Guidance 10
Prevention Services

Contract Reference:	*Sections A-1.1 and C.1.2.6.6*
Authorities:	*42 U.S.C. s. 300x-2* *45 C.F.R., pt. 96, sub. L.* *S. 397.311(26)(c), F.* *S. Ch. 65D-30, F.A.C.* *Ch. 65E-14, F.A.C.*
Frequency:	*Ongoing*
Due Date:	*Not Applicable*

A. MANAGING ENTITY RESPONSIBILITIES

The Managing Entity shall ensure the administration and provision of evidence-based and/or promising practice programs and strategies to the targeted populations indicated in the Data Entry Plan.

The Managing Entity shall:

1. Collect, review and analyze data on substance use consumption, including but not limited to community needs assessment data, to identify priority substances, populations, and geographic areas for allocation of prevention set-aside funds.
2. Purchase prevention services with Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant, prevention set-aside funds, that are both consistent with the needs assessment data and are not being funded through other public or private sources.
3. Develop capacity throughout the regions and state to implement a comprehensive approach to substance use prevention.
4. Collect, review and analyze activity outcome and performance data to inform activity oversight and to ensure the most effective and cost-efficient use of substance use primary prevention funds.
5. Implement an ongoing quality improvement process and maintain detailed documentation of service enhancements, using outcome data to guide and strengthen continuous system improvement.
6. Review community needs assessment and community prevention planning documents developed by subcontracted providers.
7. Purchase substance use prevention services, in compliance with *45 C.F.R. pt. 96, sub. L.*
8. Contract with and provide oversight to Prevention Partnership Grant (PPG) grantees.
9. Verify delivery of prevention services.
10. Provide technical assistance to subcontracted prevention providers regarding implementation of evidence-based and/or promising prevention practices.
11. Provide oversight of prevention services consistent with Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant and any other Department allocated funding source requirements.
12. Review and verify activity logs submitted in the Performance Based Prevention System (PBPS) to confirm that the provider has complied with the Data Entry Plan provided by Collaborative Planning Group

Systems, Inc (CPGSI), has entered complete and detailed activity descriptions, and has submitted appropriate supporting documentation for the approved program or strategy. The Managing Entity will approve activity logs only upon determining that all required elements have been fully satisfied.

13. Reject or return activity logs for revision that do not reflect an accurate representation of the prevention services provided.
14. Ensure providers have access to appropriate Institute of Medicine (IOM) categories in the Performance Based Prevention System (PBPS).
15. Ensure subcontractors are delivering services that are outlined in their agreements and consistent with their current licensure.
16. Consult with the Department's prevention unit to obtain approval or rejection of new program and strategy proposals for evidence-based or promising practices, before the proposed program or strategy is implemented and data is submitted in the Performance Based Prevention System by the Network Service Provider.

B. NETWORK SERVICE PROVIDER RESPONSIBILITIES

The Managing Entity shall ensure that subcontracted prevention providers and coalitions:

1. Provide appropriate evidence-based and/or promising practice programs to the targeted populations.
2. Deliver prevention services at the appropriate locations specified and in accordance with the description of the program or strategy.
3. Partner with community coalitions to confirm that current programs are aligned with community substance use needs and prevention efforts.
4. Collaborate with partners within the community and state to focus on substance use prevention.
5. Implement the six Center for Substance Abuse Prevention strategies:
    a. Information Dissemination: One-way communication from the source to the audience (with limited contact between the two) that provides awareness and knowledge of the nature and extent of alcohol, tobacco, and other drugs (ATOD) use and their effects on individuals and communities.
    b. Education: Two-way communication between a facilitator and participant(s) that aims to build social skills, decision-making, refusal skills, parental management skills, and judgement.
    c. Alternatives: Activities that exclude alcohol, tobacco, and other drugs (ATOD) use with the assumption that healthy activities offset the attraction to ATOD use. Activities usually do not involve ATOD education.
    d. Problem Identification and Referral: Identifying those who have used alcohol, tobacco, and other drugs (ATOD) already, or just begun to use and providing education to reverse their behavior. Similar to education strategies, but only for those specifically targeted as ATOD users.
    e. Community Based Processes: Builds the ability of a community to more effectively prevent, treat or provide substance use services. Organizing, planning, and enhancing community participants' capacity.
    f. Environmental Strategies: Establishing or changing conditions in the physical, social, or policy environment—not just perceptions. It includes policy enforcement (e.g., underage drinking laws), reducing access to substances (e.g., store compliance checks), changing social norms through sustained community-level changes.
6. Report any number served as either youth or adults. Although the "Unknown" category is available in the system, it should only be used when information is truly unavailable.

7. Collect and analyze data on substance use consumption and consequences to identify the substances and populations that should be targeted with prevention set-aside funds.
8. Comply with state reporting requirements.
9. Comply with the requirement to enter all prevention data monthly into the Department's Performance Based Prevention System (PBPS) in accordance with the Data Entry Plan.
10. Submit any new proposed program or strategy to the Managing Entity. The Managing Entity shall consult with the Department's prevention unit to obtain approval or rejection of the proposal for evidence-based or promising practices. The proposal must be approved before the proposed program is implemented and before the data is submitted in the Prevention Based Performance System.
11. Submit complete and accurate prevention data for all programs, participants, and activities delivered, ensuring the data matches program documentation, invoices, and sign-in sheets. All supporting documentation should be maintained by the provider.
12. Timely report the following performance measures:
    a. A minimum of ninety percent (90%) of data shall be submitted no later than the 15th of every month for the month prior.
    b. All Department-identified errors in data submitted shall be corrected within thirty (30) days of notification without an approved extension. Providers experiencing ongoing data quality or reporting challenges may receive technical assistance and guidance from the Managing Entity to support improvements in data, accuracy, completeness, and timelines.

C. Defining Prevention

Prevention refers to the proactive approach to preclude, forestall, or impede substance misuse or mental health related problems. 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 health disorders are commonly categorized in the following manner. Please refer to 65E-14.021 Florida Administrative Code for comprehensive definitions of Institute of Medicine (IOM) targets.

1. Universal Indirect Prevention

Services that support population-based programs and environmental strategies. These also serve individuals who have not been identified based on risk level. This could include media campaigns, social media, or programs and policies implemented by coalitions.

2. Universal Direct Prevention

Services that directly serve an identifiable group of participants, but who have not been identified on the basis of individual risk. Examples include school curriculum, after school programs, or parenting classes. This also could include interventions involving interpersonal and ongoing/repeated contact.

3. Selective Prevention

Services that are targeted to a subgroup of the population whose risk of developing a disorder is significantly higher than average. The risk may be imminent, or it may be a lifetime risk. Examples include Student Assistance Programs, and Problem ID and Referral.

4. Indicated Prevention

Services that are targeted to high-risk individuals who are identified as having detectable signs or symptoms that precede a disorder (including biological markers for disorder) but who do not meet diagnostic criteria at the time of intervention.

D. Substance Use Prevention, Treatment, and Recovery Services Block Grant

Programs and strategies funded through the Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant prevention set-aside must have an intent to do primary prevention to prevent or reduce substance use or substance misuse among individuals who do not require treatment for a substance use disorder. Federal regulations for the Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant require the state to spend, or set-aside, at least twenty percent (20%) of the award on services for individuals who do not require treatment for substance use. 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.

SUPTRS Block Grant 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 SUPTRS Block Grant Prevention funding include:

1. Relapse prevention programs.
2. Domestic violence programs.
3. Case management for parenting teens.
4. Mental Health First Aid.
5. Any services provided within prison or jails.
6. Distribution of emergency opioid antagonist products used to reverse an overdose.

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. At-risk populations include:

1. Children of parents who use substances.
2. Adolescents who drop out of school.
3. Individuals exhibiting violent and delinquent behavior.
4. Individuals with mental health challenges.
5. Individuals who are socio-economically disadvantaged.
6. Individuals who are physically disabled.
7. Individuals who have experienced abuse.
8. Individuals who already use substances.
9. Youth who do not have a home or who have run away from home.
10. Adults who use substances.
11. Individuals who have experienced one or more Adverse Childhood Experiences (ACEs).

E. Data-Based Decision Making

The Managing Entity shall continue to implement prevention strategies that are research-based and informed by community needs assessments through the subcontracted provider network, in connection with child and youth serving systems (i.e., child welfare providers, school systems, juvenile justice).

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 and two overarching principles that overlap and interact throughout the process, relying on research and data to determine strategies. Subcontracted prevention providers should maintain

documentation demonstrating implementation of the Strategic Prevention Framework, including needs assessments, logic models, community action plans, and evaluation plans supporting prevention strategies. Please refer to the document via the link below.

a. https://www.samhsa.gov/technical-assistance/sptac/framework

F. Environmental Strategies and Community Coalitions

Environmental prevention strategies are activities that are intended to reduce or restrict social and retail access to, and economic availability of, alcohol and other drugs through public health approaches by modifying features of the physical environment. Examples include compliance checks, social host laws, restricting alcohol availability at events, increasing prices, keg registration, hosting drug take back days, and medication disposal awareness. The availability of substances is central to the definition of environmental strategies, which places anti-drug coalitions in a key leadership role. Evaluations of the Drug Free Communities program show that coalitions across the country consistently identify "availability of substances that can be abused" as a priority risk factor to address. Regarding standards of evidence for environmental strategies, several important resources can be consulted, including standards established by the Centers for Disease Control and Prevention and the Society for Prevention Research.

Community Coalitions are local partnerships among multiple sectors of the community that respond to community conditions by developing, implementing, and evaluating comprehensive plans that lead to measurable, population level reductions in drug use and related problems. Scientific studies indicate that the community coalition approach is an effective strategy for addressing alcohol, tobacco and other substance use and misuse-related problems. Coalitions connect multiple sectors of the community to collaborate and develop plans, policies and strategies to achieve reductions in the rates of consumption at the community level, promoting positive well-being. Community coalitions reside at the heart of a proven comprehensive public health approach to support prevention efforts via a structured planning process that promotes civic engagement and the building of social capital.

G. 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**.

H. Resources

A Guide to SAMHSA's Strategic Prevention Framework
https://www.samhsa.gov/technical-assistance/sptac/framework

Substance Abuse and Mental Health Services Administration Prevention Resources
https://www.samhsa.gov/prevention-week/toolkit/prevention-resources

Prevention of Substance Use and Mental Disorders SAMHSA Resource Documents to Assist Communities with Prevention Planning
https://www.samhsa.gov/find-help/prevention#resources-publications

Florida Administrative Code & Florida Administrative Register Standards for Prevention https://www.flrules.org/gateway/ruleno.asp?id=65D-30.013&Section=0

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.
https://pubmed.ncbi.nlm.nih.gov/20662125/