

Substance Use Platform Launch



AFMM Association Francophone pour les Malades Mentaux





Meeting Agenda

- 1. SU Yearly Survey Introduction
- 2. Terminology
- 3. Data Validation
- 4. Platform Walkthrough
 - a. Treatment
 - b. Prevention
- 5. Platform Demonstration
- 6. Next Steps
- 7. Questions/Comments

Testing Platform Link https://app.moph.gov.lb/susurveys/#/login



Usernames and Passwords for SU Platform Launch Demonstration

Facility Reporter

Username: TSUTOFR Password: 123

Facility Director

Username: TSUTOFD Password: 123

Organization Director

Username: TSUTOOD Password: 123



SU Platform Launch SU Yearly Survey Introduction

The **Substance Use Yearly Surveys** are designed to give a comprehensive overview of Substance Use activities and services occurring in the previous calendar year across Lebanon. The surveys are conducted and designed by the **National Mental Health Programme, UNODC International Standards on Drug Use and Prevention** and **UNODC-WHO Programme on Drug Dependence Treatment and Care.**

- 1. Prevention
 - a. This survey focuses on the prevention of the initiation of drug use and the prevention of transition to drug use disorders.
- 2. Treatment
 - a. This survey focuses on drug treatment as defined: "A process designed to achieve a desired health status for patients with drug use disorders. Treatment is provided by qualified professionals, in the framework of recognized medical, psychological or social care practice."



SU Platform Launch Terminology

- 1. Facility:
 - a. A separate organizational entity (medical center, department, programme, etc.) that has its own defined objectives, procedures, rules and scope of services and interventions, its own target group(s), and a team and manager (project coordinator). These facilities can be standalone (e.g. addiction treatment centers) or integrated with other health care centers, clinics or dispensaries (such as general health care or mental health centers or hospitals).
- 2. Calendar Year:
 - a. E.g. January 1st, 2018 through December 31st, 2018
- 3. Public Data
 - a. Data acquired that will be linked specifically to the reporting facility and disseminated publically.
- 4. Non-Public Data
 - a. Data acquired that will be aggregated and disseminated to the stakeholders in anonymized format.

SU Platform Launch Data Validation

Data validation is a process that allows the organization to review and approve surveys by implementing a multi-level user system. Each level has their own account with specific privileges and functions. At each transition, notification emails will be sent to relevant users.

L1	Facility Reporter	 Creates surveys Saves surveys Submits surveys (send to Facility Director) Can edit reports
L2	Facility Director	 Can view surveys Validates surveys (send to Organization Director) Request revision (return to Facility Reporter) Cannot edit surveys
L3	Organization Director	 Can view surveys Validates surveys (send to NMHP) Request revision (return to Facility Director) Cannot edit surveys
L4	National Mental Health Program	 Can view surveys Publishes surveys (saves surveys to database) Request revision (return to Organization Director) Cannot edit surveys

Lebanese Republic Ministry of Public Health National Mental Health Programm

SU Platform Launch

Data Validation



Substance Use Patform Login Page Enter your username and Please enter your username and password Username Username Lebanese Republic Password Password Ministry of Public Health Forgot my Password MINISTRY OF PUBLIC HEALTH MENTAL HEALTH PROGRAMME



Step 1

password.

Home Page

Step 2a

Select "SU Prevention Survey" from drop-down menu.

A HOM	e 😡 GUIDES				
Report Type St	J Treatment Survey			π	
S	U Treatment Survey				
A Download Excel	U Prevention Survey				
Status	Facility	Organization Name	Year	Notes	
View New	Testing SU Facility	Testing SU Organization	2019		



	Preset	Time				
3a	нерог	iàhe s	U Prevention Survey	~	• CREATE REPORT	
	~ Down	Status	Facility	Organization Name	Notes	
"Create Report".	Man	(Nau	Testing Descention SU	Testing Cl Organization		
ity Reporter Account (L1)						
.,	RC	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				1 - 1 of 1 items



STest

Change Password

Logout

Home Page Step 4a Select "Yes" to create the report.

					Slest	Change Password	Lo
		Do you want to create the report?					
	🔗 HOME						
				YES NO			
Report Type	SU Pr	evention Survey	~	CREATE REPORT			
A Download E	Excel						
	Status	Facility	Organization Name	Notes			
View	New	Testing Prevention SU	Testing SU Organization				
RR						1 - 1 of 1 items	



Prevention Survey

Step 5a

Begin to complete the survey.

- 1. Section 1: Demographic Information
- 2. Section 2: Practice and Standards
- 3. Section 3: Financial
- 4. Section 4: Beneficiaries
- 5. Section 5: Descriptive Section

		STest Change Passwo	rd Log
A HOME O GUIDES			
Save X Delete Submit to FD Workflow Back to list			
Testing SLLOrganization - Testing Prevention SLL - SLL Prevention Survey	- 2018		
resulty 60 organization - resulty revention 60 - 60 revention ouvey	Status: New		
			1
Demographic Information Practice and Standards Financial Beneficiaries De	scriptive section		
A1-Organization Name			
A2-Prevention Facility Name			
C1a-Facility Affiliation	public/governmental	~	
A3-Head of Facility: First Name			
A3-Head of Facility: Last Name			
A3-Head of Facility: Title	Mr	~	
A3-Head of Facility: Email Address			
A4-Focal Point of Survey: First Name			
A4-Focal Point of Survey: Last Name			
A4-Focal Point of Survey: Title	Mr	~	
A4-Focal Point of Survey: Email Address			
A5-Email Address (Facility)			
A6-Phone Number (Facility; Admin)			
B2-Address			
B4-Longitude			
R4-I stitude			
B4-Latitude B5-Public Website			



Prevention Survey

Step 6a

Begin to complete the survey.

- 1. Section 1: Demographic Information
- 2. Section 2: Practice and Standards
- 3. Section 3: Financial
- 4. Section 4: Beneficiaries
- 5. Section 5: Descriptive Section

4	¥ НОМЕ 😡	GUIDE	5					
Save × Delete	Submit to FD Workflo	w Ba	k to list					
Testing SU Organization	n - Testing Prevention	SU - SU	Prevention Su	rvey - 20	18 Status:	New		
Demographic Information	Practice and Standards	Financia	Beneficiaries	Descrip	ive section			
		T Indentified	Contentionalito	bootrip				
C1-Which of the follo	wing describes best you	r activitie	s (select all that	apply)				
Dissemination of education	onal material		Available					
(includes brochures, flyer	s, posters, etc.)		e les e luo					
sessions (lecture)	o doo amaronoso		🔵 Yes 🔘 No					
Interactive substance use sessions	awareness		🔍 Yes 🔘 No					
Life skills programmes			🛛 Yes 🔘 No					
Media campaigns			🔍 Yes 🔘 No					
Entertainment venues rela activities	ated prevention		🛛 Yes 🔘 No					
Peer-topeer education pr	ograms		🛛 Yes 🔍 No					
Internet-based prevention	n programs		🔵 Yes 🔘 No					
Other (please specify)			🛛 Yes 🔘 No					
C2-Practice and Stan	dards							
C3a-Is your facility forma	lly accredited for prevention	of substan	ce use?		🔘 Yes 🔘 No			
C3b-Accrediting Body Na	ame							
C3b-Accredition Body W	ebsite							



Prevention S	Survey
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Step 7a

Begin to complete the survey.

- 1. Section 1: Demographic Information
- 2. Section 2: Practice and Standards
- 3. Section 3: Financial
- 4. Section 4: Beneficiaries
- 5. Section 5: Descriptive Section

		STest	Change Password	ι
A HOME O GUIDES				
Save X Delete Submit to FD Workflow Back to list				
esting SU Organization - Testing Prevention SU - SU Prevention Survey - 20	18 Status: New			
Demographic Information Practice and Standards Financial Beneficiaries Descript	ve section			
C4a-For substance use prevention activities, what was the facility's total budget	over the last calendar year in local currency a	nd in USD?		
Lebanese Pound	0			
USD	0.00			
C4b-For the budget dedicated to substance use prevention services, indicate wi	ich percentage of your funding is provided th	rough which source over the last calendar v	ear, All answers	
have to be identicated in percentage (%)		,		
Source	Budget %			
Ministry of Public Health	0.00			
Ministry of Social Affairs	0.00			
National Social Security Fund	0.00			
Army	0.00			
Public Service Cooperation	0.00			
Internal Security Forces	0.00			
Mutual fund	0.00			
Private health insurance	0.00			
Private donations; coporate	0.00			
Private donations; individuals	0.00			
Fundraising	0.00			
Grant	0.00			



Prevention	Survey
Step 8a	

Begin to complete the survey.

- 1. Section 1: Demographic Information
- 2. Section 2: Practice and Standards
- 3. Section 3: Financial
- 4. Section 4: Beneficiaries
- 5. Section 5: Descriptive Section

		STest	Change Password	Logout
A NOME U GOIDES				
Save X Delete Submit to FD Workflow Back to list				
Testing SU Organization - Testing Prevention SU - SU Prevention Su	rvey - 2018 Status: New			
· · · · · · · · · · · · · · · · · · ·				
Demographic Information Practice and Standards Financial Beneficiaries	Descriptive section			
Please specify the number of person targeted by your interventions/ac	ivity			
D1-Dissemination of educational material (includes brochures, flyers, p	osters, etc.)			
Group	Number of person targeted			
Youth and adolescents				
Women				
Children living in adverse circumstances				
Palestinian refugees				
Displaced populations				
Persons in prisons				
Persons living with communicable diseases				
Other (please specify)				
D1-Non-interactive substance use awareness sessions (lecture)				
Group	Number of person targeted			
Youth and adolescents				
Women				
Children living in adverse circumstances				
Palestinian refugees				
Displaced populations				



Prevention Survey
Step 9a
Begin to complete the survey.

- 1. Section 1: Demographic Information
- 2. Section 2: Practice and Standards
- 3. Section 3: Financial
- 4. Section 4: Beneficiaries
- 5. Section 5: Descriptive Section

HOME Ø GUIDES		
Save X Delete Submit to FD Workflow Back to list		
Testing SU Organization - Testing Prevention SU - SU Prevention Surve	ev - 2018 Outring Marin	
	Status: New	
Demographic Information Practice and Standards Financial Beneficiaries	Descriptive section	
E0-Descriptive section		
E1-Please describe your linkages with other health or social services in providing preve	intion	
activities/interventions:		4
E2-Please describe the prevention services provided by your facility in a way you would happy for it to be presented to the public (max 250 words) (may be made publically ava and a publically available of the public services are services and the publically available of the public services are services and the public services are services and the public services are services and the public services are services are services are services and the public services are ser	d be illable)	
E3-If you have any further relevant information about your facility, please provide it here	x.	
		11
E4-Please provide any feedback you may have on the questions		
F6-Date of Survey Completion	dd/MM/yyyy m	
E5-Please estimate the time it has taken you to complete this form		
Hours		
Minutes		



Home Page

Step 2b

Select "SU Treatment Survey" from drop-down menu.

	∦ HOME	O GUIDES					
Report Type	SU Treatm	ent Survey	99 19	CREATE REPORT	श		
	SU Treatm SU Prever	nent Survey					
Download Excel							
Status		Facility	Organization Name	Year	Notes		
View New		Testing SU Facility	Testing SU Organization	2019			
						1 - 1 of 1 items	



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Jama Daga			😤 HOME	Ø GUIDES					
tome Page									
	Report T	ype	SU Treatment S	Survey		~		π	
Step 3b									
	Dowr	Status		Facility	c	Organization Name	Year	Notes	
Click "Create Report".									
	View	New		Testing SU Facility	Т	Testing SU Organization	2019		
Facility Reporter Account (L1)									
	RC								1 - 1 of 1 iter



STest

Change Password

Logout

Home Page Step 4b Select "Yes" to create the report. *Facility Reporter Account (L1)

		Do you want to create the moort?				offest	onango r assword	209
	6 110115	Do you want to create the report?			- 5		_	
	A HOME							
				YE	s NO			
Report Type	SU Treatm	ent Survey	~	CREATE REP	PORT			
- Download E	Evcel							
- Download E	Status	Facility	Organization Name	Year	Notes			
View	New	Testing SU Facility	Testing SU Organization	2019				
	R						1 - 1 of 1 iter	



Treatment Survey

Step 5b

Begin to complete the survey.

- 1. Section 1: Demographic Information
- 2. Section 2: Practice and Standards
- 3. Section 3: Services
- 4. Section 4: Persons in Treatment
- 5. Section 5: Resources
- 6. Section 6: Descriptive Section

Save X Delete Submit to FD Workflow Back to list		
Testing SU Organization - Testing Prevention SU - SU Treatment Survey - 201	19 Status: New	
Descendent of the second descendent of the second of Textures of the	Description section	
Demographic information Practice and Standards Services Persons in Ireatment	vesources Descriptive section	
A1-Organization Name	Testing SU Organization	
A2-Treatment Facility Name	Testing Prevention SU	
C1a-Facility Affiliation	public/governmental \checkmark	
A3-Head of Facility: Title	Mr v	
A3-Head of Facility: First Name		
A3-Head of Facility: Last Name		
A3-Head of Facility: Email Address		
A4-Focal Point of Survey: Title	Mr ~	
A4-Focal Point of Survey: First Name		
A4-Focal Point of Survey: Last Name		
A4-Focal Point of Survey: Email Address		
A5-Email Adddress for Facility (Administrative)	a_roumani@yahoo.com	
A6-Phone Number for Facility (Administrative)	961-11-111 111	
P2 Addeses	Lebanon-Mount Lebanon-Chouf-GHANDOURIYEH (DAMOUR)-	
B4-Longitude	34.21	
B4-Latitude	35.21	
DE Dublis Website		



Treatment S	Survey
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Step 6b

Begin to complete the survey.

- 1. Section 1: Demographic Information
- 2. Section 2: Practice and Standards
- 3. Section 3: Services
- 4. Section 4: Persons in Treatment
- 5. Section 5: Resources
- 6. Section 6: Descriptive Section

Save X Delete Submit to FD Workflow Back to list			
Testing SU Organization - Testing Prevention SU - SU Treatm	nent Survey - 2019 Status: New		
Demographic Information Practice and Standards Services Pers	ons in Treatment Resources Descriptive section		
C2a-is the facility treatment formally accredited by a recognized body?	Yes No		
C2b-Accrediting Body Name			
C2b-Accrediting Body Website			
C2c-Is this facility following a set of accreditation standards?	Ves No		
C2d-If yes, which accreditation standards?		Q	
C2e-Does the facility follow evidence-based practice?	O Yes O No		
C2f-Evidence-Based Practice			



Treatment Survey

Step 7b

Begin to complete the survey.

- 1. Section 1: Demographic Information
- 2. Section 2: Practice and Standards
- 3. Section 3: Services
- 4. Section 4: Persons in Treatment
- 5. Section 5: Resources
- 6. Section 6: Descriptive Section

	S	Test Change Password Lo
A HOME O GUIDES		
Save X Delete Submit to FD Workflow Back to list		
Testing SLL Organization - Testing Prevention SLL - SLL Treatment S	rvev - 2019	
	Status: New	
Demographic Information Practice and Standards Services Persons in T	atment Resources Descriptive section	
C8a-Service Availability		
C8a-Management of Withdrawal (Detoxification)	Ves No	
C8a-Opioid agonist maintenance treatment		
C8a-Service	C8a-Availbale	
Opioid Prescribing Available	🔘 Yes 🔘 No	
Opioid Dispensing Available	🔘 Yes 🔘 No	
Case Management	🔘 Yes 🔘 No	
Psycho-education	Ves No	
C8a-Psychological Interventions		
C8a-Service	C8a-Availbale	
Cognitive behavioral therapy (CBT)		
Motivational enhancement therapy (MET)		
Inter-personal therapy (IPT)		
Internet/web-based treatment		
Focalized Family therapy		
Family support		
Group counseling		
Overdose management services		
Employment/income generation support		
Educational/vocational training		
Housing/shelter support		
Ostruct		



Treatment Survey
Step 8b
Begin to complete the survey.

- 1. Section 1: Demographic Information
- 2. Section 2: Practice and Standards
- 3. Section 3: Services
- 4. Section 4: Persons in Treatment
- 5. Section 5: Resources
- 6. Section 6: Descriptive Section

		STest Change Pa	ssword Lo
HOME O GUIDES			
Save X Delete Submit to FD Workflow Back to list			
Testing SU Organization - Testing Prevention SU - SU Treatment	ent Survey - 2019 Status: New		
Demographic Information Practice and Standards Services Pers	is in Treatment Resources Descriptive section		
CBa-Management of Withdrawal (Detoxification)	U Yes U No		
C8a-Opioid agonist maintenance treatment			
C8a-Service	C8a-Availbale		
Opioid Prescribing Available	Yes No		
Opioid Dispensing Available	🔘 Yes 🔘 No		
Case Management	🔘 Yes 🔘 No		
Psycho-education	🔘 Yes 🔘 No		
C8a-Psychological Interventions			
C8a-Service	C8a-Availbale		
Cognitive behavioral therapy (CBT)	Ses No		
Motivational enhancement therapy (MET)	🔍 Yes 🔘 No		
Inter-personal therapy (IPT)	🔘 Yes 🔘 No		
Internet/web-based treatment	🔘 Yes 🔘 No		
Focalized Family therapy	🔘 Yes 🔘 No		
Family support	Yes No		10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
Group counseling	Ves No		
Overdose management services	Ves No		
-			and a second sec
Employment/income generation support			



Treatment Survey
Step 9b
Begin to complete the survey.
1 Section 1: Domographic

- 1. Section 1: Demographic Information
- 2. Section 2: Practice and Standards
- 3. Section 3: Services
- 4. Section 4: Persons in Treatment
- 5. Section 5: Resources
- 6. Section 6: Descriptive Section

*	HOME O GUIDES					
Save × Delete	Submit to FD Workflow Back to list					
esting SU Organization -	Testing Prevention SU - SU Treatme	nt Survey - 2019	Status:	New		
Demographic Information	Practice and Standards Services Person	in Treatment Res	ources Descriptive section			
E0 Before completing th	a following sections /E1 - E4): planse inc	ieste belew wheth	er yeur data will some fr	am the facility as a whole or encelling	lu from outotanao uso nationte onlu	
Ec-Before completing to	le fonowing sections (E1 - E4), please inc	icate below wheth	Ves No	on the facility as a whole or specifical	iy from substance use patients only.	
We are reporting on the who	e use patients only		Ves No			
E1a-Physical resources	(i.e. buildings) (Inpatient treatment facilit	es)				
number of beds for treating	persons with substance use disorders					
bed occupancy rate (%)						
E1b-Physical resources	(i.e. buildings) (Outpatient treatment faci	ities)				
number of rooms for seeing	persons with susbstance use disorders					
E2-Facility hours						
Day	DayTime From	DayTin	ne To	NightTime From	NightTime To	
Monday	O		O	G	G	
	9		O	Θ	9	
Tuesday	G		©	9	9	
Tuesday Wednesday				0	G	
Tuesday Wednesday Thursday	G		G			
Tuesday Wednesday Thursday Friday	0		0	0	O	ALC: ALC: ALC: ALC: ALC: ALC: ALC: ALC:
Tuesday Wednesday Thursday Friday Saturday	0		0	© 0	0	
Tuesday Wednesday Thursday Friday Saturday Sunday			0	0		



Treatment Survey
Step 10b
Begin to complete the survey.
1 Section 1: Domographic

- 1. Section 1: Demographic Information
- 2. Section 2: Practice and Standards
- 3. Section 3: Services
- 4. Section 4: Persons in Treatment
- 5. Section 5: Resources
- 6. Section 6: Descriptive Section

	STest	Change Password	Logout
# HOME O GUIDES			
Save X Delete Submit to FD Workflow Back to list			
Testing SU Organization - Testing Prevention SU - SU Treatment Survey - 2019 Status: New			
Democrationic Information Practice and Standards Services Pennors in Treatment Resources Descriptive section			
E5-Please describe your linkages with other health or social services in supporting people with substance use disorders (max 250 words)		4	
E6-Please indicate the inclusion oriteria you use to admit persons with substance use disorders in your facility			
E7-Please describe the profile of the persons who do not meet the inclusion oriteria (exclusion			
criteria) of your facility and how do you deal with them			
E8-Please describe the treatment services provided by your facility in a way you would be happy for it to be presented to the public (max 250 words) (may be made publically available)			
E9-If you have any further relevant information about your facility, please provide it here.			
		# F	
E11-Please provide any feedback you may have on the questions		4	
E9-If you have any further relevant information about your facility, please provide it here.			



	Save X Delete Submit to ED Workflow Back to list	
Submission/Validation	Testing SU Organization - Testing Prevention SU - SU Treatment Survey - 2019	tatus: Now
Step 1c		latus. New
After saving, review your report and click on "Submit to FD" to send the report to the next user in your facilities data validation structure.		
*Facility Reporter Account (L1)		



Submission/Validation	
Step 2c	Please make sure to save the information first. Do you want to proceed?
Click "Yes" to proceed.	YES NO
*Facility Reporter Account (L1)	



Submission/Validation

Step 3c

Enter notes to send with the report to the next user in your facility's data validation structure.

Click "Save" to send the report and close the popup.

			ł
I.			×
l	Date	2018-10-28	
	Notes	example notes	
ise		⊕ SAVE	



Home Page
Step 4c
Enter your home page after login. Click on "View" to review the
submitted report.

*Facility Director Account (L2)

					STe	est Change Password	Logo
	🔏 HOME	Ø GUIDES					
Report Type	SU Trea	tment Survey	~		RT		
∧ Download	Excel						
	Status	Facility	Organization Name	Year	Notes		
						_	
View	Submitted to FD	Testing Prevention SU Testing SU Facility	Testing SU Organization	2019			
K (1	I RC					1 - 2 of 2 items	



Submission/Validation			
Step 5c			
Review the submitted report.			

*Facility Director Account (L2)

A HOME O GUIDES	
Rack to liet	
g SU Organization - Testing Prevention SU - SU Treatment Survey -	2019 Status: Submitted to FD
ographic Information Practice and Standards Services Persons in Treatment	Resources Descriptive section
	Testing Of Complexity in a
-Organization Name	Testing Prevention SU
- Ireatment Hacility Name	nublic/orvernmental
a-Facility Amiliation	
-Head of Facility: Title	
-Head of Facility: First Name	
-Head of Facility: Last Name	
-Head of Facility: Email Address	
-Focal Point of Survey: Title	Mr v
-Focal Point of Survey: First Name	
-Focal Point of Survey: Last Name	
-Focal Point of Survey: Email Address	
-Email Address for Facility (Administrative)	a_rouman@yahoo.com
-Phone Number for Facility (Administrative)	
-Address	Lebanon-Mount Lebanon-Chouf-GHANDOURIYEH (DAMOUR)-
-Longitude	34.21
-Latitude	35.21
-Public Website	



Submission/Validation

Step 6c

Option 1 Request revision from facility reporter. Click on the "Request Revision FD" button.

Option 2 Validate report and submit to the next user designated in the user data validation structure for your facility.

*Facility Director Account (L2)

Status:	Submitted to FD
	Status:



Review Reports (NMHP)	
Step 12	Save X Delete Request for Revision NMHP Publish by NMHP Workflow Back to list
Option 1 Request revision for previous user in the facility of validation structure. Click or "Request Revision NMHP" button.	from data in the
Option 2 Publish the report	and
save to the database and ad data visualizations.	dd to
*NMHP Account (L4)	



SU Platform Launch Next Steps

- 1. Discuss within each organization those who will be responsible for reporting and the facilities reporting:
 - a. Name of facility, location, phone number and email address
 - b. Facility Reporter
 - c. Facility Director
 - d. Organization Director
- 2. Review the surveys online to assist in gathering the appropriate data.
- 3. Beginning April 1st, 2019, we will activate the platform for reporting for **3 months**.
- 4. We will be adding the following documentation to the platform shortly:
 - a. User Guide
 - b. Glossary of Terms





