

## 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 to the targeted populations indicated in the Data Entry Plan.

The Managing Entity shall:

1. 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.
2. Purchase prevention activities and 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 and analyze data to ensure the most cost-efficient use of substance use primary prevention funds;
5. Review community prevention planning documents developed by community coalitions;
6. Purchase substance use 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 prevention services;
9. Provide technical assistance to subcontracted prevention providers regarding implementation of evidence-based and/or promising prevention practices;
10. 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.
11. Review and verify Activity Logs in the Performance Based Prevention System (PBPS) before approving them, ensuring providers follow the Data Entry Plan, enter detailed activity descriptions, and provide appropriate supporting documentation.
12. Reject or return for revision activity logs that do not reflect an accurate representation of the prevention services provided.
13. Ensure providers have access to appropriate, Institute of Medicine (IOM) categories in the Performance Based Prevention System (PBPS).
14. Consult with the Department's prevention unit to obtain approval or rejection of new program proposals for

evidence-based or promising practices, before the proposed program is implemented and data is submitted in the Prevention Based Performance 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 programs at the appropriate locations specified and in accordance with the Program Description of the 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 communities 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 prevention services and activities that do not fit under one of the Center for Substance Abuse Prevention Strategies under the “Other” category in the Managing Entity Block Grant reporting template with an appropriate description. This description should include, grade level, topic of subject discussed, where this activity happened, etc. It should be able to convey an understanding of the activity being entered into the Performance Based Prevention System.
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 to the Managing Entity. The Managing Entity shall consult with the Department's prevention unit to obtain approval or rejection of the new program proposal for evidence-based or promising practices, before the proposed program is implemented and before the data is submitted in the Prevention Based Performance System.
11. Submit prevention data for all programs, participants, and activities. Ensure the data submitted is consistent

with the data maintained in the provider's program documentation, invoicing and sign-in sheets; and

**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.

**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**

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; or
6. Naloxone Distribution.

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; or
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<sup>1</sup> and two overarching principles<sup>2</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 which guides local development of needs assessments, logic models, community action plans, and evaluation plans. Please refer to the document via the link below.

- a. <https://www.samhsa.gov/resource/ebp/strategic-prevention-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 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 at the center of the definition of environmental strategies, and it positions anti-drug coalitions at the helm, since the most recent evaluation of the Drug Free Communities program indicates that the “availability of substances that can be abused” is a risk factor that 86% of anti-drug coalitions throughout the U.S. select for change. 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

### [Managing Entities FY24-25 Templates | Florida DCF](#)

A Guide to SAMHSA's Strategic Prevention Framework

<https://www.samhsa.gov/resource/ebp/strategic-prevention-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

Guidance 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/>

---

<sup>1</sup> Evans, D. & Tawk, R. (2016). The Relationship Between Substance Abuse and Suicide Among Adolescents. *Florida Public Health Review*, 13 (Article 8).

<sup>2</sup> Amiri, S. & Behnezhad, S. (2020). Alcohol Use and Risk of Suicide: A Systematic Review and Meta-Analysis. *Journal of Addictive Diseases*, 38(2), 200-213.

<sup>3</sup> Armoon, B. et al. (2021). Prevalence, Sociodemographic Variables, Mental Health Condition, and Type of Drug Use Associated with Suicide Behaviors Among People with Substance Use Disorders: A Systematic Review and Meta-Analysis. *Journal of Addictive Diseases* (online ahead of print).

<sup>4</sup> Witt, K. et al. (2021). Effect of Alcohol Interventions on Suicidal Ideation and Behavior: A Systematic Review and Meta-Analysis. *Drug and Alcohol Dependence*, 226(1).

<sup>5</sup> Kolves, K., et al. (2020). Impact of Alcohol Policies on Suicidal Behavior: A Systematic Literature Review. *International Journal of Environmental Research and Public Health*, 17, 7030.

<sup>6</sup> Substance Abuse and Mental Health Services Administration. (2016). *Substance Use and Suicide: A Nexus Requiring a Public Health Approach*. Retrieved from <https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4935.pdf>.

<sup>7</sup> Rioux, C., Huet, A., Castellanos-Ryan, N., Fortier, L., Le Blanc, M., Hamaoui, S., Geoffroy, M., Renaud, J., & Seguin, J. R. (2021). Substance Use Disorders and Suicidality in Youth: A Systematic Review and Meta-Analysis with a Focus on the Direction of the Association. *PLoS ONE*, 16(8), e0255799.

<sup>8</sup> Substance Abuse and Mental Health Services Administration. (2020). *Treatment for Suicidal Ideation, Self-Harm, and Suicide Attempts Among Youth*. SAMHSA Publication No. PEP20-06-01-002. Retrieved from [https://store.samhsa.gov/sites/default/files/SAMHSA\\_Digital\\_Download/PEP20-06-01-002.pdf](https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-06-01-002.pdf).

<sup>9</sup> Florida Department of Law Enforcement, Medical Examiners Commission. (2021). *Drugs Identified in Deceased Persons by Florida Medical Examiners – 2020 Interim Report*. Retrieved from [FDLE Publications and Forms](#)