PREVENTION CORE COMPETENCIES

SAMHSA
Substance Abuse and Mental Health Services Administration

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EXECUTIVE SUMMARY

For this project, the goal of the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP) was to strengthen the substance use prevention field by continuing to assist in its professionalization. The project's participants understood that their development of prevention core competencies would serve professionals working in the field of mental and substance use disorder prevention.

To this end, there was a three-phase work plan to advance the development of the prevention core competencies:

Phase I: Identification of prevention domains and cross-cutting principles

Phase II: Development of substance use prevention core competencies and definitions

Phase III: Development of knowledge, skills, and abilities (KSAs) for each competency

The Phase I Expert Panel identified domains and cross-cutting principles, using U.S. Department of Labor (DOL) standards as a foundation. Phase II of the project used an Expert Panel, as noted in Appendix B, to develop prevention competencies and competency definitions for prevention specialists. The five domains identified in Phase II—Assessment, Capacity Building, Planning, Implementation, and Evaluation—are congruent with the five steps of SAMHSA's Strategic Prevention Framework.

A competency model outline was also developed in Phase II. This outline was supported by the DOL competency model standards and augmented by reviews of state and national prevention competency materials and interviews with key stakeholders in mental health and substance use. Phase II Expert Panel members, a cross-section of prevention experts in mental health and substance use, were charged with developing a clear set of prevention competencies that define the core functions of mental health and substance use professionals working in prevention. Panel members held webinars and face-to-face meetings to craft domain and competency definitions (three to six competencies for each of the five domains). During the development of domain competencies, cross-cutting competencies (originally identified during Phase I as cross-cutting principles) were updated, defined, and grouped together to avoid repeating them in each domain. These cross-cutting competencies were considered "overarching" and were not focused within an individual domain.

Phase III of this project focused on refining the competencies developed during Phase II and determining the KSAs appropriate for each competency. A Phase III Expert Panel was created, with significant overlap from the Phase II Expert Panel. The panel was provided with drafts of suggested KSAs developed from reviews and analysis of competencies, KSAs, tasks, and certification requirements from substance use prevention organizations, state substance use agencies, and substance use prevention research. Relevant research from the mental health and substance use field also informed the development of the KSAs.

The final draft of the competencies and KSAs was reviewed and edited at a two-day virtual workshop with the Expert Panel.

It is anticipated that these prevention core competencies and KSAs will offer professional direction to the prevention field, affecting staff development and career ladders and pipelines, and providing guidance for training programs and service delivery qualification. This proposed set of professional standards may become an integral part of job descriptions, staff qualifications, and the development of transferable skills.

COMPETENCIES; KNOWLEDGE, SKILLS, AND ABILITIES (KSAs); AND THEIR VALUE TO A PROFESSION

DEFINITION OF COMPETENCY

A competency is the capability to apply or use a set of related KSAs required to successfully perform critical work functions or tasks in a defined work setting. This definition was developed for the U.S. Department of Labor (DOL) in 2005. DOL further clarified that "competencies often serve as the basis for skill standards that specify the level of KSAs required for success in the workplace as well as potential measurement criteria for assessing competency attainment."[1]

Beyond the definition, one can think of competencies as the state or quality of being adequately or well qualified to perform a task. A person gains proficiency in a competency through education, training, experience, and natural abilities.

We can view competencies as the combination of KSAs that contribute to individual and organizational performance.

KSAs themselves are defined a little more loosely, and can be viewed in a number of different ways, all of which are applicable depending on the projected or intended usage. KSAs often include technical elements and behavioral elements. A technical KSA measures acquired knowledge and "hard" technical skills and enables the evaluation of these elements. A behavioral KSA measures "soft" skills and includes the attitudes and approaches applicants take to their work, such as the ability to collaborate on team projects. A behavioral KSA thus enables the evaluation of factors related to human characteristics and skills, such as attitude, work approach, and collaborative abilities.

THE MEANING OF KSAs

Various organizational behavior and human resource practitioners have suggested general definitions for "knowledge," "skills," and "abilities." These are summarized as follows:

KNOWLEDGE

- What a person needs to know about a particular substantive area, and what an employee needs to know in order to do the job and achieve the objectives that the job specifies. This includes being informed about specific content areas.
- A body of information needed to perform a task. For example, an analyst needs to have knowledge in the areas of strategic planning, language fluency, research methods, assessment and treatment of behavioral and affective disorders, and human behavior and performance.

[1] Department of Labor, Employment and Training Administration. (2015). *Competency models—Communicating industry's education and training needs. Competency model development and use: A technical assistance guide.* Retrieved from http://www.CareerOneStop.org/competencymodel/Info_Documents/TAG.pdf.

- The minimum level of education, experience, and training an individual must have in order to be considered qualified for the position.
- Information developed or learned through experience, study, or investigation.
- Information applied to performance and function history.

SKILLS

- The attributes that a person needs to have in order to perform the tasks associated with a job (including being able to do so in a range of situations) and perform well in a particular job.
- Proficiency in performing a certain task (for example, using computers for data analysis; creating, manipulating and using spreadsheets; and using word processing programs).
- The ability to repeatedly apply knowledge.

ABILITIES

- The level of competence in applying knowledge and skills.
- An underlying, enduring trait useful for performing tasks (for example, oral comprehension, which is the ability to listen to and understand information and ideas presented through spoken words and sentences).
- An innate potential to perform mental and physical actions or tasks.

THE VALUE AND USE OF COMPETENCIES AND KSAs

The competencies and KSAs developed during this project can perhaps have the most impact and can best be used in support of talent development and in developing and supporting career pathways. Using competencies and KSAs for talent development will help equip prevention staff with needed skills to ensure that they have the foundational knowledge to learn new and more complex skills in the future. Competencies and KSAs support talent development efforts by serving as a starting point for articulating and analyzing skill needs and providing a foundation for the development of human resource solutions to address those needs.

As competencies and KSAs are developed and updated, they can provide a common language to facilitate the discussion of changes in skill needs and competency requirements. They can provide a resource for developing skill surveys and articulating short-term training needs within and across the prevention profession.

Competencies can also provide crucial input in assisting prevention professionals with developing career pathways. Career pathway development includes being able to identify the educational and experiential work-related activities that prepare workers and students for entry into—and advancement within—a designated career area, as well as providing career guidance counseling, professional development opportunities, lifelong learning opportunities, and certifications and assessments. The following are suggested areas, organized by the functional categories of training, education, certification and licensure, recruitment and retention, career pathways, and management, where competencies and KSAs can be of value:

TRAINING

- Identifying resources for developing and providing training and supporting staff development
- Accessing appropriate training and education resources
- Providing a solid basis for employee training and employee education
- Providing a framework for encouraging and improving professional development
- Acquiring training and development opportunities systematically and efficiently
- Developing training partnerships between organizations
- Bringing tailored training to employees
- Providing career guidance counseling, professional development opportunities, and lifelong learning opportunities

- Identifying training maps to connect training courses to competencies and KSAs at various proficiency levels[2]

EDUCATION

- Enhancing educational preparation for staff
- Developing education plans linking training to competencies
- Supporting and influencing competency-based curriculum development
- Providing a framework for designing courses
- Serving as a starting point for academic and practice organizations to understand, assess, and meet training and workforce needs

CERTIFICATION AND LICENSURE

- Providing requirements for certifications and licensing
- Delineating specific requirements for staff in preparing for examinations

RECRUITMENT AND RETENTION

- Creating strategic recruitment, retention (reducing turnover), and succession planning strategies
- Developing standardization of job titles and positions
- Identifying workforce gaps among current staff or within the organizational structure of a program or system
- Identifying staff skills gaps
- Creating job descriptions that accurately define responsibilities and expectations
- Developing job orders and announcements that will attract individuals with the appropriate skill and knowledge mix
- Screening prospective employees during the hiring process, which results in better hiring decisions

CAREER PATHWAYS

- Articulating the skill needs of the prevention professional to encourage talent development
- Helping ensure that prevention specialists have the foundational knowledge to learn new and more complex skills in the future
- Identifying the educational and experiential work-related activities that prepare prevention specialists and students for entry into and advancement within the profession
- Creating standards and requirements for career progression, with career ladders and lattices
- Providing a means to identify transferable skills within the profession
- Understanding the competencies expected in the job, the key behaviors to demonstrate, and the steps needed to increase proficiency levels
- Understanding specific training and development opportunities that will help a professional grow and strive for excellence
- Understanding the expected competencies needed to move into a new job, particularly for those who are interested in becoming supervisors and managers or in changing careers
- Understanding personal career developmental opportunities

MANAGEMENT

- Providing a framework to influence training for supervisory skills and management practices that support the development and use of appropriate staff competencies
- Distributing work more efficiently by using the knowledge of employees' proficiency levels
- Determining what type of skill sets are needed in the future, which helps support succession planning
- Discussing with employees their strengths, areas for growth, training, and developmental activities

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[2] National Institutes of Health, Office of Human Resources. (2017). Competencies—Frequently asked questions (FAQs). Retrieved from http://hr.od.nih.gov/workingatnih/competencies/faqs.htm.

This report marks the first time that competencies and KSAs are being described for the field of substance use prevention.

DEVELOPMENT OF PREVENTION COMPETENCIES AND KSAs

HOW THE COMPETENCIES AND KSAs WERE DEVELOPED

Technical experts representing national and state mental health and substance use prevention organizations contributed to the organization of a framework for the prevention core competencies. There were three development phases to develop the competencies and KSAs.

- Identification of prevention domains and cross-cutting principles. The domains are the stages of SAMHSA's Strategic Prevention Framework – Assessment, Capacity, Planning, Implementation, and Evaluation.
- Development of prevention core competencies and definitions based on competency development models and skills development literature.
- Development of knowledge, skills, and abilities (KSAs) for each competency.

OTHER COMPETENCY INITIATIVES IN MENTAL HEALTH AND SUBSTANCE USE

Over the years, there has been discussion and analysis at the federal and state levels and by various professional and certification organizations around the concept of workforce development and competencies for the field of substance use prevention. Many states, such as California, Iowa, Washington, and South Carolina, have delineated prevention skill sets and competencies through different structures or templates. Almost all states have identified the requirements for passing a state certification test, and the information in these state requirements was reviewed in developing these KSAs.

OVERVIEW OF WORKPLACE COMPETENCIES THROUGH THE DEPARTMENT OF LABOR

For a number of years, the Employment and Training Administration (ETA) within DOL has been developing competencies and competency models in conjunction with experts from various industries to assist in developing the workforces of the future.

Industry and occupational competency models are seen by ETA as a key resource in providing a framework for business, government, education, and other sectors to clearly articulate their workforce needs. Competency models are viewed as forming the basis on which managers, professional organizations, curriculum developers, universities and community colleges, and training providers ensure that workers have the right skills.

The prevention field has been making use of ETA's efforts as competencies and models are developed and used. In one of ETA's early technical assistance guidance papers on developing and using competencies,[3] the agency articulated the value of using a competency model for a specific industry or occupational area.

Clear competency definitions are of value to a profession because they:

- Clearly articulate a profession's workforce needs
- Define requirements for employee success on a job and at different levels of career progression
- Increase the likelihood that qualified candidates will be hired
- Place individuals into appropriate assignments once they are hired
- Provide a shared understanding of what will be measured in performance appraisals
- Facilitate performance appraisal discussions
- Focus on the KSAs that have the most impact on effectiveness and productivity
- Ensure that training and development efforts and investments are in line with organizational values and vision
- Guide employee development efforts
- Focus training and development efforts on areas where there are significant deficiencies
- Provide a framework for ongoing coaching and mentoring
- Identify gaps in current training offerings
- Assess preparations for handling pending retirements through succession planning

ETA has also recognized the importance of competency models to educators, trainers, and curriculum developers. The same technical assistance guidance[4] referred to previously in this section indicated that the use of these competencies would enable educators and training providers to:

- Ensure that future workers have the right skills
- Select appropriate education and training programs to remedy knowledge or skill gaps
- Design and develop course and program curricula based on emerging and declining skills within industries and occupations
- Determine which competencies are in highest demand and help students plan their courses accordingly
- Suggest relevant postsecondary education and training opportunities, including apprenticeships
- Interpret career assessment tools so that students and workers view their strengths and weaknesses and their likes and dislikes in the context of the workplace
- Reduce the course and program curriculum development time
- Eliminate redundancy across courses
- Improve instructional materials
- Work with business experts to identify skill requirements to ensure that the curriculum and professional and technical programs are responsive to these requirements
- Offer targeted training courses to workers who are displaced or want to learn or upgrade relevant skills for new career opportunities

[3] Department of Labor, Employment and Training Administration. (2015). *Competency models—Communicating industry's education and training needs. Competency model development and use: A technical assistance guide.* Retrieved from https://www.careeronestop.org/competencymodel/info_documents/tag.pdf.

[4] Department of Labor, Employment and Training Administration. (2015). *Competency models—Communicating industry's education and training needs. Competency model development and use: A technical assistance guide.* Retrieved from https://www.careeronestop.org/competencymodel/info_documents/tag.pdf.

Substance use prevention core competencies will offer professional direction to the prevention field.

OTHER RESOURCES CONSULTED

- American College Health Association Guidelines for Hiring Health Promotion Professionals in Higher Education; Cultural Competence Statement; Ethical Principles and Guidelines: https://www.acha.org/documents/resources/guidelines/ACHA_Hiring_Health_Promotion_Professionals_in_Higher_Ed_May2014.pdf
- American Public Health Association Environmental Health Competency Project: https://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/environmental-health-competency-project-recommendations-for-core-competencies-for-local
- Association of Schools and Programs of Public Health M.P.H. Core Competency Model: http://www.aspph.org/educate/models/mph-competency-model
- Center for Substance Abuse Treatment. (2006). *Addiction counseling competencies: The knowledge, skills, and attitudes of professional practice*. Technical Assistance Publication (TAP) Series 21. HHS publication number (SMA) 08-4171. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from https://store.samhsa.gov/product/TAP-21-Addiction-Counseling-Competencies/SMA15-4171.
- Center for Substance Abuse Treatment. (2007). *Competencies for substance abuse treatment clinical supervisors*. Technical Assistance Publication (TAP) Series 21-A. HHS publication number (SMA) 12-4243. Rockville, MD Substance Abuse and Mental Health Services Administration. Retrieved from https://store.samhsa.gov/product/tap-21-competencies-substance-abuse-treatment-clinical-supervisors.
- Center for Substance Abuse Treatment. (2004). *Core competencies for clergy and other pastoral ministers in addressing alcohol and drug dependence and the impact on family members*. HHS publication number unknown. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/sites/default/files/competency.pdf.
- Change Management Institute, Change Management Practitioner Competencies: https://www.change-management-institute.com/competency-model
- Colorado State University School of Social Work Field Education; Core Competencies and Practice Behaviors: http://www.chhs.colostate.edu/ssw/wp-content/uploads/sites/7/2018/12/competencies-and-practice-behaviors.pdf
- Community Anti-Drug Coalitions of America. (n. d.). Core competencies that facilitate implementation of the SAMHSA Strategic Prevention Framework. Retrieved from https://www.myctb.org/wst/iowaspfsig/Shared%20Documents/Strategic%20Prevention%20Framework%20Toolkit/SPF-Core-Competencies-that-Facilitate-Implementation.pdf.

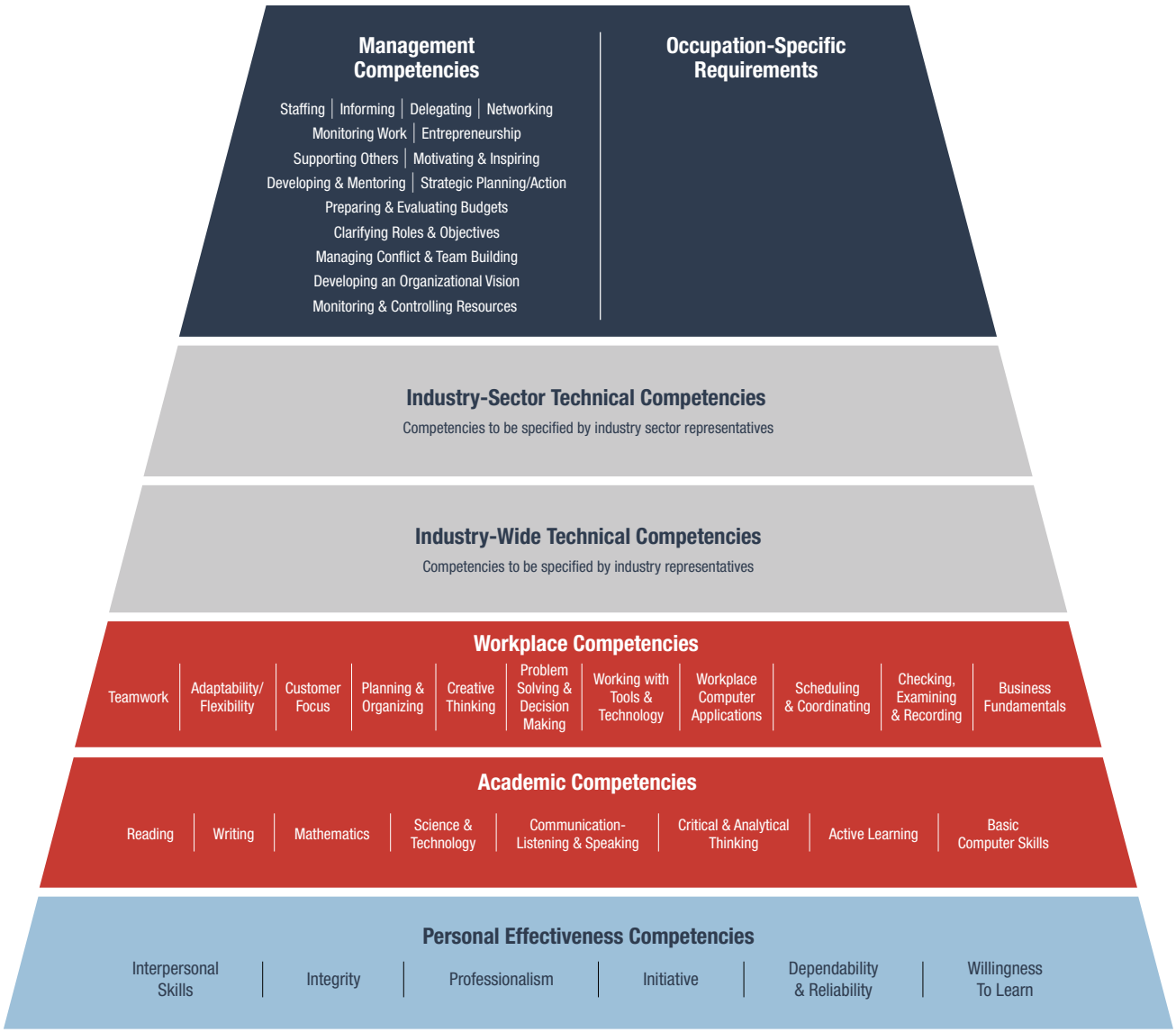
OTHER RESOURCES CONSULTED

- Compton, M. T. (Ed.). (2010). *Clinical manual of prevention in mental health*. Washington, DC: American Psychiatric Publishing, Inc.
- The Council on Linkages Between Academia and Public Health Practice. (2014). *Core competencies for public health professionals*. Retrieved from http://www.phf.org/resourcestools/Pages/Core_Public_Health_Competencies.aspx.
- "Disseminating Effective Community Prevention Practices: Opportunities for Social Work Education," by J. David Hawkins, Ph.D., and Valerie B. Shapiro, M.S.S., from a paper prepared for the Los Angeles Conference on Intervention Research in Social Work, School of Social Work, University of Southern California, October 22–23, 2009: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2975371
- DOL Allied Health Competency Model: http://www.careeronestop.org/competencymodel/pyramid.aspx?AH=Y
- Hoge, M. A., Morris, J. A., Daniels, A. S., Stuart, G. W., Huey, L. Y., & Adams, N. (2007). *An action plan for behavioral health workforce development: a framework for discussion.* Cincinnati, OH: The Annapolis Coalition on the Behavioral Health Workforce. Retrieved from https://annapoliscoalition.org/our-products/national-action-plan/.
- Hoge, M., Paris, Jr., M. P., Adger, Jr., H., Collins, Jr., F. L., Finn, C.V., Fricks, L., … Young, A. S. (2005). Workforce competencies in behavioral health: An overview. *Administration and Policy in Mental Health*, *32*(5-6).
- The Joint Commission Accreditation and Certification: https://www.jointcommission.org/accreditation-and-certification/
- National Research Council and Institute of Medicine. (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities.* Washington, DC: The National Academies Press. Retrieved from https://www.nap.edu/read/12480/chapter/1.
- O*NET database, provided by DOL through O*NET OnLine: http://www.onetonline.org
- Substance Abuse and Mental Health Services Administration. (2011). *Addressing the needs of women and girls: Developing core competencies for mental health and substance abuse service professionals.* HHS publication number (SMA) 11-4657. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from http://attcppwtools.org/ResourceMaterials/SMA11-4657.pdf.
- Substance Abuse and Mental Health Services Administration. (2013). *Report to Congress on the Nation's substance abuse and mental health workforce issues.* Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from https://www.cibhs.org/sites/main/files/file-attachments/samhsa_bhwork.pdf.

While there is a standard framework suggested by ETA to build a model, adjustments are often made to accommodate variations within a particular industry or profession. DOL has developed various competency models in conjunction with industry partners, using the framework shown below.[5]

This framework was incorporated into the process adapted for developing the recommended core and cross-cutting competencies described in this publication. Taken together, these recommended competencies fall within the category "Industry-Wide Technical Competencies" in the graphic below.

Figure 1. Competency Framework Developed by the U.S. Department of Labor



[5] This competency model diagram was developed by the U.S. Department of Labor, Employment and Training Administration and is available at https://www.careeronestop.org/competencymodel/competency-models/building-blocks-model.aspx.

Competency definitions are of value to a profession because they provide a framework for ongoing coaching and mentoring.

OVERVIEW OF THE RECOMMENDED CORE COMPETENCIES AND KSAs

The following chart summarizes the final competencies and the number of KSAs for each.

Knowledge (K), Skills (S), and Abilities (A) Count by Competency and Domain				
	K	**S**	**A**	**Total**
Cross-Cutting Competencies				
1. Interdisciplinary Foundations	10	SU**	AU*	10
2. Multiple Systems	3	3	4	10
3. Family Dynamics	10	SU**	AU*	10
4. Ethical Practice	8	5	9	22
5. Basic Knowledge	14	SU**	AU*	14
6. Communication	5	7	10	22
	50	**15**	**23**	**88**
Domain 1: Assessment				
1. Data Gathering	4	5	4	13
2. Needs and Resource Identification	3	2	5	10
3. Problem Definition	4	8	4	16
4. Analysis	3	4	4	11
	14	**19**	**17**	**50**
Domain 2: Capacity Building				
1. Collaboration	5	5	3	13
2. Organizational Advocacy	4	3	2	9
3. Organizational Cultural Proficiency	5	3	5	13
	14	**11**	**10**	**35**
Domain 3: Planning				
1. Collaborative Planning	4	4	4	12
2. Cultural Inclusion	5	3	3	11
3. Systematic Thinking	4	7	4	15
4. Evidence-Informed Approaches	3	2	3	8
5. Facilitation	4	4	4	12
6. Strategic Planning	5	4	3	12
	25	**24**	**21**	**70**
Domain 4: Implementation				
1. Cultural Responsiveness	5	3	6	14
2. Collaboration	3	5	5	13
3. Change Management	3	4	6	13
	11	**12**	**17**	**40**
Domain 5: Evaluation				
1. Evaluation Methods	3	4	2	9
2. Data Interpretation and Use	3	3	4	10
	6	**7**	**6**	**19**
Totals	**120**	**88**	**94**	**302**

*AU = Ability Usage **SU = Skill Usage

RECOMMENDED CORE COMPETENCIES: CROSS-CUTTING DOMAIN

In addition to the five-domain competency structure, certain competencies were viewed as cutting across all domains. The Expert Panel chose to address them separately as cross-cutting competencies rather than repeating them in each domain. In referencing back to the DOL competency structure, these competencies can be considered foundational to the profession.

Cross-cutting competencies include:

- Interdisciplinary foundations (substance use disorders and mental health)
- Role of multiple systems and systems thinking
- Family dynamics
- Ethical practice and professional responsibility
- Basic knowledge
- Communication

INTERDISCIPLINARY FOUNDATIONS (SUBSTANCE USE DISORDERS AND MENTAL HEALTH)

Definition: Awareness of the areas of knowledge that result in the development of competency in any addiction and mental health practice specialty.

These foundational areas include:

- Understanding substance use disorders and their impact on individuals, children, families, and communities
- Prevention of mental, emotional, and behavioral (MEB) disorders
- Mental health promotion
- Treatment and recovery knowledge
- Application to practice

KNOWLEDGE

Substance Use Disorders (SUDs): Knowledge of the current issues of SUDs, including the DSM-5 classifications. Knowledge of the typology of three types of SUD prevention interventions:

- **Universal preventive interventions,** targeted to individuals in the general population who have not been identified on the basis of individual risk
- **Selective preventive interventions,** targeted to a subgroup that has a significantly higher than average probability of developing an SUD
- **Indicated preventive interventions,** targeted to high-risk individuals who are identified as having minimal but detectable signs or symptoms foreshadowing an SUD[6]

Effects of Substance Use and Substance Dependence: Knowledge that the effects of substance use and misuse are cumulative and significantly contribute to costly social, physical, mental, and public health problems. Knowledge that these problems include:

- Teenage pregnancy
- HIV/AIDS
- Other sexually transmitted illnesses (STIs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Homicide
- Suicide

[6] National Research Council and Institute of Medicine. (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities.* Washington, DC: The National Academies Press. Retrieved from https://www.nap.edu/read/12480/chapter/1.

MEB Disorders: Knowledge of the current issues of mental health, emotional health, and substance use. Knowledge of the typology of three types of MEB prevention interventions:

- **Universal preventive interventions,** targeted to individuals in the general population who have not been identified on the basis of individual risk
- **Selective preventive interventions,** targeted to a subgroup that has a significantly higher than average probability of developing an MEB disorder
- **Indicated preventive interventions,** targeted to high-risk individuals who are identified as having minimal but detectable signs or symptoms foreshadowing an MEB disorder

Mental Health Promotion: Knowledge and awareness that improving mental health requires policies and programs in government and business sectors, including education, labor, justice, transportation, environment, housing, and welfare, as well as specific activities in the health field relating to substance use prevention.

Mental Illness: Knowledge of and awareness that mental illness can influence the onset, progression, and outcome of other illnesses and often correlates with health risk behaviors, such as substance use, tobacco use, and physical inactivity.[7]

Child Development: Knowledge of critical issues in child development and infant and early childhood mental health, including brain development, attachment, emergent literacy, and the developmental importance of play.

Human Growth and Development: Knowledge of theories of human growth and development and the influence of culture, gender, language, temperament, and family on human growth and development.

Psychology: Knowledge of human behavior and performance; individual differences in ability, personality, and interests; learning and motivation; psychological research methods; and the assessment and treatment of behavioral and affective disorders.

Public Health: Knowledge of the public health approach to addressing mental health and mental illness, including surveillance, epidemiology, prevention research, communication, education programs, policies, and systems changes, and the importance of mental health and mental illness as factors in public health promotion and prevention programs.

Therapy and Counseling: Knowledge of principles, methods, and procedures for diagnosis, treatment, and rehabilitation of physical and mental dysfunctions, as well as for career counseling and guidance.

Note: The knowledge areas in this cross-cutting competency are used in many of the competencies in the other domains. When knowledge from this competency is used in other domains, specific skills and abilities are therefore applicable as appropriate.

SKILLS

Knowledge Usage: Ensuring that components of the knowledge requirements are used as appropriate when carrying out responsibilities in the five prevention domains.

ABILITIES

Knowledge Usage: Ability to use the knowledge requirements in appropriate phases of work throughout the five prevention domains.

[7] Chapman, D. P., Perry, S. G., & Strine T. W. (2005). The vital link between chronic disease and depressive disorders. *Preventing Chronic Disease, 2*(1). Retrieved from https://www.cdc.gov/pcd/issues/2005/jan/04_0066.htm.

ROLE OF MULTIPLE SYSTEMS AND SYSTEMS THINKING

Definition: Ability to understand how decisions influence one another within a larger context. Ability to recognize that a component part of a system will often act differently when isolated from its environment or other parts of the system. Ability to use insights into human and social systems, understanding of the linkages and interactions that comprise the systems, and comprehension of how changes in one area can and often will affect the other components.

KNOWLEDGE

Intervention Design: Knowledge of how the contexts of gender, race, poverty, history, migration, and culture are important in the design of interventions within public health and prevention programs and systems.

Synergy: Knowledge and understanding of how component parts of a system behave differently when working with other system components.

Systems Thinking: Knowledge of how to recognize system-level properties that result from dynamic interactions among human and social systems and how they affect the relationships among individuals, groups, organizations, communities, and environments.

SKILLS

Data Usage: Collecting, organizing, and interpreting complex prevention data from multiple system levels.

Knowledge Integration: Distinguishing, appraising, and integrating multiple sources of knowledge, including research and evidence-based knowledge and practice wisdom.

Understanding Inter-Relationships: Analyzing how inter-relationships among systems can influence the delivery of prevention services and programs, and the quality of life of people in their communities.

ABILITIES

Analysis: Ability to critically analyze systems of assessment, prevention, intervention, and evaluation.

Collaboration: Ability to participate with diverse stakeholders in identifying key public health values and a shared prevention vision as guiding principles for community action.

Problem Identification: Ability to identify the problems emerging from integrating internal and external systems that may affect the delivery of prevention services and programs.

Systems Impact: Ability to describe the impact of a community's social, political, and economic systems on organizational prevention practices.

FAMILY DYNAMICS

Definition: Awareness and understanding of family functioning, including the impact of substance use and SUDs and MEB disorders on parenting and the family environment and its adverse impact on developing children from birth through adulthood. Understanding the intersection of other family, health, and social problems with both SUDs and the chronic emotional trauma that the disorders impose on the family. Recognizing the importance of cultural considerations in relation to families.

KNOWLEDGE

Abuse and Neglect: Knowledge of the impact of abuse, neglect, and domestic violence on family members.

Family and Substance Use: Knowledge and awareness of the family as a natural social system and the influence that alcohol misuse and drug use have on this system.

Family Dynamics and Interactions: Knowledge of theories of family interaction and the differences between healthy and unhealthy family dynamics. Knowledge of how and why changes in families take place, including typical growth and development of family members, as well as family disruption and unexpected changes.

Family Effects: Knowledge of the effects on families of substance use and related compulsive behaviors.

Family Stressors: Knowledge of strategies to deal with stressors that may negatively affect family interaction, such as financial hardship.

Family Systems: Knowledge of specific needs and characteristics of diverse family systems, such as parents from diverse cultural, racial, ethnic, and linguistic backgrounds; same-sex parents; parents or children who have physical, emotional, or developmental disabilities; migrant, immigrant, and transient families; adolescent parents; and other family systems.

Nutrition and Health: Knowledge of the importance of healthy diet, nutrition, and physical activity for children's and adults' health and well-being.

Parental Nurturing: Knowledge of the impact and importance of parental nurturing and supervision for infant and early childhood mental health and for the social and emotional development of children of all ages.

Parental Strategies: Knowledge of strategies that parents can use to encourage the development of character, ethics, and self-control.

SKILLS

Knowledge Usage: Ensuring that components of the knowledge requirements are used as appropriate when carrying out responsibilities in the five prevention domains.

ABILITIES

Knowledge Usage: Ability to use the knowledge requirements in appropriate phases of work throughout the five domains.

ETHICAL PRACTICE AND PROFESSIONAL RESPONSIBILITY

Definition: The ability to make ethical decisions that protect individuals, children, families, and communities in relation to prevention strategies. The ability to apply ethical principles to the collection, maintenance, use, and dissemination of data and information in order to ensure nondiscrimination and cultural responsiveness, professional competence, integrity, effective services, confidentiality, and ethical obligations for community and society.

The ability to seek opportunities for ongoing professional development and follow a set of guidelines and principles to ensure public safety, fiscal and work performance accountability, and continued advocacy for professional practice.

KNOWLEDGE

Ethical Analysis: Knowledge of basic principles of ethical analysis (e.g., the Public Health Code of Ethics, human rights framework, and other moral theories) to issues of prevention and public health practice and policy.

Ethics: Knowledge of the importance of a strong personal and professional code of ethics.

Prevention Ethics: Knowledge of legal, professional, and ethical principles in prevention planning, implementation, and evaluation.

Professional Development: Knowledge of professional development resources, including educational opportunities, credentialing requirements, and prevention-related career pathways.

Professional Standards: Knowledge of professional standards.

Resources Usage: Knowledge of responsible and ethical use of public and private funds.

Technology Ethics: Knowledge of legal and ethical principles and their applicability to the use of information technology and resources in community prevention programs.

SKILLS

Career Exploration: Engaging in personal reflection and self-correction to ensure continual professional development, and engaging in opportunities that set the stage for career-long learning.

Decision-Making: Applying strategies of ethical reasoning to arrive at principled decisions.

Professional Conduct: Supporting peers and avoiding conduct that impedes practicing the profession.

Professional Performance: Engaging in supervision and consultation to enhance professional performance.

Professional Values: Recognizing and managing personal values in a way that allows professional values to guide practice.

ABILITIES

Confidentiality: Ability to maintain confidentiality and integrity in the practice of the profession.

Ethical Choices and Practices: Ability to demonstrate ethical choices, values, and professional practices implicit in prevention and public health decisions.

Ethical Considerations: Ability to distinguish between population and individual ethical considerations in relation to the benefits, costs, and burdens of prevention programs.

Ethical Standards: Ability to incorporate ethical standards of practice as the basis of all interactions with organizations, communities, and individuals.

Professional Demeanor: Ability to demonstrate professional demeanor in behavior, appearance, and communication.

Professional Growth: Ability to use individual, group, and organizational learning opportunities for personal and professional development (e.g., competency assessments; mentoring programs; learning forums at group, program, and organizational levels or conferences).

Professional Opportunities: Ability to recognize the importance of participation in professional associations locally, statewide, and nationally.

Professional Traits: Ability to be collaborative, involved with the community, versatile and flexible, willing to learn, and focused on fair solutions. Ability to demonstrate practical perspective, common sense, strong principles, and work ethics. Ability to practice integrity, embrace change, remain calm in conflict, understand other points of view, respect diversity, and know when to ask for help.

Professionalism: Ability to demonstrate respect; compassion; integrity in interactions with peers, community members, and other health professionals; adherence to ethical principles; and sensitivity to diverse individuals, families, and community groups.

BASIC KNOWLEDGE

Definition: Have a broad understanding of the foundation and scientific basis underlying prevention theories, practices, policies, and programs, such as continuum of care (National Academy of Medicine), theories of change, human development, and effective and culturally relevant, evidence-based prevention strategies.

KNOWLEDGE

Behavioral Dynamics: Knowledge and awareness of the dynamics of behavior (e.g., why substance use, violence, or teen pregnancy occurs). Knowledge of the impact of the processes for changing behavior and the effects of external influences on behavior.

Comprehensive Theory of Substance Use Prevention: Knowledge of the prevention theory proposed by Alan Markwood contending that the merits of any particular proposed prevention policy or strategy should be judged not only on the likely results, but also on the alternatives and the comparative effects of each.[8] The comprehensive theory connects what are called the two major routes toward substance use and substance misuse—profoundly challenged children, socially influenced teens—to factors that influence progression to other substances and to other problem behaviors, and the

[8] Markwood, A. (2011). Comprehensive theory of substance abuse prevention.

special role of parents in preventing social influences to alcohol and other drug use.

Contextual and Systemic Dynamics: Knowledge of contextual and systemic dynamics related to prevention programs (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, spirituality, religion, larger systems, and social context).

Prevention Program Basics: Knowledge of systems concepts, theories, and techniques that are foundational to the development of prevention programs.

Prevention Theories, Models, and Techniques: Demonstrated knowledge and application of prevention learning theories and models. Demonstrated knowledge and application of substance use prevention techniques, behavior change, and population-based theories and models.

Principles: Knowledge of principles of human development, human sexuality, gender development, psychopathology, family development, and family processes (e.g., family, relational, and system dynamics).

Risk and Protective Factor Theory: Knowledge of Risk and Protective Factor Theory and influences on substance use, including knowledge of the relationship between protective factors and risk factors. Awareness that prevention programs need to target modifiable risk factors and strengthen identified protective factors.[9,10] Understanding of how to collect, analyze, interpret, and present epidemiologic data on empirically identified risk and protective factors and mental, emotional, and behavioral problems in the community.

Substance Misuse/Dependence Studies: General knowledge of the field of substance misuse studies, including substance use/dependence, physiological and psychological effects of alcohol and other drugs, the disease concept of addiction, family and social dimensions of substance use, and the principal therapy and treatment approaches.

Theories of Substance Use Prevention: Knowledge of the five categories of the most-cited substance use prevention theories.[11]

Cognitive-Affective Theories: Consideration of adolescents' beliefs about how the consequences of experimenting with specific substances contribute to their decisions to use those substances.

Social Learning Theories: Assumption that adolescents acquire their beliefs about substance use and other delinquent behaviors from their role models, friends, and parents.

Conventional Commitment and Social Attachment Theories: Assumption that the emotional attachments adolescents have with peers who use substances are key factors contributing to substance use. The theory targets improving bonds between adolescents and positive peer groups and pro-social institutions.

Intrapersonal Theories: Examination of how adolescents' personality characteristics, emotions, and behavioral skills contribute to their substance use.

Integrated Theories: Combine components from multiple theories in an attempt to account for how biology, personality, relationships, culture, environment, or other factors interact to result in substance use. Precaution should be taken when considering integrated theories given the challenge of adequately studying their utility with the virtually unlimited ways components of different theories could be combined.

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[9] National Institute on Drug Abuse. (2002). Risk and protective factors in substance abuse prevention. *NIDA Notes, 16*(6). Retrieved from https://archives.drugabuse.gov/NIDA_Notes/NNVol16N6/Risk.html.

[10] Developmental Research and Programs, Inc. *Developing healthy communities: A risk and protective factor approach to preventing alcohol and other drug abuse.* Seattle, WA.

[11] Petraitis, J., Flay, B. R., & Miller, T. Q. (1995). Reviewing theories of adolescent substance use: Organizing pieces in the puzzle. *Psychological Bulletin, 117*(1), 67-86. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/7870864.

SKILLS

Knowledge Usage: Ensuring that components of the knowledge requirements are used as appropriate when carrying out responsibilities in the five prevention domains.

ABILITIES

Knowledge Usage: Ability to use the knowledge requirements in appropriate phases of work throughout the five domains.

COMMUNICATION

Definition: Ability to participate in an interchange of ideas, opinions, and information using written, verbal, nonverbal, and listening techniques and provide appropriate information to different audiences, including age-appropriate and culturally relevant communications with children and youth.

KNOWLEDGE

Culture: Knowledge and awareness of the roles of language, speech patterns, body language, and communication styles within culturally distinct populations, such as persons with disabilities; lesbian, gay, bisexual, and transgender (LGBT) individuals; and others.

Language: Knowledge of the structure and content of language (e.g., English, Spanish, as appropriate), including the meaning and spelling of words, rules of composition, and grammar, including standard syntax and sentence structure.

Messaging and Media: Knowledge of how and why media messages are constructed and for what purposes; and knowledge of how individuals and groups interpret messages differently, how values and points of view are included or excluded, and how media can influence beliefs and behaviors.

Sales and Marketing: Knowledge of principles and methods for showing, promoting, and selling ideas and concepts, including variations within culturally distinct communities.

Use of Media: Knowledge of how to use various forms of media communication and dissemination techniques and methods. This includes alternative ways to inform audiences via written, oral, and digital media. (Note: "Digital media" is defined as interactive forms of communication that use the Internet, including, but not limited to, tools such as social networking sites, web-based applications, text-based messaging, mobile health applications, blogs and micro blogs, and image- or video-sharing sites).

SKILLS

Active and Effective Listening: Giving full attention to what other people are saying, taking time to understand the points being made, asking questions as appropriate, and not interrupting at inappropriate times.

Managing Information: Using information accurately and creatively for the issue or problem at hand, managing the flow of information from a wide variety of sources, and organizing or reorganizing information as appropriate to get a better understanding of a problem.

Personal Qualities: Reflecting genuineness, empathy, warmth, and a capacity to respond to a range of possible situations in oral and written exchanges.

Reading Comprehension: Understanding written sentences and paragraphs in work-related documents.

Social Perceptiveness: Being aware of others' reactions and understanding why they react as they do.

Speaking: Talking to others to convey information effectively. Expressing information to individuals or groups (public speaking), taking into account the audience and the nature of the information (e.g., technical or controversial information).

Writing and Editing: Communicating effectively in writing as appropriate for the needs of the audience.

ABILITIES

Communicating With Persons Outside the Organization: Ability to communicate with people outside the organization, representing the organization to the public, government, and other external sources, in person, in writing, by telephone or email, or through digital media.

Communicating With Supervisors, Peers, or Subordinates: Ability to provide information to supervisors, coworkers, and subordinates in person, in writing, by telephone or email, or through digital media.

Cultural Communication: Ability to communicate accurate information to, and on behalf of, culturally diverse populations and communities, and to interpret the implications of the evidence of problems as partners and individuals from different cultures express them.

Inductive Reasoning: Ability to combine pieces of information to form general rules or conclusions (includes finding a relationship among seemingly unrelated events).

Obtaining Information: Ability to observe, receive, and otherwise obtain information from all relevant sources.

Oral Comprehension: Ability to listen to, receive, identify, interpret, and understand information and ideas presented through verbal messages and other cues.

Oral Expression: Ability to communicate information and ideas verbally so others will understand.

Persuasion: Ability to persuade or influence others to change their minds or behavior by presenting information, thoughts, and ideas that support the alternative view.

Written Comprehension: Ability to read and understand information and ideas presented in writing. The ability to locate, understand, and interpret written information in prose and in documents such as manuals, reports, memos, letters, forms, graphs, charts, tables, calendars, schedules, signs, notices, applications, and directions, as well as information presented via digital media.

Written Expression: Ability to communicate thoughts, information, messages, ideas, and other information in writing so others will understand, and the ability to prepare reports and documents using proper terminology.

Cross-cutting areas of knowledge for the prevention professional should include child development, psychology, and public health, among others.

RECOMMENDED CORE COMPETENCIES: ASSESSMENT DOMAIN

Domain Definition: Assessment is an ongoing process that can include regular and systematic collection, assembly, analysis, and distribution of information on the needs, resources, and community readiness of the population to be served.[12]

Competencies in this domain include:

- Data gathering
- Needs and resource identification
- Problem definition
- Analysis

DATA GATHERING

Definition: Collecting needs, resources, and data in communities and systems about intervening variables, consumption, consequences that promote or compromise health, and community perceptions about why those situations exist (contributing factors).

KNOWLEDGE

Data Sources: Knowledge of sources of relevant public health data and information.

Ethical Principles: Knowledge of ethical considerations—including confidentiality and cultural awareness—in the collection, maintenance, use, and dissemination of data and information for prevention planning.

Instruments: Knowledge of appropriate methods and instruments for collecting valid and reliable quantitative and qualitative data for prevention planning.

Methodologies: Knowledge of a variety of methods to collect and use accurate demographic, cultural, epidemiological, usage, and consequence data for underserved groups (e.g., racial/ethnic, older adults, persons with disabilities) in the service area, and knowledge of how to use these methodologies to become informed about the ethnic/cultural needs, resources, and assets of the surrounding community.

SKILLS

Comprehension: Locating, understanding, and interpreting written information in prose and documents such as manuals, reports, memos, letters, forms, graphs, charts, and tables.

Data Collection: Collecting quantitative and qualitative community data.

Research: Identifying and compiling relevant information to solve a problem, including researching literature and reports through the Internet for population-based health, substance use, and mental health indicators.

Use of Technology: Using information technology to collect, store, and retrieve data.

Utilizing Reference Materials: Using appropriate reference material (e.g., statutes, regulations, reference books, and journals) to identify key sources of data for epidemiologic purposes.

ABILITIES

Attention to Detail: Ability to identify main ideas, implied meaning and details, missing information, trends, facts, and inconsistencies.

Collaboration: Ability to consult with experts in the appropriate field, such as epidemiologists, policy makers, community gatekeepers, and key leaders and stakeholders who touch the lives of those affected.

Policy Research and Analysis: Ability to gather, interpret, and analyze information relevant to specific prevention policy issues (e.g., current data and trends).

[12] Note: This population can be at the universal population level such as a community, a selected population such as a group of children whose parents are in recovery, or an indicated population such as youth risk takers. Assessment information includes data on health needs, gaps, assets, problems (consumption and consequences), and other areas. The sharing of findings with key stakeholders enables and mobilizes coalitions and systems to work collaboratively toward building healthier communities. Adapted from the Association of Schools of Public Health.

Population Analysis: Ability to assess community readiness and identify the health and mental health status of populations and their related determinants of health and illness (e.g., factors contributing to health promotion and prevention; and the quality, availability, access to, and use of health and mental health services).

NEEDS AND RESOURCE IDENTIFICATION

Definition: Systematically determining the health and mental health issues, characteristics and cultural considerations, and available resources associated with a defined population, community, or geographic area through qualitative and quantitative methods—identifying needs, resources, and gaps.

KNOWLEDGE

Demographics: Knowledge of community demographics, history, and norms.

Methodologies: Knowledge of quantitative and qualitative methods of determining health and mental health issues, characteristics and cultural considerations, and available resources within a given population, with an understanding of risks, root causes, and local conditions.

Resources: Knowledge of existing resources available to address individual, family, and community needs.

SKILLS

Use of Methodologies: Using qualitative and quantitative methods to identify needs, resources, and gaps related to prevention activities.

Using Public Health Sciences: Applying the basic public health sciences, including behavioral and social sciences, biostatistics, epidemiology, environmental public health, and prevention of chronic and infectious diseases and injuries.

ABILITIES

Characteristics Identification: Ability to describe the characteristics of a population-based health or mental health problem.

Data Utilization: Ability to use state and local repositories of information on substance use, health, and mental health.

Gap Analysis: Ability to analyze resources and needs and identify target audiences and community resource gaps.

Monitoring: Ability to monitor health and mental health status to identify individual, family, and community health problems.

Population Analysis: Ability to define, assess, and understand the health and mental health status of populations, determinants of health and illness, factors contributing to health promotion and disease prevention, and factors influencing access to and use of health services.

PROBLEM DEFINITION

Definition: Identifying and describing the problem, the underlying research and evidence for the problem, and the contributing factors. This includes the ability to develop consensus about the central issues that facilitate or impede a solution.

KNOWLEDGE

Ethical and Legal Principles: Knowledge of basic ethical and legal principles pertaining to the collection, maintenance, use, and dissemination of epidemiologic data.

Problem Analysis: Knowledge of how to clarify issues by breaking down problems into meaningful component parts for analysis.

Problem Determination: Knowledge of how to determine the nature of a problem in broader context by asking appropriate questions and reviewing documentation, and identifying the causes of social and behavioral factors that affect the health of individuals and populations.

Tools and Strategies: Knowledge of various assessment tools and strategies and how their use contributes to understanding and articulating prevention problems.

SKILLS

Collaboration: Working with a variety of organizations and community groups to develop mutually agreed-upon intervention goals and objectives.

Data Consolidation: Collecting, managing, and organizing data in a meaningful way for a variety of purposes and audiences.

Identifying Causes of Problems: Identifying root causes, local conditions, and key elements by pressing beyond the superficial, demonstrating sound judgment by gathering and weighing all pertinent information before making judgments or taking action, and reaching logical conclusions and making high-quality decisions.

Information Synthesis: Demonstrating skills in gathering, compiling, and synthesizing information to develop prevention initiatives and educational materials for diverse populations.

Prioritization: Developing problem definitions and using the comprehensive community assessment to help determine priorities, and identifying factors that place persons in the target audience at greater risk for the identified problem.

Problem Identification: Anticipating or recognizing the existence of a problem. Identifying the true nature of the problem by analyzing its component parts and evaluating the criticality of the situation.

Research: Using all available reference systems, including data repositories, program records, and survey information, to locate and obtain information relevant to the identified problem; recalling and applying previously learned information that is relevant to the problem.

Scanning: Spotting pertinent information quickly by identifying problems and root causes, and pressing beyond the superficial to identify root causes or key elements.

ABILITIES

Communication: Ability to describe a public health problem in terms of magnitude, person, time, and place.

Deductive Reasoning: Ability to apply general statements or premises to specific problems to produce answers that make sense.

Inductive Reasoning: Ability to combine pieces of information to form conclusions, including finding a relationship among seemingly unrelated events.

Presentation: Ability to develop written and oral presentations based on assessments and analyses for both professional and nonprofessional audiences.

ANALYSIS

Definition: Interpreting trends and patterns in the data and deciding how to organize, classify, interrelate, compare, prioritize, and present them. This includes understanding the needs of the defined population, community, or geographic area; reviewing the resources that are required and available; identifying gaps; and gauging the level of community readiness.

KNOWLEDGE

Categories: Knowledge of how to sort information into categories for analysis.

Public Health Indicators: Knowledge of variables that measure public health conditions.

Statistics: Knowledge of statistical methodologies, how statistical surveys are performed, and what results mean.

SKILLS

Data Application: Describing the prevention applications of quantitative and qualitative data.

Data Consolidation: Integrating and synthesizing information from multiple written materials. Reading and summarizing technical papers, understanding tabular and graphical presentations of data, and translating them for a nontechnical audience.

Data Examination: Exploring data and determining patterns to look for relevant interventions.

Presenting: Representing results in a meaningful way to different types of professional and nonprofessional audiences, using appropriate graphics and data.

ABILITIES

Assessment: Ability to judge the value of information and resources, with judgments based on definite criteria.

Data Analysis and Interpretation: Ability to analyze and evaluate data and information, recognizing meaningful results, interpreting results, and presenting the results in useful and culturally competent ways to different types of audiences.

Integrity: Ability to recognize the reliability, validity, and comparability of data.

Use of Analytic Tools: Ability to apply the core functions of assessment and policy development in the analysis of prevention problems and their solutions.

RECOMMENDED CORE COMPETENCIES: CAPACITY-BUILDING DOMAIN

Domain Definition: Capacity building is a long-term, continuing process that involves mobilizing human, organizational, and financial resources to promote and sustain intended outcomes.

Competencies in this domain include:

- Collaboration
- Organizational advocacy
- Organizational cultural proficiency

COLLABORATION

Definition: Identifying opportunities and taking action to build strategic relationships among different sectors, groups, or organizations to help achieve intended outcomes.

KNOWLEDGE

Government: Knowledge of government structures, processes, and intergovernmental relations among and between government agencies that administer for the public good at the tribal, state, local, and federal levels.

Nongovernmental Organizations: Knowledge of systems, structures, processes, and relations among and between those who administer for the public good in the private sector, including nonprofit and for-profit organizations.

Problem Solving: Knowledge of motivational strategies for collaborative problem solving, decision-making, and evaluation.

Relationships: Knowledge of the dynamic interactions among and between citizens, their governments, and other institutions.

Group Dynamics: Knowledge of group dynamics, such as different communication and interaction styles and working effectively in groups and collaborative situations.

SKILLS

Advocating: Creating and communicating a shared vision for a changing future, and championing data-driven, evidence-based solutions to organizational and community challenges.

Coalition Management: Identifying opportunities and taking action to build leadership and decision-making structures, develop and facilitate coalition processes, and provide feedback to coalitions regarding progress made toward achieving intended outcomes.

Cooperating: Working collaboratively with diverse communities and constituencies, including researchers, practitioners, agencies and organizations, program participants, and those who contribute to or support the delivery of prevention and health and mental health services.

Educating: Informing, affecting, and motivating individuals in community leadership positions.

Volunteer Recruitment and Retention: Using community connections and partnerships to identify and recruit coalition members and community volunteers to help with prevention and promotion activities, engage volunteers in meaningful and productive activities, report about recruitment efforts, and increase cultural competence.

ABILITIES

Communication: Ability to articulate an achievable mission, set of core values, and vision for prevention.

Ethics: Ability to demonstrate high standards of conduct in all interactions, acting with honesty and integrity.

Information Collection and Dissemination: Ability to gather, process, and present information to different audiences in person, through information technologies, or through media channels.

ORGANIZATIONAL ADVOCACY

Definition: Increasing the partners' commitment to and conceptual understanding of the importance of the prevention work to actively promote and sustain buy-in within partner organizations.

KNOWLEDGE

Community Resources: Knowledge of the local community and resources, including understanding potential allies or opponents for each program, strategy, or approach.

Local Economic and Social Conditions: Knowledge and understanding of local economic and social conditions in order to develop and present appropriate solutions and prioritize actions.

Mobilization: Knowledge of how to motivate community partners to actions.

Organizational Roles: Knowledge of the role of governmental and nongovernmental organizations in the delivery of community prevention and health and mental health services (e.g., state, tribal, local, and territorial health departments; nonprofit organizations; and community-based organizations).

SKILLS

Group Process: Using proven processes to advance community involvement (e.g., focus groups and talking circles, or mobilizing through planning partnerships).

Guidance: Offering advice, support, and technical assistance to stakeholders and community members in mobilizing for community change.

Sustainability: Participating in maintaining momentum and achieving buy-in and institutionalization of positive outcomes of the efforts that are in place.

ABILITIES

Community Awareness: Ability to recognize community linkages and relationships among multiple factors (or determinants) affecting prevention.

Partnerships: Ability to create, build, and maintain collaborative relationships, as well as network with other community agencies and potential partners.

ORGANIZATIONAL CULTURAL PROFICIENCY

Definition: Effective capacity building requires an understanding of how attitudes, beliefs, and behaviors are conditioned by culture and are endemic to institutions and systems.

KNOWLEDGE

Cultural Forces: Knowledge of the dynamic forces that contribute to cultural diversity (e.g., cultural norms and values, beliefs and customs, kinship and family structure, disability status, gender relationships, and socioeconomic differences).

Environment: Knowledge of how environmental conditions can affect cultural forces.

Ethics: Knowledge of community values, priorities, and principles that guide interactions across organizations and cultures.

Leadership: Knowledge of leadership practices that support collaborative efforts across culturally diverse organizations and communities.

Organizational Awareness: Knowledge of the experience and understanding found in community organizations reflecting cultural diversity involved in prevention efforts.

SKILLS

Ensuring Inclusion: Ensuring that those with less power are included and part of designing solutions by recognizing inequities, assessing the differential impacts of policies and actions, and recognizing differing definitions of fairness and equity.

Facilitation: Constructively managing discussions about values, roles, goals, and actions in a way that ensures full participation of all members.

Sensitivity: Being aware and accepting of diversity in an organizational environment.

ABILITIES

Cultural and Behavioral Understanding: Ability to recognize the role of cultural, social, and behavioral factors (e.g., historical and cultural experiences, socioeconomic backgrounds, traditions, beliefs, and practices) in the accessibility, availability, acceptability, and delivery of prevention services and programs.

Cultural Competence: Ability to interact (e.g., culturally competent communication; familiarity with cultural differences, traditions, norms, and values; empathy; acceptance; and tolerance) with persons from diverse backgrounds (e.g., differences in cultural, socioeconomic, educational, racial, or professional backgrounds; gender, age, ethnicity, sexual orientation, or religious affiliation; or mental and physical capabilities).

Empathy: Ability to be considerate, empathetic, and encouraging of others.

Relationships: Ability to establish and maintain effective working relationships with individuals from diverse backgrounds and abilities, community agencies, and the general public.

Responsiveness: Ability to respond to diverse needs that are the result of cultural differences (e.g., language, values, traditions, behaviors, attitudes, practices, norms).

RECOMMENDED CORE COMPETENCIES: PLANNING DOMAIN

Domain definition: Effective planning involves developing measurable goals and objectives in response to assessment of needs and assets; identifying strategies that are based on knowledge derived from theory, evidence, and practice; and developing logic models that include realistic outcomes and relevant policies, practices, and programs.

Competencies in this domain include:

- Collaborative planning
- Cultural inclusion
- Systematic thinking
- Evidence-informed approaches
- Facilitation
- Strategic planning

COLLABORATIVE PLANNING

Definition: Creating strategic plans that focus human, organizational, and fiscal resources effectively and foster relationships among different sectors, groups, or organizations.

KNOWLEDGE

Collaborative Strategies: Knowledge of multiple strategies for collaboration and partnership among organizations focused on prevention and public health goals.

Community Demographics and History: Knowledge of local history and community demographics, as well as underlying cultural and political issues.

Economic and Political Concerns: Knowledge of the economic and political underpinnings and implications for broader agency and community priorities and decisions.

Social and Community Factors: Knowledge of the role of social and community factors and priorities in both the onset and solution of prevention problems.

SKILLS

Coalition Building: Building community ownership of prevention programs, strategies, and approaches by collaborating with stakeholders when planning prevention initiatives.

Contingency Planning: Assessing and preparing for potential obstacles and barriers, and facilitating the development of contingency plans.

Group Dynamics: Applying communication and group dynamic strategies in interactions with individuals and groups (e.g., principled negotiation, conflict resolution, active listening, risk communication, and adapted teaching methods).

Planning: Applying the results of your needs assessment process when developing a prevention strategy, program, or best practice. Applying planning tools, such as logic models, to create comprehensive plans to meet the identified needs of the community.

ABILITIES

Leadership: Ability to create and communicate a shared vision for a changing future, including championing solutions to organizational and community challenges and building partnerships.

Stakeholder Identification: Ability to identify key individuals and critical stakeholders in organizations, community, and media.

Strategy and Design: Ability to plan for the design, development, implementation, and evaluation of strategies to improve individual and community health.

Teamwork: Ability to demonstrate effective teamwork and cooperation skills, including collaborating with others, and prioritizing individual, organizational, and community concerns and resources for prevention programs.

CULTURAL INCLUSION

Definition: Effective planning requires the ability to ensure that those affected by a problem are an integral part of devising and implementing the solution.

KNOWLEDGE

Community Health: Knowledge of how social, behavioral, environmental, and biological factors contribute to specific individual and community health concerns.

Community Power Structure: Knowledge of the influence of history, power, and privilege on health disparities at work in the community.

Cultural Diversity: Knowledge of the dynamic forces, such as family, faith, language, tradition, education, and country of origin, that contribute to cultural diversity.

Inequities and Fairness: Knowledge of differential impacts of policies and actions, differing definitions of fairness and equity, an understanding of power dynamics, and awareness that those with less power need to be a part of designing and implementing solutions.

Power Dynamics: Knowledge of the extent to which a culture's structures and values may oppress, marginalize, alienate, or create or enhance privilege and power.

SKILLS

Cultural Sensitivity: Assessing the cultural competence of public and private organizations and responding respectfully and effectively to people of all backgrounds and abilities; recognizing, affirming, and valuing the worth of diverse individuals, families, and communities.

Data Collection: Soliciting community-based input from individuals and organizations (e.g., Chamber of Commerce, churches, schools, social service organizations, tribes, hospitals, government, community-based organizations, and various populations served). Ensuring the involvement of the people being served in the data collection process and ensuring the inclusion of cultural considerations and a diversity of opinions.

Planning: Developing prevention programs and strategies that are responsive to the diverse cultural values and traditions of the communities being served. Involving people being served in the planning process. Incorporating multicultural diversity and social justice concepts and principles into prevention planning.

ABILITIES

Informing: Ability to communicate with government agencies, private organizations, and communities regarding proposed programs, plans, and policies and their potential impacts on cultural institutions, organizations, and communities.

Cross-Cultural Diversity: Ability to identify and model acceptance of differences in cultural, ethnic, and religious values, perceptions, customs, and beliefs.

Cross-Cultural Interactions: Ability to identify and implement ways of communicating and establishing relationships with others from different cultural backgrounds, including developing and adapting approaches to problems that take into account cultural differences.

SYSTEMATIC THINKING

Definition: Ability to accomplish work tasks by following steps in a certain order or according to a system. The ability to use a clearly defined and organized process to complete a scheduled task. (Note: *systematic* thinking focuses on results, while *systemic* thinking focuses on inter-relatedness.)

KNOWLEDGE

Barriers: Knowledge of local organizational barriers to collaboration and cooperation.

Change Theory: Knowledge and understanding of the dynamics of change adaptation and barriers to adopting change, and knowledge of how other communities have addressed barriers to change.

Community Resources: Knowledge of roles, responsibilities, missions, and capabilities of organizations and institutions that can affect or support prevention efforts.

Regulations: Knowledge of regulatory bodies, local ordinances, state laws, and applicable regulations that may affect local partners in prevention efforts, as well as the process by which those regulations are changed.

SKILLS

Conceptual Thinking: Seeing patterns and trends in behaviors or conditions and synthesizing related items.

Contingency Planning: Assessing potential obstacles and planning an alternative method to accomplish intended outcomes.

Critical Thinking: Using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions, or approaches to problems.

Planning: Thinking ahead through steps from A to Z in order of importance, impact, and sequence.

Priority Setting: Setting priorities on what needs to be done and managing time accordingly.

Contextual Vision: Interpreting discrete events or information in light of larger context and significance.

Information Management: Using information accurately and creatively for the issue or problem at hand and managing the flow of information from a wide variety of sources.

ABILITIES

Awareness: Ability to understand key issues and their implications.

Gap Analysis: Ability to recognize important gaps in existing information.

Organizing: Ability to review information as appropriate for relevance and completeness and reorganize as needed to get a better understanding of a problem.

Learning From Past Experience: Ability to evaluate prevention efforts from reflection on prior experience.

EVIDENCE-INFORMED APPROACHES

Definition: The identification and selection of approaches based on theory, research and experience, documented body of knowledge, or by informed experts.

KNOWLEDGE

Development and Evaluation: Knowledge of evidence-based theory and approaches in the evaluation and selection of social and behavioral science interventions.

Prevention Theory and Experts: Knowledge of theory, research, and recognized experts related to evidence-based substance use prevention programs and initiatives.

Resourcing Programs and Initiatives: Knowledge of evidence-based substance use prevention programs and initiatives and understanding of how to distinguish which funding sources apply to different efforts.

SKILLS

Evaluation and Decision-Making: Applying evidence-based principles and the scientific knowledge base to critical evaluation and decision-making in prevention programs, matching available strategies to identified needs.

Implementing: Maintaining program fidelity when implementing evidence-based practices.

ABILITIES

Describing Evidence: Ability to apply the scientific evidence related to a prevention public health issue, concern, or intervention (e.g., tobacco use, underage drinking, mental health problems, and prescription drug misuse).

Plan Development: Ability to develop a prevention plan based on research and theory that addresses individual, family, and community needs and desired outcomes.

Resource Identification: Ability to identify individual, organizational, and community assets and resources for social, mental health, and substance use interventions.

FACILITATION

Definition: Guiding group discussions and group processes by eliciting input, building a shared vision, or developing plans that motivate the participants to achieve agreed-upon group or individual goals.

KNOWLEDGE

Effective Listening: Knowledge of principles of effective listening (e.g., reflective listening and paraphrasing).

Facilitation: Knowledge of effective facilitation skills.

Human Relations Skills: Knowledge of human relations techniques to promote a productive, effective, and respectful working environment.

Public Speaking: Knowledge of principles of public speaking.

SKILLS

Active Listening: Using active, respectful listening techniques to facilitate communication and negotiate effectively with people listening to and communicating with each other.

Conflict Resolution: Resolving conflicts among organizations and with all appropriate parties, and identifying when conflict resolution can be used and when it cannot.

Group Process: Encouraging creativity and facilitating solving problems in groups. Ensuring outcome-based meetings and keeping groups on track and on time.

Motivation: Using praise and recognition to encourage people and reinforce commitment to the organization's planning and program goals.

ABILITIES

Leadership: Ability to assess a situation or issue and identify key elements, and encourage others to move forward toward a specific goal, while maintaining a credible process.

Negotiating: Ability to lead a discussion to reach a mutually satisfactory conclusion, which often involves compromise that is acceptable to all parties, including the ability to work across significant differences and through conflict to achieve consensus.

Persuasion and Influence: Ability to influence others and persuasively present thoughts and ideas.

Use of Language: Ability to clearly express information to individuals or groups, taking into account the audience and the nature of the information (e.g., technical or controversial).

STRATEGIC PLANNING

Definition: Strategic planning is a creative and participatory process that defines the values, purpose, vision, and mission of an organization or collaborative and presents its goals, objectives, and strategies in a logic model format.

KNOWLEDGE

Administration and Management: Knowledge of management principles involved in strategic planning, resource allocation, leadership techniques, and coordination of people and resources.

Change Management: Working knowledge of change management, defined as an approach to transitioning individuals, teams, and organizations to a desired future state.[13]

Data-Driven Decision-Making: Knowledge of relevant data sources and how to harness information to plan, prioritize, and make key decisions.

Environmental Scanning: Knowledge of environmental scanning techniques and current state assessment techniques, such as a SWOT analysis[14] (strengths, weaknesses, opportunities, threats), which creates a systematic framework for strategic planning.

Use of Data: Knowledge of how to identify, access, and analyze relevant community data (such as problem indicators, resources, and data that emerge through the assessment process) to inform the planning process.

SKILLS

Critical Thinking: Using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions, or approaches to problems.

Design: Developing a strategic process for exchanging knowledge and information to achieve specific objectives.

Goal Setting: Developing priorities, goals, and measurable objectives for prevention efforts.

Planning: Implementing a strategic planning process for the design, development, implementation, and evaluation of prevention efforts that result in improving individual and community health.

ABILITIES

Balanced Judgment: Ability to choose the best option by assessing available alternatives, identifying the pros and cons, and making a balanced, evidence-informed judgment.

Strategizing: Ability to identify collaborative and organizational needs and initiate strategies aligned to the mission, strategic direction, and values.

Systems Thinking: Ability to regularly apply systemic thinking and skills to the planning process.

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[13] Kotter, J. (2011, July 12). Change management vs. change leadership—What's the difference? *Forbes*. Retrieved from https://www.forbes.com/sites/johnkotter/2011/07/12/change-management-vs-change-leadership-whats-the-difference/#72e7e8ea4cc6.

[14] United States Department of Agriculture. (2008). *SWOT Analysis: A tool for making better business decisions*. Retreived from https://www.rma.usda.gov/-/media/RMA/Publications/Risk-Management-Publications/swot_brochure.ashx?la=en.

The ability to understand, interpret, and present data is an important core competency in the Evaluation domain.

RECOMMENDED CORE COMPETENCIES: IMPLEMENTATION DOMAIN

Domain definition: Implementation is focused on carrying out the various components of the prevention plan in an effective, efficient, culturally sensitive, and ethical manner, as well as identifying and overcoming any potential barriers. Stakeholders and organizations detail the evidence-informed programs, processes, policies, and practices that need to be undertaken, develop specific timelines, and decide on ongoing program evaluation needs.

Competencies in this domain include:

- Cultural responsiveness
- Collaboration
- Change management

CULTURAL RESPONSIVENESS

Definition: Recognizing, understanding, and applying evidence-informed programs, processes, policies, and practices that are sensitive to diverse cultural backgrounds.

KNOWLEDGE

Cultural Diversity: Knowledge of the history, traditions, values, beliefs, practices, and family systems of diverse groups; the impact of culture on the behaviors, attitudes, values, and health and mental health status of individuals; the help-seeking behaviors of diverse populations; and the roles of language, speech patterns, and communication styles in culturally distinct communities.

Cultural Sensitivity: Knowledge of the dynamics formed by cultural diversity (e.g., race, ethnicity, disability, gender, economics, family, faith, language, tradition, education, and country of origin).

Resources: Knowledge of agencies, persons, and helping networks that can be used on behalf of diverse communities.

Socioeconomic Barriers: Knowledge of institutional and socioeconomic barriers that prevent people from culturally diverse groups from accessing and using public health and prevention services and programs.[15]

Values: Knowledge of ways in which personal and professional values may conflict with or accommodate the needs of diverse groups.

SKILLS

Cultural Engagement: Actively learning about culture from multiple sources, including clients, constituents, communities, organizations, and research literature to provide culturally competent prevention processes, services, and programs.

Cultural Responsiveness: Applying principles of cross-cultural communication, equity, social justice, and respect for persons.

Learning Techniques: Using techniques for learning and adapting to personal and cultural patterns of individuals, families, and community groups and their effect on adherence to prescribed intervention strategies.

ABILITIES

Communication: Ability to use effective cross-cultural techniques in discussing recommended intervention strategies. Ability to communicate accurate information in a culturally appropriate manner to diverse communities.

Cross-Cultural Competence: Ability to identify differences in cultural, ethnic, and religious values; perceptions; customs; and beliefs. The ability to interact and establish relationships with diverse individuals and communities to produce or affect an intended prevention outcome.

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[15] Sue, D.W., & Sue, D. (1990). *Counseling the culturally different: Theory and practice.* New York, NY: John Wiley and Sons.

Cultural Sensitivity: Ability to act with sensitivity and understanding, and develop and adapt approaches to problems that take into account cultural differences.

Interpretation: Ability to interpret the implications of situations as expressed by individuals and groups from different cultures within the community.

Personal Interaction: Ability to interact sensitively, effectively, respectfully, and professionally with persons from diverse cultural, socioeconomic, educational, and professional backgrounds, and with persons of all ages and lifestyle preferences. Ability to develop partnerships with key stakeholders from diverse populations.

Respect: Ability to accept differences in backgrounds and opinions of others, and maintain a broad view and help others do the same to accommodate and represent different perspectives.

COLLABORATION

Definition: Developing and using relationships with different sectors, groups, or organizations to facilitate the implementation of the selected culturally relevant evidence-informed programs, processes, policies, practices, and strategies.

KNOWLEDGE

Community Partners: Knowledge of partners and other community resources that support prevention efforts and understanding of how to successfully use partnerships to implement programs, practices, policy, processes, and strategies.

Demographics: Knowledge of community demographics and norms.

Learning and Work Styles: Knowledge and understanding of different learning and work styles and how these translate into practices in organizational and community life.

SKILLS

Alliance Building: Involving other individuals, agencies, and organizations in a collective effort to achieve an objective.

Human Relations Techniques: Using human relations techniques to promote effective working relationships. Using praise and recognition to sustain people and reinforce commitment to the community's prevention goals. Using effective listening and relationship building skills.

Persuasion: Using information, factual arguments, and relationships to get others to accept alternative perspectives on an issue.

Providing Guidance: Offering advice and technical assistance to stakeholders and community members in mobilizing for community change.

Resource Provider: Serving as a resource to community members and organizations regarding prevention strategies and best practices, and connecting individuals, families, and community groups to other key resources.

ABILITIES

Capacity Building: Ability to mobilize human, organizational, and financial resources to promote and sustain intended outcomes.

Empathy: Ability to be considerate and encouraging of others.

Facilitation: Ability to constructively manage discussions about values, roles, goals, and actions in a way that ensures full participation of all members.

Maximizing Knowledge: Ability to share knowledge, information, and skills to ensure collaborative success. Ability to use the full scope of knowledge, skills, and abilities of available organizations and health professionals to offer and support effective prevention efforts.

Teamwork: Ability to demonstrate effective cooperation skills, including collaborating with others and prioritizing individual, organizational, and community concerns and resources for prevention efforts.

CHANGE MANAGEMENT

Definition: Making adjustments to programs, processes, policies, and practices based on new information to be consistent with resource allocation and priority setting.

KNOWLEDGE

Cultural and Organizational Diversity: Knowledge of how organizational influences—such as belief systems, attitudes, use of language, expectations, and management styles—affect or contribute to resistance to change.

Nature of Change: Knowledge of change management principles, theory, and processes and how people and organizations respond to change.

Research Methods: Knowledge of how to collect and analyze sufficient, valid, and reliable data that inform design, planning, and implementation activities and priorities to create practical and workable solutions for change.

SKILLS

Analytic Thinking: Using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions, or approaches to problems.

Coaching: Providing support, technical assistance, and guidance to develop and implement strategic plans, build trust, and motivate and reinforce organizational performance.

Facilitation: Constructively managing discussions about values, roles, goals, and actions in a way that ensures full participation of all members.

Problem Solving: Using motivational strategies for collaborative problem solving, decision-making, and evaluation.

ABILITIES

Conflict Management: Ability to remain calm and objective and facilitate others working out their differences.

Cultural Awareness: Ability to ensure that approaches and plans for change are culturally appropriate.

Overcoming Resistance: Ability to recognize points of community and organizational resistance and know how to address the reasons for that resistance.

Resource Management: Ability to focus and use community and organizational resources to maximize results.

Stakeholder Engagement: Ability to involve the right people and organizations at the right time throughout the change process, gain commitment through consultation, and consider stakeholder impacts.

Strategic Approach: Ability to assess the impact of change and adapt approaches or take mitigating action, as necessary.

RECOMMENDED CORE COMPETENCIES: EVALUATION DOMAIN

Domain definition: Determine the reach, effectiveness, and impact of the implementation of the strategic plan and of the programs, processes, policies, and practices. Use appropriate evaluation methods to support improvements, sustainability, and dissemination in a continuous iterative process.

Competencies in this domain include:

- Evaluation methods
- Data interpretation and use

EVALUATION METHODS

Definition: Ability to understand types and limits of evaluation in order to determine systematically and objectively the effectiveness and impact of strategic plans and programs, policies, processes, and practices. Understand the resources and skill sets necessary to implement evaluation as a continuous iterative process.

KNOWLEDGE

Evaluation Methods: Knowledge of qualitative and quantitative evaluation concepts in relation to their strengths, limitations, and appropriate uses, including a broad understanding of evaluation design.

Strategies and Mechanisms: Knowledge of prevention evaluation strategies and mechanisms to monitor for effectiveness, quality, and fidelity.

Types of Evaluations: Knowledge of the purposes of various approaches to evaluating prevention efforts (e.g., logic models and formative, summative, process, outcome, and impact evaluations), as well as how to use the information for continuous improvement.

SKILLS

Determining Evaluator Expertise: Identifying and hiring an appropriate evaluator who is compatible with what the organization is trying to achieve.

Developing Evaluation Framework: Identifying and directing the goals of evaluation efforts, such as enhancing sustainability, and developing research questions to be investigated, often in conjunction with the evaluator.

Using Evaluation Tools: Distinguishing among different evaluation tools (e.g., community, school-based, and record surveys; interviews; program reviews; focus groups; observations) and using the appropriate tools to collect data.

Understanding Programmatic Impact: Identifying the impact of a prevention intervention.

ABILITIES

Methodologies: Ability to work with an evaluator to apply descriptive and inferential methodologies according to the type of study design for answering a particular research question.

Statistical Methods: Ability to work with an evaluator to apply common statistical methods for inference.

DATA INTERPRETATION AND USE

Definition: Ability to understand, confirm, analyze/interpret, and present evaluation data, and construct arguments using quantitative and qualitative information derived from the evaluation process.

KNOWLEDGE

Analysis: Knowledge of how to use evaluation results to analyze the effectiveness of prevention efforts and the performance of procedures, interventions, and programs.

Reporting Results: Knowledge of methods to present results of evaluation in a clear, concise, and meaningful manner, effectively conveying successes, issues, and opportunities.

Performance Results: Knowledge of how to use evaluation results to enhance sustainability, make improvements, and maximize the impact of prevention activities.

SKILLS

Assessment: Assessing evaluation reports in relation to their quality, utility, and impact on prevention issues and public health.

Data Extraction: Extracting the important ideas from written words as well as graphs and tables, and identifying problems in data.

Documentation: Documenting and illustrating ideas, including creating tables and graphs.

Technology: Using information technology to access, evaluate, and interpret public health and prevention-related data.

ABILITIES

Communication: Ability to communicate evaluation results to professional and nonprofessional audiences.

Data Translation: Ability to work with an evaluator to interpret and translate evaluation report information into performance improvement action steps.

Interpretation: Ability to explain how evaluation findings can be used, interpret results of statistical analyses, and draw appropriate conclusions from evaluation data.

Strategic Process: Ability to describe steps and procedures used in the evaluation process.

Almost all states have identified the requirements for passing a state certification test in prevention.

APPENDIX A:

RESOURCES FOR PREVENTION CREDENTIALING, DEGREE PROGRAMS, AND TRAINING PROGRAMS

PREVENTION CREDENTIALING

For details on prevention credentialing in your state, including minimum standards for credentialing, contact the following:

- Your state Department of Health or your local certification board
- International Certification & Reciprocity Consortium, https://internationalcredentialing.org
- Society for Prevention Research, https://www.preventionresearch.org

DEGREE PROGRAMS IN SUBSTANCE USE AND MISUSE PREVENTION

Contact your local college or university for details on their current degree programs in substance use prevention science or closely related fields.

SAMHSA'S TECHNOLOGY TRANSFER CENTERS PROGRAM

SAMHSA's Technology Transfer Centers (TTC) program develops and strengthens the specialized behavioral healthcare and primary healthcare workforce that provides prevention, treatment, and recovery support services for substance use disorder and mental illness.

The TTC program offers trainings, events, and resources for workforce development, and is composed of three networks:

ADDICTION TECHNOLOGY TRANSFER CENTERS (ATTC)

The ATTC Network serves the United States and its territories, as well as Vietnam, Southeast Asia, South Africa, and Ukraine, with U.S.-based centers, international HIV centers that are funded by the U.S. President's Emergency Plan for AIDS Relief, national focus centers, and a networking coordinating office. This international, multidisciplinary network supports professionals in the addictions treatment and recovery services field.

MENTAL HEALTH TECHNOLOGY TRANSFER CENTERS (MHTTC)

The MHTTC Network, which has regional centers, a National American Indian and Alaska Native Center, a National Hispanic and Latino Center, and a network coordinating office, supports mental health practitioners with resource development and dissemination, training and technical assistance, and workforce development.

PREVENTION TECHNOLOGY TRANSFER CENTERS (PTTC)

The PTTC Network has regional centers, national focus area centers, and a network coordinating office that, together, serve the United States and its territories. The Network provides tools and strategies to improve the quality of substance abuse prevention efforts. It delivers technical assistance and learning resources to prevention professionals in order to improve their understanding of prevention science, epidemiological data, and implementation of evidence-based and promising practices. With the provision of tools and resources, the PTTC Network is engaging the next generation of prevention professionals.

OTHER RESOURCES

EVIDENCE-BASED PRACTICES RESOURCE CENTER (SAMHSA)

The Evidence-Based Practices Resource Center provides communities, clinicians, policy-makers, and others with the information and tools to incorporate evidence-based practices into their communities or clinical settings.

FOSTERING HEALTHY MENTAL, EMOTIONAL, AND BEHAVIORAL DEVELOPMENT IN CHILDREN AND YOUTH (THE NATIONAL ACADEMIES OF SCIENCES, ENGINEERING, AND MEDICINE)

This report examines the gap between current research and achievable national goals for the next 10 years. The report identifies the complexities of childhood influences and highlights the need for a tailored and cohesive, multidisciplinary approach when implementing new policies and practices to improve national MEB health.

APPENDIX B:

EXPERT PANEL MEMBER ORGANIZATIONS

EXPERT PANEL MEMBER ORGANIZATIONS

Center for the Application of Substance Abuse Technologies

Community Anti-Drug Coalitions of America

EMT Associates, Inc.

IC&RC Prevention Committee

National Association for Children of Alcoholics

National Association of State Alcohol & Drug Abuse Directors

New Jersey Department of Human Services

North Carolina Department of Health and Human Services

South Carolina Department of Alcohol & Other Drug Abuse Services

Southwest Prevention Center

University of Nevada, Reno

Washington State Department of Social and Health Services

Competency models form the basis on which managers, professional organizations, curriculum developers, universities and community colleges, and training providers ensure that workers have the right skills.

SAMHSA
Substance Abuse and Mental Health Services Administration

Publication No. PEP20-03-08-001
Released 2021
Substance Abuse and Mental Health Services Administration

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

1-877-SAMHSA -7 (1-877-726-4727) | 1-800-487-4889 (TDD) | www.SAMHSA.gov