

Region 10 PIHP  
Prevention Services Work Plan

Provider Agency Name:

Date:

MBO	Prevention Service/ Description	EBP	Group Type	Service Population(s)	Consequence/ Problem Area (Long-Term Outcome)
		<input type="checkbox"/> 1-NREPP <input type="checkbox"/> 2-Other Federal Agency <input type="checkbox"/> 3-Peer Reviewed <input type="checkbox"/> 4-Local Evidence <input type="checkbox"/> 5-CBP Best Practice <input type="checkbox"/> 6-YTA/Synar <input type="checkbox"/> 7-None of the Above	<input type="checkbox"/> One-Time <input type="checkbox"/> Ongoing-Other <input type="checkbox"/> Ongoing-Sequential		<input type="checkbox"/> To reduce underage drinking <input type="checkbox"/> To reduce prescription and over-the-counter drug abuse, including opiates <input type="checkbox"/> To reduce youth access to tobacco <input type="checkbox"/> Other:
<b>Strategy Code(s)</b>					

For Education Services					
# of units per session	# of sessions per series	# of sessions to complete series	Modified	Pre/Post Tests	Satisfaction Surveys
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Risk or Protective Factor(s) to Be Addressed:**

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<b>Initial Outcome:</b>	<b>Intermediate Outcome:</b>
<b>Evaluation Method:</b>	<b>Evaluation Method:</b>

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**R10 Prevention Work Plan Instructions**

A separate work plan must be completed for each prevention service (MBO) for which your organization is funded.

**Provider Agency Name:** Enter name of the provider agency.

**Date:** Enter the date the plan was completed.

**FOR ALL SERVICES**

**MBO:** Enter the prevention service MBO code provided by the PIHP.

**Strategy Code(s):** Enter the strategy code(s) approved by the PIHP to be implemented for the prevention service. (Strategy Codes shall be consistent with Table 9. Primary Strategies Employed as included in the Michigan Prevention Data System for Substance Use Disorder Services User Manual for Provider Agencies.)

**Prevention Service/Description:** Enter the name and brief description of the prevention service that corresponds with the MBO.

**EBP:** Click on the box to check the appropriate EBP that corresponds with the prevention service.

**Group Type:** Click on the box to check the appropriate group type that corresponds with the prevention service. One-Time is an event occurs only once and is not ongoing. Ongoing-Other is events or activities that do not require or expect sequential participation. Ongoing-Sequential is a program consisting of the application of a curriculum consisting of multiple sessions in a planned sequence.

**Service Populations:** Enter the service population(s) that most closely describes the group(s) or individual(s) who are the recipients of the prevention service. Make sure that you use the service population codes as defined in the Michigan Prevention Data System User Manual for Provider Agencies.

**Consequence/Problem Area:** Check all that apply. Click on the priority areas that the prevention service addresses. If other, enter consequence/problem area to be addressed based on data from your community.

**FOR EDUCATIONAL SERVICES ONLY**

**# of units per session:** Enter how many units the prevention service is designed to have per session (NOTE: 1 unit = 15 minutes).

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**# of sessions per series:** Enter how many sessions the prevention service is designed to have in one series.

**# of sessions to complete series:** Enter the number of sessions that a participant must attend in order to receive a certificate of completion (or considered complete if no certificates are given).

**Modified:** Click on yes or no whether there has been a modification or an adaptation made to this prevention service.

**Pre/Post Tests:** Click on yes or no whether pre/post tests will be administered to participants of this prevention service.

**Satisfaction Surveys:** Click on yes or no whether a satisfaction survey will be administered to participants of this prevention service.

**FOR ALL SERVICES**

**Risk and Protective Factor(s) to Be Addressed:** Enter all risk and protective factors that the program addresses.

**Initial Outcome:** Enter the expected initial outcome of the prevention service (the outcome should be written in the S.M.A.R.T. format which is specific, measurable, attainable, relevant and time-bound).

**Evaluation Method:** Enter the method to be used to evaluate if the goal and/or initial outcome is achieved.

**Intermediate Outcome:** Enter the expected intermediate outcome of the prevention service. Example-Change in behavior.

**Evaluation Method:** Enter the method to be used to evaluate if the intermediate outcome is achieved.