

**LOS ANGELES COUNTY - HEALTH AGENCY DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL
POLICIES AND PROCEDURES**

POLICY AND PROCEDURE NO: 4023

SUBJECT: Policy and Procedure for Primary Prevention Services

PURPOSE: To establish a uniform policy and procedure for ensuring primary prevention programs are directed at individuals who have not been determined to require treatment for a Substance Use Disorder (SUD).

POLICY STATEMENT

It is the policy of the Los Angeles County, Department of Public Health (DPH), Substance Abuse Prevention and Control (SAPC) subject to an agreement with the State of California Department of Health Care Services (DHCS) and in accordance with 45 CFR § 96.125 Primary prevention, shall include a clause for purposes of 45 CFR § 96.124, each State shall develop and implement a comprehensive prevention program which includes a broad array of prevention strategies directed at individuals not identified to be in need of treatment. The comprehensive primary prevention program shall include activities and services provided in a variety of settings for both the general population, as well as targeting sub-groups who are at high risk for substance abuse.

Title 42, U.S.C. Section 300x-22(a) Primary prevention requires the State to spend a minimum of 20 percent of the total Substance Abuse Prevention and Treatment (SAPT) Block Grant Award to California on primary prevention services and is defined as strategies, programs and services directed at individuals who have not been determined to require treatment for a substance use disorder. In accordance with 45 CFR §96.125, prevention providers must ensure that primary prevention programs and services are aimed at informing and educating individuals on the risk associated with substance use and providing activities to reduce the risk of such use.

Furthermore, for SAPT Primary Prevention Set-Aside, counties must have an active prevention plan that adheres to the Substance Abuse and Mental Health Services Administration's (SAMHSA) Strategic Prevention Framework. Priority areas are identified in the plan and strategies are selected, based on evidence where applicable, that will best address the priority areas and populations being served. Strategies may consist of both individual- and population-based services using one or more of the six prevention strategies identified by the Federal SAMHSA Center for Substance Abuse Prevention (CSAP).

The strategies are Information Dissemination, Education, Alternatives, Problem Identification and Referral, Community-Based Process, and Environmental.

To ensure adherence to the provisions of 45 CFR §96.125, following the guidelines found in the Strategic Prevention Framework (SPF), and other regulations as outlined above, providers will develop and implement policies that incorporate the following:

1. Strategic Prevention Framework

The SPF, the Institute of Medicine (IOM) population classification system, and SAMHSA's CSAP Strategies are the three (3) distinct frameworks that when combined contribute to the development of comprehensive, culturally competent, and effective prevention services. Use of these frameworks and the Primary Prevention SUD Data Service (PPSDS) data reporting system are required by DHCS, State-County Contract Exhibit A, Section 1B Attachment 1, Part 3-E, PPSDS reporting requirements, and DHCS Substance Use Disorder Information Notices.

The steps of the SPF include:

Step 1: Assess Needs: What is the problem, and how can I learn more?

Step 2: Build Capacity: What do I have to work with?

Step 3: Plan: What should I do and how should I do it?

Step 4: Implement: How can I put my plan into action?

Step 5: Evaluate: Is my plan succeeding?

SPF guiding principles:

Cultural competence: The ability to interact effectively with members of diverse populations

Sustainability: The process of achieving and maintaining long-term results

2. Institute of Medicine Prevention Population Classification

Universal Prevention: Targets the entire population (national, local community, school, and neighborhood) with messages and programs aimed at preventing or delaying the (ab)use of alcohol or other drugs. All members of the population share the same general risk for substance (ab)use, although the risk may vary among individuals.

Selective Prevention: Targets subsets of the total population at risk for substance abuse by virtue of their membership in a particular population segment. Selective prevention targets the entire subgroup regardless of the degree of risk of any individual within the group. The selection prevention program is presented to the entire subgroup because the subgroup as a whole is at higher risk for substance abuse than the general population. An individual's personal risk is not specifically assessed or identified, and is based solely on a presumption given his or her membership in the at-risk subgroup.

Indicated Prevention: Targets individuals who do not meet Diagnostic and Statistical Manual of Mental Disorders Fifth Edition criteria for abuse or dependence, but who are showing early danger signs, such as failing grades and consumption of alcohol and other gateway drugs.

The mission of indicated prevention is to identify individuals who are exhibiting potential early signs of substance abuse and other problem behaviors associated with substance abuse and to target them with special programs.

3. § 96.125 Primary Prevention

a. Each provider shall develop and implement a comprehensive prevention program which includes a broad array of prevention strategies directed at individuals not identified to be in need of treatment. The comprehensive primary prevention providers must include activities, and/or programs that have been adequately substantiated by evidence/research to impact community and/or individual level Alcohol and Other Drug (AOD) use and related outcomes. This is defined as:

- 1) [SAMHSA's Evidence-Based Practices Resource Center](#)
- 2) [Communities That Care Prevention Strategies Guide](#)
- 3) [RAND: Preventing Underage Drinking Technical Report](#)
- 4) [Centers for Disease Control and Prevention Community Guide](#)
- 5) where the program or curricula is not a recognized best practice/model program.

b. Provided activities and services in a variety of settings for both the general population, as well as targeting sub-groups who are at high risk for substance abuse.

c. Prevention provider shall use a variety of strategies in implementing the prevention program, as appropriate for each target group.

4. Primary prevention activities are classified using the following six (6) SAMHSA CSAP Strategies:

a. Information Dissemination Strategy

This Strategy provides awareness and knowledge of the nature and extent of alcohol, tobacco, drug use, abuse, addiction, and their effects on individuals, families, and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-on-one communication from the source to the audience, with limited contact between the two. (CFR 96.125, p 514)

b. Education Strategy

This Strategy involves two-way communication and is distinguished from the Information Dissemination Strategy by the fact that interaction between the educator/facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social skills, including decision- making, refusal skills, critical analysis, and systemic judgement abilities. (CFR 96.125, p 514)

c. Alternative Strategy

This strategy provides for the participation of target populations in activities that exclude alcohol, tobacco, and other drug use. The assumption is that constructive

and healthy activities offset the attraction to or otherwise meet the needs usually filled by alcohol, tobacco, and other drugs and would, therefore, minimize or remove the need to use these substances. (CFR 96.125, p 514 & 515)

- d. **Problem Identification and Referral Strategy**
This strategy aims at identification of those individuals who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs and to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in need of treatment. (CFR 96.125, p 515)
- e. **Community-Based Process Strategy**
This strategy aims to enhance the ability of the community to more effectively provide prevention services for alcohol, tobacco, and drug abuse disorders. Activities in this strategy include organizing, planning, and enhancing the efficiency and effectiveness of services implementation, interagency collaboration, coalition building, and networking. (CFR 96.125)
- f. **Environmental Strategy**
This strategy establishes or changes written and unwritten community standards, codes, and attitudes, thereby influencing incidence and prevalence of the use of alcohol, tobacco, and other drugs used in the general population. This strategy is divided into two subcategories to permit distinction between activities which center on legal and regulatory initiatives and those which relate to the service and action- oriented initiatives. (CFR 96.125, p 515)

5. **Practicing Effective Prevention**

According to SAMHSA's Center for the Application of Prevention Technologies, practicing effective prevention means:

- a. Gathering and using data to guide all prevention decisions-from identifying which substance use problems to address in a community, to choosing the most appropriate ways to address these problems, to determining whether selected interventions and strategies are making progress in meeting prevention needs.
- b. Working with diverse community partners to plan and deliver culturally appropriate, effective, and sustainable prevention practices that are a good fit for the populations being served.
- c. Understanding and applying prevention research so that prevention efforts are informed by best practice and shown to influence risk and protective factors associated with prioritized substance misuse and related health problems at the community, State, territory, and tribal levels.

6. To practice effective prevention, providers will:
- a. Understand substance misuse prevention within the larger context of behavioral health;
 - b. Apply SAMHSA's Strategic Prevention Framework (SPF) a five-step planning process framework designed to help states, tribes, jurisdictions, and communities more effectively understand and deliver effective prevention practices;
 - c. Incorporate epidemiology into prevention planning to help focus and refine prevention activities based on patterns of substance misuse, and related consequences; and
 - d. Apply prevention approaches that address those factors that contribute to or protect against identified problems, and that are a good match for the community.

SAPC shall ensure compliance with this policy by SUD providers through the following procedure.

PROCEDURE	
Accountability	Step
Contract Services Division Contract Development and Processing	1. Will include a clause with SUD providers that primary prevention programs and services are aimed at informing and educating individuals on the risk associated with substance use and providing activities to reduce the risk of such use subject to an agreement with the State of California DHCS and in accordance with the 45 CFR §96.12, and all other applicable governmental regulations.
Contract Compliance and Monitoring	2. Will provide applicable training to providers, as needed.
Contract Compliance and Monitoring	3. Will require that prevention providers obtain additional Monitoring training specific to the practice of effective prevention and the utilization of SAMHSA's Strategic Prevention Framework as a part of their contractual requirement to provide 24 hours of staff training per fiscal year.
Contract Compliance and Monitoring	4. Will conduct annual, or whenever necessary, site reviews which include: <ul style="list-style-type: none"> • Review of work plan that includes: goals, objectives, related tasks and activities; • Review of PPSDS Prevention; • Review Year-End Report;

	<ul style="list-style-type: none"> • Attendance verification of mandatory coalition and SAPC provider meetings; • Interviews with participants; and • Employees' signed acknowledgement of policy.
Contract Compliance and Monitoring	5. Will cite as a deficiency any provider who is found not to be in compliance with the primary prevention guidelines and standards within its SAPC contract.
Contract Compliance and Monitoring	6. Will submit an audit report to the agency, within 30 days of the exit interview, indicating any deficiencies that need to be corrected, and requesting that a corrective action plan be submitted to SAPC within 30 days of the date of the report.
Contract Compliance and Monitoring	7. Will submit a copy of the audit report to DHCS within two weeks of its completion, in accordance with SAPC Procedure Number 400 I.

NOTED AND APPROVED:



Gary Tsai, MD Interim Division Director
Substance Abuse Prevention and Control

10/16/20

Date

Approved: {October 2020}