PREVENTION SYSTEM MANUAL

DHHS Division of Behavioral Health

Revised March 2022

Contents

OUR PURPOSE

The DHHS Division of Behavioral Health is committed to the mission of broadening the behavioral health lens by promoting safe and healthy environments that foster youth, family, and community development through best practices in mental health promotion, substance abuse prevention and early intervention. Through our partnership with the six Regional Behavioral Health Authorities, we are dedicated to enhancing the capacity and collaboration of an effective and comprehensive prevention system that promotes overall wellness.

Vision

Develop a sustainable and effective prevention system that is committed to reducing the risk of developing a substance use disorder or mental illness.

Guiding Principles

In order to create population level change communities must be targeted with prevention initiatives that demonstrate measurable change in behaviors or in important risk factors that lead to behavior change.

- The Strategic Prevention Framework will be comprehensively utilized for all planning and decision making processes.
- All prevention activities will be culturally relevant.
- The DHHS Division of Behavioral Health will shape substance abuse prevention policy, quality improvement, and agency participation through cross-agency advisory groups.
- The DHHS Division of Behavioral Health will coordinate and support the work of the State's prevention advisory council, and will actively recruit and educate partners who can contribute to this important work.
- Each Regional Behavioral Health Authority will identify its highest risk subpopulations and will develop a plan to enhance or build community responses.

Performance Indicators

Like all strategies that the State, Regions and communities implement, key strategies involve:

- Increasing the perception of risk
- Increasing positive norms and policies associated with drug and alcohol free life choices
- Increasing positive attachments to family, school, neighborhood and community
- Reducing parental and peer group attitudes favorable toward the problem behavior or use

The State of Nebraska will prevent and reduce a wide range of behaviors including:

- Underage drinking
- Binge drinking
- Prescription drug abuse
- Marijuana use
- Suicidal ideation
- Illegal sale of tobacco products to minors

PREVENTION DEFINED

What is Prevention?

"Prevention is the active process of creating conditions or attributes that promote the well-being of people". William Lofquist

Primary Prevention

Programs and services that are directed at individuals who have not been determined to require treatment for substance abuse.

Substance Abuse Prevention

Interventions that are delivered prior to the onset of a disorder and are intended to prevent or reduce the risk of developing a substance abuse problem, such as underage alcohol use, prescription drug misuse and abuse, and illicit drug use.

Mental Health Promotion

Any action taken to maximize mental health and well-being among populations and individuals.

Mental Illness Prevention

Interventions that are designed to directly reduce the incidence of mental disorders, high risk precursors of disorders, and adverse consequences of precursors and/or early manifestations of the disorders themselves.

Community Coalition

A community-based organization of individuals representing diverse organizations, factions or constituencies who agree to work together in order to achieve a common goal. The coalition's work includes identification of prevention services and/or strategies designed to specifically reduce or delay the onset of substance abuse.

Prevention Provider

An individual or agency who directly provides a specific community population or target group with prevention information, resources and expertise.

Promising Practice

Programs that have been assigned either a Proven or a Promising rating, depending on whether they have met certain evidence criteria.

Evidence Based Practices

Refers to a set of prevention activities that evaluation research has shown to be effective and one that has been included in one or more of the three categories:

- Included in Federal registries of evidence-based interventions;
- Reported (with positive effects on the primary targeted outcome) in peer-reviewed journals; or
- Documented effectiveness supported by other sources of information and the consensus judgment of informed experts.

PREVENTION STRATEGIES

The state is mandated to report to the federal government on who is being served, and what approaches are being utilized. All funded prevention activities must fall within the *Institute of Medicine Prevention Classification* (IOM) categories:

Universal Prevention - activities targeted to the general public or a whole population group that has not been identified on the basis of individual risk.

- **Universal Direct** – directly serve an identifiable group of participant but who have not been identified on the basis of individual risk. (e.g., school curriculum, parenting class). This also could include interventions involving interpersonal and ongoing/repeated contact (e.g., coalitions).
- **Universal Indirect** – support population-based programs and environmental strategies (e.g., establishing ATOD policies). This could also include programs and policies implemented by coalitions.

Selective Prevention - activities targeted to individuals or a subgroup of the population whose risk of developing a disorder is significantly higher than average.
Indicated Prevention - activities targeted to individuals in high-risk environments, identified as having minimal but detectable signs or symptoms foreshadowing disorder or having biological markers indicating predisposition for disorder but not yet meeting diagnostic levels.

All funded prevention activities must fall also within the following *6 Primary Prevention Strategies.* The SAMHSA Center for Substance Abuse Prevention requires that all prevention strategies be identified as fitting into the framework of one of these six, overarching strategies. One way to think of these 6 strategies is that they represent the array of services that are provided to specific target populations.

- In a broad sense, the **3 IOM's** answer: Who your target population is
- The **6 strategies** answer: How the activity is used to address the population

(1) Information Dissemination:
This strategy provides awareness and knowledge of the nature and extent of alcohol, tobacco and 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. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- Clearinghouse/information resource center(s)
- Resource directories
- Media campaigns
- Brochures
- Radio/TV public service announcements
- Speaking engagements
- Health fairs and other health promotion e.g., conferences, meetings, seminars
- Information lines/Hot lines

(2) Education:

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

Examples of Educational activities conducted and methods used for this strategy include (but are not limited to) the following:

- Parenting and family management classes
- Ongoing classroom and/or small group sessions
- Peer leader/helper programs
- Education programs for youth groups
- Mentors
- Preschool ATOD prevention programs

(3) Alternative Activities:

This strategy provides 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 prevent resorting to the latter. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- Drug free dances and parties
- Youth/adult leadership activities
- Community drop-in centers
- Community service activities
- Outward Bound
- Recreation activities

(4) 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. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- Employee assistance programs
- Student assistance programs
- Driving while under the influence/driving while intoxicated education program

(5) Community-Based Process:

This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for alcohol, tobacco and drug abuse disorders. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of

services implementation, interagency collaboration, coalition building and networking. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- Community and volunteer training, e.g., neighborhood action training, impact or
- Training of key people in the system, staff/officials training
- Systematic planning
- Multi-agency coordination and collaboration/coalition
- Accessing services and funding
- Community team-building

(6) Environmental:

This 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 that relate to the service and action oriented initiatives. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following:

- Promoting the establishment or review of alcohol, tobacco and drug use policies in schools
- Guidance and technical assistance on monitoring enforcement governing availability and distribution of alcohol, tobacco, and other drugs
- Modifying alcohol and tobacco advertising practices
- Product pricing strategies

Population

Strategies that focus on altering and improving the environment rather than focusing on the individual. Some examples include working to: change social norms or attitudes relating to the use of illicit drugs or alcohol, control the availability of these substances, or create/strengthen enforcement of laws and regulations affecting their use.

Individual

Prevention approaches focus on helping people develop the knowledge, attitudes, and skills they need to influence their future behavior. Many of these strategies are classroom-based, though some are presented in the form of community activities. Generally, programming focuses on life and skill development. This may include alcohol and other drug refusal skills, processing substance abuse messaging in the media, understanding and changing norms, among other skills.

STRATEGIC PREVENTION FRAMEWORK

SAMHSA's **Strategic Prevention Framework** (SPF) is a planning process for preventing substance use and misuse.

The purpose of the SPF is to better understand substance use and related problems in a state or community as well as how to determine the resources and the readiness of the state or community to address these problems

The five steps and two guiding principles of the SPF offer **prevention** professionals a comprehensive process for addressing the substance misuse and related behavioral health problems facing their communities.

The SPF's elements assist coalitions to develop the infrastructure needed to successfully implement community-based approaches organized around the **public health model**, that lead to effective and sustainable reductions in alcohol, tobacco, and other drug (ATOD) use and abuse. The SPF is considered "**data-driven**" because it requires every step in prevention planning to be supported by the collection and analysis of objective data.

The SPF also includes these guiding principles through each step:

Cultural competence: The ability to interact effectively with members of diverse population.

Sustainability: The process of achieving and maintaining long-term results.

Step 1: ASSESSMENT *- Profile population needs, resources, and readiness to address needs and gaps.*
Collection of data to identify and prioritize problems, as well as an assessment of resources and readiness within the community to address needs and gaps.

Step 2: CAPACITY BUILDING *- Mobilize and/or build capacity to address needs*
Mobilization of resources within a community. A key aspect of capacity building is convening key stakeholders, coalitions, and service providers to implement all five steps of the SPF and to plan for sustainability.

Step 3: STRATEGIC PLANNING *- Develop a comprehensive strategic plan.*
The development of a strategic plan that utilizes policies, programs, and practices to address the evidence-identified factors that contribute to a community issue.

Step 4: IMPLEMENTATION *- Implement evidence-based prevention programs, policies, and practices*
The implementation of strategies or programs identified in the strategic plan.

Step 5: EVALUATION *- Monitor, evaluate, sustain, and improve or replace failing entities, systems, or strategies*
Measuring the overall impact of the SPF and the specific programs, policies, and practices implemented on the selected outcomes, as well as an assessment of the actual implementation of strategies.

For more information on the Strategic Prevention Framework, please visit: https://www.samhsa.gov/resource/ebp/strategic-prevention-framework

SUBSTANCE ABUSE PREVENTION SKILLS TRAINING

The Substance Abuse Prevention Skills training (SAPST) is a face-to-face 3.5-day training that was developed by SAMHSA's Center for the Application of Prevention Technologies to prepare prevention professionals for work in their community in a proven effective way.

The SAPST offers a comprehensive introduction to the substance abuse prevention field and interactive activities to apply key skills grounded in current prevention science research.

Each step of the Strategic Prevention Framework is put to use through interactive activities to help develop the knowledge and skills needed to implement effective, data-driven prevention that reduces behavioral health disparities and improves wellness.

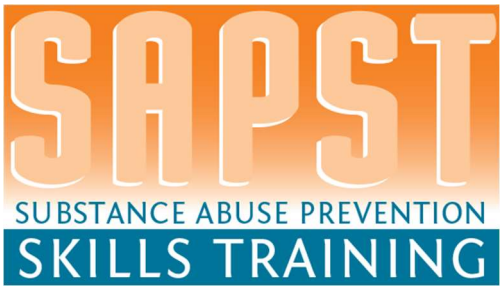
SESSION 1
AN INTRODUCTION TO THE SAPST
• Training Overview and Logistics

SETTING THE FOUNDATION: FROM THEORY TO PRACTICE
• Behavioral Health
• Continuum of Care
• Public Health Approach
• Risk and Protective Factors
• Developmental Perspective
• Introduction to the Strategic Prevention Framework

SESSION 2
STRATEGIC PREVENTION FRAMEWORK
• Step 1: Assessment
• Step 2: Capacity (Assessing)

SESSION 3
STRATEGIC PREVENTION FRAMEWORK
• Step 2: Capacity (Building)
• Cultural Competence
• Step 3: Planning

SESSION 4
STRATEGIC PREVENTION FRAMEWORK
• Sustainability
• Step 4: Implementation
• Step 5: Evaluation



PREVENTION COORDINATION

Prevention Systems are purposeful partnerships of agencies, organizations, and individuals who come together with a shared commitment of supporting wellness in their community. Activities led by Prevention Systems seek to produce sustained outcomes in preventing the onset and reducing the progression of substance use disorders and mental illness and related consequences among communities. Furthermore, Prevention systems are designed to operate at the community level embracing the local culture while leading the development of strong, sustainable, community-based prevention activities focused on pro-social and normative changes.

The Regional Behavioral Health Authority will support local community coalitions and other community activities within the Region's Prevention System to ensure that prevention services are available, accessible and that duplication of efforts are minimized. The prevention systems funded must comply with requirements set forth by the state and federal government in the attainment and continuation of federal prevention funding.

A. Standing Expectations:
    1. Prevention system activities shall promote protective factors and decrease risk factors, and build prevention capacity and infrastructure at the State/Tribal and community level.
    2. Ensure funded prevention initiatives include strategies that address the targeted audience and desired outcome and ensure expenditures for prevention initiatives reflect objective analysis of data, evidence-based or promising practices, and alignment with the community's strategic prevention plan.
    3. Ensure that all funds utilized from the primary prevention set-aside are only for activities directed at individuals not identified to be in need of treatment.
    4. Plan for comprehensive strategies that address both mental health promotion and substance use prevention when applicable.
    5. Ensure that the Region funds a comprehensive prevention program that includes activities in all six Primary Prevention Strategies as identified in 45 CFR §96.125.
        a. Activities are to be provided in a variety of settings for both the general population as well as targeting sub-groups who are at high risk for substance use.
        b. Activities should support DBH strategic plan priorities.
        c. It is permissible to use primary prevention set-aside funds for strategies that address shared risk and protective factors as long as the desired outcome is expected to reduce both substance abuse and mental health problems.
    6. Ensure that all funded prevention activities emphasize and utilize a mix of evidence based program, practices and/or policies for prevention efforts whenever possible.
    7. Promote the use of environmental strategies, which are considered those that focus on altering societal influences rather than focusing on the individual.

8. Promote the alignment and leveraging of prevention resources and priorities, to include State discretionary prevention grants, Suicide Prevention and Mental Health Promotion at the Regional and community levels in partnership and coordination within state.
9. Ensure compliance with all federal funding requirements (e.g., not for inpatient services, inherently religious activities or religious services, or lobbying) – see also Federal Mandates section.
10. It is allowable to use federal funds to support local Synar tobacco compliance checks being conducted. However, any time spent toward enforcement (issuing a citation) is not reimbursable through federal funds.
11. Ensure that the goals of DBH's Strategic Plan for Prevention are prioritized for use of primary prevention set-aside whenever possible.
12. Ensure that funded initiatives will include an evaluation plan that describes the plan to collect, analyze, and disseminate process, outcome, and impact evaluation data, including plans to monitor for continuous improvement and plans to use lessons learned from evaluation to improve the performance of the funded initiative.
13. The Prevention Coordination staff will be responsible for providing technical assistance to funded prevention initiatives in the region and organizing and preparing any supporting documentation required by the Department.
14. Ensure sufficient funds are available for travel to attend and participate in statewide meetings and trainings.
15. Adhere to the Prevention Code of Conduct, promotion of minimum standards for community coalitions, and advancement of Prevention Professional Core Competencies.
16. Ensure that all paid Prevention staff (both Regional and community coalitions) complete 12 hours of continuing education relevant to the prevention of mental illness and/or substance use disorders and support proficiency across the Prevention Professional Core Competencies.
    a. These hours are to include at least one professional development training opportunity each year for Regional Prevention Coordination staff.
    b. New Prevention staff shall complete the Substance Abuse Prevention Skills Training within the first year of employment which meets the 12 hour requirement.
17. Up to $20,000 of the Region's allocation may be requested and applied as "training funds" in support of community coalition and regional prevention staff receiving continuing education hours and professional development. However, this funding will not apply to the 20% prevention set aside amount.
    a. The Training Outline form must be completed and submitted with the annual Regional Budget Plan.
    b. Priorities for use of training dollars shall be toward travel, hotel, per diem for meals and incidentals, registration fee, training materials, facility fees.
    c. Priorities for training topics include but are not limited to, substance abuse prevention outcome or evidence based practices, prevention strategic planning,

workforce development, and sustainability of local coalitions.

d. If requested as part of the $20,000, trainings conducted or attended by regional prevention staff, should be reflected in the Prevention Coordination System budget.

18. Assist local prevention coalitions to develop sustainability plans, identify outcomes, and prioritize SPF initiatives to continue.
19. Assist local prevention coalitions to increase understanding common risk and protective factors for substance use and mental health problems.
20. Submit a Regional work-plan detailing activities that will address priority areas for training and technical assistance efforts to be completed during the contract year.
21. Report annual progress to DBH on all applicable Prevention Strategic Planning and Results Based Accountability (RBA) performance indicators at the Regional level.
22. Submit Regional guidelines for awarding mini-grants, to include scoring criteria if applicable.
23. Participate in reporting National Outcome Measures via the use of Nebraska Prevention Information Reporting System (NPIRS), or other data recording processes required by DBH, to record prevention activities.
24. Ensure that all funded prevention providers and community coalitions enter data into the NPIRS system and/or other data reporting system as required by DBH. These activities should be entered no later than 30 days past the date of the activity.
25. If offered, mini-grants must be awarded per the following parameters:
    a. No more than $3,000 each; awards over this threshold shall be captured in contract.
    b. Must have a formal process for awarding mini-grants, including scoring and standardized criteria developed by the Region.

NEBRASKA PREVENTION CORE COMPENTENCIES

Provide competent, professional services in keeping with prevention standards by demonstrating knowledge, skills, and abilities in each of the Prevention Specialist Domains:

Planning & Evaluation

A. *Assess community needs by collecting the most current local data through systematic assessment methods in order to provide relevant data for the planning process*
B. *Develop a prevention plan by facilitating a planning process that considers the findings of the needs assessment in order to prioritize needs and guide program selection.*
C. *Select strategies by reviewing professional literature for effective programs and practices in order to meet the needs of the target population, implementing adaptations as necessary.*
D. *Identify financial sources through networking, workshops, and research in order to fund prevention projects.*
E. *Review evaluation options through consultation and research in order to determine an appropriate evaluation method.*
F. *Conduct quality improvement analysis of the prevention program using the selected measurement tools to determine program effectiveness.*
G. *Document project activities and outcomes using an appropriate reporting system in order to demonstrate accountability.*
H. *Refine the prevention program reviewing and incorporating findings of the evaluation in order to enhance program effectiveness.*

Education & Skill Development

A. *Tailor education and skill development activities by gathering information about the knowledge and skill levels of the intended audient in order to maximize program effectiveness.*
B. *Connect prevention theory and practice by using current research and program models in order to prepare effective education and skill development activities.*
C. *Maintain fidelity when replicating research-based prevention programs only making adaptations that do not compromise program integrity in order to ensure program effectiveness.*
D. *Deliver culturally competent education and training by working with representatives from the intended audience to identify appropriate content, methods, resources, materials, and evaluation tools.*
E. *Conduct education and skills development activities by employing appropriate training techniques in order to address the educational needs of the intended audience.*
F. *Educate intended audiences by providing accurate, relevant and appropriate information about ATOD abuse and related problems in order to encourage health lifestyles.*
G. *Disseminate appropriate information by identifying prevention materials for education and training activities.*
H. *Provide prevention information to professionals in related fields through appropriate means to increase their understanding of prevention and ATOD-related problems.*

I. *Gain the support of decision makers/stakeholders by informing them about effective prevention practice in order to influence policy development.*
J. *Establish working relationships with media by serving as a credible resource in order to develop public support for effective prevention policy.*
K. *Promote advocacy for prevention by conducting prevention awareness campaigns to strengthen public and organizational policy and norms.*

Community Organization

Define the community by identifying its demographic characteristics and core values for the purpose of providing appropriate prevention services.

A. *Engage community leaders by including them in the planning process in order to foster participation and ownership in achieving prevention goals.*
B. *Identify prevention needs and resources within the community by collecting relevant information in order to provide a foundation for a sound and culturally appropriate plan.*
C. *Develop a prevention plan in accordance with appropriate prevention theory by collaborating with community member to achieve the identified goals.*
D. *Support the community by providing technical assistance in order to implement a plan for achieving prevention goals.*
E. *Develop the capacity of the community through ongoing mentoring and training to sustain positive change resulting from the prevention project.*

Public Policy & Environmental Change

A. *Identify decision makers/stakeholders using formal and informal processes in order to influence prevention policies and cultural and social norms.*
B. *Plan policy initiatives working in collaboration with appropriate community groups and other organizations in order to implement policy change.*
C. *Gain the support of decision makers/stakeholders by informing them about effective prevention practice in order to influence policy development.*
D. *Establish working relationships with media by serving as a credible resource in order to develop public support for effective prevention policy.*

Professional Growth & Responsibility

A. *Attain knowledge of current research-based prevention theory and practice by participating in appropriate educational opportunities and reviewing current literature in order to provide effective prevention services.*
B. *Model collaboration by networking with colleagues, other professional, individuals, and community organizations to ensure effective prevention services.*
C. *Practice ethical behavior by adhering to legal and professional standards to protect the consumer and promote the integrity of the profession.*
D. *Recognize norms & develop cultural competence through education, training, guided practice, and life experience to ensure sensitivity & inclusion of diverse populations to achieve the highest level of professional skill relative to the community.*
E. *Develop a comprehensive Professional Development Plan to include, as appropriate, professional training and education; certification; personal wellness.*

PROFESSIONAL CODE OF ETHICAL CONDUCT FOR PREVENTIONISTS

The practice of alcohol, tobacco, and other drug (ATOD) prevention is based on shared knowledge, skills, and values. The following ethical standards shall govern the professional's daily involvement in prevention activities and emphasize the professional concern for the rights and interests of the consumer/client:

RESPONSIBILITIES

Preventionists have a responsibility to maintain objectivity, integrity, and the highest standards in delivering prevention services. Preventionists shall:

- Operate at the highest level of honesty and professionalism and will strive to deliver high quality services, holding the best interest of the public above all
- Recognize his/her primary obligation to promote the health and well-being of individuals, families, and communities in order to prevent chemical abuse and dependency
- Recognize his/her personal competence and not operate beyond their skill or training level
- Amenably refer to another individual or program when appropriate.
- Be committed to advancing their knowledge and skills through ongoing education and training
- Understand and appreciate varying cultures and demonstrate sensitivity to cultural differences in professional practices

NON-DISCRIMINATION

Preventionists shall not discriminate against individuals, the public, or others in the delivery of services on the basis of: race, color, national origin, ancestry, gender, gender identity, sexual orientation, religion, socioeconomic status, age or mental/physical disabilities.
Preventionists shall not engage in any behavior involving professional conduct that encourages, condones, or promotes discrimination and will strive to protect the rights of all individuals.

ADHERENCE TO STATE AND FEDERAL LAWS AND RULES

Preventionists shall protect client rights and insure confidentiality by adhering to all state and federal laws and rules. Preventionists:

- Will not participate in or condone any illegal activity, including the use of illegal chemicals, or the possession, sale or distribution of illegal chemicals
- Shall not participate in, condone, or be an accessory to dishonesty, fraud, deceit, or misrepresentation
- Will adhere to mandatory reporting procedures related to abuse, neglect, or misconduct by individuals and/or agencies in accordance with state and federal laws and regulations
- Shall assume responsibility to report the incompetent and unethical practices of other professionals

PERSONAL CONDUCT AND PROFESSIONAL COMPETENCY

Preventionists have a duty to maintain a healthy lifestyle and wellbeing to prevent the impairment of professional judgment and performance. Furthermore, Preventionists shall actively work to identify and eliminate actual or potential conflicts of interest, commitments, or conscience ("conflicts") that may prohibit or limit their ability to provide objective, effective, and efficient services. Preventionists:

- Will not exhibit gross incompetence, unprofessional, or dishonorable conduct or any other act that would be a substantial deviation from the standards ordinarily possessed by professional peers
- Shall not fail to recognize the personal boundaries and limitations of their professional competence
- Shall not offer services beyond the scope of their personal competencies or expertise
- Will utilize resources for support, growth, and professional development
  Will strive to maintain and promote the advancement of the Preventionists profession

PUBLIC WELFARE

Preventionists will maintain an objective, non-possessive relationship with those they serve and will not exploit them sexually, financially, or emotionally. Preventionists:

- Will actively discourage any dependency upon themselves for the personal satisfaction of any physical, psychological, emotional, or spiritual need
- Shall accurately represent their qualifications and affiliations
- Shall discontinue services when they are no longer appropriate and will refer the client to programs or other practitioners based on the client's needs
- Shall not impede an individual's access to competent, professional care
- Will respect the rights and views of other professionals and agencies and should treat colleagues with respect, courtesy, and fairness
- Will not promote personal gain or the profit of an agency or commercial enterprise of any kind
- Will adhere to professional remuneration and financial arrangement practices and standards that safeguard the best interests of the public and profession

PROFESSIONAL PUBLICATIONS AND PUBLIC STATEMENTS

Preventionists will respect the limits of present knowledge and shall assign credit to all who have contributed to published materials, professional papers, videos/films, pamphlets, or books. Preventionists will:

- Act to preserve the integrity of the profession by acknowledging and documenting any materials, techniques, or people used in creating their opinions, papers, books, etc.
- Adhere to copyright laws and seek approval for the use of such materials

PUBLIC POLICY TO MAINTAIN AND IMPROVE ALCOHOL, TOBACCO AND OTHER DRUGS CONTINUUM OF CARE

Preventionists will take the initiative to support, promote, and improve the delivery of high quality services in the professional continuum of care (prevention, intervention, treatment, and aftercare). Preventionists:

- Shall advocate for changes in public policy and legislation to afford opportunities and choices for all persons whose lives are impaired or impacted by the disease of alcoholism, tobacco use, and other drug abuse and addictions, which promotes the well-being of all human beings
- Will actively participate in developing the public awareness of the effects of tobacco, alcoholism, and other drug addictions and should act to ensure all persons, especially the disadvantaged, have access to the necessary resources and services

I hereby agree to the above Professional Code of Ethical Conduct. I will uphold and promote the integrity of the profession by adhering to and reporting violations of the preceding Code of Ethical Conduct. I understand that violations of the principles will be grounds for disciplinary action and sanctions.

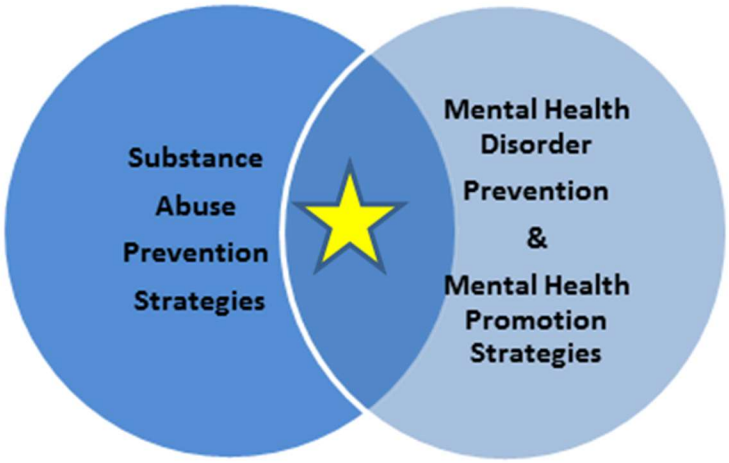
_____ _____

Signature of Preventionist Date

COMMONLY ASKED QUESTIONS ABOUT THE SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

1. **What should Primary Prevention activities include?**
   - Comprehensive primary prevention programs should give priority to target population sub-groups that are at risk of developing a pattern of substance abuse. Programs should include activities and services provided in a variety of settings, that address specific risk factors, and that may be broken down by age, race/ethnicity, gender, and other characteristics of the population being served. Unallowable activities in SAPTBG primary prevention programs are any activities that were provided to clients who have a diagnosis of substance abuse or dependence.

2. **Can primary prevention set-aside funds be used to fund mental health promotion or mental disorder prevention strategies?**
   - Primary prevention set-aside funds can only be used to fund strategies that are intended to prevent substance use and abuse. However, we know that many strategies that prevent substance abuse also positively impact mental health because they target risk and protective factors that are common to both issues. Specifically, substance abuse and mental illness share many of the same modifiable risk and protective factors. For example, poor academic achievement and a family history of substance use disorders are risk factors for both substance abuse and mental health problems. Similarly, parental support and bonding and participation in social activities are protective factors for both substance abuse and mental health problems. This means that strategies that target those risk and protective factors would be expected to reduce both substance abuse and mental health problems.



   - SAMHSA encourages grantees to fund strategies that address shared risk and protective factors (the star area) AND those that are specific to substance abuse prevention.
   - Some examples of strategies that address shared risk and protective factors include:
     - School-based substance abuse prevention education programs that promote positive self-esteem and work to decrease bullying, which are risk factors for both substance abuse and mental health problems; and

    - Parenting and family management classes that increase the ability of parents to bond with their children and discipline effectively, which are protective factors common to both substance abuse and mental health.
- Some examples of strategies that are specific to substance abuse prevention include:
    - Promoting the establishment or review of alcohol, tobacco, and drug use policies in schools
    - Guidance and technical assistance on monitoring enforcement governing the availability and distribution of alcohol, tobacco, and other drugs, and
    - Modifying alcohol and tobacco advertising practices

3. Do states have to spend SABG primary prevention set-aside funds in all six strategies?

No, while a comprehensive approach to primary prevention may, at times, require all six strategies to be funded and implemented, the determination as to whether all, or some of, the six strategies need to be supported, is best determined by states in collaboration with communities they serve. SAMHSA encourages the allocation of funding that is:

- Supportive of the six prevention strategies as part of a comprehensive approach to prevention efforts;
- Reflective of state-and-community level data on substance use disorders;
- Responsive to, and in alignment with, prevention programming priorities of individual communities;
- Flexible to allow community-based organizations to use all six, or select group, of prevention strategies; and
- Impactful for communities and for the state.

4. Can Screening, Brief Intervention and Referral to Treatment be funded with primary prevention set-aside funds?

- While states can use the treatment portion of the SABG to fund Screening, Brief Intervention and Referral to Treatment (SBIRT), primary prevention set-aside funds cannot be used to fund SBIRT. Because SBIRT is a billable service that can be provided in a health care setting, SAMHSA also encourages states to work with their State Medicaid Agencies and Health Insurance Marketplaces to include SBIRT as a covered service delivery benefit. SAMHSA's SBIRT website provides further information about health insurance reimbursement for SBIRT, including the billing codes and reimbursement rates. These can be found at: https://www.samhsa.gov/sbirt/coding-reimbursement.

5. What is the difference between SBIRT and Problem Identification and Referral?

- Problem Identification and Referral is one of the six primary prevention strategies states are required to fund with prevention set-aside funds. The SABG regulation defines Problem Identification and Referral as a strategy aimed at the identification of those who have experimented with tobacco, alcohol, or illicit drug use, in order to assess if their behavior can be reversed through education. The SABG regulation specifically notes that Problem Identification and Referral does not include any activity designed to determine if a person is in need of treatment. In this way, it is different than SBIRT,

which is intended to assess the severity of substance use and identify the appropriate level of treatment.
- Examples of activities that can be funded under Problem Identification and Referral include employee and student assistance programs and driving while intoxicated education programs that provide education aimed at preventing further use.

6. **Can enforcement of alcohol, tobacco and drug laws be funded with the primary prevention set-aside of the Substance Abuse Prevention and Treatment Block Grant (SABG)?**
   - Grantees may not use primary prevention set-aside funds to fund the enforcement of alcohol, tobacco or drug laws.
   - Grantees may use primary prevention set-aside funds to provide technical assistance to communities to maximize local enforcement procedures governing the availability and distribution of alcohol, tobacco and other drugs. This would include, for example, educating community members, including law enforcement officials, about the benefits of enforcing alcohol, tobacco and drug laws.
   - Additionally, states may utilize state funds and other applicable prevention discretionary funds to pay for the costs associated with enforcing these laws.
   - Based on the statutory limitations placed on primary prevention funds and the Department of Health and Human Services (DHHS) pronouncement of what activities would fall within the scope of primary prevention programs, enforcement of alcohol, tobacco and drug laws are not permissible SABG primary prevention activities.
   - Additionally, the Synar regulation specifically forbids states from using the primary prevention set-aside to fund enforcement of youth tobacco access laws.
     a. Any billing statement from a law enforcement agency must clearly separate the payment request between their **administrative time** and the time spent on the actual inspection (compliance check).
     b. Administrative time is defined as time spent on enforcement actions resulting from the issuance of a citation including writing up the report, making court appearances, further investigation, subsequent evidence collection or handling, or other similar activities that may be required in the enforcement or prosecution related to the citation.

7. **Does the SABG have any unallowable expenses? For example, is food served as part of a family meal in an evidence-based prevention curriculum such as Strengthening Families an allowable expense? How about gift cards provided to recipients of prevention services as an incentive for their participation?**
   - The SABG statute and regulation outline allowable and unallowable grant expenditures. Specifically, SABG funds may be used to provide for a wide range of activities to prevent and treat substance abuse and may be expended to deal with the abuse of alcohol, the use or abuse of illicit drugs, the abuse of licit drugs and the use or abuse of tobacco products.
   - The regulation also lists specific restrictions on the use of SABG funds. Specifically, grantees may not expend SABG funds on the following activities:

c. To provide inpatient hospital services, except in specific circumstances outlined in the regulation;
d. To make cash payments to intended recipients of health services. (This includes gift cards used as an incentive for participation in activities);
e. To purchase or improve land;
f. To purchase, construct or permanently improve a building (other than minor re-modeling);
g. To purchase major medical equipment;
h. To satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
i. To provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs (unless the Surgeon General of the Public Health Service determines that a demonstration needle exchange program would be effective in reducing drug abuse and the risk that the public will become infected with HIV/AIDS); or
j. To provide financial assistance to any entity other than a public or nonprofit private entity. This means that if the grantee provides sub-grants to community-based or intermediary organizations, these organizations cannot be for-profit entities. However, SABG grantees and sub-recipients, including states/territories, local governments, and non-profit organizations, may award contracts, but not grants, to for-profit organizations serving as either sub-recipients or vendors under the grant.

- Except where otherwise required by federal law or regulation, a state must obligate and expend SABG funds in accordance with the laws and procedures applicable to the obligation and expenditure of its own funds.
- Since food served as part of a family meal in an evidence-based prevention curriculum is one example of an activity that is not specifically prohibited in the SABG regulation and is also part of an authorized activity, states must consult with their own procurement rules and regulations to determine if the activity it allowable.

8. Can the purchase of naloxone be funded with the primary prevention set-aside of the SABG?

- No, primary prevention funds cannot be used to purchase naloxone. However, primary prevention set-aside funds may be utilized to support overdose prevention education and training.
- SABG funds other than primary prevention set-aside funds may be utilized to purchase naloxone and the necessary materials to assemble overdose kits and to cover the costs associated with the dissemination of such kits.

9. Can Early or Problem Identification activities be counted as part of the SABG primary prevention set-aside?

- Yes, if the activities are considered those that are aimed at detecting and screening for alcohol (or drug) use and include the individual receiving intervention before the onset of major problems.

- These interventions are defined as being a brief, short-duration counseling or educational session that is not provided on an ongoing basis but to raise awareness and motivate change in individual's use patterns.

Pass through Funding:
It is important to keep in mind that **federal funds never lose their identity** regardless of how many times the dollars are sub granted or subcontracted. The original provisions for use of the dollars are applicable to each recipient. For example, if the state passes federal funds to an agency, which are in turn passed to subcontractor, the subcontractor must also follow the same guidance to ensure that federal funds are used for authorized purposes in compliance with laws, regulations, and provisions of the contract or grant agreements are met.

Use of Federal Funding for Food/Meals:
The rules on using federal funds for food purchases may depend on whether you are an individual travelling to or attending a training, or if you are the sponsor of a training or conference event. As the rules for use are often conditional, the following categories are suggested.

Travel:
In general, federal funds can be used to reimburse for meals when in travel status, but the reimbursement amount is restricted to the maximum allowed by Federal *per diem* guidelines, see (https://www.gsa.gov/travel/plan-book/per-diem-rates).

The Substance Abuse and Mental Health Services Administration's general rules are:

- Travel other than local mileage must be pre-approved;
- Travel must be reasonable and there must be a description of how this is determined; mileage, meals and incidentals, and lodging charged to federal programs are limited to the rates published in the Federal Travel Regulations, unless otherwise justified;
- Airfare is limited to coach and car rental to mid-sized, unless otherwise justified; and
- Travel costs are reimbursed based on expenditures reports or the like listing each cost individually along with original receipts.
- If federal funds are used by the grantee to attend a meeting, conference, etc. and meal(s) are provided as part of the program, then the per diem applied to the Federal travel costs (M&IE allowance) must be reduced by the allotted meal cost(s).

Additionally:

- You must also adhere to your own agency's policy.
- Regardless of which policy is followed, at no time may federal (or state) funds be used to purchase alcohol.
- If attending training and a meal is provided as part of the event, an individual cannot claim reimbursement for that meal.

Hosting a Conference/Training:
To determine if federal funds can be used to purchase snacks, light refreshments and/or meals for participants the agency must first review the conditions associated with that particular funding source.

Acknowledgement Requirements:
It is a standard Nebraska Department of Health and Human Services contractual agreement that any **federal funds** used for a project, training event or activity etc. require all publications resulting from the work under the contract acknowledge that the project was supported by "Grant No. XXXX" from "*Federal Agency*" **and** the *Nebraska Department of Health and Human Services* to support such work.

- Substance Abuse Prevention and Treatment Block Grant "training dollars" would be considered federal funds.
- This requirement also applies to any project funded by federal dollars via DHHS through a *subcontract or mini grant* (i.e. community collations) with the Regional Behavioral Health Authority.

Using the Substance Abuse Prevention and Treatment Block Grant as an example, the standard contract language should read as follows:

*"This (**project**) is funded in (whole or in part) from (**insert grant number or numbers**) from Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment (**insert dollar amount and % of project funding**) subgranted through the Nebraska Department of Health and Services, Division of Behavioral Health and (**insert any applicable alternative funding**)."*

Abbreviations for a funding source within the advertisement should be avoided whenever possible:

- Advertisement refers to a printed brochure, flyer, program, or other specialty material designed to promote the project. This also includes text for radio, billboard, or social media.
- If limited by space or time air time restrictions, the following shall serve as a guide for abbreviation:
    - *"This (**ad**) is sponsored by Region XX, the Substance Abuse and Mental Health Services Administration, and Nebraska DHHS, Division of Behavioral Health"*

The above requirements also apply to any project, training event or activity etc. funded by **State General funds**, therefore, all published material, press releases, and documents describing the project shall contain the following acknowledgement:

"This project was supported in whole or part, from state funds received from the Division of Behavioral Health of the Nebraska Department of Health and Human Services."

NEBRASKA PREVENTION INFORMATION REPORTING SYSTEM

The Nebraska Prevention Information Reporting System (NPIRS) is an internet based reporting system designed to collect prevention activity data in the State of Nebraska. Recipients of the state and federal substance abuse fund through the DHHS Division of Behavioral Health use the system to report data per federal requirements. Subsequently, the State of Nebraska uses NPIRS to manage the Nebraska Behavioral Health Prevention System funded in whole or part by the Federal Block Grant. Entities reporting include community coalitions, private not for profit agencies conducting prevention efforts, Regional Behavioral Health Authorities, and other funded entities. The Nebraska Behavioral Health system collaborates with a variety of entities to create a comprehensive system of prevention services statewide.

Key features of NPIRS include:

1. Internet based reporting.
2. Reporting at multiple levels.
3. Coordinated reporting between various funding sources, schools and communities, etc.

Coalition Coordinators and members enter the key information used to measure progress toward meeting community goals and for reporting state progress in meeting National Outcome Measures (NOMs).

The reports provide numbers served by individual-based programs or population based programs by and strategies, by intervention type, and use of evidence-based programs.

Login and additional instructions can be accessed through this link **https://dbhnpirs-dhhs.ne.gov/ .**

NPIRS
Nebraska Prevention Information Reporting System