Northern Michigan Regional Entity

Prepaid Inpatient Health Plan

Substance Use Disorder

PREVENTION Provider Manual

DRAFT

NOTE*

Blue highlight=FY23 Special Provisions SUGS Prev document

Green highlight=NMRE SUD Prevention Manual

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INTRODUCTION

The NMRE serves as a pre-paid inpatient health plan (PIHP) under contract with Michigan Department of Health and Human Services (MDHHS) for region 2. Delivering substance use disorder prevention services within the 21 counties of Alcona, Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Iosco, Kalkaska, Leelanau, Manistee, Missaukee, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon, and Wexford.

The NMRE is under contract with the Michigan Department of Health and Human Services (MDHHS), utilizing public funding under the Substance Abuse Prevention and Treatment Block Grant (SAPT-BG) and other Grants, managing substance abuse related services throughout the 21-county region.

The SAPT Block Grant requires a Synar Checks, all states must conduct annual, unannounced, random inspections of tobacco retailers to determine compliance rate with laws prohibiting the sale of tobacco products to persons under the age of twenty-one. The Designated Youth Tobacco Use Representative (DYTUR) services must follow the same guidelines as prevention providers. See DYTUR section

The purpose of this provider manual is to offer information and technical assistance regarding the requirements associated with the roles and responsibilities of contracted providers.

Becoming a Prevention Provider

The NMRE SUD Prevention services operates with a Request for Proposal (RFP) process-see RFP process. This RFP provides interested agencies, institutions, and organizations with necessary information to prepare and submit proposals for the provision of substance use disorders prevention services. Total funds anticipated to be available for the period of October 1 through September 30. **The funding totals are anticipated; actual funding may vary** dependent on the Substance Abuse Prevention and Treatment Block grant.

The NMRE SUD Prevention RFP timeline is between 21 Counties on a three-year rotation. The Eastern region includes Alcona, Alpena, Benzie, Iosco, Montmorency, Ogemaw, Oscoda, and Presque Isle. Central region includes Antrim, Charlevoix, Cheboygan, Crawford, Emmet, Otsego, and Roscommon. The Western region includes Benzie, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, and Wexford. Contracts are renewed annually therefore if a County is not up for bid a contract will be renewed if the planning packet documents adhere to state guidelines.

To be considered for prevention services and/or DYTUR services, each organization by County must submit a complete RFP, meeting the following criteria:

1. Appropriately licensed to provide substance use disorders prevention services in the State of Michigan or provide evidence that they are licensed before service provision ensures. Non-governmental entities must have a CAIT/LARA prevention License to receive funding. Recognized as a contractor or sub-recipient……
2. Follow Federal Regulation 2 CFR Part 180.
   a. Not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency.
   b. Have not within a three year period preceding this agreement, been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction; violation of federal or state anti-trust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statement, or receiving stolen property;
   c. Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) with commission of any of the offenses enumerated in section B, and.
   d. Have not within a three-year period preceding this agreement had one or more public transactions (federal, state, or local) terminated for cause or default.
   e. The contractor shall purchase and maintain such insurance as will protect the contractor from claims which may arise out of or result from the contractor's operations under the contract.

Award letters will go out to those meeting the criteria and approved by NMRE SUD Policy Oversight Board and NMRE Board, along with this NMRE SUD PREVENTION MANUAL and the Financial Statement Request (FSR). An appointment can be set up for technical assistance (MPDS access and any other assistance).

MDHHS set priorities for the year, using strategic plans, contracts are subject to change throughout the Fiscal Year. Prevention Services provided in accordance with the MDHHS/PIHP Contract.

PERFORMANCE STANDARDS

In addition, prevention strategies are classified using the Institute of Medicine (IOM) Model of Universal, Selective, and Indicated, which classifies preventive interventions by the population targeted. Adapted definitions for these categories appear below:

Universal: Activities targeted to the public or a whole population group that has not been identified based on individual risk.

Selective: Activities targeted to individuals or a subgroup of the 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 meeting diagnostic levels.

MDHHS requires the following: Based on needs assessment, prevention activities are targeted to high-risk groups and must be directed to those at greatest risk of substance use disorders and/or most in need of services within these high-risk groups. PIHPs are not required to implement prevention programming for all high-risk groups. The PIHP may also provide targeted prevention services to the general population.

Approved needs assessments (strategic plans/logic models) at time of RFP and annual planning are regularly reviewed and have an improvement plan for the monitoring process.

To meet the required standards:

1. Prevention services reduce the risk that an individual will develop problems that might require that he or she enter the substance abuse treatment system. The Prevention licensing category is Community Change, Alternatives, Information and Training (CAIT) registered with the Michigan Department of Licensing and Regulatory Affairs (LARA). This will be checked during the RFP and annual planning processes. A CAIT licensed program must offer at least on of the following SUD services:

Community Change- Planned efforts that are designed to change specific conditions to reduce the probability that substance use problems will occur among residents of the community.

Alternatives- Providing planned non-treatment personal growth activities that are designed to help a participant meet his or her own personal needs and to reduce the risk of developing problems that may require that he or she enter the substance abuse treatment system.

Information- Providing information to the public that is designed to reduce the risk that an individual will develop problems that may require that he or she enter the substance abuse treatment system.

Training- Providing activities designed to improve the personal and social skills of a person who wishes to avoid substance use problems or who can help others avoid problems with substance use.

2. Must address individuals **who do not require and have not required treatment for a substance use disorder.** Prevention programming is to prevent and/or reduce the consequences of substance use in communities by preventing or

delaying the onset of use and reducing the progression of substance use disorders in individuals.

3. Prevention services must be identified using the 6 strategies by Centers for Substance Abuse Prevention (CSAP) and Substance Abuse and Mental Health Services Administration (SAMHSA) federal prevention strategies; information dissemination, education alternatives; problem identification and referral, community-based processes, and environmental change.

- ✓ Information dissemination providing awareness and knowledge of the nature, extent, and effects of alcohol, tobacco, and drug use, abuse, and addiction on individuals' families and communities.
- ✓ Education aimed at affecting critical life and social skills, such as decision making, refusal skills, critical analysis, and systematic judgment abilities.
- ✓ Alternative programs that provide for the participation of target populations in activities that exclude alcohol, tobacco, and other drug use.
- ✓ Problem identification and referral that aims at identification of those who have indulged in illegal/age-inappropriate use of tobacco or alcohol, and those individuals who have indulged in first use of illicit drugs, in order to assess if the behavior can be reversed by education to prevent further use.
- ✓ Community-based processes that include organizing, planning, and enhancing effectiveness of program, policy, and practice implementation, interagency collaboration, coalition building, and networking.
- ✓ Environmental strategies that establish or change written and unwritten community standards, codes, and attitudes, thereby influencing incidence and prevalence of the abuse of alcohol, tobacco and other drugs used in the general population.

NOTE: Social NORMS - In the prevention field, we utilize social norms strategies to impact substance use disorder perceptions. Prevention professionals, via youth-led projects and activities, have begun informing their peers not about the high use of drugs, but the high number of youths abstaining from drug use.
Examples of strategies used in impact/change social norms include:

- Social media
- Peer-produced informational campaigns
- Ad campaigns – think national smoking prevention campaigns
- Laws and policies to prevent use

4. Prevention staff performing prevention strategies must have prevention credentials or a registered development plan with the Michigan Certification Board for Addiction Professionals (MCBAP), before providing services.

   Prior to the delivery of services, it is the Provider's responsibility to submit a New Hire Notification Form for all staff with direct client contact. New Hire Notification forms submit to providersupport@nmre.org. New Hire Notification forms will be reviewed, and must be approved, by NMRE prior to providing service.

Providers must conduct primary source verification of education and licensure, registration and/or certification prior to employment and maintain proof of the primary source verification in the credentials file.

Annually, Providers must conduct primary source verification of licensure, registration and/or certification on all clinicians and maintain proof of verification in the credentials file for annual monitoring. Providers must verify background checks of Prevention Supervisors and Staff annually for monitoring.

When staff leave employment, NMRE requires notification of departure, including the last date of employment, so that we can keep accurate records, update contact lists, and deactivate staff from data system. Please send notice of any staff changes in to providersupport@nmre.org.

Forms needed for RFP/Annual Planning: NMRE Staff Fillable Form, proof of up-to-date credentials and Prevention Job descriptions

i. Staff to oversee contract=Project Manager and Prevention Supervisor.
ii. Staff to provide Direct Service=Prevention Staff

5. RFP: For each goal set by MDHHS/NMRE the Assessment must include Problem Statement, Problem Area, Intervening Variables, survey- indicator-qualitative data, collaborative activities, and Community Outreach.
6. Narrative application, Planning Forms and Budgets to complete the RFP process. Formula used for hours/MPDS Units; FTE (from Budget) multiplied by 612 equals hours in plan. MPDS time is entered at units (4 units in 1 hour).
7. Prevention services are focused on State and Regional priorities initiated by OROSC/MDHHS guidelines, strategic plans, using local data to support.
8. The State requires a minimum of ninety percent (90%) of all services must be researched-based. The NMREs goal is 100% EBP, Contracted Prevention Providers must have all Evidence Based Practices pre-approved by the NMRE, MDHHS and MPDS.
   (EX: Prime for Life, Botvin's Life Skills, Guiding Good Choices) Staff delivering these EBP must be trained and have a signed NMRE Coordination of Services and Community Support Form. If applicable.
9. Services should address both high-risk populations and the general community.
10. Services need to be based on identified, current community needs utilizing the Strategic Prevention Framework Logic Model (SPF).
11. Services are collaborative in nature representing coordination of resources and activities and other primary prevention providers- e.g., local health departments, community collaboratives and the MDHHS's prevention programs for women, children and families, and older adults.

12. All media promoting programs, publications and information funded all or in part of by Block Grant through the NMRE must be approved by submitting to providersupport@nmre.org and acknowledge that the state and federal funding was utilized for the project. This includes all TV or radio PSAs, mailers or flyers sent to all households in a community, billboards, bus wrapping, etc. If there are questions on submissions for approval, please contact the NMRE. All materials funded in part or whole by Block Grant are approved by MDHHS. Therefore, submit materials with an anticipated response time of approximately 21+ days. All materials funded in part by Liquor tax/PA2 funds are approved by the NMRE with a response time of up to 14 days.

Notification of Provider RFP Awards announced by September and upon receipt of an executed contract agreement.

In the event of a Pandemic or any type of State of Emergency, the NMRE will follow MDHHS guidance to be compliant with State and Federal requirements.

COORDINATION OF SERVICES

All contracted Prevention Providers must be able to identify how services are coordinated with other community agencies and coalitions. Providers are encouraged to enter into referral agreements with community agencies utilizing the NMRE Coordination of Services and Community Support Form. NMRE will offer support for this upon request. Coordination of services should minimally include:

- Local Department of Health and Human Services
- Local Community Mental Health Service Provider
- Local Schools
- Law Enforcement
- School Resource Officers
- Teen Health Centers
- Community Coalitions
- Local Health Departments
- Federally Qualified Health Centers
- Boys and Girls Club

SUD STAFF GUIDANCE

NMRE is committed to ensuring that the substance use disorder prevention services offered are accessible, evidence based and delivered by a system of professional organizations and staff that demonstrate the core belief of dignity and respect for all people. All services are provided in a manner that demonstrates cultural competencies and accommodations of disabilities

including hearing and vision impairments, service animals, limited-English proficiency, and alternative forms of communication. Provider staff are encouraged to obtain additional continuing education on an annual basis and to be current in core trainings specific to EBP.

In addition to follow regulations for Non-discrimination, Confidentiality, Dignity and Respect, Recipient Rights, -CAIT Licensure, Interpreter Services, 42 CFR Part 2, 45 CFR Parts 160 and 164-HIPAA Privacy and Translation services. Policies needed for monitoring purposes for training required.

Trainings required: Improving MI Practices See DFNM webpage

a. **Communicable disease LEVEL 1- training within 30 days of hire, renew annually**
b. Cultural competency-training within 1 year of hire, renew annually
c. Recipient Rights-training within 30 days of hire, renew annually
~~d. LEP- training within 90 days of hire, renew annually~~
~~e. HIPAA Privacy and Security training within 30 days of hire, renew annually~~
f. Ethics: MCBAP certification requires an ethics class, if staff are not MCBAP certified an ethics class must be completed.
g. Other monitoring requirements: review NMRE SUD Prevention Manual and the MPDS Manual annually and when revisions are made.

SUBSTANCE USE DISORDER RECIPIENT RIGHTS TRAINING

Register or login at https://www.improvingmipractices.org/practice-areas/substance-use-disorder.
Search for Recipient Rights for Substance Abuse Services

SUBSTANCE USE DISORDER RECIPIENT RIGHTS RESOURCE DOCUMENTS

Michigan Department of Licensing & Regulatory Affairs, Bureau of Community and Health Systems maintains Substance Use Disorder Recipient Rights Resource Documents at https://www.michigan.gov/lara/0,4601,7-154-89334_63294_30419_79925---,00.html

In regard to Accommodations for Disabilities; The Rehabilitation Act of 1973; The Americans with Disabilities Act of 1990 (ADA); Accommodations for Deaf and Hearing Impaired is Michigan Relay Center

It is the policy of NMRE that all SUD providers on the NMRE SUD Provider Panel be held accountable to contractual requirements, policy and performance requirements. If a provider does not meet contractual requirements, policy and/or performance requirements set forth, a system of progressive sanctions will be enacted designed to correct any non-compliance. See NMRE Sanction Policy.

42 CFR Part 2-Federal Drug and Alcohol Confidentiality Law

42 CFR Parts 160 and 164-HIPAA Privacy

NEW HIRES within the FY must have a NMRE Application on file that is sent in before any services can be completed by staff. The NMRE will ensure all certifications and trainings are complete. If new staff have a Development Plan through MCBAP a temporary privileging form is required.

CULTURAL COMPETENCE

Providers must have a ***written and implemented cultural competency plan*** that includes the following:

- Identification and assessment of the cultural needs of potential and active individuals based on population served.
- Identification of how access to services is facilitated for persons with diverse cultural backgrounds and Limited English Proficiency (LEP).
- Identification standards for the recruitment and hiring of culturally competent staff members.
- Identification of how ongoing staff training needs in cultural competency will be assessed,

PREVENTION SERVICES

Provider Responsibilities

- Planning Forms are sent initially with the RFP then required only if additions/deletions would need to be made through the FY contract, if those seven counties are due for the RFP. The other fourteen counties would go through the annual planning process-see annual planning process.
- Utilize the statewide web-based system Michigan Prevention Data System (MPDS)- a staff activity reporting system and data collection. See below for further detail.
- Attend Meetings: NMRE SUD Prevention Provider meetings, Designated Youth Tobacco Use Representatives (DYTUR), NMRE Drug Free Northern Michigan Alliance (21 County)
- Invite NMRE Prevention Coordinator to County Coalition meetings and send Minutes/Agendas to NMRE Prevention Coordinator.
- All Evidence Based Practices must meet fidelity standards annually. During the monitoring and auditing when the sample is pulled with a specific EBP that practice must have a current fidelity review.
- Communicate timely for reporting, collaboration and NMRE support ticket system.

- Supervision of prevention staff must be provided by a MCBAP-approved CPS/CPC or a MCBAP-approved alternative and provide proof in the annual monitoring process.

FINANCE-BILLING

Financial Viability – The proposing organization must demonstrate that it has adequate financial resources and fiscal management systems in place to maintain service delivery. The information requested includes budget (one per organization), Audits, and Balance sheets will be reviewed against standards for measuring financial soundness. See NMRE Procurement Policy/Procedure

Billing- the prevention provider will submit a given financial service report (FSR) monthly for expenditures against the approved budget for payment.

Prevention-related funding limitations the PIHP must adhere to are:
1. PIHP expenditure requirements for prevention, including Synar, as stipulated in the PIHP's Special Provisions.
2. 90% of prevention expenditures are expected to be directed to programs which are implemented because of an evidence-based decision-making process:
3. Alternative strategy activities, if provided must reflect evidence-based approaches and best practices such as multi-generational and adult to youth mentoring:
4. State-administered funds used for information dissemination must be part of a multi-faceted regional prevention strategy, rather than independent, stand-alone activity.

MONITORING/EVALUATING

The MDHHS contract with the NMRE states the PIHP must monitor and evaluate prevention programs at least annually to determine if the program outcomes, milestones, and other indicators are achieved, as well as compliance with state and federal requirements. Indicators may include integrity to prevention best practice models including those related to planning prevention interventions such as risk/protective factor assessment, community assets/resources assessment, levels of community support, evaluation, etc. A written monitoring procedure, which includes requirements for corrective action plans to address issues of concern with a provider, is required. Providers should take steps to ensure fidelity to evidence-practice models, including sustaining fidelity when valid models and/or program staffing changes occur, which may require new training or credentials in maintain integrity of provisions. Providing documentation to the NMRE during monitoring that demonstrates fidelity.

NMRE requires that all prevention services incorporate methods of evaluation and must include all process evaluation data as outlined in Michigan Licensing rules.

The annual Monitoring/Evaluation consists of reviewing staff files, prevention records, data submitted during the contracted period, staff background checks. The NMRE will utilize a random sample method to select the size of sample dependent on the records pulled. See Random Sample Process

Programs found out of compliance will be subject to corrective action. The NMRE reserves the right to periodically conduct unannounced site visits for the purpose of assuring compliance in areas considered high risk.

REPORTING REQUIREMENTS

The Provider is responsible for communicating via phone, emails or in person and submitting all applicable reports on time and per reporting instructions. Reports transmitted electronically on or before the due date are considered timely.

~~OROSC is requiring outcome evaluation surveys to be completed. The provider will complete State Outcome survey as part of pre and post test administration of program. Programs that meet the following criteria will be required to participate:~~

- ~~On-going sequential programs~~
- ~~Participants must be seventh grade or older (including adults)~~
- ~~Population is selective or indicated~~
- ~~Program will be over 30 days in duration.~~

~~Providers will receive a stipend for each pre, and post test completed. NMRE Prevention Coordinator will train providers who meet programming criteria on data collection instructions~~.

Reporting-MPDS

MDHHS requires prevention providers to submit accurate and timely data utilizing the Michigan Prevention Data System (MPDS) reference manual.
Important: Only those direct services funded by NMRE managed funds identified in the NMRE approved plan are entered into the Michigan Prevention Data System (MPDS). Data entered in the system must be for activity consistent with the prevention plan approved by NMRE and entered in accordance with MPDS Reference Manual and NMRE guidelines.
Activation/deactivation for MPDS user/staff upon request to providersupport@nmre.org. or contact the NMRE Prevention Coordinator. MPDS entries are completed monthly or within 60 days of service. See MPDS adding agencies, user, and staff process
National Outcome Measures (NOMS)- For SUD Prevention NOMS, it is the PIHPs responsibility to ensure prevention services data accurately reflects the number of persons served by age, gender, race& ethnicity and total number of evidence-based programs and strategies. Therefore, Providers must input data into MPDS to ensure accurate and timely reporting; Special provisions agreement (egrams).

MPDS Population types:

- Universal: The general public or a whole population group that has not been identified on the basis of individual risk; the population of a geographic area as a whole. All efforts using community based or environmental strategies would target this population type.
- Selective: Individuals or a subgroup of the population whose risk of developing a substance use disorder is significantly higher than average.

- Indicated: Persons who have begun experimenting/using substances but are not in need of treatment for a diagnosable addiction.
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DYTURS-Designated Youth Tobacco Use Representatives

The federal Synar Amendment requires states to have laws in place prohibiting the sale and distribution of tobacco products to persons under 21 years-of-age and to enforce those laws effectively. Annual Synar checks, required by the amendment, show that great strides have been made the reduction in retailer violations of the law and youth access to tobacco products in Michigan.
To ensure that the region complies with the expectations set forth by the state, NMRE will contract with one provider in each of its twenty-one counties to deliver services through Designated Youth Tobacco Use Representatives (DYTURs). Providers contracted for DYTUR services will be responsible for:
• Maintaining and updating the master tobacco retailer list (MRL) at least annually for each represented county, which minimally includes visiting or calling each retailer to verify/update contact information.
• By May 15th of each year, providing face-to-face vendor education to at least 25% of the tobacco retailers in the DYTUR's designated county(ies) utilizing the official OROSC protocol. DYTURs should encourage all retailers to enroll employees in the online Tobacco Retailer Education course upon hire (additional vendor education may be completed after the Formal Synar period ends);
• By May 15th of each year, conducting non-Synar compliance checks with at least 25% of the tobacco retailers in the DTYUR's designated county(ies) utilizing the official OROSC protocol. Non-Synar compliance checks can be conducted with civilians or in collaboration with local law enforcement* and/or the Michigan State Police Tobacco Tax Team whenever possible; and
• Annually conducting and completing the Formal Synar compliance checks to all retailers in the sample draw during the designated time period, taking care to utilize the official OROSC protocol. NMRE Prevention Staff will meet with DYTUR providers on securing proper youth employment requirements.

In addition, DYTURs are expected to:
• Provide education and collaborate local law enforcement, chambers of commerce, coalitions and other community groups on the Synar Amendment and Checks.
• Maintain records of all tobacco compliance checks being completed within their designated county(s), including compliance checks conducted outside of NMRE's purview.
• Complete the Youth Access to Tobacco Activity Report annually. Appropriate technical assistance, training, and protocol forms will be provided by NMRE's prevention specialists; and
• Attend state-level DYTUR/Youth Tobacco Act (YTA) meetings when possible. If/when DYTUR staff are not able to attend, please contact your NMRE Prevention Specialists in advance for call-in information, agendas, minutes, etc.

DYTUR REPORTING REQUIREMENT

Providers contracted for DYTUR services are expected to submit timely and accurately the following annual reports to NMRE by the due dates provided in separate documentation:

• **Revised Master Tobacco Retailer List (MRL)**—Please remember, all tobacco retailers on the MRL must be verified by a phone call or personal visit. Verification must include the retailer's name, address (including county), vendor type, and phone number. In addition, while electronic nicotine delivery systems (ENDS) are not currently part of the Formal Synar process, DYTURs are expected to identify retailers selling ENDS (e.g., e-cigs, vape pens, hookah pens, etc.) in their establishments during the MRL revision process. DYTURs must also add any known new retailers to the MRL. See NMRE Synar Prevention Manual for more information.

• **Vendor Education Report**—IMPORTANT: A minimum of 25% vendor education must be completed prior to the start of the Formal Synar period. NOTE* Since Covid the NMRE allows 100% vendor education to replace the 25% non-Synar checks or provider can choose to do both, this is up to the DYTUR Provider.

• **Non-Synar Report**—IMPORTANT: A minimum of 25% non-Synar must be completed prior to the start of the Formal Synar period. NOTE* Since Covid the NMRE allows 100% vendor education to replace the 25% non-Synar checks or provider can choose to do both, this is up to the DYTUR Provider.

• **Formal Synar Compliance Check Forms**; and

• **Youth Access to Tobacco Activity Report**

In addition, all providers contracted for DYTUR services are expected to enter Youth Tobacco Act (YTA) activities into the MPDS by the 10th of the month following the date of service. These activities should minimally include vendor education, non-Synar compliance checks, and Formal Synar compliance checks. To ensure standardization of regional data, DYTURs will be provided with a data entry guide for YTA-related activities and are expected to input data accurately according to the instructions given.

* SAPT Block Grant funds cannot be used for law enforcement; this includes Formal Synar and non-Synar activities or tobacco cessation programs.

Synar Coverage Study: Protocol

Under the Substance Abuse Prevention and Treatment Block Grant requirement, states must conduct annual, unannounced, random inspections of tobacco retailers to determine the compliance rate with federal laws prohibiting the sale of tobacco products to persons under the age of 21. These Synar surveys involve choosing a random sample of tobacco retail outlets from a well-maintained master retailer list. Every three years, each state is also required to check the coverage and accuracy of that master list by conducting a coverage study as close as possible to the time of the Synar survey.

"Coverage" indicated how completely the list contains (covers) all the eligible outlets in the State for the Synar survey. An eligible outlet is a retailer that sells tobacco, vapor, or alternative nicotine products and is accessible to individuals under the age of 21. The coverage rate is the percentage of all eligible outlets in the State that appear on the master retailer list. The coverage rate can be estimated through a coverage study, which is a special type of survey conducted to measure the coverage or incompleteness of the MRL. Coverage studies are

conducted every three years as required and prescribed by CSAP. SAMHSA recommendation is for a ninety (90) percent coverage rate; however, the actual mandate is for eighty (80) percent coverage. The study will also provide an additional means of checking address accuracy and outlet eligibility, beyond the various methods used to clean the list regularly. PIHPs selected to participate will be provided the method and procedure requirements. MDHHS, OROSC coverage study design required an approval from CSAP therefore, variance from approved procedures is not allowable.

EARLY INTERVENTION PREVENTION-

NMRE adheres to the recommendations described by OROSC in *Treatment Technical Advisory #9: Early Intervention*. As Early Intervention under SUD treatment services described in the SUD Provider Manual, this section will focus on prevention's role in Early Intervention services. "Prevention" refers to this level of service under the federal strategy of Problem Identification and Referral (PIR) and defines it as "helping a person with an acute personal problem involving or related to SUDs, to reduce the risk that the person might be required to enter the SUDs treatment system" (U.S. CFR, 1996).

PIR aims to identify those who have indulged in the illegal use of drugs to assess if their behavior can be reversed through education. PIR does not include any activity designed to determine if an individual needs treatment.

PIR service activities are not required to occur in the context of an existing licensed SUD treatment program; however, providers of Prevention Early Intervention (PIR) services must have appropriate prevention licensure (CAIT).

PIR services must be delivered by individuals credentialed as a Certified Prevention Specialist (CPS) or Certified Prevention Consultant (CPC) with appropriate documentation submitted to and approved by the Michigan Certification Board for Addiction Professionals (MCBAP). Supervision of PIR programs must be provided by a MCBAP-approved CPS/CPC or a MCBAP-approved alternative.

PIR services are to be provided at no cost to the participant. These services may be included as part of a provider's annual plan.

MiPHY Michigan Profile for Health Youth-

NMRE supports the MiPHY survey in schools for 7. 9. & 11 grades to gather data in our region to assist with any grant funding. The NMRE gives school incentives and supports to complete the survey which is taken every other year. See NMRE SUD Internal Procedures MiPHY.