Guidance 10

Prevention Services

**Contract Reference:** *Sections A-1.1 and C-1.3.2*

**Authorities:**  *42 U.S.C. s. 300x-2*

*45 C.F.R., pt. 96, sub. L*.

*S. 397.311(22)(a)9.(c), F. S.*

*Ch. 65D-30, F.A.C.*

**Frequency:** *Ongoing*

**Due Date:** *Not Applicable*

# MANAGING ENTITIY RESPONSIBILITIES

The Managing Entity shall:

1. Purchase substance abuse prevention services, in compliance with *45 C.F.R. pt. 96, sub. L;*
2. Ensure prevention providers comply with state reporting requirements, pursuant to Section F;
3. Verify delivery of services;
4. Contract and provide oversight of Prevention Partnership Grant (PPG) grantees;
5. Review community prevention planning documents developed by community anti-drug coalitions, pursuant to Section D; and
6. Provide oversight, pursuant to Section E, of prevention services consistent with Block Grant requirements for the State.
7. **Defining Prevention**

Prevention refers to the proactive approach to preclude, forestall, or impede the development of substance abuse or mental health related problems. These strategies focus on increasing public awareness and education, community-based processes, and incorporating evidence-based practices. Programs designed to prevent the development of mental, emotional, and behavioral disordersare commonly categorized in the following manner:

1. **Universal Prevention**

Preventive interventions that are targeted to the general public or a whole population group that has not been identified on the basis of individual risk. The intervention is desirable for everyone in that group.

1. **Universal Direct**

Directly serve an identifiable group of participants who have not been identified on the basis of individual risk. This includes interventions involving interpersonal and ongoing or repeated contact such as curricula, programs, and classes. These services shall address the following specific prevention strategies, as defined in Rule 65D-30.013, F.A.C.: information dissemination, education, alternatives or problem identification and referral services.

1. **Universal Indirect**

Universal indirect services support population-based programs and policies implemented by coalitions. These services can also include meetings and events related to the design and implementation of components of the strategic prevention framework, including needs assessments, logic models and comprehensive community action plans. The services shall address the following specific prevention strategies, as defined in Rule 65D-30.013, F.A.C.: information dissemination, community-based processes and environmental strategies.

1. **Selective Prevention**

Preventive interventions that are targeted to individuals or to a subgroup of the population whose risk of developing mental, emotional, or behavioral disorders is significantly higher than average. The risk may be imminent or it may be a lifetime risk. Risk groups may be identified on the basis of biological, psychological, or social risk factors that are known to be associated with the onset of a disorder. Examples include programs offered to children exposed to risk factors, such as parental divorce, parental mental illness, death of a close relative, or abuse, to reduce risk for adverse mental, emotional, and behavioral outcomes.

1. **Indicated Prevention:**

Preventive interventions that are targeted to high-risk individuals who are identified as having minimal but detectable signs or symptoms that foreshadow mental, emotional, or behavioral disorders, as well as biological markers that indicate a predisposition in a person for such a disorder but who does not meet diagnostic criteria at the time of the intervention.[[1]](#footnote-2)

1. **Substance Abuse Prevention and Treatment Block Grant**

Federal regulations that apply to the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) require the state to spend at least 20% of the award on services for individuals who do not require treatment for substance abuse. This entails the implementation of a comprehensive primary prevention system which includes a broad array of prevention strategies directed at individuals not identified to be in need of treatment.

SAPTBG set-aside funds cannot be used to fund Screening, Brief Intervention, Referral and Treatment (SBIRT) programs. Other examples of strategies that will not be approved for SAPTBG Prevention funding include:

1. Relapse prevention programs,
2. Suicide prevention programs,
3. Domestic violence programs, or
4. Case management for parenting teens.

Although these programs are important components of a comprehensive community approach to interrelated behavioral problems, they are not appropriate for spending under the SAPTBG prevention set-aside and are therefore disallowed.

Primary prevention programs can include activities and services provided in a variety of settings for both the general population and targeted sub-groups who are at high risk for substance abuse and the underlying factors driving a problem[[2]](#footnote-3),[[3]](#footnote-4). A t-risk populations include:

1. Children of substance abusers,
2. Pregnant women and teens,
3. Drop-outs,
4. Individuals exhibiting violent and delinquent behavior,
5. Individuals with mental health problems,
6. Individuals who are economically disadvantaged,
7. Individuals who are physically disabled,
8. Abuse victims,
9. Individuals who already use substances,
10. Homeless or runaway youth, or
11. Parents who use substances.
12. **Data-Based Decision Making**

In order to maximize the impact of strategies implemented it is important to engage in a strategic planning process. The strategic planning process is a conceptual framework that can be used in a variety of different contexts. The Center for Substance Abuse Prevention calls this process the Strategic Prevention Framework (SPF). SPF contains five basic elements[[4]](#footnote-5) and two overarching principles[[5]](#footnote-6) that overlap and interact throughout the process, relying on research and data to determine strategies.

Guidance documents have been developed to assist communities with prevention planning and can be found at: <http://www.samhsa.gov/prevention/publications-resources>

Contracted prevention providers that are contracted for prevention activities must engage in this strategic planning process guided by locally-developed needs assessments, logic models, community action plans, and evaluation plans. It is the responsibility of the Managing Entity to review and approve submitted prevention planning documents for contracted providers. The Department expects the Managing Entity to develop prevention strategies that are research based and informed by community needs assessments through the sub-contracted network, in connection with child welfare providers. In the context of federal health care reform, the Managing Entity is also encouraged to develop integrated strategies that address primary care and behavioral health promotion.

1. **Coalitions and Environmental Strategies**

Environmentally-directed prevention is based on the view that all behavior, including the decision to use drugs or abstain, is influenced by one’s physical, social, economic, institutional, and cultural environment. Environmental prevention strategies can reduce drug use by influencing the complex set of factors that comprise the overall community system. These factors include community conditions, policies, standards, and institutions. Environmental prevention strategies focus on creating system-level change. This makes community coalitions uniquely situated to bring about the kind of environmental changes that are needed to influence the attitudes, perceptions, skills, beliefs, and behaviors of individuals within communities.

Specific examples of environmental change strategies that target substance use include:

1. Compliance checks,
2. Social host laws,
3. Sobriety checkpoints/traffic safety checkpoints,
4. Restricting alcohol availability at events,
5. Increasing taxes on alcohol,
6. Graduated driver’s licensing laws, or
7. Keg registration[[6]](#footnote-7)

Community coalitions are local partnerships between multiple sectors of the community that respond to community conditions by developing and implementing comprehensive plans that lead to measurable, population-level reductions in drug use and related problems. Staff time spent participating in coalition work or on multi-agency collaborative groups focused on the prevention of substance abuse are allowable expenses under the Substance Abuse Prevention and Treatment Block Grant prevention set-aside.

1. **Prevention Oversight**

The Managing Entity shall ensure the administration and provision of evidence-based programs to the target populations indicated in the prevention planning documents. Network Service Providers shall conduct appropriate evidence-based programs that will benefit a community and meet their target population needs. The Managing Entity shall perform the following oversight activities:

1. Ensure that prevention programs are delivered at the locations specified, and in accordance with the Program Description of the strategy;
2. Ensure that prevention providers partner with community coalitions, where available, to obtain their prevention planning documents and confirm that their current programs are aligned with community substance abuse problems;
3. Ensure that prevention providers are implementing their scope of work for the target populations indicated in the prevention planning documents;
4. Ensure that prevention providers are implementing evidence-based programs that are culturally appropriate for the target population;
5. Provide technical assistance regarding the implementation of evidence-based prevention practices to subcontractor staff upon request;
6. Ensure that prevention programs include the following Center for Substance Abuse Prevention (CSAP) Six CSAP Strategies:

* Information Dissemination
* Education
* Alternatives
* Problem Identification and Referral
* Community Based Processes
* Environmental Strategies;

1. Ensuring data on substance use consumption and consequences are collected and analyzed to identify the substances of abuse and populations that should be targeted with prevention set-aside funds;
2. Ensuring prevention activities and services purchased with Substance Abuse Block Grant funds are both consistent with this needs assessment data and are not being funded through other public or private sources, including private commercial health insurance or Medicaid;
3. Developing capacity throughout the state and Regions to implement a comprehensive approach to substance abuse issues identified by the statewide epidemiological work group;
4. Collaborating with natural partners within the communities and state to focus on health and wellness to assist in implementation; and
5. Collecting and analyzing outcome data to ensure the most cost-efficient use of substance abuse primary prevention funds.[[7]](#footnote-8)
6. **Prevention Data Reporting**

The Managing Entity shall ensure:

1. That all funded prevention providers and coalitions enter all prevention data monthly into the Department’s Performance Based Prevention System (PBPS);
2. Subcontracted providers and coalitions submit the Prevention Program Description using the PBPS format. The Managing Entity must approve or reject the Program Description before any data submission can be done by the provider.
3. Subcontracted providers and coalitions submit prevention data for all program participants, programs and strategies which occurred.
4. Data submitted is consistent with the data maintained in the provider’s program documentation, invoicing and sign-in sheets.
5. Providers accurately report the following performance measures:
6. A minimum of eighty percent (80%) of tasks and activities shall be completed as outlined in the Work Plan.
7. A minimum of ninety percent (90%) of data shall be submitted no later than the 15th of every month.
8. A minimum of ninety percent (90%) of department-identified errors in data submitted shall be corrected within thirty (30) days of notification.
9. **The Prevention Partnership Grants**

Prevention Partnership Grants (PPG), established under s. 397.99, F.S., are awarded once every three years. Guidance on Managing Entity administration of the PPG is provided in **Guidance 14**.

1. **Glossary[[8]](#footnote-9)**
2. **Community coalitions**

Local partnerships between multiple sectors of the community that respond to community conditions by developing and implementing comprehensive plans that lead to measurable, population-level reductions in drug use and related problems.

1. **Culture**

The shared values, traditions, norms, customs, arts, history, folklore and institutions of a people unified by race, ethnicity, language, nationality, religion or other factors.[[9]](#footnote-10)

1. **Prevention**

Strategies that take place *prior* to the onset of a disorder and are intended to avert or reduce risk for the disorder.

1. **Promotion**

Strategies to encourage supportive family, school, and community environments and to identify and strengthen protective factors.

1. **Protective** **factor**

Characteristic at the biological, psychological, family, or community level that is associated with a lower likelihood of problem outcomes or that reduces the negative impact of a risk factor on problem outcomes.[[10]](#footnote-11)

1. **Risk** **factor**

Characteristic at the biological, psychological, family, or community level that precedes and is associated with a higher likelihood of problem outcomes.[[11]](#footnote-12)

1. **Strategic Prevention Framework (SPF)**

A five-step process to promote youth development, reduce risk-taking behaviors, build assets and resilience, and prevent problem behaviors across the life span.[[12]](#footnote-13)

1. **Treatment**

Services that include assessment, counseling, case management, and support within residential and non-residential settings and recovery support. The intent of these services is aimed to address a specific disorder by reducing or eliminating the symptoms or effects of the disorder or avoiding relapse.

1. **Workplan**

A work plan is an outline of a set of goals and processes by which a team and/or person can accomplish those goals, and offering the reader a better understanding of the scope of the project.

1. National Research Council and Institute of Medicine. (2009). Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities. Washington, DC: The National Academies Press. [↑](#footnote-ref-2)
2. http://captus.samhsa.gov/access-resources/about-strategic-prevention-framework-spf#Step1 [↑](#footnote-ref-3)
3. 45 C.F.R. pt. 96, sub. L. [↑](#footnote-ref-4)
4. Assessment, planning, implementation, evaluation, and capacity. [↑](#footnote-ref-5)
5. Cultural competence and sustainability. [↑](#footnote-ref-6)
6. Substance Abuse and Mental Health Services Administration. *FY 2016-2017 Block Grant Application*. Retrieved from <http://www.samhsa.gov/sites/default/files/bg_application_fy16-17.pdf>. [↑](#footnote-ref-7)
7. Substance Abuse and Mental Health Services Administration. *FY 2016-2017 Block Grant Application*. Retrieved from <http://www.samhsa.gov/sites/default/files/bg_application_fy16-17.pdf>. [↑](#footnote-ref-8)
8. Substance Abuse Prevention The Intersection of Science and Practice. Hogan, J. A. (2003). Substance abuse prevention: the intersection of science and practice. Boston: Allyn and Bacon. (pg. 327-332) [↑](#footnote-ref-9)
9. National Community Anti-Drug Coalition Institute. (2007). *Cultural Competence Primer: Incorporating Cultural Competence into Your Comprehensive Plan*. [↑](#footnote-ref-10)
10. National Research Council and Institute of Medicine. (2009). Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities. Washington, DC: The National Academies Press. [↑](#footnote-ref-11)
11. National Research Council and Institute of Medicine. (2009). Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities. Washington, DC: The National Academies Press. [↑](#footnote-ref-12)
12. See <http://www.samhsa.gov/spf> [↑](#footnote-ref-13)