

# **Primary Prevention Services Manual Definitions, Quality Assurance, Standards, and Forms – FY21**



**South Carolina Department of Alcohol  
and Other Drug Abuse Services**

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## 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 the 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 requirements; that prevention staffing 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 quality assurance standards contained herein.

**DAODAS 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.

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

### DAODAS Strategic Visions:

- Ensure an accessible continuum of effective services within each community.
- Coordinate continuous quality improvement of services and promote service innovation.
- Lead in community engagement and interagency collaboration for the integration of physical and behavioral health services.

### DAODAS Overarching Indicators:

- Reduce the state's substance use disorder prevalence rate.
- Reduce youth and young adult use of alcohol, tobacco, and other drugs.
- Reduce consequences associated with substance use.
- Increase access to a continuum of evidence-based substance use disorder services within all communities in the state.
- Reduce consequences associated with substance use.
  - Substance use-related overdose fatalities
  - Substance use-related child maltreatment
  - Substance use-related criminal justice system involvement
  - Substance use-related emergency room visits and inpatient hospitalizations
  - Impaired driving crashes and fatalities

**Prevention Division Mission:** Provide support to prevent substance misuse and abuse.

## 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 that are aligned with local needs through utilization of the Strategic Prevention Framework (SPF) at the county level. Counties are supported from 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 root causes at the local level. The basis for this model is the identification of underlying conditions, personal and environmental, that contribute to or are associated with a specific problem behavior or set of behaviors, as well as conditions that 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 that 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, DAODAS 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 Institutes of Medicine (IOM) model for prevention. This model divides the prevention category within the healthcare continuum of prevention, treatment, and maintenance into three classifications: universal, selective, and indicated interventions. Definitions of each are provided on the next page. 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 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. Definitions are provided on pages 7-12.

All of the state's prevention efforts are designed to promote implementation of prevention programs, strategies, and practices that 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.

## Definitions

**Primary Prevention:** Primary prevention includes all services that reduce the risk of developing any and all substance use disorders, or services that enhance factors that protect individuals and groups from developing substance use disorders. Programs, services, and prevention strategies are directed at individuals who have been determined not to require treatment for substance use. 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 patients with diagnoses. The Substance Abuse Prevention and Treatment Block Grant (SABG) requires the state to spend not less than 20% of SABG funds on a broad array of primary prevention strategies.

Comprehensive primary prevention services shall include, but not be limited to, the six CSAP strategies and the use of the IOM models of universal, selective, and indicated interventions to target populations with different levels of risk and shall be provided in a variety of settings for both the general population and targeted sub-groups.

**Alcohol and Other Drugs (AOD):** The term “alcohol and other drugs” includes, but is not limited to, the following substances – alcohol, tobacco (including vapes/electronic nicotine devices), illicit drugs, prescription medicines, and over-the-counter medications.

**Cultural Awareness:** 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.

**Evidence-Based Prevention:** This includes the prevention policies, strategies, programs, and practices that are consistent with prevention principles found through research to be fundamental in the delivery of prevention services, and the prevention policies, strategies, programs, and practices that have been identified through research to be effective. The service-delivery system evaluates its policies, strategies, programs, and practices to determine effectiveness, using the evaluation results to make appropriate adjustments to service-delivery policies, strategies, programs, and practices to improve outcomes.

**Work Plan:** This is an outcomes-focused plan that contains goals, objectives, performance indicators, and strategies to address risk and protective factors identified by the annual community needs assessment.

### **Prevention Service Categories by Population Served:**

**Universal Prevention:** These services target everyone, regardless of level of risk, before there is an indication of an AOD problem.

**Selected Prevention:** These services target persons or groups that can be identified as “at risk” for developing an AOD problem.

**Indicated Prevention:** These services target individuals identified as experiencing a problem behavior related to AOD use to prevent the progression of the problem. The services do not include clinical assessment and/or treatment for substance abuse and dependence.

## Standards

### 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 as a prevention professional, and be under active and ongoing prevention mentoring.

All full- and part-time employees delivering prevention services shall have a period of 36 months from their permanent date of hire to obtain prevention certification through the South Carolina Association of Prevention Professionals and Advocates. The certification timeline allows 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 (SAPST) within one year of their hire date.

Each agency shall have at least one representative attend the Prevention Quarterly Meetings that are held by DAODAS on the first Thursday (unless notified of a change by DAODAS) of the following months: August, November, February, and May.

Agencies delivering 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:

- 1) 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 practice findings upon which prevention services and programs of the agency are based;
- 2) the philosophical approach to prevention service delivery, including the manner in which prevention reinforces and supports other agency services;
- 3) maintaining confidentiality of participant information, including a review of 42 CFR, Part II, and HIPAA;
- 4) proper maintenance and handling of participant program records;
- 5) procedures to follow in the event of a medical emergency or natural disaster; and
- 6) the employee's specific job description and job responsibilities.

Individuals employed to provide primary prevention services shall meet the minimum standards for a qualified prevention specialist as outlined in Article IV (PREVENTION) of the FY21 Funding and Compliance Contract.

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.

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 meet the requirements for a **Qualified Prevention Supervisor** as defined in these standards.

### **Primary Prevention Standards:**

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. Work plan activities are targeted at the prioritized needs revealed in the assessment.*

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 and Treatment Block Grant (SABG) Primary Prevention Set-aside shall abide by the standards set forth in this manual and/or the FY21 Funding and Compliance Contract. Primary Prevention services shall be provided for the general population as well as for youth and adults who might be at risk for substance abuse but are not necessarily in need of treatment services.

Agencies/organizations/coalitions shall have the capability to provide services in the following six Center for Substance Abuse Prevention (CSAP) Outcome-Focused Primary Prevention Service Activities (or provide notification to DAODAS to opt out): Information Dissemination, Community-Based Process, Education, Problem Identification and Referral, Environmental, and Alternatives.

#### Outcome-Focused Primary Prevention Service Activities

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

If an agency is not utilizing all six CSAP strategy areas, the agency is asked to notify DAODAS regarding which strategy will not be utilized in its service area by completing and uploading the CSAP Strategy Checklist into Box Enterprise by July 31. It is the responsibility of the agency to upload a revised checklist and to notify DAODAS if any plans change throughout the fiscal year. The notification shall state which CSAP strategy area(s) are affected; a clear example of how the strategy is being met by another partner/organization; and/or documentation of the lack of need for the strategy to be conducted in the county based on relevant needs assessment data. The uploaded form will serve as documentation for DAODAS to incorporate in required federal reporting of the utilization of the SABG in South Carolina.

Six CSAP Strategies:1) Information Dissemination

- a) Definition: This strategy provides knowledge and increases awareness of the nature and extent of alcohol and other drug use, substance use disorders, as well as their effects on individuals, families, and communities. It also provides knowledge and increases awareness of available prevention and treatment programs and services. It is characterized by one-way communication from the source to the audience, with limited contact between the two. 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.
- b) Programs offered under this strategy shall meet the following standards:
- i) Agencies providing prevention public information shall utilize Information Dissemination services to foster public attitudes and personal practices that discourage substance abuse and reduce risk factors associated with substance abuse and the health and social problems that accompany substance use disorders. They shall provide basic substance abuse information and how-to information regarding prevention techniques.
  - ii) 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 AOD use, including primary prevention, intervention, and treatment services.
  - iii) Agencies/organizations/coalitions shall use and make available current, culturally relevant, and age-appropriate audiovisual materials including, but not limited to, films, tapes, public service announcements, and other materials concerning substance abuse primary prevention, intervention, and treatment services.
  - iv) Current and factual information and materials shall be made available in support of agency priorities for prevention activities.
  - v) 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.
  - vi) Agencies/organizations/coalitions conducting Information Dissemination services shall document coordination with other community resources providing prevention services.

2) Education

- a) Definition: AOD 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. If indicated, prevention providers shall implement at least one multi-educational evidence-based educational program in each county. 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.

- b) Service Population: The service population shall include, but is not limited to, persons both at risk and at 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.
- c) 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.
- d) Programs offered under this strategy shall meet the following standards:
  - i) Agencies/organizations/coalition that provide youth education or adult education programs relative to alcohol, tobacco, and other drug (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 ATOD abuse.
  - ii) Agencies/organizations/coalitions providing parenting education and family management classes, or other comparable activities, shall provide such programs to aid parents and families in reducing 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.
  - iii) 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.
  - iv) 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.
  - v) All appropriate youth, parent, family, community education, and training services provided under this strategy shall be documented in program records as described in these standards.
  - vi) Agencies providing education services shall document coordination with other community resources providing prevention services.

3) Alternatives

- a) Definition: Alternatives provide for the participation of target populations in activities that exclude ATOD use. The assumption is that constructive and healthy activities offset the attraction to – or otherwise meet the needs usually filled by – ATODs and would, therefore, minimize or obviate resort to these substances. Examples of activities conducted and methods used for this strategy include, but are not limited, to: community service activities; youth/adult leadership activities; and alcohol- and other drug-free social and recreational events.
- b) Service Population: The service population shall include, but is not limited to, persons who are at risk for ATOD use or 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.
- c) 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.
- d) Programs offered under this strategy shall meet the following standards:
  - i) Each provider conducting programming under the Alternatives strategy shall develop a plan that describes the ongoing 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.
  - ii) Prevention technical assistance and support services conducted for ATOD-free social and recreational events and activities shall incorporate current research, theory, and best practices.
  - iii) 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 including learning theory and use of demonstrated effective training techniques.
  - iv) Community drop-in center services operated under this strategy shall provide posted hours of operation and 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 ATOD use.
  - v) Agencies/organizations/coalitions providing Alternative programs shall document coordination with other community resources to provide prevention services.

4) Problem Identification and Referral

- a) Definition: The Problem Identification and Referral strategy aims to identify those who have indulged in illegal/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.
- i) Service Population: The service population shall include, but is not limited to, persons who are at 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.
- ii) Service Provision: Each provider conducting Problem Identification and Referral services shall develop a schedule of ongoing, culturally relevant, age-appropriate, and structured activities appropriate to the defined program content.
- iii) Services under this category 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, and group discussion and information about prevention or treatment resources to assist persons for whom ATOD 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 that are providing prevention services.

5) Community-Based Process

- a) Definition: The Community-Based Process strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for ATOD use disorders. This strategy provides ongoing networking activities and technical assistance to community groups or agencies. It encompasses neighborhood-based, grassroots empowerment models using action planning and collaborative systems planning. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of service 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.
- b) 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; and churches, schools, businesses, state, and municipal governments and related community organizations.

- c) 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.
- d) Agencies conducting Community-Based Process services shall meet the following standards:
  - i) 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.
  - ii) Agencies/organizations/coalitions providing community mobilization services shall develop policies and procedures for recruiting and training coalition or task force members.
  - iii) 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.
  - iv) 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.
  - v) Coalitions shall develop and document an annual program plan that identifies the priority prevention activities and programs for that coalition.
  - vi) 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.
  - vii) 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.
  - viii) 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.
  - ix) Agencies/organizations/coalitions conducting prevention technical assistance services shall provide services that are designed to increase the effectiveness of other change agents to influence individuals, families, schools, and communities to make appropriate decisions regarding substance abuse.
  - x) Agencies/organizations/coalitions shall document all technical assistance contacts and activities according to recordkeeping requirements described in the standards.

- xi) Agencies/organizations/coalitions conducting Community-Based Process services shall document coordination with other community resources to conduct prevention activities in the community served.
- 6) Environmental
- a) Definition: 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 that center on legal and regulatory initiatives and those that relate to the service and action-oriented initiatives. Two subsets 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 might include influencing enforcement of laws.
  - b) 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.
  - c) Service Provision: Each agency/organization/coalition conducting Environmental services shall provide structured activities consistent with the defined program content and this strategy.
  - d) Providers of Environmental strategies shall meet the following standards:
    - i) 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.
    - ii) Agencies/organizations/coalitions shall be equipped to provide technical assistance to community organizations or coalitions that have Environmental strategies within their program plans.
    - iii) 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 South Carolina law. Agencies must submit documentation of the required forms used to implement the Palmetto Retailers Education Program (PREP) intended to reduce the sale of alcohol or tobacco products to underage youth.
    - iv) 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.
    - v) Agencies/organizations/coalitions providing services under the Environmental strategy shall document coordination of such services with other community prevention activities.

## Prevention Priorities

- 1) 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 SABG Primary Prevention Set-aside funding:
  - a) Reducing underage alcohol use and the consequences of use;
  - b) Reducing alcohol-related car crashes (including youth crashes);
  - c) Reducing youth tobacco use (including smokeless tobacco use and vaping); and
  - d) Preventing substance misuse and substance use disorder and improving the well-being of youth and families in South Carolina.
- 2) State Priority Areas: The following goals with associated outcomes have been established by the state as priorities for use of the SABG Primary Prevention Set-aside 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:
  - a) Priority Substance: Alcohol (Required)
    - i) Goal 1: To reduce underage alcohol use in South Carolina.
      - (1) Objectives:
        - (a) Decrease past-month alcohol use (30-day use) among South Carolina high school students to 30% or less.
        - (b) Reduce the underage alcohol buy rate for the state of South Carolina to 12% or less.
      - ii) Goal 2: To reduce alcohol-related car crashes in South Carolina.
        - (2) Objective:
          - (a) Decrease the percentage of motor vehicle fatalities in which one or more drivers had a blood alcohol concentration (BAC) of 0.08% or higher to 40% or less.
        - (3) Outcomes: In order for South Carolina to work toward achieving these goals, the agency shall have a work plan targeting alcohol if indicated by the agency's needs assessment. The work plan shall address the state goals outlined above to include local outcomes related to reducing underage alcohol use and alcohol-related crashes. County needs assessment data shall be utilized along with the information above to develop goals, objectives, and indicators at the local level that will link to the state targets outlined above. Agency shall implement evidence-based prevention programs, policies, and/or practices that reflect the utilization of the CSAP strategy areas for primary prevention. At a minimum, outcome plans should include the following evidence-based environmental prevention strategy to address youth access from retail sources: alcohol compliance checks (to include information dissemination and merchant education). These plans will be coordinated in collaboration with the judicial circuit's Alcohol Enforcement Team Coordinator for the county. The agency is encouraged to work with its BHSA Prevention Coaches in identifying strategies that achieve the goal's associated outcomes. DAODAS reserves the right to ask for an alcohol work plan if one is not submitted and if the state needs assessment data, so indicate. Alcohol outcome plans that are submitted must be completed in total. Technical assistance will be provided upon request by DAODAS in association with the BHSA Prevention Coaches.

b) Priority Substance: Tobacco (Required)

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

(1) Objectives:

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

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

ii) Outcomes: In order for South Carolina to work toward achieving these goals, the agency shall have an outcome work plan targeting tobacco. This outcome work plan must be incorporated into the annual county plan. At a minimum, the plan should address the state goals outlined above to include local outcomes related to reducing underage tobacco use. County needs assessment data shall be utilized along with the information above to develop goals, objectives, and indicators at the county level that will link to the state targets outlined above. The agency shall implement evidence-based prevention programs, policies, and/or practices that reflect the utilization of the CSAP strategy areas for primary prevention. The tobacco plan should also address the Synar regulation of the SABG funding that must be implemented at the state and local levels as outlined by the Center for Substance Abuse Prevention. The Synar requirements are as follows:

(1) Enact laws prohibiting any manufacturer, retailer, or distributor of tobacco products from selling or distributing such products to any individual younger than age 21 (State).

(2) Enforce these state laws (State and Local).

(3) Conduct annual, unannounced inspections that provide a valid probability sample of tobacco sales outlets accessible to minors (Synar Study) (State and Local).

(4) Maintain a noncompliance rate of no more than 20% (State and Local).

(5) Submit an annual report detailing activities to enforce the law (State).

Agency is encouraged to work with BHSA Prevention Coaches in developing plans, including those other than meeting the Synar requirement, to address tobacco (i.e., merchant education).

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 shall include the following evidence-based environmental prevention strategy to address youth access from retail sources: 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 agency 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 agency in completing the annual study.

The agency may also submit tobacco plans outside the Synar-required tobacco outcome plan as needs assessment indicates.

- c) Priority Substance: Marijuana, Prescription Drugs, Heroin, Cocaine, Synthetic Drugs
- i) Goal: To provide primary prevention programs and practices to prevent substance misuse and substance use disorder and improve the well-being of youth and families in South Carolina.
- (1) Objectives:
- (a) To ensure that 95% or more of the participants served in primary prevention educational programs will be served using evidence-based universal, selected, and indicated programs.
- (b) 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.
- ii) Outcomes: In order for South Carolina to work toward achieving these goals, the agency may have work plan(s) targeting other substances as outlined above, and as indicated by the local needs assessment. The work plan(s) shall address the state goals outlined above, or other local goals, and include local outcomes related to a reduced number of 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 county level that will link to the state targets outlined above. The agency is encouraged to work with the BHSA Prevention Coaches in developing plans to address other substances as identified. The agency shall implement evidence-based prevention programs, policies, and/or practices that reflect the utilization of the CSAP strategy areas for primary prevention.

### **Alcohol Enforcement Team (AET) / Class Code 8016**

- 1) Definition: The AET Coordinators shall collaborate with the prevention coordinators and law enforcement partners in each county located in the circuit 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 of reducing underage alcohol use on the state and local levels.
- 2) Special Conditions: One county alcohol and drug abuse authority will receive the funds and oversee coordination of an AET's efforts throughout the judicial circuit. The county authorities in each circuit will support the agency that takes the lead, although 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, the AET Coordinator 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 initiative. For that purpose, all county authorities in the circuit shall sign the Agency Commitment Form. The lead agency and other county authorities will follow guidelines for allowable/unallowable costs as outlined on the "AET Allowable-Unallowable Cost" form.
- 3) Reporting Requirements
- a) DAODAS has developed a cloud-based environmental reporting system that is utilized for reporting all prevention strategies implemented by the AETs at the local, county, and circuit levels. The AET Coordinator will work to ensure all prevention strategies are

reported for the circuit through the environmental strategies reporting system. Agency is required to use the online reporting system for any prevention strategies implemented by the AETs in all counties throughout the circuit for the previous month. Monthly data shall be submitted electronically to the environmental reporting system on the eighth working day of the following month.

- b) The AET Coordinator shall also ensure that monthly service data from the environmental reporting system is also submitted to IMPACT for prevention strategies completed by the AETs in each county throughout the circuit in accordance with the guidelines of the MOSAIX IMPACT system. The AET Coordinator shall collaborate with the prevention coordinator for each county authority served through the circuit to either obtain a log-in for IMPACT to enter data directly or ensure that all data is provided to the local prevention coordinators for county data entry into IMPACT. The lead agency shall supply adequate computers and internet access to allow staff to submit data to IMPACT in a timely manner. Minimal standards for timeliness are monthly entry of all data, with reporting completed by the eighth working day of the following 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.
- c) Correct percentage of time for the AET Coordinator shall be reflected in each county's IMPACT system, and the AET Coordinator shall report service hours to reflect that percentage each month in IMPACT.
- d) DAODAS prevention staff will provide quarterly feedback for any data entry. If there is a requirement to resubmit or edit information for the circuit, the county authority shall comply with the deadline. If requirements are not met, DAODAS maintains the authority to withhold reimbursement, require technical assistance, and/or place county authorities on County Assistance Plans until issues are resolved.
- e) Minimum standards for accuracy of monthly data entered into the IMPACT system are as follows:
  - i) accurate use of prevention service codes provided by DAODAS;
  - ii) correct application of service codes and categories (direct vs. indirect, single vs. recurring services, service hours vs. administrative hours, etc.);
  - iii) required monthly documentation in IMPACT of service hours for any organizational member or volunteer who is providing prevention services;
  - iv) six-month benchmarks shall be entered into the MOSAIX IMPACT system for all process objectives no later than the eighth working day of January;
  - v) year-end benchmarks shall be entered into the MOSAIX IMPACT system for all process and outcome objectives no later than the eighth working day of July; and
  - vi) agency shall appropriately document funding and report to ensure compliance.
- f) It is the responsibility of the AET Coordinator to work with each county authority's prevention coordinator in their circuit on the development of outcome work plans for each county that reflect strategies around the target substance of alcohol. The AET Coordinator shall assist county authorities in documenting the coordinated outcome work plans in the IMPACT system.
- g) Prevention forms, templates, etc., can be accessed at <http://ncweb.pire.org/scdocuments>.

## Mandatory Prevention Reporting Requirements

Primary prevention services will submit all service activity information to the IMPACT system in accordance with the guidelines of MOSAIX IMPACT. IMPACT 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 and Treatment Block Grant (SABG). These reporting requirements are established by the Substance Abuse and Mental Health Services Administration (SAMHSA) and are used to accomplish its vision across the United States. The requirements are as follows:

- 1) Agency shall supply adequate computers and internet access to allow all prevention staff to submit data to IMPACT in a timely manner.
- 2) Any employee partially or fully funded through the SABG Primary Prevention Set-aside is to be entered as a staff person with their funding allocations correctly reported in the IMPACT system.
- 3) All prevention personnel funded through the SABG Primary Prevention Set-aside (regardless of percentage of salary funded) are required to enter direct/indirect and administrative service hours into IMPACT each month. 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. Each agency is required to complete the Prevention Staffing Capacity Plan and upload into Box Enterprise by July 31 of each year. It is the responsibility of the agency to upload a revised Prevention Staffing Capacity Plan and notify DAODAS if there are any personnel changes, staff funding changes, etc., that occur throughout the fiscal year. Quarterly IMPACT reviews will be based on the Prevention Staffing Capacity Plan submitted by the agency and approved by DAODAS. If staff funded through the SABG Primary Prevention Set-aside are not reporting into IMPACT based on the approved plan, DAODAS maintains the authority to withhold reimbursement, require technical assistance, and/or place the county authority on a County Assistance Plan until the issues are resolved.
- 4) Each prevention staff member funded under the SABG Primary Prevention Set-aside shall enter data by the end of each week. However, minimal standards for timeliness are that all data must be entered monthly, with reporting complete by the eighth working day of the following month. If there is a need for an extension for data entry, a request shall be made by the agency to the DAODAS Manager of Prevention and Intervention Services at least five business days in advance of the deadline.
- 5) DAODAS prevention staff will provide quarterly feedback on any data entry. If there is a requirement to re-submit or edit information for the county, the county authority shall comply with the deadline. If requirements are not met, DAODAS maintains the authority to withhold reimbursement, require technical assistance, and/or place the county authority on a County Assistance Plan until the issues are resolved.
- 6) Minimum standards for accuracy of monthly data entered into the IMPACT system are as follows:
  - a) accurate use of prevention service codes provided by DAODAS;
  - b) correct application of service codes and categories (direct vs. indirect, single vs. recurring services, service hours vs. administrative hours, etc.); and
  - c) monthly documentation in IMPACT of service hours for any organizational member and/or volunteer who is providing prevention services.

- d) six-month benchmarks entered into the MOSAIX IMPACT system for all process objectives no later than the eighth working day of January; and
  - e) year-end benchmarks entered into the MOSAIX IMPACT system for all process and outcome objectives no later than the eighth working day of July.
- 7) Agency shall appropriately document funding and report to ensure compliance.

## Evaluation

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 must be submitted to DAODAS at the conclusion of a program. Minimum standards are as follows:

- 1) 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.
- 2) 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.
- 3) All educational programming (curriculum-based) provided to youth between the ages of 10 and 20 must be given the DAODAS Standard Survey prior to starting the curriculum and upon completion of the curriculum.
- 4) All counties implementing alcohol and/or tobacco environmental strategies in conjunction with law enforcement must complete the enforcement reporting forms in the enforcement web-based reporting system. All service data related to the process data collected must be entered into IMPACT.
- 5) All counties must implement the Synar tobacco survey following the timelines and guidelines provided by DAODAS.
- 6) All prevention service data must be entered into IMPACT following the guidelines provided by DAODAS.
- 7) All PREP merchant education test scores, sign-in sheets, and fidelity tracking forms must be submitted to DAODAS following the provision of the service.

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

# Prevention Forms

## FY21 Prevention Work Plan Requirement Checklist

### Primary Prevention/Education Program (PREV-CG), Cost Center Code 8001

#### Requirements: (Six CSAP Strategy Areas)

- \_\_\_\_ Work Plan in IMPACT or Letter for Information Dissemination Strategy Area
- \_\_\_\_ Work Plan in IMPACT or Letter for Evidence-Based Education Strategy Area
- \_\_\_\_ Work Plan in IMPACT or Letter for Environmental Strategy Area
- \_\_\_\_ Work Plan in IMPACT or Letter for Alternatives Strategy Area
- \_\_\_\_ Work Plan in IMPACT or Letter for Community-Based Process Strategy Area
- \_\_\_\_ Work Plan in IMPACT or Letter for Problem Identification/Referral Strategy Area

If an agency is not implementing all six strategy areas from CSAP, the agency is asked to notify DAODAS. The letter should state which CSAP strategy area(s) is affected; provide 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 can work with the BHSA Prevention Coaches before submission of the letter to address any technical assistance needs. The letter will serve as documentation for DAODAS to incorporate in required federal reporting of the utilization of the SABG in South Carolina.

The completed checklist and letter should be uploaded in Box Enterprise following the instructions below:

- Main Folder “your county agency”
- Subfolder “FY2021”
- Subfolder “BG Deliverables”
- Subfolder “Prev Work Pl Checkl or Exempt ltr due 7/31/20”

The six CSAP strategies are as follows:

**Information Dissemination** – This strategy provides knowledge and increases awareness of the nature and extent of alcohol and other drug use, abuse, and addiction, as well as their effects on individuals, families, and communities. It also provides knowledge and increases awareness of available prevention and treatment programs and services. It is characterized by one-way communication from the source to the audience, with limited contact between the two.

**Education** – This strategy builds skills through structured learning processes. Critical life and social skills include decision making, peer resistance, coping with stress, problem solving, interpersonal communication, and systematic and judgmental abilities. There is more interaction between facilitators and participants than in the information strategy. If indicated, prevention providers should implement at least one multi-educational evidenced-based educational program in each county.

**Alternatives** – This strategy provides participation in activities that exclude alcohol and other drugs. The purpose is to meet the needs filled by alcohol and other drugs with healthy activities, and to discourage the use of alcohol and other drugs through these 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 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.

☐☐ **Community-Based Process** – This strategy provides ongoing networking activities and technical assistance to community groups or agencies. It encompasses neighborhood-based, grassroots empowerment models using action planning and collaborative systems planning.

☐☐ **Environmental** – This strategy establishes or changes written and unwritten community standards, codes, and attitudes, thereby influencing alcohol and other drug use by the general population.

**Prevention Staffing Capacity Plan FY21**

**\*Due July 31, 2020, into Box Enterprise**

As required by the **FY21 Funding and Compliance Contract** between DAODAS and the County Alcohol and Drug Abuse Authority, any employee **partially or fully funded** through the **SABG Primary Prevention Set-aside is required** to be entered as a staff person with their funding allocations correctly reported in the IMPACT system. All prevention personnel funded through the SABG Primary Prevention Set-aside (regardless of percentage of salary funded) are required to **enter direct/indirect and administrative service hours into IMPACT each month**. 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. Each agency is required to complete the Prevention Staffing Capacity Plan and upload into Box Enterprise by July 31, 2021. **It is the responsibility of the agency to upload a revised Prevention Staffing Capacity Plan and notify DAODAS if there are any personnel changes, staff funding changes, etc., that occur throughout the fiscal year.** Quarterly IMPACT reviews will be based on the Prevention Staffing Capacity Plan submitted by the agency and approved by DAODAS. **If staff funded through the SABG Primary Prevention Set-aside are not reporting into IMPACT based on the approved plan, DAODAS maintains the authority to withhold reimbursement, require technical assistance, and/or place the county authority on a County Assistance Plan until the issues are resolved.**

The completed Prevention Staffing Capacity Plan should be uploaded in Box Enterprise following the instructions below:

- Main Folder “your county agency”
- Subfolder “FY2021”
- Subfolder “BG Deliverables”
- Subfolder “Prev Work PI Checkl or Exempt Ltr due 7/31/20”

**County/Counties Served:** \_\_\_\_\_

**Facts by County/Counties Served:**

<b>County</b>	<b>Population Estimates July 1, 2018</b>	<b># of Schools/School Districts</b>	<b>Municipalities (please list)</b>	<b># of Colleges/Universities/Technical Colleges</b>	<b>Land Mass (square miles)</b>
		/			
		/			
		/			
		/			

**CSAP Strategies and Programs Planned to Be Implemented in the County/Counties in FY21:**

<b>County</b>	<b>CSAP Strategy Type</b>	<b>Program/Strategy Title</b>	<b>Primary Staff to Implement</b>	<b>Secondary Staff to Implement</b>

**Prevention Staff Capacity by Staff Member\*:**

*\*Note about staff who provide prevention services in multiple counties: Complete one row per staff member for each county that he/she serves to show the anticipated level of effort per county. For example, the FTE, total # of hours in IMPACT, and strategies/programs for a staff member who works in both Sunny County and Rainy County will be recorded on two separate lines – line 1 for Sunny County and line 2 for Rainy County.*

<b>Staff Member Name</b>	<b>FTE Supported Through Prevention SABG</b>	<b>FTE Supported Through Other Prevention Funding (AET, PFS, DFC, Local, etc.)</b>	<b>Total # of Hours Recorded in IMPACT per Month/County (based on % FTE supported through Prevention SABG and AET)</b>	<b>Strategies/Programs Staff Member Will Implement in FY21 per County</b>
				/
				/
				/
				/
				/

**Partners/Volunteers Agency Is Planning to Work With in FY21 to Implement Strategies/Programs:**

<b>Partner Agency/Volunteer</b>	<b>Strategies/Programs the Partner Will Provide Implementation Assistance for in FY21/County</b>
	/
	/
	/
	/
	/
	/

**Additional Comments:**

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**Submitted by:** \_\_\_\_\_ **Date:** \_\_\_\_\_