. Have demonstrated positive outcomes
3. Are responsive to community needs that are identified through examination of epidemiological data
4. Utilize multiple strategies and integrated approaches
5. Require active involvement of key community sectors and meaningful collaboration with strategic community partners
6. Follow documentation standards required by SWMBH
7. Adhere to high ethical standards
8. Are culturally responsive
9. Are provided by a competent and qualified workforce
10. Support the Vision, Mission and Guiding Values of SWMBH
11. Function effectively within the integrated services environment and approach of the Recovery Oriented System Care (ROSC) framework

2. Prevention Theory

a. SUD Prevention services funded and supported by SWMBH are built on the foundation of a "Theory of Change" which is the conceptual framework that drives and organizes technical and operational components of effort and action to achieve an identified goal. These components (also referred to as outcomes, results, accomplishments, or preconditions) are depicted on a map known as a pathway of change. A Theory of Change describes the types of interventions (a single program or a comprehensive

community initiative) that bring about the outcomes depicted in the pathway of a change map. Each outcome in the pathway of change is tied to an intervention, revealing the often-complex web of activities, strategies and partnerships required to bring about change.

b. The Theories of Changes accepted by SWMBH are the ones that have been created by research and practice such as:

1. Individual-level Change
    - Health Belief Model (Individual Change)
    - Social Learning/ Social Cognitive Theory
    - The Health Locus of Control Model
    - Stages of Change Model
    - Others
2. Community-level Change
    - Community Organization/Mobilization Theory
    - Public Health Model
    - Stages of Change Model

3. SUD Prevention Planning

a. Annual Provider Prevention Planning:

Every year, SUD Prevention Providers, with the support and technical assistance of SWMBH, develop and submit a Prevention Plan containing an outline of programmatic content, scope of services and list of activities that the provider proposes to accomplish in the course of the following Fiscal Year. The Annual Prevention Plan is modeled after the five (5) components of the Strategic Prevention Framework (SPF) approach:

i. Needs Assessment
ii. Capacity Building
iii. Plan Development
iv. Implementation
v. Evaluation

b. SWMBH develops and provides SUD Providers with a Planning Template, which indicates the critical elements that the Plan needs to address:

1. SUD Prevention Priority: Determined by the Michigan Department of Health and Human Services (MDHHS), the Designated MDHHS SUD Prevention Entity, the PIHP, and community-based epidemiological data
2. Data indicators (supporting determination of priorities)
3. Intervening variables and contributing factors
4. Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP) strategies to be used in addressing each priority area
5. Evidence-Based Practice (EBP) and activities that the provider intends to employ
6. Targeted population type and Cultural Competence skills needed to deliver prevention services in the identified geographic area

7. Proposed Outcome Measures
8. Track Outcome Measures achievement level through a dedicated section of SWMBH's Outcome Measure Instrument (OMI).

c. Outcome measures are tracked separately through a tool/mechanism developed by SWMBH named "SUD Provider OMI Work Plan".

d. Coalition Action Planning:

SUD Providers that have been designated the responsibility for management of local Community Prevention coalitions in partnership with the SWMBH-designated SUD Prevention representative are responsible for the development of a Coalition Action Plan at prescribed intervals (to be determined by SWMBH), which meets minimally the following specifications:

i. Identify specific SUD priorities based on review of epidemiological data that indicates prevalence of specific consequences of SUD in the community
ii. Identify Evidence-Based Practices (programs and activities) designed to address identified priority areas
iii. Develop specific outcome measures containing numerical goals and evaluative steps for the selected programs and activities, to assess effectiveness of intervention and determine level and status of goal achievement
iv. Ensure a conceptual and practical fit between priorities and selected programs and activities
v. Track Outcome Measures results through a dedicated section of SWMBH's Outcome Measure Instrument.

4. SUD Prevention Categories

a. SUD Prevention services funded by SWMBH are provided following the conceptual framework of the three-intervention categories defined and described by the Institute of Medicine (IOM):

1. Universal Spectrum of Interventions:

Services, programs, and activities that by their very nature and scope focus on broader and non-specified community groups/categories, such as school, neighborhood and community, aimed at preventing or delaying the use of alcohol, tobacco or other drugs.

2. Selective Spectrum of Interventions:

Services, programs and activities that have a narrower scope and focus on targeting subsets of community or population groups, which prevention research or other public health studies have identified as having higher risk and a greater likelihood to engage in substance abuse behaviors (example: children/families of persons with substance use disorders, persons experiencing repeated school failure, violent/delinquent behavior, economic disadvantages, persons in recovery, etc.).

3. Indicated Spectrum of Interventions:

Services, programs, and activities targeting individuals who are suspected or known to be using/experimenting and/or are engaged in high-risk behaviors which significantly increase the likelihood of becoming chronic users.

5. Six CSAP Strategies
    a. Prevention Strategies are specific intervention methods that have been proven through research and practice to fight and counter most effectively the factors and circumstances that contribute to substance use disorders. These strategies are designed to affect people directly (person-directed strategies) or to affect people by changing the conditions that surround them (community-based and environmental strategies). SUD Prevention services funded by SWMBH are provided utilizing at least one of the six science-based Prevention strategies defined by the SAMHSA CSAP:
        1. Education strategy encompasses activities designed to provide learning and personal skills development through active and dynamic communication. It distinguishes itself from other information dissemination approaches based mainly on three factors: a) use of a research-based curriculum; b) planned and sustained delivery of content; c) methodology – interaction between the educator/facilitator and the activity participants. Activities that fall under this strategy are designed to affect individual behavior change in multiple domains of life and to develop living skills such as decision-making, social skills, refusal skills, critical thinking and sound judgment abilities.
        2. Community-Based Process strategy focuses on mobilization and organization of strategic resources existing in the community in order to counter identified conditions and circumstances that favor or actively contribute to development of substance use and abuse problems. The activities that utilize this strategy are designed to promote coordination and collaboration efforts among strategic stakeholders in the community. Community-based processes are strategies that bring together under a planned and organized effort the joint work carried out by agencies, individuals, institutions and services of different sectors of the community in order to prevent, mitigate, counter and change SUD consequences in the community. Activities within the framework of this strategy include community organizing, planning, interagency collaboration, coalition building and networking, capacity building and community action. Activities that fall under this strategy are designed to effect organizational and community-level change. They are intended to a) positively impact the community; b) mobilize strategic community partners and stakeholders; c) pull resources; d) penetrate key sectors of the community; e) organize campaigns in order to jointly address SUD consequences affecting all or part of the community (ex. neighborhood campaigns, patrol efforts, inter-agency collaboration, community coalition development and planning, community/volunteer training, etc.).
        3. Environmental strategy is designed to focus on development/change/enforcement of laws, community/organizational standards, codes, attitudes and established group and/or community norms. This strategy is divided into two subcategories: a) activities centered on legal and regulatory initiatives (example: underage drinking laws, smoking regulations/ordinances, institution/workplace policies and protocols regarding drug use, etc.); b) Those

designed to change established community/group norms and accepted behaviors that have individual/community consequences (acceptance of underage drinking as a rite of passage; hosting drinking parties for minors; driving while impaired, etc.).

4. Problem Identification and Referral strategy is designed to identify those who have been initiated in illegal/age-inappropriate use of tobacco or alcohol and/or who begun to experiment with use of illicit drugs. It provides an initial individual assessment of a case in order to determine if an identified risk behavior can be reversed through education or if individual needs to be referred for a full assessment by a SUD Treatment professional to determine appropriateness of other clinical intervention.
5. Information Dissemination strategy provides awareness and knowledge of the nature and extent of substance use, abuse and addiction and their effects on individuals, families and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two.
6. Alternative strategy provides for the participation of target populations in activities that exclude substance use. The assumption is that constructive and healthy activities offset the attraction to, or otherwise meet the needs usually filled by, alcohol and drugs and would, therefore, minimize or obviate resort to the latter (example: drug free parties; sports activities, etc.).

b. To increase effectiveness of prevention activities, the use of Information Dissemination and Alternative strategies will be allowed only when activities using these two strategies are designed to enhance and support implementation of activities identified in the SUD Provider's Annual Work Plan, and in conjunction with activities using one of the major Prevention Strategies (Education, Community-Based Processes, Environmental and Problem ID and Referral). They are not to be used as standalone strategies. The allowance of SUD services and programs reported by SWMBH prevention providers for these two categories will be of 10% combined. SWMBH will monitor and enforce the conditional use of these strategies through the Michigan Prevention Data System (MPDS) reporting system.

6. Risk and Protective Factors in different Domains of Life
   a. SUD Prevention services are planned and provided in response to the identification of "Risk and Protective Factors" as a unifying descriptive and predictive framework.
   b. Risk factors are conditions that increase the chances and the likelihood that a person will experience substance use and related problems. Conversely, protective factors are those that buffer a person or reduce the chances of developing substance use and related problems. Identification of both sets of factors is critical for the effectiveness of SUD Prevention services in finding ways to reduce the risk and developing/establishing conditions that increase personal and environmental protection.
   c. Risk and protective factors exist in all domains of life:
      1. Individual

2. Family
3. Peer
4. School/Work
5. Community
6. Society/Environment

d. Within each domain that are characteristics and conditions that can function as risk or protective factors, thus each of these domains presents opportunities for prevention. Some risk and protective/resiliency factors are found in all cultures and socioeconomic groups, but the prevalence of these factors will vary from culture to culture and from community to community.

e. Each SUD Prevention service provided with SWMBH funding must be designed, planned, and implemented in response to risk and protective factors identified in at least one of the domains listed above.

7. High Risk Groups

a. SUD Prevention services provided with community block grant funding need to prioritize community group subsets that meet the CSAP definition of "High Risk Categories":

1. Children of Persons with a SUD
2. Pregnant women/teens
3. Youth experiencing repeated school failure, chronic truancy or have dropped out of school (focus on alternative education students)
4. Those who exhibit violent or delinquent behavior
5. Youth involved in the Juvenile Justice system
6. Persons experiencing mental health symptoms and/or are suicidal
7. Persons experiencing chronic pain
8. Victims of physical, sexual, or psychological abuse
9. Unhoused individuals
10. Persons who are economically disadvantaged
11. Youth who are beginning to experiment with or are occasional users (who are not yet in need of treatment)
12. Children with prenatal exposure to Alcohol, Tobacco or Other Drugs (ATOD).

b. Additional High-Risk Categories recognized by SWMBH:

1. Groups and neighborhoods affected disproportionately by violence and delinquency issues
2. Youth in transition ages and school grades (ex. middle school students and students transitioning to high school)
3. Youth in Foster Care system
4. Children of families affected by significant dynamics of dysfunction
5. Persons suffering from persistent discrimination and exclusion
6. Victims of bullying
7. Others

8. Culturally Responsive SUD Prevention services
    a. SUD Prevention services funded by SWMBH are provided within the framework of an effective planning effort that take into consideration the impact that cultural values and culturally related issues may have on the way that services are provided. This requires prevention workers and providers to achieve certain levels of cultural proficiency to plan and deliver culturally sensitive service strategies.
    b. To provide culturally responsive SUD Prevention services, a prevention worker needs to acquire working knowledge of the social dynamics and functioning of the targeted audience he/she is trying to reach (ex. grouping characteristics based on ethnicity, socio-economic status, group sub-set traits, rural-X-urban distinctions, age, etc.). Such knowledge will allow the prevention worker to effectively plan and implement activities directed in a focused manner to specific targeted audiences and groups in the community.
    c. Prevention workers must know the general characteristics and demographics of the targeted audience to select the best suited curriculum or activity. A prevention worker must adjust verbiage and make expressive language adjustments to program and activities to ensure that program content is fully understood. This specific skill and requirement applies to groups receiving person-directed education-based (curriculum-based) activities as well as to the work and activities targeting/involving the community-at-large (community-based and environmental strategies).
    d. Addressing Health Disparities through the SWMBH SUD Prevention Service Structure: SAMHSA defines Health Disparities as "Differences in outcomes and access to services related to mental health and substance misuse, which are experienced by groups based on their social, ethnic, and economic status (also gender/sexuality, minority status, etc.)." SUD Prevention Services in the SWMBH region are planned, designed, implemented and evaluated with the understanding that, based on history and science, the disadvantages or disparities that impact behavioral health services, are the result of **external** factors or circumstances, **and not of** any problem or trait is inherent to the groups that experience such a disparity. To mitigate not only the consequences but, specially the contributing causes of health disparities, SUD Prevention services at SWMBH has joined forces with other community partners in the region to create opportunities to access training and educational experiences to the Prevention Workforce, focused on: Health Disparities, Treatment of Minorities, Social Determinants of Health, Implicit/Unconscious Bias, Racism in Healthcare structures, Effectiveness of Therapeutic Interventions provided to members of minority groups and other relevant topics in this domain. SWMBH Prevention Services requires each Prevention Worker in the Provider Network to have at least 2.5 hours of meaningful educational experience each year focused on the topics listed previously (documentation of participation required). To facilitate compliance with this requirement, in case providers are not able to procure formal training sessions on these topics for their workforce members, SWMBH Prevention Services has sent each provider a "Healthcare Disparity Training Form," which can be utilized for documentation of the staff educational experience. This form contains an extensive list

of websites, training videos and articles, which can be accessed to provide Prevention Workers with quality, substantive, meaningful and free education on the topics listed/described above. The SWMBH SUD Prevention Program also encourages, supports, and monitors the efforts of each SUD Prevention Coalition in engaging and recruiting members and partners that can advocate for, and represent meaningfully the perspective of minority groups/communities in each county. The SWMBH Prevention program also encourages, supports and evaluates initiatives and efforts by each provider agency to engage and serve directly groups and individuals who have suffered the consequences of healthcare disparity in the region through evidence-based programs, activities and other interventions.

9. Evidence-Based Practices

At least 90% of substance use disorder prevention programs provided by SUD Prevention providers utilizing block grant and state funding meet the MDHHS/SUD Prevention definition of evidence-based practice which is a Prevention practice (program, activity, approach or series of events) that has been developed through research and demonstrated to positively and effectively impact an identified problem and effect change and is a) included in a federal registry of evidence-based interventions; b) had its research findings reported (with positive effects on the primary targeted outcome) in peer-reviewed journals; or c) interventions and practices whose effectiveness and research have been sufficiently and extensively documented through other identifiable and reliable sources and meets at least the following criteria:

a. Is based on a theory of change with a clear logic and conceptual model
b. Content and structure similar to interventions that appear in registries and/or peer-reviewed literature
c. Intervention is supported by documentation that it has been effective and is attentive to scientific standards
d. Reviewed and deemed appropriate by a panel of informed and qualified researchers and practitioners

Any exception to that will have to be reviewed and approved by SWMBH Prevention Coordinator on annual basis.

10. SWMBH SUD Prevention Outcome Measures System and Requirements:

a. SWMBH has developed an Outcome Measures System for SUD Prevention activities to measure the effectiveness of services performed by providers and their impact on the community where they are performed. The SWMBH Outcome Measures System uses a tool known as Outcome Measures Instrument (OMI), which captures performance data in various domains of the SUD Prevention Service delivery system and generates a performance index indicative of the level of performance. SUD Providers are expected to achieve the minimum performance index/goal set by SWMBH for their annual list of outcome measures, as stated in the Annual SUD Provider OMI. The OMI is an integral component of the Provider Annual Work Plan. The minimum performance index/goal established by SWMBH is: *85%.
b. In the case of a new provider, the recommended performance index/goal achievement level is as follows:

1. 1st year: 75%;
2. 2nd year: 80%;
3. 3rd year onwards: 85%.

c. Failure to achieve the minimum performance rate for Outcome Measures may trigger a process for proportionate reduction of payments or recoupment of funds provided by SWMBH for the Fiscal Year (FY) in which performance is being measured. Reduction of payments, when applicable, shall occur in the last two months of the FY, based on SWMBH projections and calculations of shortage in achievement of Planned Outcome Measures for the FY. Outcome Measures performance of the provider agency will be monitored, calculated and reported by SWMBH to providers and to the SUD Oversight Policy Board, every quarter based on data supplied by Provider, verified by the SWMBH Prevention Coordinator and entered in the Provider Outcome Measures Instrument.

d. Meeting the performance goal for SUD Prevention Outcome Measures will account for 100% of the total funding provided by SWMBH. Any funding reduction incurred by provider for not achieving the minimum Outcome Measure Performance goal will be calculated based on 100% of the total prevention Block Grant funding, and will be proportional to the overall performance achieved compared to the minimum Outcome Measure Performance established for the year.

e. Additional funding granted by SWMBH to the provider, subsequent to the approval of the original annual Budget and Prevention Plan, will require an upward revision of the number of Prevention Outputs and Outcome Measures to account for new services provided with additional funding.

f. SUD Prevention Outputs Performance: Providers are expected to deliver a minimum of 450 Prevention Outputs per "Direct Service FTE*. Total "Direct Service FTE" amount will be calculated by SWMBH for each provider based on information entered by provider in the staff section of the annual provider budget, and also based on discussion with provider agency about time spent by each staff on direct and indirect service functions. SWMBH will assign each provider the total Direct Service FTE amount for the year in conjunction with the preparation of the Annual Budget and the Annual Prevention Plan. SUD Prevention Outputs performance will be tracked and monitored through a designated section in the OMI document.

g. SUD Prevention Campaign: SUD Prevention Campaign(s) are conducted by Providers to increase community education and awareness of relevant SUD topics, and to impact community norms, perceptions and behaviors that influence consumption of alcohol and other drugs. SUD Prevention campaigns will comply with standards, practices and content approved by MDHHS and the PIHP. The content of campaign materials and messaging systems of any campaign will be science based. Campaigns will use and identify sources pre-approved by MDHHS and will follow the MDHHS required protocol for approval of public campaigns, as needed.

11. Recovery Oriented Systems of Care (ROSC)

a. SUD Prevention services in the SWMBH region are expected to be provided within the context of a service delivery system that is attempting to re-engineer itself by creating

a more integrated approach of its various components of services to individuals, families and communities that are in need of its services.

b. SUD Prevention as one of these "components of service" needs to be provided as part of this "integrated approach model" (ROSC approach) in partnership and collaboration with key formal and informal individual and community networks of support in order to effectively impact risk factors and build protective factors in all six domains of life (Individual, Family, Peer, School/Work, Community and Society/Environment).

B. Service Reporting Specification

Providers of SUD Prevention services must comply with the following reporting requirements:

1. Michigan Prevention Data System (MPDS)

All SUD Prevention activities, provided with full or partial funding of SWMBH, are reported through the MPDS system. The MPDS system captures the following information for each activity reported:

a. Name of provider
b. Date and duration of service
c. Identification and characteristics of activity provided
d. CSAP strategy employed
e. Name of staff
f. Demographics characteristics of participants
g. EBP used
h. Miscellaneous Info.

1. Data entry through the MPDS system must be completed by each provider by the 15th day of each month for the activities carried out during the previous month. Data of activities is reviewed by SWMBH in order to monitor services and interventions delivered by each provider and to determine status of compliance with the number of outputs that each provider is accountable for and listed in the Provider Annual Prevention Plan.
2. All activities entered by providers into the MPDS system must be supported by documents and records generated at the time that the reported service was provided. Supporting documentation for these activities are generally:
   - Attendance sheets/logs
   - Minutes of meetings
   - Community-based activity description logs
   - Other sufficiently descriptive records
   - Records of activities contain minimally the following information:
     - Name of provider and person delivering service
     - Date and duration of service
     - Brief description and identification of service provided
     - CSAP strategy employed (as feasible)
     - Demographics characteristics of participants (as feasible)
     - EBP used (as feasible)

2. Formal Synar Inspection Data/Report

3. Formal Synar Inspections must be conducted by designated providers during month(s) as defined by MDHHS. Results of the Synar Inspections are submitted by the designated providers to SWMBH by previously established due date. SWMBH does supply Providers with all forms, materials, instructions, and information necessary to comply with this specific requirement. The annual Synar Inspections held in the counties of the PIHP region will demonstrate a compliance rate of no less than 80%, based on the sample size provided by MDHHS for the year's inspection process. Each provider with a DYTUR designation, will strive to also achieve this overall compliance rate. Youth Access to Tobacco Activity (YATA) Annual Data/Report

   On an annual basis SWMBH requires designated SUD Prevention providers to provide a list of information and data items on Youth Access to Tobacco Prevention activities for each County of the SWMBH region. This information/data is in turn used to compose and submit to MDHHS/SUD PREVENTION an Annual Regional Youth Access to Tobacco Activity Report, which is a mandated report by MDHHS/OROSC. Information/data required from the designated providers must be submitted to SWMBH by the date specified by MDHHS/SUD PREVENTION. The PIHP will ensure that in its programmatic effort to educate, monitor and verify retailer compliance with the Youth Tobacco Act (YAT), no Block Grant funds are used to enforce state laws regarding the sale of tobacco products to individuals under the age of 21.

4. Tobacco Retailer List Update Report

   On an annual basis, providers designated by SWMBH are required to review and update a list of the tobacco retailers for each county of the SWMBH region. SWMBH in turn uses the report submitted by the designated providers for each county to compose an updated list of retailers that sell tobacco in SWMBH region. This regional report is then submitted to MDHHS/SUD PREVENTION, per contractual requirement. This is the list that is then used by the federal government to randomly select the tobacco retailers that will be inspected in July of each year as part of the Synar protocol. The tobacco retailer list/report requested from designated providers is due to SWMBH by the date specified by MDHHS/SUD PREVENTION. Additionally, the PIHP and its Prevention Provider system will conduct retailer coverage studies at prescribed intervals, as required by SAMHSA and MDHHS, using the protocols and technical specifications provided by MDHHS.

5. Fidelity Review Reports

   SUD Prevention providers complete a Fidelity Review Report for every curriculum-based program listed in their Annual Prevention Plan. Once submitted by providers, the Fidelity Report is examined by the Regional Prevention Coordinator. To be awarded approval for continued use of program, the Fidelity Report needs to demonstrate substantive compliance with original program research and development in at least the following domains:

   a. Content (Core Elements)
   b. Teaching and Training Materials (Workbooks, Instructor Manual, Required Media)
   c. Program Intensity and dosage (Frequency & Duration)
   d. Methodology and Instructor's Qualification

- Any adaptation of program needs to be described and approved by SWMBH.

C. SUD Prevention Provider Monitoring

1. SUD Provider Monitoring Reviews

   All SUD Prevention Services monitoring reviews will be conducted as per contractual specifications. This will include an Annual SUD Prevention Services Review and, as applicable, Sub recipient monitoring (also referred to as Net Cost or Single Audit Review).

2. Other Reviews as needed

   Albeit rare, on occasion SWMBH may conduct additional provider reviews of varied nature, frequency and for a purpose related to its responsibility of providing oversight to services delivered under its contractual obligations with funding partners. In case any additional review is deemed necessary SWMBH will attempt as much as possible, and if pertinent, to make arrangements with provider in preparation for such review.

D. Credentialing and Re-credentialing

In order to quality for funding through SWMBH, SUD Prevention providers must demonstrate ongoing compliance with the following standards and requirements:

1. Hold a valid and current CAIT (Community Change, Alternative, Information, and Training) license for provision of SUD Prevention services issued by the MI Department of Licensing and Regulatory Affairs (LARA): Requirement applicable only to SUD Prevention Programs that are not part of an agency/program structure classified as "Governmental Entity."
2. SUD Prevention activities and interventions are provided by staff members who hold current and valid SUD Prevention Certification issued by Michigan Certified Board for Addiction Professionals (MCBAP), Certified Prevention Specialist (CPS), Certified Prevention Consultant (CPC), or Certified Health Education Specialist (CHES) or equivalent.
3. Prevention Staff providing ongoing services without a Prevention Certification (ex. newly hired staff) have a current/valid Development Plan approved by MCBAP.
4. Focused ongoing person-to-person SUD Prevention activities delivered by a designated non-staff person or volunteer are carried out under the documented supervision and responsibility of a designated Certified Prevention staff (ex. delivery of Peer-to-Peer services; Family-focused program; retailer activities; coalition services provided by volunteers, etc.).
5. It is SWMBH's preference that a SUD Prevention provider be accredited by a nationally recognized accrediting body such as Commission on Accreditation of Rehabilitation Facilities (CARF), Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) and Council on Accreditation (COA).
6. The PIHP monitors issues related to staff and agency credentialing on an ongoing-basis and through the Annual SUD Prevention Provider Review, which will include minimally: verification of credentials, professional certificates, compliance with staff training requirements, documentation on periodic staff background reviews, EBP Annual Fidelity Review, agency documentation and protocol for staff performance evaluation, staff supervision practices, and staff support.
7. Prevention Services Supervision: The PIHP requires that staff members of the provider network who perform SUD Prevention functions and services receive adequate supervision

and support, and that their performance be monitored and evaluated on an ongoing basis. A formal and written performance evaluation is required for each Prevention Professional at least annually. Ideally, each Prevention Provider agency/program will be supervised by a designated person who is also a certified prevention professional. Where such an expectation is not operationally feasible, the Provider Agency will ensure that arrangements are in place to secure adjunct supervision by a certified Prevention Professional.

References:

A. Center for Substance Abuse Prevention (CSAP) and the National Prevention Network (NPN) Prevention Handbook
B. Section 6228 of P.A. 368 of 1978, as amended
C. Public Law 102-321, as amended by Public Law 106-310, and federal regulations in 45 CFR Part 96
D. CFR 96.121
E. Section 1923(b)(1) of Public Law 102-321
F. Section 1923(b)(2)(A) of Public Law 102-321
G. Section 1923(b)(2)(B) of Public Law 102-321
H. Section 1922 of Public Law 102-3212

Attachments: None

Revision History:

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
4	6/30/22	Throughout	Merged to new template; added health disparity content	J. Smith; A. Malta
5	2/29/24	A.5.b	Added limit to info. dissemination & alternate strategies	J. Smith; A. Malta
5	2/29/24	A.10.g	Added a language re. MDHHS protocol and approval for Prevention Campaigns	J. Smith; A. Malta
5	2/29/24	B.2.	Added language for demonstrated Synar performance (minimum of 80% compliance)	J. Smith; A. Malta
5	2/29/24	B.3.	Added language not to use BG to fund law enforc. Efforts related to Synar	J. Smith; A. Malta
5	2/29/24	B.4.	Added language re. Coverage Studies for Synar	J. Smith; A. Malta
5	2/29/24	D.7	Added language re. supervision of Prevention Services Supervision	J. Smith; A. Malta

11.10 Substance Use Disorder Prevention Services

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