Quarterly SUD Provider Meeting Prevention & Community Recovery

December 15, 2022

FY23 Media Campaigns

MPDS

FY23 Desk Audits

FY23 Train the Trainer Opportunities

What Doesn't Work in Prevention Training

Synar Update

FY23 Media Campaigns

COVID/ARPA Focus:

 Alcohol, tobacco, cannabis, prescription drugs, cocaine, heroin

SOR-3 Focus:

• Opioids, cocaine, meth, other stimulants

MPDS

User Manual can be found on the MPDS Dashboard

- Has step-by-step instructions including all drop down options and explanations of what each choice means
- Print this document and keep it by your computer for easy reference
- One desk audit standard is that all staff have reviewed the manual upon hire and any time that updates to the manual occur



- Create Group Name using this naming convention:
 FY23 [Evidence-based practice] [Location or Coalition Name]
- Program Name- find your evidence-based program in the list.
 If you don't see it, let us know. This is not required for One-Time groups.
- YTA Related- ONLY for Synar activities
- Gambling Prevention- only for gambling programs

Group Type

- One Time- occurs only once such as health fairs, speaking engagements, community events, town halls
- Ongoing Other- ongoing events that do not need sequential participation such as coalition meetings, planning meetings, open-ended education
- Ongoing Sequential- Curriculum with planned sequence of sessions such as Too Good for Drugs, classroom curriculums, etc.
- If you enter the wrong Group Type, the entire group and <u>all activities</u>
 will have to be deleted and re-entered.

Program Type

- Individual: Activities are "Individual" if you are working with the participants whose behaviors you are trying to impact. Individual-based programs are provided to individuals or group of individuals who receive the services over a period of time in activities that are intended to inform, educate, develop skills, alter risk behaviors, or provide direct services.
- Population: Activities when you are NOT directly working with the individuals whose behavior you are trying to impact. Included within this definition are environmental strategies one-time events (such as a health fair or community event), and other activities intended to impact a broad population.

Intervention Type (page 12 in User Manual)

<u>Indicated</u>- identified as having minimal but detectable signs or symptoms foreshadowing disorder but not yet meeting diagnostic levels. Persons who have begun experimenting/using substances but are not in need of treatment.

<u>Selective</u>- Individuals or group whose risk of developing a substance use disorder is significantly higher than average.

<u>Universal Direct</u>- Participants who have not been identified on the basis of individual risk (school curriculum, after-school program, parenting class, coalitions).

<u>Universal Indirect</u>- Interventions that support population-based programs and environmental strategies, including interventions involving programs and policies implemented by coalitions

- Service Population (pages 12-15 in the User Manual)
 - Options here will depend on your choices for the previous fields
 - Do not use **None of the Above** there should be one that fits your population
 - Other High Risk can be used for incarcerated individuals, but not many other groups
- Service Domain- options are listed on page 16 with examples for each.

- Funding Source (pages 16-17 in the User Manual)
 - Community Recovery Providers use "Other Funded" unless you have specific activities under SOR, ARPA or COVID grants
 - Prevention Providers use "SAPT Block Grant" unless you have specific activities under SOR, ARPA or COVID grants
 - Activities listed in your contract and/or that you report to Heather on as SOR, ARPA or COVID activities should have the respective funding source chosen

- EBP Service Type (pages 17-19 in User Manual)
 - NREPP is for programs that were listed on the NREPP registry when that was in operation
 - Other Federal Agency- noted as "effective" on federal government listings
 - Peer Reviewed Journal- found to have positive outcomes
 - Local Evidence is for evidence-based practices not included on NREPP or other federal listings
 - CBP Best Practice- coalitions, community collaborations, etc.
 - None of the Above should not be used. MSHN does not fund any activities that do not fall in one of the other categories.

Primary Strategy Employed- Extensive listing of strategies that are detailed in pages 20-27 of the User Manual

Classroom Curriculum vs. Other Group Education

- Classroom Curriculum- Universal classroom lesson taught to all students in a classroom.
- Other Group Education- Indicated or Selective group education, alternative to suspension programming, parenting classes, youth education outside of a school classroom

MPDS Reminders

Estimated Reach

- Can be used for 50+ attendees when Population is chosen as the Program Type
- If you use Estimated Reach, only zeroes should be entered in Total Attendees and New Attendees.

One-Time vs. Ongoing Other

• One-time activities like health fairs, community events, etc., should not be entered as Activities in Ongoing Other groups such as coalition or community meeting groups. One-time activities should be entered as their own One-time group.

MPDS Reminders

Record Keeping

- Requirements outlined on page 4 of the User Manual
- A minimum of one of these documents should be retained by your agency
- Records should be able to be easily accessed upon request

Fidelity

- MSHN will only fund programming that is run with fidelity according to the curriculum
- Fidelity includes program activities and pieces, time frames, delivery method, audience age, and more
- Fidelity requirements can be found in instructor materials and developer websites
- Any diversion from fidelity should have written permission from the developer that is kept on file with your agency

Activity Errors

• Time with AM/PM- check units for high numbers

MPDS Activity Data Report

- See additional document with step-by-step instructions on running reports
- Run Activity Data Reports at least quarterly to ensure accuracy
- We are asking that a report for Q1 (10/1/22-12/31/22) be sent to your MSHN Prevention Specialist by February 1, 2023
 - You should run an Activity Data report for Q1 and make any necessary corrections to group and/or activities in MPDS
 - •After MPDS corrections are made, run a new Activity Data report that reflects the corrections
 - •The program supervisor will send the corrected version of the Activity Data report to their MSHN Prevention Specialist

FY23 Desk Audits

- FY23 monitoring includes Desk Audits
- Template will be sent out in March, along with scheduling notices
- No major changes to requirements

FY23 Train-the-Trainer Opportunities

QPR Gatekeeper Trainer Course

- Certifies participant to be a QPR Trainer for 3 years
- Training is an 8-hour virtual course
- MSHN will reimburse your agency for training costs of \$495 per person upon receipt of invoice and training certificate
- Instructor training must be taken prior to 3/14/23 and invoices must be submitted by 3/31/23
- Agencies/Staff submitting for reimbursement must have intentions of facilitating QPR cohorts in their communities
- Deadline for signing up is tomorrow!

FY23 Train-the-Trainer Opportunities

Chronic Pain PATH

- This training is for Community Recovery providers
- Training is provided at no cost
- Training will entail 4 in-person days or 6.5 weeks with 2- 2.5 hour virtual days each week- method is yet to be determined
- Program requires co-facilitators to run a strictly scripted program that runs for 6 weeks either in-person or virtually
- One hour informational session will be held January 17 at 11:00

What Doesn't Work in Prevention

- Training can be <u>found here</u> through the Great Lakes PTTC
- Identifies why one-time activities and scare tactics don't have a lasting impact including mock car crashes, personal stories, large assemblies, etc.
- Fairly quick training for your staff
- Includes 2 free contact hours after passing the quiz
- MSHN does not fund these types of activities

Synar Update

- State retailer violation rate for FY22 was 16.3%
- Coverage Study accuracy of the Master Retailer List was 78%
- MRL updates and Vendor Education will be happening soonplease help your county's DYTUR by identifying new businesses
- First state Synar meeting will be held in January

Questions?

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