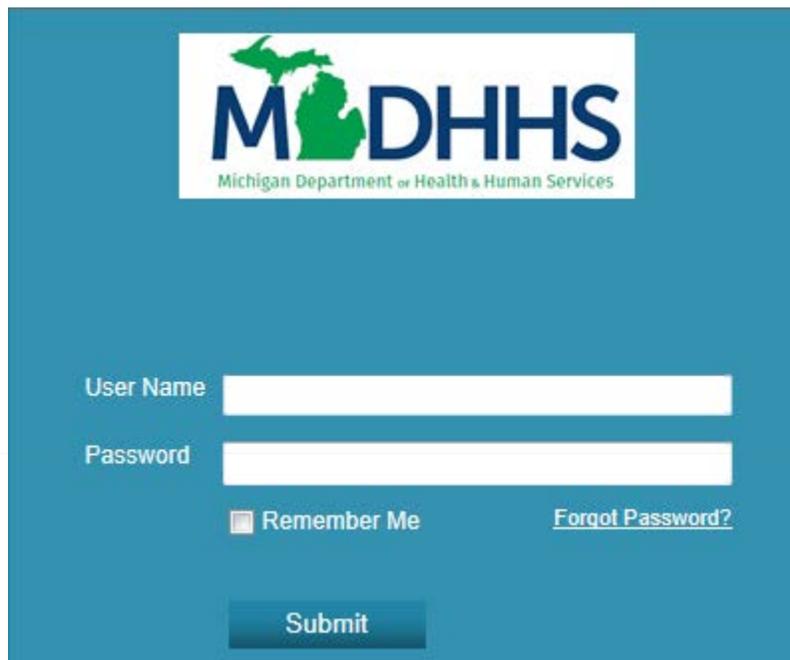


MICHIGAN PREVENTION DATA SYSTEM  
FOR SUBSTANCE USE DISORDER SERVICES  
(MPDS-SUDS)



  
Michigan Department of Health & Human Services

User Name

Password

Remember Me      [Forgot Password?](#)

USER MANUAL FOR PROVIDER AGENCIES  
<https://mpds.sudpds.com>

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## **SECTION 1: BACKGROUND INFORMATION**

The following section provides information about the intent and design of the Michigan Prevention Data System (MPDS) for Substance Use Disorder Services (SUDS) which can be accessed at <https://mpds.sudpds.com/> (*Helpful hint: do not use www*). It also provides guidance on what type of prevention activities are eligible for entry into the data system and additional record keeping requirements.

### **History**

The MPDS-SUDS has been the primary system for data collection since the start of the Strategic Prevention Framework State Incentive Grant (SPF-SIG) in 2005. Prior to 2005, Michigan used the Center for Substance Abuse Prevention (CSAP) system to collect data. The Michigan Department of Health and Human Services (MDHHS) led a core group of stakeholders, primarily from the 16 substance abuse Coordinating Agencies, through the process of developing the original system. Several Coordinating Agencies included IT staff from their organizations during the development process to ensure that it would be compatible with their technology. Historical data from the CSAP system was not transferred into the new MPDS-SUDS system. However, the historical data is viewable in archives, but is not housed in the system itself.

In 2009, a full rewrite of the system was conducted in order to incorporate best practices software. A second rewrite was undertaken in 2012 to create a more user friendly system and reduce overall operating costs. Throughout the development and enhancement process, the State of Michigan relied on system-wide collaboration in order to gain user feedback. A work group, led by the state office, was developed to gain insight on system components that worked well and those that could be improved. System enhancements were made based on the groups' feedback.

In 2014, the system underwent another change that reflected the 10 new Prepaid Inpatient Health Plans (PIHPs) Regional entities that replaced the 16 Coordinating Agencies throughout the State. All data beginning with fiscal year 2015 is to be documented under the new PIHP Regions.

### **What is the Michigan Prevention Data System (MPDS) for Substance Use Disorder Services (SUDS)?**

The MPDS-SUDS is a staff activity reporting system that collects information about the recipients of service and type of activity. Activities are reported at the individual staff level. MPDS is designed to assist the Office of Recovery Oriented Systems of Care (OROSC) at the Michigan Department of Health and Human Services/Behavioral Health and Developmental Disabilities Administration (MDHHS/BHDDA) in collecting and reporting the data required by the Substance Abuse and Mental Health Services Administration (SAMHSA). Records entered into MPDS-SUDS will be available for review by staff at your agency, your PIHP Region, and OROSC.

## About this Document

The User Manual is designed to guide users through the process of data entry into the MPDS-SUDS system at <https://mpds.sudpds.com/>. The purpose of this manual is to provide information on the definition of terms, description of data to be entered (with examples) and guidelines for entering data correctly and consistently. It is imperative that data be reported consistently throughout the state and across regions. Each data element is intended to be interpreted in the same way. Following the guidelines will result in accurate and meaningful data at every level: Provider Agency, PIHP Region and State. The document contains:

- ❖ Definitions for all terms used in the data system
- ❖ Rules for what to “count” in various situations
- ❖ Helpful examples and cautions

This document was developed in collaboration with PIHP Region Prevention Coordinators, staff from OROSC, and the Michigan Public Health Institute (MPHI).

## Activities Eligible for Entry

All direct service activities **funded in whole or part**, through the PIHP Region must be reported in the MPDS-SUDS system. The MPDS-SUDS is designed to capture direct face-to-face staff activities to a targeted population. Not all activity performed by prevention staff will be captured by this system, only activities that meet the requirements detailed in this section are to be captured. It is understood by OROSC and local regional entity that time in activities reported in the system will not equal the total amount of hours worked per staff person.

If additional non-direct hours are part of your payment with your PIHP Region then an additional method or system, determined by the region, should be used to capture those hours (they are not to be captured in this system). A staff activity must meet the following requirements to qualify as an activity eligible for entry:

- ❖ **Must be quantifiable as staff time**
  - The system is designed to capture staff time in activities, and not the outcome or product of the activity. Check with your PIHP Region as staff time could be described differently (e.g., direct service or outputs).
  - *For example:* Time spent delivering Life Skills Training (LST) curriculum would be considered a direct service activity. Time spent by staff working with partners in the community to coordinate the adoption and implementation of a smoke free policy would be entered as a direct service activity. The actual adoption of a smoke free policy is not quantifiable in terms of staff time and would therefore, not be considered direct service activity and would NOT be entered into MPDS-SUDS.

❖ **Must be face-to-face**

- Time spent in activities that support the implementation of a prevention activity but is not in direct contact with a recipient or community partner would NOT count as direct service and would NOT be entered into MPDS-SUDS. In addition, activities that are done with co-workers (staff meetings, stuffing envelopes) do not count as direct service activity. Therefore, these activities would not be entered into MPDS.

**OR**

❖ **Telephone or video conferencing alternatives**

- Telephone or video conferencing alternatives may count as direct service and be a reportable activity **IF** the activity takes the place of a face-to-face encounter and meets the definition of direct service.
- Table 1 provides examples to help you determine whether a telephone or video conference would be counted as an activity to be entered in MPDS-SUDS system. If you are unsure about an activity, please contact your PIHP Region.

**Table 1. Telephone or video conference activity examples**

<b>Example</b>	<b>Classified as an activity</b>
Attending a standard coalition meeting by phone or video rather than in person.	Yes
Providing training via conference call.	Yes
Coordinating a community planning team (a group which is not a formalized coalition) meeting by video/conference such as SKYPE.	Yes
A conference call to plan an upcoming training.	No
A phone call to engage a participant in future face to face activity.	No
A phone call to schedule future programming.	No
Pre-record an educational training segment to use for future sessions in place of face-to-face interactions.	No
Attend a training or conference.	No
Attend meeting out-of-region.	No ( <i>unless pre-approved by Regional Entity</i> )
Provide out-of-region presentation.	No ( <i>unless pre-approved by Regional Entity</i> )

❖ **Volunteer/intern service activities**

- Services and activities conducted by unpaid individuals **cannot** be entered into

## MPDS-SUDS.

- If an individual receives a stipend from the Provider Agency to provide services, then their activities would be entered into MPDS-SUDS. If an intern is highly qualified, appropriately supervised and the PIHP Region allows for services to be billed by said interns then their activity can be entered into the MPDS-SUDS system if they are pre-approved by your PIHP Region.

## **Record Keeping**

In addition to entering activities into MPDS-SUDS, the provider is required to document the delivery of those activities. Each PIHP Region will provide specific guidance regarding their requirements of record keeping.

- ❖ Examples of documentation:
  - Sign-in sheets
  - Sign-out sheets for program participation
  - Agendas and/or meeting notes from coalition meetings
  - Work calendar showing location/activity/meeting that is verified by the contract agency
  - Contact Log (e.g. time in and time out, location, contact person) identifying someone able to verify the activity (e.g. teacher school based activity or problem id and referral).

## SECTION 2: MPDS DATA ENTRY

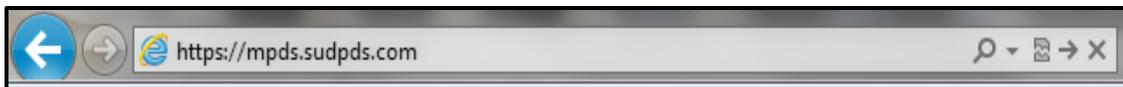
The following section provides a step by step process for data entry into MPDS-SUDS.

Examples are provided throughout each step to help guide you through your data entry process.

*Helpful Hint:* Each PIHP Region has different protocols for data entry that may not be described in this manual. Be sure to communicate with your Provider Agency lead to understand what is required from your PIHP Region.

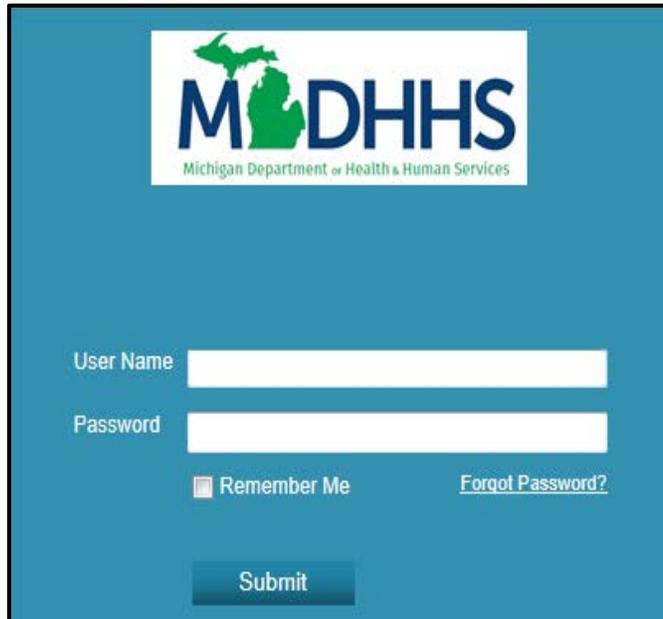
### Step 1: Log In to the System

- ❖ Open your web browser and enter <http://mpds.sudpds.com>. *Helpful Hint:* Do not input www when entering in the url.



- ❖ After entering the web address, you will be presented with a User Authentication dialog box.

- ❖ Type your assigned user name and password into this box.  
*Helpful Hint:* If you do not have an assigned user name and password, you can request one from your Provider Agency lead or PIHP Region lead.

A screenshot of the login screen for the Michigan Department of Health & Human Services (MDHHS). The screen has a blue background. At the top center is the MDHHS logo, which includes a green outline of the state of Michigan and the text "MDHHS Michigan Department of Health & Human Services". Below the logo are two white input fields: "User Name" and "Password". Below the "Password" field is a checkbox labeled "Remember Me" and a link labeled "Forgot Password?". At the bottom center is a blue "Submit" button.

- ❖ Click the **Submit** button to complete the login process. Doing so will take you to the application Dashboard.
- ❖ *Helpful Hint:* The login screen has a **Remember Me** and a **Forgot Password?** feature. Selecting the **Remember Me** box will retain your user name for future logins. If you forget your password, select the **Forgot Password?** feature that will prompt you to another screen. Follow the instructions to create a new password.

### Step 2: System Navigation

Within the **System Navigation** section, two components will be described; the Dashboard and Quick Links Tabs. Each provides a way to navigate through the application. *Helpful Hint:* Depending on your user permission level, the Dashboard and Quick Links Tabs may display

more or less features based on your permissions. If you do not know what permissions you have, check with your Provider Agency lead.

### The Dashboard

- ❖ The Dashboard contains icon links that are based on user permissions; therefore not all users will have the same dashboard. Each icon will take you to different features of the application.



### Quick Links Tabs

- ❖ The Tabs across the top of the Application Interface contain links to specific areas of the application. Each of these links takes the user to a section of the application where management of the named item can be completed. *Helpful Hint:* Quick Links Tabs are also based on user permission level. The same features will be displayed here as they are on the dashboard. Quick Links consists of:
  - **Dashboard** – Takes the user back to his or her Dashboard.
  - **Groups** – Takes the user to the Manage Groups page.
  - **Activities** – Takes the user to the Manage Activities page.
  - **Reports** – Takes the user to the Reports page.



### Navigation Links on Right Side of Dashboard

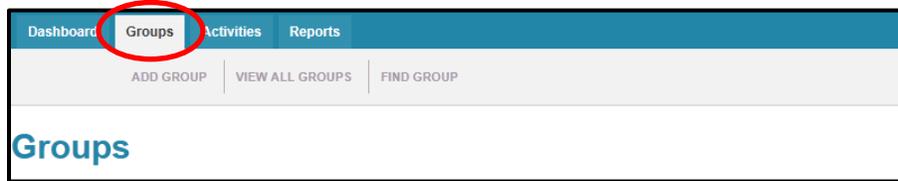
- ❖ **Reports** – Takes the user to the Reports page. See Step 5 (page 37) for more details.
- ❖ **Manage PA Profile** – Takes the user to the Update Provider Agency page. PIHP Region determines which fields can be edited.
- ❖ **My Profile** – Takes the user to the Update Profile page. PIHP Region determines which fields can be edited.
- ❖ **Change Password** – Takes the user to the Change Password page. Requires old password to change.

- ❖ **View Notifications** – Takes the user to the Notifications page. Notices sent by PIHP Region are posted here.

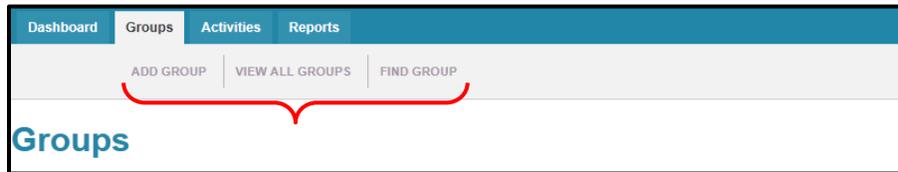
### Step 3: Creating Groups

The following section provides guidance for each data element collected by the data system, including the answer categories, definitions, and rules of interpretation. Again, depending on your permission level, some features may or may not apply.

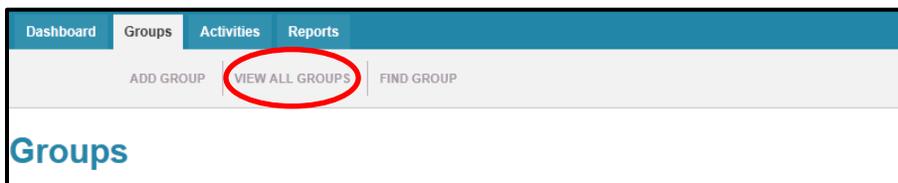
- ❖ Under the Quick Links Tabs, click on the **Groups** tab.



- ❖ Once the group tab is selected, three sub-tabs will appear just below; Add Group, View All Groups, and Find Group.



- ❖ Select the **View All Groups** to see if the group is already in the system. Select **Search** to bring up your Provider Agency's full list of Groups.



- ❖ A list of all Groups from your Provider Agency will appear in alphabetical order.

Name	Group Type	Program Type	Activity Count	Status	Activity
BCPA school	OngoingSequential	Individual	11	Active	[Search] [Edit] [Delete] [Add]
BCPN	OngoingOther	Individual	7	Active	[Search] [Edit] [Delete] [Add]
CAAPT	OngoingOther	Population	7	Active	[Search] [Edit] [Delete] [Add]
CMMS	OngoingSequential	Individual	9	Active	[Search] [Edit] [Delete] [Add]
Cramer 7th	OngoingSequential	Individual	21	Active	[Search] [Edit] [Delete] [Add]
Cramer 8th	OngoingSequential	Individual	21	Active	[Search] [Edit] [Delete] [Add]
Handy 6th	OngoingOther	Individual	24	Active	[Search] [Edit] [Delete] [Add]
Health Fairs	OneTime	Individual	1	Active	[Search] [Edit] [Delete] [Add]

- ❖ If the group is not listed, select the **Add Group** sub-tab.

The screenshot shows the 'Add Group' form with the following fields and values:

- Dashboard | **Groups** | Activities | Reports
- ADD GROUP (highlighted) | VIEW ALL GROUPS | FIND GROUP
- Add Group**
- PIHP Region: **MPHI Test CA**
- Provider Agency: **MPHI Test PA #2**
- Group Name:
- YTA Related: **No** (dropdown)
- Group Type: **--- Select ---** (dropdown)
- Program Type: **--- Select ---** (dropdown)
- Minimum Activity Count:
- Maximum Activity Count:
- Intervention Type: **--- Select ---** (dropdown)
- Service Population: **--- Select ---** (dropdown)
- Service Domain: **--- Select ---** (dropdown)
- Funding Source: **--- Select ---** (dropdown)
- EBP Service Type: **--- Select ---** (dropdown)
- Notes:
- Buttons: **Add** and **Cancel**

- This screen describes all of the group-related information necessary to create a valid group in the application.
- The application contains a significant amount of programming elements known as **validation**.
- Validations (see Appendix A) within the application determines which Program Types are allowable if a specific Group Type is selected. Once a Group Type and a Program Type is chosen, validation rules limit the allowable choices of Intervention Types, Service Populations, and Service Domains as well as Strategies, which are used at the Activity level.

## Group Name

- ❖ When creating the **Group Name** make sure it is unique, easy to sort and distinguishable from other groups using the same curriculum. Consider using the name of curriculum or service provided, the location, day of week and time. Be sure to check with your PIHP Region as each may have protocols with how names should be created. Example: Teen Intervene Tues evening class 4pm or Life Skills ABC middle school 7<sup>th</sup> grade 2<sup>nd</sup> hour.

## Synar/YTA Related (Youth Tobacco Access Related)

The **Synar Amendment** requires states to have laws in place prohibiting the sale and distribution of tobacco products to persons under the age of 18 and to enforce those laws effectively. In conformance, Michigan has in place a **Youth Tobacco Act (YTA)** which was last amended in 2006. Statewide activities relevant to tobacco prevention, cessation, enforcement and community mobilization efforts help support the YTA. Regional and local activities should at their core be

able to increase the awareness of youth tobacco use by reducing the availability and use of tobacco by youth, vulnerable or disparate groups and monitor the effectiveness of tobacco retail compliance with laws to restrict the sales and distribution of tobacco products to such populations.

Specific activities to include are listed in the YTA Chart (see Appendix B). *Helpful Hint:* Check with your PIHP Region to determine which activities to select.

- ❖ Does this group address Youth Access to Tobacco? Select **Yes** or **No**.

A screenshot of a web form field labeled "YTA Related". The dropdown menu is open, showing two options: "No" (highlighted in blue) and "Yes".

### Group Type

- ❖ Select from the options which type of group this will be; **One-Time, Ongoing-Other, or Ongoing-Sequential**. See Table 2 for group type descriptions and examples. Check with your PIHP Region if you have questions on what type of group to select.

A screenshot of a web form field labeled "Group Type". The dropdown menu is open, showing four options: "OneTime" (highlighted in blue), "-- Select --", "OngoingOther", and "OngoingSequential".

**Table 2. Group Type**

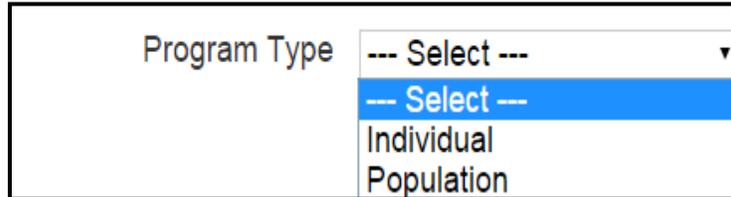
Type	Description	Examples
One-Time	The event occurs only once and is not ongoing. The activity must be a part of a comprehensive plan, not a standalone.	One-time presentation, Health fair participation, Town hall, etc.
Ongoing-Other	Ongoing events or activities that do not require or expect sequential participation.	Coalition meetings, open-ended education groups, Parental dialogue nights etc.
Ongoing-Sequential	A program consisting of the application of a curriculum consisting of multiple sessions in a planned sequence.	Educational programming such as Botvin’s Life Skills, Parenting Classes or Project Alert.

*Helpful Hint:* Click the **Add** button at the bottom of the **Add Group** page to actually save the record. Successfully saving the record will display a green message indicating such. If a specific, required piece of information is forgotten, a notification message will be posted indicating what

was missed. Once the missing information is completed, select the **Add** button again.

### Program Type

- ❖ Depending on the **Group Type** selected, the **Program Type** options will appear in the dropdown menu; **individual and population**. See Table 3 for Group Type descriptions.



**Table 3. Program Type**

Type	Description
Individual	Activities are “Individual” if you are working with the participants whose behaviors you are trying to impact such as working with parents to improve their parenting skills. Include practices and strategies with identifiable goals designed to change behavioral outcomes among a definable population or within a definable geographic area. Individual-based programs and strategies are provided to individuals or group of individuals who receive the services over a period of time in a planned sequence of activities that are intended to inform, educate, develop skills, alter risk behaviors, or provide direct services (e.g., a parent education group that meets once a week for 6 weeks).
Population	Activities when you are NOT directly working with the individuals whose behavior you are trying to impact such as working with a coalition to improve resources for parents in the community, or creating and delivering a community norming campaign. Includes planned and deliberate goal-oriented practices, procedures, processes, or activities that have identifiable outcomes achieved with a sequence of steps subject to monitoring and modification. <b><i>Included within this definition are environmental strategies</i></b> (which establish or change written and unwritten community standards, codes, laws, and attitudes, thereby influencing incidence and prevalence of substance abuse in the general population), one-time or single events (such as a health fair, a school assembly, or the distribution of material), and other activities intended to impact a broad population. The goal is to record the numbers of people impacted by the program or strategy.

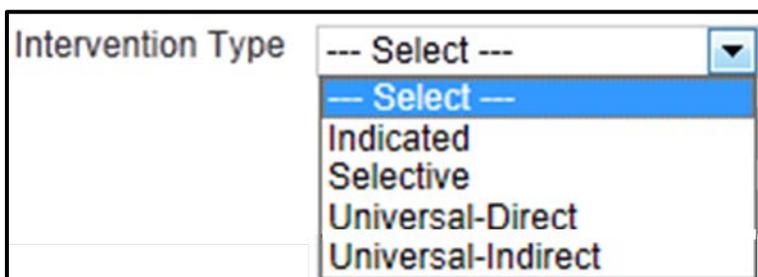
### Minimum & Maximum

- ❖ This allows the provider to determine the **minimum** and **maximum** number of activities that will be allowed for this group to be valid. If the curriculum contains 8 sessions per group you would enter Minimum 1 and Maximum 8. The system will not allow additional sessions. *Helpful Hint:* Maximum number can be changed but check with your PIHP Region before making any changes for approval. The minimum activity count box cannot be left empty, you must add in a number.

Minimum Activity Count	<input type="text" value="1"/>	Maximum Activity Count	<input type="text" value="100"/>
------------------------	--------------------------------	------------------------	----------------------------------

## Intervention Type

- ❖ Depending on the **Group Type** and **Program Type** selected, the dropdown menu will provide the available **intervention types**. Table 4 provides the list of the options that could appear and their description. *Helpful Hint:* Selective and indicated may only be selected if it's an individual program type (i.e., working directly with the persons whose behaviors you are trying to impact).



**Table 4. Intervention Type**

Type	Description
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. <i>Note:</i> Children of addicted parents who have not begun experimenting with substance abuse should be categorized as Selective and <b>not</b> indicated.
Selective	Activities targeted to individuals or a subgroup of a population whose risk of developing a disorder is significantly higher than average. Individuals or a subgroup of the population whose risk of developing a substance use disorder is significantly higher than average.
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.

## Service Population

- ❖ The **Service Population** choices will be determined by the validation codes and matrix in the system.
- ❖ Select **one** from the dropdown menu. Each category is described in Table 5.

Service Population    --- Select ---

**Table 5. Service Population Categories**

Code	Category	Description	Intervention Type
04	Children of parents with SUD	Youth and adults who are children of substance abusers. Examples are adult children of alcoholics, children whose parent’s abuse alcohol or other drugs, and children raised in or chronically exposed to situations involving substance abuse.	Selective
05	Delinquent/ Violent Youth	Youth who display risk factors for delinquency or violence or who have been determined to be delinquent or violent. Examples are youth declared delinquent by a State child welfare system, youth who have been arrested for juvenile delinquent behavior, youth who are chronically truant, and youth who display chronic or periodic violent behavior, including youth who display antisocial behavior (e.g., chronic fighting, hitting, using weapons).	Selective
06	Economically Disadvantages	Youth and adults considered to be underprivileged in material goods due to poor economic conditions. Examples are youth and adults living in poor housing conditions or who are enrolled in state or Federal public assistance programs.	Selective
13	Homeless or runaway youth	Youth (and adults) who do not have a stable residence or who have fled their primary residence. Examples are street youth (and adults), youth (and adults) in homeless shelters, and youth in unsupervised living situations.	Selective
16	People using substances	Youth and adults who may have used or experimented with alcohol, tobacco, or other drugs. Examples are youth or adults charged with driving under the influence (DUI), driving while intoxicated (DWI), or being a minor in possession (MIP), social or casual users of illicit substances, youth and adults who smoke tobacco or consume alcoholic beverages but who are not yet in need of treatment services.	Indicated

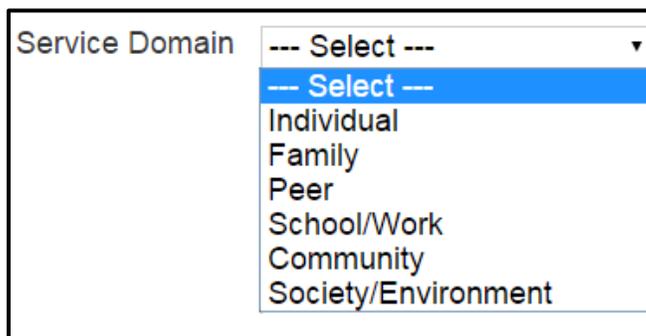
		Note: persons in recovery are not classified federally as a high risk population; however Michigan does consider this an appropriate classification and should be entered into the data system as such. See item #35 for additional information.	
17	People with disabilities	Youth and adults who have disabilities. Examples are individuals who are physically handicapped, hearing impaired, speech impaired, or visually impaired.	Selective
18	People with mental health problems	Youth and adults with mental health problems. Examples are persons with diagnosable mental illness such as depression, severely emotionally disturbed youth, and the educable mentally retarded.	Selective
19	Physically /emotionally abused	Youth and adults who have experienced physical or emotional abuse. Examples are victims of physical abuse, sexual abuse, incest, emotional abuse, and domestic abuse.	Selective
20	Pregnant /Women of childbearing age	Women who are of the physiological age to bear children and for whom the intent of prevention services is to ensure healthy newborns.	Selective
24	School dropouts	Youth under the age of 18 who have not graduated from school or earned a general educational development certificate and/or who are not enrolled in a public or private learning institution.	Selective
30	Youth/Minors	Children under age 18 who are not otherwise counted under one of the school grade categories. Examples are youth in recreation programs (camps).	Universal
31	Students	Youth enrolled in public or private schools.	Universal
32	Older adults	Adults considered being older (in general persons over 65 years of age) Examples are older persons who are living independently or residing in a nursing home or an assisted living facility.	Universal
33	Parents and families	Parents and families, including biological parents, adoptive parents, and foster parents; Grandparents, aunts and uncles, or other relatives in charge of or concerned with the care and raising of youth; Nuclear families; and mixed families.	Universal
34	Lesbian/Gay/ Bisexual/ Transgender	Individuals identifying as lesbian, gay, bisexual or transgender (LGBT) to describe their sexual orientation or gender identity.	Universal
35	Persons in recovery- Not currently in need of treatment	This group is not identified federally as a high risk classification; however Michigan does consider the group to be high risk and are to be reported as such. See item #16 for Michigan reporting requirements.	Indicated
36	Business and Industry	Individuals who manage or work in for-profit or not-for-profit businesses or industry. Examples are	Universal

		small businesses, companies, corporations, industrial plants, and unions.	
37	Civic groups	Members of civic and nonprofit organizations. Examples are men's and women's state or local civic groups (e.g. Lions Club), and nonprofit agency boards of directors or staff.	Universal
38	Coalition	Members of community, regional or statewide coalition groups, community task forces, alliances, and similar community organizations.	Universal
39	Religious group	Individuals involved with or employed in religious denominations or organized religious groups such as churches, synagogues, temples, or mosques. Examples are members, deacons, elders, clergy, religious associations, ministerial associations, ecumenical councils or organizations, lay leaders, and religious education staff.	Universal
40	Government/ Elected officials	Individuals holding government positions, including those who have been elected to public office. Examples are government workers; mayors; City administrators; City or county commissioners; Supervisors, freeholders, or other elected officials; State legislators and staff; and members of the U.S. Congress and their legislative staff.	Universal
41	Health professionals	Individuals employed by or volunteering for health care services. Examples are physicians, nurses, medical social workers, medical support personnel, medical technicians, and public health personnel.	Universal
42	SUD (substance use disorder) Prevention/ Treatment professionals	Individuals employed as substance abuse prevention or treatment professionals. Examples are counselors, therapists, prevention professionals, clinicians, prevention or treatment supervisors, and agency directors.	
43	Teachers/ Administrators/ Counselors (Education)	Individuals employed in the education field. Examples include teachers, coaches, deans, principals, faculty, and counselors.	Universal
44	Law Enforcement/ Military	Individuals employed in law enforcement agencies or in one of the U.S. Armed Services. Examples are police, sheriffs, state law enforcement.	Universal
45	General Population	Youth and adult citizens of a state rather than a specific group within the general population.	
46	Not Any of the Above	Can only be used with permission from the PIHP region.	

98	Prenatally Exposed Infants and Children	Infants/children who were exposed to alcohol, tobacco, and/or illicit drugs during pregnancy. An example would be Fetal Alcohol Spectrum Disorder (FASD).	Selective
99	Other High Risk Categories	Other concerns where an individual's level of risk of harm is greater due to various circumstances. <i>Note:</i> Check with your PIHP Region before selecting this service population.	

**Service Domain**

❖ Select one from the dropdown menu. Each **service domain** is described in Table 6.



**Table 6. Service Domain**

Service Domain	Description	Example
Individual	Services designed to impact an individual person's knowledge, skills, etc.	Life skills training for youth.
Family	Services designed to improve family functioning.	Program to teach parenting skills to parents.
Peer	Services designed to influence peers.	Peer mentoring activities and peer-led social norming campaigns.
School/Work	Services/activities designed to change the school or work environment.	Efforts to change school policies and practices, or train school personnel to provide prevention curricula.
Community	Services/activities designed to change the way in which a community and its systems function.	Coalition efforts to increase prevention programming or prevention funding in the community.
Society/Environment	Activities designed to change the environmental conditions.	Coalition efforts to change public policy, activities to reduce access to substances, or media campaigns to change community attitudes and beliefs regarding substances.

## Funding Source

- ❖ Select from the dropdown menu. See table 7 for the available **funding sources** and a description of each. *Helpful Hint:* Check with your PIHP Region to determine which funding source to select.

**Table 7. Funding Source**

Funding Source	Description
SAPT Funded (Substance Abuse Prevention Treatment)	The objective of the SAPT funds is to help plan, implement, and evaluate activities that prevent and treat substance abuse. <a href="http://www.samhsa.gov/grants/block-grants/sabg">http://www.samhsa.gov/grants/block-grants/sabg</a>
Other Funded	For future funding or used if prevention activity is not funded by either block grant or PFS II. <i>Check with your PIHP Region to determine if appropriate to use.</i>
PFS II Funded (Partnerships for Success II)	Addressing two of the nation's top substance abuse prevention priorities PFS II was created targeting underage drinking among individual's ages 12 to 20 and the nonmedical use of prescription drug use by individuals ages 12 to 25. The program provides additional resources to states for implementing the SPF process at the state and community levels, and promotes the alignment and leveraging of prevention resources and priorities at the federal, state, and community levels. <a href="http://captus.samhsa.gov/grantee/capt-clients/pfs">http://captus.samhsa.gov/grantee/capt-clients/pfs</a>

## EBP Service Type

- ❖ Evidence-Based Service Type (EBP) is intended to identify the nature of the evidence based practice being applied. Providers must be able to document that evidence based criteria have been met to the PIHP Region upon request.
- ❖ Select from the dropdown menu **one** of the 7 **EBP Service Types**. See Table 8 for a description of each EBP Service Type.

The image shows a screenshot of a web form. On the left, there is a label 'EBP Service Type'. To its right is a dropdown menu. The dropdown menu is currently open, displaying a list of seven options. The top option is '--- Select ---'. Below it are: '1-NREPP Listed', '2-Other Federal Agency', '3-Peer Reviewed Journal', '4-Local (CA) Evidence', '5-CBP Best Practice', '6-Youth Tobacco Act/Synar', and '7-None Of The Above'. The first option '--- Select ---' is highlighted in blue.

**Table 8. EBP Service Type**

EBP Service Type	Description
NREPP Listed	A program that was previously listed on the SAMHSA model program list or currently listed on NREPP with positive outcomes demonstrated. <i>Note:</i> Programs will be placed on the NREPP website whether outcomes are positive or negative. Therefore, it is imperative that agencies critically review the outcomes detailed and the strength of the evaluation described in the NREPP review.
Other Federal Agency	The program/model is listed by NIDA, OJJDP, US DOE, or another federal agency as an effective prevention program/model.
Peer Reviewed Journal	The program has appeared in a peer reviewed journal and was found to have positive outcomes. This option should only be selected if activities are closely replicating the key components of the program described in the peer reviewed journal.
Local (PIHP Region) Evidence	<p>This option should be selected if the specific service has documented proven results impacting targeted factors (causal factors, intervening variables and/or risk/protective factors) through an evaluation process. These results must be available to the PIHP Region upon request. In addition to having local evidence, the project is required to meet each of the following three criteria:</p> <ol style="list-style-type: none"> <li>1. Intervention is based on solid theory or theoretical perspective that has been validated by research;</li> <li>2. The intervention is supported by a documented body of knowledge – a converging accumulation of empirical evidence of effectiveness – generated from similar or related interventions that indicate effectiveness; and</li> <li>3. The intervention is judged by a consensus among informed experts to be effective, based on a combination of theory, research, and practice experience.</li> </ol>
CBP Best Practice	<p>Community Based Process (CBP) includes activities conducted through formal coalitions, task forces, community planning teams, or collaborative groups. This option of evidence- based category may be selected for collaborative activities, but only if the project meets each of the following three criteria:</p> <ol style="list-style-type: none"> <li>1. The project is conducted using community based process (e.g. coalitions, collaborative, taskforces)</li> <li>2. The collaborative has substance abuse specific, measurable objectives to be completed during the fiscal year</li> <li>3. The collaborative process is compatible with the five step prevention planning process, which includes: Assessment, Capacity Building, Planning, Implementation, and Evaluation.</li> </ol> <p>In addition to these three criteria, the following should be considered when conducting community based processes:</p>

- *Membership*: The collaborative must be inclusive in its membership/make-up and engage key community stakeholders. The coalition should have appreciation for local involvement and authority in choosing and carrying out actions.
- *Evidence of Effectiveness*: Projects implemented through the community based process effort need to show evidence of being effective at the following:
  - Contributing to the identified desirable outcome
  - Impacting the identified community problem/consequence
  - Improving the ability of the prevention system to deliver substance abuse services.
- *Clear Purpose*: Projects implemented through the community based process effort should begin with a clear understanding of their purpose and should consider the following initiatives:
  - Comprehensive services coordination (improving the nature and delivery of services)
  - Community mobilization (generate community activism to address substance abuse and related problems/consequences)
  - Create both system level change and individual behavior change
  - Create community linkages (connecting resources within a community and/or connecting persons to resources).

Youth Tobacco Act/Synar

Refer to page 9 if “Yes” was selected for Group (see Appendix B).

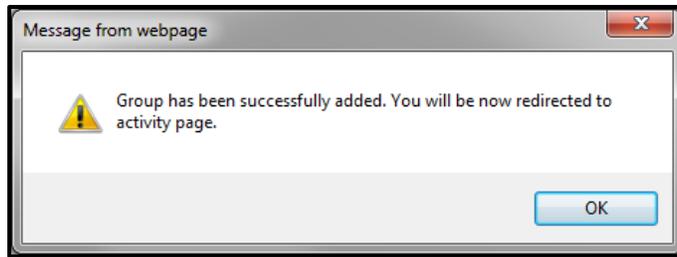
None of The Above

This option should be selected for all activities that do not meet any of the categories listed above. Stand-alone events that are not connected to a larger plan with evidence based documentation provided to the PIHP Region are likely to fall within this category.

## Step 4: Creating Activities

The following section provides guidance for each data element collected by the data system, including the answer categories, definitions, and rules of interpretation. Again, depending on permission level, some features may or may not apply.

- ❖ The system provides two options for creating an activity.
  - *Option One*: Once you create a group and select the **Add** option, the following message will appear “Group has been successfully added. You will now be redirected to activity page”. You would then be directed to the **Add Activity** page to create a new activity.

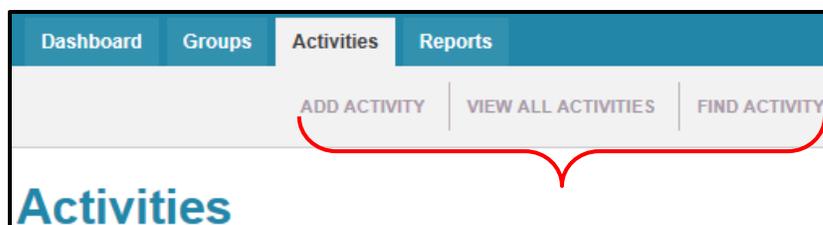


- *Option Two:* If the group has already been created and an activity needs to be added go to the **Activities** tab.

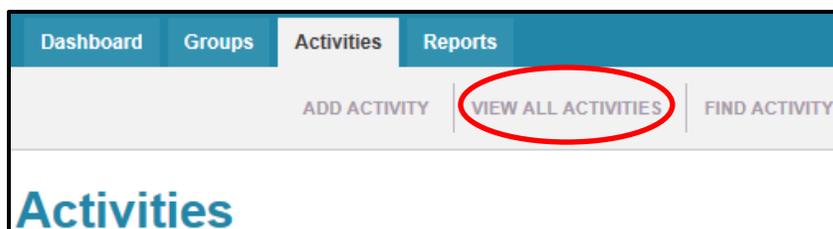
- ❖ Under the Quick Links Tabs, click on the **Activities** tab.



- ❖ Once the Activities tab is selected three sub-tabs will appear below: Add Activity, View All Activities, and Find Activity.



- ❖ Select the **View All Activities** to see if the activity is already in the system. Select **Search** to bring up your Provider Agency's full list of Activities.



- ❖ A list of all Activities from your Provider Agency will appear in alphabetical order.

Group Name	Activity Name	Record Number	Start Date	End Date	Status	
Test Group #2	Test Group #2 01/13/2015 #1	178847	01/13/2015	02/28/2015	Pending	

- ❖ If the Activity is not listed, select the **Add Activity** sub-tab. This screen describes all of the activity-related information necessary to create a valid activity in the application.

- ❖ PIHP Region name and Provider Agency name will be automatically generated. Select which **Group** this activity will belong to from the dropdown menu.

### Activity Name

- ❖ The **Activity Name** will **auto-populate** with the **Group Name**. *Helpful Hint:* Check with PIHP Region to determine if additional information needs to be included in the Activity Name.

### Start Date and End Date

- ❖ Enter in the **start** and **end date** of the activity by clicking on the calendar, then select/click the exact date.

### Start Time and End Time

- ❖ Enter in the **start** and **end time** of the activity. *Helpful Hint:* Time is defaulted to AM. Check to make sure the correct time is documented, AM or PM.

Start Time 12 00 AM End Time 12 00 AM

### Total Units

- ❖ **Total Units** will be auto calculated based on the **start** and **end time**.

Total Units 0

### Total Attendees

- ❖ Enter the **total number of attendees** present for the activity. For recurring sessions this will include all attendees present, including the new and returning participants. *Helpful Hint:* Every activity in the system must have an attendee count.
- ❖ *Note:* For information dissemination (N07) – Speaking Engagement to Indirect audiences, enter the **estimated ‘reach’** of the media outlet. For information dissemination activities with large audiences, estimate the number of attendees.

Total Attendees

### Primary Strategy Employed

- ❖ Select from the dropdown menu the **primary strategy employed**. See table 9 for a description of the available primary strategies employed.

Primary Strategy Employed --- Select ---

**Table 9. Primary Strategies Employed**

<p><b>Alternative Strategies:</b> This strategy provides participation in positive activities that exclude alcohol, tobacco and other drugs (ATOD). The purpose is to meet the needs filled by alcohol, tobacco and other drugs with healthy activities and to discourage the use of alcohol and drugs through these activities.</p>			
Strategy Code	Code Description	Purpose of Activity	Examples of Activities
A01	Supervision, guiding ATOD- free recreational event	This activity provides for participation in recreational activities that exclude ATOD and promotes healthy activities that lend themselves to the building of resiliency among youth and families.	Supervision/coordination of: <ul style="list-style-type: none"> <li>• Drug Free Dances and Parties</li> <li>• Project Graduation</li> <li>• After School Activities</li> <li>• ATOD-free School Events</li> <li>• Community Drop In Centers</li> <li>• ATOD-free Family Activities</li> </ul>
A03	Supervision, guiding Community events	This activity is intended to prevent substance use by involving youth and adults in a variety of community service projects.	Supervision/coordination of: <ul style="list-style-type: none"> <li>• Community Service Activities</li> <li>• Community Clean-up Activities</li> <li>• Events to Repair or Re-build Neighborhoods</li> <li>• Fundraising for Charitable Causes</li> <li>• Support to the Elderly, Handicapped, Ill, Etc.</li> </ul>
A04	Supervision, guiding Youth - Adult Leadership events	This activity provides a means to character building and promoting healthy relationships between youth and adults. It provides services through which youth/adult role models work with youth to prevent substance use/abuse.	Supervision/coordination of: <ul style="list-style-type: none"> <li>• Tutoring Programs</li> <li>• Adult Mentoring Activities</li> <li>• Youth/Adult Leadership Activities</li> <li>• Coaching Activities</li> </ul>
<p><b>Community Based:</b> This strategy provides ongoing networking activities and technical assistance to community groups or agencies. It encompasses neighborhood based grassroots empowerment models using action planning and collaborative systems planning. This strategy works to enhance the ability of the community to more effectively provide prevention and treatment services for alcohol, tobacco and other substance use disorders.</p> <p>Types of activities that should be entered into MPDS include: planning, interagency collaboration, coalition building, community planning teams, and networking that are done to enhance efficiency and effectiveness of services implementation. Please remember that activities must be in direct contact with a recipient or community partner to be eligible for entry as an activity.</p>			

<b>Strategy Code</b>	<b>Code Description</b>	<b>Purpose of Activity</b>	<b>Examples of Activities</b>
C01	Development of funding and service alternatives (involving community members)	Increasing or improving a community's prevention and treatment service capacity by developing resources to support those services	<ul style="list-style-type: none"> <li>• Working with your local coalition to apply for a community behavioral health grant</li> <li>• Collaborative planning meeting to develop a community plan for a grant application.</li> <li>• Meeting with a local business person or corporate leader to contribute to coalition activity</li> </ul>
C02	Implementing needs assessment tools (involving community members)	<p>Doing a needs assessment in your community, focus area, etc. to do one or more of the following:</p> <ul style="list-style-type: none"> <li>• Determine priority prevention needs,</li> <li>• Identify at-risk and high-risk populations, or</li> <li>• Determine priority prevention populations and/or geographical areas for service delivery.</li> </ul>	<p>Working with others in your community to develop and/or collect:</p> <ul style="list-style-type: none"> <li>• Mass survey data</li> <li>• Focus group information</li> <li>• Key stakeholder interviews</li> </ul>
C04	Conducting Training Service	<p>Delivering structured substance abuse prevention training events intended to develop proficiency in prevention program design, development, and delivery skills. (Not including educational activities designed to directly educate individuals about ATOD issues)</p>	<ul style="list-style-type: none"> <li>• Capacity building through training of volunteers</li> <li>• Neighborhood action training,</li> <li>• Training of key people in the system</li> <li>• Official training/other professional staff (not staff from your own agency)</li> <li>• Prevention training programs</li> <li>• Training of trainers</li> </ul>
C05	Community coalition building and facilitating. (including: collaboratives, task forces, and community planning teams)	To form, develop, or facilitate community coalitions. Activities or services conducted with or on behalf of community coalitions for the purpose of fostering, supporting, or enhancing community prevention services	<ul style="list-style-type: none"> <li>• Staff conducts one-on-one meetings to recruit coalition members</li> <li>• Staff chairs a local coalition meeting</li> <li>• Joint planning meeting between two or more agencies</li> </ul>

C06	Coalition meeting participation. (including: collaboratives, task forces, and community planning teams)	Staff participation in a formalized community coalition meeting concerned with fostering common interests and advocacy for prevention services.	Staff attend: <ul style="list-style-type: none"> <li>• MADD</li> <li>• MCRUD</li> <li>• Interagency Councils</li> <li>• Multi-agency Task Forces</li> <li>• Local behavioral health prevention coalition</li> <li>• A coalition subcommittee workgroup</li> </ul>
C07	Coalition Technical Assistance. (including: collaboratives, task forces, and community planning teams)	Services provided by staff intended to give technical guidance to prevention programs, community organizations, and individuals to conduct, strengthen, or enhance activities to promote prevention	<ul style="list-style-type: none"> <li>• Staff provide expertise to help with a coalition activity</li> <li>• Assisting in the development of an action plan</li> <li>• Quality assurance and improvement guidance for coalition improvement</li> <li>• Assist in developing a logic model</li> </ul>
C08	Coordinating and monitoring volunteers (including mentors)	Structured prevention activities to impart information and teach organizational development skills to individuals or community groups	<ul style="list-style-type: none"> <li>• Community volunteer services</li> <li>• Coordinating volunteers for a prevention event</li> <li>• Monitoring volunteers for mentoring services</li> <li>• Neighborhood action services</li> </ul>

**Education Strategies:** Two-way communication that is distinguished from disseminating information by the fact that it is based on an interaction between the educator and the participant. These activities generally are curriculum based or have at minimum, goals and objectives that aim to affect knowledge, concepts, principles, critical life and/or social skills, including decision making, refusal skills, and critical analysis.

**Note:** Only ongoing-other or ongoing-sequential groups can be counted as Educational Strategy, one-time events cannot be considered Education Strategy. Examples of methods used for this strategy include the following:

- Classroom education
- Small group education
- Parenting and family management classes
- Peer Leader and peer helper programs
- Education programs for youth groups (e.g.: anger management, life skills, safe dates, etc.)

Strategy Code	Code Description	Purpose of Activity	Examples of Activities
E02	Classroom curriculum	To affect knowledge, concepts, principles, critical life and/or social skills, including decision making,	<ul style="list-style-type: none"> <li>• Teaching Botvin’s Life Skills to a 5th grade class room as a part of their general class time.</li> <li>• Teaching Project ALERT to students in an 8th</li> </ul>

		refusal skills, and critical analysis through two-way communication with students in a classroom setting during the school day <b>as part of the classroom curriculum</b> with students that have not been selected due to individual need or characteristics.	grade classroom setting as a part of their general class time.
E03	Other Group Education	To affect knowledge, concepts, principles, critical life and/or social skills, including decision making, refusal skills, and critical analysis through two-way communication with participants in any setting outside of a school classroom curriculum. Includes “pull-out” groups of identified students even if they are served in a classroom setting during the regular school day.	<ul style="list-style-type: none"> <li>• Teaching Botvin’s Life Skills to a group of selected students “pulled out” of their classroom.</li> <li>• Teaching Project ALERT after school to a select group of 8th Grade students.</li> <li>• Teaching Anger Management to students at an alternative high school.</li> <li>• Providing educational programs for older adults about the interaction of alcohol with medications.</li> <li>• Teaching an educational program for parents/caregivers of children with FASD challenges.</li> <li>• Teaching Strengthening Families Program to parents.</li> </ul>

**Information Dissemination Strategies:** Provides knowledge and increases awareness of the nature and extent of alcohol, tobacco and other drug use, abuse and addiction as well as their effects on individuals, families, and communities. It also provides knowledge and increases awareness of available prevention and treatment programs and services. It is characterized by one-way communication from the source to the audience, with limited contact between the two.

If a staff person is working to develop materials or resources (e.g., resource guide, website, PSA, Facebook post) in partnership with a collaborative group the activity should be counted as Information Dissemination.

**Avenues of disseminating information may include:** Clearinghouse, information resources centers, resource directories, Media campaigns, Brochures, Radio and TV public service announcements, Speaking engagements, Health fairs and other health promotion (e.g. conferences, meetings, seminars), Information lines/hot lines.

While there are many avenues to disseminate information it is important to note that only time spent in activities conducted by staff that are designed to disseminate information will be entered into the MPDS system. The number of materials distributed would not be entered as an activity because MPDS is a tool to capture staff time spent in activities. For example, if you coordinate a clearinghouse and an order is placed online, there would be no activity entry in MPDS.

**Note:** Only face-to-face activity with persons from outside of your agency is entered into MPDS. Time spent in developing materials or organizing distribution by yourself or with other staff within your agency would not be entered as an activity in MPDS. Information Dissemination Strategies cannot be stand-alone activities, but must be part of a comprehensive plan.

Strategy Code	Code Description	Purpose of Activity	Examples of Activities
N01	Distribution of materials at events. (brief) presentation, interaction with participants	To hand out ATOD related materials, answer questions, and possibly do a brief presentation associated with the materials being distributed.	<ul style="list-style-type: none"> <li>• Manning a booth at a health fair</li> <li>• Manning a drug free pledge table at a high school football game.</li> <li>• Brief presentation at a health event.</li> <li>• Community round table event.</li> </ul>
N02	Supervision and technical assistance for development of PSA and other PI materials	Develop materials designed to increase knowledge and increase awareness of the nature and extent of alcohol and other drug use, abuse and addiction as well as their effects on individuals, families, and communities.	<ul style="list-style-type: none"> <li>• Supervise/work with a collaborative to develop and implement a media campaign</li> <li>• Supervise/guide the development of PSA or other materials with participants</li> <li>• Work w/ a coalition to develop a resource guide.</li> <li>• Provide technical assistance to a collaborative effort to develop and maintain a resource listing of Federal, State, and local funding programs.</li> </ul>
N06	Speaking engagement - (direct) - Presentation about SUD	Planned presentations with a defined topic/focus provided directly to the intended audience.	<ul style="list-style-type: none"> <li>• One-time classroom presentation</li> <li>• Scheduled presentation as a part of the scheduled agenda at a coalition meeting, town hall meeting, PTA meeting, etc.</li> </ul>
N07	Speaking engagement indirect - (radio or TV	Planned presentation with a defined topic/focus indirectly to the	<ul style="list-style-type: none"> <li>• Interview with a journalist</li> <li>• Video conference presentation</li> </ul>

	interview, print media)	audience through radio, TV, or print media.	
<p><b>Problem Identification &amp; Referral Strategies:</b> Aims at identification of those who have engaged in illegal/age inappropriate use of tobacco, alcohol or other drugs or those who have been determined to be a “high risk” for these behaviors in order to assess if these behaviors can be reversed or prevented through education. This strategy does not include any diagnostic or problem assessment activity (although individuals may be identified through screening for whom referral to a treatment assessment might be appropriate).</p>			
Strategy Code	Code Description	Purpose of Activity	Examples of Activities
P01	Employee Assistance provision or referral	Services intended to provide substance abuse information for individuals whose substance abuse-related problems may be interfering with work performance.	<p>Activities conducted as a component of an Employee Assistance Program, which may include:</p> <ul style="list-style-type: none"> <li>• Risk reduction education for work-related problems involving substance abuse</li> <li>• Health education and health promotion programs for employees</li> <li>• Supervisor training to assist them in recognizing employees in need of assistance.</li> <li>• Conducting assessments to identify employee substance use disorder problems</li> <li>• Meeting with employees to make referral to designated helpers</li> <li>• Conducting support groups for workers/employees</li> </ul>
P02	Student Assistance Program, case finding, provision, or referral	Structured prevention programs intended to provide substance abuse information for students whose substance abuse related problems may be interfering with their school performance.	<p>Activities conducted as a component of a Student Assistance Program, which may include:</p> <ul style="list-style-type: none"> <li>• Conducting assessments to identify student problems</li> <li>• Screening for referral</li> <li>• Meeting with students to make referral to designated helpers</li> <li>• Conducting support groups for students</li> </ul>
P03	Conducting DUI/DWI/MIP classes	Structured prevention education programs intended to change the behavior of youth and adults who	<ul style="list-style-type: none"> <li>• Alcohol related highway traffic safety classes</li> <li>• Court mandated alcohol and other drug awareness and education programs</li> </ul>

		have been involved in the use of alcohol and/or other drugs while operating a motor vehicle.	<ul style="list-style-type: none"> <li>• Minor in Possession programs</li> </ul>
P04	Prevention assessment and referral	Refers to those activities intended to provide a risk screening, assessment, and referral to prevention service populations for placement in prevention or other appropriate services.	<ul style="list-style-type: none"> <li>• Providing substance use disorder screening (not a treatment assessment)</li> <li>• Screening in jail or prison settings</li> <li>• Screening and referral for FAS (any age)</li> </ul>
<p><b>Environmental Strategies:</b> Activities working, with other individuals, to establish or change written and unwritten community standards, codes and attitudes, thereby influencing alcohol and other drug use among the general population.</p> <p>Typically the environmental strategy focuses on changing the shared environment through three interrelated factors: norms, availability, and regulations. Environmental approaches seek to create communities and societies that are more conducive to bringing about and maintaining desired behavior changes. Effective environmental strategies will focus on entire populations, enhance prevention messages directed at individuals, and have potential for long-term change.</p> <p>Environmental strategies are an exception among the six strategies: When determining whether an activity is the environmental strategy, it is necessary to examine the objective, rather than the methodology. Activities that seek to reduce access, change community norms or policies (including laws and regulations), or enforce related laws should be considered the Environmental Strategy.</p> <p>Environmental strategies include:</p> <ul style="list-style-type: none"> <li>• Policy Change: Changing environmental codes, ordinances, regulations, and legislation in order to limit access to substances and to decrease the problems associated with their use.</li> <li>• Enforcement: Laws and regulations must be accompanied by significant penalties and they must be enforced in order to be effective.</li> <li>• Education: when in relation to training of individuals such as servers and merchants about the laws, penalties, and their responsibilities.</li> <li>• Reduce youth access to substances, including alcohol and tobacco.</li> <li>• Reduce alcohol and tobacco advertising.</li> <li>• Social Norms: Comprehensive efforts designed to change community norms regarding substance use disorder.</li> </ul>			
Strategy Code	Code Description	Purpose of Activity	Examples of Activities
V01	Technical Assistance in relation to community norms or public policy	Providing guidance/supervision/technical assistance for activities designed to	<ul style="list-style-type: none"> <li>• Meeting with key stakeholders to gain support for a policy change.</li> <li>• Presentation to key stakeholder groups to gain</li> </ul>

	change	change norms, availability, and policies (regulations/laws/ordinances). (Walking a collaborative through the processes of making environmental change)	<p>support for a policy change.</p> <ul style="list-style-type: none"> <li>• Guiding a collaborative group through the steps necessary to create policy change (e.g., tobacco coalition to implement a smoke free ordinance, implement a marijuana ordinance, and implement a designer drug policy).</li> <li>• Assisting schools with the development and adoption of drug free campus policies</li> <li>• Providing technical assistance to a collaborative in designing a media campaign to change community norms re. ATOD use.</li> </ul> <p><b>Note:</b> Providing general education (how/why/skills/media literacy) about environmental change should be entered as the Education strategy.</p> <p><b>Note:</b> The entire meeting time must be focused on this initiative to be reported as V01.</p>
V02	Prevention of Underage Sales Tobacco - SYNAR (vendor education, law enforcement education, compliance activities)	Efforts to reduce the ability of youth to purchase tobacco from a retailer.	<ul style="list-style-type: none"> <li>• Vendor education training</li> <li>• Conducting compliance checks</li> <li>• Training law enforcement to conduct compliance checks</li> <li>• Training youth inspectors to conduct compliance checks</li> <li>• Age testing youth inspectors in the community.</li> </ul>
V03	Prevention of Underage Sales Alcohol - (vendor education, law enforcement education, compliance activities)	Efforts to reduce the ability of youth to purchase alcohol from a retailer.	<ul style="list-style-type: none"> <li>• Vendor education training</li> <li>• Conducting compliance checks</li> <li>• Training law enforcement to conduct compliance checks</li> <li>• Training youth inspectors to conduct compliance checks</li> <li>• Age testing youth inspectors in the community</li> </ul>

## New Males and New Females

- ❖ Enter the **number of new male attendees** and the **number of new female attendees**. Do not complete for Universal-Indirect activities. *Helpful Hint:* If a participant did not attend session 1, but attended a preceding session, that individual would be counted as a new participant under the attended session (e.g. participant came to session three for the first time, they would be counted as a new participant under session three).

New Males		New Females	
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## Est. People Reached

- ❖ The Estimated Reach field enables you to capture information about the number of persons expected to be reached when an official count of persons is not possible for the following three type of activities:
  - Media coverage
  - Volunteer coordination
  - Presentations to large group
- ❖ This category may **ONLY** be used when entering activities for these three types of activities and should never be used when an official count of **‘Attendees’** is available. It should be noted that these numbers are not actual counts but rather estimates based on the guidelines detailed below. Therefore, whenever possible and appropriate, capture and enter **‘Attendees’** instead.
- ❖ It is acknowledged that other prevention activities may have a **‘reach’** beyond the persons with whom you are face-to-face during the activity. However, it has been determined that for the purposes of data collection in MPDS the activities detailed below are the only activities for which Michigan will collect Estimated Reach in MPDS-SUDS.
- ❖ Table 10 describes activities where **Estimated Reach** is Allowable when no official count of attendees is possible.

Est. People Reached	0
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**Table 10. Allowable Estimated Reach Activities** (*Note:* Check with your PIHP Region to determine when to add estimated reach.)

Activity	Description	Examples
Media Campaign	<p>If conducting a media campaign you may enter the number of persons that is expected to hear/see/read the message. The media outlet should be able to provide this information. This number of estimated reach would be entered under an activity in relation to the media campaign, however only enter <b>one time</b> per campaign regardless of how many times you meet face-to-face. Please remember that only time spent in face-to-face in planning or coordination with persons from outside of your agency are eligible for entry as an activity into MPDS, the media campaign itself is <u>not</u> a staff activity and is therefore not eligible for entry into the MPDS system. The persons with whom you are face-to-face will still be entered under the ‘Attendees’ fields. Note: In order to count estimated reach, you need to have a face-to-face attendee.</p>	<p>When you meet with someone from the newspaper, etc. to discuss/design campaign, you would enter the time you spent with that person as direct service and identify them as new attendees and in the same entry enter the estimated reach for your media campaign.</p> <p>Strategies under which this may apply:</p> <ul style="list-style-type: none"> <li>• N02 – Supervision and technical assistance for development of Public Service Announcement PSA and other Public Information materials</li> </ul>
Media Interview	<p>If you provide an interview to the media you will enter the number of persons that is expected to hear/see/read the message. The media outlet should be able to provide this information. Please note that estimated reach should only be entered for interviews that receive actual media coverage through the newspaper, radio, or television.</p> <p>Please remember that only time spent face-to-face with someone from outside of your agency is a staff activity eligible for entry. If you submit a press release the time writing and submitting the press release is not eligible for entry into MPDS and therefore Estimated Reach would not be counted. The persons with whom you are face-to-face will still be entered under the ‘Attendees’ fields. Note: In order to count estimated reach, you need to have a face-to-face attendee.</p>	<p>Strategies under which this may apply:</p> <ul style="list-style-type: none"> <li>• N07 Speaking engagement indirect (radio or TV interview, print media)</li> </ul>

<p>Presentations to Large Groups</p>	<p>When participating in events with a large number of persons and you are unable to acquire an official count of how many persons attended, you will enter Estimated Reach. These activities may include presentations to a large group or distribution of materials at a health fair. If you are able to acquire an official count of persons in attendance you will enter those persons under ‘New Attendees’ and not enter the Estimated Reach field.</p>	<p>If you are doing a presentation to a large group and know how many people are present (from sign-up sheets, etc.) you would enter that presentation as direct service and put the number of attendees under "New Attendees". If you have no idea of the number present, you would still enter your presentation as direct service under the N06 code, but you would insert zero (0) in the "New Attendees" and the estimated number of people in the "Estimated Reach" field. The same would be true of health fairs. NOTE: In presentations to large group category (N01 and N06), you will either put the attendees under "New Attendees" (when you have a count), or "Estimated Reach" (when no specific count is attainable), but <u>NEVER</u> both.</p> <p>Strategies under which this may apply:</p> <ul style="list-style-type: none"> <li>• N01 Distribution of materials at events, presentation, interaction with participants</li> <li>• N06 Speaking Engagement (direct) – Presentation about SUD</li> </ul>
<p>Volunteer Activities</p>	<p>You will enter Estimated Reach when conducting an activity that will enable volunteers to provide prevention services. The Estimated Reach will be entered only once per fiscal year and should be entered in the first activity conducted with the volunteer during the fiscal year.</p> <p>Estimated Reach will only be entered for volunteers that have committed to providing a specific service based on your contact with them during the activity. You will <b>not</b> enter Estimated Reach when providing trainings to community members or prevention professionals which is not connected to a specific provision of service that the volunteer has committed to conduct.</p>	<p>Counselors are trained/ educated to provide Life Skills to all of their 7<sup>th</sup> grade students. You may enter the training and on the last day of the training you would capture the students she is expected to reach that year in the “Estimated Reach” field. So you may see on the last day of the training that 8 people were in Total Attendance (the training participants) and “1200” students will be given the program this year so the “1200” goes in the “estimated reach” field. Only count them here if you do not monitor them at some point in the year.</p> <p>If you will be monitoring a volunteer you have trained (say mid- session), you may enter the “Estimated Reach”</p>

	<p>Please remember that activities conducted by volunteers who are paid or receive a stipend will be entered as activities in MPDS. This will allow you to capture an official count for 'Attendees' so you would <b>not</b> enter Estimated Reach for your service with these volunteers. Estimated Reach is <b>only</b> collected for services with unpaid volunteers receiving no stipend.</p>	<p>for the full year at the time you monitored or provided the face-to-face technical assistance. CAUTION: DO NOT double count by entering reach in both the training and the monitoring.</p> <p>Strategies under which this may apply:</p> <ul style="list-style-type: none"> <li>• C04 Conducting Training Services</li> </ul> <p>C08 Coordinating and Monitoring Volunteers</p>
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### Is First Activity In Group

- ❖ If this activity is the first in the group select the option **Yes**. If it is not the first activity in the group select the option **No**.

### Attendees Completing Group

- ❖ **Ongoing-Sequential activities** - When the participant successfully completes the required number of sessions, enter participant as **completed**. For all other sessions, enter **0**.
- ❖ **Ongoing-Other (individual-based group)** - Enter the number of participants that have completed all required sessions during the session being reported.
- ❖ **Ongoing-Other (community-based group)** - groups that are not comprised of a number of set sessions, enter **0** for all activities.
- ❖ *Helpful Hint:* An agency must be able to document completion through sign-in sheets or other record keeping.

### Notes

- ❖ A **notes** section is provided for users to document any additional information necessary. *Helpful Hint:* Check with your PIHP Region as there may be specific details required to be entered here.

### Staff Information

- ❖ **Staff Member** - Select from the dropdown menu the **staff member** that completed the activity. For convenience, there is a provision for multiple staff to be identified in a single activity record when both the activity and participants are the same. To do so, you may select **+Add** if more than one staff member needs to be documented.

- ❖ **Strategy Employed - Auto-populated** from the primary strategy of the group. Select **another strategy** if different and allowable by your PIHP Region.

- ❖ **Start Date and End Date - Auto-populated** from the start and end dates of the activity. Dates may be adjusted if the staff member was not involved for entire time period.

- ❖ **Start Time and End Time - Auto-populated** from the start and end times of activity. Times may be adjusted if an individual staff member's time is less than the activity time. Total of all staff time must add up to at least a minimum of the total activity units. *Helpful Hint:* Time is defaulted to AM. Check to make sure the correct time is documented, AM or PM.

- ❖ **Units - Units are auto-populated** based on the start and end time entered.

- ❖ **+Add Button** - Be sure to select the **+Add** button to save the staff information and a new table will display. Repeat steps to add another staff member and select **+Add** again.

- ❖ **Optional Fields** - PIHP Regions may choose **optional fields**. Contact PIHP Region if other fields are visible.

## Participants Information

- ❖ **Age Group** - Enter the number of **new** participants by **age group**. The numbers entered into these categories must be equal to the number of **new** male and female participants.
- ❖ **Race** - Enter the number of **new** participants by **Race**. The numbers entered into these categories must be equal to the number of **new** male and female participants.
- ❖ **Ethnicity** - Enter the number of **new** participants by **Ethnicity**. The numbers entered into these categories must be equal to the number of **new** male and female participants.
- ❖ *Helpful Hint:* if you used estimated reach, do not enter demographic information.

Race	
<input type="checkbox"/>	African American
<input type="checkbox"/>	American Indian/Alaskan..
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Hawaiian/Pacific Islander
<input type="checkbox"/>	Multi-Racial
<input type="checkbox"/>	White
<input type="checkbox"/>	Unknown/Other
<input type="checkbox"/>	Total

Age Group	
<input type="checkbox"/>	0 to 4
<input type="checkbox"/>	5 to 11
<input type="checkbox"/>	12 to 14
<input type="checkbox"/>	15 to 17
<input type="checkbox"/>	18 to 20
<input type="checkbox"/>	21 to 24
<input type="checkbox"/>	25 to 44
<input type="checkbox"/>	45 to 64
<input type="checkbox"/>	65+
<input type="checkbox"/>	Total

Ethnicity	
<input type="checkbox"/>	Arab-American/Caldean
<input type="checkbox"/>	Hispanic/Latino
<input type="checkbox"/>	Not Listed
<input type="checkbox"/>	Total

## Step 5: Reports

- ❖ Select **Reports** from the Quick Links tabs above the Dashboard or the navigation links on the right side of the Dashboard.
- ❖ Report – Activity Data File opens.

### Report – Activity Data File

- ❖ **Template** - Dropdown menu will not list any templates until a template has been saved (see Report Download Template on page 38).

Template

- ❖ **Coordinating Agency and Provider Agency** - Fields are **auto-populated**.

PIHP Region **MPHI Test CA**  
 Provider Agency **MPHI Test PA #2**

- ❖ **Group** - If no specific groups are selected, a report will be generated for all listed groups. Select a **group** to generate a report for a single group.

Group

- ❖ **Start Date and End Date** - Select **dates of activities** to include in report.

Start Date   

End Date   

❖ **Get Report** - Select **Get Report** to produce report online.

PIHP Region **MPHI Test CA**

Provider Agency **MPHI Test PA #2**

Group

❖ **Download** - Select **Download link** to display **Report Download Template**.

**Report Download Template**

❖ Select **items** to be included in the report. *Helpful Hint:* Click on white triangles on the right side of blue bars to expand/collapse categories.

❖ Enter **name** if saving a template and select **Save Template**.

❖ Select **Download** to open/save report in Excel without saving as a template.

Name

**Appendix A: Validation Matrix**

Row	Group Type	Program Type	Intervention Type	Service Domains Allowed	Service Populations Allowed	Strategies Allowed	Require Total Attendees Only	Require Estimated Reach Only	Allow Total or Estimated Reach Only	Allow Total and/or Estimated Reach	Require Demographics when Total Attendees is used
					Only the listed populations are allowed, based on the selected Group/Program/Intervention Type.	Only the listed strategies are allowed, based on the selected Group/Program/Intervention Type.	If this column is marked "Y" then only Total Attendees can be entered.	If this column is marked "Y" then only Estimated Reach can be entered.	If this column is marked "Y" then either Total Attendees or Estimated Reach can be entered, but not both.	Where Total is number present and Estimated Reach is expected population to be reached by the attendees or even. If this column is marked "Y" then both Total Attendees and Estimated Reach can be used on the same activity record or one or the other may be used, at your discretion.	Males, females, Race, Ethnicity, Participant Age...may be an estimate or actual count. If this column is marked "Y", then demographics (New Males/Females, Race, Ethnicity, Age) must be entered when Total Attendees is used; even if "guesstimates" must be made.
1	One-time	Population	Universal-Indirect	All	04, 05, 06, 13, 16, 17, 18, 19, 20, 24, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 98, 99		N	N	N	Y	Y
2	One-time	Population	Universal-Indirect	All	05, 06, 13, 16, 17, 18, 19, 20, 24, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 98, 99	Strategy is not dependent upon Service Domain	N	N	Y	N	Y
3	One-time	Individual	Universal-Direct	All	04, 05, 06, 13, 16, 17, 18, 19, 20, 24, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 98, 99	N06	Y	N	N	N	Y
4	Ongoing-other	Individual	Indicated	All	04, 16, 35, 98	A04, C08, E02, E03, N06, P01, P02, P03, P04	Y	N	N	N	Y
5	Ongoing-other	Individual	Selective	All	04, 05, 06, 13, 17, 18, 19, 20, 24, 98, 99	A01, A04, C08, E02, E03, N06, P01, P02, P04	Y	N	N	N	Y
6	Ongoing-other	Individual	Universal-direct	All	30, 31, 32, 33, 34, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46	C08	N	N	N	Y	Y
7	Ongoing-other	Individual	Universal-direct	All	30, 31, 32, 33, 34, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46	A01, A03, A04, C04, C05, C06, C07, E02, E03, N06, P01, P02, P04, V01, V02, V03	Y	N	N	N	Y
8	Ongoing-other	Population	Universal-indirect	All	04, 05, 06, 13, 16, 17, 18, 19, 20, 24, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 98	C04, C08, N02, N07	N	N	N	Y	Y

9	Ongoing-other	Population	Universal-indirect	All	04, 05, 06, 13, 16, 17, 18, 19, 20, 24, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 98	A01, A03, A04, C01, C02, C05, C06, C07, N01, V01, V02, V03	N	N	Y	N	Y
10	Ongoing-sequential	Individual	Indicated	All	04, 16, 35, 98	C08	N	N	N	Y	Y
11	Ongoing-sequential	Individual	Indicated	All	04, 16, 35, 98	A04, E02, E03, P01, P02, P03, P04	Y	N	N	N	Y
12	Ongoing-sequential	Individual	Selective	All	04, 05, 06, 13, 17, 18, 19, 20, 24, 98, 99	C08	N	N	N	Y	Y
13	Ongoing-sequential	Individual	Selective	All	04, 05, 06, 13, 17, 18, 19, 20, 24, 98, 99	A01, A04, E02, E03, P01, P02	Y	N	N	N	Y
14	Ongoing-sequential	Individual	Universal-direct	All	30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 98	C08	N	N	N	Y	Y
15	Ongoing-sequential	Individual	Universal-direct	All	30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 98	A01, A04, E02, E03, P01, P02, P04	Y	N	N	N	Y

### Validation Matrix Codes

Service Domain ID	Service Domain Description
1	Individual
2	Family
3	Peer
4	School/Work
5	Community
6	Society/Environment

Service Population ID	Service Population Description
04	Children of Parents with SUD
05	Delinquent/Violent Youth
06	Economically Disadvantaged
13	Homeless or Runaway Youth
16	People Using Substances
17	People with Disabilities
18	People with Mental Health Problems
19	Physically/Emotionally Abused
20	Pregnant/Women of Childbearing Age
24	School Dropouts
30	Youth/Minors
31	Students
32	Older Adults
33	Parents and Families
34	Lesbian/Gay/Bisexual/Transgender
35	Persons in Recovery
36	Business and Industry
37	Civic Groups
38	Coalition
39	Religious Group
40	Government/Elected Officials
41	Health Professionals
42	SUD Prevention/Treatment Professionals
43	Teachers/Administrators/Counselors
44	Law Enforcement/Military
45	General Population
46	Not Any of the Above
98	Prenatally Substance Exposed Infants and Children
99	Other High Risk Populations

Strategy ID	Strategy Description
A01	ATOD Recreational Event
A03	Community Events
A04	Youth/Adult Leadership
C01	Funding Alternatives
C02	Needs Assessment Tool
C04	Conducting Training Service
C05	Community Coalition Building
C06	Coalition Meeting Participation
C07	Coalition Technical Assistance
C08	Coordinating Volunteers
E02	Classroom Curriculum
E03	Other Group Education
N01	Distribute Materials & Events
N02	Develop PSA and PI Materials
N06	Speaking Engagement Direct
N07	Speaking Engagement Indirect
P01	Employee Assistance
P02	Student Assistance
P03	DUI/DWI/MIP Classes
P04	Prevention Assessment
V01	Technical Assistance
V02	Underage Sales Tobacco
V03	Underage Sales Alcohol

**Appendix B: YTA Chart**

Fields in the Group Screen											
Activity	Name of Group	YTA	Group Type	Program Type	Min./Max Units	Intervention Type	Service Population	Service Domain	Funding Source	EBP	Notes in Group Screen
<b>Formal Synar Inspections (Inspections from the State's sample draw)</b>	YTA-Synar Inspections	Yes mark Tobacco Related Check Box (may be re-titled to Youth Tobacco Act).	On-going other	Population	Set Minimum to 1 and Maximum up to 999	universal Indirect	Business	#6 Society/Environmental	Check with your PIHP Prevention Coordinator	#6 Youth Tobacco Act/Synar	
<b>Non-synar Inspections (can be civilian or law enforcement{if being paid in part with CA funds})</b>	YTA - non-Synar Inspections	Yes mark Tobacco Related Check Box (may be re-titled to Youth Tobacco Act).	On-going other	Population	Set Minimum to 1 and Maximum up to 999	universal Indirect	Business	#6 Society/Environmental	Check with your PIHP Prevention Coordinator	#6 Youth Tobacco Act/Synar	
<b>Vendor Education (this includes all vendor or retail educations regardless of when they are conducted)</b>	YTA Vendor Education	Yes mark Tobacco Related Check Box (may be re-titled to Youth Tobacco Act).	On-going other	Population	Set Minimum to 1 and Maximum up to 999	universal Indirect	Business	#6 Society/Environmental	Check with your PIHP Prevention Coordinator	#6 Youth Tobacco Act/Synar	If your Coordinating Agency has different criteria for different types of vendor education you can specify here.
<b>Community Events (These would include coalition activities such as health fairs, developing policies, community presentations, etc.)</b>	YTA - community events	Yes mark Tobacco Related Check Box (may be re-titled to Youth Tobacco Act).	On-going other	Population	Set Minimum to 1 and Maximum up to 999	universal Indirect	General	#6 Society/Environmental	Check with your PIHP Prevention Coordinator	#6 Youth Tobacco Act/Synar	If needed, you can include a more specific description of Services Population here, i.e., youth, business, religious leaders, etc.)
<b>Training Volunteers (Services would include training youth, adult and law enforcement for compliance checks and vendor education activities)</b>	YTA - Training	Yes mark Tobacco Related Check Box (may be re-titled to Youth Tobacco Act).	On-going other	Population	Set Minimum to 1 and Maximum up to 999	universal Indirect	General	#6 Society/Environmental	Check with your PIHP Prevention Coordinator	#6 Youth Tobacco Act/Synar	If needed, you can include a more specific description of Services Population here, i.e., youth, law enforcement
<b>YTA Tobacco Coalition Meetings</b>	YTA - Tobacco Coalition Meetings	Yes mark Tobacco Related Check Box (may be re-titled to Youth Tobacco Act).	On-going other	Population	Set Minimum to 1 and Maximum up to 1003	universal Indirect	Coalitions	#6 Society/Environmental	Check with your PIHP Prevention Coordinator	#6 Youth Tobacco Act/Synar	
<b>YTA - Stakeholders Mobilization (activities would include, meeting with community leaders to discuss YTA activities/issues)</b>	YTA - Stakeholders Mobilization	Yes mark Tobacco Related Check Box (may be re-titled to Youth Tobacco Act).	On-going other	Individual	Set Minimum to 1 and Maximum up to 999	Universal Direct	General	#6 Society/Environmental	Check with your PIHP Prevention Coordinator	#6 Youth Tobacco Act/Synar	If needed, you can include a more specific description of Services Population here, i.e., youth, law enforcement

Fields in the Activity Screen							
Activity	Total Attendees	Primary Strategy	Number completed	Staff	Demographic	Notes	Other
<b>Formal Synar Inspections (Inspections from the State's sample draw)</b>	Yes (only those receiving the intervention, i.e. the store clerk(s))	V02	Yes (as basically these are collection of one time activities that we are putting under an on-going other group, attendees will probably be new and completing on the same activity record).	Yes (Identify all paid staff involved)	Yes, must be completed for new attendees (you may have to do a best guess estimate in some cases).	If several inspections were done in a block of time for one activity record, enter the total number of checks completed in the notes section.	PIHP Prevention Coordinators can decide to make each check a separate activity or if they are done in a block of time, may add them as one activity.
<b>Non-synar Inspections (can be civilian or law enforcement{if being paid in part with CA funds})</b>	Yes (only those receiving the intervention, i.e. the store clerk(s))	V02	Yes (as basically these are collection of one time activities that we are putting under an on-going other group, attendees will probably be new and completing on the same activity record).	Yes (Identify all paid staff involved)	Yes, must be completed for new attendees (you may have to do a best guess estimate in some cases).	If several inspections were done in a block of time for one activity record, enter the total number of checks completed in the notes section.	PIHP Prevention Coordinators can decide to make each check a separate activity or if they are done in a block of time, may add them as one activity.
<b>Vendor Education (this includes all vendor or retail educations regardless of when they are conducted)</b>	Yes (only those receiving the intervention, i.e. the store clerk(s), managers)	V02	Yes (as basically these are collection of one time activities that we are putting under an on-going other group, attendees will probably be new and completing on the same activity record).	Yes (Identify all paid staff involved)	Yes, must be completed for new attendees (you may have to do a best guess estimate in some cases).	If several vendor educations were done in a block of time for one activity record, enter the total number of check completed in the notes section.	PIHP Prevention Coordinator can decide to make each education a separate activity or if they are done in a block of time, may add them as one activity.
<b>Community Events (These would include coalition activities such as health fairs, developing policies, community presentations, etc.)</b>	Yes /Possibly Estimated Reach (only include those receiving the intervention)OR Estimated Reach if attendees are too large to obtain demographics	V02	Yes (as basically these are collection of one time activities that we are putting under an on-going other group, attendees will probably be new and completing on the same activity record).	Yes (Identify all paid staff involved)	Yes, must be completed for new attendees (you may have to do a best guess estimate in some cases).		
<b>Training Volunteers (Services would include training youth, adult and law enforcement for compliance checks and vendor education activities)</b>	Yes (only those being trained)	V02	Yes (as basically these are collection of one time activities that we are putting under an on-going other group, attendees will probably be new and completing on the same activity record).	Yes (Identify all paid staff involved)	Yes, must be completed for new attendees (you may have to do a best guess estimate in some cases).		

<b>YTA Tobacco Coalition Meetings</b>	Yes (Attendees would be the coalition members)	V01	No (you would not count them as completed until they left the coalition)	Yes (Identify all paid staff involved)	Yes (of coalition members)		
<b>YTA - Stakeholders Mobilization (activities would include, meeting with community leaders to discuss YTA activities/issues)</b>	Yes (only those receiving the intervention, Prosecutor, Mayor, Chief of Police, etc.)	V01	Yes (If you only plan on meeting one time with a specific person, count them as New and Completed in the same activity record)	Yes (Identify all paid staff involved)	Yes, must be completed for new attendees (you may have to do a best guess estimate in some cases).		Focus is on collective stakeholder mobilization as a sequence of activities.