

## Guidance 10 Prevention Services

**Contract Reference:** *Sections A-1.1 and C-1.2.3*

**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.*

**Frequency:** *Ongoing*

**Due Date:** *Not Applicable*

### A. MANAGING ENTITY RESPONSIBILITIES

The Managing Entity shall ensure the administration and provision of evidence-based programs to the target populations indicated in the prevention planning documents.

The Managing Entity shall:

1. Collect and analyze data on substance use consumption and consequences to identify the substances of abuse and populations that should be targeted with prevention set-aside funds;
2. Purchase prevention activities and services with Substance Abuse Block Grant 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 state and Regions to implement a comprehensive approach to substance abuse issues identified by the statewide epidemiological work group;
4. Collect and analyze outcome data to ensure the most cost-efficient use of substance abuse primary prevention funds;
5. Review community prevention planning documents developed by community coalitions;
6. Purchase substance abuse prevention services, in compliance with *45 C.F.R. pt. 96, sub. L*;
7. Contract with and provide oversight to Prevention Partnership Grant (PPG) grantees;
8. Verify delivery of services;
9. Provide technical assistance to subcontracted prevention providers regarding implementation of evidence-based prevention practices; and
10. Provide oversight of prevention services consistent with Block Grant requirements.

### B. NETWORK SERVICE PROVIDER RESPONSIBILITIES

The Managing Entity shall ensure subcontracted prevention providers and coalitions:

1. Provide culturally appropriate evidence-based programs to the target populations;
2. Deliver prevention programs at the locations specified and in accordance with the Program Description of the strategy;
3. Partner with community coalitions, where available, to obtain their prevention planning documents and confirm that current programs are aligned with community substance abuse problems;
4. Collaborate with partners within the communities and state to focus on prevention;

5. Follow the Center for Substance Abuse Prevention (CSAP) Six CSAP Strategies:
  - a. Information Dissemination;
  - b. Education;
  - c. Alternatives;
  - d. Problem Identification and Referral;
  - e. Community Based Processes; and
  - f. Environmental Strategies.
6. Report prevention services and activities that do not fit under one of the CSAP Strategies under the "Other" category in the ME Block Grant reporting template.
7. Collect and analyze data on substance use consumption and consequences to identify the substances of abuse and populations that should be targeted with prevention set-aside funds;
8. Comply with state reporting requirements;
9. Enter all prevention data monthly into the Department's Performance Based Prevention System (PBPS);
10. Submit the Prevention Program Description using the PBPS format. The Managing Entity shall approve or reject the Program Description before any data submission can be done by the Network Service Provider;
11. Submit prevention data for all program participants, programs and strategies which occurred. Data submitted is consistent with the data maintained in the provider's program documentation, invoicing and sign-in sheets; and
12. Accurately 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.
  - b. A minimum of ninety percent (90%) of department-identified errors in data submitted shall be corrected within thirty (30) days of notification.

### C. Defining Prevention

Prevention refers to the proactive approach to preclude, forestall, or impede the development of substance abuse 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 disorders are commonly categorized in the following manner:

#### 1. Universal Prevention

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

#### 2. Selective Prevention

Preventive interventions 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 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.

#### 3. Indicated Prevention

Preventive interventions 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.<sup>1</sup>

#### **D. Substance Abuse Prevention and Treatment Block Grant**

Federal regulations for the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) 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 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;
4. Case management for parenting teens;
5. Mental Health First Aid; or
6. Any services provided within prison or jails.

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<sup>2,3</sup>. At-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; and
11. Parents who use substances.

#### **E. Data-Based Decision Making**

The Managing Entity shall develop prevention strategies that are research-based and informed by community needs assessments through the subcontracted provider network, in connection with child welfare providers. In the context of

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<sup>1</sup> 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.

<sup>2</sup> <https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf>

<sup>3</sup> 45 C.F.R. pt. 96, sub. L.

federal health care reform, the Managing Entity shall develop integrated strategies that address primary care and behavioral health promotion.

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<sup>4</sup> and two overarching principles<sup>5</sup> that overlap and interact throughout the process, relying on research and data to determine strategies. Subcontracted prevention providers must engage in this strategic planning process guided by locally-developed needs assessments, logic models, community action plans, and evaluation plans.

Guidance documents to assist communities with prevention planning can be found at:

<https://www.samhsa.gov/find-help/prevention#resources-publications>

## F. Environmental Strategies and Community Coalitions

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 and traffic safety checkpoints;
4. Restricting alcohol availability at events;
5. Increasing taxes on alcohol;
6. Graduated driver's licensing laws; and
7. Keg registration<sup>6</sup>.

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.

## 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**.

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<sup>4</sup> Assessment, planning, implementation, evaluation, and capacity.

<sup>5</sup> Cultural competence and sustainability.

<sup>6</sup> 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](http://www.samhsa.gov/sites/default/files/bg_application_fy16-17.pdf).