

# Policy Bulletin

## Bureau of Drug and Alcohol Programs

### No. 2-11

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### Prevention Manual Revisions

#### *Effective Immediately*

The Prevention Manual for the 2010-2015 Grant Agreement has been revised. The formatting has been updated throughout the manual. It is recommended that you save and print a new copy of the entire manual. An electronic version is available on the BDAP Communicator.

The following revisions have been made to the Prevention Manual:

#### **Page iii: Overview of Prevention**

- Revised to include implementation of procedures.
- Local innovation and other proven strategies were added to the basis of proven methodologies.
- The importance of partnerships has been added.

#### **PART I. Performance Based Prevention**

Part 1, A:

- Revised to reflect that SCAs manage rather than implement a comprehensive system of resources
- Reference to service delivery was removed from Part 1, A. and expounded. A separate paragraph was added and states as follows: *“While services funded through the SCA must be provided by the SCA or a contracted provider, partnerships with other community agencies providing prevention services are also necessary. To the best of the SCA’s ability, the SCA should be aware of prevention activities occurring within its geographic region. It is encouraged that the SCA extend the opportunity for non-SCA funded prevention providers to capture their data in PBPS.”*

- Reflects a county-wide needs assessment, rather than a community-wide needs assessment.

Part 1, B is now Part 1, C.

- Removed reference to policies and practices in relation to the six federal strategies and the IOM Classifications.
- Under the six federal strategies, the addition of “level of care” as it relates to assessments was added for clarification under Problem Identification and Referral.

Program Categories:

- State Approved Effective Strategies and State Approved Effective Programs will now be referred to as State Approved Strategies and State Approved Programs. This change has been made throughout the manual.

Added to State Approved Strategies:

- “Captures activities necessary to implement or enhance evidence-based and state approved programs.”

Prevention Service Types: Recurring:

- Revised to clarify an exception to the definition of a group as it relates to service code PAA06. A group is defined as having a facilitator with at least two or more participants that are able to communicate with each other.

*Added: An exception to this rule is programs/strategies in which you use PAA06 – Individual Case Monitoring (recurring) such as Nurse Family Partnership.*

## **PART II. Performance-Based Prevention: Strategic Prevention Framework**

Part A:

- Removed criteria.
- Added reference to the needs assessment document and accompanying documents including, but not limited to, the BDAP Convenience and Key Representative Surveys. The needs assessment is to be completed per instructions in the documents.

Part B, 2:

- Changed “monitoring analysis” to “evaluation.”

Part C:

- Removed reference to policies and practices.
- Removed reference to logic models and preliminary action plans.
- Removed “Part 3” from the name of the Comprehensive Strategic Plan.

- The Comprehensive Strategic Plan must be completed per the instructions in the document.
- Added clarification that non-targeted plans are sometimes needed for a variety of reasons, such as a general event that was not planned to meet a particular need, as well as BDAP mandates such as Student Assistance Programming and Fetal Alcohol Spectrum Disorder related services.
- Added definitions of county-wide and community implementation plans and types of activities, which would fall under a non-targeted implementation plan.
- 7.j. of the list of required components of a comprehensive strategic plan was revised. It incorrectly stated that pre/post/follow-up test instruments were for recurring services only. It now correctly states that they are required for evidence-based and state approved programs.
- Added the framework for all types of implementation plans. Previously the manual only contained a framework for non-targeted activities.

Part D:

- Clarified that SCAs and providers must implement the components of their Comprehensive Strategic Plan and included an example: 20% of services must be recurring, pre/post test instruments must be administered for evidence-based and state approved programs, etc.
- Removed reference to the fidelity/adaptation instrument and the SCA's Annual Outcome Evaluation Report. Added reference to the fidelity/adaptation functionality in PBPS.

Part E:

- Removed reference to policies and practices.
- Added reference to the Monthly Fund Management Module of PBPS in relation to monitoring.
- Removed reference to the County Drug and Alcohol Prevention profile and replaced it with the Comprehensive Strategic Plan.

### **PART III. Utilizing the Performance Based Prevention Data Management System**

Paragraph A is now paragraph B and paragraph B is now paragraph A.

New Paragraph B:

- Revised to include that “data associated” with services must be recorded.
- Revised to include former paragraph E.

Paragraph C:

- Removed reference to the Adult and Youth NOMS Survey which is moved to Paragraph E.

#### Paragraph D:

- Clarified that the use of an alternate instrument requires prior approval from BDAP and justification for the request to use an alternate instrument must be provided by the requestor.

#### Paragraph E:

- Original content of this paragraph was integrated into paragraph B. Paragraph E is now the NOMS requirements. NOTE: the NOMS must be administered to single service attendees and recurring service participants. As such, surveys must be entered into PBPS attached to a program. This requirement will be strictly enforced.

#### Paragraph F:

- Revised the approval process requirements regarding SCAs entering data on behalf of a provider. SCAs request permission to enter data for a provider through PBPS when they request to add a provider. The request is granted via the approval of the provider in the system with the SCA having data entry rights.
- Removed reference to policies and practices.
- Added a procedure related to SCAs changing the responsible party for data entry into the PBPS: *“Should circumstances change and the SCA would begin to have the provider enter their own data, the SCA must request the change via PBPS and the request is subject to approval by BDAP. This change can only be made at the beginning of a fiscal year. Methodologies for data entry cannot be changed in mid-fiscal year.”*

## **PART IV. Training Requirements**

### Performance-Based Prevention System (PBPS) Trainings

- Revised to reflect the new training and certification process via KIT Solutions as follows: *“Any individual entering or monitoring data into PBPS or who is directly responsible for supervising others with these responsibilities must view the training videos related to their role in prevention and data entry on the KIT PBPS Support Site and pass a certification test with a score of at least 80%. Upon the creation of a user account, the user has 90 days to view the videos and pass the certification test. If the users fail the test, they will be able to retake it every seven (7) days until he/she is able to pass the test. After 90 days if the users have not passed the test, he/she will not be able to utilize PBPS other than to log in and retake the test until he/she passes.”*
- Revised to reflect that PBPS Training certificates prior to June 1, 2010 are no longer valid.

### Fetal Alcohol Spectrum Disorder (FASD)

- Removed reference to specific courses from SAMHSA as they are subject to change.

## Twelve (12) Hours Per Year Training Requirement

- Removed invalid links to training websites.
- Added Commonwealth Prevention Alliance to the list of recognized drug and alcohol prevention organizations.