MAY 2018 PREVENTION QUARTERLY

DAODAS

Preparing For FY19

What We will Cover:

- Proposed Governing Terms and Quality Assurance Standards FY19

- Work Plans/County Plans for FY19

- IMPACT Reports and Updates for FY19

- Regional Discussion-Q/A and Feedback

Proposed Governing Terms FY19

Sent out by DAODAS on April 25- feedback due May 11

FY 19 Governing Terms-Prevention Staffing

Prevention Services

▶ In each county, agencies shall provide staff dedicated to the provision of primary prevention services as it relates to funding provided through the SAPT block grant in each county as delineated in 402.e. (Primary Prevention/Education Program).

Minimum Qualifications:

▶ To provide or coordinate prevention services as an employee of a county alcohol and drug abuse authority, staff who were hired by a county authority after July 1, 2006, must hold a minimum of a bachelor's degree from an accredited college or university, be certified or in the process of becoming certified, and be under active and ongoing prevention mentoring.

▶ Agencies must inform the DAODAS prevention manager in writing within 30 days of a new position hire/change in block grant or other DAODAS funded prevention staff positions. Agencies should submit: name, position, email and phone number. Changes/updates must also be made into IMPACT as soon as the change/hire takes effect.

FY 19 Governing Terms-Prevention Staffing

▶ <u>Certification:</u>

Staff shall be certified:

i)   by the South Carolina Association of Prevention Professionals and Advocates (SCAPPA) Certification Commission as a Certified Prevention Specialist (CPS), or

ii) by the SCAPPA Certification Commission as a Certified Senior Prevention Specialist (CSPS).

iii) Certified prevention staff <u>must have a written training plan, updated annually, pertinent to maintaining SCAPPA Certification</u>.

FY 19 Governing Terms-Prevention Staffing

 In Process:

Staff may be privileged to provide prevention services while in the process of earning certification. The "in-process" person:

 i)   must apply for certification by SCAPPA as a CPS or CSPS within six months of hire. (Evidence of the employee's application for SCAPPA certification must be placed in his/her privileging or personnel file.)

- ii)   must have a <u>detailed written training plan to obtain certification within 36 months of his or her application for certification</u>, and must achieve certification by the end of this three-year period. The certification timeframe does not restart if the employee leaves the agency and joins a different agency. The application is transferable to another agency where the person is employed during the 36 month time period. (A copy of the written plan, signed by the staff member and his/her manager, must be retained in his/her privileging or personnel file and updated on an annual basis.)

- iii)   must be under active and ongoing prevention management

 iii)   must be under active and ongoing prevention supervision.

- iv)   must be engaged in an active and ongoing prevention supervision process. Supervision must be provided by an individual approved by SCAPPA. A written plan that addresses information on the supervision progress shall be placed in the employee's privileging or personnel file. Both the staff member and his/her manager must sign this plan and update it on an annual basis. Documentation that SCAPPA has approved the prevention supervisor must be attached.

-

FY19 Governing Terms-Prevention Services

▶ <u>Primary Prevention/Education Program (PREV-CG), Class code/Class Code 8001</u>

▶ 1)   Definition:

▶ Primary Prevention includes all services that reduce the risk of developing alcohol, tobacco, and other drug problems or enhance factors that protect individuals and groups from developing these problems. Programs, services and prevention strategies are directed at individuals who have been determined not to require treatment for substance abuse. Strategies may include diverse outcome work plans in the universal, selected and indicated prevention interventions.   Strategies may also focus on strengthening the host or individual who may develop these problems, reducing the availability of the agent (alcohol, tobacco, and other drugs), or modifying the environment in which these problems occur.

▶ The primary focus of prevention strategies is on individuals, targeted high-risk groups, environmental policies and norms, and influencing behavior of persons within the community who are not clients with diagnoses. The Substance Abuse Prevention Treatment Block Grant (SAPT) requires the state to spend not less than 20 percent of the SAPT Block Grant on a broad array of primary prevention strategies.

FY19 Governing Terms-Prevention Services

Comprehensive primary prevention services should include, but are not be limited to the six CSAP strategies and the use of the IOM models of universal, selective, and indicated to target populations with different levels of risk and should be provided in a variety of settings for both the general population, and targeted sub-groups. Strategies for accomplishing primary prevention outcomes are listed under No. 2 (Service Activity), parts a through d.

2) Outcomes Focused Primary Prevention Service Activities:

To assist the State in fulfilling federal expectations and mandates, sub-grantees should demonstrate how prevention service outcome focused work plans that are implemented incorporate activities that fall under each of the strategies designated by the Center for Substance Abuse Prevention (CSAP) and as indicated by local needs assessment. These outcome service activities shall be developed using the Strategic Prevention Framework (SPF), which the state has adopted as its planning model. Prevention services should follow the model for all services provided and be reflected and documented in IMPACT.

▶ If an agency is not utilizing all 6 strategy areas from CSAP, the agency is asked to notify DAODAS of which strategy will not be utilized in the agency's service area by completing and uploading the CSAP Strategy Checklist into BOX Enterprise by July 31st. It is the responsibility of the agency to upload a revised checklist and notify DAODAS if any plans change throughout the fiscal year. The letter should state which CSAP strategy area(s) is affected; a clear example of how the strategy is being met by another partner/organization; and/or document the lack of need for the strategy to be conducted in the county based on relevant needs assessment data. Agencies are asked to work closely with Regional Coaches before submission of the form. The uploaded form will serve as documentation for DAODAS to incorporate in required federal reporting of the utilization of the SAPT BG in South Carolina.

FY19 Governing Terms-Prevention Services

Target Priority Areas:

Through the utilization of the Strategic Prevention Framework (SPF) model, South Carolina has identified the following priority areas being addressed throughout the state utilizing the SAPT BG Primary Prevention Funding:

- ▶ Reducing underage alcohol use and the consequences of use;

- ▶ Reducing alcohol-related car crashes (including youth crashes);

- ▶ Reducing youth tobacco use (including smokeless tobacco use);

- ▶ Preventing substance abuse and improve the well-being of youth and families in South Carolina.

The following goals with associated outcomes have been established by the state as priorities for use of the SAPT BG primary prevention funding. The priorities were selected based on a comprehensive needs assessment process and should be considered at the local level in order for the state to achieve outcomes for South Carolina:

Prevention Services-Alcohol

Priority Substance: Alcohol

Goal: To reduce underage alcohol use in South Carolina.

Objectives:

Decrease past-month alcohol use (30-day use) among South Carolina high school students to 30% or less.

To reduce the underage alcohol buy rate for the state of South Carolina to 12% or less

Goal: To reduce alcohol-related car crashes in South Carolina.

Objective:

Decrease the percentage of motor vehicle fatalities in which one or more driver had a BAC of 0.08% or higher to 40% or less.

Prevention Services-Alcohol

In order for South Carolina to work towards achieving these goals, Subgrantee should have a work plan targeting alcohol, if indicated by the agency's needs assessment. The work plan should address the state goals outlined above to include local outcomes related to reducing underage alcohol use and alcohol-related crashes. County needs assessment data should be utilized along with the information above to develop goals, objectives and indicators at the local county level that will link to the state targets outlined above. The Subgrantee should implement evidence-based prevention programs, policies and/or practices that reflect the utilization of the CSAP strategy areas for primary prevention. Subgrantees are encouraged to work with Regional Coaches in identifying strategies that achieve the goal's associated outcomes. The department reserves the right to ask for an alcohol work plan, if one is not submitted and if state needs assessment data so indicates.

Alcohol outcome plans which are submitted must be completed in total. Technical assistance will be provided upon request by the department and/or in association with the regional coach.

Prevention Services-Tobacco

Priority Substance: Tobacco   (Required)

Goal: To reduce tobacco use among youth in South Carolina.

Objectives:

Reduce the state Retailer Violation Rate (RVR) to 10% or less.

Reduce past-month tobacco use (30-day use) among South Carolina high school students to 15% or less.

Federal law requires that states implement tobacco policies that seek to reduce access to tobacco and tobacco products.

In order for South Carolina to work towards achieving these goals, Subgrantee shall have an outcome plan targeting tobacco. This outcome work plan must be incorporated into the annual county plan. At a minimum, the outcome plan should address the state goals outlined above to include local outcomes related to reducing underage tobacco use. County needs assessment data should be utilized along with the information above to develop goals, objectives and indicators at the local county level that will link to the state targets outlined above. The Subgrantee should implement evidence-based prevention programs, policies and/or practices that reflect the utilization of the CSAP strategy areas for primary prevention.

Prevention Services-Tobacco

The tobacco outcome plan should also address the SYNAR regulation of the SAPT Block grant funding that must be implemented at the state and local level as outlined by the Center for Substance Abuse Prevention. The SYNAR requirements are as follows:

Enact laws prohibiting any manufacturer, retailer, or distributor of tobacco products from selling or   distributing such products to any individual younger than age 18 *State

Enforce these state laws * State and Local

Conduct annual, unannounced inspections that provide a valid probability sample of tobacco sales   outlets accessible to minors (SYNAR Study) *State and Local Negotiate interim targets and a date to achieve a noncompliance rate of no more than 20% (SAMHSA requires that each state reduce its retailer   violation rate to 20% or less by FY 2003) * State and Local

Submit an annual report detailing activities to enforce the law *State

Subgrantees are encouraged to work with Regional Coaches in developing plans, including those other than meeting the Synar requirement, to address tobacco, i.e. merchant education.

Prevention Services-Tobacco

Using the SPF planning model, the outcome focused plans must include prevention strategies to address the local contributing factors related to underage tobacco use and access to tobacco. At a minimum, outcome plans should include the following evidence-based environmental prevention strategy: tobacco compliance checks (to include information dissemination and merchant education).

The representative of the agency conducting the study shall attend the required training and carry out the study following the guidelines provided by DAODAS. The county must follow the guidelines provided by DAODAS to ensure fidelity of the study. The agency shall report to DAODAS the results of the Youth Access to Tobacco Study by the published deadline in order to be reimbursed for the cost incurred by the subgrantee in completing the annual study.

The sub-grantee may also submit tobacco outcome plans outside the Synar required tobacco outcome plan, as needs assessment indicate

Prevention Services-Other

Substance: Marijuana, Prescription Drugs, Heroin, Cocaine, Synthetics, etc.

Goal: To provide primary prevention programs and practices to prevent substance abuse and improve the well-being of youth and families in South Carolina.

Objectives:

To maintain that 95% or more of the participants served in primary prevention educational programs will be served using evidence-based universal, selected, and indicated programs.

To reduce the percentage of South Carolina high school students reporting the use of any substance in the past 30 days to 45% or less.

In order for South Carolina to work towards achieving these goals, Subgrantee may have work plan(s) targeting other substances as outlined above, and as indicated by the local needs assessment. The work plan(s) should address the state goals outlined above, or other local goals and include local outcomes related to reduce high school students reporting the use of any other substance. County needs assessment data should be utilized along with the information above to develop goals, objectives and indicators at the local county level that will link to the state targets outlined above. Subgrantees are encouraged to work with Regional Coaches in developing plans to address other substances as identified. The Subgrantee should implement evidence-based prevention programs, policies and/or practices that reflect the utilization of the CSAP strategy areas for primary prevention.

Prevention Services-Reporting

<u>Reporting</u>

Primary Prevention services will submit all service activity information to MOSAIX IMPACT, over the Internet in accordance with the guidelines of the MOSAIX IMPACT System. The MOSAIX IMPACT System will be used by DAODAS as a grants management system to collect the required prevention information to meet the reporting requirements for the Substance Abuse Prevention Treatment Block Grant (SAPT BG). The reporting requirements are established by the Substance Abuse and Mental Health Services Administration (SAMSHA) and are used to accomplish its vision across the United States.

a) The Subgrantee will supply adequate computers and Internet access to allow all prevention staff to submit data to IMPACT in a timely manner.

b) <u>Any employee partially or fully funded through the block grant primary prevention set aside is to be entered as a staff person with their funding allocations correctly reported in the IMPACT system.</u>

c) <u>All prevention personnel funded through the SAPT block grant primary prevention set aside per county, are required to enter a minimum of 150 (equivalent of 1 FTE) direct/indirect and administrative service hours per month or the equivalent percentage thereof. The majority, 50% or more, of staff time entered is expected to be direct/indirect service time in order to accomplish the agencies goals/objectives that have been set for primary prevention.</u>

d) Each prevention staff member, funded under the SAPT BG Primary Prevention set-aside, should enter data by the end of each week. However, minimal standards for timeliness are all data must be entered monthly, with reporting complete by the eighth (8th) working day of the subsequent month. If there is a need for an extension for data entry, a request shall be made by the agency to the state prevention manager at least five business days in advance of the deadline.

Prevention Services-Reporting

e) <u>DAODAS prevention staff will provide quarterly feedback for any data entry.</u> If there is a requirement to re-submit or edit information for the county, the agency shall comply with the deadline. If requirements are not met, DAODAS maintains the authority to hold reimbursement, require Technical Assistance, and/ or place counties on corrective action plans until issues are resolved.

The DAODAS Standard survey pre-/post-test is required to be submitted to DAODAS at the conclusion of a program. Minimum standards are as follows: All prevention programs using the DAODAS Standard Survey that are administered July-December are required to submit their data to DAODAS by January 17, 2018. All prevention programs using the DAODAS Standard Survey that are administered January-May are required to submit their data to DAODAS by June 1, 2018.

Minimum standards for accuracy of monthly data entered into the IMPACT System are as follows:

1) accurate use of prevention service codes provided by DAODAS;

2) Correct application of service codes and categories (direct versus indirect, single versus recurring services, and service hours versus administrative hours, etc.) will be required;

- Required monthly documentation in IMPACT of service hours for any organizational member that is providing prevention services. Six-month benchmarks should be entered into the MOSAIX IMPACT System for all process objectives no later than the 8th working day of January. Yearend benchmarks should be entered into the MOSAIX IMPACT System for all process and outcome objectives no later than the 8th working day of July.

- 4) Sub-grantees will appropriately document funding and report to ensure compliance.

Prevention Services-Evaluation

<u>Evaluation</u>

Prevention providers are required to use the DAODAS Standard Survey (provided separately) as an evaluation tool for any multi-session education program aimed at youth ages 10 to 20. This applies to research-based and non-research-based programs. Program exceptions for the use of the DAODAS Standard Survey are noted and defined in the South Carolina Prevention Evaluation Handbook.

The DAODAS Standard survey pre-/post-test is required to be submitted to DAODAS at the conclusion of a program. Minimum standards are as follows: All prevention programs using the DAODAS Standard Survey that are administered July-December are required to submit their data to DAODAS by the published date in January. All prevention programs using the DAODAS Standard Survey that are administered January-May are required to submit their data to DAODAS by the published date in June.

Subgrantee will comply with all DAODAS Primary Quality Assurance Standards pertinent to this service.

Prevention forms, templates etc. can be accessed at http://ncweb.pire.org/scdocuments.

▶

Alcohol Enforcement Teams

1) Definition

The AETs are intended to implement evidence-based environmental strategies to reduce underage alcohol use and its harmful consequences coupled with an active public education and prevention strategy. These teams impact the goal established by South Carolina to reduce underage alcohol use on the state and local level.

2) Special Conditions

Local county authorities will oversee maintenance of the AET s effort. The authorities in each circuit will support the agency that takes the lead, though every county will be served by this effort. The lead agency will be expected to maintain the AET coordinator's position. The lead agency only will enter into agreements with law enforcement agencies in the circuit. While the lead agency only employs or contracts with an AET coordinator they should be viewed as serving the entire circuit equally. Lead agencies that are the fiscal agents for this funding are expected to coordinate work with efforts in their partner county/counties that participate in the AET. For that purpose, all authorities in the circuit shall sign off on the Agency Commitment Form. The lead agency and county agencies will follow guidelines for allowable/unallowable cost as outlined on Form "AET Allowable-Unallowable Cost".

Alcohol Enforcement Teams

<u>Reporting Requirements</u>

DAODAS has developed a cloud-based reporting system that is utilized for reporting all AET strategies at the local, county and circuit level. The AET Coordinator will work to ensure all AET strategies are reported for the circuit through the environmental strategies reporting system. Subgrantee is required to use the online reporting system for any AET strategy implemented in all counties throughout the circuit for the previous month. The data shall be submitted monthly electronically in the cloud-based system on the eight (8th) working day of the subsequent month. If no strategies were completed, notification shall be sent to the State AET Liaison.

Sub grantee will submit all service activity information to IMPACT for AET strategies completed in each county throughout the circuit over the Internet in accordance with the guidelines of the MOSAIX IMPACT System. The Subgrantee will supply adequate computers and Internet access to allow staff to submit data to IMPACT in a timely manner. Minimal standards for timeliness are all data must be entered monthly, with reporting complete by the eighth (8th) working day of the subsequent month. If there is a need for an extension for data entry, a request shall be made by the agency to the state prevention manager at least five business days in advance of the deadline.

Correct percentage of time for the AET Coordinator should be reflected in each county's IMPACT system and the coordinator should report service hours to reflect that percentage each month in IMPACT.

Alcohol Enforcement Teams

DAODAS prevention staff will provide quarterly feedback for any data entry. If there is a requirement to re-submit or edit information for the circuit, the agency shall comply with the deadline. If requirements are not met, DAODAS maintains the authority to hold reimbursement, require Technical Assistance, and/ or place counties on corrective action plans until issues are resolved.

Minimum standards for accuracy of monthly data entered into the IMPACT System are as follows:

1)   accurate use of prevention service codes provided by DAODAS;

2)   Correct application of service codes and categories (direct versus indirect, single versus recurring services, and service hours versus administrative hours, etc.) will be required;

3)   Required monthly documentation in IMPACT of service hours for any organizational member that is providing prevention services.

▶ Six-month benchmarks should be entered into the MOSAIX IMPACT System for all process objectives no later than the 8th working day of January.

▶ Yearend benchmarks should be entered into the MOSAIX IMPACT System for all process and outcome objectives no later than the 8th working day of July.

4)   Sub-grantees will appropriately document funding and report to ensure compliance.

It is the responsibility of the AET Coordinator to coordinate with the county authority in their circuit on the development of outcome work plans for each county that reflect strategies around the target substance alcohol. The AET Coordinator will assist county authorities in documenting the coordinated outcome work plans in the IMPACT system.

Subgrantee will comply with all DAODAS Primary Quality Assurance Standards pertinent to this service.

Prevention forms, templates etc. can be accessed at http://ncweb.pire.org/scdocuments.

Quality Assurance Standards

- The Standards have been developed to ensure:

    - that basic requirements for providing highest-quality prevention services to all South Carolina citizens are met;

    - to ensure that organizations providing prevention services promote the health and well-being of all who they serve;

    - to ensure that providers utilize an ethical code of conduct in accordance with national prevention certification criteria.

- The standards are intended to provide a framework for prevention program planning and service delivery.

Quality Assurance Standards

▶ South Carolina's prevention system consists of planning, implementing and evaluating culturally-appropriate evidence-based programs, environmental strategies and best practices which are aligned to the needs of the local level through the utilization of the Strategic Prevention Framework (SPF) at the county level. Counties are supported by the state level through funding, training and technical assistance.

▶ South Carolina utilizes the risk and protective factor model for prevention developed by Hawkins & Catalano (1992) to identify the root causes at the local level.

▶ The state promotes the planning and delivery of multiple prevention strategies to multiple target populations, youth and adults, within multiple domains utilizing the SPF.

▶ The prevention system in South Carolina also implements the Institute of Medicine (IOM) model for prevention.

▶ The state also funds local counties to plan, implement and evaluate prevention efforts consistent with the strategy categories developed by the Federal Center for Substance Abuse Prevention (CSAP).

▶ All of the state's prevention efforts are designed to promote implementation of prevention programs, strategies and practices which have been shown by research and "best practice" to be effective in preventing substance abuse and related problems, particularly through the development of an outcome-based prevention service delivery system.

Quality Assurance Standards

- Content Areas:
  - Definitions
  - Prevention Staffing and Workforce Standards
  - Prevention Service Standards
  - Standards for each of the six CSAP strategy areas
  - Prevention Program Evaluation Standards

County Plans/Work Plans

Harry Prim sent an email out on March 21st that included the following information:

As FY19 county plans are being developed based on the published guidelines, several questions have been raised concerning inclusion of primary prevention strategies utilizing the priority service worksheets. Keeping in mind that the guidelines state, "when applicable, priorities, required by the SABG should be reflected in the plan" and, since primary prevention remains a SABG priority, I had a conversation with Michelle Nienhius based on the referenced county plan guidelines as well as the current IMPACT data submissions. The following approach is what came from our conversation.

► Although the IMPACT system does include the information requested on the priority service worksheets, we agree and affirm that it is important to include prevention efforts in the agency's annual county plan submission to DAODAS. We affirm that work being planned and implemented in this area of the continuum should be available for sharing with key stakeholders such as the board. As it is stated in the guidelines, utilization of the priority worksheets provides DAODAS the ability to see how the agency is addressing the entire continuum from prevention through recovery. As indicated on page 5 of the guidelines, Priority Service Plan Worksheets allow DAODAS to: 1) identify priorities addressed by county authorities and highlight relevant needs data utilized locally to support the selection of each priority; 2) inform mutual collaborative activities to better utilize resources to improve service system engagement on a community and individual level; 3) identify and support strategies being implemented across the service continuum-prevention, intervention, treatment and recovery services-to address federal, state and local priorities; 4) communicate efforts across the service continuum addressing identified federal and state priorities reflected in the DAODAS SABG submission to SAMHSA and other partners; and 5) identify and support evaluation strategies being implemented by county authorities to track progress in addressing identified priorities.

County Plans/Work Plans

▶ Finally, reflecting on the purpose of the county plan along with primary prevention being a priority area required by the SABG, priority service plan worksheets should be completed in order to capture all problem behaviors that are currently included in IMPACT and for any new problem behaviors that your county plans to address with SABG funds in FY19. The terminology used in IMPACT is slightly different than the terminology used on the priority service worksheet included in the county plan guidelines. However, please see attached for additional information on how to complete the worksheets based on the information that is in IMPACT. You should be able to copy and paste from IMPACT into the priority service plan worksheets. If you have any issues with this, please contact DAODAS.

▶ Due to DAODAS April 27th

IMPACT

▶ **Two new modules for FY19:**

   ▶ **Coalition**

   ▶ **Evaluation**

Evaluation

   ▶ Released in the spring of 2017.

   ▶ You will be able to report your progress and results of your efforts towards achieving objectives

   ▶ An objective (short term outcome) can be described in two ways:

      1. A specific change in your prevention activities, such as an increase in the number of participants in a community event

      2. A specific change in factors related to the occurrence of a target problem behavior, such as a decrease in the availability of alcohol through retail sales

   ▶ Updates have been made to the goal and objectives page-Goal outcome results and objective outcome results

   ▶ A new data module will be added that will allow you to report progress towards reaching your objectives. This section will allow you to report any accomplishments, barriers, or other information regarding a particular objective

IMPACT

- Coalition

  - Will be able to track time for volunteers, coalition meeting attendance, sub-committee meetings and handouts (minutes, agendas, etc.)

  - Register members as Business/organizations and individual members

  - Show demonstration from IMPACT

  - In order to use these features in IMPACT, modifications need to be made- demonstrate the tobacco example in IMPACT

IMPACT

- Go back and edit as needed the following pages to remove all "placeholder" information:
  - Needs Assessment
- Check each staff member and ensure the following is updated for FY19:
  - Certification Status
  - FTE %
  - Staff Role
  - Funding
  - Percentage
- Coaches and DAODAS staff are available to answer questions and provide technical assistance

IMPACT

- ▶ We are also exploring the technical assistance and training feature-more information will come out a later date if we use this function in FY19

- ▶ Close-out directions for FY18 and additional guidance on entry for FY19 will be sent out by DAODAS in mid-June.

- ▶ Review of reports that can be pulled from IMPACT

Service Codes and Time Entry Reminders

Tips for using planning Service Codes

► No direct service time will be recorded under the planning codes-all time recorded should be indirect time.

► No service counts or demographics will be recorded under planning codes.

► Service Population-should reflect the population that will be impacted by the service when it is conducted.

► Service Location-should reflect the place that the service will be conducted at once it is completed.

Tips for using implementation Service Codes

▶ Entries should reflect direct and indirect time for all staff and volunteers that worked on the implementation of the service.

▶ Don't forget to enter time for each volunteer. The process for the upcoming year will be different-we will go over this process

▶ Service Population-should reflect the population is impacted by the service

▶ Service Location-should reflect the place that the service conducted/impacted by the implementation of the service

▶ Counts and demographics are required for all implementation service codes

Using the IMPACT to Track Staff Hours

Direct	Indirect	Administrative
• Face to Face service time with the audience	• Planning/consultation for implementation of programs/strategies and/or management plans • Evaluation of programs/strategies and/or management plans • Travel involved with delivery of programs/strategies and/or management plans • Marketing/Recruiting for implementation of programs/strategies and/or management plans • Assisting another staff member with preparation for implementing programs/strategies and/or management plans	• Professional development (trainings not related to a program/management plan) • Supervision • Grant development • SCAPPA related functions • CARF related functions • Agency Staff Meetings • Annual leave • Sick leave • Jury Duty • Leave Without Pay • Agency Assigned duties not related to Prevention Management Plans

You are encouraged to.....

- Remember that service codes link to the identified program.

- The Single Service Title should reflect the activity and the location

- Be sure to provide a brief but adequate activity description:

  - For example if you conducted Session 6 of All Stars at Shay Day School, activity description should not read, "Shay Day School".

  -

Technical Support

- Please contact Mosaix as soon as you run into a problem while using the system
  - Customer Care
  - Call us at 1-888-600-4777
    9:00AM to 5:00PM (EST)
    Monday-Friday
- Always let DAODAS know if your situation is not being addressed or resolved.