Mental Health,
Developmental Disabilities,
and Substance Abuse Services
HEALTH AND HUMAN SERVICES

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Secretary

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To: LME-MCO CEOs
LME-MCO Prevention Points of Contact
LME-MCO Compliance Reporting Staff

From: Sarah Potter
Chief of Community Wellness, Prevention and Health Integration

RE: SAPTBG Guidance on SA Prevention Strategies

Several LME-MCO representatives have requested guidance on current expectations for the Substance Abuse Prevention and Treatment Block Grant- Prevention (SAPTBG-P). This memo clarifies DMH/DD/SAS guidance on requirements for allocation of expenditures and level of effort for prevention activities performed under the SAPTBG-P.

This guidance takes effect immediately. However, the Division recognizes that making changes in service delivery and expenditures that take place in the community takes time to occur. Please take care to allow for transitions at the community level that do not create undue disturbances with community partnerships or abruptly cease services. LME-MCOs should begin a transition plan, in conjunction with contracted prevention providers, to meet the allocations of expenditures and level of efforts for prevention strategies outlined in this guidance.

For support in all phases of this transition for LME-MCOs and community based providers, the Prevention Training and Technical Assistance Center at UNC-G has consultants with specialized experience in managing substance abuse prevention system transitions. To learn more, or access individualized support, please contact jkdicke2@uncg.edu.

Historical Prevention Strategy Requirements

Historically, LME-MCOs were required to report in all 6 Prevention Strategies listed below.[1]

- ***Community-based Processes.*** This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for substance abuse disorders.
- ***Environmental Strategies.*** This strategy establishes or changes written and unwritten community standards, codes, and attitudes, thereby influencing incidence and prevalence of

[1] These definitions are taken from the Federal Register, Volume 58, Number 60, March 31, 1993.

substance abuse in the general population. This strategy is divided into two subcategories to permit distinction between activities that center on legal and regulatory initiatives and those that relate to the service and action-oriented initiatives.

- ***Prevention 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.
- ***Information Dissemination.*** This strategy provides awareness and knowledge of the nature and extent of substance use, abuse, and addiction and their effects on individuals, families, and communities. It also provides knowledge and awareness of available prevention programs and services.

New Prevention Strategy Requirements

This new guidance is in response to recommendations from the Center for Substance Abuse Prevention regarding the North Carolina SAPTBG-P System, and feedback from LME-MCOs and community based providers on difficulties accomplishing all 6 prevention strategies.
The requirements for LME-MCOs to focus prevention resources on the Core Prevention Strategies (Prevention Education, Community Based Processes, and Environmental Strategies) outlined below is supported by substantial research showing these strategies effective in preventing substance use when used as standalone strategies. Optional prevention strategies (Information Dissemination, Alternative Activities, and Problem ID & Referral) are allowable only when used in support of, or in conjunction with, a Core Prevention Strategy.

The Division requires that LME-MCOs ensure that prevention resources are directed, as follows, to the following Core Prevention Strategies:

Core Prevention Strategies	**Prevention Targets**
Youth Prevention Education	Maximum of 30%
Community Based Processes	At least 50% combined
Environmental Strategies	

Optional Prevention Strategies *Only in support of an identified Core Prevention Strategy	**Prevention Targets**
Information Dissemination	Maximum of 12%
Alternative Activities	Maximum of 3%
Problem ID and Referral	Maximum of 4%

LME-MCOs ARE REQUIRED to ensure implementation of the Core Prevention Strategies in their catchment area. LME-MCOs ARE NOT required to ensure implementation of optional prevention strategies. LME-MCOs, in conjunction with prevention providers, should choose strategies based upon the needs of their service area identified through a needs assessment, in consideration of the recommendations above and the capacities of individual provider organizations. This allows LME-MCOs flexibility to design a prevention plan to serve demonstrated needs in their catchment area, building on the strengths of prevention providers in their catchment areas. In addition, LME-MCOs, in conjunction with prevention providers, can

decide if optional prevention strategies should be used to augment Core Prevention Strategies to meet prevention goals for their catchment area.

New Prevention Education Strategy Requirements

Prevention education programs are categorized by their target audience as: universal programs, selective programs, and indicated programs. These categories are defined below:

- ***Universal.*** Addresses the entire population to prevent or delay the use of alcohol, tobacco, and other drugs.
- ***Selective.*** Selective prevention strategies target subsets of the total population deemed to be at risk for substance abuse by virtue of their membership in a particular population segment--for example, children of adult alcoholics, dropouts, or students who are failing academically.
- ***Indicated.*** Indicated prevention strategies prevent the onset of substance use in individuals who do not meet DSM-IV criteria for addiction, but who are showing early danger signs, such as falling grades and consumption of alcohol and other gateway drugs. The mission of indicated prevention is to identify individuals who are exhibiting early signs of substance abuse and other problem behaviors associated with substance abuse and to target them with special programs.

The Division requires that LME-MCOs ensure that prevention resources are directed, as follows, for the Strategy of Prevention Education:

Prevention Education	Prevention Target
Universal	At least 60%
Selective	Maximum of 35%
Indicated	Maximum of 5%

Prevention Education target audience(s) should be based upon the needs of the service area, with consideration of the return on investment. Universal prevention strategies are delivered at the lowest cost per person, while indicated prevention strategies have the highest cost per person on average. As such, in most communities the greatest proportion of substance abuse prevention block grant funds should be targeted toward universal and selective prevention education strategies.

Please allow for transitions in service delivery at the community level that do not create undue hardships or abruptly cease services. For assistance in creating a transition plan, please contact the NC Prevention Training and Technical Assistance Center at UNC-G at jkdicke2@uncg.edu.

For questions related to this guidance, please email DMH.Prevention@dhhs.nc.gov.

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