Los Angeles County
Department of Public Health

Substance Use Prevention Services

PREVENTION STANDARDS AND PRACTICES MANUAL

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SAPC | Substance Abuse Prevention and Control

County of Los Angeles Public Health

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PREVENTION STANDARDS AND PRACTICES MANUAL

The Prevention Standards and Practices Manual (cited as Prevention Standards and Practices in the Alcohol and other Drug Prevention Services (AODPS) Statement of Work (SOW) and hereafter as Prevention Manual) provides contractual requirements as outlined in the AODPS SOW and includes policies and procedures associated with these requirements.

This manual is consistent with the following Substance and Mental Health Services Administration (SAMSHA) Substance Abuse Prevention and Treatment (SAPT) Block Grant (BG), also known as SABG, Prevention Set-Aside requirements:

- Federal Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Prevention Framework (SPF) planning process;
- California Department of Health Care Services (DHCS) Primary Prevention Substance Use Disorder Data Service (PPSDS) System;
- SAMHSA's Center for Substance Abuse Prevention (CSAP) accepted and effective prevention strategies;
- Institute of Medicine (IOM) classification

The intent of this manual is to clarify expectations of the AODPS contract and the overall ability of SAPC Prevention to effectively implement services that achieve the stated goals, objectives, and outcomes, as outlined in the Strategic Prevention Plan. Although differences may exist among individual programs, the Prevention Manual intends to ensure that all AODPS contracted programs share a common understanding of the AODPS contract requirements and program principles and practices.

The Prevention Manual will be updated and modified as needed over the course of the contract term to refine contract expectations and adjust to advances in the prevention field, including any changes to the SAPT BG funding requirements. Any updates to this manual will be provided to AODPS Providers in writing and will be referenced in the Statement of Work (SOW).

I. INTRODUCTION

Vision

Healthy communities that are safe and free from substance use problems.

Mission

To implement effective prevention initiatives, guided by best practices and data, to systematically reduce community substance use problems.

SAPC's Commitment to Prevention

When addressing public health challenges, including substance use, the Los Aneles County (LAC) Department of Public Health (DPH) looks not only at implementing effective prevention strategies (e.g., policy development, advocacy, media efforts, education, and services) but also at the impact of the physical and social environments on health (e.g., land use, safety, poverty, educational attainment). The Substance Abuse Prevention and Control (SAPC) will work collaboratively with prevention providers on an on-going basis to assess community needs and resources to develop effective, culturally responsive prevention strategies. Particular emphasis will be placed on promoting the inclusion of all provider/community members and their diverse perspectives, ideas, and strategies. This will build rapport and credibility at the local level and improve the efficiency of prevention services within LAC.

II. SUBSTANCE ABUSE PREVENTION AND TREATMENT (SAPT) BLOCK GRANT (BG) PREVENTION SET-ASIDE FUNDING REQUIREMENTS

AODPS providers are funded with federal Substance and Mental Health Services Administration (SAMSHA) SAPT Block Grant, Prevention Set-aside Funds. Title 42, U.S.C. Section 300x-22(a) requires the Department of Health Care Services (DHCS) to spend a minimum of twenty percent of the total SAPT BG Award on primary prevention services. Primary prevention is defined as strategies, programs, and services directed at individuals who have not been determined to require treatment for a substance use disorder. A county's spending of the primary prevention funds that DHCS allocates is integral to meeting federal SAPT spending requirements. For the SAPT Primary Prevention Set-Aside, counties must have an active Prevention Strategic Plan that adheres to SAMHSA's Strategic Prevention Framework (SPF). 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 SAMHSA's Center for Substance Abuse Prevention (CSAP). The 6 CSAP strategies are 1) Information Dissemination, 2) Education, 3) Alternative, 4) Problem Identification and Referral, 5) Community-Based Process, and 6) Environmental.

III. PREVENTION SERVICES FRAMEWORKS

There are three distinct frameworks that when combined guide the development of comprehensive, culturally competent, and effective prevention services that aim to strengthen individuals, families and communities. Prevention services will utilize the following four frameworks collectively:

1. The Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Prevention Framework (SPF)

2. SAMHSA Center for Substance Abuse Prevention (CSAP) Strategies

3. Institute of Medicine (IOM) Classifications for Prevention

The use of the SPF, CSAP strategies, and the IOM classifications are required by the California Department of Health Care Services (DHCS) and included as part of the mandatory reporting requirements for the web-based Primary Prevention Substance Use Disorder Data Service (PPSDS) System.

SAMHSA'S Strategic Prevention Framework (SPF)[1]

The SPF is a five-step planning process that systematically guides the development of prevention services. Central to all steps is ensuring that efforts are culturally and linguistically competent, and sustainable. By addressing each of these steps, prevention services should address the needs of the specific target community(ies) and population(s), enhance protective factors and reduce risk factors, build community capacity and collaboration, develop goals and measurable objectives, and emphasize evaluation to ensure the program achieves the intended outcomes.

The following is a brief description of each SPF step and must address cultural competence and sustainability as a fundamental element within each step.

- Step 1: Assessment: 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?

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.

[1] Strategic Prevention Framework. (n.d.). Retrieved from: https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf

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.

To practice effective prevention, providers must understand substance misuse prevention within the larger context of behavioral health, apply SAMHSA's Strategic Prevention Framework (SPF), incorporate epidemiology into prevention planning to help focus and refine prevention activities based on patterns of substance misuse, and related consequences; and 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 will ensure compliance with these guidelines through contract development and processing, contract compliance and monitoring (Attachment A). Providers must obtain the required training specific to the practice of effective prevention. Utilizing SAMHSA's Strategic Prevention Framework as a part of their contractual requirement, AODPS contracted providers must ensure that their staff receive 24 hours of prevention training per fiscal year.

Cultural Competency and Sustainability

AODPS providers must provide programs that are culturally competent and sustainable. *Cultural Competency* is as a set of behaviors, attitudes, and policies that come together in a system, agency, or among professionals to enable effective work in cross-cultural situations. Such programming respects, and is responsive to, the health beliefs, practices, and cultural and linguistic needs of diverse individuals and is more likely to bring about positive change. *Sustainability* is the multiple factors that contribute to program success over the long-term including continued community support and engagement, stable infrastructure, and available resources and training.

Center for Substance Abuse Prevention (CSAP) Strategies and Activities[2]

The SAMHSA CSAP has classified common prevention activities into six major categories termed "strategies." These CSAP strategies, and the associated activities, are basic definitions that broadly describe the most frequent types of efforts for each term. An effective prevention program should be knowledgeable of these strategies and activities but base the program design on how to

[2] Center for Substance Abuse Prevention Strategies and CSAP Activities Definitions (Approved July 24, 2017, Updated August 17, 2017). Retrieved from http://www.ca-cpi.org/wp-content/uploads/2017/08/CSAP-Strategies.pdf

comprehensively address the actual needs of the target community(ies) through evidence-based interventions and services with the proven ability to achieve the desired results.

1. *Environmental Strategy* - focuses on establishing or changing community standards, codes, and attitudes thereby influencing incidence and prevalence of alcohol and other drug use within the community. The strategy depends on engaging a broad base of community partners, focuses on places and specific problems, and emphasizes public policy.
2. *Community-Based Process Strategy* - focuses on enhancing the capacity of the community to address AOD issues through organizing, planning, collaboration, coalition building, and networking.
3. *Information Dissemination Strategy* - focuses on improving awareness and knowledge of the effects of AOD issues on communities and families through "one-way" communication with the audience such as speaking engagements, health fairs, and distribution of print materials.
4. *Problem Identification and Referral Strategy* – focuses on identifying individuals who have infrequently used or experimented with AOD who could change their behavior through education. The intention of the screening must be to determine the need for indicated prevention services and not treatment need.
5. *Education Strategy* – focuses on "two-way" communication between the facilitator and participants and aims to improve life/social skills such as decision making, refusal skills, and critical analysis.
6. *Alternative Strategy* – focuses on redirecting individuals from potentially problematic situations and AOD use by providing constructive and healthy events/activities.

The Institute of Medicine Classification System[3]

The IOM model divides the continuum of services into three parts: prevention, treatment, and maintenance. The prevention classifications are further subdivided into universal, selective, and indicated. The IOM category is assigned by looking at the risk level of the individual or group receiving the service. Federal prevention funding allows for the delivery of services for universal, selective, and indicated populations only and not those who would or do need treatment and recovery services.

Universal - Universal prevention targets the entire population (national, local community, school, and/or neighborhood) with messages and programs aimed at preventing or delaying the (ab)use of AOD. All members of the population share the same general risk for substance (ab)use,

[3] http://www.ca-cpi.org/wp-content/uploads/2020/02/Institute-of-Medicine.pdf

although the risk may vary among individuals. Universal prevention programs are delivered to large groups without any prior screening for substance abuse risk.

Selective - 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.

Indicated - Indicated prevention is designed to prevent the onset of substance abuse in individuals who do not meet Diagnostic and Statistical Manual of Mental Disorders Fourth Edition, Text Revision (DSM-IV-TR) 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.

IV. LOS ANGELES COUNTY SUBSTANCE ABUSE STRATEGIC PREVENTION PLAN

DPH-SAPC developed a five-year substance abuse Strategic Prevention Plan (SPP). The purpose of the SPP is to define the steps necessary to achieve SAPC's vision, mission, and goals. The Fiscal Year 2020-2025 SPP is consistent with the Substance Abuse and Mental Health Services Administration's (SAMHSA) Strategic Prevention Framework (SPF) process.

Priority Areas

The first phase of the FY2020-2025 SPP process was to conduct a comprehensive community assessment collecting needs and resource data describing the AOD issues across the eight SPAs within the county. Through the assessment process, the following four priority areas were defined.

Priority 1: Alcohol Use
Problem Statement: Alcohol consumption rates among youth are high due to low perception of harm, availability of alcohol to teens by retailers, lack of life skills to develop resiliency around their own health and wellness, and the use of alcohol prior to sexual intercourse.

Priority 2: Marijuana Use
Problem Statement: Marijuana use is a priority in LAC following legalization. The low perception of harm by youth, increased availability of marijuana by retailers, lack of resiliency skills, and use of marijuana prior to sexual intercourse among youth contribute to increased marijuana use among youth.

Priority 3: Methamphetamine Use
Problem Statement: Methamphetamine use is a priority in LAC. Use of methamphetamines prior to sexual intercourse among youth, a lack of community awareness of methamphetamine use, and the lack the life skills to develop resiliency around health and wellness among youth contribute to increased methamphetamine use among youth.

Priority 4: Prescription Drug Misuse
Problem Statement: Excessive prescribing among adults, lack of community awareness of proper disposal methods, lack of resiliency skills around prescription drug use among youth, and the use of prescription drugs prior to sexual intercourse among youth contribute to an increase of the misuse and abuse of prescriptions drugs.

County Goals and Objectives

Goal 1: Decrease Alcohol Use Among Youth
Objective 1.1: Increase perception of underage alcohol use as harmful.
Objective 1.2: Reduce retail availability of alcohol to underage youth.
*Objective 1.3: Increase youth resiliency for underage drinking.
*Objective 1.4: Decrease in high school students who report having consumed alcohol prior to sexual intercourse.
Goal 2: Decrease Marijuana Use Among Youth
Objective 2.1: Increase youth perception of underage marijuana use as harmful.
Objective 2.2: Reduce retail availability of marijuana to underage youth.
*Objective 2.3: Increase youth resiliency for marijuana use.
*Objective 2.4: Decrease in high school students who report having used marijuana prior to sexual intercourse.
Goal 3: Decrease Methamphetamine Use Among Youth
Objective 3.1: Increase community awareness of the harms of methamphetamine.
*Objective 3.2: Increase youth resiliency for methamphetamine use.
*Objective 3.3: Decrease in high school students who report having used methamphetamine prior to sexual intercourse.
Goal 4: Decrease Prescription Drug Misuse or Abuse Among Youth and Adults
Objective 4.1: Decrease in prescribing of opioid drugs for adults.
Objective 4.2: Reduce youth access of prescription drugs.
*Objective 4.3: Increase youth resiliency for prescription drug use.
*Objective 4.4: Decrease in high school students who report having consumed prescription drugs prior to sexual intercourse.

***** These objectives only apply to the Student Well-Being Centers and do not need to be incorporated into EPS, CPS, APS, and FNL contracts.

County Logic Model

The following logic models should be used in conjunction with the County Goals and Objectives. It should also be used to guide the development of Provider's work plans to ensure that the County Goals and Objectives are achieved.

Priority Area 1: Alcohol Use

Problem Statement: Alcohol consumption rates among youth are high due to low perception of harm, availability of alcohol to teens by retailers, lack of life skills to develop resiliency around their own health and wellness, and the use of alcohol prior to sexual intercourse.

Goal (Behavioral Change): Decrease Alcohol Use Among Youth

Objective What do we want to accomplish?	**Strategies** What CSAP strategies will the county implement to accomplish the objective?	**What is going to happen as a result of implemented strategies?**			**Indicators** How will the County measure what happened?
		Short Term Outcomes Immediate implementation: measures process change.	**Intermediate Outcomes** Measures change in contributing factors and/or change in knowledge or skills.	**Long Term Outcomes** Match the objective as if it was accomplished.	
Objective 1.1: By 2025, the number of youth who perceive underage alcohol use as harmful will increase by 3% as measured by CHKS[4] or other survey.	Information Dissemination Education	By 2022, the number of youth who perceive underage alcohol use as harmful will increase by 1% as measured by CHKS compared to baseline.	By 2024, the number of youth who perceive underage alcohol use as harmful will increase by 2% as measured by CHKS compared to baseline.	By 2025, the number of youth who perceive underage alcohol use as harmful will increase by 3% as measured by CHKS compared to baseline.	CHKS or other survey
Objective 1.2: By 2025, reduce retail availability of alcohol to teens by 3% as measured by Alcohol Beverage Control infractions.	Environmental Community-Based	By 2022, reduce retail availability of alcohol to teens by 1% as measured by Alcohol Beverage Control infractions.	By 2024, reduce retail availability of alcohol to teens by 2% as measured by Alcohol Beverage Control infractions.	By 2025, retail availability of alcohol to minors will have decreased by 3% as measured by Alcohol Beverage Control infractions.	Alcohol Beverage Control data
Objective 1.3: By 2025, youth resiliency for underage drinking will increase by 3% as measured by pre/post surveys.	Information Dissemination Education Community-Based Alternative	By 2022, youth resiliency will increase by 1% as measured by pre/post surveys.	By 2024, youth resiliency will increase by 2% as measured by pre/post surveys.	By 2025, youth resiliency will increase by 3% as measured by pre/post surveys.	Pre/Post Surveys
Objective 1.4: By 2025, there will be a 3% decrease in high school students who report having consumed alcohol before last intercourse as measured by pre/post surveys.	Information Dissemination Education Community-Based Alternative	By 2022, there will be a 30% increase in knowledge about the impact of alcohol use on one's ability to practice safer sex as measured by pre/post surveys.	By 2024, youth's perception that substance use may enhance their sexual experiences will decrease by 2% as measured by pre/post surveys.	By 2025, there will be a 3% decrease in students who report having consumed alcohol before last intercourse as measured by pre/post surveys.	Pre/Post Surveys

[4] https://data.calschls.org/resources/Los_Angeles_County_1517_Sec_CHKS.pdf

Priority Area 2: Marijuana Use

Problem Statement: Marijuana use is a priority in LAC following legalization. The low perception of harm by youth, increased availability of marijuana by retailers, lack of resiliency skills, and use of marijuana prior to sexual intercourse among youth contribute to increased marijuana use among youth.

Goal (Behavioral Change): Decrease Marijuana Use Among Youth

Objective	Strategies	What is going to happen as a result of implemented strategies?			Indicators
		Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes	
Objective 2.1: By 2025, youth will increase their perception of the harms of underage marijuana use by 3% as measured by CHKS data or other survey.	Information Dissemination Education	By 2022, youth will have increased their perception of the harms of underage marijuana use by 1% as measured by CHKS data, compared with baseline	By 2024, youth will have increased their perception of the harms of underage marijuana use by 2% as measured by CHKS data, compared with baseline	By 2025, youth will have increased their perception of the harms of underage marijuana use by 3% as measured by CHKS data, compared with baseline	CHKS or other survey
Objective 2.2: By 2025, reduce retail availability of marijuana to teens by 3% as measured by pre-post surveys.	Environmental Community-Based	By 2022, reduce retail availability of marijuana to teens by 1% as measured by pre-post surveys.	By 2024, reduce retail availability of marijuana to teens by 2% as measured by pre-post surveys.	By 2025, reduce retail availability of marijuana to teens by 3% as measured by pre-post surveys.	Pre/Post Surveys
Objective 2.3: By 2025, youth resiliency for marijuana use will increase by 3% as measured by pre/post surveys.	Information Dissemination Education Community-Based Alternative	By 2022, youth resiliency will increase by 1% as measured by pre/post surveys.	By 2024, youth resiliency will increase by 2% as measured by pre/post surveys.	By 2025, youth resiliency will increase by 3% as measured by pre/post surveys.	Pre/Post Surveys
Objective 2.4: By 2025, there will be a 3% decrease in high school students who report having used marijuana before last intercourse as measured by pre/post surveys.	Information Dissemination Education Community-Based Alternative	By 2022, there will a 30% increase in knowledge about the impact of substance use on one's ability to practice safer sex as measured by pre/post surveys.	By 2024, there will be a 3% decrease in youth's perception that substance use may enhance their sexual experiences.	By 2025, there will be a 3% decrease in students who report having used marijuana before last intercourse as measured by pre/post surveys.	Pre/Post Surveys

Priority Area 3: Methamphetamine Use

Problem Statement: Methamphetamine use is a priority in LAC. Use of methamphetamines prior to sexual intercourse among youth, a lack of community awareness of methamphetamine use, and the lack the life skills to develop resiliency around health and wellness among youth contribute to increased methamphetamine use among youth.

Goal (Behavioral Change): Decrease Methamphetamine Use Among Youth

Objective	Strategies	What is going to happen as a result of implemented strategies?			Indicators
		Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes	
Objective 3.1: By 2025, increase community awareness of methamphetamine by 3% as measured by pre/post surveys.	Information Dissemination Education Community-Based Environmental	By 2022, increase community awareness of methamphetamine use by 1%, as measured by pre/post surveys.	By 2024, increase community awareness of methamphetamine use by 2%, as measured by pre/post surveys.	By 2025, increase community awareness of methamphetamine use by 3%, as measured by pre/post surveys.	Pre/Post Surveys
Objective 3.2: By 2025, youth resiliency for methamphetamine use will increase by 3% as measured by pre/post surveys.	Information Dissemination Education Community-Based Alternative	By 2022, youth resiliency will increase by 1% as measured by pre/post surveys.	By 2024, youth resiliency will increase by 2% as measured by pre/post surveys.	By 2025, youth resiliency will increase by 3% as measured by pre/post surveys.	Pre/Post Surveys
Objective 3.3: By 2025, there will be a 3% decrease in high school students who report having used methamphetamine before last intercourse.	Information Dissemination Education Community-Based Alternative	By 2022, there will a 30% increase in knowledge about the impact of substance use on one's ability to practice safer sex as measured by pre/post surveys.	By 2024, there will be a 3% decrease in youth's perception that substance use may enhance their sexual experience as measured by pre/post test surveys.	By 2025, there will be a 2% decrease in the number of youth who report having used methamphetamine at last intercourse as measured by pre/post test surveys.	Pre/Post Surveys

Priority Area 4: Prescription Drug Misuse

Problem Statement: Excessive prescribing among adults, lack of community awareness of proper disposal methods, lack of resiliency skills around prescription drug use among youth, and the use of prescription drugs prior to sexual intercourse among youth contribute to an increase of the misuse and abuse of prescriptions drugs.

Goal (Behavioral Change): Decrease Prescription Drug Misuse or Abuse Among Youth and Adults

Objective	Strategies	What is going to happen as a result of implemented strategies?			Indicators
		Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes	
Objective 4.1: By 2025, there will be a 5% decrease in prescribing of opioid drugs for adults as measured by PDMP[5].	Information Dissemination Education Environmental Community-Based	By 2022, there will be a 1% decrease in prescribing of opioid drugs as measured by PDMP.	By 2024, there will be a 3% decrease in prescribing of opioid drugs as measured by PDMP.	By 2025, there will be a 5% decrease in prescribing of opioid drugs as measured by PDMP.	PDMP, CHKS or other survey, CNA
Objective 4.2: By 2025, there will be a 3% reduction in youth access to Rx drugs, as measured by CHKS or other survey.	Information Dissemination Education Environmental Community-Based	Objective 4.2: By 2021, there will be a 1% reduction in youth access to Rx drugs, as measured by CHKS or other survey.	Objective 4.2: By 2023, there will be a 2% reduction in youth access to Rx drugs, as measured by CHKS or other survey.	By 2025, there will be a 3% reduction in youth access to Rx drugs, as measured by CHKS or other survey.	CHKS or other survey
Objective 4.3: By 2025, youth resiliency for prescription drug use will increase by 3% as measured by pre/post surveys.	Information Dissemination Education Community-Based Alternative	By 2022, youth resiliency will increase by 1% as measured by pre/post surveys.	By 2024, youth resiliency will increase by 2% as measured by pre/post surveys.	By 2025, youth resiliency will increase by 3% as measured by pre/post surveys.	Pre/Post Surveys
Objective 4.4: By 2025, there will be a 3% decrease in high school students who report having consumed prescription drugs before last intercourse as measured by pre/post surveys.	Information Dissemination Education Community-Based Alternative	By 2022, there will a 30% increase in knowledge about the impact of substance use on one's ability to practice safer sex as measured by pre/post surveys.	By 2024, youth's perception that substance use may enhance their sexual experiences will decrease by 3% as measured by pre/post surveys.	By 2025, there will be a 3% decrease in high school students who report having consumed prescription drugs before last intercourse as measured by pre/post surveys.	Pre/Post Surveys

[5] https://insight.livestories.com/s/v2/prescriptions-opioid-abuse-in-la-county/c153ae4e-020d-4833-ace7-b8ceb7775467

Prevention Provider Network**

1. Adolescent Prevention Services (APS)

APS services are directed at reducing risk factors and increasing protective factors for youth who are at high risk for substance abuse. APS providers ensure that primary prevention programs and activities are aimed at informing and educating individuals on the risk associated with substance use and providing programs and activities to reduce the risk of such use.

2. Environmental Prevention Services (EPS) SPA Based Coalitions

EPS coalitions aim to change the policies, ordinances, and practices that facilitate substance use, and develop methods to ensure that efforts are enforced and sustained once implemented. The selection of environmental efforts/services is data-driven and designed to specifically address the highest priority alcohol related problems and contributing factors of the target community(ies). This includes addressing where and how substances are sold and marketed, sales to minors, passage of substance-related ordinances/policies, and compliance with local regulations. Integral to the success of these environmental efforts is active and sustained involvement of local community residents (youth and adults), leaders, non-AOD focused businesses, AOD service providers, and others who are knowledgeable of the local issues and who are committed to engaging in data-driven solutions.

3. Comprehensive Prevention Services (CPS)

CPS provides culturally competent and evidence-based prevention programs and activities that focus on both community and individual level efforts to decrease the social norms and community conditions that contribute to AOD use within the target population(s) and/or communities. The selection of services is data-driven and designed to specifically address the highest priority AOD related problems and contributing factors of the target community(ies). This includes changing the local environment and conditions that facilitate AOD use, including the knowledge and behaviors of youth and adults that contribute to community norms about AOD use. CPS contractors appropriately engage community members and leaders throughout the process to best identify, implement, and sustain efforts.

4. Friday Night Live (FNL)/Club Live (CL), & FNL Kids

FNL builds partnerships for positive, healthy youth development, and engages youth as active leaders, mentors, and advocates to reduce access to and availability of alcohol and other drugs. Services are provided in selected middle and high schools. Youth-adult partnership activities include educating policy-making officials, providing safe social outlets for youth, and hosting trainings and conferences on issues from leadership to social factors that contribute to substance abuse.

5. LA County Our SPOT Program

In collaboration with the LAC Department of Parks and Recreation (DPR), the LAC Our Social Places and Opportunities for Teens (SPOT) program provides substance use prevention education and positive youth development opportunities to at-risk teens in nine parks through LAC, utilizing evidence-based curriculum designed for teens growing up in urban communities that is both developmentally and culturally relevant. Our SPOT helps to empower middle-school and/or high-school teens residing in these vulnerable communities through life skills training, mentorship, youth development, and peer support. Within this tailored and safe space, youth receive mentorship from DPR staff including opportunities to build leadership skills through various drug-free activities and community-based projects.

6. Student Well-Being Centers

DPH, in partnership with Planned Parenthood of Greater Los Angeles and the Department of Mental Health, is establishing Student Well-Being Centers in 50 high schools throughout the County. These Centers provide easy, safe access to confidential substance use prevention, mental health, and sexual health education and services. The Centers utilize a positive youth development framework, which offers young people the opportunity to gain both health content and leadership skills. The Centers provide opportunities for students to serve as health advocates in their school communities and their neighborhoods. A comprehensive curriculum is delivered in health classrooms and through one-on-one and group education in the centers. After hours support and referrals is available to students through a dedicated, centralized call line. Parent educators offer parent and family education and engagement opportunities at each school, facilitating enhanced family communication around adolescent health and wellness.

7. Prevention Media Campaigns (PMC)

SAPC Prevention media campaigns provide countywide awareness and education regarding priority substances that most affect Los Angeles County communities. These data driven media campaigns utilize a multipronged approach to provide messaging that involve the most relevant forms of media, include both general and targeted messaging, and include a significant call to action. Culturally competent campaigns focus on highlighting emerging public health concerns including increased availability within communities and the potential health impacts such as risk of overdose or negatively altering adolescent and young adult brain development. These efforts align with the County goals and objectives, and significantly increases capacity of existing prevention media efforts from individual County providers and community coalitions.

** For a list of Prevention Providers, please see Attachment B

V. PREVENTION PROGRAM SERVICES AND REQUIREMENTS

Work Plan(s)

The Work Plan(s) outlines the specific major activities and associated tasks needed to achieve the County Goals and Objectives, and additional goals as outlined in the Provider's Logic Model. Only the most relevant efforts that directly contribute to achieving the identified County Goals and Objectives may be included in the Work Plan(s) and claimed for reimbursement.

The Work Plan(s) will be an attachment to the contract and must be completed using the required SAPC-provided template and instructions, which include/s the following criteria:

1. The Work Plan(s) will capture all services provided and may be revised with SAPC approval, where revisions may be used to approve additional work.
2. Any use of screening tools under prevention contracts must be included on the Work Plan(s) and approved by SAPC, at least sixty (60) calendar days prior to the start of each fiscal year.
3. The goals and objectives need to be **S**pecific, **M**easurable, **A**ttainable, **R**elevant, and **T**ime-based (SMART).
4. All providers must address County goals 1-4: 1) Alcohol Use; 2) Marijuana Use; 3) Methamphetamine Use; 4) Prescription Drug Misuse.
5. Overall, the Work Plan(s) must include a progression in services and activities needed to favorably impact the selected County Goals and Objectives.
6. The identified process and outcome measures should collectively determine if the combination of services and activities have the expected impact or if modifications are needed.
7. The Work Plan(s) must be submitted to the County at least sixty (60) calendar days prior to the start of each fiscal year for approval. The documents must be submitted in the required format and include an adequate scope of services, corresponding to the funding amount.

<u>Adding New Prevention Programs to Work Plans</u>
This section outlines how to request the addition of a new prevention program (e.g., Responsible Beverage Service Trainings; Parents Who Host Lose the Most) after the Work Plan has already been approved by the assigned SAPC Prevention Program Specialist.

Prevention agency staff should first contact their SAPC assigned Prevention Program Specialist to inform him or her of the proposed new program they would like to incorporate into their existing Work Plan.

The following information is required to ensure that SAPC Prevention Program Specialist receives sufficient information to approve the new program:

- Program name
- Program description
- Program start date
- Program type (evidence-based practice; research-based; local/innovative)
- Background evidence for effectiveness of the proposed program (e.g., publications from SAMHSA, scholarly research articles; evidence of local success)
- Service population (e.g., youth, parents/adults)
- CSAP strategy(ies) to be implemented
- IOM service category
- How often will program services be implemented per week, per month, etc.?
- Location of program services (e.g., school, community center, etc.)
- City/ies or community/ies, in which program services will be implemented

The SAPC Prevention Program Specialist will have up to two weeks to review and approve the proposed new program/s. If approved, an updated Work Plan must be submitted to the assigned SAPC Prevention Program Specialist who will then refer the contracted prevention provider to the Health Outcomes and Data Analytics (HODA) Unit for the completion of the New Program Request form. This form will enable HODA to create the new prevention program in the PPSDS system. Once this is completed, the prevention provider may begin reporting their service activities directly into PPSDS, for the new program.

If the Program Specialist does not approve the addition of the proposed program within the two-week period, SAPC will inform the prevention provider with a justification.

Evidence-based and Innovative Programs

Evidence-based prevention services and innovative programs are a key component of delivering data-driven and community-informed educational and outreach services. Incorporating evidence-based programs (EBP) into practice is highly encouraged by SAMHSA to address substance use in

communities. Innovative programs that are research-based and prove promising in achieving positive substance use prevention outcomes, can also be used to enhance local prevention efforts.

Additional EBPs can be selected from the attached list of SAPC recommended evidence-based programs (Attachment C) or the following sources:

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

For local innovative programs or promising practices not included in SAPC's recommended list of EBPs or the other 4 resources above, documented evaluation results from an independent evaluator is required. Provider must ensure that evidence of program effectiveness and any collected data or validated research reports are sent to the assigned SAPC Prevention Program Specialist for review and approval, at least 60 days prior to the program implementation.

The successful implementation of the selected evidence-based or local innovative programs and associated activities should be properly documented in the Work Plan.

County Coalitions/Groups

SAPC's prevention providers are required to develop a process to consistently engage community members and key stakeholders in the identification of local substance use problems and contributing risk factors to guide the development and implementation of prevention activities and services.

The overall mission of SAPC's SPA-Based Coalitions is to actively engage communities in addressing the four priority areas listed on page 10 of this manual. Prevention providers have the capacity to mobilize and organize community residents including youth, businesses, and representatives of other community-based organizations (education, law enforcement, and public social services), as appropriate, to address local and county substance use problems.

SPA-Based Coalition Guidelines

To ensure the coalition establishes a coherent purpose and committed membership, the following activities must be included in the Work Plan and formalized through documents establishing the coalition's structure and expectations of members:

1. *Vision, Mission, and Objective(s):* Each of the SPA-Based Coalitions creates a vision and mission, including coalition objectives designed to drive and address substance use prevention and coalition work.
2. *Data Handouts:* How will findings from the county assessment be presented to community stakeholders?
3. *Structure:* How will the coalition be structured to ensure an action oriented and community responsive process? This includes:
    a. Who will develop the agenda and facilitate meetings (e.g., elected position, staff)?
    b. Who will complete administrative duties such as drafting agendas, meeting notifications, inter-meeting communication, and meeting minutes (e.g., elected position, staff)?
    c. If there are elected positions, what are the respective roles and responsibilities?
    d. What is the process for determining actionable items/efforts of the coalition?
    e. What is the process for establishing a Steering Committee and/or Subcommittee(s)?
4. *Membership:* How will recruitment and membership be addressed including defining roles and responsibilities?
    a. What key community sectors will be recruited for membership?
    b. How will active and continued membership of the identified sectors be maintained?
    c. How is membership established and the membership list developed/maintained?
    d. What is the orientation process for new members?
    e. What are the responsibilities of members? How does this vary, for Steering Committee and/or Subcommittee members (if applicable)?
5. *Frequency:* What is the frequency of meetings (minimum quarterly)? If applicable, are there any subcommittee, steering committee, or provider specific meeting?
6. *Deliverables:* What materials will be provided at each meeting and in what format (meeting announcement, agenda, and meeting minutes)?

7. In addition, CPS Providers are required to actively and consistently participate with the SPA-based coalition and events led by the EPS Provider in the SPA(s) where services are provided. This coalition focuses on addressing local substance use related problems and contributing factors, such as the availability and accessibility of substances to youth and young adults. EPS Providers will further work with their target population(s) and communities to build capacity and strategically address substance use associated risk factors.

Provider Requirements

EPS Providers must establish and coordinate a coalition comprised of local community residents (youth and adults), leaders, non-AOD focused businesses, AOD services providers (including CPS contractors in the specified SPA), and others from the target city(ies)/community(ies) to better understand local AOD related issues, and participate in implementation of the environmental AOD-related prevention efforts and identified policy effort. The collaboration among EPS and CPS contractors is required to effectively inform and engage local community members and agencies to address the County's identified Goals and Objectives.

The coalition shall have an established mission/vision, objectives, structure, and membership roles/responsibilities. It shall convene at least quarterly for the purpose of advancing the alcohol availability and accessibility objectives. An agenda, sign-in sheet, and meeting minutes must be maintained for each session where the minutes include statements of proceedings, listings of attendees, absentees, topics discussed, resolutions, and motions proposed with actions taken.

It is SAPC's expectation that EPS agencies will independently conduct the research necessary to develop and implement the required action steps to maintain successful and effective coalitions. Providers are expected to update items #1 though #7 above as needed and maintain the same standard of service as described throughout the contract term. If additional guidance is needed, please contact your Prevention Program Specialist.

Prevention Advisory Committee

EPS Providers must participate, on a monthly basis, in a SAPC-led Prevention Advisory Committee. This committee aims to guide Countywide prevention efforts and propose innovative ways to implement new and improved programming to connect youth, young adults, and communities to LAC substance use prevention services.

CPS/APS Providers must participate as requested. SAPC will routinely notify providers of the proposed meetings dates and times.

Data Reporting and Evaluation

California Primary Prevention Substance Use Disorder Data Service (PPSDS) System:
All substance use prevention services indicated in the Work Plan must be entered in the PPSDS web-based data collection system as required by the California Department of Health Care Services (DHCS)[6]. Data should be entered on a weekly basis to comply with monthly reporting timelines. Providers must participate in webinar training sessions and follow the recommend guidelines for reporting prevention service activities.

Prevention services are only available to Universal, Selective, and Indicated populations, and individuals who never received or required treatment services. Prevention service recipients do not/would not meet criteria for a substance use disorder according to the Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

Providers may utilize all six Center for Substance Abuse Prevention (CSAP) strategies: Information Dissemination, Problem Identification and Referral, Education, Alternative, Community-Based Process, and Environmental Strategies, to report activities in PPSDS.

County Conducted Evaluation
Providers should agree to participate in a cross-system evaluation as coordinated and required by the County to determine comparative program effectiveness. Provider participation shall include, but is not limited to, training on program evaluation procedures, data collection and reporting, administration of standardized evaluation and outcome reporting instruments, completing on-line surveys and interviews as requested, and other requirements as detailed by the County.

Required Reports

The following reports are required annually and must comply with all requirements outlined in the instructions/templates:

A. Annual Work Plan(s) outlining major activities and associated tasks, goals and objectives, as outlined in the Logic Model
B. Work Plan Amendments (as required) emphasizing new programs or service locations
C. Year-End Report highlighting all prevention activities performed throughout the fiscal year (including quarterly updates as required). The Year End Report is to be completed by the Prevention Coordinator in collaboration with program evaluators.

[6] DHCS: Data Collection and Reporting available at https://www.dhcs.ca.gov/provgovpart/Pages/Primary-Prevention.aspx

VI. POLICY AND PROCEDURES

Quality Assurance Plan

The County will evaluate the providers performance using the Substance Abuse Prevention and Control Master Audit Program; County Standard Terms and Conditions; as required in the PERFORMANCE BENCHMARKS AND DASHBOARDS Paragraph of the contract; as required in the QUALITY CONTROL paragraph of the 2016-2021 SOW, and the following additional requirements:

County Audits
County audits would occur at least once each fiscal year to verify all administrative and personnel requirements, contract program activities and deliverables, measurable outcomes, monthly PPSDS data submission, material submission and approval forms, and County objectives as outlined in the Work Plan and the SOW. Unsubstantiated and/or incomplete deliverables would be discussed and cited as a deficiency in the Program Monitoring Summary Report. Deficiency(ies) would require a Corrective Action Plan (CAP) that identifies how the agency would prevent reoccurrence(s).

County Observations:
In addition to departmental contract staff, other County personnel may observe performance, activities, and review documents relevant to the current prevention contract at any time during normal business hours without interfering with the provider's performance.

Quality Control

The provider must establish and utilize a comprehensive Quality Control Plan to assure a consistently high level of service throughout the term of the contract. The Plan should be submitted to the designated County contract program auditor for review and must include but not limited to the following:

1. Methods of monitoring to ensure that contract requirements are being met.
2. A record of all inspections conducted by the provider, any corrective action taken, the time a problem was first identified, a clear description of the problem, and the time elapsed between identification and completed corrective action, must be provided to the County upon request.

As a result of federal, state, and local emphasis on better documentation and assessment of program effectiveness, the County may, at its sole discretion, require providers to participate in County-authorized process and outcome evaluations.

Staffing

Position Descriptions:

Program Director

A Program Director is expected to administer the prevention services provided according to the signed contract. In addition to the Minimum Qualifications described below (#4), the Program Director must have a minimum of two (2) years of professional experience in the areas of budgeting, facility operation, fiscal management, personnel, evidence-based prevention program planning, report writing, documentation of specific activities, program evaluation and knowledge of State and County funding and other requirements for substance use prevention services. The Program Director will act as a central point of contact with the County. A phone number and email address where the Program Director may be reached on an eight (8) hour per day basis during those hours must be provided.

Prevention Coordinator

One full-time equivalent (1 FTE = 40 hours a week) position must be assigned to each EPS, CPS, and FNL contract. Unless otherwise designated by the provider, this individual will be the lead staff for each specific contract and responsible for oversight of daily operations. This may include implementation of the County approved Work Plan; ensuring compliance with county, state and federal funding contract requirements; and maintaining compliance with data entry into PPSDS. The Prevention Coordinator is under the supervision of the Program Director.

Minimum Qualifications

All staff employed (full-time and part-time) under the contract to provide direct services must meet the following minimum qualifications:

a. One (1) year experience providing substance use prevention services prior to employment. Education may be substituted for experience where coursework is directly related to substance use prevention or public health field.
b. Experience developing, providing, and/or evaluating environmental prevention programs/services.
c. Experience conducting activities that align with the Spectrum of Prevention and Strategic Prevention Framework (SPF).
d. Experience in leading, facilitating, engaging and/or organizing community members, schools, businesses, and other stakeholders in the implementation/adoption of a community and/or population-based effort.
e. Ability to implement evidence-based strategies and prevention concepts to address substance use related community problems and contributing factors.

f. Competency to work with the various ethnic/cultural groups in the target area/community(ies).
g. If applicants for positions other than the Program Director and Prevention Coordinator do not meet the above requirements, other relevant experience (e.g., community organizing, other prevention experience) may be substituted. Otherwise, potential candidates' credentials must be approved by SAPC in advance of hiring and where agreed upon trainings are provided by an external training organization within three (3) months of employment.

Staff Positions and Vacancies

All positions outlined on the Budget to provide prevention services must be filled at the approved designated level throughout the SOW term.

If any position becomes vacant during the term of this contract, the assigned SAPC program specialist must be notified within ten (10) calendar days. All vacancies must be filled within sixty (60) calendar days after the vacancy occurs.

Staffing Changes Guidelines

Prevention contracted providers must report staffing changes in writing to their assigned prevention specialist within *10 calendar days* to ensure accurate reimbursement of contracted services. Monthly invoices must reflect the staffing changes in contrast to the original budget allocation for the assigned personnel. This will support the ability of SAPC prevention program staff to ensure contract compliance with established programmatic and fiscal standards prior to payment, and/or submission to the Department of Health Care Services (DHCS).

Staff change notices, invoice statements, and timecards must reflect all relevant modifications to be verified by your assigned Prevention Program Specialist and Finance staff prior to payment.

Claims must first be paid or denied based on accurate invoice statements and in accordance with any other federal/state/local/SAPC restrictions and written contracts. All fiscal communications must be made in writing and delivered by U.S. or electronic mail within 30 days of invoice date.

Monitoring and Mechanism of Accountability: SAPC Contract Program Auditors and prevention program Specialists will facilitate communication between the service providers and SAPC, on an

ongoing basis, Program Specialists provide technical assistance and ongoing programmatic support to agencies and monitor Work Plans and monthly invoices to ensure that each agency is meeting contract requirements. All Prevention contracts will have one compliance monitoring site visit per fiscal year.

Staff Training

Agency Training Requirements: Providers must institute and maintain close supervision of all persons providing services pursuant to their specified contract. Administrative (i.e., management) and service employees (i.e., prevention/treatment and support personnel) must receive a minimum of twenty (24) hours of training per contract year. Providers are responsible for offering SAPC approved trainings to all employees, as appropriate. Trainings should consist of all applicable federal, State and County laws, regulations, guidelines, directives, and administrative procedures, prevention concepts, and additional trainings as specified below.

County Meeting and Mandatory Trainings: The Program Director and/or Prevention Coordinator must attend all County mandated meetings and trainings, and any representative in attendance must have the ability to participate and make decisions in reference to the contract on behalf of the provider.

Prevention Concepts: All prevention staff will receive appropriate training on the Strategic Prevention Framework, environmental prevention strategies, and other evidence-based prevention strategies to enhance the quality of prevention services and fulfill the training requirement for the applicable period.

Language Skills: Provider is encouraged to recruit and hire staff in service positions who are fluent in American Sign Language and the primary language of any special population group being served.

Child Abuse Reporting and Neglect: All staff must be trained in child abuse reporting and neglect issues, and requirements of mandated reporters.

Sexual Harassment and Sexual Contact: Sexual harassment and sexual contact is prohibited between participants, and service employee staff and administrative staff, including members of the Board of Directors. Provider must include a statement in each employee's personnel file noting that each employee has read and understands the sexual harassment and sexual contact prohibition. Provider must include this prohibition policy as part of an overall participant's rights statement given to the participant at the time of admission. Such prohibition policy must remain in effect for no less than six (6) months after a participant exits recovery service program.

All training received during the term of the Contract should be included in the personnel file of all administrative and service staff employed by the provider.

Disability Coordinator: Provider will designate at least one employee as "Disability Access Coordinator" to ensure program access for disabled individuals, and to receive and resolve complaints regarding access for disabled persons at the contracted facility(ies).

Fingerprint Clearance Requirements:
Provider must comply with all fingerprint clearance requirements as outlined in the contract, under Paragraph 22, Subparagraph D, Background and Security Investigations.

AODPS Contract Change Requests

The Contract Change Approval Process ensures the eligibility and timely processing of such requests as LOCATION, HOURS, STAFFING, and/or SERVICE POPULATION. Contract change requests must be submitted via an explanation letter to the SAPC Division Director within 10 calendar days of the intended change.

Once the request is forwarded to the assigned Prevention Program Specialist (PPS), the PPS will assess the feasibility and validity of this request.

- *Change in location:* Prevention must assess if the location is in the same Service Planning Area or Supervisorial District, and if it is not within close proximity of another Prevention agency.

- *Change in hours:* Prevention must assess whether new hours meet the programmatic necessity of the service population.

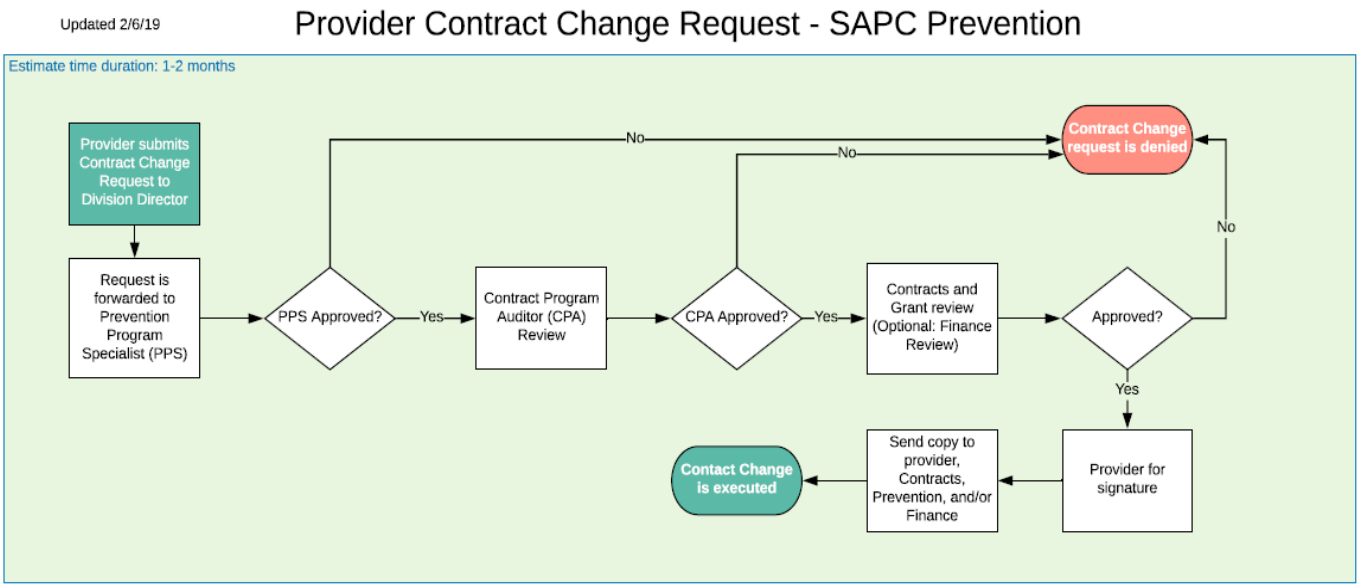
- *Change in staffing:* Prevention must assess whether the staffing change will impact service provision as identified in the Work Plan.
    - For more information, please refer to the section on the Staffing Changes Guidelines on page 25.

- *Change in service population:* SAPC will assess whether this request accurately reflects the programmatic goals as identified in the Work Plan.

If the PPS approves the request, then the recommendation will be emailed to the Contract Service Division (CPA). The CPA will verify the contractual details of the request before it is approved. The request will also be reviewed by the Contract Service Division (CSD).

- *Change in location:* The CPA will also schedule and conduct a facility review before it is approved.

If approved, CSD will determine if a new contract with the approved information will be generated to the agency for signature or not. Once the new contract is returned to SAPC, it is updated in the main SAPC Provider database. Finance, Prevention, and Contracts Divisions are all notified accordingly.



Materials Review Guidelines

To ensure that printed or digital materials are accessible, easy to understand, and consistent with SAPC Prevention missions and goals, all SAPC contracted providers must submit the intended materials to SAPC for review and approval prior to distribution.

Requirement: All materials intended for public distribution require materials review and approval by SAPC Prevention. These include press releases, brochures, fliers, social media posting, video/radio public service announcements, and infographics, survey tools, and others.

1. When a request for materials review is submitted by a service provider, SAPC staff will review subject materials to make sure content accuracy, timeliness, relevance and effectiveness of all public health messaging is conveyed and to ensure rights of all parties are protected.

2. As needed, prevention staff will consult with subject matter experts (i.e. SAPC prevention Medical Director, supervisor and/or SAPC leadership) on sensitive and/or clinical community education content. Prevention staff make suggested edits for service providers to incorporate into the final revision document.

3. Prevention staff will provide helpful and constructive feedback to contracted service providers indicated in the review checklist.

4. Once approved, the signed copy will be scanned and sent via email to the contracted provider for further processing and distribution. If the materials are intended for a community event, please cc LOpelousas@ph.lacounty.gov, for the event to be added to the Prevention Community Events Calendar.

The materials review includes assessing the right fit of material (i.e. press conference vs. community briefing) for the intended audience; the use of cited data and health information; guidance on the use of County/DPH logos; assistance with copyright issues; consultation on protecting patient/minor privacy rights, subject expert review and help with crafting relevant and easy to understand materials and prevention messaging.

Review Checklist
Material presentation fits intended audience needs
Writing style (simple lg./multi-lingual materials plan)
Graphics, photos, Logos (copyright issues checked; written consent in file)
Appropriate use of data to advance story, highlight scope of problem, progress
Cultural and Linguistic Standards (CLAS) are addressed
Subject expert review of technical and clinical content
Case stories protect minor/patient's rights
Americans with Disability (ADA) Compliant

Additional Guidelines:

- Know Your Audience
  - Know or select the audience, consider demographic factors including age, gender, geography, literacy level, socio-economic, cultural and language background.
  - When writing for the public, write at 6th grade level or below (check content reading level in Word or other software).
  - Consider the diverse communities of the County of Los Angeles and State/County/Federal mandates, such as the Cultural and Linguistic Standards (CLAS) to appropriately serve all residents.
  - Keep your intended audience in mind; prevention education materials' primary audience is youth and young adults and their parents.

- Ensure that confidential health information is protected. See link for related patient's rights

- Writing Styles
    - Write in plain, active voice, and organized language that your intended audience can understand.
    - Avoid negativity and use positive voice and jargon free texts.
    - For all press releases use an inverted pyramid style-placing the most important information first
    - Social media messages should be friendly, easy to share, relevant and engaging.
    - Copyright/Consent Issues: graphics, icons, photos, and County/DPH logos address copyright and consent issues.
    - When using images from other organizations, check for copyright issues and give credit for photos, etc.
    - If using a photo for publication, have subjects sign an informed consent form, and/ or display an onsite media notification.

- Data and Use of Public Domain Materials
    - Use timely and relevant data points from trusted sources (i.e. Federal, State, or Local Government or University) to illustrate the scope of a public health/SUD problem and trends over time and to highlight issue/community change.

Media Resources:
Public Health Library
Culturally Linguistically Appropriate Service Requirements
SAPC's Data Reports and Medical Briefs
SAMSHA
DPH 'Let's Talk Cannabis'
Friday Night Live

Materials, Supplies, and/or Equipment

AODPS providers are responsible for the purchase of all materials, supplies, and/ or equipment to provide the needed services. Provider must use materials, equipment, and/or supplies that are safe for the environment and safe for use by the employee.
The County will not be liable or responsible for payment of materials or equipment purchased prior to the contract approval.

VII. FINANCE

Reimbursement Structure

Provider will be reimbursed for actual, eligible, reimbursable costs incurred while providing services designated in the contract in accordance with the dollar amounts listed in the provider's approved budget(s). Costs must be reflected in provider's billing statements. The definition of "services" includes time spent performing and preparing any service activities designated in the provider's contract and work plan(s).

Reimbursement may be delayed and/or disallowed if provider is non-compliant with the terms of their contract. This may include, failure to complete County approved Work Plan services on-time and in-full, submit required reports on-time and in-full, and submit data/documentation as outlined in the County approved Work Plan. Additionally, all direct and indirect services must be accurately documented into the PPSDS database. In no event would County's compensation to provider exceed the one-twelfth (1/12) monthly maximum allocation as stated in the contract.

Monthly Provider Invoices

SAPC Prevention contracted service agencies are required by contract to submit monthly invoices by the 10th of every month. These monthly invoices need to be processed by SAPC Prevention and Finance by the 15th of every month. Payments are generally processed by the 25th of every month by SAPC Finance.

Requirement: Monthly invoice statements must be verified by your assigned prevention Program Specialist and Finance staff prior to payment. The monthly invoices report monthly expenditures by each agency/contract. Claims must first be paid or denied based on accurate invoice statements and in accordance with any other federal/state/local/SAPC restrictions and written contracts. Contracted agencies will only be reimbursed after their monthly invoices are submitted. DHCS also relies on these monthly provider invoices during auditing.

Moreover, it is expected that once the SAPC prevention Program Specialist receives the invoice from Finance, Program Specialist would approve and submit the invoice back to Finance for final processing. This process must be completed within the 5-day period (from the 10th to the 15th of every month).

Effective January 1, 2019, all AODPS Providers must complete and submit Form 3B-3 with service and program codes for actual expenditures based on PPSDS reported hours.

GENERAL MONTHLY TIMELINE	
10th of every month:	Invoices are submitted by contracted provider to SAPC Finance. Finance reviews and submits to SAPC Prevention for programmatic review.
10th-15th of every month:	SAPC prevention Program Specialist reviews and approves invoices. Submit back to Finance for final review and processing. *Note: If possible, please submit your approved invoice back to SAPC Finance within 1 business day of invoice receipt. This gives Finance sufficient time to reconcile any invoice concerns or discrepancies with the provider before it is finalized and processed for DHCS reimbursement. For example, if Finance has questions, you may be asked to contact the provider on behalf of SAPC in order to reconcile the invoice.*
15th-25th of every month:	Finance processes payment for contracted provider and submits to DHCS.

Budget

Provider must submit a *Budget Narrative and Justification for Contracted Services* and *Budget Summary* at least sixty (60) calendar days prior to the start of each fiscal year for approval.

Cost Report

Provider must submit accurate and complete cost reports for the previous fiscal year by August 30th of the following fiscal year. For more information, please see *SAPC's Cost Report Forms and Instructions*.

For Instructions in completing Cost Reports, please view the *Non-Drug Medi-Cal Cost Report PowerPoint Instructions.*

Provider must submit the following:

a. Original Cost Report - E-mail completed cost report (excel file) to SAPC Finance representative and send original signed documents to:

County of Los Angeles Department of Public Health
Substance Abuse Prevention and Control Cost Reporting Unit
1000 S. Fremont Ave., Bldg A-9 East
3rd Floor, North Wing, Unit 34
Alhambra, California 91803

b. “Cost Certification" or "Provider Information and Certification" with original signature.

Over/Under Utilization

It is the responsibility of the provider to review their agency’s budget to ensure billing and expenditures are consistent with their funding amount as to avoid over or under utilization of funds.

Budget Augmentation Approval Request Process

The Budget Augmentation Approval Request Process ensures the eligibility and timely processing of such requests made by Alcohol and Other Drugs Prevention Services (AODPS) Providers.

As noted in the contract, Paragraph (Par) 6 FUNDING SERVICES ADJUSTMENTS AND REALLOCATIONS, Subparts A1 & A3, budget augmentations refer to a change in a prevention provider’s budget limited to ten percent (10%) of the total contract amount, annually.

AODPS provider augmentation request must be submitted with justification, in writing or via email to the assigned Prevention Program Specialist (PPS).

If SAPC Prevention Specialist approves the request, then the request will be reviewed by the Contract Service Division (CSD), Finance Division, and the Prevention Division Director. During this review phase, CSD and/or Finance may confer with the assigned PPS, to ensure that the provider is in compliance with all contractual obligations and meets the budget augmentation criteria (see below).

If the budget augmentation is approved, the provider will be notified in writing. Finance, Prevention, and Contracts Divisions are all notified accordingly and provider will be notified in writing and via email.

If the budget augmentation is denied, the provider will be notified of the denial and reason(s) for denial by the CSD. Prevention, Finance, and Contract teams can deny an augmentation request with justification.

- For example: If Prevention denies a budget augmentation based on programmatic need and/or failure to meet all eligibility criteria (as defined below), then Prevention will notify CSD, who will notify the provider.

Budget Augmentation Eligibility Criteria:

1. Budget augmentation does not exceed the 10% limit. Augmentations require Board of Supervisor and SAPC Division Director's approval, as noted in your contract *(Per prevention contract: Par 6 FUNDING SERVICES ADJUSTMENTS AND REALLOCATIONS, Subparts A3)*

2. Written justifications by the provider and the PPS are included, describing the programmatic need for a budget augmentation.

3. Provider must have consistently submitted monthly billing claims by the 10th of each new month.

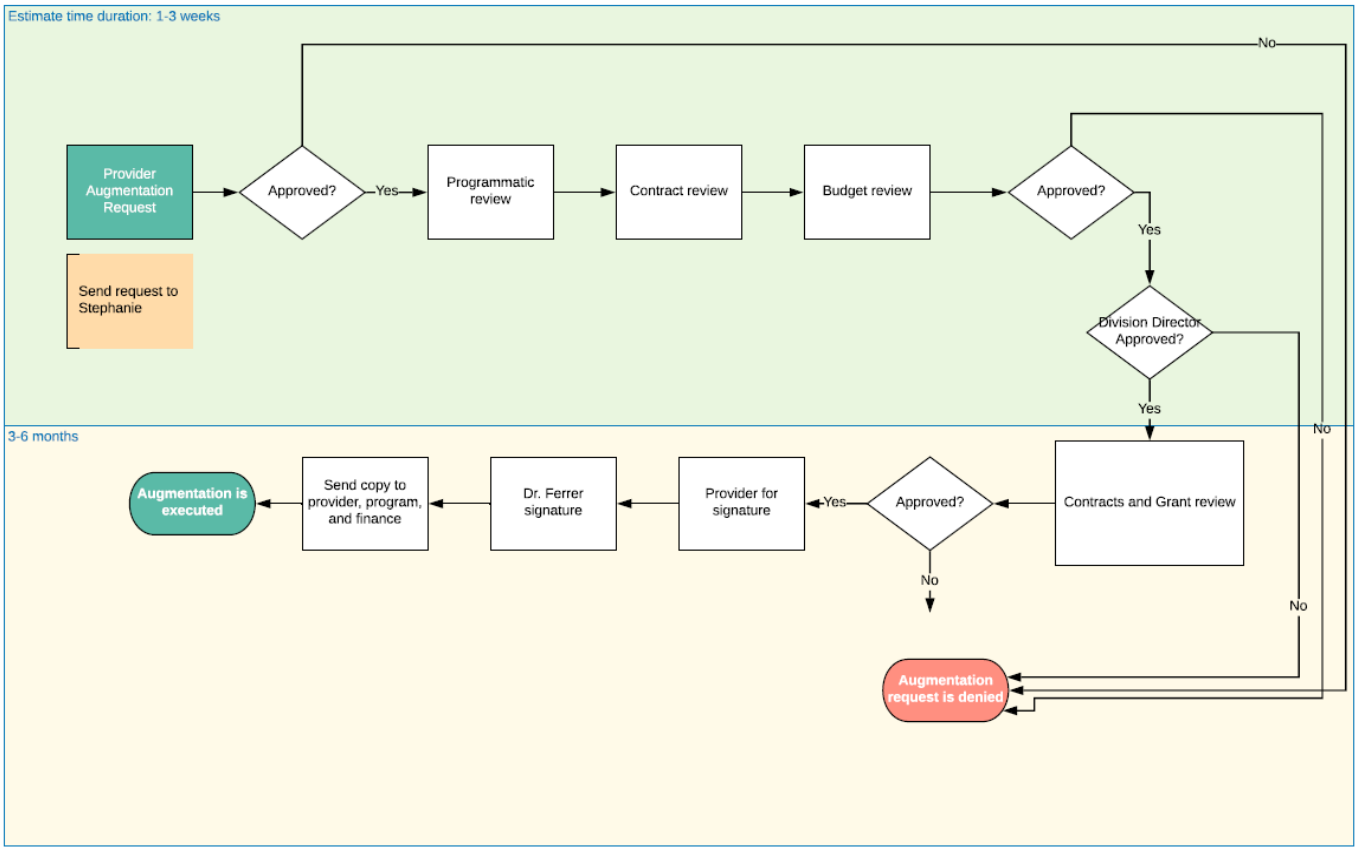
4. Provider must be compliant with all contract requirements. This includes reporting prevention activities on the PPSDS, attending prevention coalition meetings, training sessions, and workgroup meetings, and submitting complete and approved Work Plans on time.

5. The augmentation request for the current fiscal year must be submitted within 90 days prior to the end of the fiscal year, or April 1st of that fiscal year. Budgets submitted any time thereafter, will be automatically denied.

Note: Provider's must meet the above criteria in order to process proposed budget augmentations.

Updated 1/11/19

Provider Augmentation Request - SAPC Prevention



SAPT BG Allowable Costs

Costs for items below should be reasonable, appropriate, and justifiable.

Costs for the following items are not allowable under the SAPT BG:

a. *Entertainment.* Costs of entertainment, including amusement, diversion, and social activities and any costs directly associated with such costs (such as tickets to shows or sports events, meals, lodging, rentals, transportation, and gratuities) are unallowable. *

b. *Fund raising and investment management costs.* Costs of organized fund raising, including financial campaigns, solicitation of gifts and bequests, and similar expenses incurred to raise capital or obtain contributions are unallowable, regardless of the purpose of which the funds will be used.

c. *Meetings and conferences*. Costs of meetings and conferences, the primary purpose of which is the dissemination of technical information, are allowable. This includes costs of meals, transportation, rental of facilities, speakers' fees, and other items** incidental to such meetings or conferences. But see section a. Entertainment costs.

   *Meals, lodging and social activities related to *entertainment* are not allowed.
   **This would include lodging.

SWAG (Stuff We All Get): The purchase of SWAG in any form is NOT allowed. SWAG is defined as promotional items and give-aways such as lanyards, key chains, pens & pencils with special embossing, mugs, t-shirts, etc.

Program Identifiers: The purchase of program identifiers that provide public education and awareness of program efforts and goals will be allowed. Program identifiers are defined as items such as t-shirts given to program participants to provide identity with the program they are engaged in (e.g., FNL, Committed, etc.). This does not include t-shirts printed with a provider name for the purpose of advertising or public relations for an organization.

Incentives: The purchase of incentives to encourage an individual(s) to receive a service are not allowed (i.e.; used to fulfill a requirement of an evidence-based program or to encourage participation in a program or service). Incentives are defined as items such as gifts/merchandise, contest/raffle prizes, gift cards, cash, meals, etc.

a. Stipends for individual(s) who provide a function to the program (participant support costs) are allowed (e.g., participation in a focus group, participation in research-related activities, conducting surveys, FNL Advisors, etc.).

- If a stipend is utilized, the process for determining distribution including a contract mechanism outlining the set of responsibilities or tasks and the stipend amount shall be approved by SAPC, and documentation shall be maintained to substantiate these requirements.

Meals: Meals will be allowed in certain situations.

These include:

- Off-site meetings and conferences, the primary purpose of which is the dissemination of technical information (this would include training)
- Formal meetings where a working lunch is necessary (this does not include standard staff meetings)
- Off-site meetings in areas where eating establishments are too far away and it is not feasible to have participants leave the premises due to time constraints
- Nutritional snacks for youth engaged in before and after school programs.

The following are links to the Code of Federal Regulations cited in this letter:

- Title 2 CFR 225 (http://www.gpo.gov/fdsys/pkg/CFR-2006-title2-vol1/pdf/CFR-2006-title2-vol1-part225.pdf)

- Title 45 CFR 96 (http://www.gpo.gov/fdsys/pkg/CFR-1996-title45-vol1/pdf/CFR-1996-title45-vol1-part96-subpartL.pdf)

VIII. APPENDICES

ATTACHMENT A

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 I: 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: • Review of work plan that includes: goals, objectives, related tasks and activities; • Review of PPSDS Prevention; • Review Year-End Report; • 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:

_____ 10/16/20

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

Date

Approved: {October 2020}

ATTACHMENT B

FY2020-2021 PREVENTION PROVIDER NETWORK

ALCOHOL AND OTHER DRUG PREVENTION SERVICES (AODPS) PROVIDERS

No.	Contracted Alcohol and Other Drug Prevention Services Providers	CPS	EPS	APS	Special Project
1	Asian American Drug Abuse Program	X	SPA 8	X	
2	Avalon Carver Community Center	X			
3	Behavioral Health Services, Inc.			X	
	• Beach Cities	X			
	• Torrance	X			
	• Hollywood	X			
4	California Hispanic Commission on Alcohol & Drug Abuse	X	SPA 7	X	
5	Cambodian Association of America	X			
6	Child and Family Center – Santa Clarita			X	
7	Children's Hospital of Los Angeles	X		X	
8	City of Pasadena Recovery Center	X			
9	Clare Foundation Inc.	X			
10	Community Coalition for Substance Abuse Prevention & Treatment	X	SPA 6		
11	Day One, Inc.	X	SPA 3		
12	Didi Hirsch Psychiatric Services			X	
14	Helpline Youth Counseling, Inc.	X		X	
15	Institute for Public Strategies	X	SPA 5		
16	Jewish Family Services of Los Angeles	X			
17	Koreatown Youth & Community Center	X	SPA 4		
18	Los Angeles County Office of Education	X			FNL
19	Los Angeles County Our SPOT Program				MOU
21	NCADD of East San Gabriel and Pomona Valley, Inc.	X			
22	NCADD of San Fernando, Inc.	X			

23	Pacific Clinics	X			
24	People Coordinated Services of Southern California	X		X	
25	Phoenix House of Los Angeles	X			
26	Prototypes a Center for Innovation	X			
27	Pueblo Y Salud, Inc.				
	• San Fernando	X			
	• Palmdale	X			
28	San Fernando Valley Partnership, Inc.	X	SPA 2		
29	Shields for Families, Inc.	X			
30	Social Model Recovery Systems, Inc.			X	
31	South Central Prevention Coalition	X			
32	Special Services for Groups	X			
33	SPIRITT Family Services, Inc.			X	
34	Student Well-Being Centers				X
35	Tarzana Treatment Center	X	SPA 1	X	
36	The Wall Memorias Project	X			
37	Volunteers of America	X			
38	Watts Health Foundation, Inc.	X			

ATTACHMENT C
County of Los Angeles-Department of Public Health
Substance Abuse Prevention and Control
Community and Youth Engagement

* Program has an online version

RECOMMENDED EVIDENCE-BASED INTERVENTIONS **FY 2020-2021**		
Evidence-Based Intervention	**Description**	**Recommendation Rationale**
Active Parenting of Teens: Families in Action	The program is a universal school- and community-based intervention for middle school-aged youth (ages 12-14) designed to increase protective factors that prevent and reduce the use of alcohol, tobacco, and other drugs, including irresponsible sexual behavior and violence. The program is rated Promising by *Youth.gov*.	• Recruits both middle-school youth and their parents on outcome measures that focus on preventing youth AOD abuse; • The curriculum can be implemented in schools, after-school programs, and community centers. • Participants in the treatment group reported (1) greater family cohesion, (2) school attachment, (3) higher levels of self-esteem, and an (4) older age for alcohol consumption than the control group
Climate Schools: Alcohol and Cannabis Course	The Climate Schools: Alcohol and Cannabis Course is a school-based program for 13- and 14-year-olds that aims to prevent and reduce alcohol and cannabis use as well as related harms. Designed to be implemented within the school health curriculum, Climate Schools is based on a social influence approach to prevention and uses cartoon storylines to engage and maintain student interest and involvement.	• Highly accessible, easy to implement, interactive, fun, with impactful graphics. • Waiting on evaluation study/-ies to assess the program's effectiveness.

Communities Mobilizing for Change on Alcohol (CMCA)	An environmental, community-organizing program designed to reduce teens' (ages 13 to 20) access to alcohol by changing community policies and practices. CMCA seeks to limit youths' access to alcohol and to communicate a clear message to the community that underage drinking is inappropriate and unacceptable. It employs a range of social-organizing techniques to address legal, institutional, social, and health issues related to underage drinking. The goals of these organizing efforts are to eliminate illegal alcohol sales to minors, obstruct the provision of alcohol to youth, and ultimately reduce alcohol use by teens. The program involves community members in seeking and achieving changes in local public policies and the practices of community institutions that can affect youths' access to alcohol.	• The program helps change social norms and attitudes within communities. • Program reduced underage youths' access to alcohol by organizing community efforts to reduce sale to minors by alcohol retailers and other adults.
Creating Lasting Family Connections (CLFC)/Creating Lasting Connections (CLC)	CLFC is a structured curriculum for youth ages 9-17 and their parents, guardians, and other family members, to improve their ability to provide a nurturing environment for each other.	• The group appreciated the parent and youth component of the prevention program. • Available research on the program's effectiveness merits its recommendation to providers.
Guiding Good Choices (GGC)	Guiding Good Choices (GGC) provides parents of children in grades 4 through 8 (9 to 14 years old) with the knowledge and skills needed to guide their children through early adolescence. 5 session curricula, setting clear family expectations regarding drugs, avoiding trouble and managing conflict. GGC is available in Spanish.	• It is found "promising" in Blueprints; and "Effective" Youth.gov. • It helps parents understand the harms of substance use to communicate prevention messages with their children to prevent substance use initiation.
I Can Problem Solve (ICPS)	I Can Problem Solve (ICPS) is a universal school-based program that focuses on enhancing the interpersonal cognitive processes and problem-solving skills of children ages 4-12. ICPS is based on the idea that there is a set of these skills that shape	• The school-based program aims to promote protective factors among children/youth, ages 4-12. • Protective factors reported by several studies included the outcome

	how children (as well as adults) behave in interpersonal situations, influencing how they conceptualize their conflicts with others, whether they can think of a variety of solutions to these problems, and whether they can predict the consequences of their own actions.	measures: school bonding; self-regulation; reducing aggressive behaviors and promoting prosocial behaviors (e.g., sharing and taking turns). • Evaluation studies showed: program's impact on youth's behavior lasted at least one full year. • ICPS-trained children improved more than controls in self-regulation and school bonding as wells as perceptions of positive school climate and feelings of connectedness to school/teachers/peers.
Keep A Clear Mind (KACM)	Keep a Clear Mind (KACM) is a take-home drug education program for elementary school students in grades 4-6 (ages 9-11) and their parents. KACM is designed to help children develop specific skills to refuse and avoid use of "gateway" drugs.	• The nature of the program and the available evidence in its support are reasons to recommend.
Keepin' it REAL	Keepin' it REAL is a multicultural, school-based substance use prevention program for students 12-14 years old; 10-lesson curriculum taught by trained classroom teachers in 45-minute sessions over 10 weeks, with booster sessions delivered in the following school year. culturally grounded resiliency model to incorporate traditional ethnic values and practices that protect against substance use.	• Uses a 10-lesson curriculum taught by trained classroom teachers in 45-minute sessions over 10 weeks, with booster sessions delivered in the following school year. • Reduces rates of alcohol, tobacco, and marijuana use by up to 45%, leading to discontinuation of use. • Leads to more realistic perceptions of peer use, increases anti-substance use attitudes, increases efficacy in resisting offers of substances, improves relationship skills, self-awareness, and responsible decision-making.
LifeSkills Training (LST)*	LifeSkills Training (LST) addresses multiple risk and protective factors and teaches personal and social skills that build resilience	• LifeSkills Training (LST) is a flexible, interactive, and widely utilized program.

	and help youth navigate developmental tasks, including the skills necessary to understand and resist prodrug influences. LST is designed to provide information relevant to the important life transitions that adolescents and young teens face, using culturally sensitive and developmentally and age-appropriate language and content. LST is available in Spanish.	• Numerous studies, extensive evaluation demonstrating effectiveness at reducing tobacco, alcohol, opioid, and illicit drug use by as much as 80%. • Multi-component program that has been demonstrated to be effective with a wide range of populations.
Media Ready	A media literacy education and substance use prevention program for 6th through 8th grade students. The goal of the program is to prevent or delay the onset of underage alcohol and tobacco use by increasing students' critical thinking skills about media messages, particularly those related to alcohol and tobacco products, and to encourage healthy beliefs and attitudes about abstaining from substance use.	• Workgroup recommended this program for inclusion in the program manual Appendix to help offset the abundance of positive online, media messages on drugs (e.g., marijuana vaping) and alcohol. • The program may be implemented during after-school programs, if not during school/class time.
Nurturing Parenting Programs	The Nurturing Parenting Programs are a family-centered trauma-informed initiative designed to build nurturing parenting skills as an alternative to abusive and neglecting parenting and child-rearing practices.	• Great intervention potential, applicable to primary prevention; community- and school-based capacities; trauma-informed structure.
Positive Action	The program addresses substance use (i.e., alcohol and other drug prevention and treatment), violence-related behavior, disruptive behavior, and bullying, as well as social–emotional learning, positive youth development, character, and academics.	• The prevention program is comprehensive in nature and is recommended by Blueprints ("Model" rating) and youth.gov ("Effective" rating). • Evaluation studies showed it was effective in reducing youth's self-reported rates of lifetime substance use. • The program is valuable and effective tool for preventing lifetime substance use and violent behavior among youth in the intervention group.

Project Alert	Project ALERT is a school-based, substance use prevention program for middle or junior high school students. The program aims to prevent adolescent nonusers from experimenting with alcohol, tobacco, and marijuana and prevent adolescent users of these substances from becoming more regular users. Based on the social influence model of prevention. 11 lessons in the first year and 3 lessons in the second year.	• The team recommended this program for prevention providers given the evidence in support of its effectiveness.
Project Northland	Project Northland is a multilevel intervention involving students, peers, parents, and community in programs designed to delay the age at which adolescents begin drinking, reduce alcohol use among those already drinking, and limit the number of alcohol-related problems among young drinkers.	• It is adaptable to community settings as well as school settings and the group appreciated the nature of the program and its focus on alcohol prevention.
Say It Straight (SIS)	Say It Straight (SIS) is a communication training program designed to help students and adults develop empowering communication skills and behaviors and increase self-awareness, self-efficacy, and personal and social responsibility.	• The effectiveness of SIS has been tested using behavioral and self-reported measures with follow-up periods as long as 19 months after training. • After SIS, youth are 3.7 times less likely to have substance abuse related school suspensions and 4.5 times less likely to have juvenile criminal police offenses.
Storytelling for Empowerment	School-based, bilingual (English and Spanish) intervention for teenagers at risk for substance abuse, HIV, and other problem behaviors due to living in impoverished communities with high availability of drugs and limited health care services.	• Adapted digitally, on tape, inexpensive, via a storyteller adapted to multiple ethnicities and languages-recommended especially during current crises.
Strengthening Families Program (SPF)*	Strengthening Families Program (SPF) is a family skills training program designed to increase resilience and reduce risk factors for behavioral, emotional, academic, and social problems in children 3-16 years old. SFP	• The original NIDA study (1983 to 1987) involved a true pre-test, post-test, and follow-up: SFP was found highly effective in decreasing anti-social behaviors, conduct disorders,

	comprises three life-skills courses delivered in 14 weekly, 2-hour sessions. The Parenting Skills sessions are designed to help parents learn to increase desired behaviors in children by using attention and rewards, clear communication, effective discipline, substance use education, problem solving, and limit setting. The Children's Life Skills sessions are designed to help children learn effective communication, understand their feelings, improve social and problem-solving skills, resist peer pressure, understand the consequences of substance use, and comply with parental rules. SFP has been adapted for African American, Asian/Pacific Islander, Hispanic, and American Indian families.	and aggression which contribute to substance use, with Effect Sizes (ES) ranging from .85 to 1.11 range depending on outcomes measured.
Strengthening Families Program: For Parents and Youth 10-14	Strengthening Families Program: For Parents and Youth 10-14 is a family skills training intervention designed to enhance school success and reduce youth substance use and aggression among 10- to 14-year-olds. It is theoretically based on several etiological and intervention models including the biopsychosocial vulnerability, resiliency, and family process models. The program includes seven 2-hour sessions and four optional booster sessions in which parents and youth meet separately for instruction during the first hour and together for family activities during the second hour. Supplemental teaching manual has been developed for use with special groups who may not relate to the African American, Hispanic, or White actors; parents who are not able to understand or read English).	• Evaluation demonstrated that both youth and parents who participated in the program showed significant positive changes. • Youth who participated in the study had less substance use, fewer conduct problems, and better resistance to peer pressure. • Results indicated that program parents were better able to show affection and support and set appropriate limits for their children.

RECOMMENDED EVIDENCE-BASED INTERVENTIONS FY 2020-2021 Special Population			
Evidence-Based Intervention	**Special Population**	**Description**	**Recommendation Rationale**
America on Track	Children of Justice-Involved Parent Population	America on Track offers a youth asset building program with conflict resolution training for vulnerable populations. Youth focused components include youth-to-youth mentoring, leadership training and development of youth advocates for drug-free communities, and a youth camp. The program also provides a parent component through parent education seminars. Other components include building and utilizing multi-strategy and multi-component coalition services and a prevention media campaign.	• Youth-to-youth mentoring. The program is for children of prisoners (special population program). • Evaluation studies supported the program's effectiveness in achieving a meaningful outcome. • The program has a well-respected reputation for achieving measurable and meaningful outcomes and involving youth in the process.
ATHENA (Athletes Targeting Healthy Exercise & Nutrition Alternatives)	High School Female Athletes	The ATHENA (Athletes Targeting Healthy Exercise & Nutrition Alternatives) program uses a school-based, team centered format that aims to reduce disordered eating habits and deter use of body-shaping substances	• An innovative and unique approach to reducing substance use.

		among middle and high school female athletes.	
ATLAS (Athletes Training and Learning to Avoid Steroids)	High School Male Athletes	A school-based, universal drug prevention program designed for male, high-school athletes to deter drug use, including anabolic steroids, and to promote healthy nutrition and exercise as alternatives to drug use. Program rated *promising* by *Blueprints.org* and *Youth.gov*.	• Effective in educating high-school male athletes on alcohol and drug refusal skills and the harmful effects of anabolic steroids. • The program is also feasible to implement, assuming buy-in from the school districts and schools.
Building Skills	Justice-Involved Youth	Building Skills Grade 5 is a universal, 12-lesson, classroom-based social development curriculum created for high-risk students in the fifth grade. The goal of the program is to decrease the likelihood of alcohol and other drug use and delinquent behaviors by enhancing social and personal skills. The program is grounded in social theory and uses a competence-enhancement approach, which is a substance-use prevention approach addressing key risk and protective factors. According to this approach, drug use is conceptualized as a socially learned and functional behavior that results from an interplay	• Special populations: justice-involved youth.

		between social and personal factors. A distinctive feature of the competence-enhancement approach is an emphasis on teaching generic self-management and social skills.	
Familias Unidas Preventive Intervention	Latinx Families and Teens	The Familias Unidas Preventive Intervention is a family-based program for Hispanic families with children ages 12-17. It is designed to prevent conduct disorders; use of illicit drugs, alcohol, and cigarettes; and risky sexual behaviors by improving family functioning.	• Several studies reported showed reduction in substance use among prevention service-receiving youth while youth in the control groups showed an increase in substance use.
Prevention through Alternative Learning Styles (PALS)	Middle School Students and Teachers	PALS: Prevention through Alternative Learning Styles is an alcohol, tobacco, and other drugs (ATOD) prevention program primarily for middle school students. Goals of PALS include (1) lowering students' intentions to use ATOD, (2) increasing students' use of refusal skills, and (3) enhancing students' knowledge of the effects of ATOD, peer pressure and healthy decision making, and different learning styles.	• PALS students had statistically significantly lower intentions to use alcohol and tobacco; These lower intentions to use held at one-year and two-year post-intervention follow-ups.

Project MAGIC (Making A Group and Individual Commitment)	Justice-Involved Youth	MAGIC is an innovative, collaborative prevention program designed to help juvenile offenders leave the criminal justice system and become productive members of society.	• MAGIC is designed for, and has proven successful with, teens just entering the juvenile justice system or juveniles with low incident rates.
Project Towards No Drug Abuse	Continuation or Alternative High School Students	Project Towards No Drug Abuse curriculum is designed to help students develop self-control and communication skills, acquire resources that help them resist drug use, improve decision-making strategies, and develop the motivation to not use drugs. It is packaged in 12 40-minute interactive sessions to be taught by teachers or health educators. The TND curriculum was developed for high-risk students in continuation or alternative high schools.	• Favorable program effect on 30-day substance use at the 1-year or longer follow-up. • Favorable effect on hard drug use at 2 year and 5 year follow up. • Sussman and colleagues (1998) Results indicated that, at 1 year after the intervention, participants receiving Project Towards No Drug Abuse (Project TND) reported significant reductions in hard drug use.

SAFEChildren	Inner City Kids	A family-focused preventive intervention designed to increase academic achievement and decrease risk for later drug abuse, aggression, school failure, and low social competence.	• The program promotes protective factors by enhancing parental involvement in their children's lives and improving SU prevention message communication. • The program also reduces harmful factors by reducing students' aggressive and hyperactivity behaviors.

Strong African American Families (SAAF)	African American teens and parents	SAAF is a family-based prevention program designed for low-income, rural African American preadolescents and their primary caregivers.	• Effective program on reducing substance use and improving parent teen relations. • Children in the treatment group had negative images and attitudes of drinkers, drinking, and early sexual activity, as well as more effective resistance skills and future-oriented goals when compared to those in the control group. • Children in the treatment group were also less likely to use alcohol. The treatment group did experience a growth in alcohol use, but its increase was 17.4 percent smaller than the increase in the control group.