

**TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION**

Control 580 Department or Agency Mental Health

Rule No. Chapter 580-9-47

Rule Title: Prevention Standards

New Amend Repeal Adopt by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? NO

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? NO

Is there another, less restrictive method of regulation available that could adequately protect the public? NO

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? NO

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? NO

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? YES

.....
Does the proposed rule have an economic impact? NO

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Reference Service.

Signature of certifying officer Debbie Popwell

Date 3/21/12

Department of Mental Health

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Department of Mental Health

RULE NO. & TITLE: Chapter 580-9-47 "Repealed" Prevention Certification Standards
Chapter 580-9-47 "New" Prevention Standards

INTENDED ACTION: Repeal and New

SUBSTANCE OF PROPOSED ACTION:

This rule is the new prevention certification requirements for all Substance Abuse Prevention Programs

TIME, PLACE, MANNER OF PRESENTING VIEWS:

All interested persons may submit data, views, or arguments in writing to Debbie Popwell, Director, Office of Certification, Alabama Department of Mental Health, 100 North Union Street, Montgomery, Alabama 36130 by mail or in person between the hours of 8:00AM and 5:00PM, Monday through Friday, or by electronic means to debbie.popwell@mh.alabama.gov until and including June 4, 2012. Persons wishing to submit data, views, or arguments orally should contact Ms. Popwell by telephone at (334)353-2069 during this period to arrange for an appointment.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:

June 4, 2012

CONTACT PERSON AT AGENCY:

Persons wishing a copy of the proposal may contact
Debbie Popwell

Department of Mental Health

100 North Union Street

Montgomery, Alabama 36130

(334)353-2069

A copy of the proposed change is available on the department's website at <http://mh.alabama.gov>



Debbie Popwell
Office of Certification

ALABAMA DEPARTMENT OF MENTAL HEALTH

SUBSTANCE ABUSE SERVICES

ADMINISTRATIVE CODE

CHAPTER 580-9-47 PREVENTION STANDARDS "New Chapter"

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580-9-47-.01 Definitions All definitions provided herein and the addenda are applicable to all Prevention Standards, practices and policies in the State of Alabama.

(1) **Activities:** Efforts to be conducted to achieve the identified objectives.

(2) **Adaptation:** Modification made to a chosen intervention's changes in audience, setting and/or intensity of program delivery. Research indicates that adaptations are most effective when underlying program theory is understood, core program components have been identified and both the community and needs of a population of interest have been carefully defined.

(3) **Advocacy:** To promote the interest or cause of a particular initiative.

(4) **Alternative strategy:** One of the six (6) prevention strategies identified by the Center for Substance Abuse Prevention (CSAP) that can be used as part of a comprehensive prevention program. This strategy provides for the participation of the target population in activities that are alcohol, tobacco and drug-free. Examples of alternative activities include drug-free dances and parties, youth and adult leadership activities, community drop-in centers, community service activities and mentoring program. This strategy is based upon the assumption that constructive and healthy activities offset

the attraction to drugs; or otherwise meet the needs usually filled by drugs; and can lead to the reduction or elimination of substance use. The use of alternative activities alone as a prevention strategy has not been shown to be effective, but alternative activities should be part of a comprehensive plan.

(5) Best practices: Programs, practices and policies that have been rigorously researched and evaluated and have been shown to effectively prevent or delay substance abuse.

(6) Center for Substance Abuse Prevention (CSAP): CSAP is a center within the Substance Abuse and Mental Health Services Administration (SAMHSA) that provides national leadership in the effort to prevent alcohol, tobacco and other drug use. CSAP works with states and communities to develop comprehensive prevention approaches to promote healthy communities.

(7) Capacity: The infrastructure necessary to support needed programs and services in communities. Examples include human resources (e.g. personnel with different skill sets), material resources (e.g. technical abilities and systems) and administrative resources (e.g. telephones).

(8) Coalition: A formal arrangement for cooperation and collaboration between groups or sectors of a community, in which each group retains its identity but all agree to work together toward a common goal of building a safe, healthy and drug free community.

(9) Community: A group of individuals who share cultural and social experiences within a common geographic or political jurisdiction. A community may be a neighborhood, town, part of a county, county school district, congressional district or regional area.

(10) Community-based Process Strategy: One of six(6)prevention strategies identified by the Center for Substance Abuse Prevention (CSAP) that can be used as part of a comprehensive prevention program. This strategy aims to enhance the ability of the community to provide more effective prevention and treatment services for substance abuse disorders by including activities such as organizing,

planning, interagency collaboration, coalition building and networking.

(11) Community domain: One of the spheres of influences identified by the Center for Substance Abuse Prevention (CSAP) to prevent substance use. Community encompasses the societal environments in which consumers live, work and socialize. Community domain risk factors include:

(a) Lack of bonding or attachment to social and community institutions.

(b) Lack of community awareness or acknowledgment of substance use problems.

(c) Community norms favorable to substance use and tolerant of abuse.

(d) Insufficient community resources to support prevention efforts.

(e) Inability to address substance abuse issues.

(12) Community norms: The attitudes and policies toward substance use and crime that a community holds, which are communicated in a variety of ways such as laws, written policies, informal social practices and expectations that parents and other members of the community may have of young people.

(13) Comprehensive approach: A systemic and programmatic approach to prevention services that addresses risk and protective factors from multiple domains using different programs, practices and policies.

(14) Continuing education: Education and training experiences designed to update knowledge and skills. Every activity offered for continuing education (CE) credit, regardless of its length, must have clearly defined educational objectives and goals that must be made available to participants prior to enrollment in the workshop or training. Prevention CE hours must focus on subject matter that is specific to prevention and have explicit prevention learning objectives.

(15) Culture: The behaviors and beliefs characteristic of a particular social, ethnic or age group. Deep culture includes those characteristics that are not visible by observation, which surface culture includes those characteristics that are visible by observation.

(16) Cultural competence: The capacity of individuals to incorporate ethnic/cultural considerations into all aspects of substance abuse prevention and reduction. Cultural competence is maximized by diverse representation during every phase of the implementation process and the process and outcomes evaluation.

(17) Domain: The spheres of influence (activity) that may affect substance use. The domains are individual (peer), family, school (work) and community (society/environment). Characteristics and conditions that exist within each domain of activity may act as risk or protective factors and present an opportunity for preventive action.

(18) Education strategy: One (1) of six (6) prevention strategies identified by the Center for Substance Abuse Prevention (CSAP) that can be used as part of a comprehensive prevention program. This strategy involves interactive communication between the educator and participants and goes beyond information dissemination. Activities for this strategy aim to affect life and social skills, including decision making refusal and critical analysis skills. Examples of activities for this strategy include classroom and small group sessions, parenting and family management classes, peer leader and peer helper programs, education programs for youth groups and children of substance abusers.

(19) Environment: In the Public Health Model, the environment is the context in which the host and the agent exist. The environment creates conditions that increase or decrease the chance that the host will become susceptible and the agent more effective. In the case of substance abuse, the environment is a societal climate that encourages, supports, reinforces or sustains problematic use of drugs.

(20) Environment strategy: One (1) of six (6) prevention strategies identified by the Center for Substance Abuse Prevention (CSAP) that can be used as part

of a comprehensive prevention program. This strategy seeks to establish or change community standards, codes and attitudes, thereby influencing the substance use in the general population. Examples of methods used include:

(a) Establishing and reviewing drug policies in schools.

(b) Reviewing and modifying alcohol and tobacco advertising practices.

(c) Product pricing (increases in tobacco or alcohol taxes).

(d) Enacting policies targeting underage drivers such as zero (0) tolerance laws for underage drinking and driving and graduated driving privileges.

(e) Interventions addressing location and density of retail outlets selling alcohol and tobacco.

(f) Implementing neighborhood anti-drug strategies, such as citizen surveillance and the use of civil remedies-particularly nuisance abatement programs, to reduce the number and density of retail drug operations.

(g) Restrictions on smoking/tobacco use in public and private indoor facilities to reduce tobacco use among adults and youth.

(h) Server-training programs combined with law enforcement to reduce serving alcohol to minors.

(21) **Ethics:** A stated set of principles and behaviors designed to ensure the highest standards of professional practice. In Prevention Ethics areas covered typically include non-discrimination, competence, legal and moral standards, public statements, publication credit, client welfare, confidentiality, client relationships, inter-professional relationships and remuneration.

(22) **Evaluation:** The systematic collection and analysis of data needed to make informed decisions about the effectiveness of a specific program or intervention. Effective evaluations assess whether programs are implemented as planned and whether positive outcomes occur among participants.

(23) Evaluation method: The method used to collect and assess program and outcome information (data).

(24) Human services: The general study of human and social services that prepares individuals to work in public and private service agencies and organizations. Human services degrees of higher education that are accepted within the Prevention field are a Bachelor's Degree in:

(a) Applied Health Science (e.g. Community Health, Industrial Hygiene).

(b) Communication Disorders (e.g. Audiology, Interpreting, Speech, Deaf Education).

(c) Criminal Justice.

(d) Environmental Health (e.g. Environmental Health, Health Administration, Occupational Safety and Health).

(e) Gerontology.

(f) Medical Technology.

(g) Nursing.

(h) Social Work or Sociology.

(i) Kinesiology (e.g. Athletic Training, Exercise Science, Physical Education).

(j) Recreation Administration (e.g. Leisure Services, Therapeutic Recreation).

(k) Education.

(l) Psychology or

(m) Another human service degree not reflected in the list to be evaluated by ADMH staff.

(25) Impact: The net effect observed within an outcome domain. This may also be referred to as the long-term effect.

(26) Individual/peer domain: One of the spheres of influence identified by Center for Substance Abuse Prevention (CSAP) that focuses on an individual's beliefs, attitudes and actions and potential effects on substance use. Risk factors within the individual domain for substance abuse include:

(a) Lack of knowledge about the negative consequences associated with using illegal substances.

(b) Attitudes favorable toward use.

(c) Early onset of use.

(d) Biological or psychological predispositions.

(e) Antisocial behavior.

(f) Sensation seeking.

(g) Lack of adult supervision.

(27) Information dissemination: One (1) of six (6) prevention strategies identified by the Center for Substance Abuse Prevention (CSAP) that can be used as part of a comprehensive prevention program. This strategy provides information about drug use, abuse and addiction and the effects on individuals, families and communities. It also provides information on available prevention programs and services. Examples for this strategy include:

(a) Clearinghouses and other information resource centers.

(b) Media campaigns.

(c) Brochures and letters.

(d) Speaking engagements.

(e) Health Fairs.

(28) Intervention: The phase along the continuum of care between prevention and treatment. Intervention is concerned with those (usually youths) who have only recently begun to experiment with substances. The

policies, programs and practices used for intervention experimentation progresses to the stage at which treatment is needed.

(29) Media advocacy: The use of television, radio, print or other mediums to influence community norms and policies. Traditionally, the role of media in prevention has been to increase general awareness about substance abuse and related problems in an attempt to change individual behavior regarding alcohol, tobacco and other drug use.

(30) Media campaign: The use of television, radio, educational materials, websites and other publications to reach parents and youth. This is a multi-dimensional approach to educate and empower youth to reject substance use.

(31) Media literacy: The training and education of people to be able to critically analyze alcohol and tobacco messages seen via television, websites, movies, print and other entertainment mediums in order to gain an understanding of how companies may market alcohol and tobacco products.

(32) National Outcome Measures (NOMS) - The Substance Abuse Mental Health Services Administration (SAMHSA) has collaborated with states in an effort to measure the outcomes for clients in all Substance Abuse Mental Health Services Administration (SAMHSA) funded programs with the goal of using information to improve services for communities.

(33) Needs assessment: A tool used to understand the nature and extent of a health or social problem in a community with the intent to respond appropriately to programmatic, policy and budgetary decisions. Needs assessments are research-based to permit planning, programming and resource expenditure guided by data rather than subjective judgments or political considerations.

(34) Objectives: To identify what is to be accomplished during a specific period to move toward achievement of a goal.

(35) Outcome: A short-term or long-term measure of changes in substance use and its consequences related to the implementation of a prevention program.

(36) Prevention: A proactive process that empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles. The goal of substance abuse prevention is to foster a climate where:

(a) Alcohol use is acceptable only for those of legal age and when the risk of adverse consequences is minimal.

(b) Prescription and over-the-counter drugs are used for the medical purposes for which they were intended.

(c) Other substances that may be abused (e.g. aerosols, paint thinners, glue) are used for their intended purposes.

(d) Illegal drugs and tobacco are not used at all.

(37) Problem identification and referral strategy: One (1) of six (6) prevention strategies identified by the Center for Substance Abuse Prevention (CSAP) that can be used as part of a comprehensive prevention program. This strategy aims to identify those who have indulged in the use of illicit drugs or underage use of tobacco and alcohol in order to determine whether their behavior can be reversed through education. This strategy does not include any activity designed to determine whether an individual is in need of treatment. An example of an activity for this strategy is the development of a student assistance program.

(38) Program evaluation: The systematic collection and analysis of data needed to make informed decisions about a specific program or intervention.

(39) Protective factors: Factors that may prevent substance use, particularly among youth in vulnerable environments. Examples include norms against drug use and social skills to resist drug use.

(40) Resource development: The enhancement of existing resources and the creation of new resources to facilitate community coalitions, educate the community about public health initiatives and collect, analyze and organize public health data.

(41) Substance abuse: The use or abuse of illegal drugs. The abuse of inhalant. The use of alcohol, tobacco or other related products as prohibited by State or local law.

(42) Supervised practical experience: The direct observation of a staff member completing work duties that includes providing feedback to increase their knowledge and assist with their development.

(43) Stakeholders: All members of the community who have a stake in the activities or outcomes of a substance abuse intervention. Typical stakeholders include consumers of prevention services, community partners, staff, board members, volunteers, sister agencies and funding sources.

(44) Subcontractor: Anyone who performs a service for pay under the auspices of the direct contractor with the Division of Mental Health and Substance Abuse Services. The provider can subcontract up to 10% of the budget amount without prior approval. The Division of Mental Health and Substance Abuse Services must approve amounts greater than 10%.

(45) Substance use: The general consumption of alcohol, tobacco or other drugs.

(46) Target population: A group of people, usually those at high risk, who may have specific programs, practices and policies targeted to reach them in order to prevent substance use.

(47) Treatment: An organized array of services and interventions with a primary focus on curing or treating specific disorders or conditions, providing both acute stabilization and ongoing therapy.

Author: Division of Substance Abuse Services

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: New Rule: Filed: March 21, 2012

580-9-47-.02 Personnel

(1) The Chief Executive Officer/Executive Director of a Prevention Provider organization shall be a full-time employee possessing:

(a) At least a Baccalaureate in an administrative or mental health related field with at least three(3) years of progressive managerial experience in either substance abuse treatment or prevention.

(b) Be certified as a Prevention Manager by an independent certification board offering a credential approved by the Division of Mental Health and Substance Abuse Services Division of the Alabama Department of Mental Health (ADMH).

(c) Be certified as a Certified Prevention Specialist by an independent certification board offering a credential approved by the Alabama Department of Mental Health (ADMH) and have completed the Community Anti-Drug Coalitions of America (CADCA) approved Leadership Course.

(2) The Prevention Director has to meet at least one (1) of the following criteria:

(a) Have a Master's degree in a human services related field and two(2) years of work experience in substance abuse treatment or prevention or

(b) Be certified as either a Certified Prevention Specialist or a Certified Prevention Manager by an independent certification board offering a credential approved by the Alabama Department of Mental Health (ADMH).

(c) Have a Bachelor's degree in a human services related field and one (1) year work experience in substance abuse that includes all of the following:

1. Two thousand (2000) hours in substance abuse prevention.

2. One hundred (100) hours of prevention education training that includes four (4) hours of Prevention-specific HIV/AIDS education, six (6) hours of

Prevention-specific Ethics, and four (4) hours of Managing Disruptive Audience Behavior.

3. A minimum of one hundred and twenty (120) hours of supervised practical experience with at least ten (10) hours in each of the following:

(i) Individual/peer.

(ii) Family.

(iii) Community.

(iv) School.

4. Evaluations from supervisors and colleagues.

5. A signed code of ethics form.

6. Within two (2) years of assuming the duties of Prevention Director (who solely has the criteria outlined in standard 580-9-47-.02(2)(a)(3)), the staff member must take the appropriate action steps to meet the requirements outlined in standard 580-9-47-02(2)(a)(1) or (2).

(d) When the Prevention budget of a provider organization is \$120,000 or less, a single staff member may serve as Chief Executive Officer (CEO)/Executive Director (ED) and Prevention Director. This staff member must meet the requirements of the Prevention Director.

(e) A minimum of twenty (20) hours of continuing education training is required each year. The continuing education year begins with the start date of performing duties as a Prevention Director. Six (6) hours of continuing education may be obtained internal to the organization related to disease concept and pharmacology. The remaining courses shall focus on substance abuse prevention.

(f) Documentation of all education and experience verification, professional certification and continuing education training shall be maintained for each Prevention Director.

(3) Each prevention service provider shall meet at least one (1) of the following criteria:

(a) Education, experience and/or certification requirements of the Prevention Director as outlined in standard 580-9-47-.02(2)(a)(3).

(b) Be certified as an Associate Prevention Specialist by an independent certification board offering a credential approved by the Alabama Department of Mental Health (ADMH).

(4) When this criteria is not met, a person may provide prevention services under all of the following conditions:

(a) The Prevention Director provides general supervision of the person with a minimum of two (2) hours of direct supervision each month.

(b) The person must possess at least a bachelor's degree and is recommended to complete the Substance Abuse Prevention Specialist Training (SAPST) within eighteen (18) months or two (2) years in position.

(c) The person participates in a structured and documented training program that includes completion of the following trainings within the allotted time period after assuming prevention responsibilities.

1. Prevention Ethics six (6) hours within three (3) months.

2. Prevention HIV/AIDS training four (4) hours within six (6) months.

3. Managing Disruptive Audience Behavior four(4) hours within six (6) months.

4. All work under supervision must lead to certification as an Associate Prevention Specialist by an independent certification board offering a credential approved by the Alabama Department of Mental Health (ADMH) within one (1) year of employment.

5. All work performed by an employee or a contracted service provider who fails to meet the above

requirements within one (1) year of employment are subject to a chargeback by the Alabama Department of Mental Health (ADMH).

(5) Each prevention service provider shall complete a minimum of twenty (20) hours of continuing education training each year. The continuing education year begins with the hiring date to perform duties as a Prevention Specialist. Six (6) hours of continuing education may be obtained internal to the organization related to disease concept and pharmacology. The remaining courses shall focus on substance abuse prevention.

(a) The continuing education requirement applies to full-time, part-time and contract workers.

1. Documentation of all education and experience verification, professional certification, and continuing education training shall be maintained for each prevention service provider.

(6) **Criminal History Checks:** All providers who provide prevention services and practice to communities must have a current criminal history check. Documentation must be maintained in each staff person's file.

(7) **Subcontracting and Scope of Service Obligation.** A subcontractor of prevention services shall be responsible for meeting the education, experience and/or professional certification requirements for prevention service provider.

Author: Division of Substance Abuse Services

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: New Rule: Filed: March 21, 2012

580-9-47-.03 Prevention Records

(1) Prevention activities shall be documented by hard copy format and kept on file by the prevention provider.

(2) Certified staff members who perform prevention services must document the following:

(a) Date and physical location where service was delivered.

- (b) Topic addressed.
- (c) Description of activities.
- (d) Length of the presentation.
- (e) Number of participants.
- (f) Identification of participants by gender.
- (g) Identification of participants by age.
- (h) Identification of participants by race/ethnicity.
- (i) Domain.
- (j) Prevention strategy.
- (k) A ADMH approved attendance log or a printout of the teacher list with signature (prevention activity form).
- (l) The signature of the individual(s) who provided the actual prevention service.
- (m) Applicable billing codes.
- (3) All supporting documentation for prevention services performed by a provider must be maintained and readily available for at least three (3) previous fiscal years.

Author: Division of Substance Abuse Services
Statutory Authority: Code of Ala. 1975, §22-50-11.
History: New Rule: Filed: March 21, 2012

580-9-47-.04 Community Planning Prevention providers shall utilize the Strategic Prevention Framework (SPF) to plan strategic efforts for service provision, mobilization of community partners and to change community norms and practice. An annual plan will be submitted to the Alabama Department of Mental Health (ADMH) once every two (2) years.

- (1) Assessment.

(a) Each prevention agency will assess prevention needs based on State epidemiological data provided. Additionally, service provision will be driven by cultural competency, local data and demographics of the specific target population.

(b) The prevention agency will maintain a roster of names and contact information for stakeholders representing the following sectors:

1. Youth.
2. Parents.
3. Businesses.
4. Schools/school system.
5. Media.
6. Youth organizations.
7. Law enforcement.
8. Religious or fraternal organizations.
9. Civic groups and/or Healthcare professionals.
10. State, local, or tribal governmental agencies.
11. Children's Policy Council.
12. Faith based entities.
13. Participants of service(s).
- (2) Data collection.

(a) The prevention agency will collect and maintain data on National Outcome Measures (NOMS) as defined by the Substance Abuse Mental Health Services Administration (SAMHSA) and communicated by the Alabama Department of Mental Health (ADMH).

(3) Capacity.

(a) Each prevention agency will document the agency and community's internal and external capacity as evidenced by maintaining a list of the following services:

1. Transportation.
2. Curricula.
3. Equipment.
4. Faith based resources.
5. Community partners.
6. Coalition support.
7. Training.
8. Technical assistance.
9. Prevention funding.

(4) Planning.

(a) Prevention providers will formulate an effective plan for evidence based programs, practices and policies. A mix of strategies will be optimal for a comprehensive approach to prevention.

(b) Each Prevention agency's plan will outline the programs, practices and policies that will be used to address substance abuse in the community and include the following information:

1. Target population(s).
2. Objections.
3. Tasks/activities.
4. Goals.
5. Collaborators.
6. Funding sources.

7. Outcome measures.

(c) Each prevention agency will consider risk/protective factors and contributing conditions (e.g. local policies, practices, community culture or population shifts) in its relationship to the planning process.

(5) Implementation.

(a) Each prevention agency will maintain an annual, quarterly updated timeline that indicates anticipated and actual dates activities associated with prevention strategies.

(6) Program evaluation.

(a) Each prevention agency will maintain an evaluation plan that identifies the instrument that will be utilized to measure outcomes of the target population. The evaluation type may include pre/post tests, grades, school incident reports, attendance/absences or other statistical data that is relevant to the community and target population.

(b) The prevention agency shall have a mechanism where applicable to share findings from the evaluation with community stakeholders and funding sources.

Author: Division of Substance Abuse Services

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: New Rule: Filed: March 21, 2012

580-9-47-.05 Prevention Strategies

(1) Education.

(a) Education strategies must be approved by the Alabama Department of Mental Health (ADMH)/Division of Mental Health and Substance Abuse Services.

(b) All Education strategies must be evidence based.

(2) Alternative.

(a) Alternative strategies must be approved by the Alabama Department of Mental Health (ADMH).

(b) Alternative strategies must be used in conjunction with other Center for Substance Abuse Prevention (CSAP) strategies to decrease substance use and abuse among adolescents and young adults. Documentation must demonstrate such activity.

(c) Adult to participant ratio must be assessed to ensure safety and supervision with all alternative activities as deemed appropriate by the agency.

(d) Alternative activities should be age appropriate and culturally relevant to the target population being served.

(3) Community Based Process.

(a) All Community Based Process strategies must be approved by the Alabama Department of Mental Health (ADMH).

(4) Problem Identification & Referral.

(a) Problem Identification & Referral services must be approved by the Alabama Department of Mental Health (ADMH).

(b) Problem Identification & Referral services may not include an assessment for treatment services.

(c) Referral programs shall not be intervention programs that involve mental illness and substance abuse treatment. Limited prevention activities may include education and brief educational interventions that lead to specific referral services.

(d) Brief interventions under Problem Identification and Referral must result in referrals facilitated by prevention staff with health care providers, juvenile justice, school personnel or other community resources as appropriate.

(e) Problem Identification & Referral strategies must be used only with indicated or selective population(s).

(f) School assistance programs must be examined for best practices recommended by the Department of Education. Program goals must be measurable and address only the education intervention.

(g) School assistance programs must be examined for best practices under the auspices of recommendations set forth by the Department of Education. Program goals must be measurable and address only the educational intervention.

(5) Environmental Strategies.

(a) Environmental strategies must be approved by the Alabama Department of Mental Health (ADMH).

(b) The environmental strategy must address access and/or availability of tobacco, alcohol and/or other drugs and social norms within the community domain.

(c) Environmental strategies must not be limited to information dissemination.

(d) Access and availability strategies must be measurable to ascertain whether program goals and objectives have been achieved.

(e) The environmental strategy may define a community as a neighborhood, town, school district, zip code designation, community's name with specific boundaries (streets/avenues) and a specified urban, rural or suburban area.

(f) A program description for an environmental strategy must include goals/objectives, location of activities, descriptions of activities and how success will be measured.

(g) Documentation of partnerships to meet environmental strategies shall include all support documentation.

(h) Media advocacy must accompany an environmental strategy. The media advocacy approach must be documented and include planning documents, contracts for service, sample messages and publicity content.

Author: Division of Substance Abuse Services

Statutory Authority: Code of Ala. 1975, §22-50-11.
History: New Rule: Filed: March 21, 2012

580-9-47-.06 **Performance Improvement** The provider shall provide written documentation of the entity's operation and maintenance of a Performance Improvement System.

(1) All prevention programs shall have a Performance Improvement designed to:

(a) Monitor and assess prevention processes and outcomes.

(b) Identify organizational and capacity issues as they relate to programming.

(c) Improve the overall quality of prevention practice.

(d) Improve the overall quality of prevention programs.

(e) Instill a process for informed decision making on appropriate service provision.

(f) Ensure program fidelity and documentation, if adaptation(s) are needed and document consultation with the program developer.

(2) The Performance Improvement System shall perform an annual feedback survey to community partners, parents of youth participants, youth participants, adult participants and consumers of services.

(3) The Performance Improvement System shall perform an observation of direct prevention staff at least twice during the fiscal year. Direct feedback to staff will evaluate the following:

(a) Rapport with the targeted audience.

(b) Delivery and accuracy of information.

(c) Awareness and sensitivity to cultural responsiveness.

(d) Prevention activities are responsive to the developmental needs of the target audience.

Author: Division of Substance Abuse Services

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: New Rule: Filed: March 21, 2012

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION

SUBSTANCE ABUSE SERVICES DIVISION

ADMINISTRATIVE CODE

CHAPTER 580-9-47 PREVENTION CERTIFICATION STANDARDS
"Repealed"

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580-9-47-.01 Applicability.

(1) All agencies/organizations that receive Federal Block Grant funds for primary prevention services must receive programmatic certification by the Department of Mental

Health/Mental Retardation (DMH/MR), Substance Abuse Services Division (SASD).

(2) The following standards apply to all agencies/organizations under contract to the SASD for the provision of primary prevention services.

Author: Division of Substance Abuse Services

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: New Rule: Filed January 27, 2000; effective March 2, 2000.

580-9-47-.02 Definitions. The Code of Ala. 1975, §22-50-1 defines mental health services as the "Diagnosis of, treatment of, rehabilitation for, follow-up care of, prevention of and research into the causes of all forms of mental or emotional illnesses."

Author: Division of Substance Abuse Services

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: New Rule: Filed January 27, 2000; effective March 2, 2000.

580-9-47-.03 Program Approval. (Repealed)

Author: Division of Substance Abuse Services

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: New Rule: Filed January 27, 2000; effective March 2, 2000. **Repealed:** Filed November 19, 2003; effective December 24, 2003.

580-9-47-.04 Appeal Procedure.

(1) Notice of certification action or any specific findings contained in the Site Visit report may be appealed in writing to the Director, Substance Abuse Services Division, within 15 working days after receipt of the notice of certification action or the Site visit Report. The written appeal must specify the precise reason(s) for the appeal and must contain documentation to support modification of

the Department certification decision or the site visit findings.

(2) The Director of the Substance Abuse Division must respond in writing to the appeal within 15 working days after receipt, either upholding or revising the initial findings of the certification decision.

(3) If the Division Director does not find that there is adequate basis to modify the site visit findings of the Department Certification decision, a second appeal may be made in writing to the Deputy Commissioner of Mental Health/Mental Retardation within 15 working days after receipt of the written notice of the Director of SASD's decision. The Deputy Commissioner will have 15 working days after receipt of the second level written appeal in which to render a decision in writing.

(4) Final appeal of the Deputy Commissioner's decision must be made in writing to the Commissioner within 15 working days after receipt of the decision. The Commissioner will have 30 working days after receipt of the final appeal in which to schedule a hearing from both parties and render a final decision in writing.

Author: Division of Substance Abuse Services

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: New Rule: Filed January 27, 2000; effective March 2, 2000.

580-9-47-.05 Duration Of Approval.

(1) Upon satisfactorily meeting all regulations, a program shall be issued a certificate of compliance. Each certificate of compliance shall remain in effect until:

(a) A subsequent site visit is conducted; or

(b) The contract expires and is not renewed. In this event, the program shall return the certificate to DMH/MR.

Author: Division of Substance Abuse Services

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: New Rule: Filed January 27, 2000; effective March 2, 2000.

580-9-47-.06 Governing Body Authority.

(1) The provider must be a public or private non-profit corporation.

(2) The organization must provide written documentation to the DMH/MR of its source of authority through its articles of incorporation(or charter) and bylaws.

(3) The Board of Directors of the corporation, as its governing body, has responsibility and authority for the overall conduct of operations including the treatment and/or prevention programs provided by the organization.

Author: Division of Substance Abuse Services

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: New Rule: Filed January 27, 2000; effective March 2, 2000.

580-9-47-.07 Personnel Management.

(1) General Staff.

(a) The chief executive officer/director of a prevention provider organization shall be a full-time employee possessing:

1. At least a baccalaureate in an administrative or mental health related field with at least three years of progressive managerial experience in either substance abuse treatment or prevention; or

2. Be certified as a Prevention Manager by an independent certification board offering a credential approved by the Substance Abuse Services Division of the State Department of Mental Health/Mental Retardation.

(b) The financial accounting operations of a service provider organization with a total annual budget exceeding \$500,000 shall be supervised by a full-time employee, or a contracted service provider who has the following qualifications:

1. At least a bachelor's degree in accounting or business, finance, management, public administration, with accounting courses; and
2. At least two years accounting experience.

(c) The financial accounting operations of a service provider organization with a total annual budget less than \$500,000 shall be supervised by an employee or contracted service who/which has the following qualifications:

1. Demonstrated familiarization with Generally Accepted Accounting Principles and;
2. At least two (2) years accounting/bookkeeping experience.

(d) The provider shall have an organizational chart depicting functional areas of responsibility and lines of supervision.

(2) Prevention Staff.

(a) The Prevention Director/Coordinator shall meet any one or more of the following:

1. Have a master's degree in a human services or related field and one years experience in the field of substance abuse prevention (may complete one prevention course at a State Alcohol and Drug Studies School within one year of employment in lieu of one years experience); or
2. Be certified as either a Prevention Manager or a Prevention Specialist by an independent certification board offering a credential approved by the Substance Abuse Services Division of the State Department of Mental Health/Mental Retardation; or
3. Have a baccalaureate degree in a human services or related field and two years experience in the field of substance abuse, one of which shall be in prevention.

(b) All Prevention Services Providers shall meet any one or more of the following:

1. The same requirements as in 580-9-47-.07(1) above; or

2. Be certified as an Associate Prevention Specialist by an independent certification board offering a credential approved by the Substance Abuse Services Division of the State Department of Mental Health/Mental Retardation.

3. An individual who does not meet the requirements listed in 580-9-47-.07(2)(b)1. or 2. may provide prevention services under the following conditions:

i. Be under the direct supervision of an individual meeting the above requirements; and

ii. Be in a structured and documented training program that will lead to meeting the above requirements within one year of employment. (All work performed by such individuals who fail to meet the above requirements within one year of employment are subject to a charge back.)

Author: Division of Substance Abuse Services

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: New Rule: Filed January 27, 2000; effective March 2, 2000.

580-9-47-.08 Continuing Education.

(1) Each prevention professional/service provider shall receive a minimum of 20 contact hours of continuing education training each year. At least six of these contact hours shall be obtained through a state sponsored or approved course.

(2) Each prevention service provider shall be trained in HIV/AIDS education/prevention within 90 days of employment.

(3) Each prevention service provider shall be trained in procedures for managing disruptive behavior within 90 days of employment.

(4) Each prevention service provider shall be trained in Prevention Ethics within 90 days of employment.

(5) Documentation of all education/experience qualifications, professional certification, and all continuing education training shall be maintained within a folder for each individual prevention professional/service

provider and retained on file by the Prevention Coordinator.

Author: Division of Substance Abuse Services

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: New Rule: Filed January 27, 2000; effective March 2, 2000.

580-9-47-.09 Prevention Records.

(1) Each prevention activity/occurrence that is provided for reimbursement under contract with the DMH/MR shall be recorded on an activity sheet.

(2) Documentation of all prevention services shall be completed by the person who delivers the service and shall contain:

- (a) The date and location of each service delivery;
- (b) The topic addressed;
- (c) A description of activities provided;
- (d) The length of the presentation;
- (e) The number of recipients by gender, age and race;
- (f) The Prevention Objective code;
- (g) The attendance log or roll; and
- (h) The signature of the person providing the service.

(3) Each prevention objective shall have a separate individual folder(or notebook) containing the written objective, documentation of the service delivery, the outcome measurement instrument used, and the outcome evaluation results.

(4) The activity sheets, attendance logs/rolls, and annual outcome summaries shall be maintained for the past three (3) fiscal years.

Author: Division of Substance Abuse Services

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: New Rule: Filed January 27, 2000; effective March 2, 2000.

580-9-47-.10 Participant Protection. The provider agency/organization must report all cases of suspected abuse, neglect, or exploitation of program participants, regardless of age, to the local DHR office, and to the DMH/MR Director, within three working days of the incident.

Author: Division of Substance Abuse Services

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: New Rule: Filed January 27, 2000; effective March 2, 2000.

580-9-47-.11 Quality Assurance Program.

(1) A service provider organization shall have in place a quality assurance plan in which a designated person is responsible for the periodic review of all documentation related to staff qualifications and service provision.

(2) As a result of the review, any problems identified, action taken, and follow-up shall be documented and communicated through organized discussion with all concerned staff.

Author: Division of Substance Abuse Services

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: New Rule: Filed January 27, 2000; effective March 2, 2000.

580-9-47-.12 Prevention Plan. Each DMH/MR contracted prevention service provider shall develop and maintain a comprehensive prevention plan. This plan shall set forth the agency's prevention philosophy and outline all prevention services provided by the organization. This plan should state the amount and type of prevention services that are being provided to each county within its catchment area and shall be up-dated annually. This plan shall be in conformance with the State and Region plan.

Author: Division of Substance Abuse Services

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: New Rule: Filed January 27, 2000; effective March 2, 2000.

580-9-47-.13 Prevention Reporting. At the end of each fiscal year each prevention organization shall submit to the DMH/MR within sixty days a detailed evaluation report outlining the outcome results of each prevention objective. This report shall list the total number of recipients for each objective broken down by age range, gender, and race; a copy of the type(s) of measurement used; what was being measured; size of the sample(s); and the outcome evaluation results.

Author: Division of Substance Abuse Services

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: New Rule: Filed January 27, 2000; effective March 2, 2000.

580-9-47-.14 Request For Proposal. All prevention objectives shall conform to the guidelines as outlined within each annual Request For Proposal (RFP) and shall be in accordance with the state and regional plan.

Author: Division of Substance Abuse Services

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: New Rule: Filed January 27, 2000; effective March 2, 2000.

580-9-47-.15 Waiver Requests. All requests for waivers must be submitted in writing to the DMH/MR Director. The DMH/MR Director shall review this request then render a written decision to the program within 30 days. Services delivered during the same period shall be reimbursed provided they are not otherwise in violation of these standards or law.

Author: Division of Substance Abuse Services

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: New Rule: Filed January 27, 2000; effective March 2, 2000.
