**Quality Assurance Standards:**

**Primary Prevention Services**



South Carolina Department of Alcohol

And Other Drug Abuse Services

**Preface**

The Department of Alcohol and Other Drug Abuse Services (DAODAS) has designed these prevention quality assurance standards with the needs of all South Carolina citizens uppermost in mind; they are intended to be flexible and responsive enough to allow for the continued development and improvement of innovative prevention services.

These 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; and 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.

In order to comply with these standards, all DAODAS-funded organizations providing prevention services must ensure that all locations where prevention services are conducted meet safety and Americans with Disabilities Act (ADA) requirements; that prevention staff is adequate in number and properly trained to carry out the goals/objectives of each DAODAS funded prevention program; and that the overall philosophy, objectives and services are responsive to the needs of those served and are consistent with the substance abuse prevention certification standards contained herein.

**OUR MISSION:** To ensure the availability and quality of a continuum of substance use services, thereby improving the health status, safety, and quality of life of individuals, families, and communities across South Carolina.

**OUR VISION:** DAODAS will be an innovative leader, facilitating effective services and compassionate care through a network of community partnerships and strategic collaborations.

**Assumptions**

With any set of standards there are certain assumptions made upon which the standards rely. This is certainly true with this manual. The following is a list of those assumptions:

* Coordinated County Reviews (CCRs) will serve as the primary mechanism for quality assurance review and technical assistance as needed.
* All service providers receiving DAODAS funding will maintain current licensure of facilities by DHEC for all levels of care at each site.
* All programs receiving DAODAS funding will maintain national accreditation by CARF International or The Joint Commission.

**South Carolina’s Prevention System Framework**

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 basis for this model is the identification of underlying conditions, personal and environmental, which contribute to or are associated with a specific problem behavior or set of behaviors, as well as conditions which mitigate the behavior(s).

This framework incorporates five spheres of influence referred to as “domains” within which these risk and protective factors operate: individual, peer, family, school, and community/society. Risk factors include biological, psychological/behavioral, and social/environmental characteristics such as a family history of substance abuse, depression, or antisocial personality disorders, residence in neighborhoods where substance abuse is tolerated, and access to or ready availability of alcohol and other drugs. Prevention interventions seek to reduce or mitigate these factors. Protective factors include positive personal characteristics and circumstances such as family, peer, school and community norms which do not support alcohol, tobacco and other drug use/abuse. Prevention interventions seek to strengthen and sustain these factors.

Current research has demonstrated that a comprehensive approach is most effective in reducing risk factors and supporting protective factors within a target population. Therefore, 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. This model divides the prevention category within the health care continuum of prevention, treatment, and maintenance into three classifications: universal, selective and indicated interventions. These classifications are intended to ensure that the intensity of prevention interventions is consistent with and appropriate for the level of need within the target populations(s).

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). These categories include: Information Dissemination, Education, Alternatives, Community-Based Process, Environmental and Problem Identification and Referral.

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.

**Prevention Standards Definitions:**

Alcohol and other drug prevention focuses on preventing the onset of alcohol and other drug use, abuse and addiction.

ADArefers to the Americans with Disabilities Act that requires accessibility of services for handicapped or otherwise disabled persons.

Adaptationrefers to a process defining the degree to which a program undergoes change in its implementation to fit the needs of a particular delivery situation. Types of adaptation include additions, deletions, or modifications to content, delivery method, target population, setting, or delivery agent as well as evaluation modifications.

ATOD - The term alcohol and other drugs (ATOD) includes, but is not limited to the following substances- alcohol, tobacco (including vapes/electronic nicotine devices), illicit drugs, prescription and over-the-counter medication.

Certified Senior Prevention Specialist refers to individuals who have met the training and professional experience requirements to become a Certified Senior Prevention Specialist according to criteria established by the South Carolina Association of Prevention Professionals and Advocates Certification Commission, consistent with the International Certification & Reciprocity Consortium/Alcohol and Other Drug Abuse standards.

Certified Prevention Specialist refers to individuals who have met the training and professional experience requirements to become a Certified Prevention Specialist according to criteria established by the South Carolina Association of Prevention Professionals and Advocates Certification Commission, consistent with the International Certification & Reciprocity Consortium/Alcohol and Other Drug Abuse standards.

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

Collaboration refers to a process of participation through which people, groups and organizations come together in a mutually beneficial and well-defined relationship to work toward results they are more likely to achieve together than alone.

Culturally Appropriate - means the service delivery systems respond to the needs of the community being served as defined by the community and demonstrated through needs assessment activities, capacity development efforts, policy, strategy and prevention practice implementation, program implementation, evaluation, quality improvement and sustainability activities.

CSAP refers to the Center for Substance Abuse Prevention a Center of the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA).

Domain refers to a sphere of activity or affiliation within which people live, work, and socialize; domains are commonly divided into life activity categories including: individual, peer, family, school, community, and society.

Effective Prevention Program refers to 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.

Environmental Strategyrefers to activities that establish or change prevalence of the abuse of alcohol, tobacco, and other drugs within the general population. This strategy is divided into four subcategories which target the following variables: rules and regulations of social institutions and the degree to which they are enforced and supported; the norms of the community in which the individual resides; mass media messages which both

encourage and discourage **ATOD** use; and the accessibility/availability of ATOD within the community.

Evidence-based prevention - means the prevention policies, strategies, programs and practices are consistent with prevention principals found through research to be fundamental in the delivery of prevention services; the prevention policies, strategies, programs and practices have been identified through research to be effective; the service delivery system utilizes evaluation of its policies, strategies, programs and practices to determine effectiveness; the service delivery system utilizes evaluation results to make appropriate adjustments to service delivery policies, strategies, programs and practices to improve outcomes.

Fidelity refers to the extent to which the delivery of a prevention program conforms to the curriculum, protocol or guidelines for implementing the program.

Individual-Focused Strategyrefers to prevention interventions focused on reducing risk factors and enhancing protective factors that influence an individual’s decision to use

IOM Model refers to the classification system developed by the **Institute of Medicine** that divides the continuum of care into three categories: prevention, treatment and maintenance. The IOM system further classifies prevention interventions according to the level of risk within the populations they target. The IOM model classifies prevention interventions as **universal**, **selective** and **indicated**.

Logic Modelrefers to a graphic description of the components of a theory or program/initiative that shows the plausible linkages between the components.

Outcome Objectiverefers to a description of a long-range measurable, quantitative desired change in an identified problem behavior. It is specific and time-limited; it identifies a target population, and it describes the level of change expected in the problem behavior.

Participant is an individual enrolled in a recurring prevention service.

Prevention (CSAP working definition)refers to an ongoing process that promotes constructive lifestyles and norms that discourage **ATOD** use, as well as the development of social and physical environments that facilitate drug-free lifestyles. Prevention is achieved through the application of multiple strategies in multiple settings, targeted toward a common goal.

Primary Prevention Strategiesare the six defined methods and approaches to meeting Substance Abuse Prevention and Treatment Block Grant requirements for primary prevention funding. Strategies include: Information Dissemination, Education, Alternatives, Community-Based Process, Problem Identification and Referral, and Environmental (including Enforcement and Policy strategies). (Definitions for each

Strategy are contained within these Standards.)

Problem Statement describes documented, quantitative evidence of the extent of a problem behavior within a specified target population.

Programrefers to a structured intervention (including environmental initiatives) designed to change social, physical, fiscal, or policy considerations within a definable geographic area or for a defined population.

Protective Factorrefers to an influence that inhibits, reduces or buffers the probability of **ATOD** use/abuse or a transition to a higher level of involvement with **ATOD**.

Risk and Protective Factor Framework for Prevention refers to a theory underlying state and federal service delivery systems. The Risk and Protective Factor framework identifies the underlying conditions contributing to or associated with a specific problem behavior or a set of problem behaviors, and the conditions which reduce the likelihood that these problem behaviors will occur.

Risk Factor refers to a condition that increases the likelihood of **ATOD** use.

At-Riskrefers to those individuals, families, and communities in need of a preventive intervention so as to reduce or prevent the likelihood of their involvement in illegal or age inappropriate behavior concerning alcohol, tobacco or other drugs.

High Riskrefers to individuals who are exposed to or experimenting with alcohol, tobacco, or other drugs and who possess multiple risk factors for substance abuse.

SAPTBGrefers to the Substance Abuse Prevention and Treatment Block Grant.

Service Population refers to a specific group or population to which prevention programs and activities are provided.

Single Prevention Servicerefers to the provision of a single, one-time prevention service or event.

Technical Assistance refers to the provision of expert advice, skilled training, and general technical support to organizations and entities within and outside of the specialized substance abuse service system**.**

Service Population is a specific group or population to which prevention programs and activities are provided and are categorized by the Institute of Medicine as:

* Universal Prevention: Universal interventions target the general population and are not directed at a specific risk group. Universal prevention measures address an entire population (national, local, community, school, or neighborhood) with messages and programs aimed at preventing or delaying the use of alcohol, tobacco, and other drugs. The mission of universal prevention is to deter the onset of substance abuse by providing all individuals with the information and skills necessary to prevent the problem. The entire population is considered at risk and able to benefit from prevention programs. Services target everyone regardless of level of risk before there is an indication of an AOD problem;
* Selective interventions target those at higher-than-average risk for substance abuse; individuals are identified by the magnitude and nature of risk factors for substance abuse to which they are exposed. Selective prevention measures target subsets of the total population that are considered at risk for substance abuse by virtue of their membership in a particular segment of the population. Selective prevention targets the entire subgroup, regardless of the degree of risk of any individual within the group. Services target persons or groups that can be identified as “at risk” for developing an AOD problem;
* Indicated interventions target those already using or engaged in other high-risk behaviors to prevent heavy or chronic use. Indicated prevention measures are designed to prevent the onset of substance abuse in individuals who do not meet the medical criteria for addiction, but who are showing early danger signs. The mission of indicated prevention is to identify individuals who are exhibiting problem behaviors and to involve them in special programs. Services target individuals identified as experiencing problem behavior related to AOD use to prevent the progression of the problem. These services do not include clinical assessment and/or treatment for substance abuse and dependence.

**Prevention Staffing and Workforce Standards:**

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.

**Standard**:

1. All full and part time employees conducting prevention services shall have a period of 36 months from the permanent date of hire to obtain prevention certification through the South Carolina Association of Prevention Professionals and Advocates. The certification timeline does allow agencies to include a probationary period, not to exceed six months, if they desire.

* All prevention professionals must have a training plan that is updated annually to obtain and maintain certification.
* All prevention staff shall attend the Substance Abuse Prevention Specialist training (SAPTS) within one year of hire date.
* Each agency should have at least one representative present at the prevention quarterly meetings that are held by DAODAS the first Thursday (unless notified of a change by DAODAS) of the following months: August, November, February and May.

2. Agencies conducting primary prevention services shall provide an initial orientation within 30 days of employment, for all new employees and shall document such in the personnel record of the employee. The orientation shall include at least the following:

(a) Acquainting staff with policies and procedures, expected codes of conduct, and expected practices for prevention staff including use of current prevention concepts and program strategies, theory, research, and evidence-based best practices findings upon which prevention services and programs of the agency are based;

(b) The philosophical approach to prevention service delivery, including the manner in which prevention reinforces and supports other agency services.

(c) Maintaining confidentiality of participant information, including a review of 42 CFR, Part II and HIPAA.

(d) The proper maintenance and handling of participant program records;

(e) Procedures to follow in the event of a medical emergency or natural disaster; and,

(f) The employee's specific job description and job responsibilities.

3. Individuals employed to provide primary prevention services shall meet the minimum standards for a qualified prevention specialist as outlined in the Governing Terms.

4. Each agency shall maintain and annually update a description of its agency staffing pattern, including an organizational chart showing lines of authority for prevention services.

5. Qualified Prevention Supervisor. For agencies that conduct primary prevention services, the board of directors or agency director shall designate an individual responsible for the supervision of prevention professionals and services. Such individual shall possess sufficient working experience, knowledge, skills, and attitudes to effectively provide guidance and direction to other individuals in the practice of current prevention research, theory and best practices.

**Monitoring and Auditing**

DAODAS shall make or cause to be made such inspections and investigations that it deems necessary in accordance with the certification standards and any other applicable state or federal rules and regulations.

1. Authorized personnel from DAODAS shall have free access to the grounds, buildings, and all books and records relating to any organization funded by DAODAS.

2. DAODAS shall be entitled to receive from any funded organization, information and assistance as may be required by the agency to conduct an examination or inquiry.

**Prevention Service Standards:  *Standards for Prevention Services***

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| **Standard:** Primary prevention services are based on an annual needs assessment in the local community that includes data from key stakeholders, community surveys, demographic analysis, analysis of inferential indicators, and review of individual data. |
| *Interpretive Guidelines: The needs assessment considers ethnic, cultural, age, and gender diversity of the community. It documents and prioritizes the needs in the community. Activities and strategies employed are targeted at the prioritized needs revealed in the assessment.* |
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| **Standard:** Each agency providing Primary Prevention services shall delineate the scope of services to be offered within each county that the agency serves through the annual County Plan. Such scope of services for Primary Prevention programs shall be approved by the agency’s Board of Directors and approval shall be documented in Board Meeting Minutes. All agencies providing Primary Prevention services funded by the Substance Abuse Prevention Treatment Block Grant Primary Prevention Set-aside shall abide by the standards set forth in the Governing Terms. Primary Prevention services shall be provided for the general population as well as for youth and adults who may be at risk for substance abuse, but who are not necessarily in need of treatment services. Agencies/organizations/coalitions shall have the capability to provide services in the following 6 CSAP identified service areas (or provide notification to DAODAS to opt out): information dissemination, community based process, education, problem identification and referral, environmental and alternatives.  **SAMHSA CSAP Six Strategy Areas for Primary Prevention:** |
| **1. Information Dissemination -** Information Dissemination services include those activities which provide awareness and knowledge of the nature and extent of alcohol, tobacco, and other drug use, abuse 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.  **Standard**:  Each agency/organization/coalition providing Information Dissemination services must provide, information consistent with the defined Strategy and the identified service population. And at a minimum, include current legal, physiological, psychological, and pharmacological facts regarding alcohol, tobacco, and other drug use, abuse, or dependency, as well as information relevant to individuals, parents, families, schools, and communities at risk for substance abuse and related health and social problems.  **A**. **Service Population**. The service population shall include, but is not limited to: the general population; youth and adults who are at risk for a substance abuse problem; families or friends, or both, of persons at risk for a substance abuse problem; school students and school officials; community groups mobilizing to combat substance abuse, including civic and volunteer organizations, churches, businesses, state and municipal governments and related community organizations or, employers of persons at risk for a substance abuse problem or, employers of persons at risk for a substance abuse problem.  **B**. **Service Provision.** Each agency/organization/coalition providing Information Dissemination services must provide a structured program of services consistent with the defined Strategy and the identified service population(s). At a minimum, information dissemination shall include current legal, physiological, psychological, and pharmacological facts regarding alcohol, tobacco, and other drug use, abuse, or dependency, as well as information relevant to individuals, parents, families, schools, and communities at risk for substance abuse and related health and social problems. Programs offered under this Strategy shall meet the following standards:  1. Agencies providing prevention public information shall utilize information dissemination services to foster public attitudes and personal practices that discourage substance abuse and reduces risk factors associated with substance abuse and the health and social problems that accompany the disorder. They shall provide basic substance abuse information and how-to information regarding prevention techniques;  2. Agencies shall use and make available current, culturally relevant, and age appropriate, written materials including, but not limited to, brochures, pamphlets, newsletters, and other appropriate print materials intended to inform individuals, families, schools, and communities about the nature and scope of ATOD use including primary prevention, intervention, and treatment services;  3. Agencies/organizations/coalitions shall use and make available current, culturally relevant, and age appropriate audio visual materials including, but not limited to, films, tapes, public service announcements, social media posts, websites and other materials concerning substance abuse primary prevention, intervention, and treatment services;  4. Agencies shall make available current and factual information that supports the organization’s priorities.  5. Structured training events, training of trainers, or community education events concerning activities conducted under this Strategy shall be provided by qualified prevention staff and shall incorporate current research, theory and best practices including youth and adult learning theory and the use of demonstrated effective training techniques.  6. Agencies/organizations/coalitions shall develop criteria for the selection and referral of knowledgeable speakers skilled in current prevention issues and topics, to convey information to all levels of the service area concerning substance abuse prevention services and issues;  7. Agencies/organizations/coalitions conducting information dissemination services shall document coordination with other community resources providing prevention services in IMPACT. |
| **2. Education -** ATOD Prevention Education involves two-way communication and is distinguished from the Information Dissemination strategy by the fact that interaction between the educator and/or 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, and systematic judgment abilities. Examples of activities conducted and methods used for this strategy include, but are not limited to the following: Classroom and/or small group sessions (all ages); parenting and family management classes; education programs for youth groups; and children of substance abusers groups  **Standard:**   1. **Service Population -** The service population shall include, but is not limited to, persons, both at-risk and high risk, for substance abuse; families or friends, or both, of persons at risk for a substance abuse problem; school students and school officials; community groups mobilizing to combat substance abuse, including civic and volunteer organizations, churches, businesses, state and municipal governments and related community organizations; or, employers of persons at risk for a substance abuse problem. 2. **Service Provision** Each provider of Education services shall maintain a culturally relevant, age appropriate, and structured program of services consistent with the defined Program Content and this Strategy.   Programs offered under this Strategy shall meet the following standards:  1. Agencies/organizations/coalition that provide youth education or adult education programs relative to ATOD prevention and related health and social consequences of such shall be provided by a structured program using evidence-based curricula, concerning the prevention of alcohol, tobacco, and other drug abuse;  2. Agencies/organizations/coalitions providing parenting education and family management classes, or other comparable activities provide such programs to aid parents and families to reduce risk factors for substance abuse and to develop knowledge and skills to combat substance abuse within the family. Such services shall utilize current prevention research and best practices to equip parents and families to prevent or delay experimentation, and to prevent abuse and dependency.  3. Educational resource services for parent support groups, youth groups, community organizations, and other prevention programs shall be provided in a manner consistent with current research, theory and best practices.  4. Agencies providing education services shall document coordination with other community resources providing prevention services IMPACT. |
| **3. Alternatives –** Alternative strategies provide for the participation of target populations in activities that exclude alcohol, tobacco and other drug use. The assumption is that constructive and healthy activities offset the attraction to, or otherwise meet the needs usually filled by alcohol, tobacco and other drugs and would, therefore, minimize or obviate resort to the latter. Examples of activities conducted and methods used for this strategy include, but are not limited, to: Youth/adult leadership activities; alcohol and drug free social and recreational events (basketball/kickball tournaments)  **Standard:**  A**. Service Population.** The service population shall include but is not limited to, all persons who are at risk for participating in activities where there may be high potential for ATOD use or abuse;  B. **Service Provision**. Each provider of Alternative services shall maintain a culturally relevant, age appropriate, and structured program of services consistent with the defined Program Content and this Strategy.  Programs offered under this Strategy shall meet the following standards:  1. Each provider conducting programming under the Alternatives Strategy shall develop a plan that describes the on-going and structured activities and events that will provide the opportunity for youth and adults to participate in programs and activities that specifically exclude the use of alcohol, tobacco, and other drugs. These shall include strategies for providing structured activities over a specified period of time to individuals or groups identified as subject to specific risk factors for substance abuse.  2. Prevention technical assistance and support services conducted for alcohol, tobacco, and other drug free social and recreational events and activities shall incorporate current research, theory, and best practices.  3. Structured training events, training of trainers, or community education events concerning Alternative activities shall be provided by a qualified prevention specialist and shall incorporate current research, theory, and best practices.  4. Community drop-in center services operated under this Strategy shall provide posted hours of operation, provide supervision by staff or volunteers who have received training in the management of the center; shall have written and posted rules and regulations governing the conduct of persons participating in center activities; and, shall have a structured program of activities and events intended to offer youth or adults a gathering place free of alcohol, tobacco, and other drug use.  5. Agencies/organizations/coalitions providing Alternative programs shall document coordination with other community resources to provide prevention services in IMPACT. |
| **4. Problem Identification and Referral -** Identification and Referral Strategy Problem Identification and Referral aims at identification of those who have indulged in illegal and age inappropriate use of tobacco or alcohol, and those who have indulged in the first use of illicit drugs 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 of activities conducted and methods used for this strategy include but are not limited to: employee assistance programs; student assistance programs; and tobacco education programs.  **Standard**  **A. Service Population**. The service population shall include, but is not limited to, persons who are at higher risk for substance abuse, for persons who have indulged in age inappropriate use and/or first time use with illicit drugs;  **B. Service Provision.** Each provider conducting Problem Identification and Referral services shall develop a schedule of on-going, culturally relevant, age appropriate and structured activities appropriate to the defined    Programs under this strategy shall meet the following standards:  1. Agencies/organizations/coalitions conducting Employee Assistance Programs shall provide relevant activities such as training and consultation, provision of written materials or other literature, group discussion and information about prevention or treatment resources to assist persons for whom alcohol, tobacco and other drug abuse may be interfering with their employment;  2. Providers of tobacco education programs must meet standards to be determined by the state law.  3. Agencies/organizations/coalitions conducting problem identification and referral services shall document coordination with other community resources providing prevention services in IMPACT. |
| **5. Community Based Process -** Community Based Process aims to enhance the ability of the community to more effectively provide prevention and treatment services for alcohol, tobacco, and other drug abuse disorders. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of services implementation, Inter-Agency collaboration, coalition building and networking. Examples of activities conducted and methods used for this strategy include but are not limited to: accessing services and funding; community teams/coalitions; community team activities; and training/technical assistance for coalitions.  **Standard**  **A. Service Population**. The service population shall include, but is not limited to, persons at risk for substance abuse; community groups mobilizing to combat substance abuse, including civic and volunteer organizations; churches, schools, businesses, state and municipal governments and related community organizations.  **B. Service Provision**. Each provider shall conduct Community Based Process activities that are structured, that document specific services provided related to the defined Program Content, and that demonstrate community mobilization and community coordination.  Agencies conducting Community Based Process services shall meet the following standards:  1. Structured community mobilization or community development services shall be based on current research, theory, and best practices; such services shall be for the purpose of meeting the defined program content and the intent of this Strategy.  2. Agencies/organization/coalitions providing community mobilization services shall develop policies and procedures for recruiting and training coalition or task force members.  3. Training shall be provided by a Qualified Prevention Specialist and shall reflect current prevention theory, research, and best practices, in particular as they pertain to community mobilization activities as described under this Strategy and in these standards.  4. Program records shall document the provision of at least an annual orientation for coalition members to maintain their knowledge of current prevention theory, research, and best practices, particularly as they pertain to community mobilization activities.  5. Coalitions shall develop and document an annual Program Plan that identifies the priority prevention activities and programs for that coalition;  6. Agencies/organizations/coalitions shall conduct and document evaluation of community mobilization activities based on their Program Plan, and shall include programs and activities undertaken including process and outcome measures for those programs and activities.  7. If appropriate, agencies/organizations/coalitions conducting community mobilization activities shall develop written policies and procedures relative to the recruiting and hiring of staff qualified in current community mobilization techniques and strategies.  8. Agencies/organizations/coalitions conducting prevention technical assistance services shall provide for the development, maintenance, and enhancement of the substance abuse related efforts of community organizations and individuals involved in substance abuse programming.  9. Agencies/organizations/coalitions conducting prevention technical assistance services shall provide services that are designed to increase the effectiveness of other community partners to influence individuals, families, schools and communities to make appropriate decisions regarding substance abuse.  10. Agencies/organizations/coalitions shall document all technical assistance contacts and activities in IMPACT.  11. Agencies/organizations/coalitions conducting Community Based Process services shall document coordination with other community resources to conduct prevention activities in the community served in IMPACT. |
| **6. Environmental -**The Environmental strategy establishes or changes written and unwritten community standards, codes and attitudes, thereby influencing incidence and prevalence of the abuse of alcohol, tobacco and other drugs used in the general population. This strategy is divided into two subcategories to permit distinction between activities which center on legal and regulatory initiatives and those which relate to the service and action-oriented initiatives. Two sub-sets of this Strategy include Changing Institutional or Organizational Policies and Changing Law Enforcement and Regulatory Attention to ATOD use. Examples of activities conducted and methods used for this strategy shall include but are not limited to: Preventing underage sale of tobacco and tobacco products; preventing underage alcoholic beverage sales and social access to alcohol; establishing and implementing ATOD free policies; changing environmental codes, ordinances, regulations, and legislation; and public policy efforts which may include: Influencing enforcement of laws.  **Standard**  **A. Service Population.** The service population shall include, but is not limited to, persons at risk for substance abuse; community groups mobilizing to combat substance abuse, including civic and volunteer organizations, churches, schools, businesses, state and municipal governments, and related community and youth organizations;  **B. Service Provision**. Each agency/organizations/coalition conducting Environmental Services shall provide structured activities consistent with the defined program content and this strategy.  Providers of Environmental strategies shall meet the following standards:  1. Agencies/organizations/coalitions providing environmental consultation and resources to inform and advise ATOD policies in schools, businesses, and other community organizations shall reflect current research, theory and evidence-based, best practices.  2. Agencies/organizations/coalitions shall be equipped to provide technical assistance to community organizations or coalitions that have Environmental strategies within their Program Plans.  3. Agencies/organizations/coalitions providing services to educate or inform vendors of alcohol or tobacco products relative to sale of such to minors, shall provide information as stated in SC law. Agencies must submit documentation of the required forms used to implement the Palmetto Retailer’s Education Program (PREP) program intended to reduce the sale of alcohol or tobacco products to underage youth.  4. Agencies/organizations/coalitions providing public policy campaigns intended to impact environmental efforts, shall develop such campaigns to reflect current prevention theory, research, and best practices.  5. Agencies/organizations/coalitions providing services under the Environmental Strategy shall document coordination of such services with other community prevention activities in IMPACT. |

**Prevention Program Evaluation**

**Standards**

1. Alleducational programming (curriculum-based) provided to youth between the ages of 10-20 must be given the DAODAS Standard Survey prior to starting the curriculum and upon completion of the curriculum.

2. All counties implementing alcohol and/or tobacco environmental strategies in conjunction with law enforcement must complete the enforcement reporting forms in the environmental enforcement web-based reporting system and IMPACT.

3. All service data related to the outcome and process data collected must be entered into IMPACT following the guidelines provided by DAODAS.

4. All counties must implement the SYNAR tobacco survey following the timelines and guidelines provided by DAODAS.

5. All PREP Merchant education test scores, sign-in sheets and fidelity tracking forms must be submitted to DAODAS following the provision of the service.