Alabama Prevention Newcomer's Guide

OFFICE OF PREVENTION SERVICES

Revised 2024

Alabama Department
of Mental Health
connecting mind and wellness

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I. Newcomer's Guide Introduction

The Alabama Prevention Newcomer's Guide (APNG) was developed at the request of numerous Alabama prevention professionals searching for a single resource that could serve many functions. As such, this publication includes a range of information useful to prevention professionals on all levels.

For those new to the prevention field - both agencies and individuals - the APNG is made to serve as an orientation tool. You will find invaluable information on agency and individual certification standards, available resources to aid you in your prevention efforts, a wealth of online references to help you gain an understanding of prevention on the state, regional and national levels, and publications to introduce you to the basics of prevention in theory and practice.

For experienced prevention professionals and established prevention agencies, the APNG will serve as a useful reference manual. Contact information for other Alabama prevention providers, 310 Board catchment areas, and important contacts at the state level are all included to keep you in touch with your counterparts from Huntsville to Mobile and all points in between.

Because the APNG is designed to help you, we encourage comments and suggestions for ways to make the APNG more beneficial.

This document was developed by the Alabama Department of Mental Health (ADMH), Division of Mental Health and Substance Use Services, Office of Child and Family Services – Prevention Programs (Erin Burleson, Prevention Consultant under the review of Brandon Folks, Senior Program Manager).

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II. Alabama Department of Mental Health

A. Division of Mental Health & Substance Use Services

The Division of Mental Health and Substance Use Services promotes the development of a comprehensive, coordinated system of community-based services for consumers diagnosed with serious mental illness and/or substance use disorders. The division partners with community providers to deliver a comprehensive array of evidence-based prevention, treatment and recovery-based peer support services throughout the state. Responsibilities encompass contracting for services, monitoring service contracts, as well as evaluating and certifying service programs according to regulations established in the Alabama Administrative Code[1]. In addition, the division manages ADMH's three mental health facilities: Bryce Hospital, Mary Starke Harper Geriatric Psychiatry Center, and Taylor Hardin Secure Medical Facility.

The Office of Certification conducts reviews of mental health and substance use community providers to secure compliance with the Program Operations Administrative Code. In addition to conducting onsite reviews, the staff provides technical assistance to providers to enhance compliance with the Administrative Code.

The Office of Child & Family Services (CFS) provides the necessary support to children, families, and communities statewide for Alabamians to attain optimal health, wellness, and independence. CFS provides resources across the lifespan to meet the needs of children, families, and communities. Services and supports include infant and early childhood, early intervention, substance use prevention, autism, developmental disabilities, mental health promotion, mental illness treatment, substance use treatment, and suicide prevention.

The Office of Deaf Services is responsible for developing and implementing programs that meet the linguistic and cultural needs of consumers who are deaf or hard of hearing. Deaf Services work to ensure that communication barriers are eliminated. Services are designed to be affirmative, supportive, and culturally competent.

The Office of Mental Illness Community Programs serves as the primary liaison between the department and community mental health providers. This office manages all aspects of mental health treatment by interacting with community providers. Coordination of mental health services includes ensuring quality programs exist for our priority populations of adults with Serious Mental Illness (SMI). This office ensures quality standards are met, the flow of funds and services are efficient, and requirements attached to federal funds are in place.

The Office of Peer Programs is managed by a consumer and provides information, technical support, and assistance to consumers and consumer organizations throughout the state. This office ensures that consumers have a voice in the ADMH planning process, management, and service delivery system. Each year more than 800 consumers attend the Alabama Recovery Conference to learn about timely issues, consumer empowerment, and self-advocacy.

The Office of Quality Improvement & Risk Management collects input related to patient care and outcomes from stakeholders and coordinates activities for performance improvement efforts across the facilities and certified community programs. QIRM measures indicators related to standards of care and consumer satisfaction in facilities and community programs to identify trends, problems, or opportunities for improvement.

The Office of Substance Use Treatment Services manages all aspects of substance use disorder treatment by interacting with community providers. Coordination of services includes ensuring quality programs exist for distinct populations such as adults, and persons with co-occurring disorders (mental illnesses and substance use disorders). This office also manages opioid treatment programs and prescribed Medicaid service

[1] *Alabama Administrative Code* Establishment of ADMH; accessed online August 23, 2010.

B. Office of Child and Family Services

Office of Child & Family Services (CFS) provides the necessary support to children, families, and communities statewide for Alabamians to attain optimal health, wellness, and independence. CFS provides resources across the lifespan to meet the needs of children, families, and communities. Services and supports include infant and early childhood, early intervention, substance use prevention, autism, developmental disabilities, mental health promotion, mental illness treatment, substance use treatment, and suicide prevention. CFS is committed to providing and supporting strategies that promote healthier decisions and lives for children and families, so they may thrive in their communities.

Autism Services are available for Medicaid-eligible children and youth with autism, aged birth through 20, who require more intensive supports.

Mental Health Services are offered for those 18 years old and younger who meet the criteria for Serious Emotional Disturbance (SED). Alabama's treatment providers offer a continuum of care ranging from crisis, outpatient, outreach, day, and residential. One or more of these services is offered in all 67 counties

Infant & Early Childhood Mental Health Services for children birth-5 and their families to prevent or lessen more serious mental health concerns from developing when children are older.

Early Intervention Services (EI) for eligible children ages birth-3 and their families.

Intensive Home Based Services (IHBS) are community-based services to help children, youth, and young adults with mental health needs and their families. These services can help them succeed at home, at school, and in the community.

Prevention Program manages all aspects of substance use disorder prevention including services for people of all ages, the Strategic Prevention Framework, the Alabama Epidemiological Outcomes Workgroup, Synar (Tobacco Sales to Minors Program), state incentive grant, regional information clearinghouses, and coalition development/support.

The School Mental Health Collaboration Program is a joint collaboration between the ADMH and the Alabama State Department of Education (ALSDE). ADMH works to link its community mental health providers with ALSDE's local education agencies to form a partnership at the community level.

Adolescent Substance Use Treatment - Services are available to adolescents between 13-18 years of age in multiple regions throughout the state. To establish treatment options, adolescents are screened with age-appropriate tools to determine the most appropriate level of care to address their substance use needs.

C. Alabama Prevention Infrastructure

At the state level, prevention services are managed through the ADMH. The ADMH was established by Alabama Acts 1965, No. 881, Section 22-50-2. Act 881 defines "mental health services" as the diagnosis of, treatment of, rehabilitation for, follow-up care of, prevention of and research into the causes of all forms of mental or emotional illness, including but not limited to, alcoholism, drug addiction, or epilepsy in combination with mental health or intellectual disability. Among its designated powers, ADMH is authorized to plan, supervise, coordinate, and establish standards for all operations and activities of the State of Alabama, including the provision of

services, related to intellectual disability and mental health.

ADMH Office of Prevention utilizes two sub-committees to assist in prevention planning and development and they include the Alabama Epidemiological Outcomes Workgroup (AEOW) and the Strate Prevention Advisory Board (SPAB). The AEOW, originally, the Alabama State Epidemiological Workgroup (SEW), was established on April 11, 2006, by authorization of the Alabama Commission for the Prevention and Treatment of Substance Abuse (ACPTSA) and ADMH's Division of Mental Health and Substance Abuse Services' (DMHSAS) Associate Commissioner. Since the AEOW establishment in 2006, the AEOW has focused efforts on a systematic assessment of statewide need in order to assure wise use of limited resources. In addition to monitoring alcohol, tobacco, and other drug consumption and consequence patterns in Alabama, the AEOW has made it a goal to build epidemiological capacity among state and local prevention professionals to ensure use of accurate data in planning, programming, and prioritization. Also, the AEOW which is also designated as Epidemiological Workgroup provides information and data about substance use to the SPAB.

The SPAB functions as an advisory board for prevention services in general, but it is also designated as the official Advisory Board. The SPAB has representation from all of the state agencies that play a role in substance misuse prevention. School and community-based organizations are represented on the SPAB as well. Bringing these key stakeholders together in an advisory role has already helped to increase communication and collaboration between prevention agencies, and it is anticipated that it will continue to serve this function. The SPAB plays a large role in developing the state's prevention infrastructure and is the approving board of state's prevention operations.

In addition, the SPAB also collaborates with the Evidenced-Based Practice Workgroup (EBP) on selecting evidenced-based interventions. The EBP Workgroup has representatives from all four mental health regions and meets quarterly throughout the year. The role of the EBP Workgroup is to: a) advise the SPAB on the use of evidence-based practices, b) explore various evidence-based resources, c) guide the formal process of selecting/approving evidence-based curricula, and d) identify potential research opportunities and make recommendations to the SPAB. The EBP Workgroup will be actively involved in training and technical assistance related to evidence-based practices, programs, and policies; as well as sustainability and cultural competence. Further evidenced-based interventions that are available for implementation can be located at the Evidence-Based Practices Resource Center[2]

Alabama's prevention providers work with partner agencies within the catchment areas to provide evidence-based prevention services for children, adolescents, and adults. Many of the providers work with their school districts to implement evidence-based prevention curriculum programs in the schools for elementary, middle, and high school students. Prevention providers must consider the cultural needs of the population when selecting the program that they plan to implement. Prevention providers are required to submit biannual prevention plans addressing the agency's prevention philosophy and outline all prevention services provided by the organization. The plan must state the amount and type of prevention services provided to each county within the catchment area and is updated biannually, with specific off-year updates, and if any necessary plan amendments exist. The Prevention Plan Template also must be embedded with the Strategic Prevention Framework process throughout.

To assist prevention providers in the application of prevention strategies, the "For the Prevention

[2] | SAMHSA

Provider" section on the ADMH-Prevention[3] webpage contains practices and standards for prevention. Resources developed to assist providers include documents on the maintenance of prevention records, reporting of prevention services and billing of prevention strategies.

[3] Prevention – Alabama Department of Mental Health

Table 1.1 Prevention Providers

AGENCY	ADDRESS	PHONE
Addiction Prevention Coalition (APC)	324 Commons Dr. Birmingham, AL 35209	(205) 874-8498
Agency for Substance Abuse Prevention (ASAP)	1228 Edmar St. A Oxford, AL 36203	(256) 831-4436
Alcohol and Drug Abuse Treatment Centers (ADATC)	2701 Jefferson Avenue Southwest, Birmingham, AL 35211	(205) 923-6552
Aletheia House	2717 Ensley Ave. Birmingham, AL 35218	(205) 324-6502
Aliceville Housing Authority	851 Franconia Rd, Aliceville, AL 35442	(205) 373-8333
AltaPointe Health	5750-A Southland Drive Mobile, AL 36693	(251) 450-2211
CED Mental Health Center	425 5th Avenue Attalla, AL 35954	(256) 492-7800
Central Alabama Wellness	151 Hamilton Ln Calera, AL 35040	(205) 651-0077
Council on Substance Abuse-NCADD	5748 Carmichael Pkwy. Montgomery, AL 36117	(334) 262-1629
Drug Education Council	3000 Television Avenue Mobile, AL 36606	(251) 478-7855
East Alabama Mental Health Center	2506 Lambert Drive Opelika, Alabama 36801	(334) 742-2700
Elmore County Partnership for Children	507 Alabama Street Wetumpka, AL 36092	(334) 478-7881
Franklin Primary Health Center, Inc	510 Wilson Ave. Prichard, AL 36610	(251) 432-4117
Mental Health of North Central Alabama	1316 Somerville Rd. SE #1 Decatur, AL 35601	(256) 355-6105
Mountain Lakes Behavioral Healthcare	22165 US Highway 431 N Guntersville, AL 35976	(256) 582-4240
Northwest Alabama Mental Health Center	1100 7th Avenue Jasper, AL 35501	(205) 302-9051
Resources, Education, and Advocacy for Drug-Free Youth (READY)	1300 McFarland Blvd NE Ste 125 Tuscaloosa, AL 35406	(205) 764-0351
Sylacauga Alliance for Family Enhancement (SAFE)	78 Betsy Ross Lane Sylacauga, AL 35150	(256) 245-4343
South Central Alabama Mental Health Center	205 Academy Drive Andalusia, AL 36420	(334) 428-5050
SpectraCare Health Systems, Inc.	3542 Montgomery Hwy Dothan, AL 36302	(800) 951-4357
Teens Empowerment Awareness with Resolutions, Inc. (TEARS)	1011 South Railroad St Phenix City, AL 36867	(334) 291-6363
Wellstone-Huntsville	4040 Memorial Parkway SW Huntsville, AL 35802	(256) 533-1970

Wellstone-Madison	1909 Commerce Ave. Cullman, AL 35055	(256) 255-1020
West Alabama Mental Health Center	1215 S Walnut Ave. Demopolis, AL 36732	(800) 239-2901

For the most up-to-date listing of Prevention Organizations/Agencies, please visit: www.mh.alabama.gov.

D. Alabama Crisis System of Care[4]

No individual is immune from the impact of untreated behavioral health needs. Each year, there are thousands of preventable tragedies that may be addressed with proper mental health resources and access to care. To offer innovative and accessible solutions, the Alabama Crisis System of Care:

- Expands access to care and offers the right care, at the right time, at the right place
- Includes 988, Mobile Crisis Teams, and Crisis Centers
- Assists individuals before a civil commitment may occur
- Reduces the number of arrests
- Decreases frequency of admissions to hospitals
- Provides connections and referrals to agencies and organizations Assists individuals in crisis to achieve stability
- Promotes sustained recovery
- Includes someone to talk to, someone to come to you, and someplace to go
- Creates opportunities for the behavioral health workforce

Gov. Kay Ivey, the Alabama State Legislature, and the Alabama Department of Mental Health have funded six Crisis Centers that offer services at staged levels. These centers improve access to behavioral healthcare services for individuals who are experiencing a mental health, substance use or suicidal crisis, and they aid jails and hospitals throughout the state by alleviating the burden to house and care for individuals in need of services.

ADMH thanks Governor Ivey and legislative investment, which helps to expand and transform the Alabama crisis system of care, dramatically lower healthcare costs, reinvest state dollars, achieve better health outcomes, and improve life for those with acute mental health needs.

Crisis Centers in Alabama are individualized to the unique needs of the communities they serve.

- **AltaPointe Health:** The Behavioral Health Crisis Center is located in Mobile and serves Baldwin, Clark, Conecuh, Escambia, Mobile, Monroe, and Washington Counties. **Behavioral Health Crisis Center | 251-662-8000 |** 2401 Gordon Smith Drive, Mobile 36617

- **Carastar Health (formerly MAMHA):** This center is in Montgomery, but serves the entire River Region, and the counties of Chambers, Lee, Russell, and Tallapoosa, in partnership with the community mental health centers of East Alabama and East Central Alabama. Mobile Crisis Services are in operation, in conjunction with law enforcement and first responder partnerships. **Carastar Crisis Center | 800-408-4197 |** 5915 Carmichael Road, Montgomery 36117

- **Indian Rivers Behavioral Health:** The Hope Pointe Crisis Center is located in Tuscaloosa and

[4] Alabama Crisis System of Care – Alabama Department of Mental Health

serves: Bibb, Choctaw, Dallas, Greene, Hale, Marengo, Perry, Pickens, Sumter, Wilcox, and Tuscaloosa Counties.
Hope Pointe Behavioral Health Crisis Center | 205-391-4000 | 1401 Greensboro Ave, Tuscaloosa 35401

- **Jefferson, Blount, St. Clair Behavioral Services:** This center is located in Birmingham serving the named counties, in addition to Calhoun, Chilton, Clay, Cleburne, Coosa, Randolph, Shelby, and Talladega Counties.
Craig Crisis Care Center | 205-263-1701 | 401 Beacon Parkway W, Birmingham 35209

- **SpectraCare Health Systems:** The center will be located in Dothan and plans to open in Spring 2024. More information on counties served and contact information for the Crisis Center will be posted when designated.

- **WellStone:** This center is located in Huntsville serving Cullman and Madison counties, and the surrounding counties of Cherokee, Dekalb, Etowah, Fayette, Jackson, Lamar, Lawrence, Limestone, Marion, Marshall, Morgan, Walker, and Winston. Mobile Crisis Services are in operation, in conjunction with law enforcement and first responder partnerships.
WellStone Emergency Services | 256-705-6444 | 4020 Memorial Parkway SW, Huntsville 35802

In addition to creating Crisis Centers, the Alabama Crisis System of Care includes the implementation of 988 and mobile crisis services throughout the state.

988 - The national three-digit phone number for all mental health, substance use, and suicide crises, as of July 16, 2022.
988 is more than just an easy-to-remember number—it's a direct connection to compassionate, accessible care and support for anyone experiencing mental health-related distress – whether that is thoughts of suicide, mental health or substance use crisis, or any other kind of emotional distress. People can also dial 988 if they are worried about a loved one who may need crisis support.

Mobile Crisis -In our state, 67 counties, 55 are deemed "rural" (ADPH). Many communities, families, and individuals reside in rural areas without the ability to easily travel to a Crisis Center or a community mental health center if a crisis should occur. In order to actively change the model of care and respond to this vital need, the Alabama Department of Mental Health has expanded the Alabama Crisis System of Care to include Mobile Crisis Teams (MCT).

There are now 14 teams at 11 community mental health centers.

The goals for mobile crisis services are aligned with the overarching goals of crisis care, which are to reduce the burden on EDs/Hospitals, reduce the burden on Law Enforcement/Jails, and improve access to the *"right care, right time, right place."* Each center will have a mobile crisis team as part of mobile crisis services. The community mental health centers may also include in their crisis services: a co-response with law enforcement and emergency medical personnel, crisis peer support, crisis case management, regional call centers, and respite options.

Stepping Up Alabama Initiative - Stepping Up is a national initiative designed to reduce the number of people who have mental illnesses in jails and hospital emergency departments. This program is so impactful due to the fact that it not only provides services on the individual level but also works on the policy and systems levels to create a continuum of care for individuals with SMI and co-occurring mental illness in these counties. This program works to break down silos and foster relationships that

result in providing individuals with the necessary resources and treatment to place them on a positive trajectory.

Table 1.2: 310 Catchment Areas[5]

M - 1	Lauderdale, Colbert, Franklin
M - 2	Limestone, Lawrence, Morgan
M - 3	Madison
M - 4	Fayette, Lamar, Marion, Walker, Winston
M - 5	Jefferson, Blount, St. Clair
M - 6	DeKalb, Cherokee, Etowah
M – 7	Calhoun, Cleburne
M – 8	Bibb, Pickens, Tuscaloosa
M – 9	Clay, Coosa, Randolph, Talladega
M – 10	Choctaw, Greene, Hale, Marengo, Sumter
M – 11	Chilton, Shelby
M – 12	Chambers, Lee, Tallapoosa, Russell
M – 13	Dallas, Perry, Wilcox
M – 14	Autauga, Elmore, Lowndes, Montgomery
M – 15	Bullock, Macon, Pike
M – 16	Mobile, Washington
M – 17	Clarke, Conecuh, Escambia, Monroe
M – 18	Butler, Coffee, Covington, Crenshaw
M – 19	Barbour, Dale, Geneva, Henry, Houston
M – 20	Jackson, Marshall
M – 21	Baldwin
M - 22	Cullman

[5] FY24-catchment-awardees.pdf (alabama.gov)

III. Prevention Theory and Practice

A. Introduction to Prevention

Different approaches to prevent substance use have been used in past decades. What can be described now as scare tactics were popular in the 1960s. Information dissemination and later, affective education followed in the 1970s. Early in the 1980s alternatives were initiated, followed by a growing emphasis on comprehensive prevention approaches.

Comprehensive approaches are now increasingly science-based and outcome-focused. More than 20 years of research has facilitated the science of substance use that can predict successful interventions. Various approaches that have been scientifically evaluated clearly indicate theoretical foundations. As a result, a knowledge-centered focus has expanded to include interventions based on theories of change that affect knowledge, attitudes, and behavior.
The knowledge gained through prevention research has led to the development of "best practices". Evidence-based initiatives are replacing programs that provide no evidence of scientifically proven effectiveness.

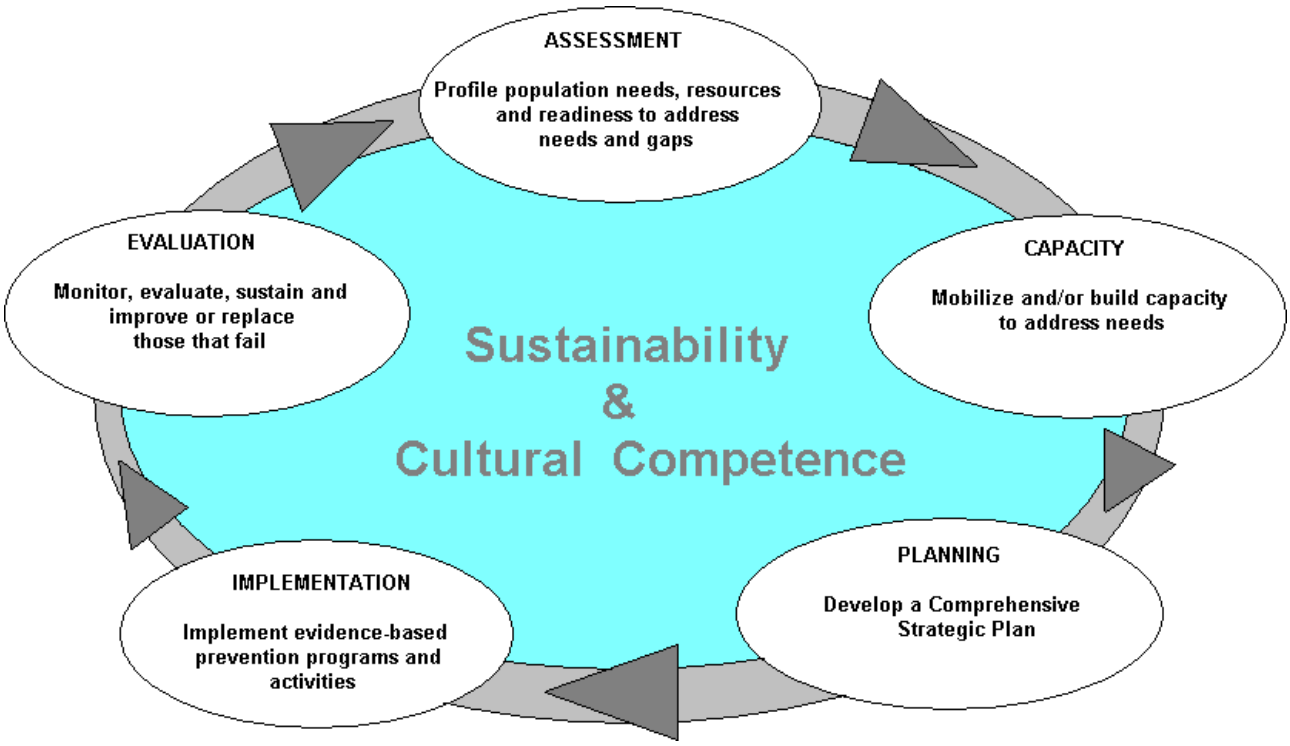
Theory and theoretical frameworks in substance use prevention have evolved over time based on applied empirical research. The Strategic Prevention Framework **(SPF**) is based on a community **risk and protective factors** approach to prevention that include guiding principles that can prevent problem behaviors across the life span. Findings from **public health research** along with evidence-based programs build capacity in the prevention field. The National Academies of Sciences, Engineering, and Medicine. (2019, September 11) *Fostering healthy mental, emotional, and behavioral development in children and youth: A national agenda* identifies that prevention is one sector of the Spectrum of Mental, Emotional, and Behavioral Health Interventions. Prevention interventions in that sector are designated to three levels of prevention strategies when dealing with substance misuse and other behavioral disorders. The Center for Substance Abuse Prevention (CSAP) promotes that a **comprehensive, multi-strategic approach is necessary** to provide effective prevention services. **CSAP's Six Prevention Strategies** provide ways to deliver prevention services.

Table 1.3: Timeline of Alcohol and Drug Use Prevention

Date	National Situation	Prevention Strategy
1950s	Drug use intensified. Heroin addiction alone hit an all-time high, particularly in urban areas.	Scare tactics through films and speakers
1960s	People began using drugs to have psychedelic experiences. Drug use was associated with the counterculture or racial/ethnic minorities. By the end of the decade drug use was considered a national epidemic.	Scare tactics through films and speakers; information about substance abuse through films and speakers
1970s	Alcohol and drug abuse were recognized as major public health problems. War on Drugs campaign was developed to reduce illegal drug trade. Throughout the decade, society grew more tolerant of drug use.	Drug education using curricula based on factual information; affective education using curricula based on communication, decision- making, values clarification, and self-esteem
1980s	"Just Say No" campaign, part of the War on Drugs effort, encouraged youth to resist peer pressure by saying "no." Partnerships developed as the public became increasingly involved in addressing the problems of substance abuse.	Parent-formed organizations to combat drug abuse; social skills curricula; refusal skill training; and parenting education
1990s	Research examined the factors that protect people or put them at risk for a variety of problems, including alcohol and drug abuse. The value of professionalism and training in this area grew. Community collaborations received funding to address alcohol and drug problems.	Community-based approaches to prevention; environmental approaches; media campaigns; culturally sensitive programs; evaluation of prevention programs; professional training programs
2000 - 2010	Understanding of the connections between substance misuse and mental illness/health evolved. "Behavioral health" encompassed both substance misuse and mental health problems.("Misuse" is the term now used .)	Application of evidence-based models; comprehensive programs targeting many contexts (family, school, community); data-driven decision-making through a strategic planning process

2010 - Present	Greater emphasis is placed on prevention and treatment for everyone. Behavioral health was integrated with primary care under the Affordable Care Act of 2010.	Use of evidence-based practices; strategic planning process; improved access to health insurance with better benefits for mental health and substance misuse services and support

Figure 1.1: SAMHSA's Strategic Prevention Framework



B. SAMHSA'S Strategic Prevention Framework

The Strategic Prevention Framework (SPF) uses a five-step process known to promote youth development, reduce risk-taking behaviors, build assets and resilience, and prevent problem behaviors across the life span. The SPF is built on a community-based risk and protective factors approach to prevention and a series of guiding principles that can be utilized at the federal, State/tribal and community levels.

The concept behind SPF is to use the findings from public health research along with evidence- based prevention programs to build capacity within States/Tribes/Territories and the prevention field. This in turn will promote resilience and protective factors and decrease risk factors in individuals, families, and communities.

The Strategic Prevention Framework Steps require States, Territories, federally recognized Tribes and Tribal organizations, and communities to systematically:

- Assess their prevention needs based on epidemiological data,
- Build their prevention capacity,
- Develop a strategic plan,
- Implement effective community prevention programs, policies and practices, and
- Evaluate their efforts for outcomes.

Throughout all five steps, implementers of the SPF must address issues of sustainability and cultural competence.

Strategic Prevention Framework Components

Assessment

The assessment phase helps define the problem or the issue that a project needs to tackle. This phase involves the collection of data to:

- Understand a population's needs
- Review the resources that are required and available
- Identify the readiness of the community to address prevention needs and service gaps.

To gather the necessary data, States and communities create an epidemiological workgroup. The data gathered from this workgroup is vital because it will greatly influence a program's strategic plan and funding decisions.

Capacity

Capacity building involves mobilizing human, organizational, and financial resources to meet project goals. Training and education to promote readiness are also critical aspects of building capacity. SAMHSA provides extensive training and technical assistance (TA) to fill readiness gaps and facilitate the adoption of evidence-based prevention policies, programs, and practices.

Planning

Planning involves the creation of a comprehensive plan with goals, objectives, and strategies aimed at meeting the substance misuse prevention needs of the community. During this phase, organizations select logic models and evidence-based policies and programs. They also determine costs and resources needed for effective implementation.

Implementation

The implementation phase of the SPF process is focused on carrying out the various components of the prevention plan, as well as identifying and overcoming any potential barriers. During program implementation, organizations detail the evidence-based policies and practices that need to be undertaken, develop specific timelines, and decide on ongoing program evaluation needs.

Evaluation

Evaluation helps organizations recognize what they have done well and what areas need improvement. The process of evaluation involves measuring the impact of programs and practices to understand their effectiveness and any need for change. Evaluation efforts therefore greatly influence the future planning of a program. It can also impact sustainability because evaluation can show sponsors that resources are being used wisely.

Throughout all five steps, implementers of the SPF must address issues of sustainability and cultural competence.

Sustainability

Sustainability refers to the process through which a system of prevention services becomes the norm and is integrated into ongoing operations. Sustainability is vital to ensuring that prevention values and processes are firmly established, that partnerships are strengthened, and that financial and other resources are secured over the long term.

Cultural Competence

Cultural competence is the process of communicating with audiences from diverse geographic, ethnic, racial, cultural, economic, social, and linguistic backgrounds. Becoming culturally competent is a dynamic process that requires cultural knowledge and skill development at all service levels, including policymaking, administration, and practice.

Table 3.3: SAMHSA's Strategic Prevention Framework At-a-Glance

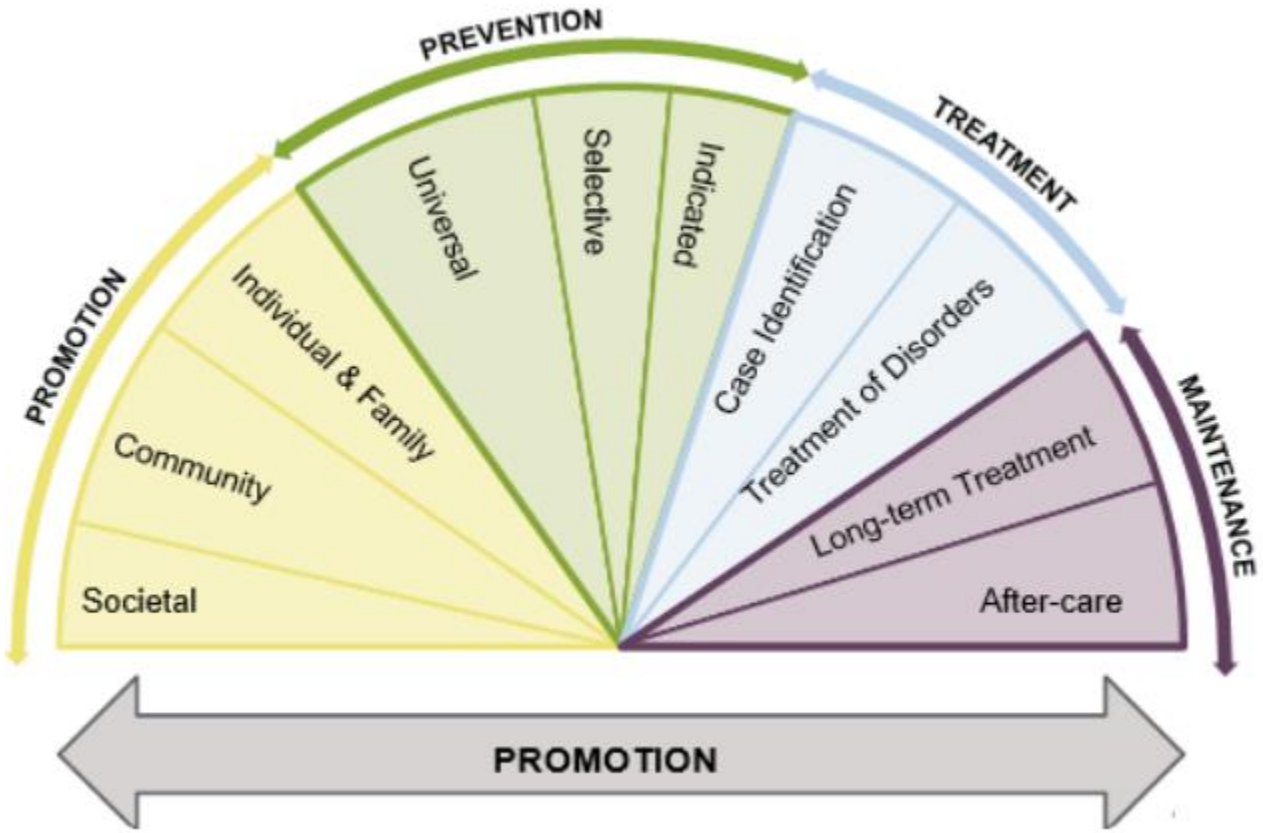
Step 1: Assessment	Step 2: Capacity	Step 3: Planning	Step 4: Implementation	Step 5: Evaluation
Profile population needs, resources, and readiness to address needs and gaps.	Mobilize and build capacity to address needs	Develop a comprehensive strategic plan.	Implement evidence-based prevention programs, policies and practices	Monitor, evaluate, sustain, and improve or replace those that fail.
Conduct a needs assessment of risk and protective factors Set risk and protective factor priorities.	Create and maintain partnerships	Select policies, programs, and practices to implement	Develop action plan for implementing policies, programs, and practices.	Collect and analyze evaluation data.
Assess your community's readiness for prevention.	Convene key stakeholders, coalitions, and service providers to plan and implement Steps 3 and 4.	Develop logic model and evaluation plan.	Implement policies, programs, and practices.	Write evaluation report.
Develop clear, concise and data-driven problem statements. Assess organizational, fiscal, and leadership capacity.	Plan and implement strategies to improve your community's readiness. Mobilize financial and organizational resources.	Create a comprehensive strategic plan, including strategic goals, objectives, and performance targets.	Implement strategic plan.	Recommend quality improvements based on evaluation data.
Assess resources and service gaps.				

C. Institute of Medicine Framework (IOM)

Prevention is one sector of the Spectrum of Mental, Emotional, and Behavioral Health Intervention. The following will define prevention types in that sector. (See figure 3.4).

The Institute of Medicine's *continuum of care* (also known as the *mental health intervention spectrum*) is a classification system that presents the scope of behavioral health services: promotion of health, prevention of illness/disorder, treatment, and maintenance/recovery.

Figure 1.2: Spectrum of Mental, Emotional, and Behavioral Health Intervention



Promotion involves interventions (e.g., programs, practices, or environmental strategies) that enable people "to increase control over, and to improve, their health."[i] As such, interventions that promote health occur independently as well as throughout the continuum of care as part of prevention, treatment, and maintenance/recovery.

The focus of promotion is on well-being, according to the National Research Council and Institute of Medicine, with the goal of enhancing people's ability to:

- "Achieve developmentally appropriate tasks"
- Acquire "a positive sense of self-esteem, mastery, well-being and social inclusion"
- "Strengthen their ability to cope with adversity"

The National Prevention Strategy concurs. Emotional well-being "allows people to realize their full potential, cope with the stresses of life, and make meaningful contributions to their

community." Further, since childhood experiences can have a lasting impact on a person's life, promoting wellness in the early years can help "build a foundation for overall health."

Prevention focuses on interventions that occur prior to the onset of a disorder and which are intended to prevent the occurrence of the disorder or reduce risk for the disorder. Prevention is also about striving to optimize well-being.

The National Prevention Strategy states that "preventing drug misuse and excessive alcohol use improves quality of life, academic performance, workplace productivity, and military preparedness; reduces crime and criminal justice expenses, and motor vehicle crashes and fatalities; and lowers health care costs for acute and chronic conditions. Excessive alcohol use includes binge drinking, underage drinking, drinking while pregnant, and alcohol impaired driving. Drug misuse includes inappropriate use of pharmaceuticals and any use of illicit drugs."

Preventive interventions, according to the Institute of Medicine, can be designed to address three levels of risk: universal, selective, and indicated.

- Universal preventive interventions focus on the "general public or a population subgroup that have not been identified on the basis of risk."

Examples: community policies that promote access to early childhood education, implementation or enforcement of anti-bullying policies in schools, education for physicians on prescription drug misuse, and social skills education for youth in schools

- Selective preventive interventions focus on individuals or subgroups of the population "whose risk of developing behavioral health disorders is significantly higher than average."

Examples: prevention education for new immigrant families living in poverty with young children, and peer support groups for adults with a history of family mental illness and/or substance misuse

- Indicated preventive interventions focus on "high-risk individuals who are identified as having minimal but detectable signs or symptoms" that foreshadow behavioral health disorders, "but who do not meet diagnostic levels at the current time."

Examples: information and referral for young adults who violate campus or community policies on alcohol and drugs; and screening, consultation, and referral for families of older adults admitted to emergency rooms with potential alcohol-related injuries

Treatment interventions include case identification and standard forms of treatment (e.g., detoxification, outpatient treatment, in-patient treatment, medication-assisted treatment).

Maintenance includes interventions that focus on compliance with long-term treatment to reduce relapse and recurrence and aftercare, including rehabilitation and recovery support.
Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

D. CSAP's Six Prevention Strategies

One way to consider how prevention services are delivered is through CSAP's Six Prevention Strategies. A comprehensive, multi-strategic approach is necessary to provide effective prevention services.

Several strategies are used effectively, especially in combination:

Information dissemination This strategy provides awareness and knowledge of the nature and extent of substance use, misuse, and addiction and their effects on individuals, families, and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two. [Note: Information dissemination alone has not been shown to be effective at preventing substance misuse.]

Examples: Media Campaigns, Brochures, Speaking engagements, Health fairs.

Education This strategy involves two-way communication and is distinguished from the information dissemination strategy by the fact that interaction between the educator/ facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g., of media messages), and systematic judgment abilities.

Examples: Classroom/Group sessions, Parenting/family classes

Alternatives This strategy provides for the participation of target populations in activities that exclude substance use. The assumption is that constructive and healthy activities offset the attraction to--or otherwise meet the needs usually filled by alcohol and other drugs and would, therefore, minimize or obviate resort to the latter. [Note: Alternative activities alone have not been shown to be effective at preventing substance misuse.]

Examples: Drug-free social and recreational activities, Community service activities

Problem identification and referral This strategy aims at identification of those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs or of licit drugs illicitly in order to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in need of treatment.

Examples: DUI/DWI Education Classes, Student or employee assistance programs

Community-based process This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for substance use disorders. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of services implementation, interagency collaboration, coalition building, and networking.

Examples: Multi-agency coordination and collaboration, Systemic Planning

Environmental This strategy establishes, or changes written and unwritten community standards, codes, and attitudes, thereby influencing incidence and prevalence of substance misuse in the general population. This strategy is divided into two subcategories to permit distinction between activities that center on legal and regulatory initiatives and those that relate to the service and action-oriented initiatives.

Examples: Compliance checks, Ordinances, Restrictions on advertising, Policies, Legislation

E. Prevention Principles

Evidence-based practices-These are programs and activities that scientific study has shown to produce predictable outcomes under certain conditions. These programs should be used whenever possible, however, when innovative programs are needed, they should be informed by scientific research, theory, and evaluation.

Accountability-Programs will be responsible to and respectful of the community at large by building trust and forwarding the public mission. Programs will be community-based and involve community members at all phases of development, including providing information in a format accessible by general populations*.

Data-based planning and programming- Collecting data and using data to inform policies and programs is a form of accountability. It should drive planning, allocation of funds, and decision- making at all levels. The evaluation, collection and distribution of consistent data are a foundation of public health practice.

Collaboration-Federal, state, and local stakeholders must work together to achieve shared outcomes. In addition, practices will encourage opportunities for all cultures, races, genders, and special needs individuals to participate in all phases of program development.

Capacity building and support-The state will provide an outlet for training, technical assistance, and other prevention resources according to the level available.

Equitable resource distribution-Funding and resources will be equitably distributed. These principles should guide program development and help inform prevention strategies.

**Promoting diversity and engaging all cultures, races, socioeconomic classes, genders, and special needs individuals is essential in developing effective prevention efforts.*

Prevention Principles for Children and Adolescents

These principles can be applied to either existing programs or for designing innovative programs.

- Prevention programs should be designed to enhance protective factors and decrease or address risk factors.
- Prevention programs should target all forms of drug misuse, including the use of tobacco, alcohol, marijuana/cannabis, opioids, and inhalants.
- Prevention programs should include skills to resist drugs when offered, strengthen personal commitments against drug use and increase social competency (e.g., in communications,

peer relationships, self-efficacy and assertiveness), in conjunction with reinforcement of attitudes against drug misuse.

- Prevention programs for adolescents should include interactive methods, such as peer discussion groups, rather than didactic teaching techniques alone.
- Prevention programs should include a parent or caregiver component that reinforces what the children are learning -- such as facts about alcohol and other drugs and their harmful effects -- and that opens opportunities for family discussions about use of legal and illegal substances and family policies about their use.
- Prevention programs should be long-term, over the school career with repeat interventions to reinforce the original prevention goals. For example, school-based efforts directed at elementary and middle school students should include booster sessions to help with critical transitions from middle to high school.
- Family-focused prevention efforts have a greater impact than strategies that focus on parents only or children only.
- Community programs that include media campaigns and policy changes, such as new regulations that restrict access to alcohol, tobacco, or other drugs, are more effective when accompanied by school and family interventions.
- Community programs need to strengthen norms against drug misuse in all drug misuse prevention settings, including the family, the school, and the community.
- Schools offer opportunities to reach all populations and also serve as important settings for specific subpopulations at risk for substance misuse, such as children with behavior problems or learning disabilities and those who are potential dropouts. Prevention programming should be adapted to address the specific nature of the substance misuse problem in the local community.
- The higher the level of risk of the target population, the more intensive the prevention effort must be and the earlier it must begin.
- Prevention programs should be age-specific, developmentally appropriate, and culturally sensitive.
- Effective prevention programs are cost-effective. Every dollar spent on prevention can save 4 to 5 dollars in costs for treatment and counseling.

F. Risk and Protective Factors

Assessing the risk and protective factors that contribute to substance use disorders helps practitioners select appropriate interventions.

Many factors influence a person's chance of developing a mental and/or substance use disorder. Effective prevention focuses on reducing those risk factors, and strengthening protective factors, that are most closely related to the problem being addressed. Applying the Strategic Prevention Framework (SPF) helps prevention professionals identify factors having the greatest impact on their target population.

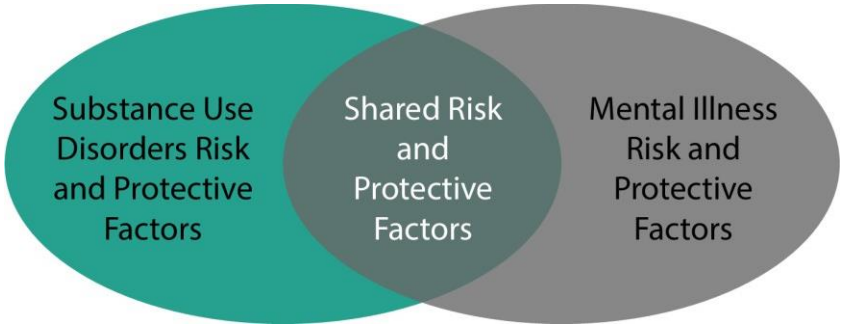
Risk factors are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes.

Protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Protective factors may be seen as positive countering events.

Some risk and protective factors are fixed: they don't change over time. Other risk and protective factors are considered variable and can change over time. **Variable risk factors** include income level, peer group, adverse childhood experiences (ACEs), and employment status.

Individual-level risk factors may include a person's genetic predisposition to addiction or exposure to alcohol and other drugs prenatally.

Individual-level protective factors might include positive self-image, self-control, or social competence.



Key Features of Risk and Protective Factors

Prevention professionals should consider these key features of risk and protective factors when designing and evaluating prevention interventions. Then, prioritize the risk and protective factors that most impact your community.

Risk and Protective Factors Exist in Multiple Contexts

All people have biological and psychological characteristics that make them vulnerable to, or resilient in the face of, potential behavioral health issues. Because people have relationships within their communities and larger society, each person's biological and psychological characteristics exist in multiple contexts. A variety of risk and protective factors operate within each of these contexts. These factors also influence one another.

Targeting only one context when addressing a person's risk or protective factors is unlikely to be successful, because people don't exist in isolation. For example:

- In relationships, risk factors include parents who misuse alcohol or other drugs or who suffer from mental illness, child abuse and maltreatment, and inadequate supervision. In this context, parental involvement is an example of a protective factor.
- In communities, risk factors include neighborhood poverty and violence. Here, protective factors could include the availability of faith-based resources and after-school activities.
- In society, risk factors can include norms and laws favorable to substance misuse, as well as racism and a lack of economic opportunity. Protective factors in this context would include hate crime laws or policies limiting the availability of alcohol.

Risk and Protective Factors Are Correlated and Cumulative

Risk factors tend to be positively correlated with one another and negatively correlated to protective factors. In other words, people with some risk factors have a greater chance of experiencing even more risk factors, and they are less likely to have protective factors.

Risk and protective factors also tend to have a cumulative effect on the development—or reduced development—of behavioral health issues. Young people with multiple risk factors have a greater likelihood of developing a condition that impacts their physical or mental health; young people with multiple protective factors are at a reduced risk.

These correlations underscore the importance of:

- Early intervention
- Interventions that target multiple, not single, factors

Individual Factors Can Be Associated with Multiple Outcomes

Though preventive interventions are often designed to produce a single outcome, both risk and protective factors can be associated with multiple outcomes. For example, negative life events are associated with substance misuse as well as anxiety, depression, and other behavioral health issues. Prevention efforts targeting a set of risk or protective factors have the potential to produce positive effects in multiple areas.

Risk and Protective Factors Are Influential Over Time

Risk and protective factors can have influence throughout a person's entire lifespan. For example, risk factors such as poverty and family dysfunction can contribute to the development of mental and/or substance use disorders later in life. Risk and protective factors within one particular context—such as the family—may also influence or be influenced by factors in another context. Effective parenting has been shown to mediate the effects of multiple risk factors, including poverty, divorce, parental bereavement, and parental mental illness.

The more we understand how risk and protective factors interact, the better prepared we will be to develop appropriate interventions.

Universal, Selective, and Indicated Prevention Interventions

Not all people or populations are at the same risk of developing behavioral health problems. Prevention interventions are most effective when they are matched to their target population's level of risk. Prevention interventions fall into three broad categories:

• **Universal preventive interventions** take the broadest approach and are designed to reach entire groups or populations. Universal prevention interventions might target schools, whole communities, or workplaces.

• **Selective interventions** target biological, psychological, or social risk factors that are more prominent among high-risk groups than among the wider population. Examples include prevention education for immigrant families with young children or peer support groups for adults with a family history of substance use disorders.

• **Indicated preventive interventions** target individuals who show signs of being at risk for a substance use disorder. These types of interventions include referral to support services for young adults who violate drug policies or screening and consultation for families of older adults admitted to hospitals with potential alcohol-related injuries.

For more information, please visit SAMHSA at www.samhsa.gov and SAMHSA's Evidence Based Practices Resource Center www.samhsa.gov/ebp-resource-center [5]

[5] 20190718-samhsa-risk-protective-factors.pdf

IV. SAMHSA's 2023-2026 Strategic Plan

The 2023–2026 SAMHSA Strategic Plan presents a new person-centered mission and vision highlighting key guiding principles and presenting new priorities, goals, and objectives. To achieve its mission, SAMHSA has identified five priority areas to better meet the behavioral health needs of individuals, communities, and service providers.

The five priority areas are:

1. Preventing Substance Use and Overdose
2. Enhancing Access to Suicide Prevention and Mental Health Services
3. Promoting Resilience and Emotional Health for Children, Youth and Families
4. Integrating Behavioral and Physical Health Care
5. Strengthening the Behavioral Health Workforce

SAMHSA's work is guided by four core principles that are being integrated throughout the Agency's activities.

The four core principles are:

1. Equity
2. Trauma-Informed Approaches
3. Recovery
4. Commitment to Data and Evidence

The new Strategic Plan keeps the mental health promotion, prevention, and treatment continuum at its core, and emphasizes equity, trauma-informed approaches, recovery, and a commitment to data and evidence. To read the plan visit SAMHSA's 2023-2026 Strategic Plan | SAMHSA

V. Prevention Standards

The Prevention Standards are a published document that establishes specifications and procedures designed to ensure the reliability of prevention standards throughout the state. The standards address a range of issues, including commonly used prevention terms and agency and program protocols.

To view the prevention standards, visit:
http://www.alabamaadministrativecode.state.al.us/docs/mhlth/580-9-47.pdf

VI. International Certification and Reciprocity Consortium (IC&RC)

The International Certification and Reciprocity Consortium (IC&RC) is a nonprofit organization that promotes public protection by developing internationally recognized credentials and examinations for prevention, substance use disorder and recovery professionals.
Quality and integrity are the foundation of IC&RC's work. All IC&RC examinations are based on the latest research, evidence-based practices, and are updated on a regular basis.
For more information about the IC&RC and Prevention Specialist Certification visit: Home - ICRC (internationalcredentialing.org)

IC&RC Code of Ethics

Preamble

The principles of ethics are models of exemplary professional behavior. These principles of the Prevention Think Tank Code express prevention professionals' recognition of responsibilities to the public, to service recipients, and to colleagues within and outside of the prevention field. They guide prevention professionals in the performance of their professional responsibilities and express the basic tenets of ethical and professional conduct. The principles call for honorable behavior, even at the sacrifice of personal advantage. These principles should not be regarded as limitations or restrictions, but as goals toward which prevention professionals should constantly strive. They are guided by core values and competencies that have emerged with the development of the prevention field.

Principles

Principle 1: Non-discrimination.

A prevention specialist shall not discriminate against service recipients or colleagues based on race, religion, national origin, sex, age, sexual orientation, gender identity, economic condition or physical, medical or mental disability. A prevention specialist should broaden his or her understanding and acceptance of cultural and individual differences, and in so doing render services and provide information sensitive to those differences. Prevention specialists shall be knowledgeable about disabling conditions, demonstrate empathy and personal emotional comfort in interactions with participants with disabilities, and make available physical, sensory, and cognitive accommodations that allow individuals with disabilities to receive services. Prevention specialists should comply with all local, state and Federal laws regarding the accommodation of individuals with disabilities.

Principle 2: Competency

Prevention specialists shall master their prevention specialty's body of knowledge and skill competencies, strive continually to improve personal proficiency and quality of service delivery, and discharge professional responsibility to the best of their ability. Competence includes a synthesis of education and experience combined with an understanding of the cultures within which prevention application occurs. The maintenance of competence requires continual learning and professional improvement throughout one's career.

Incompetence includes but is not limited to a substantial lack of knowledge or ability to discharge professional obligations within the scope of the prevention profession, or a substantial deviation from the standards of skill ordinarily possessed and applied by professional peers acting in the same or similar circumstances.

A. Professionals should be diligent in discharging responsibilities. Diligence imposes the responsibility to render services carefully and promptly, to be thorough, and to observe applicable technical and ethical standards.

B. Due care requires a professional to plan and supervise adequately and evaluate to the extent possible any professional activity for which he or she is responsible.

C. A prevention specialist should recognize limitations and boundaries of competencies and not use techniques or offer services outside of his or her competencies. Each professional is responsible for assessing the adequacy of his or her own competence for the responsibility to be assumed. When asked to perform such services, a prevention specialist shall, to the best of their ability, refer to an appropriately qualified professional. When no such professional exists, a prevention specialist shall clearly notify the requesting person/organization of the gap in services available.

D. Ideally prevention specialists should be supervised by competent senior prevention specialists. When this is not possible, prevention specialists should seek peer supervision or mentoring from other competent prevention specialists.

E. When a prevention specialist has knowledge of unethical conduct or practice on the part of an agency or prevention specialist, he or she has an ethical responsibility to report the conduct or practices to funding, regulatory or other appropriate bodies.

F. A prevention specialist should recognize the effect of impairment on professional performance and should be willing to seek appropriate professional assistance for any form of substance misuse, psychological impairment, emotional distress, or any other physical related adversity that interferes with their professional functioning.

Principle 3: Integrity

To maintain and broaden public confidence, prevention specialists should perform all responsibilities with the highest sense of integrity. Personal gain and advantage should not subordinate service and the public trust. Integrity can accommodate the inadvertent error and the honest difference of opinion. It cannot accommodate deceit or subordination of principle.

A. All information should be presented fairly and accurately. Each professional should document and assign credit to all contributing sources used in published material or public statements.

B. Prevention specialists should not misrepresent either directly or by implication professional qualifications or affiliations.

C. Where there is evidence of impairment in a colleague or a service recipient, a prevention specialist should be supportive of assistance or treatment.

D. Prevention specialists should not be associated directly or indirectly with any service, products, individuals, and organizations in a way that is misleading.

E. Prevention specialists should demonstrate integrity through dutiful cooperation in the ethics process of their certifying authority.

1. Prevention specialists must cooperate with duly constituted professional ethics committees and promptly supply necessary information unless constrained by the demands of confidentiality.

2. Grounds for discipline include failing to cooperate with an investigation by interfering with an investigation or disciplinary proceeding by willful misrepresentation of facts before the disciplining authority or its authorized representatives; by use of threats or harassment against any participant to prevent them from providing evidence in a disciplinary proceeding or any person to prevent or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted or completed; failing to cooperate with a board investigation in any material respect.

3. Applicants for prevention certification are required to report any previous ethical violations from other disciplines or jurisdictions during the application process. The Ethics Committee is responsible for making a recommendation concerning the application. The applicant is 2 responsible for providing any additional information needed to make a determination on the application.

4. If a prevention specialist is cited for an ethical violation from another discipline or jurisdiction, they must immediately report the violation to their certifying authority.

5. As employees or members of organizations, prevention specialists shall refuse to participate in an employer's practices which are inconsistent with the ethical standards enumerated in this Code.

F. Prevention specialists shall not engage in conduct which does not meet the generally accepted standards of practice for the prevention profession including, but not limited to, incompetence, negligence or malpractice.

1. Falsifying, amending or making incorrect essential entries or failing to make essential entries of services provided.

2. Acting in such a manner as to present a danger to public health or safety, or to any participant including, but not limited to, impaired behavior, incompetence, negligence or malpractice, such as:

a. Failing to comply with a term, condition or limitation on a certification or license.

b. Suspension, revocation, probation or other restrictions on any professional certification or licensure imposed by any state or jurisdiction, unless such action has been satisfied and/or reversed.

c. Administering to oneself any controlled substance not prescribed by a doctor, or aiding and abetting another person in the use of any controlled substance not prescribed to that person.

d. Using any drug or alcoholic beverage to the extent or in such manner as to be dangerous or injurious to self or others, or to the extent that such use impairs the ability of such person to safely provide professional services.

e. Using drugs while providing professional services.

G. Prevention specialists make financial arrangements for services with service recipients and third-party payers that are reasonably understandable and conform to accepted professional practices. Prevention specialists:

1. Do not offer, give or receive commissions, rebates or other forms of remuneration for the referral of program participants.

2. Do not charge excessive fees for services.

3. Disclose any fees to participants at the beginning of services.

4. Do not enter into personal financial arrangements with direct program recipients.

5. Represent facts truthfully to participants and funders

6. Do not personally accept a private fee or any other gift or gratuity for professional work.

H. Prevention specialists uphold the law and have high morals in both professional and personal conduct. Grounds for discipline include, but are not limited to, conviction of any felony or misdemeanor during the period in which a prevention specialist holds a prevention certification, excluding minor traffic offenses, whether or not the case is pending an appeal.

Principle 4: Nature of Services

Practices shall do no harm to service recipients. Services provided by prevention specialists shall be respectful and non-exploitive.

A. Services should be provided in a way which preserves the protective factors inherent in each culture and individual.

B. Prevention specialists should use formal and informal structures to receive and incorporate input from service recipients in the development, implementation and evaluation of prevention services.

C. Where there is suspicion of abuse of children or vulnerable adults, the prevention specialist shall report the evidence to the appropriate agency and follow up to ensure that appropriate action has been taken.

D. Prevention specialists should adhere to the same principles of professionalism outlined in the Prevention Code of Ethics online as they would offline. With this in mind, the following are additional guidelines regarding the use of technology:

1. Prevention specialists are discouraged from interacting with current or past direct program participants on personal social networking sites. It is recommended that prevention specialists establish a professional social networking site for this purpose.

a. Prevention specialists should not affiliate with their own direct program recipients on personal social media sites.

b. Prevention specialists use professional and ethical judgment when including photos and/or comments online or in prevention materials.

c. Prevention specialists should not provide their personal contact information to direct program recipients, i.e. home/personal cell phone number, personal email, social media

accounts, etc. nor engage in communication with direct program participants through these mediums except in cases of agency/professional business

2. It is the responsibility of the prevention specialist to ensure, to the best of his or her ability, that professional networks used for sharing confidential information are secure and that only verified and registered users have access to the information.
3. Prevention specialists should be aware that any information they post on a social networking site may be disseminated (whether intended or not) to a larger audience, and that what they say may be taken out of context or remain publicly available online in perpetuity. When posting content online, they should always remember that they are representing the prevention field, their organization and their community, and so should always act professionally and take caution not to post information that is ambiguous or that could be misconstrued or taken out of context. It is recommended that employees not identify themselves as connected to their agency on their personal website.
4. Employees should be aware that employers may reserve the right to edit, modify, delete, or review Internet communications and that writers assume all risks related to the security, privacy and confidentiality of their posts. When moderating any website, the prevention specialist should delete inaccurate information or other's posts that violate the privacy and confidentiality of participants or that are of an unprofessional nature.
5. Prevention specialists should refer, as appropriate, to an employer's social media or social networking policy for direction on the proper use of social media and social networking in relation to their employment.

E. Prevention Specialists must be aware of their influential position with respect to direct program recipients, and they avoid exploiting the trust and dependency of such persons. Prevention specialists, therefore, make every effort to avoid dual relationships with prevention participants that could impair professional judgment or increase the risk of exploitation. When a dual relationship cannot be avoided, Prevention Specialists take appropriate professional precautions to ensure judgment is not impaired and no exploitation occurs. Examples of such dual relationships include, but are not limited to, business or close personal relationships with direct prevention recipients and/or their family members.

1. Soliciting and/or engaging in sexual conduct with direct prevention participants are prohibited.
2. Prevention specialists should avoid any action or activity that would indicate a dual relationship and transgress the boundaries of a professional relationship (e.g. developing a friendship with a program participant, socializing with participants, accepting or requesting services from a participant, providing "informal counseling" to a participant.)
3. Prevention specialists should not assume dual roles in a setting that could compromise the relationship with or confidentiality of participants (e.g. providing a skills group for students engaging in risky substance use behaviors, an "indicated population," and also teaching an academic subject where they are class members.)
4. Prevention specialists avoid bringing personal issues into the professional relationship. Through an awareness of the impact of stereotyping and discrimination, the prevention specialist guards the individual rights and personal dignity of participants.

F. Prevention specialists should be aware of their influential position with respect to employees and supervisees, and they avoid exploiting the trust and dependency of such persons. Prevention specialists make every effort to avoid dual relationships that could impair professional judgment or increase the risk of exploitation. When a dual relationship cannot be avoided, prevention specialists take appropriate professional precautions to ensure judgment is not impaired and no exploitation occurs. Examples of such dual relationships include, but are not limited to, business or close personal relationships with employees or supervisees.

1. Sexual conduct with employees or supervisees is prohibited.
2. Prevention specialists do not permit students, employees, or supervisees to perform or to hold themselves out as competent to perform professional services beyond their training, level of experience and competence.
3. Prevention specialists who supervise others accept the obligation to facilitate further professional

development of these individuals by providing accurate and current information, timely evaluations, and constructive consultation.

G. Prevention specialists make reasonable arrangements for the continuation of prevention services when transitioning to a new position or no longer able to provide that service.

H. Prevention specialists should obtain written, informed consent from participants and/or parents/guardians for those under the age of 18 before photographing, videotaping, audio recording, or permitting third-party observations.

Principle 5: Confidentiality

Confidential information acquired during service delivery shall be safe guarded from disclosure, including – but not limited to – verbal disclosure, unsecured maintenance of records, or recording of an 5 activity or presentation without appropriate releases. Prevention specialists are responsible for knowing the confidentiality regulations relevant to their prevention specialty. Prevention specialists make appropriate provisions for the maintenance of confidentiality and the ultimate disposition of confidential records. Prevention specialists ensure that data obtained including program evaluation data and any form of electronic communication, are secured by the available security methodology. Data shall be limited to information that is necessary to and appropriate to the services being provided and be accessible only to appropriate personnel. Data presented publically shall be distributed only in ways that protects the confidentiality of individual participants.

Principle 6: Ethical Obligations for Community and Society

According to their consciences, prevention specialists should be proactive on public policy and legislative issues. The public welfare and the individual's right to services and personal wellness should guide the efforts of prevention specialists to educate the general public and policy makers. Prevention specialists should adopt a personal and professional stance that promotes health. Prevention Specialists should be aware of their local and national regulations regarding lobbying and advocacy, and act within the laws and funding guidelines.

VII. Alabama Alcohol & Drug Abuse Association (AADAA)

The Alabama Alcohol & Drug Abuse Association is a non-profit organization dedicated to ensure quality services for those we serve, the client. AADAA certifies Alcohol & Drug Counselors, Prevention Specialists, Criminal Justice Professionals and Clinical Supervisors. We are dedicated to ensuring quality services through professional certification, education and advocacy both on a state and national level.

Contact Information

Alabama Alcohol and Drug Abuse Association
717 Hwy 67 South
Suite 2
Decatur, AL 35603
Phone: 256-432-2781
Website: www.aadaa.us
E-mail: aadaa4u@gmail.com

AADAA Prevention Certification

Minimum Criteria for Prevention Certification is as follows:

Associate Prevention Specialist (APS):

1. One year of experience in Prevention (2,000 hours or 240 Direct Service Hours)
2. 75 Hours of substance misuse education/training. 50% must be in prevention.
3. High School Diploma or GED.
4. Supervisor's Evaluations and two (2) Colleague Evaluations.
5. Must be supervised by CPS or CPM (or) one who meets the criteria for the same, including but limited to the required education of Prevention Specific AIDS/HIV Education/Prevention Ethics and Disruptive Audience.
6. Signed "Prevention Code of Ethics" and "Releases".
7. Additional Required Education: (4) hours of HIV/AIDS educations; (6) hours of Ethics education; (4) hours of Disruptive Audience Behavior education.*
8. Must reside or work in Alabama at least 51% of the time.

Certified Prevention Specialist (CPS):

Experience

2000 hours of Prevention experience across the domains. Experience should be across the domains rather than substance use only.

Education

120 hours across all domains of which 24 must be ATOD specific with 6 hours of Prevention Ethics. Jurisdictions can have more hours and specific hours if they choose.

Supervision

120 hours specific to the domains with a minimum of ten hours in each domain.

Examination

Applicants must pass the IC&RC PS examination.

Code of Ethics

Applicants must sign a prevention specific code of ethics statement or affirmation statement.

Recertification

20 hours of continuing education earned every year.

Certified Prevention Manager (CPM):

Same as CPS, plus three (3) years of managerial/supervisory experience in substance misuse prevention.

**To maintain all levels of certification, (4) hours of HIV/AIDS education and (4) hours of Prevention Ethics education must be completed every two (2) years.*

VIII. Prevention Resources

A. State of Alabama Resources

Alabama Alcohol Beverage Control Board
www.alabcboard.gov

The ABC Board controls alcoholic beverages through distribution, licensing, and enforcement. The Board operates a chain of retail stores selling the majority of liquor purchased in Alabama. The Board operates in an efficient and cost-effective manner to ensure that Alabamians who choose to purchase beverages are able to do so at a fair price while generating considerable revenue for the State and local governing authorities. The facts prove that the system of control in Alabama are working. The State ranks among the nation's leaders in per capita revenue from the sale of alcohol but does so while maintaining one of the nation's lowest levels of per capita consumption. High revenue with low consumption. This exactly fulfills the mandate of the people of Alabama.

The ABC Board also licenses commercial firms to sell alcoholic beverages. These range from restaurants and nightclubs to small stores selling beer for off-premise use. Applicants for a license are examined carefully to ensure the individuals involved are of solid moral character and will ensure the laws of Alabama and rules of the Board are obeyed. The proposed site for selling or dispensing beverages is checked through neighborhood survey. After a license is issued, the ABC Board continuously inspects the operations of licensees.

Alabama Community College System
www.accs.edu

The Alabama Community College System (ACCS) is Alabama's gateway to world-class, affordable education and technical training for the necessary skills to compete in a constantly evolving workforce. The system consists of 24 community and technical colleges, including the Alabama Technology Network, and Marion Military Institute – one of five junior military colleges in the nation. The Alabama Technology Network is a part of the ACCS and the Manufacturing Extension Partnership

Alabama Department of Early Childhood Education
www.mh.alabama.gov/admh-early-childhood-programs/

The mission of the Alabama Department of Early Childhood Education is to inspire, support, and deliver cohesive, comprehensive systems of high-quality education and care so that all Alabama children thrive and learn.

Alabama Department of Economic and Community Affairs (ADECA)
www.adeca.alabama.gov

ADECA is a state agency that partners with leaders at the local level to positively impact and enhance the quality of life in Alabama communities through dozens of federal and state grant programs, surplus property, and water resource management. ADECA's grant programs support and fund local initiatives that communities often would not be able to afford on their own and improve many facets of life through community and economic development. Our programs help address critical infrastructure needs like water, sewer, and broadband; provide law enforcement equipment and support for victims of crime; build new trails and recreational features; and assist with energy efficiency that lowers energy costs. ADECA is an agency of partnership and action, working every day to impact Alabama communities by awarding hundreds of millions of grants annually and tackling pressing issues and community needs.

Alabama Department of Education
https://www.alabamaachieves.org/

The Alabama State Department of Education is the state education agency of Alabama. The department was formed by the Alabama Legislature in 1854. The department serves over 740,000 students in 136 school systems.

Alabama Department of Human Resources
www.dhr.alabama.gov

The Department of Human Resources was created in 1935 to administer the assistance programs that were part of the Social Security Act. These programs were developed to help an American public that was suffering through the financial hardships of the Great Depression. The agency's original name was the Department of Public Welfare. In 1955, it was renamed the Department of Pensions and Security. The current name was adopted in 1986. Some programs have changed over the years to meet the changing needs of Alabama. However, the agency's primary goal has always been and always will be to help people in need.

The agency currently has about 4,000 State Merit System employees, most of whom work in the agency's 67 county departments. Although the agency employs a wide variety of professionals, social workers represent the largest category of DHR employees.

Alabama Department of Public Health
www.adph.org

The Alabama Department of Public Health (ADPH) is the primary state health agency for the state of Alabama. Alabama law designates the State Board of Health as an advisory board to the state in all medical matters, matters of sanitation, and public health. The Medical Association, which meets annually, is the State Board of Health. The State Committee of Public Health meets monthly between the annual meetings and is authorized to act on behalf of the State Board of Health. The State Health Officer is empowered to act on behalf of the State Committee of Public Health when the committee is not in session.

More than 135 years ago, medical leaders in Alabama advocated constitutional authority to oversee matters of public health. The purpose of the authority was to develop a system of hygiene to preserve and prolong life; to plan an educational program for all people on the rules which govern a healthful existence; and to determine a way for enforcing health laws for the welfare of all people.

Alabama Law Enforcement Agency (ALEA)
www.alea.gov

The Alabama Law Enforcement Agency (ALEA) was created by Act 2013-67 and represents the consolidation and realignment of 12 state law enforcement agencies/functions into one entity. ALEA is responsible for the functions and missions of the Alabama Department of Homeland Security, Department of Public Safety, Alabama Bureau of Investigation, Fusion Center, Criminal Justice Information Center, Marine Police, Alcoholic Beverage Control Board Enforcement Division, Department of Revenue Enforcement, Forestry Commission Investigations, Agriculture and Industry Investigations, Public Service Commission Enforcement, and Office of Prosecution Services Computer Forensic Laboratories.

The mission of the Alabama Law Enforcement Agency is to efficiently provide quality service, protection, and safety for the State of Alabama through the utilization of consolidated law enforcement, investigative, and support services.

Children's Trust Fund of Alabama (CTF)
www.ctf.alabama.gov

The Alabama Child Abuse and Neglect Prevention Act (ADCANP) was adopted by the Alabama Legislature in 1983 to address the state's growing problem of child neglect and maltreatment. While several state agencies already existed to deal with different aspects of child abuse, none of these agencies specifically focused on solving the problem before it occurred. It was clear that Alabama needed to create a state agency with its own board, funding and staff to be dedicated solely to preventing child abuse. To address the problem at its origin, instead of merely addressing the symptoms of what could have been prevented, the Alabama Child Abuse Prevention Act established the Children's Trust Fund.

These state dollars are intended to provide annual funding of community-based prevention programs throughout the state as well as create a self-sustaining pool of funds to provide for funding these programs in the future. As Alabama's ONLY state agency designated to prevent child abuse and neglect, it will be our goal to encourage and support each community in this state in their efforts to find new and effective solutions for preventing child abuse before it occurs, and ultimately strengthening Alabama families to prevent this tragedy in the future.

Department of Rehabilitation Services
www.rehab.alabama.gov

Created by the Alabama Legislature in 1994, the Alabama Department of Rehabilitation Services (ADRS) is the state agency that serves Alabamians with disabilities from birth throughout their lives. Our "continuum of care" approach means that help is here at every stage of a person's life.

Department of Senior Services
www.alabamaageline.gov

The Alabama Department of Senior Services (ADSS) is a cabinet level state agency that administers programs for senior citizens, people with disabilities, and caregivers. The department was originally established by the Alabama Legislature in 1957 as the Alabama Commission on Aging. ADSS was established under Title 38 Chapter 3 of the Code of Alabama.

Alabama Department of Veterans Affairs (ADVA)
www.va.alabama.gov

The Alabama Department of Veterans Affairs (ADVA) mission is to promote awareness, assist eligible veterans, their families, and survivors to receive from the U. S. and State Governments any and all benefits to which they may be entitled under existing or future laws to be enacted. The vision of ADVA is to ensure that all veterans and their families understand and receive all the benefits, support, care, and recognition that they have earned and are entitled to, by expertly administering all current programs, anticipating future needs and taking appropriate action to meet these needs.

Department of Youth Services
www.dys.alabama.gov

The Alabama Department of Youth Services (DYS) is the state agency charged with the responsibility for administering and regulating juvenile justice programs and services. The Alabama Department of Youth Services (DYS) was established, and is governed by, Title 44 of the Code of Alabama 1975. DYS is responsible for custody and rehabilitative services to youth committed by the state's juvenile courts and is independent and separate from adult corrections in Alabama.

Responsibility for probation, supervision, and aftercare for juveniles is held by the Administrative Office of Courts in each county. Regional detention facilities are licensed by DYS but are a combination of private and local government controlled entities.

B. National Resources and References

Association for Multidisciplinary Education and Research in Substance Use Education (AMERSA)
www.amersa.org

AMERSA's mission is to *improve health and well-being through interdisciplinary leadership in substance use education, research, clinical care, and policy*. Given the devastating and deadly impacts of racism, discrimination, and violence on mental health and substance use, we reaffirm our commitment to expose and eliminate inequities in access to high-quality healthcare, mental health, and, especially, substance use services.

Center for Behavioral Health Statistics and Quality (CBHSQ)
https://www.samhsa.gov/about-us/who-we-are/offices-centers/cbhsq

SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ) is the lead Federal government agency for behavioral health data and research.

In December 2016, the 21st Century Cures Act (Cures Act) was signed into law and codified CBHSQ. CBHSQ conducts national surveys tracking population-level behavioral health issues. CBHSQ also provides statistical and analytical expertise; both activities support the Assistant Secretary for Mental Health and Substance Use and the Secretary of HHS.

Center for Substance Abuse Prevention- CSAP
https://www.samhsa.gov/about-us/who-we-are/offices-centers/csap

The mission of the Center for Substance Abuse Prevention is to improve behavioral health through evidence-based prevention approaches.

The Center for Substance Abuse Prevention (CSAP) works with federal, state, public, and private organizations to develop comprehensive prevention systems by:
Providing national leadership in the development of policies, programs, and services to prevent the onset of illegal drug use, prescription drug misuse and abuse, alcohol misuse and abuse, and underage alcohol and tobacco use
Promoting effective substance abuse prevention practices that enable states, communities, and other organizations to apply prevention knowledge effectively

Centers for Disease Control and Prevention (CDC), DHHS
www.cdc.gov

The CDC works 24/7 to protect America from health, safety and security threats, both foreign and in the U.S. Whether diseases start at home or abroad, are chronic or acute, curable or preventable, human error or deliberate attack, CDC fights disease and supports communities and citizens to do the same.

CDC increases the health security of our nation. As the nation's health protection agency, CDC saves lives and protects people from health threats. To accomplish our mission, CDC conducts critical science and provides health information that protects our nation against expensive and dangerous health threats, and responds when these arise.

Community Anti-Drug Coalitions of America (CADCA)
www.cadca.org

Since 1992, CADCA has demonstrated that when all sectors of a community come together, social change happens. CADCA represents over 5,000 community coalitions that involve individuals from key sectors including schools, law enforcement, youth, parents, healthcare, media and others. We have members in every U.S. state and territory and more than 30 countries around the world. The CADCA coalition model emphasizes the power of community coalitions to prevent substance misuse through collaborative community efforts. We believe that prevention of substance use and misuse before it starts is the most effective and cost-efficient way to reduce substance use and its associated costs.

US Department of Defense
www.defense.gov

The Department of Defense is America's largest government agency. With our military tracing its roots back to pre-Revolutionary times, the department has grown and evolved with our nation. Our mission is to provide the military forces needed to deter war and ensure our nation's security.

Drug Enforcement Administration (DEA)
www.dea.gov

The DEA was established in 1973 as the federal organization in charge of enforcing the controlled substances laws of the United States. Today thousands of DEA employees located in hundreds of offices across the country and around the world are dedicated to fulfilling DEA's mission and to continuing our *Tradition of Excellence*. We are experts in drug enforcement: Special Agents, Diversion Investigators, Forensic Scientists, Intelligence Research Specialists and highly trained support staff and we work together as one team to keep Americans safe from dangerous drugs and those that traffic in them.

Evidence Based Practices Resource Center
www.samhsa.gov/resource-search/ebp

SAMHSA is committed to improving prevention, treatment, and recovery support services for mental and substance use disorders. The Evidence-Based Practices Resource Center provides communities, clinicians, policymakers and others with the information and tools to incorporate evidence-based practices into their communities or clinical settings.

National Association of State Alcohol and Drug Abuse Directors – NASADAD
www.nasadad.org

The National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD) is a private, not-for-profit educational, scientific, and informational organization. The Association was originally incorporated in 1971 to serve State Drug Agency Directors, and then in 1978 the membership was expanded to include State Alcoholism Agency Directors.

NASADAD's basic purpose is to foster and support the development of effective alcohol and other drug abuse prevention and treatment programs throughout every State. The Board of Directors is composed of a President, First Vice President, Vice President for Treatment, Vice President for Internal Affairs, Vice President for Prevention, Past President, Secretary, and Treasurer, as well as 10 regional representatives elected by the Association members in the region. The Washington, DC, office is headed by an Executive Director and includes divisions concerned with Research and Program Applications, Prevention Services, and Public Policy.

National Institute on Alcohol Abuse and Alcoholism (NIAAA), NIH, DHHS
www.niaaa.nih.gov

The mission of the National Institute on Alcohol Abuse and Alcoholism is to generate and disseminate fundamental knowledge about the effects of alcohol on health and well-being, and apply that knowledge to improve diagnosis, prevention, and treatment of alcohol-related problems, including alcohol use disorder, across the lifespan.

NIAAA provides leadership in the national effort to reduce alcohol-related problems by:

- Conducting and supporting alcohol-related research in a wide range of scientific areas including genetics, neuroscience, epidemiology, prevention, and treatment.
- Coordinating and collaborating with other research institutes and Federal Programs on alcohol-related issues.
- Collaborating with international, national, state, and local institutions, organizations, agencies, and programs engaged in alcohol-related work.
- Translating and disseminating research findings to health care providers, researchers, policymakers, and the public.

National Institute on Drug Abuse (NIDA)
www.drugabuse.gov

NIDA's mission is to advance science on the causes and consequences of drug use and addiction and to apply that knowledge to improve individual and public health

National Institutes of Health (NIH)
www.nih.gov

The National Institutes of Health (NIH), a part of the U.S. Department of Health and Human Services, is the nation's medical research agency — making important discoveries that improve health and save lives.

The National Institutes of Health is made up of 27 different components called Institutes and Centers. Each has its own specific research agenda, often focusing on particular diseases or body systems. All but three of these components receive their funding directly from Congress, and administrate their own budgets. NIH leadership plays an active role in shaping the agency's research planning, activities, and outlook.

National Institute of Justice – NIJ
www.nij.ojp.gov

NIJ is the research, development and evaluation agency of the U.S. Department of Justice. We are dedicated to improving knowledge and understanding of crime and justice issues through science. We provide objective and independent knowledge and tools to inform the decision-making of the criminal and juvenile justice communities to reduce crime and advance justice, particularly at the state and local levels.

NIJ accomplishes our mission through the "Listen, Learn, Inform" model — we "listen" to the

needs of the field; "learn" ways to meet those needs by funding research, development, and evaluation projects; and then "inform" the field of what we learned.

National Institute of Mental Health (NIMH)
www.nimh.nih.gov

The National Institute of Mental Health (NIMH) is the lead federal agency for research on mental disorders. NIMH is one of the 27 Institutes and Centers that make up the National Institutes of Health (NIH), the largest biomedical research agency in the world. NIH is part of the U.S. Department of Health and Human Services (HHS).

National Prevention Network (NPN)
www.nasadad.org/npn-4/

The National Prevention Network (NPN) is an organization of State alcohol and other drug misuse prevention representatives that provides a national advocacy and communication system for prevention. State prevention representatives work with their respective State Agency Directors to ensure effective alcohol, tobacco, and other drug misuse prevention services in each State.

Office of Juvenile Justice and Delinquency Prevention (OJJDP)
www.ojjdp.ojp.gov

The Juvenile Justice and Delinquency Prevention Act of 1974, Public Law 93–415, as amended, established the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to support local and state efforts to prevent delinquency and improve the juvenile justice system.

A component of the Office of Justice Programs within the U.S. Department of Justice, OJJDP works to prevent juvenile delinquency, improve the juvenile justice system, and protect children. OJJDP accomplishes its mission by supporting states, local communities, and tribal jurisdictions in their efforts to develop and implement effective programs for juveniles. The Office strives to strengthen the juvenile justice system's efforts to protect public safety, hold justice-involved youth appropriately accountable, and provide services that address the needs of youth and their families.

Through its divisions, OJJDP sponsors research, program, and training initiatives; develops priorities and goals and sets policies to guide federal juvenile justice issues; disseminates information about juvenile justice issues; and awards funds to states to support local programming.

Office of National Drug Control Policy (ONDCP)
www.whitehousedrugpolicy.gov

The Office of National Drug Control Policy (ONDCP) is a component of the Executive Office of the President. The mission of ONDCP is to reduce substance use disorder and its consequences by coordinating the nation's drug control policy through the development and oversight of the National Drug Control Strategy and Budget.

Prevention of Substance Use and Mental Disorders- SAMHSA
www.samhsa.gov/find-help/prevention

Prevention activities work to educate and support individuals and communities to prevent the use and misuse of drugs and the development of substance use disorders. Substance use and mental disorders can make daily activities difficult and impair a person's ability to work, interact with family, and fulfill other major life functions. Mental and substance use disorders are among the top conditions that cause disability in the United States. Preventing mental and/or substance use disorders or co-occurring disorders and related problems is critical to behavioral and physical health.

SAMHSA's Center for Mental Health Services (CMHS) leads federal efforts to promote the prevention and treatment of mental disorders. SAMHSA's Center for Substance Abuse Prevention (CSAP) aims to develop comprehensive systems through providing national leadership in the development of policies, programs, and services to prevent the onset of substance misuse.

SAMHSA'S Evidence-Based Practices Resource Center works to provide communities, clinicians, policymakers, and others in the field with the information they need to incorporate evidence-based practices in their communities for prevention, treatment, and recovery services.

The 2022 National Survey on Drug Use and Health (PDF | 1.6 MB) https://www.samhsa.gov/data/sites/default/files/reports/rpt42731/2022-nsduh-nnr.pdf reports that approximately 48.7 million people aged 12 or older had a substance use disorder in the past year. Also, in 2022, an estimated 47.6 million adults in the U.S. had any mental illness in the past year, which represents 22.2 percent of the adult population. Evidence-based prevention can work to prevent substance misuse and the development of substance use and mental disorders.

SAMHSA's prevention and early intervention efforts promote evidence-based decision-making.

Prevention Technology Transfer Center Network
www.pttcnetwork.org/

The purpose of the Prevention Technology Transfer Center (PTTC) Network is to improve implementation and delivery of effective substance misuse prevention interventions, and provide training and technical assistance services to the substance misuse prevention field. It does this by developing and disseminating tools and strategies needed to improve the quality of substance misuse prevention efforts; providing intensive technical assistance and learning resources to prevention professionals in order to improve their understanding of prevention science, epidemiological data, and implementation of evidence-based and promising practices; and, developing tools and resources to engage the next generation of prevention professionals.

Established in 2018 by the Substance Abuse and Mental Health Services Administration (SAMHSA), the PTTC Network is comprised of 10 Domestic Regional Centers, 2 National Focus Area Centers, and a Network Coordinating Office. Together the Network serves the 50 U.S. states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Islands of Guam, American Samoa, Palau, the Marshall Islands, Micronesia, and the Mariana Islands.

Society for Prevention Research

https://preventionresearch.org

The Society for Prevention Research is an international, multi-disciplinary organization dedicated to advancing scientific investigation about how to prevent negative outcomes and foster well-being for individuals, families, and communities. We also seek to ensure this knowledge promotes a healthy and equitable society through the use of research-informed and socially just programs, practices, and policies.

Strategic Prevention Technical Assistance Center (SPTAC)

www.samhsa.gov/sptac

SPTAC is a SAMHSA national training and technical assistance (T/TA) center dedicated to advancing the application of culturally responsive, evidence-based substance misuse prevention programs, guided by SAMHS's Strategic Prevention Framework.

Substance Abuse and Mental Health Data Archive (SAMHDA)

www.datafiles.samhsa.gov

The Substance Abuse and Mental Health Data Archive (SAMHDA) is an initiative funded under contract HHSS283201500001C with the Center for Behavioral Health Statistics and Quality (CBHSQ), Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). CBHSQ has primary responsibility for the collection, analysis, and dissemination of SAMHSA's behavioral health data.

CBHSQ promotes the access and use of the nation's substance abuse and mental health data through SAMHDA. SAMHDA provides public-use data files, file documentation, and access to restricted- use data files to support a better understanding of this critical area of public health.

Substance Abuse and Mental Health Services Administration (SAMHSA)

www.samhsa.gov

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

U.S. Department of Health and Human Services (HHS)

www.hhs.gov

The mission of the U.S. Department of Health and Human Services (HHS) is to enhance the health and well-being of all Americans, by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services.

C. National Awareness Observations

Please note this list is not exhaustive and only includes some of the most common observations.

January

- National Birth Defects Prevention Month with the National Birth Defects Prevention Network

February

- Teen Dating Violence Awareness Month
- National Black HIV/AIDS Awareness Day
- Children of Addiction Awareness Week

March

- National Developmental Disabilities Awareness Month
- National Women and Girls HIV/AIDS Awareness Day
- National Poison Prevention Week
- National Native American HIV/AIDS Awareness Day
- National Drug and Alcohol Facts Week (March 22–28)
- World Hearing Day
- Black Balloon Day (lives lost to drug overdoses/addictions) (Mar. 6)

April

- Alcohol Awareness Month
- National Child Abuse Prevention Month
- Sexual Assault Awareness and Prevention Month
- STI Awareness Month
- National Public Health Week (April 1–7)
- World Health Day (April 7)
- National Youth HIV/AIDS Awareness Day
- National Youth Violence Prevention Week (April 12–16)
- National Prescription Drug Take Back Day

May

- Mental Health Awareness Month
- Children's Mental Health Awareness Week
- National Asian and Pacific Islander HIV/AIDS Awareness Day
- World No Tobacco Day
- SAMHSA National Prevention Week
- Alcohol & Other Drug-related Birth Defects Awareness Week
- National Fentanyl Awareness Day
- National Prevention Week

June

- PTSD Awareness Month with the U.S. Department of Veterans Affairs
- National HIV Testing Day

July

- Minority Mental Health Awareness Month

August

- World Lung Cancer Day
- National Health Center Week
- International Overdose Awareness Day (
- National Fentanyl Prevention & Awareness Day
- Opioid Awareness Month
- Overdose Awareness Week (Aug. 27-Sept. 2)

September

- National Recovery Month with the Substance Abuse and Mental Health Services Administration (SAMHSA)
- National Suicide Prevention Week (Sept. 5–11)
- World Suicide Prevention Day (Sept. 10)
- Deaf Awareness
- 988 Day (Sept. 8)

October

- Domestic Violence Awareness Month
- Healthy Lung Month
- National Bullying Prevention Month
- Mental Illness Awareness Week (Oct. 3–9)
- National Depression Screening Day
- World Mental Health Day (Oct. 10)
- National Prescription Drug Take Back Day
- Red Ribbon Week
- World Blindness Awareness
- World Site Day
- White Cane Awareness
- Prevention Month (Youth Substance Use/Misuse)

November

- COPD Awareness Month
- Lung Cancer Awareness Month
- Prematurity Awareness Month with the March of Dimes
- World Prematurity Day (Nov. 17) with March of Dimes
- Great American Smokeout
- International Survivors of Suicide Loss Day

December

- World AIDS Day
- International Day of Persons with Disabilities
- Drunk and Drugged Driving Prevention Month

D. Annual Conferences, Trainings, and Seminars

Please note this list is not exhaustive and only includes some of the most common conferences, meetings, & seminars

AADAC, the Association for Addiction Professionals
www.naadac.org

Alabama School of Alcohol and other Drug Studies (ASADS)
www.asadsonline.com

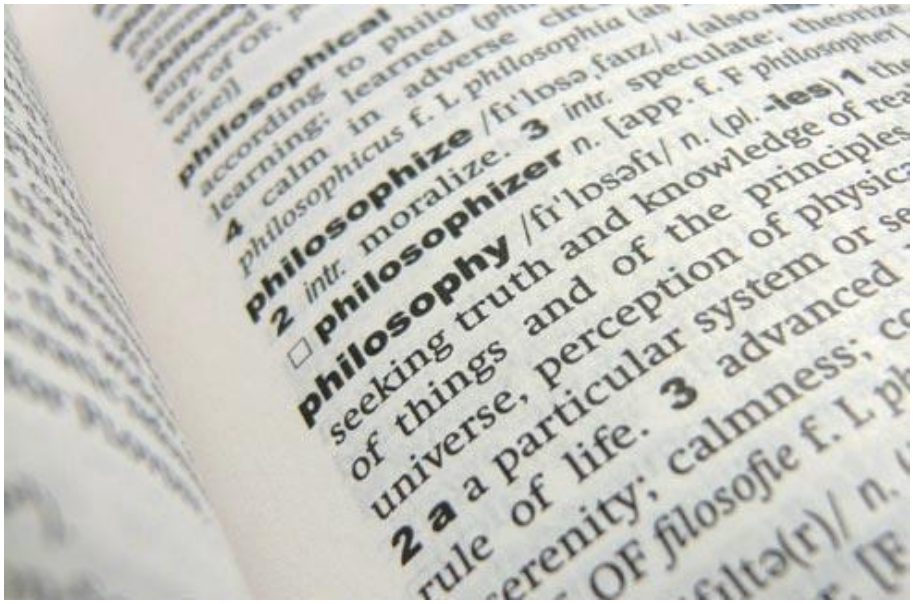
CADCA National Leadership Forum
www.cadca.org

National Prevention Network Annual Research Conference
www.npnconference.org

Rx Drug Abuse & Heroin Summit
https://www.hmpglobalevents.com/rx-summit

Substance Abuse and Mental Health Services Administration (SAMHSA)
www.samhsa.gov

IX. General Prevention Information



A. Prevention Definitions

Please not this list is not exhaustive and only includes some of the most common definitions

A

Abstinence - Total avoidance or non-use of substances such as alcohol, tobacco, and illicit drugs.

Abuse - Occurs when alcohol or drug use adversely affects the health of the user or when the use of a substance imposes social and personal costs. **Because of the negative connotation and stigma often associated with the term "abuse", ADMH uses the term "use" instead of "abuse".*

Access to Services - The extent to which services are available for individuals who need care. Ease of access depends on several factors, including availability and location of appropriate care and services, transportation, hours of operation, and cultural factors, including languages and cultural appropriateness.

Access to Substances - The extent to which illicit and licit substances are available in the home, community, or schools.

Accessing Services and Funding - Assisting States and communities in increasing or improving their prevention and treatment service capacity by developing resources to support those services. Examples include developing and maintaining a resource listing of Federal, State, and local funding programs; accessing and coordinating Federal, State, and local grants; and developing program budgets.

Accountability - Systematic inclusion of critical elements of program planning, implementation, and evaluation in order to achieve results.

Action Plan - Translates the conceptual map represented by a logic model into an operation application, detailing the key tasks that must be completed, including the measurement of outcomes.

Activities – Efforts to be conducted to achieve identified objectives.

Adaptation - Modification made to a chosen intervention's changes in audience, setting and/or intensity of program delivery. Research indicates that adaptations are most effective when underlying program theory is understood, core program components have been identified and both the community and needs of a population of interest have been carefully defined.

Addiction - A compulsive physiological craving for a habit-forming substance. Addiction is a chronic and progressive disease usually characterized by physiological symptoms upon withdrawal. The term "dependence" is often used synonymously to avoid the pejorative connotations of addiction.

Adolescent – a young person who is developing into an adult.

Adverse Childhood Experiences (ACE) – Adverse childhood experiences, or ACEs, are potentially traumatic events that occur in childhood (0-17 years). For example:

- experiencing violence, abuse, or neglect
- witnessing violence in the home or community
- Having a family member attempt or die by suicide

Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding, such as growing up in a household with:

- Substance use problems
- Mental health problems
- Instability due to parental separation or household members being in jail or prison ACEs are linked to chronic health problems, mental illness, and substance use problems in adulthood. ACEs can also negatively impact education, job opportunities, and earning potential. However, ACEs can be prevented.

Advocacy –To promote the interest of cause of a particular initiative.

Age of Onset - In substance abuse prevention, the age of first use.

Agent - In the Public Health Model, the agent is the catalyst, substance, or organism causing the health problem.

Alcohol and Drug Prevention Provider - An entity (agency or organization) whose principal objective is the prevention of substance use or abuse, or a program whose activities are related to education of and/or early intervention with populations at risk for substance abuse or dependency.

Alternative Activities - One of the six (6) prevention strategies identified by the Center for Substance Abuse Prevention (CSAP) that can be used as part of a comprehensive prevention program. This strategy provides for the participation of the target population in activities that are alcohol, tobacco and drug-free. Examples of alternative activities include drug-free dances and parties, youth and adult leadership activities, community drop-in centers, community service activities and mentoring program. This strategy is based upon the assumption that constructive and healthy activities offset the attraction to drugs; or otherwise meet the needs usually filled by drugs; and can lead to the reduction or elimination of substance use. The use of alternative activities alone as a prevention strategy has not been shown to be effective, but alternative activities should be part of a comprehensive plan.

Ambulatory Care - All types of health services provided on an outpatient basis, in contrast to services provided in the home or to persons who are inpatients. While many inpatients may be ambulatory, the term ambulatory care usually implies that the patient must travel to a location to receive services that do not require an overnight stay.

Anecdotal Evidence - Information derived from a subjective report, observation, or example that may or may not be reliable but cannot be considered scientifically valid or representative of a larger group or of conditions in another location.

Antisocial (and Other Problem Behaviors) - Acting disruptive or disrespectful of others. Such actions can be classified as behavior-related problems (e.g., poor conduct and impulsiveness), behavior-related disorders (e.g., attention deficit-hyperactivity disorder), or both.

Approach - A set of prevention strategies that typify a program and can be employed in an intervention setting without adopting the program in total.

Archival Data - Relative to the collection of data for needs assessment purposes, information that is collected and stored on a periodic basis.

Arrestee Drug Abuse Monitoring (ADAM) Program - A program of the National Institute of Justice, formerly known as the Drug Use Forecasting System, which tracks trends in the prevalence and types of drug use among booked arrestees in urban areas.

Assessing Community Needs - Implementing prevention-focused tasks to determine the need for prevention services, identify at-risk and high-risk populations, or determine priority prevention populations for service delivery. Examples are conducting / participating in statewide prevention needs assessments, community prevention needs assessments, or neighborhood needs assessments.

Assets - In social development theory, the individual skills and strengths that can protect against substance abuse.

Assumptions- Suppositions that explain the connections between immediate, intermediate, and long-term outcomes and expectations about how your approach is going to work.

At Risk - For persons, the condition of being more likely than average to develop an illness or condition, e.g., substance abuse, because of some predisposing factor such as family history or poor environment.

Attribution - The ability to link a particular effect with a specific cause.

Audiences - Prevention messages/programs tailored to particular target

population.

B

Baseline - Observations or data about the target area and target population prior to treatment or intervention, which can be used as a basis for comparison once a program, has been implemented.

Baseline Data - The initial information collected prior to the implementation of an intervention, against which outcomes can be compared at strategic points during and at completion of an intervention.

Behavioral Health - A managed care term that applies to the assessment and treatment of problems related to mental health and substance abuse.

Behavioral Healthcare - A continuum of services to individuals at risk of or suffering from mental, addictive, or other behavioral disorders.

Benchmark – A particular indicator or performance goal. Benchmarks can be described as steps to achieving an overall goal.

Best Practices - Programs, practices and policies that have been rigorously researched and evaluated and have been shown to effectively prevent or delay substance abuse.

Bias - The extent to which a measurement, sampling, or analytic method systematically underestimates or overestimates the true value of something. Bias in questionnaire data can stem from a variety of other factors, including choice of words, sentence structure, and the sequence of questions. Bias is also created when a significant number of respondents do not answer a question.

Buffer - A descriptive term to describe an asset, protective factor, condition, behavior, or attitude that serves as a shield or insulator against a harmful condition.

C

Capacity - The infrastructure necessary to support needed programs and services in communities. Examples include human resources (e.g. personnel with different skill sets), material resources (e.g. technical abilities and systems) and administrative resources (e.g. telephones).

Case Management - The monitoring and coordination of treatment rendered to covered persons with a specific diagnosis or requiring high-cost or extensive services.

Cause - Something that brings about an effect or a result.

Center for Substance Abuse Prevention (CSAP) - CSAP is a center within the Substance Abuse and Mental Health Services Administration (SAMHSA) that provides national leadership in the effort to prevent alcohol, tobacco and other drug use. CSAP works with states and communities to develop comprehensive prevention approaches to promote healthy communities.

Child Abuse and Neglect - A contributing factor or risk factor for substance abuse.

Classroom Educational Services - Prevention lessons, seminars, or workshops that are recurring and are presented primarily in a school or college classroom.

Clearinghouse/Information Resource Center - A central repository of or a dissemination point for current, factual, and culturally relevant written and audiovisual information and materials concerning substance use and abuse.

Coalition - A formal arrangement for cooperation and collaboration between groups or sectors of a community, in which each group retains its identity, but all agree to work together toward a common goal of building a safe, healthy and drug free community.

Collaboration – Coming together to develop and/or generate outcomes with combined resources through mutual decision-making for the mutual benefit of all entities involved.

Community - A group of individuals who share cultural and social experiences within a common geographic or political jurisdiction. A community may be a neighborhood, town, part of a county, county school district, congressional district or regional area.

Community Awareness - A perception or recognition on the part of the community that there is a substance abuse problem.

Community-based Process Strategy - One of six (6)prevention strategies identified by the Center for Substance Abuse Prevention (CSAP) that can be used as part of a comprehensive prevention program. This strategy aims to enhance the ability of the community to provide more effective prevention and treatment services for substance abuse disorders by including activities such as organizing, planning, interagency collaboration, coalition building and networking.

Community Domain – One of the spheres of influences identified by the Center for Substance Abuse Prevention (CSAP) to prevent substance use. Community encompasses the societal environments in which consumers live, work and socialize. Community domain risk factors include:

(a) Lack of bonding or attachment to social and community institutions.
(b) Lack of community awareness of acknowledgment of substance use problems.
(c) Community norms favorable to substance use and tolerant of abuse.
(d) Insufficient community resources to support prevention efforts.
(e) Inability to address substance abuse issues.

Community Drop-In Centers - Centers that provide community facilities and structured prevention services and that do not permit alcohol, tobacco, or other drug use on their premises. Activities held in these centers include recreation, activities for teens, senior citizens, and children.

Community Mobilization - Enhances the ability of the community to provide prevention services, and includes such activities as organizing, planning, inter-agency collaboration, coalition building, and networking.

Community Norms - The attitudes and policies toward substance use and crime that a community holds, which are communicated in a variety of ways such as laws, written policies, informal social practices and expectations that parents and other members of the community may have of young people.

Community Organization (Theory) - The process by which community groups are helped in order to identify common problems or goals, mobilize resources, and develop and implement strategies for reaching goals they have set.

Community Readiness - The community's awareness of, interest in, and ability and willingness to support substance abuse prevention initiatives.

Compliance Checks- Enforcement of state and federal laws through monitoring and surveillance.

Comprehensive approach – A systemic and programmatic approach to prevention services that addresses risk and protective factors from multiple domains using different programs, practices and policies.

Consumer - An individual who receives care, who purchases care directly, or who selects among health plans purchased on his or her behalf by an employer or another entity.

Continuing education – Education and training experience designed to update knowledge and skills. Every activity offered for continuing education (CE) credit, regardless of its length, must have clearly defined educational objectives and goals that must be made available to participants prior to enrollment in the workshop or training. Prevention CE hours must focus on subject matter that is specific to prevention and have explicit prevention learning objectives.

Continuous Quality Improvement (CQI) - The systematic assessment, feedback, and use of information relevant to planning, implementation, and outcomes.

Continuum of Service - An interrelated continuum of service that includes prevention, intervention and treatment.

Control Group - In experimental evaluation design, a group of participants that is essentially similar to the intervention (i.e., experimental) group but is not exposed to the intervention.

Core Components - Program elements that are demonstrably essential to achieving positive outcomes.

Core Measures - As used in SAMHSA terminology, a compendium of data collection instruments that measure underlying conditions-risks, resources, attitudes, and behaviors of different populations-related to the prevention and/or reduction of substance abuse.

Core Measures Initiative - A CSAP initiative to identify soundly established measurements and factors proven to be successful with prevention.

Cost-Effectiveness Analysis (CEA) - A systematic method for valuing over time the monetary costs and non-monetary consequences of producing and consuming substance abuse program services.

Credentialing - The process of reviewing a practitioner's credentials, i.e., training, experience, or demonstrated ability, for the purpose of determining whether criteria for clinical privileges are met.

Criminal History Check – A listing of certain information taken from fingerprint submissions retained by federal and state law enforcement agencies in connection with arrests and, in some instances, federal employment, naturalization, or military service.

Culture – The behaviors and beliefs characteristic of a particular social, ethnic or age group. Deep culture includes those characteristics that are not visible by observation, which surface culture includes those characteristics that re visible by observation.

Cultural Competence - The capacity of individuals to incorporate ethnic/cultural considerations into all aspects of their work relative to substance abuse prevention and reduction. Cultural competence is maximized by diverse representation during every phase of the implementation process and the process and outcomes evaluation.

Cultural Diversity - Differences in race, ethnicity, language, nationality, or religion among various groups within a community, organization, or nation.

Cultural Humility – A process of self-reflection and discovery in order to build honest and trustworthy relationships. If offers promise for researchers to understand and eliminate health disparities.

Cultural Relevance - The ability to effectively reach and engage communities and their youth in a manner consistent with the cultural context and values of that community while effectively addressing disparities of diversity, equity, and inclusion within an organization's entire structure.

Cultural Sensitivity - The ability to recognize and demonstrate an understanding of cultural differences.

Culture - The behaviors and beliefs characteristic of a particular social, ethnic or age group. Deep culture includes those characteristics that are not visible by observation, which surface culture includes those characteristics that are visible by observation.

D

Data - Information or facts from which conclusions can be drawn; collected according to a methodology using specific research methods and instruments. A data driven process is whereby decisions are informed by and tested against systematically gathered and analyzed information.

Data Analysis - The assessment, interpretation, and/or appraisal of systematically collected information.

Data Driven - A process whereby decisions are informed by and tested against systematically gathered and analyzed information.

Data Source - The entity (person or device) providing responses to measurement devices.

Data Targets - The who or what that is being evaluated.

Defined Population -People whose attitudes, knowledge, skills, risks/assets, and behaviors are to be strengthened or changed. Also known as the target group, the population of interest, or the target population/group.

Delinquent/Violent Youth - Youth who display risk factors for delinquency or violence or who have been determined to be delinquent or violent.

Demographics - The characteristics of a human population, including sex, age, socioeconomic status (SES), and so forth.

Demographic Data – Data that describes a place and the people living in a community. Commonly collected demographic data include size, population, age, ethnic/cultural characteristics, socio- economic status, and languages spoken.

Dependence - A mental and sometimes physical state resulting from taking a drug, characterized by a compulsion to take a drug on a continual or periodic basis.
Descriptors - A word or phrase used to identify an item in an information retrieval system.

Documentation - Entails keeping records, collecting data, and making observations in order to obtain specific kinds of information, such as the rates of alcohol-related problems, consumption, and sales.

Domain - The spheres of influence (activity) that may affect substance use. The domains are individual (peer), family, school (work) and community (society/environment). Characteristics and conditions that exist within each domain of activity may act as risk or protective factors and present an opportunity for preventive action.

Domestic Violence - Domestic violence is violence occurring in the home and inflicted by one spouse on another, by a parent upon a child or children, or vice versa, or by one sibling on another. Domestic violence is a contributing factor or risk factor for substance abuse.

Drug Free Communities Act (DFCA) - This Act serves as a catalyst for increased citizen participation in our efforts to reduce substance abuse among our youth and provide community anti- drug coalitions with much needed funds to carry out their important missions. The Act provides for grants to coalitions of representatives of youth, parents, businesses, the media, schools, and other organizations.

Drug Free Workplace Act - The 1988 Federal act that laid the groundwork for subsequent regulation of workplace drug testing.

DUI/DWI/MIP Programs - In states that count Driving Under the Influence (DUI), Driving While Intoxicated (DWI), and Minor in Possession (MIP) programs as a prevention service, 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.

E

Economically Disadvantaged Youth/Adults - Youth and adults considered to be underprivileged in material goods due to poor economic conditions.

Education strategy - One (1) of six (6) prevention strategies identified by the Center for Substance Abuse Prevention (CSAP) that can be used as part of a comprehensive prevention program. This

strategy involves interactive communication between the educator and participants and goes beyond information dissemination. Activities for this strategy aim to affect life and social skills, including decision making refusal and critical analysis skills. Examples of activities for this strategy include classroom and small group sessions, parenting and family management classes, peer leader and peer helper programs, education programs for youth groups and children of substance abusers.

Effect - A result, impact, or outcome.

Effective Prevention Programs - Effective Prevention Programs (as defined by CSAP's National Registry of Effective Prevention Programs [NREPP]) are science-based programs that produce a consistent, positive pattern of results.

Effective Program - In CSAP's terminology, an intervention that builds upon established theory, comprises elements and activities grounded in that theory, demonstrates practical utility for the prevention field, has been well implemented and well evaluated, and has produced a consistent pattern of positive outcomes.

Effectiveness - The ability to achieve stated goals or objectives, judged in terms of outcomes and impact.

Empirical Data- Relying on or derived from observation or experiment. Information derived from measurement made in "real life" situations (e.g. focus groups, one-on-one interviews).

Employee Assistance Programs (EAPs) - Programs to assist employees, their family members, and employers in finding solutions for workplace and personal problems.

Entity - An agency or organization that provides substance abuse prevention services as prescribed by the State in which it is located.

Environment - In the Public Health Model, the environment is the context in which the host and the agent exist. The environment creates conditions that increase or decrease the chance that the host will become susceptible and the agent more effective. In the case of substance abuse, the environment is a societal climate that encourages, supports, reinforces, or sustains problematic use of drugs.

Environmental Analysis - An assessment of the formal and informal policies and the social, physical, or cultural conditions affecting an individual or a community.

Environmental Factors - Factors that are external or perceived to be external to an individual but that may nonetheless affect his or her behavior.

Environmental strategy – One (1) of six (6) prevention strategies identified by the Center for Substance Abuse Prevention (CSAP) that can be used as part of a comprehensive prevention program. This strategy seeks to establish or change community standards, codes and attitudes, thereby influencing the substance use in the general population. Examples of methods used include:

- Establishing and reviewing drug policies in schools.

- Reviewing and modifying alcohol and tobacco advertising practices.
- Product pricing (increases in tobacco or alcohol taxes).
- Enacting policies targeting underage drivers such as zero (0) tolerance laws for underage drinking and driving and graduated driving privileges.
- Interventions addressing location and density of retail outlets selling alcohol and tobacco.
- Implementing neighborhood anti-drug strategies, such as citizen surveillance and the use of civil remedies-particularly nuisance abatement programs, to reduce the number and density of retail drug operations.
- Restrictions on smoking/tobacco use in public and private indoor facilities to reduce tobacco use among adults and youth.
- Server-training programs combined with law enforcement to reduce serving alcohol to minors.

Epidemiological Profile – A summary and characterization of the consumption (use) patterns and consequences of the abuse of ATOD (alcohol, tobacco and other drugs) or other substances. The epidemiological profile identifies the sources of data on consumption patterns as well as the indicators used to identify consequences (e.g., morbidity and mortality).

Epidemiology - The study of the determinants and distribution of disease with respect to person, place, or time. It is the basic science of developing and applying disease prevention and control.

Epidemiology Work Group-Designated professionals engaged in the collection of vital research data and statistics for the purpose of addressing the prevention of an identified issue, e.g. preventing alcohol and other drug problems.

Ethics – A state set of principles and behaviors designed to ensure the highest standards of professional practice. In Prevention Ethics areas covered typically include non-discrimination, competence, legal and moral standards, public statements, publication credit, client welfare, confidentiality, client relationships, inter-professional relationships and remuneration.

Ethnicity - Belonging to a common group-often linked by race, nationality, and language--that shares a cultural heritage and/or origin.

Evaluation - The systematic collection and analysis of data needed to make informed decisions about the effectiveness of a specific program or intervention. Effective evaluations assess whether programs are implemented as planned and whether positive outcomes occur among participants.

Evaluation Goal - Statement of the ultimate outcome of an evaluation.

Evaluation Instruments - Specially designed data collection tools (e.g., questionnaires, survey instruments, structured observation guides) to obtain measurably reliable responses from individuals or groups pertaining to their attitudes, abilities, beliefs, or behaviors.

Evaluation method- The method used to collect and assess program and outcome information (data).

Evaluation Objectives - Statements of shorter-term, measurable outcomes of an evaluation.

Evaluation Plan - The systematic blueprint detailing all the evaluation aspects of the project including the database structures to manage the project data.

Evidence-based Program - As described by SAMHSA, three categories of programming that are conceptually sound, consistent, and reasonably well implemented and evaluated. The three levels include Promising Programming, Effective Programming, and Model Programming.

F

Faith Community - A community that includes religious groups or churches.

Family - Parents (or persons serving as parents) and children who are related either through biology or through assignment of guardianship, whether formally (by law) or informally, who are actively involved together in family life and who share a social network, material and emotional resources, and sources of support.

Fidelity - Replicating a program model or strategy. A program having "fidelity" should be implemented with the same specifications of the original program. Fidelity can balance with adaptations to meet local needs.

Focus Group - A representative group of people questioned together about their opinions, usually in a controlled setting. Focus groups are widely used as a method of gathering qualitative data.

Framework - A general structure supporting the development of theory.

G

Gatekeeper Model - A situation in which a primary care provider, the "gatekeeper," serves as the consumer's contact for healthcare and referrals. Also called *closed access* or *closed panel*.

General Population - Youth and adult citizens of a State rather than a specific group within the general population.

Geographic Information System (GIS) - A Geographic Information System (GIS) is software that can graphically present any type of data that is associated with a geographic reference. It can help you map substance abuse risks and prevention priority locations. A demographic data example could be average family income levels (with levels indicated by different colors) displayed on geographic area maps such as census tracts, counties, or States.

Goal - The clearly stated, specific, measurable outcome(s) or change(s) that can be reasonably expected at the conclusion of a methodically selected intervention.

Grant Funding Announcement/Application (GFA) - Federal agencies periodically describe the types of programs and projects for which they intend to award grants and publish these announcements in the *Federal Register* and other publications.

H

Health Disparities - Includes basic, clinical and social sciences studies that focus on identifying, understanding, preventing, diagnosing, and treating health conditions such as diseases, disorders, and other conditions that are unique to, more serious, or more prevalent in subpopulations in socioeconomically disadvantaged (i.e., low education level, live in poverty) and medically underserved, rural, and urban communities.

Health Education - Health education in schools can include an alcohol, tobacco, and drug educational program that teaches students about the dangers and risks associated with their use, fostering a more accurate perception of norms than they may receive from the media or peers.

Health Equity - is achieved when every person has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances." Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment.

Health Fair - Generally, a school or community-focused gathering, such as a carnival or bazaar, traditionally held for barter or sale of goods, often for charity. These events offer an opportunity to disseminate materials and information on substance abuse prevention and health-related issues.

Health Professionals - Individuals employed by or volunteering for health care services.

Health Promotion - A wide array of services and methods for dissemination of information intended to educate individuals, schools, families, and communities about specific substance abuse and health-related risks, risk-reduction activities, and other activities to promote positive and healthy lifestyles.

Homeless/Runaway Youth - Youth and adults who do not have a stable residence or who have fled their primary residence.

Host - In the Public Health Model, the host is the individual affected by the health problem. In the case of substance abuse, the host is the potential or active user of drugs.

Human Resources- Individuals that staff and operate an organization rather than its financial and material resources. Human resources can, and in coalition work generally do, include volunteers.

Human Services- The general study of human and social services that prepares individuals to work in public and private service agencies and organizations. Human services degrees of higher
education that are accepted within the Prevention field are a Bachelor's Degree in:

(a) Applied Health Science (e.g. Community Heath, Industrial Hygiene).
(b) Communication Disorders (e.g. Audiology, Interpreting, Speech, Deaf Education).
(c) Criminal Justice.
(d) Environmental Health (e.g. Environmental Health, Health Administration, Occupational Safety and Health).
(e) Gerontology
(f) Medical Technology.
(g) Nursing.
(h) Social Work or Sociology.
(i) Kinesiology (e.g. Athletic Training, Exercise Science, Physical Education).
(j) Recreation Administration (e.g. Leisure Services, Therapeutic Recreation).
(k) Education
(l) Psychology or
(m) Another human service degree not reflected in the list to be evaluated by ADMH staff.

I

Illegal Drugs - Refers to drug use. For example, an underage person who buys or possesses alcohol, a licit drug, is doing so illegally.

Illicit - Refers to drugs themselves. All illegal drugs are illicit, but alcohol and tobacco may be either licit or illicit, depending on whether they are used legally or illegally.

Impact – The net effect observed within an outcome domain. This may also be referred to as the long-term effect.

Impact Evaluation - A type of outcome evaluation that focuses on the broad, long-term impacts or results of program activities (e.g., an impact evaluation could show that a decrease in a community's crime rate is the direct result of a program designed to provide community policing).

Impaired Driving - Impaired driving is the joint occurrence of (1) driving a vehicle and (2) having a BAC of 0.1 (0.08 in some States) or greater or being under the influence of some other psychoactive substance.

Implementation Assessment - In general, this term is used as a synonym for process evaluation. Process evaluation focuses on how a program was implemented and operates.

Implementation Plan - A plan that enables the program manager to gain control by identifying the functional and specialized requirements of the carefully chosen intervention; to pull together the team that must work together to produce a whole -- without gaps, friction, or unnecessary duplication of effort; and to identify performance expectations for each of the program components.

Incidence - A measure of the number of people (often in a defined population) who have initiated a behavior--in this case drug, alcohol, or tobacco use--during a specific period of time.

Inclusivity - an intention or policy of including people who might otherwise be excluded or marginalized, such as those who are handicapped or learning-disabled, or racial and sexual minorities.

Indicated- The Continuum of Care classification for prevention interventions focused on high-risk individuals who are identified as having minimal but detectable signs or symptoms that foreshadow behavioral health disorders, prior to the diagnosis of a disorder. The system was developed by the Institute of Medicine.

Indicator - A variable that relates directly to some part of a program goal or objective. Positive change on an indicator is presumed to indicate progress in accomplishing the larger program objective.

Individual domain- One of the spheres of influence identified by CSAP that focuses on an individual's beliefs, attitudes and actions and potential effects on substance use. Risk factors within the individual domain for substance abuse include:

(a) Lack of knowledge about the negative consequences associated with using illegal substances.
(b) Attitudes favorable toward use.
(c) Early onset of use.
(d) Biological or psychological predispositions.
(e) Antisocial behavior.
(f) Sensation seeking.
(g) Lack of adult supervision.

Information Dissemination - One (1) of six (6) prevention strategies identified by the Center for Substance Abuse Prevention (CSAP) that can be used as part of a comprehensive prevention program. This strategy provides information about drug use, abuse and addiction and the effects on individuals, families and communities. It also provides information on available prevention programs and services. Examples for this strategy include:

(a) Clearinghouses and other information resource centers.
(b) Media campaigns.
(c) Brochures and letters.
(d) Speaking engagements.
(e) Health Fairs.

Institute of Medicine Model (IOM) of "The Continuum of Care" - a classification system that presents the scope of behavioral health services that includes promotion of health, prevention of disease, treatment, and maintenance/recovery. Promotion and prevention are part of this system and includes three commonly used classifications: Universal, Selective, and Indicated.

Instrument - An ordered set of measures or a device researchers use to collect data in organized fashion, such as a standardized survey or interview protocol.

Integrity - The level of credibility of study findings based on peer consensus ratings of quality of implementation and of evaluation methods.

Intervening Variables- Factors in a community that have been identified as contributing (being strongly related and/or influence) to the occurrence of substance use problems and consequences.

Intervention - The phase along the continuum of care between prevention and treatment. Intervention is concerned with those (usually youths) who have only recently begun to experiment with substances. The policies, programs and practices used for intervention experimentation progresses to the stage at which treatment is needed.

K

Key Informant Interview - Interview with a member of, or someone who is knowledgeable about, the social phenomena you wish to study.

L

Lead Agency - The organization responsible for fiscal management and performance accountability.

Licit Drugs - Drugs that are legal to use, such as medicines and alcohol and tobacco. Note that it is possible to misuse a licit drug, as occurs with some prescription drugs and when tobacco and alcohol are used by underage persons.

Lobbying- The practice of trying to persuade legislators to propose, pass, or defeat legislation or to change existing laws.

Logic Model - A graphic depiction of the components of a theory, program, initiative, or activity; shows the program's components and plausible linkages between the program components.

Long-term Outcomes - The change(s) that result from the program or intervention over time.

M

Mainstream – The ideas, attitudes, or activities that are shared by most people and regarded as normal or conventional.

Measure - An assessment item or ordered set of items (see Outcome Measure and Process Measure). Measures are the tools used to obtain the information or evidence needed to answer a research question. They are similar to indicators, but more concrete and specific. Often an indicator will have multiple measures. Indicators are statements about what will be measured; measures answer the question exactly how it will be measured.

Media - All the means of communication as newspapers, radio, TV that provide the public with news, entertainment, etc., usually along with advertising.

Media Advocacy - The use of television, radio, print or other mediums to influence community norms and policies. Traditionally, the role of media in prevention has been to increase general

awareness about substance abuse and related problems in an attempt to change individual behavior regarding alcohol, tobacco and other drug use.

Media Campaigns - The use of television, radio, educational materials, websites and other publications to reach parents and youth. This is a multi-dimensional approach to educate and empower youth to reject substance use.

Medial literacy – The training and education of people to be able to critically analyze alcohol and tobacco messages seen via television, websites, movies, print and other entertainment mediums in order to gain an understanding of how companies may market alcohol and tobacco products.

Mentoring – Exposing youth to positive adult role models and encourages high academic and professional standards. Activities may include tutoring, recreational activities, attending sporting or cultural events, and performing community service.

Methodology - A procedure for collecting and analyzing data.

Milestone- A significant point of achievement or development which describes progress toward a goal.

Misuse - Occurs when people of legal age use legal substances in a harmful way.

Mobilization - The process of bringing together and putting into action volunteers, community stakeholders, staff, and/or other resources in support of one or more prevention initiatives.

Model Program - In CSAP's terminology, model programs have all of the positive characteristics of effective programs with the added benefit that program developers have agreed to participate in CSAP-sponsored training, technical assistance, and dissemination efforts.

Morbidity - Any subjective or objective departure from a state of physiological or psychological well-being. (Sickness, illness, and morbid condition are synonyms in this sense.); an actuarial determination of the incidence and severity of sicknesses and accidents in a well-defined class or classes of persons.

Mortality - An actuarial determination of the death rate at each age as determined from prior experience.

Memorandum of Understanding (MOU) and/or Memorandum of Agreement (MOA) - A Memorandum of Understanding, most commonly encountered, resembles a list of contractual terms that two parties have negotiated; maybe signed, but may expressly state that it is not enforceable. A Memorandum of Agreement is frequently encountered and may overlap the meaning of an MOU, but is more likely a summary of an actual contractual agreement, more likely to be final and enforceable, or evidence that a contract was formed; but not the actual contract itself. Whether either one of these is enforceable as a contract depends upon its substance, not its label.

Multicultural - Intended for or about two or more distinctive cultures.

N

National Outcome Measures (NOMS) – The Substance Abuse Mental Health Service Administration (SAMHSA) has collaborated with states in an effort to measure the outcomes for clients in all SAMHSA funded programs with the goal of using information to improve services for communities.

Needs assessment – A tool used to understand the nature and extent of a health or social problem in a community with the intent to respond appropriately to programmatic, policy and budgetary decisions. Needs assessments are research-based to permit planning, programming and resource expenditure guided by data rather than subjective judgments or political consideration.

Non-quantifiable - Costs, such as social costs, which cannot be measured. Sometimes ad hoc methods are used to put estimates on non-quantifiable costs, rather than leave them out of the evaluation altogether.

Norms – The conduct or typical way of behaving for a certain group or community.

Number of Units - The number of prevention items counted, disseminated, or developed (e.g., number of brochures). It is not the number of participants, attendees, unit costs, or units of time such as hours.

O

Objectives – To identify what is to be accomplished during a specific period to move toward achievement of a goal.

Outcome Evaluation - The systematic assessment of the results or effectiveness of a program or activity; a type of evaluation used to identify the results of a program's effort. It seeks to answer the question, "What difference did the program make?" It yields evidence about the effects of a program after a specified period of operation.

Outcome Measures - Assessments that gauge the effect or results of services provided to a defined population. Outcomes measures include the consumers' perception of restoration of function, quality of life, and functional status, as well as objective measures of mortality, morbidity, and health status.

Outcomes - A short-term or long-term measure of changes in substance use and its consequences related to the implementation of a prevention program.

P

Parenting/Family Management Services - Structured classes and programs intended to assist parents and families in addressing substance abuse risk factors, implementing protective factors, and learning about the effects of substance abuse on individuals and families.

Participant - An individual formally enrolled or registered in a recurring prevention service. Demographic data (age, race/ethnicity, and gender) are collected for participants.

Partnerships – Groups or organizations that work together on specific issues or projects.

Peer Leader/Helper Programs - Structured, recurring prevention services that utilize peers (people of the same rank, ability or standing) to provide guidance, support, and other risk reduction activities for youth or adults.

Policy- A governing principle pertaining to goals, objectives, and/or activities; a decision on an issue not resolved on the basis of facts and logic only. For example, the policy of expediting drug cases in the courts might be adopted as a basis for reducing the average number of days from arraignment to disposition.

Post-test - The test administered at the end of the data gathering sequence of an evaluation; usually after the program or activity being evaluated has been completed.

Practice- A customary way of operation or behavior

Precipitating Factors - Conditions or events that prompt or facilitate another condition or event.

Predictive - One variable is considered to be predictive of another if there is a systematic relationship between the two. However, the fact that there is a relationship does not mean that one thing causes the other.

Pretest - The collection of measurements before an intervention to assess its effects.

Prevalence - The number of instances of a given disease or other condition in a given population at a designated time; in general, epidemiological terms, the number of new plus old cases existing at or during a specified time.

Prevention - A proactive process that empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles. The goal of substance abuse prevention is to foster a climate where:

(a) Alcohol use is acceptable only for those of legal age and when the risk of adverse consequences is minimal.

(b) Prescription and over-the-counter drugs are used for the medical purposes for which they were intended.

(c) Other substances that may be abused (e.g. aerosols, paint thinners, glue) are used for their intended purposes.

(d) Illegal drugs and tobacco are not used at all.

Prevention Assessment and Referral Services - 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.

Prevention Strategies - The Substance Use Prevention Treatment and Recovery Services Block Grant regulations require that each State receiving a block grant adopt a comprehensive prevention program that includes a broad array of prevention strategies for individuals not identified to be in treatment. These strategies (defined separately in this glossary) include information dissemination, education, alternatives, problem identification and referral, community-based process, and environmental approaches.

Prevention/Treatment Professionals - Individuals employed as substance abuse prevention or treatment professionals, e.g., counselors, therapists, prevention professionals, clinicians, prevention or treatment supervisors, and agency directors.

Principles of Effectiveness (U.S. Department of Education) - According to the Department of Education, to ensure that recipients of Title IV funds use those funds in ways that preserve State and local flexibility and are most likely to reduce drug use and violence among youth, a recipient shall **(1)** base its programs on a thorough assessment of objective data about the drug and violence problems in the schools and communities served; **(2)** with the assistance of a local or regional advisory council where required by the SDFSCA, establish a set of measurable goals and objectives and design its programs to meet those goals and objectives; **(3)** design and implement its programs for youth based on research or evaluation that provides evidence that the programs used prevent or reduce drug use, violence, or disruptive behavior among youth; and **(4)** evaluate its programs periodically to assess its progress toward achieving its goals and objectives; use its evaluation results to refine, improve, and strengthen its program; and to refine its goals and objectives as appropriate.

Problem Identification and Referral strategy - One (1) of six (6) prevention strategies identified by the Center for Substance Abuse Prevention (CSAP) that can be used as part of a comprehensive prevention program. This strategy aims to identify those who have indulged in the use of illicit drugs or underage use of tobacco and alcohol in order to determine whether their behavior can be reversed through education. This strategy does not include any activity designed to determine whether an individual is in need of treatment. An example of an activity for this strategy is the development of a student assistance program.

Process Evaluation - Process evaluation focuses on how a program was implemented and operates. It identifies the procedures undertaken and the decisions made in developing the program. It describes how the program operates, the services it delivers, and the functions it carries out. It addresses whether the program was implemented and is providing services as intended. However, by additionally documenting the program's development and operation, it allows an assessment of the reasons for successful or unsuccessful performance and provides information for potential replication.

Process Measures - Measures of participation, "dosage," staffing, and other factors related to implementation. Process measures are *not* outcomes, because they describe events that are inputs to the delivery of an intervention.

Program Evaluation - The systemic collection and analysis of data needed to make informed decisions about a specific program or intervention.

Promising Program - The first of three categories of science-based programs on a continuum, that concludes with model programs. Promising programs are those that have been reasonably well evaluated, but the positive findings are not yet consistent enough or the evaluation not yet rigorous enough, for the program to qualify as an effective program. CSAP's hope is that promising programs, through additional refinement and evaluation, will evolve into effective and model programs.

Protective Factors - Factors that may prevent substance use, particularly among youth in vulnerable environments. Examples include norms against drug use and social skills to resist drug use.

Provider (Participating Provider) - Individuals and/or organizations that directly deliver prevention, treatment, and maintenance services to consumers within the defined plan.

Provider ID - The identification number or code of a specific prevention agency or organization.

Public Health Model of Prevention - This model can be illustrated by a triangle, with the three angles representing the agent, the host, and the environment. (The **agent** is the substance, the **host** is the individual using the substance, and the **environmen**t is the social and physical context of use.) A public health model, using the science of epidemiology, stresses that problems arise through the relationships and interactions among host, agent, and environment. Primary prevention is the focus of CSAP.

Public Policy Efforts - Activities intended to reflect efforts to change public policy about ATOD and to provide a community standard in the management of underage drinking and smoking and related behaviors.

Q

Qualitative Data - Qualitative data is information that is difficult to measure, count, or express in numerical terms (for example, the nature of relationships among various groups in a community). These types of data are used in research involving detailed, verbal descriptions of characteristics, cases, and settings. Qualitative research typically uses observation, interviewing, and document review to collect data. The strength of qualitative data is their ability to illuminate evaluation findings derived from quantitative methods.

Quality Assurance (QA) - A formal set of measures, requirements, and tasks to monitor the level of care being provided; such programs include peer or utilization review components to identify and remedy deficiencies in quality. The program must have a mechanism for assessing effectiveness and may measure care against pre-established standards.

Quality of Care - The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

Quantitative Data - Quantitative data is information that can be expressed in numerical terms, counted, or compared on a scale. In evaluation studies, quantitative data includes measures that capture changes in targeted outcomes (e.g., substance use) and intervening variables (e.g., attitudes toward substance use). The strength of quantitative data is their use in testing hypotheses and determining the strength and direction of effects.

R

Race - A socially defined population based on visible, genetically transmitted physical characteristics.

Recurring Prevention Service - A prevention service provided to a fixed group of people at risk for substance use or abuse, which is enrolled for a fixed period of time in a planned sequence of activities. The activities, through the practice or application of recognized prevention strategies, are intended to inform, educate, develop skills, alter risk behaviors, deliver services, and/or provide referrals to other services.

Recurring Service Session Number - An incremental number denoting the session number of a recurring prevention service (01 for the first session, 02 for the second session). For single prevention services, the number in this field will always be 00 (zeroes).

Reliability - The consistency of a measurement, measurement instrument, form, or observation over time. The consistency of results (similar results over time) with similar populations, or under similar conditions, confirms the reliability of a measure.

Representative Sample - A segment of a larger body or population that mirrors the characteristics of the larger body or population.

Research- A systematic study or investigation of a field of knowledge to discover or establish facts or principles

Resilience - Refers to the ability of an individual to cope with or overcome the negative effects of risk factors or to "bounce back" from a problem. This capability develops and changes over time, is enhanced by protective factors, and contributes to the maintenance or enhancement of health.

Resistance Skills Training - Resistance skills training programs are designed to increase the ability of youth to withstand the pressure of temptation to use alcohol, tobacco, or drugs.

Resource - Social, fiscal, recreational, and other community support that presently target substance abuse prevention and/or reduction.

Resource development – The enhancement of existing resources and the creation of new resources to facilitate community coalitions, educate the community about public health initiatives and collect, analyze and organize public health data.

Risk Factor - An exposure that is statistically related in some way to an outcome.

S

School Survey - Using a specially designed instrument, to collect information relevant to school administration, student attitudes and behavior, and/or student performance.

School-Based Prevention - Schools as a venue for prevention programs; as the Department of Education ensures that schools include substance abuse prevention. School-based prevention can be sustained over a long period of time (theoretically throughout most of a child's developmental stages); it is given to a more or less "captive audience".

Science-Based Prevention - "Science-based" refers to a process in which experts use commonly agreed-upon criteria for rating research interventions and come to a consensus that evaluation research findings are credible and can be substantiated. From this process, a set of effective principles, strategies, and model programs can be derived to guide prevention efforts. This process is sometimes referred to as research- or evidence-based.

Science-Based Program - A program that is theory-driven, has activities related to theory, and has been reasonably well implemented and well evaluated.

Screening - A clinical screening is a preliminary gathering and sorting of information used to determine whether an individual has a problem with AOD abuse, and if so, whether a detailed clinical assessment is appropriate.

Selective – The Continuum of Care classification for prevention interventions focused on individuals or subgroups of the population whose risk of developing behavioral health disorders is significantly higher than average.

Self-Efficacy - Confidence in one's ability to do a particular behavior. This factor is a component of the social learning/social cognitive theory.

Single State Agency/Authority (for substance abuse treatment and prevention) - Each State has a designated agency for substance abuse treatment and prevention that is the recipient of Federal block grant (see Substance Use Prevention Treatment and Recovery Services Block Grant, above) funds. These agencies may be free-standing entities or bureaus of the State's department of health and human services. They may also be part of the office of the governor.

Skills Building - Skills building programs in schools are designed to increase life skills, including social and academic abilities. Curriculum topics may include such areas as stress management, self- esteem, problem solving, social networks, and peer resistance.

Small Group Sessions - Provision of educational services to youth or adults in groups of not more than 16 members. Examples are substance abuse education groups, short-term education groups, youth education groups, parent education groups, business education groups, and church education groups.

Social Bonding - Social bonding is a protective factor for youth. Studies show that young people who establish a bond with societal norms and standards are less likely to develop substance abuse problems. Youth who are bonded have a stake in their society and good reasons not to misuse substances.

Social Development Model - A model that seeks to explain behaviors-which are themselves risk factors for substance abuse-by specifying the socialization process (the interaction of developmental mechanisms carried out through relationships with family, school, and peers) that predicts such behavior.

Social Indicator - A measure of a social issue that has been tracked over time; social indicators are often used to document levels of community and group risk, and to serve as proxies for the existence of social problems, such as substance use/abuse.

Social Learning / Social Cognitive Theory - Suggests that people learn not only through their own experiences, but also through the environment, by observing others, or being influenced by peer norms. Some of the main concepts include reciprocal determinism, observational learning, self- efficacy, reinforcement, and behavior capability. This interpersonal-level theory pays close attention to the relations between people and how this may affect their behavior.

Social Marketing - Using commercial marketing techniques to develop, implement, and evaluate programs designed to influence the behavior of a target audience. Social marketing integrates health communication theory into research and practice. The six-stage process includes planning, channel selection, materials development, implementation, effectiveness evaluation, and revision. Social marketing often relies on the use of mass media.

Social Networks - Set of relationships among individuals within a person's web of social ties. The structure of social networks can be described in terms of interpersonal and inter-relational characteristics within the network of people and their interactions. Social networks are characterized by size and density; frequency of interaction and reciprocity; affective support, instrumental support, and social outreach.

Social Planning - This community change model is another component of the community organization model. Social planning creates specific task goals and objectives developed by community members with expert assistance in order to engage in problem solving within the community.

Social Resources- Relationships with stakeholders inside and surrounding a community that enables service to an important niche in a community's "ecology" as it relates to substance abuse.

Social Support - The functional content of relationships that can be categorized along four types of supportive behaviors: emotional support, instrumental support, informational support, and appraisal support. *Emotional* support is empathy, love, trust, and caring expressed to the person in need.
Instrumental support is tangible aid and services that assist a person in need. *Informational* support is advice, suggestions, and information that can be used to address problems. *Appraisal* support is information that can be used for self-evaluation, such as feedback, affirmation, and social comparison.

Socio-demographic Factors - Social trends, influences, or population characteristics that affect

risks, attitudes, or behaviors related to substance abuse. Such factors can have an indirect but powerful influence.

Stakeholders - All members of the community who have a vested interest (a stake) in the activities or outcomes of a substance abuse intervention. Typical stakeholders include consumers of prevention services, community partners, staff, board members, volunteers, sister agencies and funding sources.

State Alcohol and Drug Agency - The State agency designated as the Single State Agency/Authority for the management of Federal Substance Use Prevention Treatment and Recovery Services (SUPTRS) Block Grant funds, including the 20 percent required minimum set-aside for primary prevention.

Standardized Instruments - Assessments, inventories, questionnaires, or interviews tested with a large number of individuals and is designed to be administered to program participants in a consistent manner. Results of tests with program participants can be compared to reported results of the tests used with other groups.

Strategic Prevention Framework (SPF) - A five-step process of planning to create a framework that promotes assets building to achieve goals. The framework steps include assessment, capacity, planning, implementation, and evaluation. The framework was developed by SAMHSA (Substance Abuse and Mental Health Services Administration).

Strategy- A plan of action that identifies the overarching approach of how to achieve intended results.

Student Assistance Programs - Structured prevention programs intended to provide substance abuse information for students whose substance abuse may be interfering with their school performance. Examples are early identification of student problems, referral to designated helpers, follow-up services, in-school services (e.g., support groups), screening for referral, referral to outside agencies, and school policy development.

Subcontractor- Anyone who performs a service for pay under the auspices of the direct contractor with the Division of Mental Health and Substance Abuse Services. The provider can subcontract up to 10% of the budget amount without prior approval. The Division of Mental Health and Substance Abuse Services must approve amount greater than 10%.

Substance misuse- refers to the use of psychoactive substances in a way that is harmful or hazardous to health. This includes alcohol and illicit drugs. The use of such substances can lead to dependency where cognitive, behavioral and physiological problems develop which results in a strong desire to take the drug, difficulties in controlling use, persisting in its use despite harmful consequences, a higher priority given to drug misuse than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state. (WHO, 2017)

Substance use- The general consumption of alcohol, tobacco or other drugs.

Substance Use Disorder –A problematic pattern of using alcohol or another substance that results in impairment in daily life or noticeable distress.

Supervised practical experience: The direct observation of a staff member completing work

duties that includes providing feedback to increase their knowledge and assist with their development. Experience gained while working towards the completion of personnel requirements. Experience is gained under the supervision of someone that has a master's in a human service-related field and two (2) years' work experience in substance abuse treatment or prevention of that is a Certified Prevention Specialist or a Certified Prevention Manager by an independent certification board offering a credential approved by the Alabama Department of Mental Health (ADMH).

Sustainability - The likelihood of a program continuing over a period of time, especially after grant monies disappear.

Synar Amendment - The SAMHSA regulation requires the State to have in effect a law prohibiting any manufacturer, retailer, or distributor of tobacco products from selling or distributing such products to any individual under the age of 18; enforce such laws in a manner that can reasonably be expected to reduce the extent to which tobacco products are available to individuals under the age of 18; conduct annual random, unannounced inspections in such a way as to provide a valid sample of outlets accessible to youth; and develop a strategy and timeframe for achieving an inspection failure rate of less than 20 percent of outlets accessible to youth.

T

Target Population - A group of people, usually those at high risk, who may have specific programs, practices and policies targeted to reach them in order to prevent substance use.

Targeted Message - A message designed to appeal to a specific group or subset of the general market. Target audiences may be based on race, ethnicity, age, gender, income level, occupation, health, behavior, or a combination of these or other factors.

Technical Assistance (TA) - Services provided by professional prevention staff intended to provide technical guidance to prevention programs, community organizations, and individuals to conduct, strengthen, or enhance activities that will promote prevention. Services recorded under this service type code should be viable technical assistance that will lead to a final product.

Technical Capacity - Specialized skills or specific expertise required for program implementation and sustainability.

Theory of Change- A premise that creates a commonly understood vision of a problem being addressed, and the evidence-based strategies proven to address the problem

Tip Line – A confidential call-in phone line available to share anything about a crime, a planned crime, or suspicious activity.

Training- An organized array of services and interventions with a primary focus on curing or treating specific disorders or conditions, providing both acute stabilization and ongoing therapy.

Treatment – An organized array of services and interventions with a primary focus on curing or treating specific disorders or conditions, providing both acute stabilization and ongoing therapy.

U

Underage Drinking - Underage drinking occurs when anyone under age 21 drinks alcohol in

any amount or form.

Underlying Factors - Behaviors, attitudes, conditions, or events that cause, influence, or predispose an individual to resist or become involved in problem behavior, in this case, substance abuse. See also "Risk and Protective Factors".

Universal – The Continuum of Care classification for prevention interventions focused on the general public or a population subgroup that have not been identified on the basis of risk.

V

Validity - The extent to which a measure of a particular construct/concept actually measures what it purports to measure.

Vision Statement- A statement that captures as concisely as possible, what a group is striving to do. This statement should be realistic and credible, well-articulated and easily understood, appropriate, ambitious, and responsive to change.

Vulnerable Populations - Refers to children, elderly persons, and persons with disabilities.

W

Wellness Program - Programs typically oriented toward healthy lifestyle and preventive care that may decrease healthcare utilization and costs.

Workplace Prevention - Preliminary information and prevention materials to promote health in the workplace, improve attitudes and behavior related to health, including substance abuse prevention.

Wraparound Services - Services that address consumers' total healthcare needs in order to achieve health or wellness. These services "wrap around" core clinical interventions, usually medical.
Typical examples include such services as financial support, transportation, housing, job training, specialized treatment, or educational support.

B. Common Acronyms

Please note this list is not exhaustive and only includes some of the most common acronyms

A

AA – Alcoholics Anonymous

AADAA – Alabama Alcohol and Drug Abuse Association

ACoA – Adult Children of Alcoholics

AEOW – Alabama Epidemiological Outcomes Workgroup

AIDS- Acquired Immunodeficiency Syndrome

ADMH – Alabama Department of Mental Health

ALEA – Alabama Law Enforcement Agency

ALSDE – Alabama State Department of Education

AMA- American Medical Association

AMERSA – Association for Multidisciplinary Education and Research in Substance use and Addiction

AMHCA – American Mental Health Counselors Association

AMSAODD – American Medical Society on Alcoholism and Other Drug Dependencies

APHA – American Public Health Association

APS – Alabama Prevention Specialist

ASADS - Alabama School of Alcohol and Other Drug Studies

ASAIS – Alabama Substance Abuse Information System

ASAM – American Society of Addiction Medicine, Inc.

ATF- Bureau of Alcohol, Tobacco, Firearms and Explosives

ATOD – Alcohol, Tobacco and Other Drugs

B

BAC – Blood Alcohol Content

BRFSS – Behavior Risk Factor Surveillance System

C

CADCA – Community Anti-Drug Coalitions of America

CBO – Community Based Organization

CDC- Center for Disease Control

CPS – Certified Prevention Specialist

CPM – Certified Prevention Manager

CSAT – Center for Substance Abuse Treatment

D

DD – Developmental Disabilities

DDRP – Drug Demand Reduction Program

DEA – Drug Enforcement Administration

DFC – Drug-Free Communities

DOD – Department of Defense

DOT – Department of Transportation

DUI – Driving Under the Influence

DWI – Driving While Intoxicated

E

EAP – Employee Assistance Programs

EBP – Evidence based programs, policies, practices

EUDL – Enforcing the Underage Drinking Laws

F

FASD- Fetal Alcohol Spectrum Disorder

FBI- Federal Bureau of Investigations

FDA – Food and Drug Administration

H

HIDTA – High Intensity Drug Trafficking Areas

HIV- Human Immunodeficiency Virus

HUD – Department of Housing and Urban Development

HHS- U.S. Department of Health and Human Services

I

IC&RC – International Certification and Reciprocity Consortium ID- Intellectual Disabilities

IOM – Institute of Medicine IRB- Institutional Review Board

M

MADD – Mothers Against Drunk Driving

MH – Mental Health

N

NAADAC – National Association for Alcoholism and Drug Abuse Counselors

NARMH – National Association for Rural Mental Health

NASADAD – National Association of State Alcohol and Drug Abuse Directors

NASMHPD – National Association of State Mental Health Program Directors

NCADD – National Council on Alcoholism and Drug Dependence

NCPC – National Crime Prevention Council

NCJA – National Criminal Justice Association

NHTSA – National Highway Traffic Safety Administration

NIAA – National Institute on Drug Abuse

NIH – National Institute of Health

NOMS – National Outcome Measure

NPN – National Prevention Network

NRHA – National Rural Health Association

NSDUH- National Survey on Drug use and Health

N-SSATS- National Survey on Substance Abuse Treatment Services

O

OJP – Office of Justice Programs

OJJDP – Office of Juvenile and Delinquency Prevention

ONDCP- Office of National Drug Control Policy

P

PPP – Primary Prevention Program

PSA – Public Service Announcement

R

RADAR – Regional Alcohol and Drug Awareness Resource Network

RFA – Request for Approval

RFP – Request for Proposals

ROI – Return on Investments

RSVP – Retired Senior Volunteer Program

S

SAPST – SPF Application for Prevention Success Training

SAMHSA- Substance Abuse and Mental Health Services Administration

SUPTRS – Substance Use Prevention Treatment and Recovery Services Block Grant

SBIRT- Screening, Brief Intervention, and Referral to Treatment

SDFSCA- Safe and Drug Free Schools and Communities Act

SEOW – State Epidemiological Outcomes Workgroup

SFY – State Fiscal Year

SPF – Strategic Prevention Framework

SSA – Single State Agency

SU – Substance Use

SUD – Substance Use Disorder

T

TEDS – Treatment Episode Data Set

U

UDETC – Underage Drinking Enforcement Training Center

UDL – Underage Drinking Laws

Y

YRBS – Youth Risk Behavior Surveillance System

C. Commonly Used Drugs

Many drugs can alter a person's thinking and judgment, and can lead to health risks, including addiction, drugged driving, infectious disease, and adverse effects on pregnancy. Information on commonly used drugs with the potential for misuse or addiction can be found Commonly Used Drugs Charts | National Institute on Drug Abuse (NIDA) (nih.gov)