INSTRUCTIONS: Primary Prevention Expenditures by Strategy Report

Due Date: February 28 of following fiscal year

Submit completed reports electronically, on or before the due date, to: MDHHS-BHDDA-Contracts-MGMT@michigan.gov.

This report requires the Prepaid Inpatient Health Plan (PIHP) to report expenditures by a) the six federal prevention strategies, including Section 1926-Tobacco and Other, and b) the five Institute of Medicine (IOM) Targets. The total number of Evidence-based Programs (EBPs) by IOM Target is also required, including specific federal expenditures for each EBP. This report must include all prevention expenditures – any expenditures that do not correspond with the six federal strategies, including Section 1926-Tobacco, should be recorded in the Other strategy rows.

The information submitted by the PIHPs on this report will be used to complete federal application and reporting requirements.

IMPORTANT: The prevention expenditures posted on this report must reconcile to the PIHP's prevention expenditures posted on its final Financial Status Report and Legislative Report.

Institute of Medicine (IOM) Target Definitions:

Universal / Direct — Interventions which directly serve an identifiable group of participants but who have not been identified based on 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 to support population-based programs and environmental strategies (e.g., establishing Alcohol, Tobacco and Other Drug (ATOD) policies, modifying ATOD advertising practices). This also could include interventions involving programs and policies implemented by coalitions.

Selective — Activities targeted to individuals or a subgroup of a population whose risk of developing a disorder is significantly higher than average.

Indicated — Activities targeted to individuals in high-risk environments, 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.

Unspecified – Activities and expenditures not specifically associated with the one of the IOM categories; should only be used with the Other strategy.

Definition of Evidence-based Programs (EBP):

- Inclusion in a federal list or registry of evidence-based interventions;
- Being reported (with positive effects) in a peer-reviewed journal; and,
- Documentation of effectiveness, based on all the following guidelines:

Guideline 1: The intervention is based on a theory of change that is documented in a clear logic or conceptual model; and,

Guideline 2: The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature; and,

Guideline 3: The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to Identifying and Selecting Evidence-Based Interventions scientific standards of evidence and with results that show a consistent pattern of credible and positive effects; and,

Guideline 4: The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes well-qualified prevention researchers who are experienced in evaluating prevention interventions like those under review; local prevention practitioners; and key community leaders as appropriate, such as officials from law enforcement and education sectors or elders within indigenous cultures.

Six Primary Prevention Strategies:

Expenditure information must be reported by federal strategy. The following describes each of these as guidance to the PIHP in reporting these expenditures:

1. **Information Dissemination** — This strategy provides awareness and knowledge of the nature and extent of ATOD use, abuse, and addiction and their affect on individuals, families, and communities and provides knowledge and awareness of available prevention programs and services. This strategy is characterized by one-way communication from the source to the audience with limited contact between the two.

   Examples of Information Dissemination strategies include:
   - Resource directories
   - Media campaigns
   - Brochures
   - Radio/TV public service announcements
   - Speaking engagements
   - Health fairs/health promotion
   - Information line

Six Primary Prevention Strategies – continued

2. **Education** — This strategy is characterized by two-way communication and is distinguished from the Information Dissemination in that interaction between the educator/facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis of media messages and systematic and judgmental abilities.

   Examples of Education strategies include:
   - Ongoing classroom and/or small group session (all ages)
   - Parenting and family management classes
   - Peer leader/helper programs
   - Education programs for youth groups
   - Children of Substance Abusers (COSA) groups

3. **Alternatives** — This strategy provides for the participation of the target population in activities that exclude ATOD. The assumption is that constructive activities offset the attraction to ATOD.

   Examples of Alternatives strategies include:
   - Drug-free dances and parties
   - Youth/adult leadership retreats or mentoring
   - Community drop-in centers
   - Community service activities

4. **Problem Identification and Referral** — This strategy aims at identification of those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and in the first use of illicit drugs. They are assessed to determine whether their behavior can be reversed through education or whether they need professional help for treatment of a more deep-seated, potentially abusive behavior pattern. Activities under this strategy include screening for tendencies toward substance abuse and minimal preemptive counseling for curbing such tendencies. Activities cannot include screening, assessment and referral functions such as eligibility determination or use of ASAM criteria to determine level of care.

   Examples of Problem Identification and Referral strategies include:
   - Employee Assistance Programs
   - Student Assistance Programs
   - Driving Under the Influence/Driving While Intoxicated (DUI/DWI) Education Programs

Six Primary Prevention Strategies – continued

5. **Community-Based Processes** — This strategy aims to enhance the ability of the community to provide prevention and treatment services more effectively for ATOD disorders. Activities in this strategy include organizing, planning, enhancing the efficiency and effectiveness of services implementation, interagency collaboration, coalition building and networking.

   Examples of Community-based Processes strategies include:
   - Community and volunteer training such as neighborhood action training
   - Training of key people in the system, staff/officials training
   - Systematic planning
   - Multi-agency coordination and collaboration
   - Accessing services and funding
   - Community team building

6. **Environmental** — This strategy establishes, or changes, written and unwritten community standards, codes, and attitudes which influences the incidence and prevalence of ATOD use in the general population.

   Examples of Environmental strategies include:
   - Promoting the review of ATOD policies in schools
   - Technical assistance to communities to maximize local enforcement procedures governing availability and distribution of alcohol, tobacco, and other drugs
   - Modifying alcohol and tobacco advertising practices
   - Product pricing strategies

Section 1926-Tobacco — Costs Associated with the Synar Program. Record all prevention expenditures for activity targeting the reduction of youth access to tobacco including, but not limited to:

a) law enforcement inspections;
b) civilian inspections;
c) official Synar inspections;
d) vendor education and training;
e) conferences convened by the PIHP;
f) town hall meetings convened by the PIHP
g) collaborative planning/programming efforts with tobacco/drug-free coalitions;
h) media campaigns;
i) community mobilization;
j) environmental initiatives; and,
k) education and training of other stakeholder agencies.

Section 1926-Tobacco – continued

PIHPs may not use SAPT Block Grant funds to pay for the enforcement of Section 1926-Tobacco, except that they may expend funds from their Prevention allocation for carrying out the administrative aspects of the requirement, such as, the development of the sample design and the conducting of the inspections. PIHPs may use Public Act 2/Liquor Tax and/or State General Funds.

Other — Record all other prevention expenditures including, for example, costs associated with local needs assessment, and prevention coordinators, that cannot otherwise be distributed to the strategy(ies).

Primary Prevention Expenditures by Strategy Report – Worksheet #1

Form Completion Instructions

This Primary Prevention Expenditures by Strategy Report (PESR) requires that total funding be reported. Eight columns for reporting expenditure information are provided.

Enter the amounts in whole dollars.

If there are no expenditures to report for a particular cell, enter a zero — do not leave blank.

Column Instructions (Cols C-I):

Column C: No. of Evidence-based Programs (EBPs) — Provide the number of EBPs for each IOM Target within the six Primary Prevention Strategies including Section 1926-Tobacco and Other.

Column D: **SAPT Block Grant Expenditures for EBPs ONLY** --- This includes **ONLY** SAPT Block Grant expenditures for EBPs identified within the six Primary Prevention Strategies including Section 1926-Tobacco and Other. **Do not include State (General Fund) expenditures.**

Column E: **Total SAPT Block Grant Expenditures** --- This includes the **TOTAL** SAPT Block Grant expenditures for the six Primary Prevention Strategies including Section 1926-Tobacco and other. The total is inclusive of Column D expenditures. **Do not include State (General Fund) expenditures.**

Column F: **COVID-19 Block Grant Expenditures for EBPs ONLY** --- This includes **ONLY** COVID-19 Block Grant expenditures for EBPs identified within the six Primary Prevention Strategies including Section 1926-Tobacco and Other. **Do not include State (General Fund) expenditures.**

<u>Column G</u>: **Total COVID-19 Block Grant Expenditures** --- This includes the **<u>TOTAL</u>** COVID-19 Block Grant expenditures for the six Primary Prevention Strategies including Section 1926-Tobacco and other. The total is inclusive of Column F expenditures. **Do not include State (General Fund) expenditures.**

<u>Column H</u>: **Other Federal Expenditures** — This includes all Other Federal funds expenditures for primary prevention services. Examples are Public Health Service (PHS) or other federal categorical grant funds; Medicare; other public welfare funds, such as Food Stamps; other public third-party funds, such as Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); the Social Services Block Grant (Title XX); and the Maternal and Child Health Block Grant.

<u>Column I</u>: **State Expenditures** — This includes all State (General Funds) expenditures for primary prevention.

<u>Column J</u>: **Local Expenditures** — This includes funds expenditures designated as Local by government entities, cities, other municipalities, special tax districts, local match, counties, and Public Act 2/Liquor Tax.

<u>Column K</u>: **Other Expenditures** — This includes any Other fund expenditures for primary prevention services.

Primary Prevention Expenditures by Strategy Report—Worksheet #2

PESR worksheet #2 has been pre-formatted to link to all corresponding cells within PESR worksheet #1. Worksheet #2 compiles the total number of EBPs by IOM Target, including the total SAPT and COVID-19 Block Grant Expenditures for each IOM Target.

No input or action is needed on Worksheet #2.