

## Glossary of: Common Prevention Terms and Acronyms

**ACCESS TO SERVICES:** The extent to which services are available for individuals who need care. Ease of access depends on several factors, including availability and location of appropriate care and services, transportation, hours of operation, and cultural factors, including languages and cultural appropriateness. For many populations access also includes insurance coverage.

**ADAPTATION:** Deliberate or accidental modification of the program including deletions or enhancements of program activities; modifications in the nature of the components that are included; changes in the manner or intensity of administration of program activities called for in the program manual and/or curriculum. Adaptation is tied to sustainability. All too often, adaptation is required because of a poor choice in programming.

**APPLICANT:** The person or organization seeking funding by submitting a request for application (RFA).

**AT RISK:** For persons, the condition of being more likely than average to develop an illness or condition, e.g., substance abuse, because of some predisposing factor such as family history or poor environment. For organizations, a situation in which a healthcare organization is vulnerable to providing or paying for the delivery of more services than are received through premiums or per capita payments.

**ATOD:** Alcohol, Tobacco and Other Drugs

**BLOCK GRANT:** Substance Abuse Prevention & Treatment (SAPT) Block Grant is Federal funding for prevention and treatment of abuse of alcohol and other drugs received by the State from the U.S. Department of Health and Human Services.

**BRFSS:** Behavioral Risk Factor Surveillance System is a telephone survey conducted every year through funding from Center of Disease Control and Prevention and State agencies.

**CAPT:** Center for the Application of Prevention Technologies. The CAPT West Regional Expert Team is located at the University of Nevada, Reno and covers the nine (9) western states.

**CASAT:** Center for the Application of Substance Abuse Technologies conducts trainings and certification for prevention and treatment agencies and providers.

**CENTER FOR SUBSTANCE ABUSE PREVENTION (CSAP):** The prevention component of SAMSHA.

**CENTER OF EXCELLENCE:** Utilizes essential skills and knowledge necessary for effective implementation of prevention efforts and represents a positive step toward increasing professionalism in the field.

**COALITION:** A union of people and organizations working for a common cause.

**COMMUNITY:** A group of individuals who share cultural and social experiences within a common geographic or political jurisdiction.

**COMPREHENSIVE COMMUNITY PREVENTION PLAN (CCPP):** These are reports designed by coalitions to guide substance abuse prevention efforts within their communities. They include, but are not limited to, data from needs assessments to develop community priorities for strategic planning.

**CONSULTANT/CONTRACT PERSONNEL:** Staff who work according to the conditions of a written contract instead of as employees.

**CORE COMPONENTS:** Those elements of a program that analysis shows are most likely to account for its positive outcomes.

**CSAP:** Center for Substance Abuse Prevention

**DATA ANALYSIS:** The use of statistical and/or classification procedures that provide at least a preliminary understanding of the phenomena in question. In general terms it is the assessment, interpretation, and/or appraisal of systematically collected information.

**DATA MANAGEMENT SYSTEM:** A data system by which SAPTA gathers participant demographics and measures outcomes of prevention services by type and intensity of service provided (such as NHIPPS).

**DATA:** Information collected according to a methodology using specific research methods and instruments.

**DUI:** Driving Under the Influence

**DWI:** Driving While Impaired

**EFFECTIVE PREVENTION PRINCIPLES:** Clearly relevant to the effectiveness of substance abuse prevention programs are evidence-based, domain specific prevention principles. Effective interventions share certain principles that help structure services. Appropriate use of these principles assist prevention providers in designing services that are both innovative and effective, and in modifying proven models to respond to the specialized needs of targeted groups.

**EFFECTIVE/PROMISING PROGRAMS:** Have been implemented and evaluated sufficiently and are considered to be scientifically defensible. They have demonstrated positive outcomes in preventing substance abuse and related behaviors and have produced a consistent positive pattern of results.

**EPI:** Epidemiological or Epidemiology

**EVALUATION:** Progress and Outcome evaluations help prevention practitioners discover the strengths and weaknesses of their activities so they may become more effective over time.

**EVIDENCED-BASED:** This is defined as conceptually sound and internally consistent and reasonably well implemented and evaluated. CSAP Definition:

- Recognized on any federally approved best practice/ model program list
- Peer reviewed programs/or interventions with journal articles or other publications that have been found to be effective
- Programs/ interventions which have been found effective by experts in the field or community and for which results have been documented and substantiated

**FARS:** Fatality Analysis Reporting System

**FIDELITY:** The degree of fit between the developers defined components of a substance abuse prevention program, and its actual implementation in a given organization or community setting.

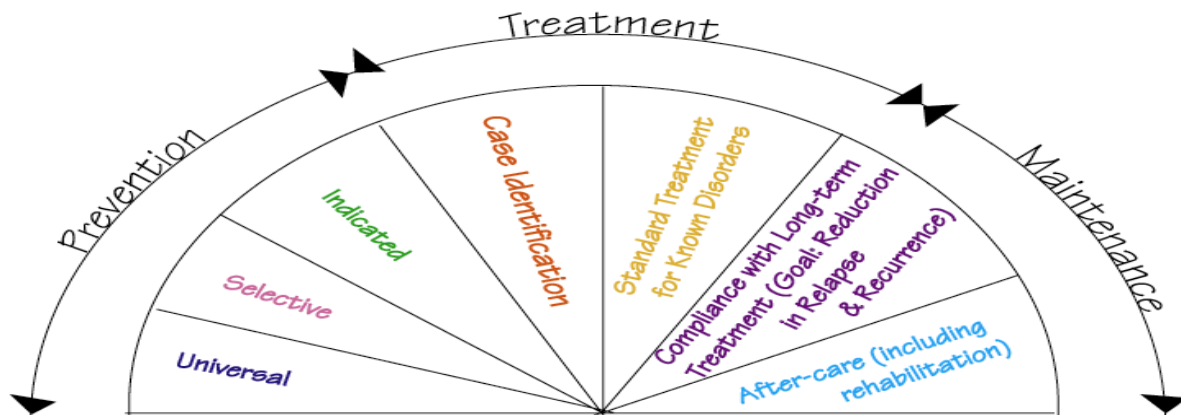
**GPRA:** Government Performance and Results Act of 1993

**HIV:** Human Immunodeficiency Virus

**INDICATED:** Indicated prevention strategies, as defined by the IOM, are designed to prevent the onset of substance abuse for individuals who do not meet DSM-IV criteria for addiction. These individuals 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. For example, strategies targeting suspended youth or juvenile delinquents would be indicated. See IOM CONTINUUM.

**INSTITUTE OF MEDICINE CONTINUUM OF CARE:** As part of the National Academy of Sciences, the mission of the Institute of Medicine (IOM) is to advance and disseminate scientific knowledge to improve human health. The IOM is a private, non-governmental organization and does not receive direct Federal funding. The Institute provides objective, timely, authoritative information and advice concerning health and science policy to government, the corporate sector, the professions, and the public. The Institute of Medicine developed a continuum of care for the provision and classification of substance abuse prevention and treatment services. Prevention services are classified as either universal, selective, or indicated. Universal services reach an entire population, selective services address the needs of an identified high risk group, and indicated services are designed for individuals at risk for the development of a substance abuse disorder diagnosis. (See universal, selective, and indicated for in depth definitions) Below is an illustration of the continuum of care for both prevention and

treatment.



**LOGIC MODEL:** A graphic depiction of the components of a theory, program, initiative, or activity that shows the program's components and plausible linkages between the program components.

**MPAC:** Multidisciplinary Prevention Advisory Committee

**MODEL PROGRAMS:** Are well-implemented, well-evaluated programs, meaning they have been reviewed according to rigorous standards of research and have found to be effective. Developers, whose programs have the capacity to become Model Programs, have coordinated and agreed with SAMHSA to provide quality materials, training, and technical assistance for nationwide implementation.

**NAC:** Nevada Administrative Code. Regulation of services for abuse of alcohol and other drugs is addressed in NAC 458

**NEEDS ASSESSMENT:** Needs assessment activities include surveys of various targeted populations and communities, assessment of prevention resources within the State, studies of current outcome indicators, geographic and demographic analyses of related data, household and school surveys, and other quantitative and qualitative data.

**NHIPPS:** Nevada Health Information Provider Performance System

**NOMs:** National Outcome Measures

**N-SSATS:** National Survey of Substance Abuse Treatment Services

**ONDCP:** Office of National Drug Control Policy

**ORGANIZATION:** The entity that will provide proposed services. Only organizations that are governmental agencies or private not-for-profit organizations with 501(c)(3) status are eligible for funding through SAPTA sub-grants.

**OUTCOME PERFORMANCE INDICATORS:** Specific indicators which the SAPT requires states to report data. They include:

1. Perception of Risk/Harm of Substance Use by Those under Age 21
2. Attitudes toward Substance Use by Those under Age 21
3. 30 - Day Substance Use how frequently (often) have you used (taken, had, etc.)

**PART:** Program Assessment Rating Tool

**PIRE SE:** Pacific Institute for Research and Evaluation State/Local Evaluators

**POAS:** Program Operating and Access Standards

**PREVENTION PROVIDER:** An entity (agency or organization) whose principal objective is the prevention of substance use or abuse, or a program whose activities are related to education of and/or early intervention with populations at risk for substance abuse or dependency.

**PREVENTION:** Is defined as the proactive process of helping individuals, families, and communities to develop the resources needed to develop and maintain healthy lifestyles. Prevention is broad based in the sense that it is intended to alleviate a wide range of at-risk behaviors including, but not limited to, alcohol, tobacco, and other drug abuse, crime and delinquency, violence, vandalism, mental health problems, family conflict, parenting problems, stress and burnout, child abuse, learning programs, school failure, school drop outs, teenage pregnancy, depression and suicide (International Certification and Reciprocity Consortium; (IC & RC).

**PREVENTION STRATEGIES:** SAPT Block Grant grantees must develop a comprehensive primary prevention program that includes activities and services provided in a variety of settings. The program must target both the general population and sub-groups that are at high risk for substance abuse. The program must include, but is not limited to, the following strategies:

- **Information Dissemination** provides knowledge and increases awareness of the nature and extent of alcohol and other drug use, abuse, and addiction, as well as their effects on individuals, families, and communities. It also provides knowledge and increases awareness of available prevention and treatment programs and services. It is characterized by one-way communication from the information source to the audience, with limited contact between the two.
- **Education** builds skills through structured learning processes. Critical life and social skills include decision making, peer resistance, coping with stress, problem solving, interpersonal communication, and systematic and judgmental capabilities. There is more interaction between facilitators and participants than there is for information dissemination.
- **Alternatives** provide opportunities for target populations to participate in activities that exclude alcohol and other drugs. The purpose is to discourage use of alcohol and other drugs by providing alternative, healthy activities.
- **Problem Identification and Referral** aims to identify individuals who have indulged in illegal or age-inappropriate use of tobacco or alcohol and individuals who have indulged in the first use of illicit drugs. The goal is to assess if their behavior can be reversed through

education. This strategy does *not* include any activity designed to determine if a person is in need of treatment.

- **Community-based Process** provides ongoing networking activities and technical assistance to community groups or agencies. It encompasses neighborhood-based, grassroots empowerment models using action planning and collaborative systems planning.
- **Environmental** establishes or changes written and unwritten community standards, codes, and attitudes. Its intent is to influence the general population's use of alcohol and other drugs.

**PRINCIPLES OF EFFECTIVENESS:** According to the Department of Education, providers utilize these principles to base programming on a thorough assessment of objective data about the alcohol, drug and violence problems in the schools and communities served; establish a set of measurable goals and objectives and design programs to meet those goals and objectives; design and implement programs for youth based on research or evaluation that provides evidence that the programs used prevent or reduce drug use, violence, or disruptive behavior among youth; evaluate programs periodically to assess progress toward achieving goals and objectives; use evaluation results to refine, improve, and strengthen the program(s); and refine goals and objectives as appropriate.

**PROGRAM:** This term is often used to refer to the provider of prevention or a service provided to individuals and/or the community services.

**PROMISING PROGRAMS:** See EFFECTIVE/PROMISING PROGRAMS

**PROTECTIVE FACTOR:** An influence that inhibits, reduces, or buffers the probability of drug use or abuse or a transition to a higher level of involvement with drugs or other high risk delinquency, violence, academic failure and teen pregnancy.

**PX:** Prevention

**QUALITY ASSURANCE:** An organized set of activities intended to systematically ensure acceptable levels of quality of care. Quality Assurance differs from Quality Improvement in that the latter focuses upon improvement in quality rather than maintenance. See QUALITY IMPROVEMENT.

**QUALITY IMPROVEMENT:** Organized set of activities and philosophies intended to assure continuous improvement of practices focusing on participant definition, participant satisfaction, and active utilization of data, efficient group processes among staff, teamwork, and respect for the individual.

**RECURRING:** Recurring services are defined as efforts undertaken with the same group of people over a fixed period of time, such as a parent education group where the same individuals meet once a week for 6 weeks.

**RFA:** Request for Application

**RISK FACTOR:** A condition that increases the likelihood of substance use or abuse or a transition to a higher level of involvement with drugs.

**SAMHSA:** Substance Abuse and Mental Health Services Administration

**SAPST:** Substance Abuse Prevention Skills Training

**SAPT BG:** Substance Abuse Prevention and Treatment Block Grant

**SAPT:** Substance Abuse Prevention and Treatment block subgrant.

**SAPTA:** Substance Abuse Prevention and Treatment Agency

**SELECTIVE:** Selective prevention strategies as defined by the IOM target subsets of the total population that are 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. Risk groups may be identified on the basis of biological, psychological, social, or environmental risk factors known to be associated with substance abuse (IOM 1994), and targeted subgroups may be defined by family history, place of residence such as high drug-use or low-income neighborhoods, and victimization by physical and/or sexual abuse. Selective prevention targets the entire subgroup regardless of the degree of risk of any individual within the group. A selective prevention program is presented to the entire subgroup because the subgroup as a whole is at higher risk for substance abuse than the general population. An individual's personal risk is not specifically assessed or identified and eligibility and inclusion are based solely on the membership in the at-risk subgroup. See IOM CONTINUUM.

**SEW:** State Epidemiological Workgroup

**SINGLE:** A one-time activity that, through the practice or application of recognized prevention strategies, is intended to inform or educate general and specific populations about substance use or abuse (e.g., a one-time student assembly).

**SPF:** Strategic Prevention Framework is a five-step planning process to guide states, jurisdictions, tribes, and communities in the selection, implementation, and evaluation of effective, culturally appropriate, and sustainable prevention activities.

**SUBGRANTEE:** The agency/organization which receives funding.

**SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMSHA):** Is an operating division within the Department of Health and Human Services and the umbrella agency housing the Centers for Mental Health Services (CMHS), Substance Abuse Prevention (CSAP), and Substance Abuse Treatment (CSAT).

**TARGET POPULATION:** The group of persons or the community, usually those at high risk that prevention interventions are designed to reach.

**TX:** Treatment

**UNIVERSAL:** Universal prevention strategies as defined by the IOM address the entire population, for example national, local community, school, or a neighborhood, with messages and programs aimed at preventing or delaying the abuse of alcohol, tobacco, and other drugs. This classification includes the general population and its subgroups. It is assumed that all members of the population share the same general risk for substance abuse, although the risk may vary greatly among individuals. Universal prevention programs are delivered to large groups without any prior screening for substance abuse risk. See IOM CONTINUUM.

**UNPROVEN PROGRAMS “HOME-GROWN”:** Include Principles of Effective Substance Abuse Prevention which are scientifically defensible principles that can help service providers design and implement programs that work.

**YRBSS:** Youth Risk Behavior Surveillance Survey is conducted every two years and is funded in part by the Center for Disease Control and Prevention