

DEPARTMENT OF MENTAL HEALTH SUBSTANCE ABUSE SERVICES DIVISION
ADMINISTRATIVE CODE

CHAPTER 580-9-47
PREVENTION STANDARDS

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580-9-47-.01 Definitions.

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 Activities: 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 use.

(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 use 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 recipients 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 substance use.

(d) Insufficient community resources to support prevention efforts.

(e) Inability to address substance use 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) Criminal History Check: is a listing of certain information taken from submissions retained by federal and state law enforcement agencies in connection with arrests and, in some instances, federal employment, naturalization, or military service.

(16) 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.

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

(18) Data: Information or facts from which conclusions can be drawn; collected according to a methodology using specific research methods and instruments. A data driven process is whereby decisions are informed by and tested against systematically gathered and analyzed information.

(19) 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.

(20) 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 users.

(21) 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 use, the environment is a societal climate that encourages, supports, reinforces or sustains problematic use of drugs.

(22) 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.

(23) **Epidemiological Profile:** A summary and characterization of the consumption (use) patterns and consequences of the use of ATOD (alcohol, tobacco and other drugs) or other substances. The epidemiological profile identifies the sources of data on consumption patterns as well as the indicators used to identify consequences (e.g., morbidity and mortality).

(24) **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, recipient welfare, confidentiality, recipient relationships, inter-professional relationships, and remuneration.

(25) **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.

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

(27) Evidence-Based (Programs/Practices): As described by SAMHSA, three categories of programming that are conceptually sound, consistent, and reasonably well implemented and evaluated. The three levels include Promising Programming, Effective Programming, and Model Programming.

(28) Fidelity: Replicating a program model or strategy. A program having "fidelity" should be implemented with the same specifications of the original program. Fidelity can balance with adaptations to meet local needs.

(29) 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.

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

(31) Indicated: The Continuum of Care classification for prevention interventions focused on high-risk individuals who are identified as having minimal but detectable signs or symptoms that foreshadow behavioral health disorders, prior to the diagnosis of a disorder. The system was developed by the Institute of Medicine.

(32) 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 use 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.

(33) 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, 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.

(34) Institute of Medicine Model (IOM) of "The Continuum of Care": is a classification system that presents the scope of behavioral health services that includes promotion of health, prevention of disease, treatment, and maintenance/recovery. Promotion and prevention are part of this system and includes three commonly used classifications: Universal, Selective, and Indicated.

(35) 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.

(36) 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 use and related problems in an attempt to change individual behavior regarding alcohol, tobacco and other drug use.

(37) 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.

(38) 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.

(39) National Outcome Measures (NOMS) - The Substance Abuse Mental Health Services Administration (SAMHSA) has

collaborated with states in an effort to measure the outcomes for recipients in all Substance Abuse Mental Health Services Administration (SAMHSA) funded programs with the goal of using information to improve services for communities.

(40) **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.

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

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

(43) **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 use 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 used (e.g., aerosols, paint thinners, glue) are used for their intended purposes.

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

(44) **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.

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

(46) **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.

(47) **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.

(48) **Selective:** The Continuum of Care classification for prevention interventions focused on individuals or subgroups of the population whose risk of developing behavioral health disorders is significantly higher than average.

(49) **SPF (Strategic Prevention Framework):** A five-step process of planning to create a framework that promotes assets building to achieve goals. The framework steps include assessment, capacity, planning, implementation, and evaluation. The framework was developed by SAMHSA (Substance Abuse and Mental Health Services Administration).

(50) **Stakeholders:** All members of the community who have a stake in the activities or outcomes of a substance use intervention. Typical stakeholders include recipients of

prevention services, community partners, staff, board members, volunteers, sister agencies and funding sources.

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

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

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

(54) 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. Experience gained while working towards the completion of personnel requirements. Experience is gained under the supervision of someone that has a masters in a human service-related field and two (2) years work experience in substance use treatment or prevention or that is 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).

(55) 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.

(56) 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.

(57) Universal: The Continuum of Care classification for prevention interventions focused on the general public or a

population subgroup that have not been identified on the basis of risk.

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580-9-47-.02 Personnel.

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(1) It will be incumbent on the Board of Directors of each organization/agency to develop the qualifications for the position of Executive Director. This is a full-time position and the required qualifications for the Executive Director should be commensurate with the professional staff employed by the organization/agency and with the continuum of care provided by the organization/agency.

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

(a) Have a Master's degree in a human services related field and one (1) year of work experience in substance use 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) or

(c) Have a Bachelor's degree in a human services related field and two (2) years of work experience in substance use treatment or

prevention and shall become certified as a Certified Prevention Specialist by an independent certification board offering a credential approved by the Alabama Department of Mental Health (ADMH) within two (2) years of hire.

(d) When the Prevention budget of a provider organization is \$500,000 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.

(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) or

(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) or

(c) If not currently certified as an Associate Prevention Specialist, shall become certified within two (2) years of hire by an independent certification board offering a credential approved by the Alabama Department of Mental Health (ADMH) and shall receive the following:

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

2. All work performed by an employee or a contracted service provider who fails to meet the above requirements within two (2) years of employment are subject to a chargeback by the Alabama Department of Mental Health (ADMH).

(4) Staff Development and Training. The following trainings shall be provided and documented for Prevention Director and all Prevention Service Providers:

(a) Within twelve (12) months of hire and annually thereafter, shall complete a minimum of twenty (20) hours of training with at least fifty percent (50%) prevention specific and shall include ADMH approved Prevention Ethics training. Subsequent Ethics training shall be completed every two (2) years.

(5) Documentation of all education and experience verification, professional certification, and training shall be maintained for all prevention service staff.

(6) Criminal History Checks: All providers who provide prevention services and practices to communities shall have a current, upon hire and every [5] five years thereafter, criminal history check. Documentation shall 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 professional certification requirements for prevention service provider unless they are a drug free community or coalition that has completed a CADCA approved Leadership Course.

Author: Division of Substance Abuse Services

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580-9-47-.03 Prevention Records.

580-9-47-.03 Prevention Records

(1) Prevention activities shall be documented and kept on file by the prevention provider. An ADMH approved attendance log, or a printout of the teacher list shall be attached, if applicable.

(2) Prevention staff who perform prevention services shall document services on the ADMH approved activity sheet.

(3) Prevention Records and supporting documentation shall be maintained and readily accessible to ADMH for current certification period.

Author: Division of Substance Abuse Services

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

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580-9-47-.04 Community Planning.

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. A prevention plan will be submitted to the Alabama Department of Mental Health (ADMH) Division of Mental Health and Substance Use Services Office of Prevention once every two (2) years.

(1) Assessment.

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

(b) The prevention agency shall 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 shall 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 shall 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 shall formulate an effective plan for evidence-based programs, practices and policies. A mix of strategies shall be optimal for a comprehensive approach to prevention.

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

1. Target population(s).
2. Objectives.
3. Tasks/activities.
4. Goals.
5. Collaborators.
6. Funding sources.
7. Outcome measures.

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

(6) Program evaluation.

(a) Each prevention agency shall 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

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580-9-47-.05 Prevention Strategies.

580-9-47-.05 Prevention Strategies

(1) All prevention strategies proposed for implementation shall be documented in a prevention plan that follows the Strategic Prevention Framework, submitted to the Alabama

Department of Mental Health (ADMH) Division of Mental Health and Substance Use Services Office of Prevention, every (2) years.

(a) Amendments to the Prevention Plan are the responsibility of the provider and shall be approved by the Alabama Department of Mental Health (ADMH) Division of Mental Health and Substance Use Services Office of Prevention prior to implementation.

(2) All prevention strategies shall be approved by the Alabama Department of Mental Health (ADMH) Division of Mental Health and Substance Use Services Office of Prevention prior to implementation.

(3) All prevention strategies implemented shall be documented on a prevention activity sheet.

(a) Education.

1. All Education strategies must be evidence based.
2. Education strategies may be used in conjunction with another strategy(ies).

(b) Alternative.

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

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

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

(c) Community Based Process.

1. Community Based Processes shall focus on capacity enhancement through organizing, planning, interagency collaboration, coalition building and networking.

(d) Problem Identification & Referral.

1. Problem Identification & Referral services may not include an assessment for treatment services.

2. Referral programs shall not be intervention programs that involve mental health and substance use treatment. Limited prevention activities may include education and brief educational interventions that lead to specific referral services.

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

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

5. Problem Identification and Referral may be used in conjunction with another strategy(ies).

(e) Environmental Strategies.

1. The environmental strategy shall address access and/or availability of tobacco, alcohol and/or other drugs and social norms within the community domain.

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

3. 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.

4. Documentation of partnerships to meet environmental strategies shall include all support documentation.

5. Media advocacy may accompany an environmental strategy when appropriate. The media advocacy approach must be documented and include planning documents, contracts for service, sample messages and publicity content.

(f) Information Dissemination Strategies.

1. The information dissemination strategy shall provide information through one-way communication between the agency and the community (audience).

2. Information Dissemination may be used in conjunction with another strategy(ies).

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580-9-47-.06 Performance Improvement.

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 System 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 recipients 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

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