

MSHN
Mid-State Health Network
Prevention



**REQUIREMENTS, STRATEGIES, ACTIVITIES,
& POPULATIONS SERVED**

Prevention Requirements



- CAIT License (agency-level) - MI Prevention *Community Change, Alternatives, Information and Training* license.
- Certification as Prevention Specialist/Consultant (staff-level) - through the MI Certification Board of Addiction Professionals (MCBAP); or a MCBAP registered development plan must be in place.
- Direct (face to face) prevention programs must be entered into the Michigan Prevention Data System (MPDS).

Prevention Criteria (cont'd)



- PX Programming must be evidence-based.
- Services must be :
 - Based on identified community needs
 - Follow the Strategic Prevention Framework (see next slide)
- MSHN prevention programming needs to, at a minimum, address the State priorities of:
 - Underage Drinking
 - Underage Tobacco Use/Access
 - Prescription Drug and Over the Counter Drug use/misuse.

Strategic Prevention Framework



Strategies for Prevention



All PX programs must fall in one of the federal strategies:

1. Information Dissemination
2. Problem identification & Referral
3. Education
4. Alternative Activities (youth/peer mentoring)
5. Community Based
6. Environmental (Tobacco Programs associated with the Youth Tobacco Act primarily fall under the strategy of Environmental).

Targeting Populations for Prevention



1. Universal interventions – target broad populations (e.g. whole communities, schools, etc.)
2. Selective interventions – target groups with high-risk factors (e.g. children of parents with substance use disorders, trauma survivors, etc.)
3. Indicated interventions – target individuals with high-risk factors (e.g. teens who had an MIP, adults who have an alcohol related injury, etc.)

Overview of MSHN's Prevention Panel



- MSHN funds/oversees 39 prevention (PX) providers.
- In 19 of 21 counties, MSHN funds a minimum of one prevention agency and one full time PX Specialist
- In Mecosta & Osceola counties, PX services are done by a single agency
- All MSHN PX Providers are encouraged to be active in their local prevention coalitions.

Prevention Funding



1. Substance Abuse “Block Grant” (SABG)

- Federal \$ distributed through the states.
- 20% of SAPT PIHPs get → earmarked for PX
- MSHN’s FY17 Earmark PX \$ = \$1,943,468;
- MSHN increased SAPT PX \$ to \$3,111,054

2. PA2 Funds:

- Local dollars. Must be spent in the county of origin on SUD treatment or prevention programs
- MSHN’s total PA2 \$ for FY17 = \$1,025,152

No Medicaid & Healthy Michigan funds can be used for Prevention.

How are Prevention Programs Evaluated?



- Review of Provider Annual Plans.
- Yearly site reviews, areas reviewed include:
 - General Prevention Standards
 - Evaluation and Performance Improvement
 - DYTUR activities (where applicable)
 - Reporting – accuracy and timeliness.
 - Administration
- Monthly review of provider MPDS data.
- Review of Provider annual outcomes report.
- Starting in FY17, Program observation reviews.



Prevention Activities 2016 Data



- 15,025 Direct face-to-face activities
 - ✦ 12,421 Individual Based Activities
 - ✦ 2,604 Population Based Activities
- 1,773 Direct face-to-face unique groups.
- 20,082 Hours of Direct face-to-face services
- 64,420 unduplicated participants

Individual-Based PX Programs



- Populations Served (Unduplicated)
 - 30,277 (83%) Universal – Youth/Students, Adults/General, Parents/Families, Persons in Recovery, Businesses, Teachers/Counselors
 - 5,077 (14%) Selective – Children of Parents with SUD, Delinquent Youth, Economically Disadvantaged, Homeless/Runaway Youth, People with Disabilities, People with MH Problems, Pregnant Women, School Dropouts
 - 949 (3%) Indicated – People Already Using Substances

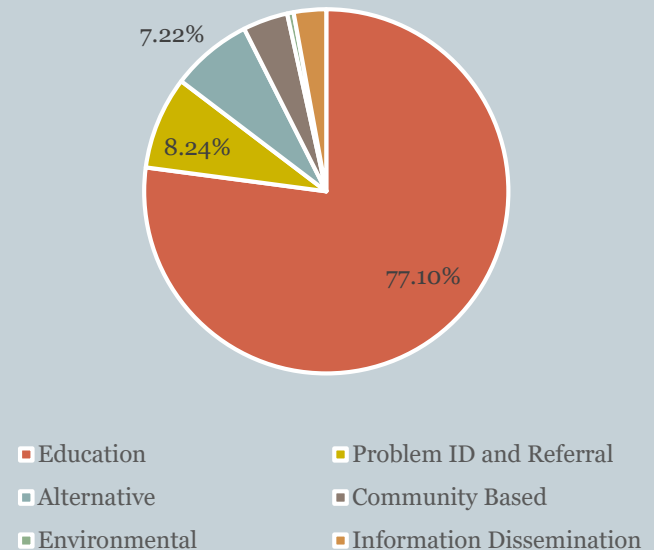
Individual-Based PX Programs (cont.)



- Percent of services per strategy

- Education – 77.10%
- Problem Identification and Referral – 8.24%
- Alternative – 7.22%
- Community Based – 3.99%
- Environmental - .57%
- Information Dissemination – 2.88%

Individual Based Programs by Strategy



Population-Based PX Programs



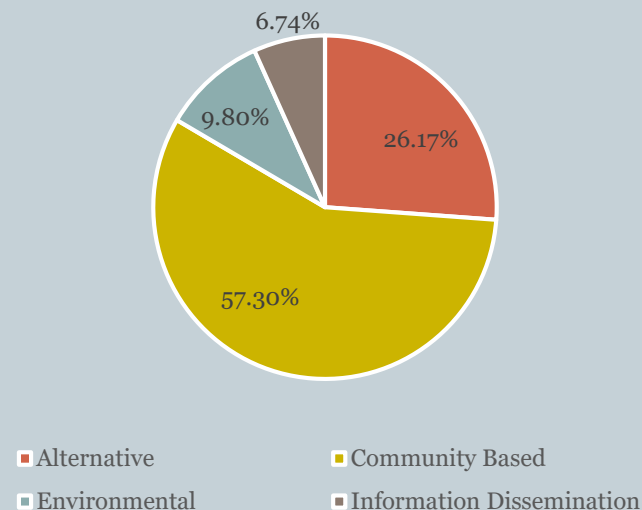
- **Service Populations (Unduplicated)**
 - 27,110 (95%) Universal – Youth/Students, Adults/General, Parents/Families, Persons in Recovery, Businesses, Teachers/Counselors
 - ✦ Number doesn't include estimate reach activities (51,752)
 - 1,066 (4%) Selective – Children of Parents with SUD, Delinquent Youth, Economically Disadvantaged, Homeless/Runaway Youth, People with Disabilities, People with MH Problems, Pregnant Women, School Dropouts
 - 217 (1%) Indicated – People Already Using Substances

Population-Based PX Programs (cont.)



- Percent of services per strategy
 - Alternative – 26.17%
 - Community Based – 57.30%
 - Environmental – 9.80%
 - Information Dissemination – 6.74%

Population Based Programs by Strategy



Looking at Prevention Outcomes



- Three areas are evaluated in PX programming:
 1. Increase in Knowledge
 2. Positive Change in Attitudes
 3. Positive Behavioral Changes
- Individual Programs for universal populations, utilize pre/post surveys measuring an increase in knowledge and attitudes.

Maximizing Successful PX Outcomes



For MSHN to support Prevention Programming:

1. Programs must be **Evidence-Based** (research shows they work).
2. Programs must be **Done with Fidelity** to the model (i.e. follow the manual, rules, protocols, etc.).

NOTE: Though local data will not be immediately available to demonstrate a change over time in behavior and/or attitudes, MSHN promotes & monitors proper implementation of known strategies to reduce SUD in our communities.

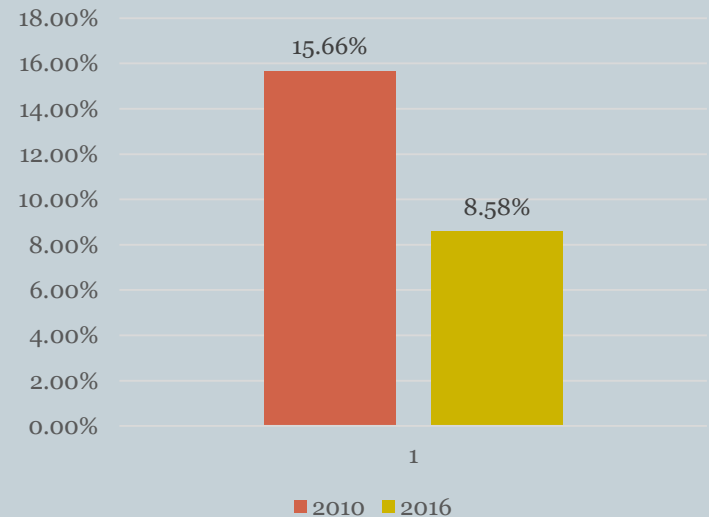
Examples of Successful Prevention Efforts (in Region 5)



MDHHS strategic goal: Reduce teen tobacco use

- MSHN Average of “past 30 day tobacco use” for High School Students:
 - 2010 – 15.66%
 - 2016 – 8.58%.

Past 30 Day Tobacco Use High School - MSHN Regional Average



(Source: Data collected in the State MiPHY survey)

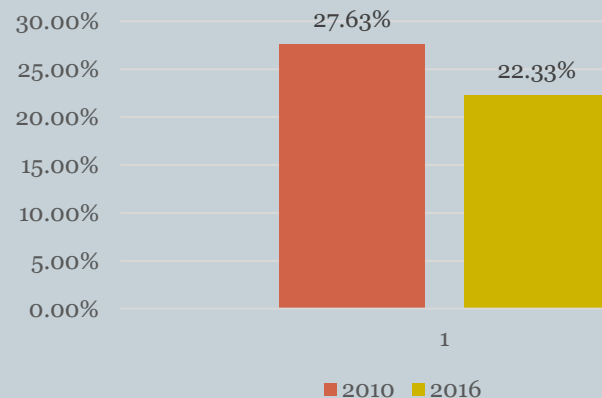
Examples of Successful Prevention Efforts (in Region 5)



MDHHS strategic goal: Reduce teen alcohol use

- MSHN Average of “past 30 day alcohol use” for High School Students:
 - 2010 – 27.63%
 - 2016 – 22.33%

Past 30 Day Alcohol Use High School
- MSHN Regional Average



(Source: Data collected in the State MiPHY survey)

Examples of Successful Prevention Efforts (in Region 5)

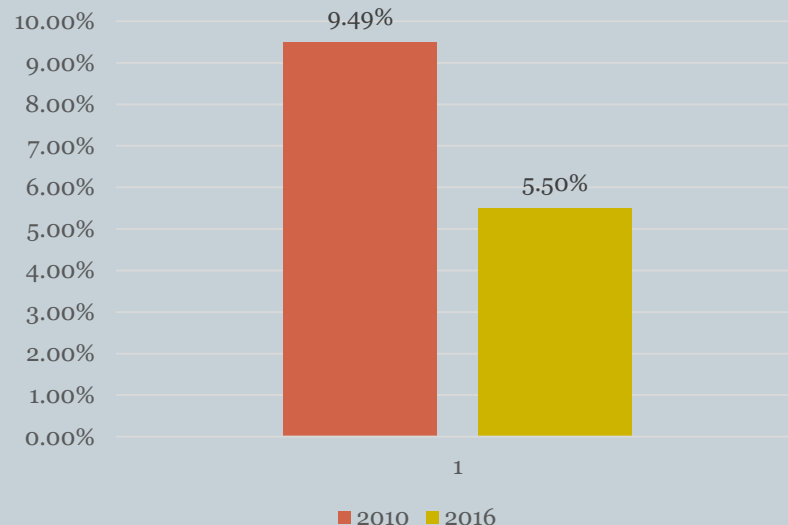


MDHHS strategic goal: Reduce teen use of opioid's without a prescription

- MSHN Average of “past 30 day opioid use without a prescription” for High School Students:

- 2010 – 9.49%
- 2016 – 5.5%

Past 30 Day Alcohol Use High School -
MSHN Regional Average



(Source: Data collected in the State MiPHY survey)

Questions?

