SAPTBG Guidance Memo on SA Prevention Strategies
Frequently Asked Questions

Does every provider we work with have to show evidence that they are working on all three of core strategies, or is it acceptable to have some providers focus on some of the strategies and others focus on different strategies, depending on their capacity and expertise?

It is our intent that the LME/MCO cover the three core strategies in the indicated proportions. We recognize that it has been difficult for individual prevention providers to implement all six strategies, and that some providers have greater capacity and interests in one strategy over another. As such, DMH/DD/SAS does not require that every prevention provider implement each of the three core strategies. It is acceptable for them to be contracted for one, two, or all three core strategies; however, in all cases, those strategies should be based upon local needs assessment data.

It is the responsibility of the LME/MCO to ensure balance among their prevention providers, such that they are working towards having at least 50% of SAPBG funds are spent on community-based processes and environmental strategies, and no more than 30% spent on prevention education at the LME/MCO level. As indicated in our recent guidance memo, we do not expect to see immediate change, but we do want to see evidence that you are working towards these benchmarks.

We have been working toward realigning strategies for a while, but are still not close to the goals required in the 9-12 memo. Since many staff are in school systems and in other venues in our community, they have commitments that can’t be immediately broken without harm to community relationships. We are obviously working hard on figuring out ways to move quickly toward the desire goals, however, it takes to make changes in a sprawling system.

Will future SA Prevention funding of a LME/MCO be affected if we are unable to meet the goals by the time of the annual audit given the time frame covered by the audit?

We understand the position you are in with the time it takes to make system level changes without doing harm to the relationships developed in communities. Community relationships are essential to prevention services and we want transitions to go smoothly. This is why you don’t see a time requirement in the memo, rather an encouragement to work with providers and reach out TA Center for support and ideas of how to transition expenditures from one place to another, without damaging community partnerships. We expect that the farther you are from the benchmarks, the longer it will take to get there. SA Prevention funding will not be affected if you are unable to meet the targets in the coming year.

Will the LME/MCO be in a payback position with regard to SA Prevention funding if we are unable meet the goals by the time of the next audit?

You will not be in a payback position if you do not meet the benchmarks set forth in the memo by the time of the next audit. These percentages are part of a system shift. They are targets the system is moving toward, not something that will be required by the audit.
Our prevention team is working on a plan to realign our activities to conform with the core prevention strategy expectations set out in the 9-12-16 guidance document. Some of my providers did not get enough staff trained in Communication Campaigns and Public Policy to Reduce ATOD. On their behalf I am asking whether there will be any additional trainings in these two areas in the near future.

We are currently working on the TTA calendar for the year. It will include communication campaign and policy trainings. Three other opportunities are also coming up that will help with the realignment. First, regional networking meetings will provide additional instruction and clarification regarding reporting. This is likely to show that there are some activities your providers are doing that are not currently being captured. Secondly, the needs assessment and capacity building/strategic planning trainings both yield activities that will count towards community-based processes (e.g., needs assessment, systemic planning). And third, the needs assessment training will also address how assessment is used in the early audit steps for communications campaigns and policy.

The memo indicates that Youth Prevention Education should use no more than 30% of SAPBG funding, and that within this, at least 60% should be spent on universal program, and no more than 35% and 5% respectively should be spent on selective and indicated programs, respectively. Are we correct in the following assumptions: (1) that none of the curriculum activities can be counted in any other area, i.e. Information destination, community based processes, etc. and (2) if the maximum available for Youth Prevention Education is $100,000 then the sub division of prevention education would be at least 60,000 for universal, and no more than $35,000 and $5,000 for selective and indicated programs, respectively?

It is largely true that none of a curriculum’s activities can be counted under another strategy. However, there may be exceptions depending upon on how the programs are being used and with which populations. The TTA Center can help you examine your current use of prevention education programs to determine if any of the activities reported under education can be reported accurately under a different strategy (such as community based processes).

You are correct in that if you have $100,000 available for Prevention Education that you should be working towards a division whereby at least $60,000 is available for universal prevention programs, and that not more than $35,000 and $5,000 is available for selective and indicated programs respectively. However, we expect that it will be a process to achieve these targets. The farther away you are from the target percentages, the longer it is likely to take. In some cases, a curriculum can be used with both universal and selective populations. We recommend talking with providers about the possibility of shifting to a universal population when they are using a curriculum that can be used with a universal or selective audience, as it may be an easy place to see movement.