

CHAPTER 8

Rules and Regulations of the Behavioral Health Division Mental Health and Substance Abuse Services

Prevention Services

Section 1. Authority. These Rules are promulgated by the Wyoming Department of Health pursuant to W.S. § 9-2-2701(b) and the Wyoming Administrative Procedure Act at W.S. § 16-3-101 through 115.

Section 2. Purpose and Applicability. These rules have been adopted to establish standards for community substance abuse prevention and to provide a full continuum of quality, research-based, best practice substance abuse services to Wyoming citizens.

Section 3. Prevention Services.

(a) Prevention services must meet all applicable standards in Chapter 4, Section 3 of these rules, including the following service level requirements.

(b) Description of Services. Prevention services shall be provided in any community through a collaborative public health process based upon local data and needs, and employing evidence-based strategies. To be certified under these rules, the prevention service must demonstrate it has conducted a local needs assessment, worked collaboratively to mobilize and build capacity in the community, created a strategic plan for prevention, implemented evidence-based policies, practices and programs, and participated in both process and outcome evaluation.

(c) Needs Assessment. The prevention service must demonstrate it has conducted or participated in conducting a community level needs assessment, or is using a previously completed, currently valid needs assessment, as defined by the Division. The needs assessment must include local level data reflecting substance use prevalence rates and the consequences to substance use. It must also include data on possible intervening variables. Examples of data sources include the Wyoming Prevention Needs Assessment, the Youth Risk Behavior Surveillance Survey, Uniform Crime Reports, the Behavioral Risk Factor Surveillance Survey, and the United States Census.

(d) Collaboration. The prevention provider must demonstrate it has collaborated with other community members and organizations in an effort to build capacity and mobilize the community. As evidence of this collaboration, the provider must maintain:

(i) Membership in one or more local prevention coalitions or advisory councils;

(ii) A list of all community members and organizations in participating coalitions or advisory councils with a brief description of the contribution of each member or organization;

(iii) An agreement signed by collaborating members reflecting their understanding of the collaboration, including local law enforcement, local school districts, the local prevention block grant provider, the local tobacco prevention provider, and other relevant organizations;

(iv) Minutes of local prevention coalition or advisory council meetings; and

(v) Documentation that the services it provides support a comprehensive continuum of prevention services for the community it serves.

(e) Strategic Plan.

(i) The prevention provider must demonstrate it has a current strategic plan for prevention based upon local needs assessment data, supported by relevant local coalitions or advisory councils, and detailing the implementation of evidence-based prevention strategies.

(ii) The strategic plan must identify evidence-based strategies that specifically address the intervening variables most important in each community. These intervening variables should be directly linked to targeted local substance use problems.

(iii) The strategic plan must include the target population, measurable goals and objectives, timelines for planned activities, a logic model that details a theory of change, and an evaluation plan.

(iv) The strategic plan must demonstrate an understanding of culturally diverse populations and include a plan for sustaining prevention efforts.

(f) Implementation of Evidence-Based Strategies.

(i) The prevention provider must adhere to the goals and objectives of the strategic plan, including the selection and implementation of evidence-based policies, practices and programs.

(ii) Evidence-based strategies are defined as:

(A) Strategies included on a federal list or registry of evidence-based interventions;

(B) Strategies published with positive outcomes in peer-reviewed journal; or

(C) Strategies judged effective by a consensus of informed experts based upon a combination of theory, practice, and evaluation research.

(iii) Staff providing prevention services must, within six (6) months of employment, complete the Substance Abuse Prevention Specialist Training. Individuals

overseeing the implementation of prevention strategies must complete the training prior to the delivery of services.

(g) Evaluation. The prevention provider must maintain a plan for evaluating the goals and objectives of their strategic plan, including the collection of data at the community and strategy level. The evaluation should incorporate consequence, consumption, and intervening variable indicators from the local needs assessment. The evaluation must also include:

(i) A procedure for collecting and reporting relevant process data (for example, the number of persons served by a prevention program) in a timely manner;

(ii) A procedure for collecting and reporting relevant outcome data (for example, the pre- and post-test surveying of program participants) in a timely manner;

(iii) A procedure for upholding the confidentiality and protecting the safety of human subjects that participate in evaluation research;

(iv) The prevention provider must work with local coalitions or advisory councils to use evaluation results to update their strategic plan and make other necessary decisions about the implementation of prevention strategies; and

(v) The Division may include additional requirements in provider contracts further defining essential needs assessment, collaboration, strategic planning, implementation, and evaluation activities.

Section 4. Severability. If any portion of this Chapter is found to be invalid or unenforceable, the remainder shall continue in full force and effect.