LOS ANGELES COUNTY
DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL

PREVENTION PROGRAM MANUAL
STANDARDS AND PRACTICES
FISCAL YEARS 2016-2019

ALCOHOL AND OTHER DRUG PREVENTION SERVICES






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INTRODUCTION

Vision

Healthy communities that are safe and free from Alcohol and Other Drug (AOD) problems.

Mission

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

Guiding Principles for Prevention

Prevention policies and services adhere to the following basic principles[1]:

1. **Prevention fosters safe and healthy environments for individuals, families, and communities.**

   To create safe and healthy environments, prevention must reduce adverse personal, social, health, and economic consequences by addressing problematic AOD availability, manufacture, distribution, promotion, sales, and use.

   By prevention providers leveraging resources, prevention programs will achieve the greatest impact.

2. **The entire community shares responsibility for prevention.**

   All sectors, including youth, must challenge their AOD standards, norms, and values to continually improve the quality of life within the community.

   "Community" includes a) organizations; b) institutions; c) ethnic and racial communities; d) tribal communities and governments; and e) faith communities.

   Community also includes associations/affinity groups based on age, social status and occupation, and professional affiliations determined by geographic boundaries.

3. **Prevention engages individuals, organizations, and groups at all levels of the prevention system.**

   This includes those who work directly, as well as indirectly, in the prevention system who share a common goal of AOD prevention (i.e., medical professionals, hospitals, teachers, employers, religious organizations, etc.).

4. **Prevention utilizes the full range of cultural and ethnic wealth within communities.**

   By employing ethnic and cultural experience and leadership within a community, prevention can reduce problematic availability, manufacturing, distribution, promotion, sales, and use of AOD.

5. **Effective prevention programs are thoughtfully planned and delivered.**

   To create successful prevention programs, one must use data to assess the needs, prioritize and commit to the purpose, establish actions and measurements, use problem prevention actions, evaluate measured results to improve prevention outcomes, and use a competent proficient and properly trained workforce.

[1] California Department of Alcohol and Drug Programs, Prevention Strategic Plan, October 2002

PREVENTION STANDARDS AND PRACTICES

The Prevention Program Manual and Standards and Practices (cited as Prevention Standards and Practices in the Alcohol and other Drug Prevention Services (AODPS) Statement of Work (SOW) and hereafter Prevention Manual) provides contractual requirements outlined in the AODPS SOW and provides policies and procedures associated with these requirements. The Prevention Manual is to be considered an attachment to the contract, therefore by extension all requirements described herein are also considered contractual requirements and is intended to be included as part of SAPC contract program audits.

This Prevention Manual is consistent with the following Substance and Mental Health Services Administration (SAMSHA) Substance Abuse Prevention and Treatment (SAPT) Block Grant (BG) Prevention Set-a-side 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 the Prevention Manual is to clarify expectations of the AODPS contract and the overall ability of the Prevention System of Services Unit to effectively implement services to achieve Strategic Prevention Plan stated goals, objectives, and outcomes.

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 contractors in writing and will automatically become a part of this document and referenced in the SOW.

Substance Abuse Prevention and Treatment (SAPT) Block Grant Prevention Set-Aside Funding Requirements

AODPS contractors 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) Alternatives, 4) Problem Identification and Referral, 5) Community-Based Process, and 6) Environmental (pages 15-16).

PREVENTION PROVIDER NETWORK

DPH-SAPC 's network consists of 37 agencies, 57 contracts and 7 different contract types: 12 Adolescent Prevention Services contracts, 8 Environmental Prevention Services contracts, 33 Comprehensive Prevention Services contracts, 1 Friday Night Live contract, 1 Memorandum of Understanding with the Los Angeles County Sheriff's Department to provide school-based services, 1 Community Centered Emergency Room Project contract, and 1 Prevention Media Campaign contract. For detailed information, please see Attachments A-G.

1. Adolescent Prevention Services (APS)

Prevention Services and target populations shall be consistent with the Institute of Medicine prevention classification of populations that includes universal, selective, and indicated prevention, and the Center for Substance Abuse Prevention (CSAP) six (6) strategies: Information Dissemination, Education, Alternative Activities, Problem Identification and Referral, Community-Based Process, and Environmental and the associated activities. These services, such as outreach, brief screening, educational sessions, alternative activities and other activities shall be tracked and reported through the Primary Prevention Substance Use Disorder Data System (PPSDS).

2. Environmental Prevention Services (EPS) SPA Based Coalitions

AODPS-EPS contracts aim to decrease underage drinking and binge drinking, especially among youth and young adults by reducing alcohol availability and accessibility in Los Angeles County through culturally competent evidence-based prevention environmental efforts that change the policies, ordinances, and practices that facilitate alcohol use and develop methods to ensure 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). The environmental efforts/services must also clearly align with the County's Strategic Prevention Framework (SPF). This includes addressing where and how alcohol is sold and marketed, alcohol serving and sales practices, alcohol sales to minors, passage of alcohol related ordinances/policies, and compliance with local alcohol related regulations.

Integral to the success of these environmental efforts is active and sustained involvement of local community residents (youth and adults), leaders, non-alcohol and other drug (AOD) focused businesses, AOD services providers, and others who are knowledgeable of the local alcohol related issues and who are committed to engaging in evidence-based solutions. AODPS-EPS contractors will appropriately engage community members and leaders throughout the process to best identify, implement and sustain efforts.

3. Comprehensive Prevention Services (CPS)

AODPS-CPS aim to 1) decrease underage drinking and binge drinking; 2) decrease illicit drug use that is marijuana, methamphetamine, and ecstasy, and/or 3) decrease misuse of legal products that is inhalants, over-the-counter medications, and prescription drugs, among youth and young adults in Los Angeles County. This is achieved through culturally competent evidence-based prevention programs/services that focus on both community and individual level efforts to reduce alcohol availability and accessibility and decrease the social norms and community conditions that contribute to alcohol and other drug (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). The services must also clearly align with the County's Strategic Prevention Framework (SPF). This includes changing the local environment and

conditions that facilitate AOD use and changing the knowledge and behaviors of youth and adults that contribute to community norms about AOD use or actual AOD use.

Integral to the success of these efforts is active and sustained involvement of local community residents (youth and adults), leaders, non-AOD focused businesses, AOD services providers, and others who are knowledgeable of the local AOD related issues and who are committed to engaging in evidence-based solutions. AODPS-CPS contractors will 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**

   The FNL aims to decrease 1) underage drinking and binge drinking; 2) illicit drug use that is marijuana, methamphetamine, and ecstasy; and/or 3) misuse of legal products that is inhalants, over-the-counter medications, and prescription (Rx) drugs, among youth and young adults. This is achieved by ensuring opportunities for positive youth development and the ability to identify and direct implementation of school and community-based efforts to reduce alcohol availability and accessibility and decrease the social norms and community conditions that contribute to AOD use.

5. **Los Angeles County Sheriff's Department –Success through Awareness and Resistance (STAR)**

   The STAR program aims to prevent or decrease alcohol, tobacco, and other drugs, and violence in SPA 3 by targeting youth who live in poverty-stricken areas that have higher rates of crime, substance abuse, and gang involvement. This is achieved by implementing the three-pronged program that includes a school curriculum, after-school activities, and a summer program. This three-pronged approach allows for deputies to establish positive relationships with school administrators, teachers, parents, and students.

6. **Community Centered Emergency Room Project (CCERP)**

   The CCERP bridges the gap among health, public health, mental health services, and community prevention. Research indicates that the wellbeing of individuals depends on both quality coordinated health care services and community conditions that support health and safety. A successful, equitable health system will fuse these two areas, merging efficient, accessible, and culturally appropriate comprehensive efforts to prevent illness and injury by transforming community environments that contribute to alcohol and other drug (AOD) risk factors. In addition, the CCERP collaborates with the Needs Special Assistance (NSA) interdepartmental team, provides educational strategies that can prevent health disparities and chronic diseases by promoting healthy living.

   The CCERP uses the Public Health Model as the conceptual basis for implementing prevention strategies to reduce AOD related problems afflicting the targeted area. It works to educate and empower local community residents and stakeholders to address community risk factors that contribute to the overuse of LAC+USC Medical Center (hereafter "LAC+USC MC) Emergency Department (ED) by NSA) populations

7. **Prevention Media Campaigns (PMC)**

   Media services are needed to launch up to three media campaigns to educate youth, young adults, and/or parents/guardians on the harms of substance use. The three target substances/substance categories are marijuana, prescription opioids and heroin, and synthetic drugs (e.g., methylenedioxymethamphetamine (MDMA), Lysergic acid diethylamide (LSD), y-Hydroxybutyric acid (GHD), ketamine, and methamphetamine). The media firm will ensure that appropriate efforts are conducted in each Supervisorial District, and are in English and Spanish and, where feasible, other appropriate targeted community threshold languages.

PREVENTION PROVIDER NETWORK
ALCOHOL AND OTHER DRUG PREVENTION SERVICES CONTRACTED PROVIDERS

No.	Contracted Alcohol and Other Drug Prevention Services (AODPS)	EPS - SPA Based Coalitions	CPS	Special Project	APS
1	Asian American Drug Abuse Program	SPA 8	X		X
2	Avalon Carver Community Center		X		
3	Behavioral Health Services, Inc.		X		X
4	California Hispanic Commission on Alcohol & Drug Abuse	SPA 7	X		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	SPA 6	X		
11	Day One, Inc.	SPA 3	X		
12	Didi Hirsch Psychiatric Services				X
13	Frasier Communications			PMC	
14	Helpline Youth Counseling, Inc.		X		X
15	Institute for Public Strategies	SPA 5	X		
16	Jewish Family Services of Los Angeles		X		
17	Koreatown Youth & Community Center	SPA 4	X		
18	Los Angeles County Office of Education		X	FNL	
19	Los Angeles County Sheriff's Department (STAR Unit)			MOU	
20	MJB Transitional Recovery, Inc.		X		

No.	Contracted Alcohol and Other Drug Prevention Services (AODPS)	EPS - SPA Based Coalitions	CPS	Special Project	APS
21	NCADD of East San Gabriel and Pomona Valley, Inc.		**X**		
22	NCADD of San Fernando, Inc.		**X**		
23	Pacific Clinics		**X**		**X**
24	People Coordinated Services of Southern California		**X**		
25	Phoenix House of Los Angeles		**X**		
26	Prototypes a Center for Innovation		**X**		
27	Pueblo Y Salud, Inc.		**X**		
28	San Fernando Valley Partnership, Inc.	**SPA 2**			
29	Shields for Families, Inc.				**X**
30	Social Model Recovery Systems, Inc.		**X**	**CCERP**	
31	South Central Prevention Coalition		**X**		
32	Special Services for Groups				**X**
33	SPIRITT Family Services, Inc.		**X**		**X**
34	Tarzana Treatment Center	**SPA 1**	**X**		**X**
35	The Wall Memorias Project		**X**		
36	Volunteers of America		**X**		
37	Watts Health Foundation, Inc.		**X**		
	TOTAL	**8**	**33**	**4**	**12**

EPS - Environmental Prevention Services
CPS - Comprehensive Prevention Services
APS - Adolescent Prevention Services
FNL - Friday Night Live
MOU - Memorandum of Understanding
CCERP - Community Centered Emergency Project
PMC - Prevention Media Campaign

STRATEGIC PREVENTION PLAN (SPP)

DPH-SAPC initiated the development of a three-year Alcohol and Other Drug Strategic Prevention Plan (SPP). The purpose of the SPP is to define the steps necessary to achieve its vision, mission, and goals. The Fiscal Year 2016-2019 SPP is consistent with the Substance Abuse and Mental Health Services Administration's (SAMHSA) Strategic Prevention Framework (SPF) process (see page 15).

Cultural Competency and Sustainability – AODPS contractors must provide programs that are culturally competent and sustainable. These concepts were integrated within the SPP SPF chapters. *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.

STRATEGIC PREVENTION PLAN PROCESS

The first phase of the 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.

Strategic Prevention Plan Assessment Priority Areas

The SPP will guide DPH-SAPC and AODPS contractors with addressing the following priority areas:

Priority 1: Prescription Drugs and OTC Medication Abuse

Problem Statement: The number of deaths each year from prescription opioids is now greater than the deaths from heroin, cocaine, and benzodiazepine drugs combined. In LAC from 2000 to 2009, there were 8,265 drug-related deaths; 61 percent of those deaths involved a commonly abused prescription or over-the-counter drug. Nearly 75 percent of residents who misuse prescription drugs obtain them from relatives or friends (Gunzenhauser, 2015).

Priority 2: Marijuana Availability and Accessibility among Youth

Problem Statement: Youth are using at higher rates because marijuana is easily available. Currently, marijuana is the most commonly used "illicit" drug in LAC with 8.2% of youth (age 12-17) and 19.2% of young adults (age 18-25) reporting current use (NSDUH, 2010-2012).

Priority 3: Alcohol – Underage Drinking and Binge Drinking

Problem Statement: Alcohol availability and accessibility are associated with increased alcohol consumption. Alcohol outlet density and the proximity of outlets to one's residence have been associated with negative consequences such as violence, crime, injury, and high-risk sex (Rowland et al., 2015). For example, in LAC SPA 4 had the highest rate of off-premise alcohol outlet density (7.2 in SPA 4 vs 6.2 for LAC overall per 10,000 population) and the highest rate of alcohol-involved traffic collision (6.0 for SPA 4 vs 3.8 for LAC overall per 10,000;).

Priority 4: Methamphetamine and other illicit drugs among youth

Problem Statement: Methamphetamine (meth) treatment admissions are once again on the rise in Los Angeles County. Methamphetamine is heavily associated with increased risk for psychotic behavior, poor cardiovascular and dental health, transmission of infectious disease (HIV, hepatitis), crime, unemployment and child abuse (NIDA, 2012). The picture of meth use in LAC is different compared to other geographic regions. According to LACPRS (2015), treatment admissions have been increasing since 2012. In 2014, meth became the second most commonly reported drug problem among clients admitted to LAC public treatment programs.

Risk and Protective Factors for Priority Areas

Specific to LAC AOD priorities areas, AODPS contractors should consider relevant risk and protective factors when identifying their target populations and designing their programs.

Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion (U.S. Department of HHS, 2015). Important contributing risk and protective factors are enumerated in the table below.

Priority Areas	Risk Factor	Protective Factor
Prescription Drugs and OTC Medications	1. Prescription Drugs and OTC Medication are legal and readily available 2. Majority of residents who misuse prescription drugs obtain them from relatives or friends 3. Excessive prescribing and incorrect disposal	1. Knowledge of dangers of prescription drugs and their availability 2a. Parents educate kids about the negative impacts and consequences of prescription drug abuse. 2b. Adults reduce their availability and properly dispose of surplus. 3a. Education on best practices for pharmacists and those with prescribing privileges (doctors, physician assistants, nurses, etc.) 3b. Prescribers consult a prescription drug monitoring program for patients' drug history before prescribing
Marijuana Availability and Accessibility	1. Marijuana is readily available to all ages 2. Use is acceptable (community) 3. Production is integrated into the economy (community) 4. Youth perception of harm for marijuana use is low (individual)	1. Awareness about the harmful effects of marijuana 2. Positive community norms 3. Laws exist to protect communities and the environment that are negatively affected by marijuana manufacturing 4. Teens possess positive decision-making skills
Alcohol – Underage Drinking and Binge Drinking	1. Availability and access of alcohol to teens by adults (community) 2. Parents do not believe drinking is that bad (family) 3. Parents have a substance abuse history (family) 4. Teens have favorable attitude towards drinking (individual)	1a. Adults understand how alcohol is detrimental to the developing brain. 1b. Effective law enforcing policies to restrict availability and access to teens 2. Parents teach their kids about the negative impacts and consequences of underage drinking. 3. Positive social norms reinforced by family 4a. Integration of family, school, and community efforts 4b. Sense of well-being/self confidence
Methamphetamine and other illicit drug use among youth	1. Production is elementary and integrated into the economy (community) 2. Precursor ingredients used to make methamphetamine are inexpensive and readily obtainable.	1. Laws exist to protect communities and the environment that are negatively affected by methamphetamine manufacturing and other illicit drug use. 2. Positive attitudes towards school. For example, transitional age youth are deterred from using/manufacturing illicit drugs if they are employed or are enrolled in higher education.

SAPC continues to assess the data from contracted providers gathered during the comprehensive community assessment conducted from October 2017 to January 2018 to help confirm whether the Long-Term and Short-Term Objectives (Attachment H) are the most appropriate for Los Angeles County as a whole and whether modifications, additions, or deletions are required based on the assessment results.

AOD Prevention Efforts Examples

As outlined in the AODPS Request for Proposals (RFP), the following are examples of allowable AOD prevention efforts that align with the above frameworks and should lead to impacting SAPC's Goals and Objectives. While not an exhaustive list, this provides a general framework on the types of AOD prevention activities that are allowable under these AODPS services. Any selected strategy, activity, and/or services must also be evidence based as defined herein.

EXAMPLES OF AOD PREVENTION EFFORTS		
ALCOHOL: UNDERAGE AND BINGE DRINKING	**ILLICIT DRUGS**: MARIJUANA AND METHAMPHETAMINE	**OVER THE COUNTER AND PRESCRIPTION DRUGS**
• Implement and enforce local ordinances (e.g., social host, deemed approved, conditional use permits, public consumption, zoning) • Restrict availability at events attended by minors • Ensure compliance with minimum age purchase laws • Responsible beverage service training • Restrictions on alcohol density, location, and types of outlets • Collaborative projects with Alcoholic Beverage Control	• Surveillance of high risk public areas Nuisance abatement • Enforcement of zoning and building codes • Enforcement of marijuana dispensary regulations • Restrictions on sales of drug paraphernalia • Restrict availability at events attended by minors	• Retailer Education/Training Mandatory/voluntary restrictions on sales • Compliance with minimum age purchase laws • Restrict availability at events attended by minors
• Restrictions on advertising (e.g., billboards, mass transit, near places where minors frequent) • Restrictions/enforcement on product or sign placement in retail outlets • Appropriate design, maintenance/upkeep of parks, streets, buildings, and other public places. • Restrict availability at events attended by minors (e.g., family events, sports, fairs) • Reduced access in the home through proper storage, monitoring, and disposal • Widespread media campaigns (e.g., at the SPA or County level)/media advocacy • Substance Abuse Prevention Programs/Communities That Care Programs • Develop youth skills/assets counter to AOD use (e.g., peer leadership, life skills, parent bonding) • AOD screening and referral by agency, in schools, detention facilities, and medical offices		

Strategic Prevention Plan Goals and Objectives

SAPC's SPP goals and objectives also respond to the assessment process priority areas. AODPS contracted programs must comply with establishing work plan task that respond to the county goals and objectives. The Work Plan shall outline the specific major activities and associated tasks needed to achieve the Short-term outcomes (STOs) that will ultimately impact the long-term outcomes (LTOs) and Goals (below). Only the most relevant efforts that directly contribute to achieving the identified County Goals, LTOs and STOs may be included in the Work Plan and claimed for reimbursement.

To address the risk factors and priority areas outlined above, SAPC's AODPS contractors are required to provide services impacting youth and young adults that focus on addressing the contributing factors of availability and accessibility, and social norms and community conditions, that contribute to AOD use and misuse. These contributing factors are defined as follows:

Description of Contributing Factors

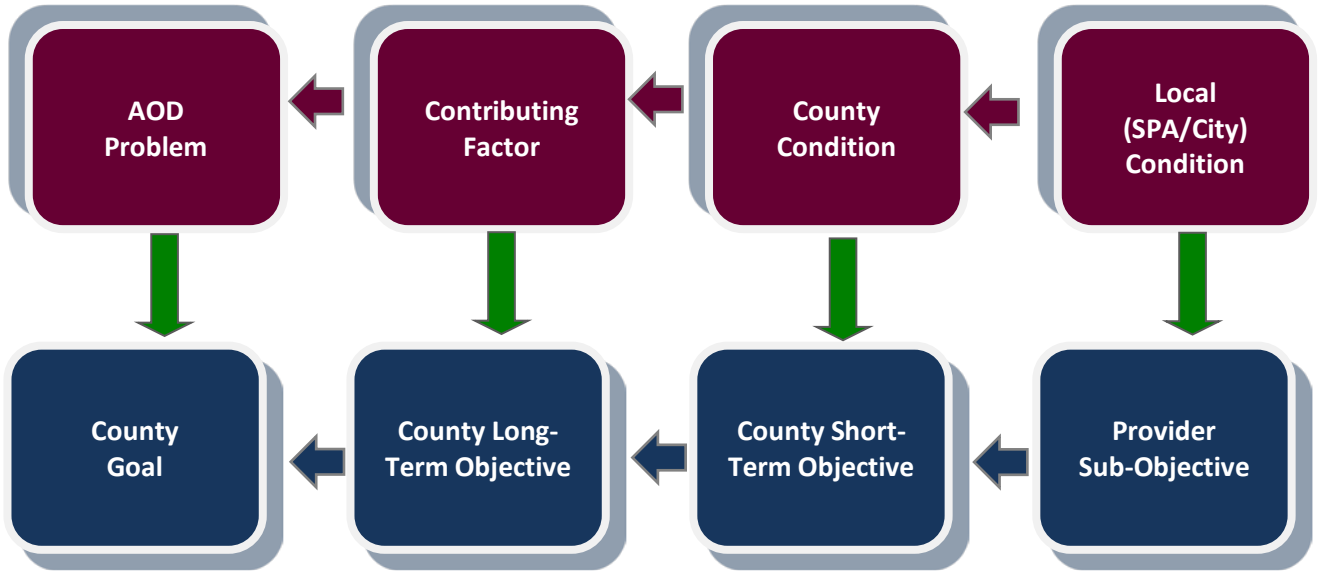
Availability and Accessibility: The actual and perceived availability and accessibility of AOD can impact consumption patterns beyond the influence of individual characteristics. Therefore, it is important to develop prevention interventions/efforts that not only focus on the individual but also the community.

> ***Availability*** refers to the physical existence of the substance in the community. Alcohol is available in venues such as licensed outlets, both on-sale (restaurants/bars) and off-sale (grocery/liquor stores); private residences; and public venues such as fairs and sports arenas. Alcohol outlet density is often seen as an indicator of availability in a community. Other legal drugs, such as OTCs and prescriptions are available in venues such as retail outlets (pharmacies, grocery stores) as well as private residences.
>
> ***Accessibility*** refers to the ability to get or obtain the substance. In retail settings, access can be restricted by implementing policies and procedures such as checking IDs to ensure patrons are at least 21 years old and by refusing sales to patrons displaying signs of intoxication. In a social setting, such as a private residence, access can be reduced by monitoring alcohol, OTC, and prescription drug supplies; not providing alcohol to those under the age of 21 years; not allowing underage drinking to occur at the residence; and discouraging continued drinking for guests displaying signs of intoxication.

Social Norms and Community Conditions: Families, peers, media, music, movies, advertising, laws, and regulations all play a role in influencing individual beliefs and attitudes about AOD use, and in maintaining or modifying social norms of a community. Social, economic, and environmental conditions also impact health, including AOD use. Interventions designed to influence social norms and community conditions can lead to less favorable attitudes towards AOD use and help create healthier communities.

> ***Social Norms*** refer to the expected, approved, and/or established attitudes and behaviors around an issue, in this case AOD use. Social norms can vary based on geography (among nations, states, or cities) and/or membership with a specific group (race/ethnicity, gender, age), and can change over time. Factors such as family attitudes and behaviors, media (movies, music, advertising), and the absence or presence of laws, regulations, and policies, contribute to how individuals perceive and respond to established social norms, and whether they change over time. Decreasing favorable attitudes around experimentation and/or use of AOD can lead to changes in acceptability of use and subsequently community norms.

Community Conditions refer to the social, economic, and environmental factors that influence the health of individuals and communities, in this case AOD use. Addressing the specific environmental and social conditions such as the built environment (deteriorating or dilapidated buildings, unkempt streets or sidewalks, poorly lit areas, availability of parks), social networks/support, and community cohesion that influence AOD availability, accessibility, and community norms can ultimately lead to decreased use and ideally improved health.



PREVENTION SERVICES FRAMEWORKS

The Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Prevention Framework (SPF), SAMHSA Center for Substance Abuse Prevention (CSAP) Strategies, and the Institute of Medicine (IOM) Classifications for Prevention are three distinct frameworks that when combined guide the development of comprehensive, culturally competent and humility, and effective prevention services that aim to strengthen individuals, families and communities.

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) [2]

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.

- Step 1: Assess Needs: What is the problem, and how can I learn more?
- Step 2: Build Capacity: What do I have to work with?
- Step 3: Plan: What should I do and how should I do it?
- Step 4: Implement: How can I put my plan into action?
- Step 5: Evaluate: Is my plan succeeding?

Center for Substance Abuse Prevention (CSAP) Strategies and Activities [3]

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 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.

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[2] Strategic Prevention Framework. (n.d.). Retrieved from https://www.samhsa.gov/capt/applying-strategic-prevention-framework

[3] 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

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.

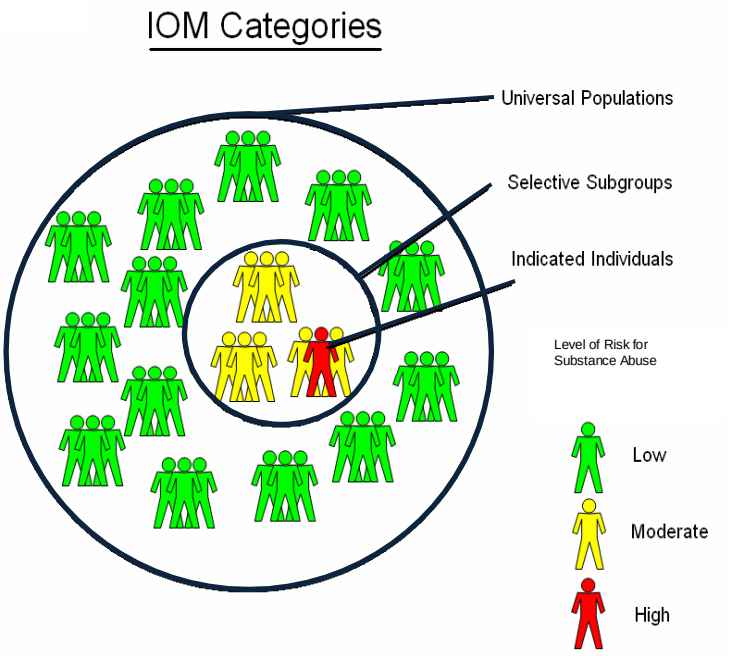
6. **Alternative Strategy** – focuses on redirecting individuals from potentially problematic situations and AOD use by providing constructive and healthy events/activities.

Institute of Medicine (IOM) Classification System[4]

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.[4]

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, 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.

Evidence-Based Practices (EBP) Requirements

AODPS Contractors must select AOD prevention services, activities, and/or programs that have been adequately substantiated by evidence/research to impact community and/or individual level AOD use and related outcomes. For the purpose of this contract, evidence-based practices (EBP) are defined as follows:

[4] Center for Applied Research Solution | Fred Springer, J., & Phillips, J. (n.d.). The Institute Of Medicine Framework and its Implication for the Advancement of Prevention Policy, Programs, and Practice. Retrieved from http://ca-sdfc.org/docs/resources/SDFC_IOM_Policy.pdf

1) Evidence-based programs or curricula categorized under substance abuse prevention on the National Registry of Evidence-based Programs and Practices (NREPP) or Communities That Care Prevention Strategies Guide;

2) Substantiated AOD environmental strategies such as those described in the RAND Preventing Underage Drinking Technical Report or the Centers for Disease Control and Prevention Community Guide; or

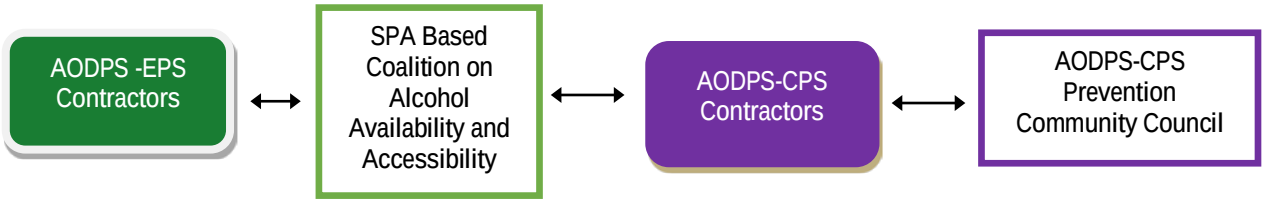
3) Where the program or curricula is not a recognized best practice/model program (as described in one and two above), the AODPS Contractor must provide SAPC with the evaluation or research results conducted by an evaluator independent to substantiate program effectiveness and the ability of the program/curricula to achieve the intended outcomes and receive approval prior to implementation.

Overall, AODPS Contracts must demonstrate that selected AOD prevention effort(s) align with the County SAPC's Goals and Objectives (Attachment C) while addressing the problem areas and contributing factors identified in SAPC's Prevention Strategic Plan that they are culturally appropriate and relevant and are supported by research/evidence to achieve the desired outcome(s).

Alcohol and Other Drug Prevention Services (AODPS) EPS and CPS Provider Requirements

Involving local community members, providers/businesses, and other interested individual Developing and/or participating on local coalition(s) is needed to ensure a participatory and community driven process. AODPS contractors are required to develop a process to consistently involve key stakeholders in the identification of local alcohol and other drug (AOD) problems and contributing factors, and guide development and implementation of approved services.

This is the *Service Planning Area (SPA) Based Coalition on Alcohol Access and Availability* (SPA Coalition) for Environmental Prevention Services (EPS) contractors and the *Prevention Community Council* (PCC) for Comprehensive Prevention Services (CPS) contractors.



This feedback can then be used to effectively and efficiently adjust to changing community problems and needs. The following are basic requirements for development and maintenance of the SPA-Based Coalition and PCC.

EPS Led SPA-Based Coalition on Alcohol Availability and Accessibility

The EPS agencies are to establish and coordinate a coalition comprised of local residents (youth and adults), leaders, non-AOD focused businesses, AOD service providers (including CPS contractors in the specified SPA), and others from the target city(ies)/community(ies) to better understand local alcohol related issues, and participate in implementation of the environmental alcohol-related prevention efforts including the identified policy effort. To ensure that the SPA Coalition is appropriately developed and maintained, formal operating procedures and expectations must be established and made available to new members, community partners, and County representatives. At minimum, the following are needed:

1. Document/Factsheet outlining the Vision, Mission, Goals, and Objectives of the SPA Coalition.
2. Document describing the structure and decision-making process of the SPA Coalition, including:
    a. Who will develop the agenda and facilitate meetings (e.g., elected position, EPS staff)?
    b. Who will complete administrative duties such as drafting agendas, meeting notifications, inter-meeting communication, and meeting minutes (e.g., elected position, EPS 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)?
3. Document describing the membership process and roles/responsibilities, including:
    a. What key community sectors[5] 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)?
4. Schedule of the Fiscal Year SPA Coalition meetings for all members (at minimum quarterly), and if applicable any subcommittee, steering committee, or CPS contractor specific meeting.
5. Deliverables for each meeting include the meeting announcement, agenda and meeting minutes. See sample meeting minutes template for required elements.

Overall, these are minimal guidelines and it is SAPC's expectation that EPS agencies will independently conduct the research necessary and subsequently develop and implement the required coalition in accordance with accepted standards for coalitions and within the spirit of the contract. If additional guidance is needed, please contact your Prevention Liaison. The contractor is expected to update items #1 though #5 above as needed and maintain the same standard of service as described throughout the contract term.

CPS Led Prevention Community Council (PCC) and SPA Coalition Participation

The CPS agencies are to establish a formal mechanism, known as the PCC, to obtain community feedback to guide the development of its prevention services and effectively and efficiently adjust to changing community needs. The size and structure of the PCC may vary depending on the scope of services provided. For example, a school-based program may involve primarily students, parents, teachers whereas a policy focused program may involve a wide array of individuals and more closely resemble a coalition structure. In addition, the CPS agencies also participate on the SPA Coalition meetings in the SPA(s) where it provides services to effectively inform, engage, and mobilize community support, particularly in its target area(s), around the Coalition's prevention efforts.

[5] The Community Anti-Drug Coalitions of America (CADCA) recommends the following community sectors be included: youth, parents, business, media, schools, youth-serving organizations, law enforcement agencies, religious or fraternal organizations, civic and volunteer groups, healthcare professionals, state/local/tribal government agencies with expertise in the substance abuse field, and other organizations involved in reducing substance abuse. For more information visit: www.cadca.org.

To ensure that the PCC is appropriately developed and maintained, formal operating procedures and expectations must be established and made available to members and County representatives. At minimum, the following are needed:

1. Document/Factsheet outlining the purpose and objective(s) of the PCC, including how the efforts of the SPA Coalition will be incorporated to promote local support.
2. Document describing the desired membership and expected roles/responsibilities, including:
    a. What sectors/type of representatives will be recruited to best support implementation of the CPS services and why. Minimum of five non-agency participants are required.
    b. How will active and continued membership of the identified sectors/representative types be maintained?
    c. What is the orientation process for new members, and what are member roles/responsibilities?
3. Schedule of the Fiscal Year PCC meetings (at minimum quarterly).
4. Deliverables for each meeting include the meeting announcement, agenda, and meeting minutes. See sample meeting minutes template (Attachment I) for required elements.

PREVENTION REPORTING REQUIREMENTS

Required Reports: The following reports are required as outlined in AODPS Contracts and Statement of Works.

1. Primary Prevention Substance Use Disorder Data Service (PPSDS) System
2. Annual Work Plan(s)
3. Year-End Report/Outcome Evaluation Report
4. Materials Review Form

Additional reports may be required as necessary to ensure contract compliance and quality assurance. Report formats will be provided and claims reimbursement may be delayed if reports are not submitted on-time and as required.

1. Primary Prevention Substance Use Disorder Data Service (PPSDS)

PPSDS is a mandated web-based data collection system by the California Department of Health Care Services (DHCS). AODPS Environmental Prevention Services (EPS), Comprehensive Prevention Services (CPS), Adolescent Prevention Services (APS), Friday Night Live (FNL), Los Angeles County Sheriff's Department – Success through Awareness and Resistance (STAR), Community Centered Emergency Room Project (CCERP), and Prevention Media Campaign (PMC) contractors are required to report services, activities, and community and environmental prevention initiatives aimed at accomplishing the selected County Goals, Long-Term Objectives and Short-Term Objectives. AODPS EPS and CPS contractors are also required to report Service Planning Area (SPA) Based Coalition and Prevention Community Council meetings.

Prevention services are only available to Universal, Selective, and Indicated populations, and individuals who never received nor require treatment services and who 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). AODPS-EPS contractors 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, and report activities in PPSDS. Activities selected should be used to assist providers with accomplishing work plan goals and objectives.

2. Annual Work Plan

The Work Plan outlines the specific major activities and associated tasks needed to achieve the Short-term outcomes (STOs) that will ultimately impact the long-term outcomes (LTOs) and Goals, as outlined in the Planning Logic Model. Only the most relevant efforts that directly contribute to achieving the identified County Goals, LTOs and STOs may be included in the Work Plan and claimed for reimbursement. The Work Plan must be completed using the required template and by following the provided instructions, which include but are not limited to the following criteria:

a. The Work Plan(s) must include all major activities and associated tasks needed to achieve the County STOs and selected evidence-based practices as further outlined;

b. 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 document(s) must fully detail the necessary major activities and associated tasks to achieve the County STOs and include a sufficient volume of services commensurate to the funding amount;

c. The Work Plan(s) will be an attachment to the contract and may be revised with SAPC approval;

d. Overall, the Work Plan(s) submitted over the entire statement of work sub-contract term must include a logical and appropriate progression in services and activities needed to favorably impact the selected Goals, LTOs and STOs. Furthermore, the identified strategies and prevention services should collectively impact STOs and LTOs or indicate if program modifications are necessary if STOs are not being met.

All Work Plan Major Activities and associated Tasks must be directly related to successful implementation of allowable related EBP(s). Allowable EBP options include:

1. Evidence-based programs categorized under substance abuse prevention on the National Registry of Evidence-based Programs and Practices or Communities That Care Prevention Strategies Guide;
2. Substantiated AOD environmental strategies such as those described in the RAND Preventing Underage Drinking Technical Report or the Centers for Disease Control and Prevention Community Guide;
3. Where the program or curricula is not a recognized best practice/model program (as described in one and two above), substantiated results of an evaluation/research conducted by an evaluator independent of the proposer that documents the ability of the program/curricula to achieve the intended outcomes. If using option three (3), the County must ensure that a comprehensive service approach can be implemented based on the selection(s), and validate the research and approve the selection(s) prior to implementation.

With clear goals and objectives outlined in the work plans, contractors will be ready to delineate specific strategies and activities necessary to achieve them. This was accomplished in the third step of the planning process: developing a Work Plan (WP; see format below). A Work Plan is a cohesive set of evidence-based strategies and activities specifically designed to achieve the goals and objectives. It is an explicit plan to accomplish a projected outcome, with measurable process and outcome indicators aiding in the development of a program evaluation framework.

SAPC's AODPS Contractors are required to provide services impacting youth and young adults that focus on addressing contributing factors of availability and accessibility, and social norms and community conditions that contribute to AOD use and misuse.

3. Year End Report/Outcome Evaluation Report

The purpose of this report is to provide SAPC with a summary of Contractor's prevention efforts and outcome measures for each Short-Term Objective. The *Year End Report/Outcome Evaluation* report is to be completed by the Prevention Director in collaboration with program evaluators. Completion of the template is required for each Contractor's Short-Term Objectives from approved Prevention Work Plans from the previous fiscal year.

4. Materials Review Forms

The Approval of Materials Developed for Public Distribution review process is designed to ensure that information disseminated to the public is current, credible, and relevant. Materials that require advance approval include, but are not limited to,: brochures, reports, presentations, talking points, newspaper articles, press releases, posters, public service announcements, audiovisual materials (e.g., DVD, CD, video clips), questionnaires/surveys, public service announcements, modifications to curriculum (as evidence-based materials are required), and other printed or visual materials that reference alcohol and other drug (AOD) information or data collected using funding provided by SAPC.

These materials must be submitted electronically to the Prevention System of Services Unit at least fifteen (15) business days prior to the intended use date. Additional time may be required for documents three (3) pages or longer or those that include complex data tables or analysis. While SAPC will review submissions and provide feedback based on the following general review criteria, it is ultimately the contractor's responsibility to ensure that information included in publicly distributed documents is factually correct and accurately represented.

ADDITIONAL REQUIREMENTS

Agency Training Requirements

Contractor shall institute and maintain appropriate supervision of all persons providing services. Contractor shall be responsible for training employees, as appropriate, concerning applicable federal, State and County laws, regulations, guidelines, directives, and administrative procedures. Contractor shall institute a training program that is approved by the SAPC Director and includes all County requirements in which all personnel employed in-full or in-part shall participate. This includes requirements as outlined in the Contract under, Paragraph 63, Staff and Training/Staff Development. For training verification, please refer to your Prevention Liaison (Attachment J).

Prevention Directors Meeting

The Program Director and/or Prevention Coordinator shall attend all County mandated meetings and trainings, and the representative(s) in attendance must have the ability to participate and make decisions on behalf of the Contractor.

Reimbursement Requirements

Contractor will be reimbursed for actual reimbursable costs incurred while providing services and as such costs are reflected in Contractor's billing statements. The definition of "services" shall include time spent performing any service activities and shall also include time spent on preparation for such service activities. Contractor's billing statements are due to SAPC Finance Division by the 10th of the following month.

Reimbursement may be delayed and/or disallowed if Contractor is non-compliant including, but not limited to, failure to complete County approved Work Plan services on-time and in-full, submit required reports on-time and in-full, submit data/documentation reflective of all services as outlined in the County approved Work Plan, and appropriately document or input service data into the PPSDS database as required. In no event shall County's compensation to Contractor exceed the one-twelfth (1/12) monthly maximum allocation stated herein.