



DMHMRSAS Office of Substance Abuse Services

Guidance Bulletin No. 2003-03

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Title: Prevention Services and Personnel Supported by the Substance Abuse Prevention and Treatment Block Grant Prevention Set-Aside

Advisory (Best Practices)

Mandate (Requirement)

RECIPIENTS:

- Community Services Boards (CSBs), Behavioral Health Authorities (BHAs), and Local Government Departments (LGDs) with Policy Advisory CSBs

PURPOSE: To define prevention services, programs and personnel that may be supported by SAPT BG prevention set-aside funds.

BACKGROUND:

The Substance Abuse and Mental Health Services Administration, through the Center for Substance Abuse Prevention, has moved away from using the categories of primary, secondary and tertiary prevention to those classifications of prevention services adopted by The Institute of Medicine (IOM) in 1994 for mental health prevention for behavioral health problems. (IOM, 1994) In this new classification system, prevention programs are organized along a targeted audience continuum. The level or degree of prevention intervention is based on a combination of risk and protective factors associated with mental health or in CSAP's case, substance abuse.

The first two IOM prevention classifications are consistent with the federal regulations that require each state/territory "to develop and implement a comprehensive prevention program which includes a broad array of prevention strategies directed at individuals not identified to be in need of treatment. . . . The comprehensive primary prevention program shall include activities and services provided in a variety of settings for both the general population, as well as targeting subgroups that are at high risk for substance abuse."

The aim of prevention services is to reduce the number of new cases of substance abuse, as defined by DSM-IV, through reducing risk factors and increasing protective factors. Prevention programs are organized by definition of the targeted audience. Prevention programs that can be supported by Substance Abuse Prevention and Treatment (SAPT) prevention set-aside funds include:

Universal prevention strategies are those that address the general population with programs aimed at delaying substance use and preventing abuse. Participants are not specifically recruited for the prevention activities. Universal prevention activities also include efforts to bring community members together to plan for services and to change norms and laws reducing risk factors and promoting a more protective environment.

Examples of universal prevention services are:

- Programs that educate about the danger of substance abuse, how to make better decisions, or increase parenting skills;

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- Programs that provide opportunities for youth to learn skills that help them relate to others, communicate, problem solve more effectively and set future goals;
- Programs that strengthen families through education and parent-child relationship building activities; and
- Activities that reduce the overall availability of illicit substances in the community.

Selective prevention programs target specific subgroups that are believed to be at greater risk for substance abuse than others are. The risk groups may be identified on the basis of biological, psychological, social or environmental risk factors known to be associated with substance abuse and addiction. (IOM, 1994). Targeted subgroups may be defined by age, gender, family history, place of residence and victimization by physical or sexual abuse. Participants in selective prevention services are not assessed for specific individual risk factors, but are recruited for and referred to the prevention activities because the risk factors are significantly higher than average for the targeted population. Program activities are designed to address the identified risk indicators of the targeted subgroup.

Examples of selective prevention services are:

- Support groups for children of substance abusing parents or divorced parents;
- Parent education for young parents and families experiencing stressful life events;
- Education programs for youth who have problems managing their anger;
- Community support activities such as mentoring programs for youth who are truant, failing in school or having difficulties in relationships with peers and family; and
- Early identification of substance abuse problems and referral to treatment services for youth in schools and adults in clinics and other community settings.

The third classification of prevention services in the Institute of Medicine Model is Indicated Prevention which targets individuals who are exhibiting early signs of substance abuse and other problem behaviors associated with substance abuse and addiction including early substance use, school failure, interpersonal social problems, delinquency and other antisocial behaviors, and psychological problems such as depression and suicidal behavior. SAPT prevention set-aside funds **may not** be used to support Indicated prevention programs.

Prevention Personnel: CSB and contract personnel conducting universal and selective prevention services and programs should have a minimum of a bachelor's degree in a human service field, supervised experience in providing prevention services, and knowledge, skills, and abilities in: community organization and planning, needs assessment, program selection and development, evaluation, prevention practice, and policy.

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POLICY: Requirements for the use of SAPT prevention set-aside funds include:

- Services supported by SAPT prevention set-aside funds must target general populations or populations in which individuals and/or families live in high-risk environments or situations. Recipients of prevention services must be individuals not identified in need of treatment. Consumers in treatment services for substance abuse, violence, delinquency, or mental health issues should not be considered for prevention services, or programs supported by SAPT prevention set-aside funds.
- CSB and contract personnel providing prevention services and conducting prevention programs must have appropriate supervised prevention experience, education, and training in prevention knowledge and skills and be assigned solely to prevention services. Prevention directors must be certified or eligible for certification as Certified Prevention Professional Generalist or ATOD. Other professionals, volunteers, and community members who assist in facilitating prevention programs must be supervised by CSB prevention or contract prevention personnel. CSB and contract prevention personnel whose salary is supported by the SAPT prevention set-aside must not conduct services other than the services designated as universal and selective prevention services and programs.
- The prevention set-aside funds are not to be used to support services, such as case management, counseling groups, day programs, or assessment activities for individuals who are identified as in need of screening, early intervention, or treatment. The prevention set-aside funds are not to be used for supporting personnel or services classified as Indicated Prevention.

SOURCES OF FURTHER INFORMATION:

- Gordon, R. (1987) An operational classification of disease prevention. In: J.A. Steinberg & M.M. Silverman, eds. *Preventing Mental Disorders: A Research Perspective*. Rockville, MD: Department of Health and Human Services; 20-26.
- Gordon, R. (1983) An operational classification of disease prevention. *Public Health Reports*; 98: 107- 109.
- Institute of Medicine. (1994). P.J. Mrazek & R.J. Haggerty, eds. *Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research*. Washington, D.C.: National Academy Press.
- Substance Abuse and Mental Health Services Administration: Center for Substance Abuse Prevention. (2002) *Science-Based Prevention Programs and Principles 2002: Effective Substance Abuse and Mental Health Programs for Every Community*. DHHS Publication No. (SMA) 03-3764. Washington, DC: U.S. Government Printing Office. §96.125 Primary Prevention.
- Substance Abuse Prevention and Treatment Block Grants Interim Final Rule, 45 C.F.R: Part 96, §96.125 Primary Prevention (1993).