



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

**USER MANUAL FOR PIHP REGIONS**

<https://mpds.sudpds.com>

# Table of Contents

- General Information..... 3
  - Activities Eligible for Entry:..... 3
- Data Entry ..... 5
- Manage PIHP Profile ..... 5
  - PIHP-based Optional Data Fields ..... 5
- Manage Provider Profile ..... 6
  - How to add an Agency into MPDS:..... 6
  - Provider-based Optional Fields..... 7
- Add User or Staff ..... 8
- Provider Agency User Tasks ..... 9
  - Group ..... 9
- Managing Groups and Activities ..... 16
  - Creating a New Group ..... 17
  - Managing Groups..... 19
  - Managing Activity ..... 20
  - Creating Activities ..... 21
    - The Add Activity Screen..... 22
  - Editing an Activity Record ..... 27
  - Deleting an Activity Record ..... 27
- Reports ..... 28
  - Report Download Template ..... 29
- Close Out Procedure ..... 30
- Appendix A: Definitions and Terms..... 31
- Appendix B: MPDS Reports..... 33
- Appendix C: Provider User Manual..... 47

## General Information

This manual is intended to contain general information about the intent and design of the Michigan Prevention Data System For Substance Use Disorder Services (MPDS-SUDS) which is web-based application used by Pre-paid Inpatient Health Plans (PIHPs) and Prevention Providers Agencies to capture individual or population-based prevention activities. It can be accessed at <http://mdps.sudpds.com>. It was developed by Prevention Coordinators in partnership with MDHHS/BPHASA.

This document also provides guidance and interpretation of terms (definition can be found for words that are in red and bolded) and procedures for consistent demographic data collection on what type of prevention activities are eligible for entry into the data system and additional **record keeping** requirements. It is designed to collect and report required data to the Substance Abuse and Mental Health Services Administration (SAMHSA). It is imperative that data be reported consistently throughout the state and across PIHP. This will allow Michigan to have meaningful data and provider agencies contracting with multiple PIHPs will be guided by consistent requirements.

The document contains:

- Definitions for all terms used in the data system
- Rules for what to “count” in various situations
- Helpful examples
- Screenshots
- Permissions level information
- Directions for Optional Fields
- Report and Templates
- Create and Manage Provider and PIHP profiles

A training video hosted by Prevention Network can be found at [https://youtu.be/RoIr\\_Rkro3Q](https://youtu.be/RoIr_Rkro3Q).

Additional definitions and the Provider User Manual can be found in the Appendices section at the end of the document.

### Activities Eligible for Entry:

All direct prevention service activities funded by the state in whole or part through the PIHP must be reported in the MPDS/SUDPDS. Examples can be found in the table below.

The Michigan Prevention Data System is designed to capture staff activity in **face-to-face or virtual** activities. Not all activity performed by prevention staff will be captured by this system, only activities that meet the requirements detailed in this section will be captured. It is understood by MDHHS and PIHPs that time in activities reported will not equal the amount of hours worked

per **Staff, Intern,** and **volunteer** activity. **Telephone or Video/Zoom/Teams/Go To Meeting** and other Conferencing alternatives may count as direct service and be a reportable activity if the activity would have met the definition of a direct service.

### EXAMPLES Section

Example of situations	Qualified to enter into data system?
<b>Face-to-face time spent by staff working with partners in the community to coordinate the adoption and implementation of a smoke-free policy</b>	This <b>would be</b> qualified to be entered into the data system as a direct service activity.
<b>Actual adoption of smoke free policy</b>	This <b>is not</b> quantifiable in terms of staff time, <b>would not</b> be considered a direct service activity, and <b>should not</b> be entered into the data system
<b>Time spent in an activity that supports the implementation of a prevention activity, <u>but is not in direct contact with a recipient or community partner</u>, or activities done with co-workers</b>	This <b>would not</b> count as a direct service, and <b>should not</b> be entered in the data system or recorded as an MBO
<b>Telephone or video conferencing alternatives may count as direct service and be a reportable activity, providing the activity meets the definition of face-to-face direct contact. The following examples are to help you determine whether a telephone or video conference would be counted as an activity</b>	<ul style="list-style-type: none"> <li>• Attending a standard coalition meeting by phone or video rather than in person – <b>Qualified to be entered into the data system</b></li> <li>• Providing training via conference call – <b>Qualified to be entered into the data system</b></li> <li>• Coordinating a community planning team (a group which is not a formalized coalition) meeting by video/conference – <b>Qualified to be entered into the data system</b></li> <li>• A phone call to engage a participant in future face to face activity – <b><u>Not</u> qualified to be entered into the data system</b></li> <li>• A phone call to plan programming or provide administrative oversight – <b><u>Not</u> qualified to be entered into the data system</b></li> <li>• A conference call to plan an upcoming training – <b><u>Not</u> qualified to be entered into the data system</b></li> </ul>

<b>Volunteer/intern service activities:</b>	If a volunteer or intern <u>receives a stipend</u> from the provider agency to provide services, then their activities <b>would be</b> entered the same as any staff member.
<b>Volunteer Impact</b>	The services and activities hours conducted <u>by <b>unpaid</b> volunteers and/or interns <b>cannot be counted</b></u> .

### Data Entry

Providers are unable to enter data until they are entered into the MPDS system as staff and/or users.

PIHPs are responsible for:

- Entering new staff/users
- Verifying the status (i.e., certification) of people providing services
- Ensuring data entry occurs on a monthly basis
  - **Note:** PIHPs and Prevention Network are required to have all data in to the system by the end of the following month. Example: All of January data is due at the end of February.
- Verifying activities/data
- Ensuring group close out

### Manage PIHP Profile

PIHPs have the ability to manage existing program names within the Manage PIHP Region. If a necessary Program Name is missing from the drop-down list, Provider must contact their PIHP Region Lead to request that the Program Name be added. PIHP Region Lead will pass on the request to MPDS mailbox and MDHHS. PIHP Region Leads should include the program name, the description of the program, and the Evidence-Based Practice (EBP) Service Type.

#### PIHP-based Optional Data Fields

PIHP Optional Fields	Definition
<b>Optional Data</b>	<p>Optional Data occurs in two distinct places; on the PIHP Profile as well as the Provider Profile. The PIHP related optional fields are different from the Provider related optional fields as noted below.</p> <p>Selecting one or more of these Optional Data fields at the PIHP level forces these Optional Data fields to apply equally to all providers associated with that PIHP.</p>

	Selecting one or more of these Optional Data fields at the Provider level requires that specific provider to complete the selected Optional Data fields.
<b>Local MBO</b>	A PIHP-designated number used to align prevention goals and subordinate objectives. This designated number identifies your specific Management By Objective (MBO). Local MBO numbers must be approved and assigned by the PIHP.
<b>EBP Cycle</b>	The purpose of this data element is to record the number of times a particular EBP is administered. A new cycle number should be used for each application of the practice.
<b>Service Setting</b>	This is the physical environment or location where the service activity occurred. For example, if a Parenting class was held at the DHS office you would indicate "DHS" or if the meeting occurred at a provider agency, you would indicate "Agency". Additional settings may include: school, court, community center, Boys & Girls club, Juvenile Justice Center, Jail, etc.
<b>Intended Population</b>	Intended population represents the “At-Risk” population the activity is trying to influence. Intended population uses the existing Service Population codes. For example, if a group that trains alternative education “teachers” then the at-risk population might be “school dropouts”. <b>Note:</b> This may be the same as the population specified in the Service Population field, therefore, if you have indicated an at-risk population (indicated or selective) on the group page do not indicate a different at-risk population in this field.
<b>EBP Other Service Type</b>	This field is intended to differentiate official, formally approved evidenced based practices vs. new programs currently in the review process to become designated as Evidence-based practices or those programs that have been recognized by other health related groups, but not federally-approved, to be effective alternatives to evidence-based practices.

## Manage Provider Profile

### How to add an Agency into MPDS:

1. Click on blue *Provider Agency* tab.

2. Select *Add Provider Agency*.
3. Fill in Provider Agency info into the given fields.
  - a. **Notes:**
    - If the Agency has a LARA CAIT Prevention license, you can look up their license number on the LARA website.
    - PIHPs have the discretion to determine the number entered in *Days Allowed for Data Entry* can be edited and/or added.
    - Add your initials and the date you added the Agency into MPDS in the *Notes* field.
    - PIHP have the discretion to select the optional data. A table with options is below.

Once Agency has been created, you can now add Users and/or Staff.

#### **Provider-based Optional Fields**

<b>Provider-based Optional Field</b>	<b>Definition</b>
<b>Number of Brochures Distributed</b>	This field allows providers to count deliverable items such as flyers and brochures that are distributed during an activity.
<b>Number of Original Items Created</b>	This field is designed to capture new prevention initiatives such as creating PSAs, billboards, placemats, Facebook pages, websites, and other provider-created content.
<b>Indirect Speaking Engagement Reach</b>	This field allows the provider to count the number of persons reached in a strategy that may not normally capture this information. For example: An A02 Community Clean-up project where 24 people were present but 200 youth use the park, or an A01 ATOD community drop-in center.
<b>Indirect Speaking Engagement Count</b>	This field is not currently utilized.
<b>School District</b>	This field is used to identify the school district in which a service was delivered but does not necessarily indicate the service was performed in a school.

<b>County</b>	If selected, Provider must enter a county in which the activity occurred. This may be important for providers that work in more than one county or PIHP regions that contain more than one county.
<b>Location Zip Code</b>	This field is used to identify the location where service was delivered. It is helpful in sorting data.
<b>School-based Activity</b>	This field captures a strategy, activity, intervention, or program conducted at a school or administered by the school, targeting students and parents of students enrolled in the school for the purpose of addressing risk factors and promoting resiliency that delays the initiation of substance use, prevents the onset and reduces the progression of substance abuse.

## Add User or Staff

### How to add a User into MPDS:

**A User in MPDS is someone who is entering data into the system.** They are set up with a unique username and password to log into the system to enter data, run reports, etc. **A Staff in MPDS is someone who is funded in whole or part to provide a direct prevention service.** Services and activities conducted by unpaid individuals **cannot** be entered into MPDS. All direct service units entered in the system have to be tied to at least one staff person that delivered that particular service.

Depending on the Agency's staffing and processes, Users may also be Staff, meaning that the person entering the data into the system might also be the person that provided the direct service. Conversely, some agencies may have an administrative staff that does not provide direct prevention services enter their data in the system; those individuals would only be considered User. You'll have to work with the Provider to determine who are Users and/or Staff.

1. Click on blue *Users* tab on top right of page.
2. Select *Add User*.
3. Fill in User info into the given fields.
  - a. **Notes:**
    - For User Type, select *Provider Agency*. This will automatically add more fields for you to complete.
    - PIHPs must enter permissions when adding a new user. It is up to the discretion of PIHP which permissions levels are selected.
    - **Helpful Hint:** You may hold the control button to select more than permission option.
    - **Note:** If User is also a Staff, check the box that says *Create Staff Person With Same Name*. This will automatically set the Staff up in the system and won't require you to manually enter them.



4. Click *Add*; this will prompt the system to send an email to the User with their Username and directions on how to log-in and create their confidential password.

**Note:** For Users who are also Staff, do these additional steps:

- a. Click on blue *Staff* tab on the top of the page.
- b. Select *Find Staff*.
- c. Select the *Provider Agency* you just added your User/Staff with.
- d. Next, enter the User/Staff person's name OR you can leave these fields blank if you want the system to pull all staff names under said Agency.
- e. Find Staff person's name that you just entered and click on the magnifying glass icon to the right of their name. This will bring up the page to *Update Staff Member*.
- f. For Tenure Start Date, select the start date for the Staff. Data can only be entered for dates that occur on or after the selected tenure start date. For tenure end date, leave date as 12/31/9999 so that you don't have to adjust end date.

### **How to add a Staff into MPDS:**

1. Click on blue *Staff* tab on top right of page.
2. Select *Add Staff*.
3. First, under *Staff Type*, select *Provider Agency*.
4. Select *Provider Agency* for Staff.
5. Complete fields.
  - a. **Notes:**
    - You can select the check box *Address Same as Provider Agency* for the system to auto-fill the Staff's address information.
    - For Tenure Start Date, select the start date for the Staff. Data can only be entered for dates that occur on or after the selected tenure start date. For tenure end date, leave date as 12/31/9999 so that you don't have to adjust end date.

**Note:** Additional PIHP staff/personnel can be added to PIHP region.

## **Provider Agency User Tasks**

This section of the manual provides information specific to managing Groups and Activities; tasks that virtually all Provider Agency level users will spend the vast majority of their time working with. While it contains specifics for Provider Agency level users, the processes and procedures described are similar for PIHP level users.

### **Group**

The creation of a **Group** is necessary before any activity can be entered. Specific group-related information such as **Program Type** is necessary to create a valid group based on certain combinations of elements that limit allowable choices like **Intervention Type, Service Population, Service Domain, YTA, Strategies** and **Funding Source**. Collectively, these programming rules are known as "**validation**".

PIHPs are responsible for developing their own naming convention, if desired. This can include, but is not limited to, fiscal year, locations, MBO code, and EBP.

### GROUP TYPE

<b>One Time</b>	The event occurs only once and is not ongoing. <i>For example:</i> one-time Substance Abuse Disorder (SUD) presentation, Health fair participation, etc. <i>Please be aware that these activities must be linked or connected to other activities as part of a comprehensive plan on the category form.</i>
<b>Ongoing Other</b>	Activities that are ongoing events or activities that do not require or expect sequential participation. <i>For example:</i> Coalition meetings, open-ended education groups, etc.
<b>Ongoing Sequential</b>	A program or curriculum consisting of multiple events in a planned sequence. <i>For example:</i> Educational programming such as Botvin’s Life Skills or Project Alert.

### PROGRAM TYPE

<b>Individual</b>	Activities are “Individual” when working with the individuals whose behaviors you are trying to change such as working with parents to improve their parenting skills
<b>Population</b>	Activities NOT directly working with the individuals whose behavior you are trying to change by delivering services such as community norming or the activity alone is not strongly evidenced by research to change behavior such as one-time events.

### INTERVENTION TYPE

**Note:** Please see **Table 5** in the **Provider User Manual** for more examples

<b>Indicated</b>	Person 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. <b>Note: <u>ONLY</u> use “Indicated” with Service Population Codes #16-People Using Substance or #35-Persons in Recovery.</b> Children of addicted parents who have not begun experimenting with substance abuse should be categorized as Selective and <b>not</b> indicated.
<b>Selective</b>	Individuals or a subgroup of the population whose risk of developing a substance use disorder is significantly higher than average. (e.g.,

	<b>homeless youth, persons with a diagnosed mental illness, delinquent or violence youth)</b>
<b>Universal Direct</b>	Interventions directly serve in an identifiable group of participants but who have not been identified on the basis of individual risk. (e.g., school curriculum, parenting class). This also could include interventions involving interpersonal and ongoing/repeated contact (e.g., coalitions). [CSAP definition]
<b>Universal Indirect</b>	Interventions support population-based programs and environmental strategies (e.g., establishing ATOD policies). This could also include programs and policies implemented by coalitions. [CSAP definition]

**SERVICE DOMAIN**

<b>1 - Individual</b>	Services designed to impact an individual person’s knowledge, skills, etc. <i>Example: LifeSkills training for youth.</i>
<b>2 - Family</b>	Services designed to improve family functioning. <i>Example: Program to teach parenting skills to parents.</i>
<b>3 - Peer</b>	Services designed to influence peers. <i>Example: Peer mentoring activities and peer-led social norming campaigns.</i>
<b>4 - School/Work</b>	Services/activities designed to change the school or work environment. <i>Example: Efforts to change school policies and practices, or train school personnel to provide prevention curricula.</i>
<b>5 - Community</b>	Services/activities designed to change the way in which a community and its systems function. <i>Example: Coalition efforts to increase prevention programming or prevention funding in the community.</i>
<b>6 - Society/Environment</b>	Activities designed to change the environmental conditions. <i>Example: Coalition efforts to change public policy, activities to reduce access to substances, or media campaigns to change community attitudes and beliefs regarding substances</i>

**EBP (Evidence Based Program)**

- 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 below for a description of each EBP Service Type.

EBP Service Type	-- Select -- 1-NREPP Listed 2-Other Federal Agency 3-Peer Reviewed Journal 4-Local (PIHP) Evidence 5-CBP Best Practice 6-Youth Tobacco Act/Synar 7-None Of The Above
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- Ensure you are following fidelity to an evidence-based program. If adaptations are needed, make sure to check with the developers before making changes to the program.
- *Helpful Hint:* An online registry of EBP Services Type can be found at: <https://pttcnetwork.org/centers/pacific-southwest-pttc/product/guide-online-registries-substance-misuse-prevention-evidence>

<b>1 - NREPP</b>	<p>A program that was previously listed on the SAMHSA model program list or currently listed on NREPP with positive outcomes demonstrated. <b>Note:</b> 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. (model programs at <a href="http://www.nrepp.samhsa.gov">www.nrepp.samhsa.gov</a>)</p>
<b>2 - Other Federal Agency</b>	<p>The program/model is listed by NIDA, CSAP, OJJDP, US DOE, or another federal agency as an effective prevention program/model. (Models at <a href="http://www.modelprograms.samhsa.gov">www.modelprograms.samhsa.gov</a> or <a href="http://www.nida.nih.gov/prevention/prevopen.html">www.nida.nih.gov/prevention/prevopen.html</a> or <a href="http://BlueprintsforHealthyYouthDevelopment.com">Blueprints for Healthy Youth Development – Committed to Healthy Youth, Families and Communities (blueprintsprograms.org)</a> or <a href="http://ResourceCenter.SAMHSA.gov">Resource Center   SAMHSA</a>)</p>
<b>3 - Peer Reviewed Journal</b>	<p>The program has appeared in a peer-reviewed journal and was found to have positive outcomes. This option should only be selected if your activities are closely replicating the key components of the program described in the Peer-reviewed journal.</p>
<b>4 - Local (PIHP) Evidence</b>	<p>This option should be selected if the specific service has documented proven results toward impacting causal factors/intervening variables and/or risk/protective factors that are targeted (evaluation results). These results must be available to the PIHP upon request.</p> <p>In addition to having local evidence, the project is required to meet each of the following three criteria:</p> <p>Intervention is based on solid theory or theoretical perspective that has been validated by research;</p>

	<ul style="list-style-type: none"> <li>▪ 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>▪ The intervention is judged by a consensus among informed experts to be effective, based on a combination of theory, research, and practice experience.</li> </ul>
<p><b>5 - CBP (community-based process) Best Practice</b></p>	<p>Community-Based Process includes activities conducted through formal coalitions, task forces, community planning teams, or collaborative groups.</p> <p>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> <ul style="list-style-type: none"> <li>• The project is conducted using community-based process (e.g. coalitions, collaborative, taskforces);</li> <li>• The collaborative has substance abuse specific, measurable objectives to be completed during the fiscal year; and</li> <li>• The collaborative process is compatible with the five-step prevention planning process, which includes: Assessment, Capacity Building, Planning, Implementation, and Evaluation.</li> </ul> <p>In addition to these three criteria, the following should be considered when conducting community-based processes:</p> <ul style="list-style-type: none"> <li>• <u>Membership:</u> 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.</li> <li>• <u>Evidence of Effectiveness:</u> Projects implemented through the community-based process effort need to show evidence of being effective at the following: <ul style="list-style-type: none"> <li>▪ Contributing to the identified desirable outcome,</li> <li>▪ Impacting the identified community problem/consequence,</li> <li>▪ Improving the ability of the prevention system to deliver Substance abuse services.</li> </ul> </li> <li>• <u>Clear Purpose:</u> Projects implemented through the community-based process effort should begin with a clear understanding of their purpose and should consider the following initiatives: <ul style="list-style-type: none"> <li>▪ Comprehensive services coordination (improving the nature and delivery of services);</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>▪ Community mobilization (generate community activism to address substance abuse and related problems/consequences);</li> <li>▪ Create both system level change and individual behavior change; and</li> <li>▪ Create community linkages (connecting resources within a community and/or connecting persons to resources).</li> </ul>
<b>6 - Youth Tobacco/Synar</b>	Activity that assists the region in lowering retailer violation rates and reduces youth access to tobacco such as vendor education, retailer education, formal Synar compliance checks, technical assistance to law enforcement and youth training for sting operations, etc.

### Service Population Code

<b>SERVICE POPULATION CODE</b>	The code number represents the population of the recipient who receives the face-to-face service.
04	<b>Children of substance abusers:</b> Youth and adults who are children of substance abusers. Examples are adult children of alcoholics, children whose parents' abuse alcohol or other drugs, and children raised in or chronically exposed to situations involving substance abuse.
05	<b>Delinquent/Violent Youth:</b> 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).
06	<b>Economically Disadvantages:</b> 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.
13	<b>Homeless or runaway youth:</b> 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.
16	<b>People using substances:</b> 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; and youth and adults who smoke tobacco or

	consume alcoholic beverages but who are not yet in need of treatment services.
17	<b>People with disabilities:</b> Youth and adults who have disabilities. Examples are individuals who are physically handicapped, hearing impaired, speech impaired, or visually impaired.
18	<b>People with mental health problems:</b> 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.
19	<b>Physically/emotionally abused:</b> Youth and adults who have experienced physical or emotional abuse. Examples are victims of physical abuse, sexual abuse, incest, emotional abuse, and domestic abuse.
20	<b>Pregnant/Women of childbearing age:</b> Women who are of the physiological age to bear children and for whom the intent of prevention services is to ensure healthy newborns.
24	<b>School dropouts:</b> 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.
30	<b>Youth/Minors:</b> Children under age 18 who are not otherwise counted under one of the school grade categories. Examples are youth in recreation programs (camps
31	<b>Students:</b> Youth enrolled in public or private schools
32	<b>Older adults:</b> 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.
33	<b>Parents and families:</b> 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.
34	<b>Gays/lesbians:</b> Individuals who identify themselves as emotionally and physically attracted to others of the same gender.
35	<b>Persons in recovery:</b> An individual who has completed substance abuse treatment and is not currently using drugs
36	<b>Business and Industry:</b> Individuals who manage or work in for-profit or not-for-profit businesses or industry. Examples are small businesses, companies, corporations, industrial plants, and unions.
37	<b>Civic groups:</b> 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.
38	<b>Coalition:</b> Members of community, regional or statewide coalition groups, community task forces, alliances, and similar community organizations.
39	<b>Religious group:</b> 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.
40	<b>Government/Elected officials:</b> 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.
41	<b>Health professionals:</b> 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.
42	<b>SUD (substance use disorder) Prevention/Treatment professionals:</b> Individuals employed as substance abuse prevention or treatment professionals. Examples are counselors, therapists, prevention professionals, clinicians, prevention or treatment supervisors, and agency directors.
43	<b>Teachers/Administrators/Counselors (education):</b> Individuals employed in the education field. Examples include teachers, coaches, deans, principals, faculty, and counselors.
44	<b>Law Enforcement/Military:</b> Individuals employed in law enforcement agencies or in one of the U.S. Armed Services. Examples are police, sheriffs, state law enforcement personnel, and members of the National Guard, Army, Navy, Marines, Air Force, and Coast Guard.
45	<b>General population:</b> Youth and adult citizens of a state rather than a specific group within the general population.
46	<b>Not Any of the Above:</b> Can only be used with permission from the PIHP Region. Approval will also include which intervention type to be used.
98	<b>Prenatally Substance Exposed Infants and Children:</b> Infants/children who were exposed to alcohol, tobacco, and/or illicit drugs during pregnancy. An example would be Fetal Alcohol Spectrum Disorder (FASD).

## Managing Groups and Activities

The creation of Groups and Activities is dependent upon a PIHP having successfully set up the following application elements:

1. An active provider agency
2. One or more active provider agency staff
3. One or more active provider agency Users

If the above listed items are not set up completely and properly, including the selection of relevant Optional Fields, Counties, School Districts, and Optional Data, the creation of Groups and their respective activities by Provider Agency level users cannot be successfully completed.



## Creating a New Group

In order to enter activities into the new MPDS application, it is necessary to define the groups to which those activities will be attached. The first step in this process requires the creation of a new group. Click the **Groups** tab and then select the **Add a New Group** link to bring up the **Add Group** screen.

### Add Group

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

- PIHP Region: **Region 09 - Macomb County CMH Services**
- Provider Agency: --- Select ---
- Group Name: [Text Input Field]
- Program Name: --- Select ---
- Specify Program Name: [Text Input Field]
- YTA Related: No
- Gambling Prevention: No
- Group Type: --- Select ---
- Program Type: --- Select ---
- Minimum Activity Count: [Text Input Field]
- Maximum Activity Count: [Text Input Field]
- Intervention Type: --- Select ---
- Service Population: --- Select ---
- Service Domain: --- Select ---
- Funding Source: --- Select ---
- EBP Service Type: --- Select ---
- Primary Strategy Employed: --- Select ---
- Notes: [Text Area]

At the bottom of the form are two buttons: **Add** and **Cancel**.

This screen contains all of the group-related information necessary to create a valid group in the MPDS Application.

The MPDS application contains a significant amount of programming that constrains which Group data elements are permissible with certain combination groupings. Collectively, these programming rules are known as “validation”.

Validation within the application determines which Program Types are allowable if a specific Group Type is selected. Further, 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.

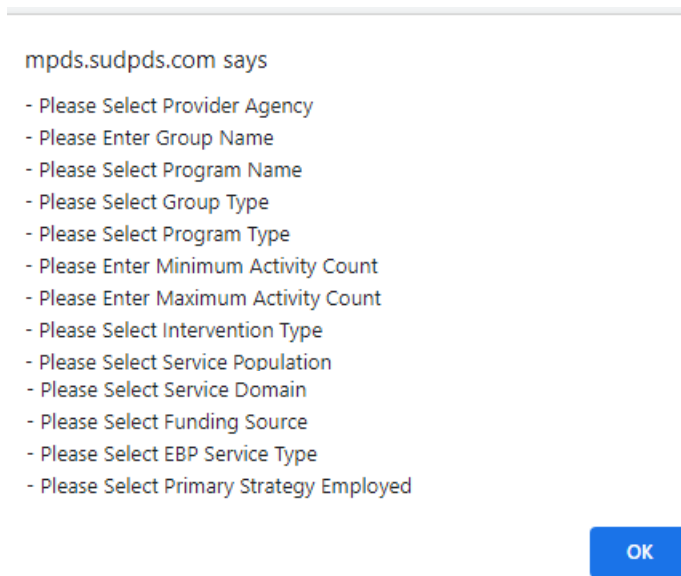
Provider Agency level users should refer technical questions about which data elements to select when creating a group to their Prevention Coordinator.

**NOTE:** It is important to carefully consider the name you choose for a group, especially if there will be many similar groups. Having a distinctive name that is concise will be appreciated in the long run as more and more group names are built within the application. Having a group name of “Lincoln Middle School” may be fine but if it becomes necessary to create additional groups that

will occur at Lincoln Middle School, you may want to be more concise with the group name, e.g.: “Lincoln Middle School-Afternoon All Stars”. MPDS does not allow for the same group name from year to year. If you have an ongoing group name, adding fiscal years can help differentiate between years, e.g., “FY23 Substance Prevention Coalition”.

**Please remember that MPDS is not a confidential record, so specific names of individuals receiving services should not be used in the System (utilize initials or assigned ID numbers instead, if necessary).**

**TIP:** While you can move around the Add Group page while you are creating it, you must 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 you forgot to enter a specific, required piece of information, you will receive a notification message indicating what was missed.



Clicking **OK** on the notification message will return you to the **Add Group** page where you can enter any missing information.

**Tip:** You can also add a new group while at the **Dashboard** by clicking the **Add Group** button.

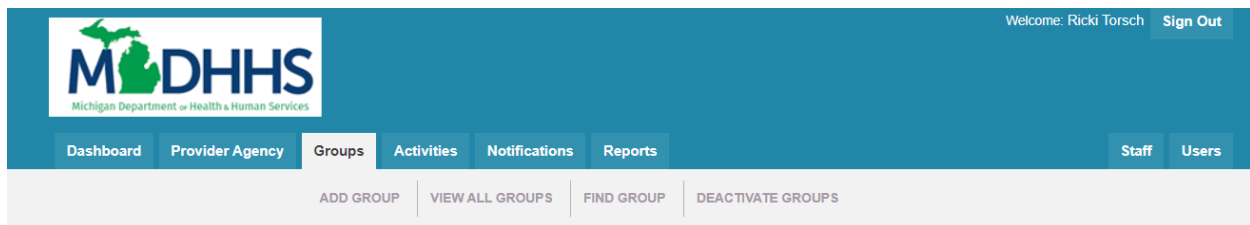


**Note:** Providers should double check their entry to ensure it is correct (example: Group Type). Sometimes neither the PIHP or the Provider can make corrections to group fields, such as Group Type, after the group has been saved.

## Managing Groups

Once groups have been created, users can manage those groups via the **Groups** tab. Clicking the **Groups** tab allows a user to:

- Add a new group (either inactive, or active, or both)
- View all existing groups (either inactive or active)
- Search for an existing group (either inactive or active)
- for an existing group (either inactive or active)



## Groups

PIHP Region **Region 09 - Macomb County CMH Services**

Provider Agency

Name

Program Name

Status

---

Selecting the **View all Groups** link will display all active groups.

- For PIHP level users, all active groups across all provider agencies will be displayed.
  - Alternatively, PIHP level users can Search for groups by Provider Agency Name, Group Name and Status (Active, Inactive, or All)
- For Provider Agency level users, all active groups for that provider agency will be displayed.
  - Alternatively, Provider level users can Search for groups by Group Name and Status (Active, Inactive, or All)

## Groups

PIHP Region 
  
 Provider Agency 
  
 Name 
  
 Program Name 
  
 Status

	Name	Program Name		Group Type	Program Type	Activity Count	Status		Activity
	FY 23 Active Parenting (Formerly...	Active Parenting, 4th ed.		OngoingSequential	Individual	0	Active		
	FY 23 Community Speaking Engagem...	Direct Speaking Engagement		OngoingOther	Individual	1	Active		
	FY 23 Parent Dialog Series 804	Direct Speaking Engagement		OngoingOther	Individual	7	Active		
	FY 23 Substance Abuse Prevention...	Community Based Process- Coalition		OngoingOther	Population	8	Active		
	FY 23 WIC SBIRT Tobacco Assessme...	Screening, Brief Intervention an...		OngoingOther	Individual	0	Active		

From the above screen, there are several choices available to the user in terms of managing groups.

1. Clicking on the magnifying glass in the column to the right of a group's name will display that group's detail page.
  - a. **Note:** Some information may be editable when managing the group, other information may be "grayed out" and not able to edit. This may be dependent on permissions given.
2. Clicking on the "thumbs down" icon for a specific group will deactivate that group. A deactivated group can no longer have activities added to it.
3. Clicking the magnifying glass under the Activity column for a specific group will display all of the activities for that group. This feature is explained in more detail, below.
4. Clicking the "+" icon under the Activity column for a specific group will allow the user to add a new activity record to the group.

## Managing Activity

**Activity** records can be added only if the corresponding group has been created. An activity record contains specific information and should be created as appropriate to the group and the prevention-focused activity it represents. It is critical that every field, with the exception of the "**Notes**" field, be completed accurately.

Some field will contain dropdown menus and other will automatically calculate such as **Total Units** based on the Start Date/End Date and the Start Time/End Time selected.

The **Primary Strategy Employed** field represents the main strategy used in the activity. This will be automatically filled based on the group. When adding Staff to the activity record, the strategy employed will be pre-filled and unchangeable. Any new primary strategy will need to be associated with a new group.

The second section of the activity screen represents the place where Staff members, strategies, and units are entered. Additionally, this is where “**Local MBO**”, see Examples of optional data field on page 5. Once staff member information is entered, you must press the add (+) button before saving the activity.



After entering all staff into the activity record, the data entry person (user) can move to section three, where demographic information is entered. Simply click into the appropriate fields to enter the required Participants by **Age Group**, **Race**, and **Ethnicity**. **Note:** The number entered into these categories must be equal to the number of new male and new female participants.

The final section of the **Activity** screen contains any **optional data elements** identified by a PIHP as being required for provider agencies to complete. See Optional Data Elements Examples on page 7.

## Creating Activities

With a group created, a user can now add some activity records. An activity record contains specific information and should be created as appropriate to the group and the prevention-focused activity it represents.







There are a number of ways to create an activity record. The easiest way is to click the Add **Activities** button on the Dashboard. **NOTE:** The **Add Activities** dashboard button is available to PIHPs and Provider Agency level users.



Alternatively, a user can click the **Activities** tab to display the **Activities** screen, and then click the **Add Activity** link.

---

## Activities

PIHP Region	<input type="text" value="Region 09 - Macomb County CMH Services"/>	▼
Provider Agency	<input type="text" value="Community Assessment Referral &amp; Education"/>	▼
Group	<input type="text" value="--- Select ---"/>	▼
Start Date	<input type="text"/>	 
End Date	<input type="text"/>	 
Creation Date	<input type="text"/>	 
Record Number	<input type="text"/>	

---

### The Add Activity Screen

There are four sections to the Add Activity screen. Each of these sections will be discussed in detail.

#### Activity Screen – Section One

This section is where the PIHP, Provider Agency, Group and other information is located. It is critical that every field, with the exception of the Notes field be completed accurately.

By default, the PIHP is listed, for a PIHP level user.

By default, the PIHP and Provider Agency is listed for a Provider Agency level user.

To add an activity to a specific Group, select the Group from the available active groups.

## Add Activity





PIHP Region

Provider Agency

Group

Program Name

Activity Name

Start Date   
 End Date   

Start Time   
 End Time

Total Units 
 Total Attendees

Primary Strategy Employed

New Males 
 New Females

Est. People Reached 
 Is First Activity In Group

Attendees Completing Group

Notes

Select a Group from the list to start.

- The Activity Name field defaults to the name of the Group for which the activity is associated. In the above figure, the Activity Name field is blank because no Group has been selected. Selecting a specific group, will auto-populate the Activity Name field. **Note:** Activity Name can be edited or expanded upon.
- The Calendar icon allows a user to select a specific date on a Calendar. Clicking the Left and Right arrows at the top of the Calendar window moves either backward or forward a month. Clicking the Month, Year heading displays all months within the current year, and clicking the Year displays multiple years.



- The Total Units field will automatically calculate the activity's units based on the Start Date/End Date and the Start Time/End Time selected.

## TIME CONVERSION

DURATION/MIN	UNITS		DURATION/MIN	UNITS
15 Min	1		195 Min (3-1/4 hrs)	13
30 Min	2		210 Min (3-1/2 hrs)	14
45 Min	3		225 Min (3-3/4 hrs)	15
60 Min (1 hr)	4		240 Min (4 hrs)	16
75 Min (1-1/4 hrs)	5		255 Min (4-1/4 hrs)	17
90 Min (1-1/2 hrs)	6		270 Min (4-1/2 hrs)	18
105 Min (1-3/4 hrs)	7		285 Min (4-3/4 hrs)	19
120 Min (2 hrs)	8		300 Min (5 hrs)	20
135 Min (2-1/4 hrs)	9		315 Min (5-1/4 hrs)	21
150 Min (2-1/2 hrs)	10		330 Min (5-1/2 hrs)	22
165 Min (2-3/4 hrs)	11		345 Min (5-3/4 hrs)	23
180 Min (3 hrs)	12		360 Min (6 hrs)	24

- The **Primary Strategy Employed** field represents the main strategy used in the activity.

### Activity Screen – Section Two

Section two of the activity screen represents the place where Staff members, strategies, and units are entered. Additionally, this is where “Local MBO”, an optional data field, would be located, if a PIHP has made this field a requirement for the Provider Agency.

Staff

<p>Staff Member <input type="text" value="--- Select ---"/></p> <p>Start Date <input type="text"/> </p> <p>Start Time <input type="text" value="12"/> <input type="text" value="00"/> <input type="text" value="AM"/></p> <p>Units <input type="text"/></p>	<p>Strategy Employed <input type="text" value="--- Select ---"/></p> <p>End Date <input type="text"/> </p> <p>End Time <input type="text" value="12"/> <input type="text" value="00"/> <input type="text" value="AM"/></p> <p>Local MBO <input type="text"/></p>
---	--

It is up to the discretion of the PIHP to determine the number of staff members to be included in the activity, with consideration to the fidelity of the model program.



In the below example, a total of five different staff have been added to an activity, Each staff has the same strategy and the same number of units, however each staff could have different units based on the activity performed.

Name	Strategy	Units	
Ruth Botbyl	C05 - Community Coalition Building	12	✘ ✎
Mary Claire Massie-Lee	C05 - Community Coalition Building	12	✘ ✎
Kelly Arnold	C05 - Community Coalition Building	12	✘ ✎
Karen Sargent	C05 - Community Coalition Building	12	✘ ✎
Jenny Grabowski	C05 - Community Coalition Building	12	✘ ✎

In this example, there are five staff entered, but they have been entered multiple times to reflect different strategies employed. **Note:** The different unit amounts for the staff members with multiple entries. Since units are auto populated, if there are staff with different unit amounts, this must be manually corrected for each staff member.

Name	Strategy	Start Time	End Time	Units	
Allison Ranusch	P04 - Prevention Assessment	6/1/2020 1:00:00 PM	6/1/2020 5:00:00 PM	16	✘ ✎
Andrew Zimdars	P04 - Prevention Assessment	6/1/2020 4:30:00 PM	6/1/2020 5:00:00 PM	2	✘ ✎
Claudia Spencer	P04 - Prevention Assessment	6/1/2020 3:00:00 PM	6/1/2020 5:00:00 PM	8	✘ ✎
Cynthia Schloss	P04 - Prevention Assessment	6/1/2020 3:45:00 PM	6/1/2020 5:00:00 PM	5	✘ ✎
Dawn Vogel	P04 - Prevention Assessment	6/1/2020 4:00:00 PM	6/1/2020 5:00:00 PM	4	✘ ✎

When adding a staff member to an activity, if the person is not available in the dropdown option, please have the Provider Agency contact their PIHP. Common reasons for the staff not appearing in the dropdown menu is that the staff has not been added or the staff has been invalidated.

### Activity Screen – Section Three

After entering all staff into the activity record, the user can move to section three, where demographic information is entered. Simply click into the appropriate fields to enter the requisite Participants by **Age Group**, **Race**, and **Ethnicity**.

Participants		
Age Group	Race	Ethnicity
<input type="checkbox"/> 0 to 4	<input type="checkbox"/> African American	<input type="checkbox"/> Arab-American/Caldean
<input type="checkbox"/> 5 to 11	<input type="checkbox"/> American Indian/Alaskan..	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> 12 to 14	<input type="checkbox"/> Asian	<input type="checkbox"/> Not Listed
<input type="checkbox"/> 15 to 17	<input type="checkbox"/> Hawaiian/Pacific Islander	
<input type="checkbox"/> 18 to 20	<input type="checkbox"/> Multi-Racial	
<input type="checkbox"/> 21 to 24	<input type="checkbox"/> White	
<input type="checkbox"/> 25 to 44	<input type="checkbox"/> Unknown/Other	
<input type="checkbox"/> 45 to 64		
<input type="checkbox"/> 65+		

### Activity Screen – Section Four

The final section of the **Add Activity** screen contains any optional data elements identified by a PIHP as being required for provider agencies to complete. This section is displayed only when a PIHP has identified one or more of these optional data elements.

Optional Data	
Number Of Original Items Created	<input type="text"/>
Number Of Brochures Distributed	<input type="text"/>
Indirect Speaking Engagement Reach	<input type="text"/>
Indirect Speaking Engagement Count	<input type="text"/>
Is School Based Activity	--- Select --- <input type="button" value="v"/>
County	--- Select --- <input type="button" value="v"/>
School District	--- Select --- <input type="button" value="v"/>
Location Zip Code	<input type="text"/>

After completing all necessary fields in each section of the **Add Activity** screen, click the **Add** button to save the record.

## Editing an Activity Record


Sometimes, it may be necessary to edit an activity record, even if it was saved successfully.













In order to edit a specific activity record, click the magnifying glass at the end of the list of activities to display the activity record's details. Alternatively, a user can search for a specific group by clicking on the **Groups** tab and then searching for the group to which the activity is associated.


**Note:** Providers should double check their entry to ensure it is correct (example: Group Type). Sometimes neither the PIHP or the Provider can make corrections to group fields, such as Group Type, after the group has been saved.

## Deleting an Activity Record

Sometimes, it may be necessary to delete a specific activity record.

In order to delete a specific activity record, search for the specific activity record as described above. Once the activity record is displayed, click the  delete icon at the end of the activity row to delete the activity record's details.

Group Name	Activity Name	Record Number	Start Date	End Date	Status		
Letters to Troops	Letters to Troops	55275	11/14/2012	11/14/2012	Pending		
Fun Fact Finders FY 12-13	Fun Fact Finders FY 12-13	55632	11/14/2012	11/14/2012	Pending		
Coalition FY 12-13	Coalition FY 12-13	55631	11/14/2012	11/14/2012	Pending		
B2B Thanksgiving Potluck	B2B Thanksgiving Potluck	54816	11/12/2012	11/12/2012	Pending		
Strategic Planning Committee FY 12-13	Strategic Planning Committee FY 12-13	54476	11/12/2012	11/12/2012	Pending		
Most Teens Don't Steering FY 12-13	Most Teens Don't Steering FY 12-13	53276	11/06/2012	11/06/2012	Pending		

Alternatively, a user can display all the activities of a specific group by searching for the group as described previously. Once the group is located, clicking the magnifying glass to display the group's activity records will permit you to delete one or more activity records within that group by clicking the  delete icon.

**Note:** The system will ask "Are you sure you wanted to delete the activity?". You must click OK before it is permanently deleted.

## Reports

The MPDS application contains a selection of reports that are useful at various user levels. Reports are listed below, with a short description for each. For more information on the reports, please see Appendix B.

- **SAPT Block Grant Reports**
  - **P12A Report:** Number of Persons Served by Age, Gender, Race, and Ethnicity- Individual-Based Programs
  - **P12B Report:** Number of Persons Served by Age, Gender, Race, and Ethnicity - Population-Based Programs
  - **P13 Report:** Number of Persons Served by Type of Intervention
  - **P14 Report:** Evidence-Based Programs and Strategies by Type of Intervention
  - **P15 Report:** Total Number of Evidence-Based Programs
- **PIHP Reports**
  - **Activity Data Report:** This is a flexible report generator that delivers a report containing only the selection criteria chosen by the user. Most of the application's group and activity data elements are available as selection criteria in this report. Choosing one or more of these selection criteria will return a report that includes only those items selected.
    - *Helpful Hint:* Activity\_Staff pulls more than just the staff name. It also includes the staff units and primary strategy.
  - **PESR Report:** This is a preliminary report intended to gather application-specific data which is then used to complete the Prevention Expenditures by Strategy Report, an annual submission required of every PIHP.
- **Provider Agency Report**
  - **Activity Data Report:** This is a flexible report generator that delivers a report containing only the selection criteria chosen by the user. Most of the application's group and activity data elements are available as selection criteria in this report. Choosing one or more of these selection criteria will return a report that includes only those items selected.

Additional reports can be developed, should users determine the need for them (see below).

# Report Download Template

Report Download Template

Template

**Basic**  Check All

PIHP  Provider

**Group**  Check All

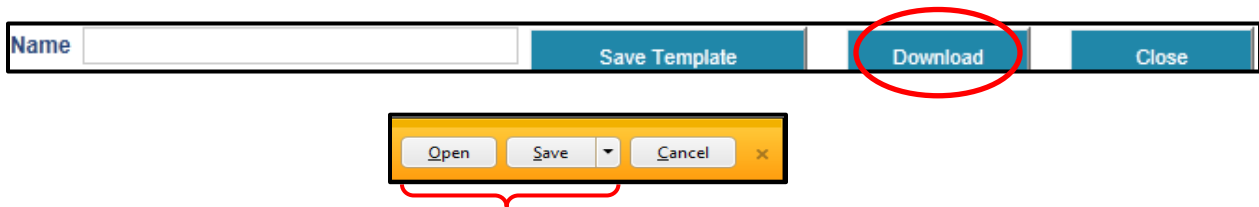
Group  Group Max Activities  Group Min Activities  
 GroupNote Text  Group-Type  Funding Source  
 Service Domain  Program Type  EBP Service Type  
 Intervention Type  Service Population  YTA Related  
 Primary Strategy  Remaining Incomplete Attendees  Program Name  
 Is Gambling Related

**Activity**  Check All

Activity Name  Activity Start Date  Activity Start Time  
 Activity End Date  Activity End Time  Activity Duration  
 Activity Units  Activity Creation Date  Total Attendees  
 New Attendees  New Male Attendees  New Female Attendees  
 Number Completing Event  Estimated Number Reached  Activity Record Number  
 Activity Verified  Activity Verified On  Activity Verified By  
 Number Original Items  Number Brochures  Indirect Speaking Engagement Count  
 Indirect Speaking Engagement Reach  School Based  Location Zip Code  
 School District  County  Service Setting  
 Activity Notes  Activity\_Race  Activity\_Participants  
 Activity\_Ethnicity  Activity\_Staff

Name

- 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**. This will allow you to use the save the selected filters for future uses.
- Select **Download to open/save** report in Excel without saving as a template.



Once you download your report in excel, you can create PivotTable or import it to statistical software like SPSS.

## Close Out Procedure

All providers and PIHP Regions are required to follow the Close Out Procedure and adhere to the timeline below.

### Close Out Procedure Timeline

- October 31<sup>st</sup>: Provider Agencies must have all Fiscal Year data entered into the system.
- November 21<sup>st</sup>: PIHP Regions will clean and complete preliminary verification.
- December 11<sup>th</sup>: Final verification process of regional data completed and verified.
- December 22<sup>nd</sup>: MPHI will provide final verification of FY22 data. Data will then be locked and unable to edit.

PIHP Regions are responsible for ensuring their provider agencies correctly complete the group close out procedure. This will include reviewing data entered into groups/activities is accurate. If no edits are necessary, PIHPs will verify activities and close out groups. **Note:** A verified group/activity can no longer be edited, this is to ensure that anything verified has actually been reviewed. In order to allow the users to change the data, you will need to un-verify the records that need to be edited and then re-verify after the edits are made.

More information on the close out procedure can be found in Appendix C on page 89.

## Appendix A: Definitions and Terms

<b>Term</b>	<b>Definition</b>
<b>Record Keeping</b>	<p>In addition to entry into MPDS, it is expected that there be a source of verification that the activity reported in the system actually took place. This record is not expected to be duplicative of the information reported in MPDS and is not expected to consist of narrative reports. Each PIHP will provide specific guidance regarding their requirements regarding record keeping</p> <p>Examples of documentation:</p> <ul style="list-style-type: none"> <li>• sign in sheets</li> <li>• sign-out sheets for program participation</li> <li>• agendas and/or meeting notes from coalition meetings</li> <li>• Contact Log identifying someone able to verify the activity (eg. teacher school-based activity).</li> </ul>
<b>Face-to-face</b>	<p>Time spent in activities that support the implementation of a prevention activity but is not in direct contact with a recipient or community partner who NOT count as direct service and would NOT be entered into MPDS. In addition, activities that are done with co-workers do NOT count as direct service activity. Therefore, these activities would not be entered into MPDS.</p>
<b>Staff Person</b>	<p>A person who delivers out Prevention-based activities on behalf of a prevention provider formally or informally contracted to do so by a PIHP.</p>
<b>Intern</b>	<p>A student or graduate usually in a professional field gaining supervised practical experience. An intern's eligibility regarding data entry is determined by the policies of the coordinating agency for both paid and unpaid service.</p>
<b>Volunteer</b>	<p>Service or activities conducted by unpaid person. These interventions cannot be entered into MPDS as direct activities.</p>
<b>Group</b>	<p>There are three group types; One-Time, Ongoing Other, and Ongoing Sequential. For a more detailed explanation of each Group Type see Examples. These groups are based on a number of individuals assembled together or having some unifying relationship or intervention/program being delivered at the same time.</p>
<b>Program Type</b>	<p>There are two types of programs; Individual and Population. Each is determined by whose behavior the program is attempting to change. See the Example section for individual definitions.</p>
<b>Intervention Type</b>	<p>The intervention is based on Institute Of Medicine (IOM) definitions; Indicated, Selective, Universal-Direct and Universal-Indirect service.</p>
<b>Service Population</b>	<p>A set of numbers that correspond to recipients who receive face-to-face services. These codes are used to identify at risk and general populations. See Examples below.</p>

<b>Service Domain</b>	Service Domains assist in identifying primary populations that are the intended beneficiary of prevention efforts. There are six such choices: Individual, Family, Peer, School/work, Community, and Society/Environment. See Examples below.
<b>Funding Source</b>	Choose from a dropdown menu of Block Grant funded, ETC....
<b>YTA Related</b>	Youth Tobacco Act related services. Make sure providers check “Yes” to YTA Related services if it falls under Section 1926 - Tobacco.
<b>Strategies</b>	There are six core federal strategies: information dissemination, education, alternative, problem identification and referral, community based process and environmental. See Examples below.
<b>Validation</b>	Programming elements that constrain which elements are permissible with certain combinations.
<b>Activity</b>	The event that occurs based on contracted objectives.
<b>Notes</b>	Area that can be used to clarify or add information that provider or PIHP may need that is not captured in any other field.
<b>Units</b>	This is the measurement of time for an activity based on 15 minute increments. One unit equals 15 minutes of time, more Examples are below.
<b>Staff Member</b>	Person that is delivering the prevention service.
<b>Age Group</b>	The number of people in this section must equal the NEW MALES and NEW FEMALES to whom the service was provided (0-4), (5-11), (12-14), (15-17), (18-21), (22-24), (25-44), (45-64), and (65+)
<b>Race</b>	The number of people in this section must equal the NEW MALES plus NEW FEMALES in the follow race categories (African American, American Indian/Alaskan, Asian, Hawaiian/Pacific Islander, Multi-Racial, White, Unknown/Other).
<b>Ethnicity</b>	The number of people in this section must equal the NEW MALES plus NEW FEMALES in the follow categories; Arab-American/Chaldean, Hispanic/Latino, or Not Listed
<b>School Based</b>	Activity provided in a school classroom during the regular school day.



## Appendix B: MPDS Reports

### Form P12A Report

#### *Purpose*

This report indicates number of people attending Individual-Based Programs and Strategies broken down by Age, Gender, Race, and Ethnicity.

#### *Filters*

- Provider Agency
  - One or more can be selected
  - If at least one Provider Agency is selected, only selected Provider Agencies will be included in the report. Otherwise, all available Provider Agencies will be included.
- Group
  - One or more can be selected
  - If at least one Group is selected, only selected Groups will be included in the report. Otherwise, all available Groups will be included.
- Start Date
  - Required
  - An Activity must have a Start Date on or after this date to be included in the report
- End Date
  - Required
  - Any Activity must have a Start Date on or before this date to be included in the report

#### *Results*

All activities must be in a group where the Program Type is “Individual” to be included in results. Deleted Groups and Activities are excluded, Deactivated Groups and Activities are included.

#### A. Age

- i. The below sub-categories are summed from fields named the same in all the activities included after applying filters:
  - 0 to 4
  - 5 to 11
  - 12 to 14
  - 15 to 17
  - 18 to 20
  - 21 to 24

- 25 to 44
- 45 to 64
- 65+

B. Gender

- i. The genders are summed using the “New Males” and “New Females” fields of the activities included after applying filters.

C. Race

- i. The below sub-categories are summed from fields named the same in all the activities included after applying filters:

- African American
- American Indian/Alaskan Native
- Asian
- Hawaiian/Pacific Islander
- Multi-Racial
- Unknown/Other
- White

D. Ethnicity

- i. The below sub-categories are summed from fields named the same in all the activities included after applying filters:

- Arab-American/Caldean
- Hispanic/Latino
- Not Listed

## Form P12B Report

### *Purpose*

This report indicates number of people attending Population-Based Programs and Strategies broken down by Age, Gender, Race, and Ethnicity.

### *Filters*

- Provider Agency
  - One or more can be selected
  - If at least one Provider Agency is selected, only selected Provider Agencies will be included in the report. Otherwise, all available Provider Agencies will be included.
- Group
  - One or more can be selected
  - If at least one Group is selected, only selected Groups will be included in the report. Otherwise, all available Groups will be included.
- Start Date
  - Required

- An Activity must have a Start Date on or after this date to be included in the report
- End Date
  - Required
  - Any Activity must have a Start Date on or before this date to be included in the report

**Results**

All activities must be in a group where the Program Type is “Population” to be included in results. Deleted Groups and Activities are excluded, Deactivated Groups and Activities are included.

E. Age

- i. The below sub-categories are summed from fields named the same in all the activities included after applying filters:

- 0 to 4
- 5 to 11
- 12 to 14
- 15 to 17
- 18 to 20
- 21 to 24
- 25 to 44
- 45 to 64
- 65+
- Age Not Known

- 1. This field is calculated by summing “Est. People Reached”

F. Gender

- i. The genders are summed using the “New Males” and “New Females” fields of the activities included after applying filters.
- ii. “Gender Not Known” is calculated by summing “Est. People Reached”

G. Race

- i. The below sub-categories are summed from fields named the same in all the activities included after applying filters:

- African American
- American Indian/Alaskan Native
- Asian
- Hawaiian/Pacific Islander
- Multi-Racial
- Unknown/Other
- White
- Race Not Known

1. This field is calculated by summing “Est. People Reached”

H. Ethnicity

i. The below sub-categories are summed from fields named the same in all the activities included after applying filters:

- Arab-American/Caldean
- Hispanic/Latino
- Not Listed
- Ethnicity Not Known

1. This field is calculated by summing “Est. People Reached”

## Form P13 Report

### *Purpose*

This report indicates number of people attending activities broken down by Intervention Types across Individual and Population based groups.

### *Filters*

- Provider Agency
  - One or more can be selected
  - If at least one Provider Agency is selected, only selected Provider Agencies will be included in the report. Otherwise, all available Provider Agencies will be included.
- Group
  - One or more can be selected
  - If at least one Group is selected, only selected Groups will be included in the report. Otherwise, all available Groups will be included.
- Start Date
  - Required
  - An Activity must have a Start Date on or after this date to be included in the report
- End Date
  - Required
  - Any Activity must have a Start Date on or before this date to be included in the report

### *Results*

Number of people is calculated by summing “New Males” and “New Females” from each activity across the corresponding Intervention Type and Program Type. Deleted Groups and Activities are excluded, Deactivated Groups and Activities are included.

- Intervention Types
  - Selective
  - Universal-Direct
  - Universal-Indirect
  - Indicated
- Program Types
  - Individual
  - Population

## **Form P14 Report**

### ***Purpose***

This report indicates number of groups broken down by Intervention Types across Individual and Population based groups.

### ***Filters***

- Provider Agency
  - One or more can be selected
  - If at least one Provider Agency is selected, only selected Provider Agencies will be included in the report. Otherwise, all available Provider Agencies will be included.
- Group
  - One or more can be selected
  - If at least one Group is selected, only selected Groups will be included in the report. Otherwise, all available Groups will be included.
- Start Date
  - Required
  - At least one Activity in a Group must have a Start Date on or after this date to be included in the report
- End Date
  - Required
  - At least one Activity in a Group must have a Start Date on or before this date to be included in the report

### ***Results***

Number of Groups is calculated by counting all Groups that have at least one activity within the filtered results across the corresponding Intervention Type and whether or not they are Evidence-Based. Deleted Groups and Activities are excluded, Deactivated Groups and Activities are included.

- EBP Service Type
  - Evidence-Based Programs
    - Does not include any group with type “7-None Of the Above”
  - All Programs
    - Include any group, even groups with type “7-None Of the Above”
- Intervention Types
  - Universal-Direct
  - Universal-Indirect
  - Universal Total
    - Calculated by summing Universal-Direct and Universal-Indirect
  - Selective
  - Indicated
  - Total
    - Calculated by summing Universal-Direct, Universal-Indirect, Selective, and Indicated

## **Form P15 Report**

### ***Purpose***

This report indicates number of evidence-based groups and the amount of Grant Dollars spent broken down by Intervention Types.

### ***Filters***

- Provider Agency
  - One or more can be selected
  - If at least one Provider Agency is selected, only selected Provider Agencies will be included in the report. Otherwise, all available Provider Agencies will be included.
- Start Date
  - Required
  - At least one Activity in a Group must have a Start Date on or after this date to be included in the report
- End Date
  - Required
  - At least one Activity in a Group must have a Start Date on or before this date to be included in the report

### ***Results***

Number of Groups is calculated by counting all Groups that have at least one activity within the filtered results across the corresponding Intervention Type and must not be EBP Service Type

“7-None of the above”. Deleted Groups and Activities are excluded, Deactivated Groups and Activities are included.

- Intervention Types
  - Selective
  - Universal-Direct
  - Universal-Indirect
  - Indicated
- Total Spent
  - This column is always zero, there is currently no calculation done

## **Activity Data Report**

### ***Purpose***

This is a customizable report that allows for data extracts from the system.

### ***Filters***

- Template
  - Selecting a template displays a “Download Report” button that skips viewing results and downloads the result using the template selected.
- Provider Agency
  - One or more can be selected
  - If at least one Provider Agency is selected, only selected Provider Agencies will be included in the report. Otherwise, all available Provider Agencies will be included.
- Group
  - One or more can be selected
  - If at least one Group is selected, only selected Groups will be included in the report. Otherwise, all available Groups will be included.
- Start Date
  - Required
  - An Activity must have a Start Date on or after this date to be included in the report
- End Date
  - Required
  - Any Activity must have a Start Date on or before this date to be included in the report

## ***Results***

Deleted Groups and Activities are excluded, Deactivated Groups and Activities are included. All visible columns can be sorted on by clicking the column header. Sorting by a column header will sort results in downloads by the same column, even if this column is not selected for download.

- PIHP
- Provider
- Group
- Group Max Activities
- Group Min Activities
- GroupNote Text
- Group-Type
- Funding Source
- Service Domain
- Program Type
- EBP Service Type
- Intervention Type
- Service Population
- YTA Related
- Activity Name
- Primary Strategy
- Activity Start Date
- Activity Start Time
- Activity End Date
- Activity End Time
- Activity Duration
- Activity Units
- Activity Creation Date

## ***Report Download Template***

The Activity Data Report has a special template for downloading custom exports of data from the filtered results. Selecting a checkbox will include the corresponding column of data in the download. A collection of checkboxes can be saved as a template for later reuse to avoid having to check boxes each time the report is run. Templates are saved per user and can be deleted by the user by clicking the red “X” button beside the template dropdown.

The template includes extra Activity columns that are not visible on the results page:

- Total Attendees
- New Attendees
- New Male Attendees
- New Female Attendees
- Number Completing Event
- Estimated Number Reached
- Activity Record Number
- Activity Verified
- Activity Verified On
- Activity Verified By
- Number Original Items
- Number Brochures
- Indirect Speaking Engagement Count
- Indirect Speaking Engagement Reach
- School Based
- Location Zip Code
- School District
- County
- Service Setting
- Activity Notes
- Activity\_Race



- Selecting this checkbox will add a column for each Race
- Activity\_Participants
  - Selecting this checkbox will add a column for each Age Group
- Activity\_Ethnicity
  - Selecting this checkbox will add a column for each Ethnicity
- Activity\_Staff
  - Selecting this checkbox will add a multiple columns for each staff on the activity

# PESR Report

## *Purpose*

This report shows the number of evidence based groups, units for evidence based groups, total staff units, total new attendees for both individual and population groups broken down by strategy categories for each provider agency.

## *Filters*

- Provider Agency
  - One or more can be selected
  - If at least one Provider Agency is selected, only selected Provider Agencies will be included in the report. Otherwise, all available Provider Agencies will be included.
- Start Date
  - Required
  - An Activity must have a Start Date on or after this date to be included in the report
- End Date
  - Required
  - Any Activity must have a Start Date on or before this date to be included in the report

## *Results*

Deleted Groups and Activities are excluded, Deactivated Groups and Activities are included.

- Provider Agency
  - A collection of “Grand Total” rows is added at the end of the report
- Strategies
  - Alternatives
  - Community-Based
  - Education
  - Information Dissemination
  - Problem Identification
  - Environmental
  - Section 1926 – Tobacco
- Intervention Type
  - Selective
  - Universal-Direct
  - Universal-Indirect
  - Indicated
- Number of Evidence Based Groups

- All groups where the EBP Service Type is not “7-None of the above”
- Total Units for EBP
  - Staff Units for groups where the EBP Service Type is not “7-None of the above”
- Total Staff Units
  - Staff Units for all groups
- Total New Attendees for Individual Program Types
  - Sum of New Male and New Female Attendees from all groups with Program Type Individual
- Total New Attendees for Population Program Types
  - Sum of New Male and New Female Attendees from all groups with Program Type Population

## Appendix C: Provider User Manual



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

## **USER MANUAL FOR PROVIDER AGENCIES**

<https://mpds.sudpds.com>

## 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.

**Please remember that MPDS is not a confidential record, so specific names of individuals receiving services should not be used in the System (utilize initials or assigned ID numbers instead, if necessary).**

### 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.

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 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 Substance Use, Gambling and Epidemiology (SUGE) Section at the Michigan Department of Health and Human Services 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 MDHHS.

## 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 originally developed in collaboration with PIHP Region Prevention Coordinators, staff from MDHHS, and the Michigan Public Health Institute (MPHI). In 2023, this document has been revised in collaboration with the MPDS workgroup members.

## Activities Eligible for Entry

All direct service activities, including in-person or virtual, **funded in whole or part**, through the PIHP Region must be reported in the MPDS-SUDS system. This system is designed to capture direct face-to-face or virtual 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 MDHHS and local regional entity that time in activities reported in the system will not equal the total amount of hours worked per staff person. Indirect services, such as emails, time spent setting up programming, shopping for programs, attending trainings, etc., are not eligible for entry into the MPDS System.

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 a direct service 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.

▪ **Must be face-to-face OR Virtual**

- Direct service is defined as active involvement working with individuals or groups to provide a prevention intervention in accordance with Center for Substance Abuse Prevention (CSAP) strategies (see Table 9).
- 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.
- Telephone or virtual 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 an activity would be counted to be entered in MPDS-SUDS system. If you are unsure about an activity, please contact your PIHP Region.

<b>Table 1. Direct service activity examples</b>	
<b>Example</b>	<b>Classified as an activity</b>
<b>Attending a standard coalition meeting by phone or video rather than in person.</b>	Yes
<b>Providing training via conference call.</b>	Yes
<b>Coordinating a community planning team (a group which is not a formalized coalition) meeting by video/conference such as Zoom or Teams.</b>	Yes
<b>A conference call to plan an upcoming training.</b>	No
<b>A phone call to engage a participant in future face to face activity.</b>	No
<b>A phone call to schedule future programming.</b>	No
<b>Pre-record an informational segment to use for future sessions in place of face-to-face interactions. (Staff time spent recording the segment can be counted in the system. Planning activities will not count.)</b>	Yes

<b>Attend a training or conference.</b>	No
<b>Attend meeting out-of-region.</b>	No ( <i>unless pre-approved by Regional Entity</i> )
<b>Provide out-of-region presentation.</b>	Only if <b>pre-approved by Regional Entity</b>

- **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. Records can be paper or electronic documentation.

- Examples of documentation that meet requirements include, but are not limited to, the following:
  - Attendance sheets
  - Sign-in sheets
  - Sign-out sheets verifying program participation
  - Virtual meeting participation log (e.g., report generated by Zoom)
  - Agendas and/or meeting notes from coalition meetings
  - Work calendar showing location/activity/meeting that is verified by the contract agency
  - Prevention service log (e.g., log for community-based services, log for sequential programs, etc.)
  - Contact Log (e.g., time in and time out, location, virtual platform, contact person) identifying someone able to verify the activity (e.g., a teacher for a school-based activity)
  - A contact sheet that is a back-up for the activity completed

Other documentation may be required by your PIHP Region, e.g., school attendance record (check with your Provider Agency Lead or PIHP Region Lead for requirements).



## SECTION 2: MPDS DATA ENTRY

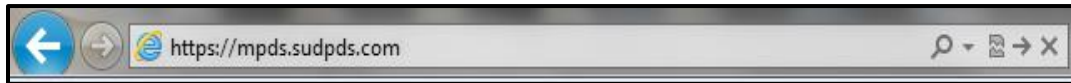
The following section provides a step by step process for data entry into MPDS-SUDS.

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

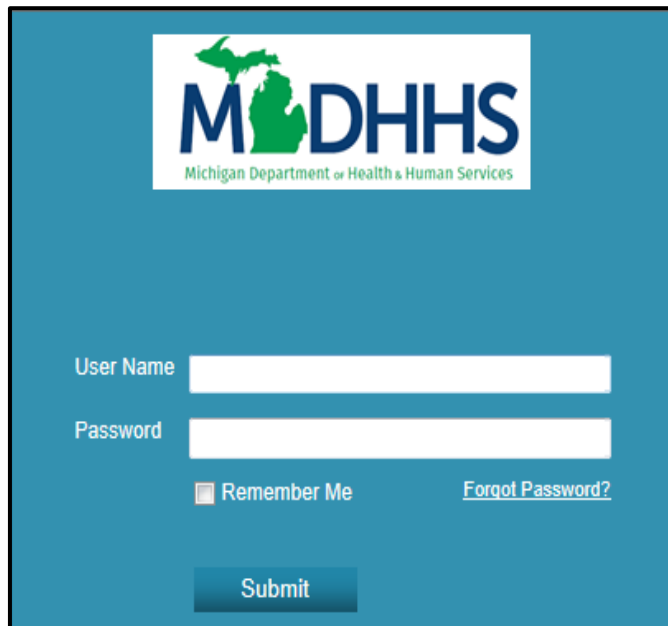
*Helpful Hint:* Each PIHP Region has different protocols for data entry that may not be described in this manual. Be sure to communicate with your Provider Agency lead to understand what is required from your PIHP Region.

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

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 map 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.

### Step 2: System Navigation

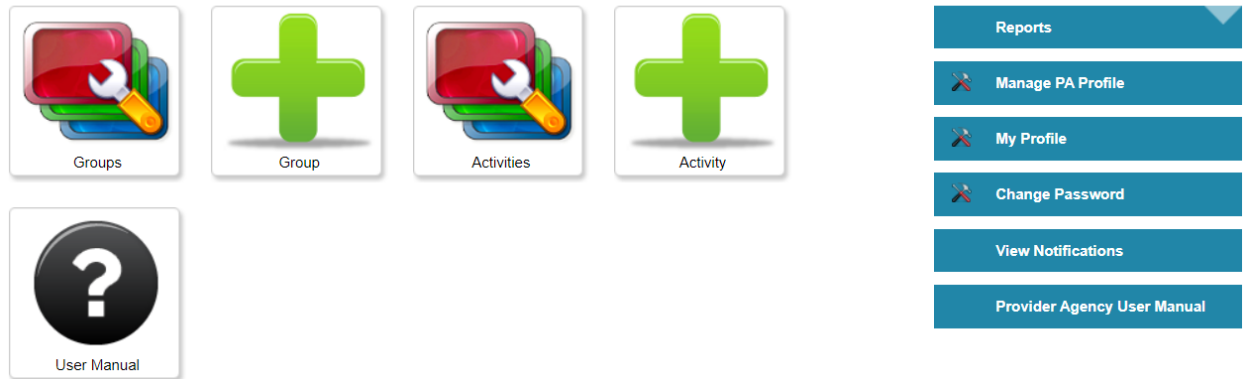
Within the **System Navigation** section, two components will be described; the Dashboard and Quick Links Tabs. Each provides a way to navigate through the application. *Helpful Hint:*

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 who will request your user permission level.

### 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.

#### Dashboard



### 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 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

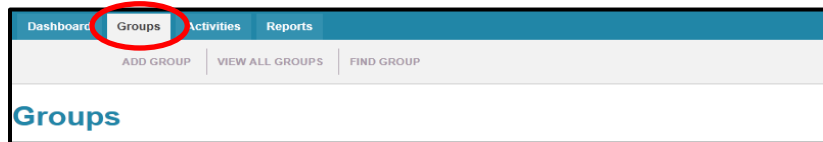
password to change.

- **View Notifications** – Takes the user to the Notifications page. Notices sent by PIHP Region are posted here. *Note:* Check with your PIHP region if they utilize this function.
- **Provider Agency User Manual** – Takes the user to the Provider Agency User Manual.

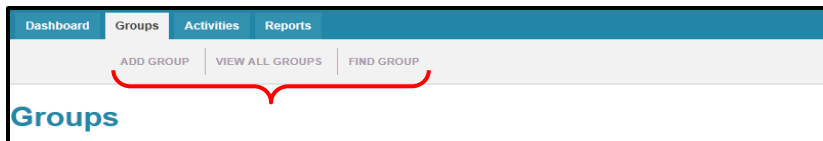
### Step 3: Creating Groups

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.

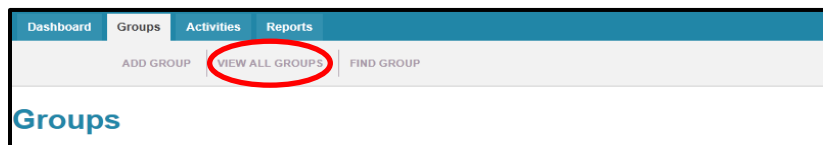
- Under the Quick Links Tabs, click on the **Groups** tab.



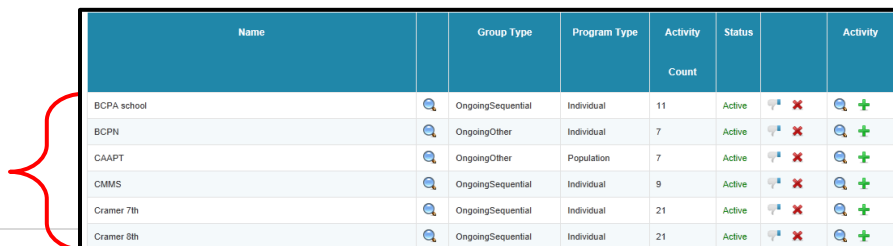
- Once the group tab is selected, three sub-tabs will appear just below; Add Group, View All Groups, and Find Group.



- 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.



A screenshot of a table displaying a list of groups. The table has columns for Name, Group Type, Program Type, Activity, Status, and Activity. The groups are listed in alphabetical order. A red bracket highlights the first six rows of the table.

Name	Group Type	Program Type	Activity	Status	Activity
BCPA school	OngoingSequential	Individual	11	Active	+
BCPN	OngoingOther	Individual	7	Active	+
CAAPT	OngoingOther	Population	7	Active	+
CMMS	OngoingSequential	Individual	9	Active	+
Cramer 7th	OngoingSequential	Individual	21	Active	+
Cramer 8th	OngoingSequential	Individual	21	Active	+

- Make sure to check deactivated groups as well. If the Status of **All** or **Deactivated** are selected, a Start and End Date selection will show up. Clear out the dates to view all activities.

The screenshot shows a search interface for groups. At the top, there are dropdown menus for 'PIHP Region' (Region 01 - NorthCare Network) and 'Provider Agency' (Alger County Sheriff Department). Below these is a text input for 'Name'. The 'Status' dropdown is set to 'All'. Two date selection fields, 'Start Date' and 'End Date', are present, both circled in red. Each date field has a calendar icon and a red 'X' icon. A blue 'Search' button is at the bottom.

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

The screenshot shows the 'Add Group' form. At the top, there are three tabs: 'ADD GROUP' (circled in red), 'VIEW ALL GROUPS', and 'FIND GROUP'. The form includes dropdown menus for 'PIHP Region' (MPHI Test PIHP) and 'Provider Agency' (MPHI Test #1). There is a text input for 'Group Name'. Other fields include 'YTA Related' (No), 'Program Type' (--- Select ---), 'Group Type' (--- Select ---), 'Minimum Activity Count' (text input), 'Maximum Activity Count' (text input), 'Intervention Type' (--- Select ---), 'Service Population' (--- Select ---), 'Service Domain' (--- Select ---), 'Funding Source' (--- Select ---), and 'EBP Service Type' (--- Select ---). A 'Notes' text area is at the bottom.

- 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 determine which Program Types are allowable if a specific Group Type is selected. Once a Group Type and a Program Type are 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.
  - *Note:* Please remember that MPDS is not a confidential record, so specific names of individuals receiving services should not be used in the System (utilize initials or assigned ID numbers instead, if necessary).

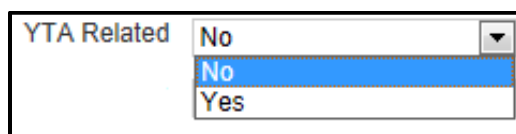
### Program Name

- **Program Name** is a drop-down field which includes pre-selected options specific to each PIHP Region. It is a mandatory field for Ongoing-Other or Ongoing-Sequential. Program Name is not required for one-time events.

*Note:* If a necessary Program Name is missing from the drop-down list, Provider must contact their PIHP Region Lead to request that the Program Name be added. PIHP Region Lead will pass on the request to MPDS mailbox and MDHHS. PIHP Region Leads should include the program name, the description of the program, and the Evidence-Based Practice (EBP) Service Type.

### YTA/Synar 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 21 and to enforce those laws effectively. In conformance, Michigan has in place a **Youth Tobacco Act (YTA)** which was last amended in 2022. 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 C). *Helpful Hint:* Check with your Provider Agency Lead or PIHP Region Lead to determine which activities to select.
- Does this group address Youth Access to Tobacco? Select **Yes** or **No**.



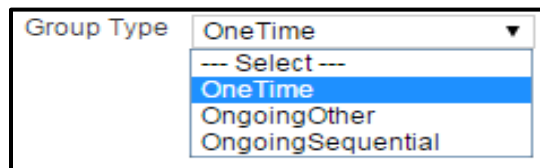
The image shows a screenshot of a web form. On the left, the text 'YTA Related' is displayed. To its right is a dropdown menu. The dropdown menu is currently open, showing two options: 'No' and 'Yes'. The 'No' option is highlighted with a blue background. The dropdown menu has a small downward-pointing arrow on its right side.

## Gambling Prevention

- Is this group related to Gambling Prevention? Select **Yes** or **No**.

## 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.

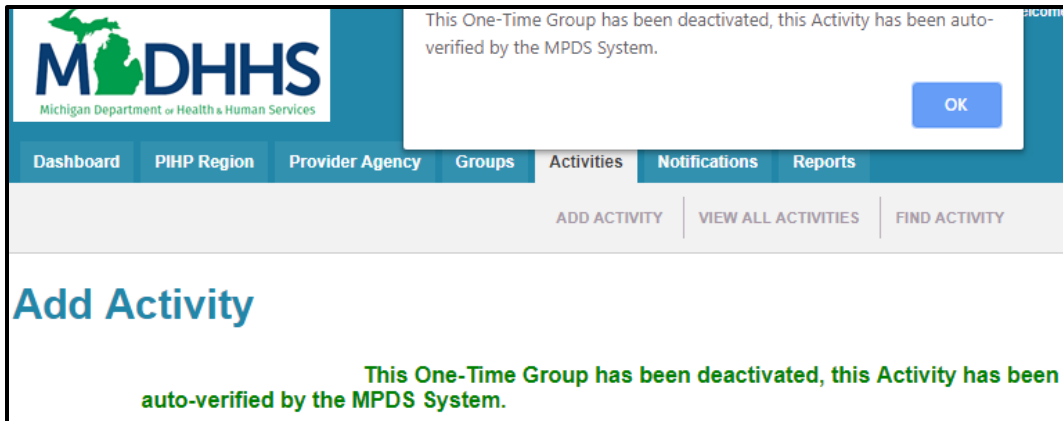


A screenshot of a web form's dropdown menu. The label 'Group Type' is on the left. The dropdown box shows 'OneTime' as the current selection. Below it, the menu is open, showing the following options: '-- Select --', 'OneTime' (highlighted in blue), 'OngoingOther', and 'OngoingSequential'.

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.

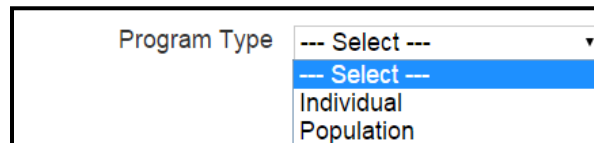
*Helpful Hint:* Click the **Add** button at the bottom of the **Add Group** page to actually save the record. Successfully saving the record will display a green message indicating such. If a specific, required piece of information is forgotten, a notification message will be posted indicating what was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

*Note:* One-Time Group Activities are automatically deactivated and verified upon successful completion.



### 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.



Type	Description
Individual	<p>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.</p> <p>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).</p>
Population	<p>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.</p> <p><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,</p>

	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.
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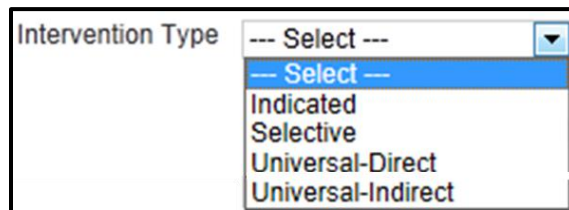
### Minimum & Maximum

- 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 Provider Agency Lead or PIHP Region Lead before making any changes for approval (e.g., If the group exceeds the maximum number but the group needs to add more activities, the maximum number can be changed). The minimum or maximum activity count box cannot be left empty, you must add in a number.

Minimum Activity Count <input style="width: 80%;" type="text" value="1"/>	Maximum Activity Count <input style="width: 80%;" type="text" value="100"/>
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### 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).



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. For example, persons with a diagnosed mental illness, delinquent or violent youth, etc.



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

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 Disadvantaged	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

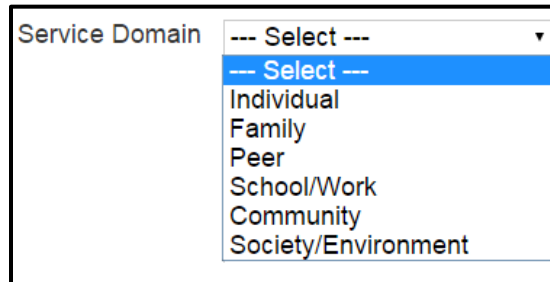
16	People Using Substances	Youth and adults who may have used or experimented with alcohol, tobacco, or other drugs. Examples are youth or adults charged with driving under the influence (DUI), driving while intoxicated (DWI), or being a minor in possession (MIP), social or casual users of illicit substances, youth and adults who smoke tobacco or consume alcoholic beverages but who are not yet in need of treatment services. <i>Note:</i> 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.	Indicated
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 small businesses, companies, corporations, industrial plants, and unions.	Universal
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 Groups	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.	Universal
43	Teachers/ Administrators/ Counselors	Individuals employed in the education field. Examples include teachers, coaches, deans, principals, faculty, and counselors.	Universal

	(Education)		
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.	Universal
46	Not Any of the Above	Can only be used with permission from the PIHP Region. Approval will also include which intervention type to be used.	
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. Approval will also include which intervention type to be used.	

**Service Domain**

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



<b>Service Domain</b>	<b>Description</b>	<b>Example</b>
<b>Individual</b>	Services designed to impact an individual person's knowledge, skills, etc.	Life skills training for youth.
<b>Family</b>	Services designed to improve family functioning.	Program to teach parenting skills to parents.
<b>Peer</b>	Services designed to influence peers.	Peer mentoring activities and peer-led social norming campaigns.
<b>School/Work</b>	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.

<b>Community</b>	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.
<b>Society/ Environment</b>	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 Provider Agency Lead or PIHP Region Lead to determine which funding source to select.

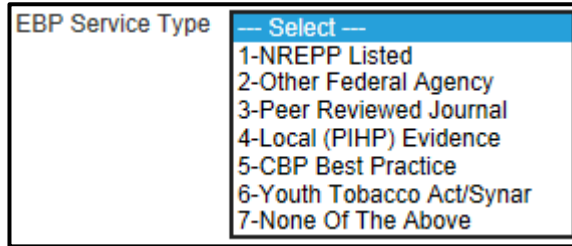
<b>Table 7. Funding Source</b>	
<b>Funding Source</b>	<b>Description</b>
SAPT Funded (Substance Abuse Prevention Treatment)	The objective of the SAPT funds is to help plan, implement, and evaluate activities that prevent and treat substance abuse. <a href="http://www.samhsa.gov/grants/block-grants/sabg">http://www.samhsa.gov/grants/block-grants/sabg</a>
Other Funded	For future funding or used if prevention activity is not funded by either block grant or PFS (e.g. DFC, PA2, and PFSII). <i>Check with your PIHP Region to determine if appropriate to use.</i>
GDPV Funded	Funded by the Compulsive Gaming Prevention fund and used only to support activity related to the prevention, treatment, analysis and education of Gambling Disorder.
SOR II Grant	The State Opioid Response II is a federal grant that Michigan received to address the opioid crisis. Check with your PIHP region to determine if appropriate to use.
COVID Supplemental Block Grant	Federal funding provided to states as a supplemental to SABG for addressing issues impacted by the COVID pandemic
ARP Supplemental Block Grant	Federal funding from the American Rescue Plan Act provided to states as a supplement to the SABG
PFS 2022	The Partnership for Success is a federal grant to increase coalition capacity.
SOR 3 Grant	The State Opioid Response grant is federal funding Michigan received to address opioid and stimulant use and related consequences

**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.



- Ensure you are following fidelity to an evidence-based program. If adaptations are needed, make sure to check with the developers before making changes to the program.
- *Helpful Hint:* An online registry of EBP Services Type can be found at: <https://pttcnetwork.org/centers/pacific-southwest-pttc/product/guide-online-registries-substance-misuse-prevention-evidence>

<b>EBP Service Type</b>	<b>Description</b>
NREPP Listed	A program that was previously listed on the SAMHSA model program list or currently listed on National Registry of Evidence-based Programs and Practices (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. <i>Note:</i> NREPP is no longer in existence. If a program was previously under NREPP, you may select it.
Other Federal Agency	The program/model is listed by National Institute on Drug Abuse (NIDA), Office of Juvenile Justice and Delinquency Prevention (OJJDP), United States Department of Education (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	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:

	<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>
<p>CBP Best Practice</p>	<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> <ul style="list-style-type: none"> <li>• <i>Membership:</i> 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.</li> <li>• <i>Evidence of Effectiveness:</i> Projects implemented through the community based process effort need to show evidence of being effective at the following: <ul style="list-style-type: none"> <li>▪ Contributing to the identified desirable outcome</li> <li>▪ Impacting the identified community problem/consequence</li> <li>▪ Improving the ability of the prevention system to deliver substance abuse services.</li> </ul> </li> <li>• <i>Clear Purpose:</i> Projects implemented through the community based process effort should begin with a clear understanding of their purpose and should consider the following initiatives: <ul style="list-style-type: none"> <li>▪ Comprehensive services coordination (improving the nature and delivery of services)</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>▪ Community mobilization (generate community activism to address substance abuse and related problems/consequences)</li> <li>▪ Create both system level change and individual behavior change</li> <li>▪ Create community linkages (connecting resources within a community and/or connecting persons to resources).</li> </ul>
Youth Tobacco Act/Synar	Refer to page 10 if “Yes” was selected for Group (see Appendix C).
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.

**Primary Strategy Employed**

- Select from the dropdown menu the **primary strategy employed**. See Table 9 for a list of available primary strategies employed and the strategies description.

Primary Strategy Employed --- Select ---

- This strategy will now be the set primary strategy employed for that group and all activities within that group. When adding an activity, this strategy will be pre-filled and unchangeable. Any new primary strategy will need to be associated with a new group.



**Table 9. Primary Strategies Employed**

**Alternative Strategies:** 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.

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>

**Community Based:** 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.

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.

Strategy Code	Code Description	Purpose of Activity	Examples of Activities
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)	Doing a needs assessment in your community, focus area, etc. to do one or more of the following: <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>	Working with others in your community to develop and/or collect: <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	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).	<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	To form, enhance, develop, or facilitate community coalitions. Activities or services conducted to create a coalition or enhance a coalition with or on behalf of	<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>

	planning teams)	community coalitions for the purpose of fostering, supporting, or enhancing community prevention services. <i>Note: Staff should be a leader or member of the coalition.</i>	
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. <i>Note: Staff could be in a consultant role to offer coalition guidance.</i>	<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:

<ul style="list-style-type: none"> <li>• Classroom education</li> <li>• Small group education</li> <li>• Parenting and family management classes</li> <li>• Peer Leader and peer helper programs</li> <li>• Education programs for youth groups (e.g.: anger management, life skills, safe dates, etc.)</li> </ul>			
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, 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.	<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 grade classroom setting as a part of their general class time.</li> </ul>
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>
<b>Information Dissemination Strategies:</b> 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> <li>• Staff meets with school personnel to provide an overview presentation of prevention program(s), including components of program, benefits, and positive outcomes.</li> </ul>
N07	Speaking engagement indirect - (radio or TV interview, print media, pre-recorded video)	Planned presentation with a defined topic/focus indirectly to the audience through radio, TV, print media, or virtual platform.	<ul style="list-style-type: none"> <li>• Interview with a journalist</li> <li>• Video conference presentation</li> <li>• Provider created a video workshop and uploaded on YouTube for schools and students</li> </ul>

**Problem Identification & Referral Strategies:** 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).

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</li> </ul>

			workers/employees
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.	Activities conducted as a component of a Student Assistance Program, which may include: <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 have been involved in the use of alcohol and/or other drugs while operating a motor vehicle.	<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> <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>

**Environmental Strategies:** 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.

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.

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.

Environmental strategies include:

- 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.
- Enforcement: Laws and regulations must be accompanied by significant penalties and they must be enforced in order to be effective.
- Education: when in relation to training of individuals such as servers and merchants about the laws, penalties, and their responsibilities.
- Reduce youth access to substances, including alcohol and tobacco.
- Reduce alcohol and tobacco advertising.
- Social Norms: Comprehensive efforts designed to change community norms regarding substance use disorder.

Strategy Code	Code Description	Purpose of Activity	Examples of Activities
V01	Technical Assistance in relation to community norms or public policy change	Providing guidance/supervision/ technical assistance for activities designed to change norms, availability, and policies (regulations/laws/ ordinances). (Walking a collaborative through the processes of making environmental change)	<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 support for a policy change.</li> <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	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> </ul>

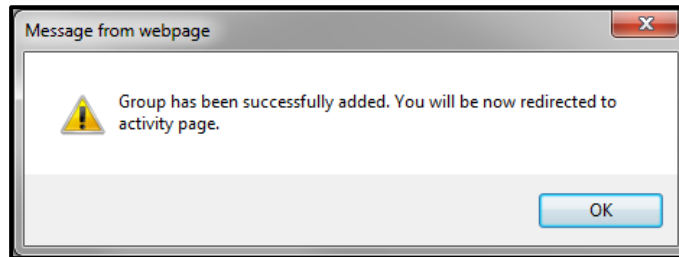


	(vendor education, law enforcement education, compliance activities)		<ul style="list-style-type: none"> <li>• Training law enforcement to conduct compliance checks</li> <li>• Training youth inspectors to conduct compliance checks</li> <li>• Age testing youth inspectors in the community.</li> </ul>
V03	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>

## 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.

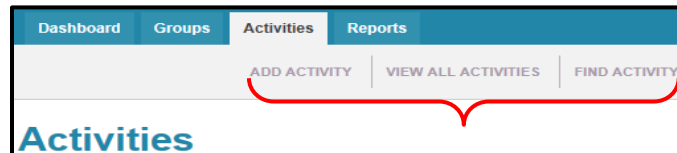
- The system provides two options for creating an activity.
  - *Option One:* Once you create a group and select the **Add** option, the following message will appear “Group has been successfully added. You will now be redirected to activity page”. You would then be directed to the **Add Activity** page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



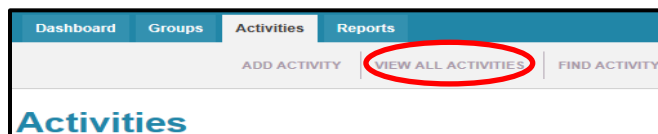
- *Option Two:* If the group has already been created and an activity needs to be added go to the **Activities** tab.
- Under the Quick Links Tabs, click on the **Activities** tab.



- 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	
<a href="#">Test Group #2</a>	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.

PIHP Region	MPHI Test PIHP	
Provider Agency	MPHI Test #1	
Group	--- Select ---	

### Activity Name

- The **Activity Name** will **auto-populate** with the **Group Name**. *Helpful Hint:* Check with Provider Agency Lead or PIHP Region Lead to determine if additional information needs to be included in the Activity Name (e.g., If it's an ongoing-sequential program, the addition of the session # may be helpful).

Activity Name	<input type="text"/>
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### 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 Date <input style="width: 80%;" type="text"/>		End Date <input style="width: 80%;" type="text"/>	
---	--	---	--

**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 <input style="width: 15%;" type="text" value="12"/> <input style="width: 15%;" type="text" value="00"/> <input style="width: 20%;" type="text" value="AM"/>	End Time	<input style="width: 15%;" type="text" value="12"/> <input style="width: 15%;" type="text" value="00"/> <input style="width: 20%;" type="text" value="AM"/>
--	----------	---

**Total Units**

- Total Units** will be auto calculated based on the **start** and **end time**. One Unit represents 15 minutes of an activity. Total number of Units cannot exceed the Maximum number of activities for the group.

Total Units	0
-------------	---

**TIME CONVERSION**

DURATION/MIN	UNITS		DURATION/MIN	UNITS
15 Min	1		195 Min (3-1/4 hrs)	13
30 Min	2		210 Min (3-1/2 hrs)	14
45 Min	3		225 Min (3-3/4 hrs)	15
60 Min (1 hr)	4		240 Min (4 hrs)	16
75 Min (1-1/4 hrs)	5		255 Min (4-1/4 hrs)	17
90 Min (1-1/2 hrs)	6		270 Min (4-1/2 hrs)	18
105 Min (1-3/4 hrs)	7		285 Min (4-3/4 hrs)	19
120 Min (2 hrs)	8		300 Min (5 hrs)	20
135 Min (2-1/4 hrs)	9		315 Min (5-1/4 hrs)	21
150 Min (2-1/2 hrs)	10		330 Min (5-1/2 hrs)	22
165 Min (2-3/4 hrs)	11		345 Min (5-3/4 hrs)	23
180 Min (3 hrs)	12		360 Min (6 hrs)	24

**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. *System Validation:* New Males and New Females cannot be greater than the total attendees.
- 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. *Note:* Enter 0 in total attendees if estimated reach is included.

Total Attendees

## 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 subsequent 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). *Note:* Only include the first time an individual participates in the group in that fiscal year.

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. Reference the Validation Matrix in Appendix A.
- 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.)

<b>Activity: Media Campaign</b>	
<b>Description</b>	<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 planning or coordination with persons from outside of your agency are eligible for entry as an activity into MPDS. The media campaign itself is not 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. <i>Note:</i> In order to count estimated reach, you need to have a face-to-face attendee.</p>
<b>Example</b>	<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>
<b>Activity: Media Interview</b>	
<b>Description</b>	<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. <i>Note:</i> In order to count estimated reach, you need to have a face-to-face attendee.</p>
<b>Example</b>	<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>
<b>Activity: Presentations to Large Groups</b>	
<b>Description</b>	<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. <i>Note:</i> If more there are more than 50 participants, estimated reach can be used.</p>
<b>Example</b>	<p>If you are doing a presentation to a large group and know how many people are</p>

	<p>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. <i>Note:</i> 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 NEVER 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>
<b>Activity: Volunteer Activity</b>	
<b>Description</b>	<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 not 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>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>
<b>Example</b>	<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” for the full year at the time you monitored or provided the face-to-face technical assistance. <b>CAUTION: DO NOT</b> 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> <li>• C08 Coordinating and Monitoring Volunteers</li> </ul>



### 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**.

Is First Activity In Group	--- Select ---	▼
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### Attendees Completing Group

- Individuals that have attended the mandatory number of sessions, as described by the developers, are counted as completed. The number of individuals completed should be added to the last activity of the group. This is also required as a part of the year-end close out procedure (see Step 6).
  - **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. System Validation: “Attendees Completing Group” cannot exceed New Males and New Females.

Attendees Completing Group	<input type="text"/>
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### Total New Attendees

- Total New Attendees field will **only** display for groups that have a group type of ongoing sequential. This field will auto populate as activity information is entered into the group. Newly entered activities will force users to enter data according to this validation.
- Example: activity 1 has 5 new males and 5 new females. Activity 2 the users enters 11 attendees completing the activity but there are only 10 eligible attendees that can complete the group. The system will not allow the user to save the activity and a warning message will indicate: Attendees Completing Group cannot exceed total new males and new females. *Helpful Hint:* Check with your Provider Agency Lead or PIHP Region Lead if you encounter difficulties entering data.

**Notes**

- A **notes** section is provided for users to document any additional information necessary. Examples can include explanations for program deviation, virtual vs in-person, etc. *Helpful Hint:* Check with your Provider Agency Lead or PIHP Region Lead as there may be specific details required to be entered here.

  - *Note:* Please remember that MPDS is not a confidential record, so specific names of individuals receiving services should not be used in the System (utilize initials or assigned ID numbers instead, if necessary).

**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. *Helpful Hint:* When assigning a Staff Member be sure to review any other activities tied to that person as the system will not allow dates and times to overlap between activities. *Note:* Ensure that information prior to the staff member’s start date is not being included. The validation was taken out.

- **Strategy Employed - Auto-populated** from the primary strategy of the group. *Helpful Hint:* If the primary strategy of the group was originally entered incorrectly and needs to be changed the strategy employed field on already saved staff members will not automatically update. The staff member will need to be deleted and re-entered.

- **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.

Start Time	12	00	AM	End Time	12	00	AM
------------	----	----	----	----------	----	----	----

- **Units** - Units are **auto-populated** based on the start and end time entered. One Unit represents 15 minutes of an activity. Total number of Units cannot exceed the Maximum number of activities for the group.

Units	<input type="text"/>
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- **+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.

<input type="button" value="+ Add"/>
--------------------------------------

- **Optional Fields** - PIHP Regions may choose **optional fields**. Contact PIHP Region if other fields are visible. *Helpful Hint:* If your PIHP region requires both "School-Based Activity" AND "School District, when entering activities into MPDS, if the provider selects "No" for "Is School-Based Activity" this will make the "School District" dropdown option not required. If they select "Yes", then the "School District" option will be required. This information is only applicable for PIHP regions who require both "School-Based Activity" AND "School District".

### 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. The only time you enter demographics is when you have New Males or New Females.
- *Note:* Only include the first time an individual participates in the group in that fiscal year.

Race	Age Group	Ethnicity
<input type="checkbox"/> African American	<input type="checkbox"/> 0 to 4	<input type="checkbox"/> Arab-American/Chaldean
<input type="checkbox"/> American Indian/Alaskan..	<input type="checkbox"/> 5 to 11	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> Asian	<input type="checkbox"/> 12 to 14	<input type="checkbox"/> Not Listed
<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> 15 to 17	<input type="checkbox"/> Total
<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> 18 to 20	
<input type="checkbox"/> White	<input type="checkbox"/> 21 to 24	
<input type="checkbox"/> Unknown/Other	<input type="checkbox"/> 25 to 44	
<input type="checkbox"/> Total	<input type="checkbox"/> 45 to 64	
	<input type="checkbox"/> 65+	
	<input type="checkbox"/> Total	

### Step 5: Reports

- Reports can be used to:
  - Monitor staff time
  - View demographics for a specific intervention
  - Collect information for grant proposals
  
- 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).

Template --- Select ---

- **PIHP Region and Provider Agency** - Fields are **auto-populated**.

PIHP Region: MPHI Test PIHP

Provider Agency: MPHI Test #1

- **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	MPHI Test Group #1
-------	--------------------

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

Start Date	<input type="text"/>		
End Date	<input type="text"/>		

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

PIHP Region	MPHI Test PIHP	▼
Provider Agency	MPHI Test #1	▼
Group	MPHI Test Group #1	▼

- **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.

## Step 6: Closing Out Groups

All providers are required to follow the Close Out Procedure and adhere the timeline established by their PIHP Region.

**Record Review/Data Integrity** – Fiscal Year records must be reviewed for accuracy and any errors must be corrected. *Helpful Hint:* If you have questions or concerns, contact your PIHP Region contact.

- Common Errors include:
  - Completing attendees cannot be higher than New Males and New Females
  - Incorrect labeling of AM and PM leading to incorrect units
  - Incorrect time and/or date entered

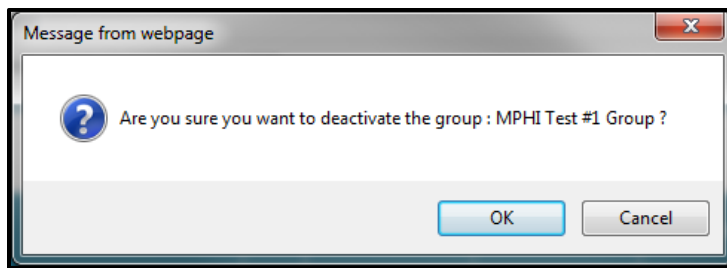
**Entry and Group Closure** - All fiscal year (FY) activity (October 1 - September 30) is to be entered and groups closed and made “inactive” at the end of every FY. This applies to the group types “Ongoing-Sequential” and Ongoing-Other”. *Helpful Hint:* Your PIHP Region will provide you with dates for completion. *Note:* One-Time events are automatically deactivated and verified upon successful completion.

- *Example:* School-based ongoing-sequential group that starts in September will need to be closed out September 30<sup>th</sup>. Recreate the group for the new FY by renaming the group and entering activity data October 1 and forward for the remaining year. Enter a note that the group started in September but was closed for the end of the FY in notes section.
- Changing groups from “active” to “inactive” can be accomplished by clicking on the Group tab and selecting the Status: “Active” and Search.

- On the far right of each group line item there is a “Status” Column indicating if the group is “Active” or “Inactive”. In the column to the left of the Name there is a “Thumbs Down” Icon. *Helpful Hint:* Do not click on the red X unless your intention is to permanently delete that group (entered in error, a duplicate etc.).

Name	Group Type	Program Type	Activity Count	Status	Activity
MPHI Test #1 Group	OngoingSequential	Individual	10	Active	

- Clicking on the “Thumbs Down” Icon will prompt the message “Are you sure you want to deactivate this group?”



- Once deactivated, you can locate the group by clicking on the Group tab and selecting the Status: “Inactive” or “All” (follow the steps above). The group will appear on both the “Inactive” and “All” Status lists. If needed, you can reactivate an inactive group on the inactive list by clicking on the “Thumbs Up” Icon for that group.

**Inactive Groups** – Completed FY groups in the “Inactive” group list should be checked to make sure that the “Attendees completing” field has been filled in, applicable to the last activity date of each completed series.

*Note:* Remaining Incomplete Attendees should reflect attendees who did not complete mandatory number of sessions.



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



## Appendix B: 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 C: 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.