



California Department of Alcohol and Drug Programs

**Prevention Annual Report -
Fiscal Year (FY) 07/08**

This report contains data on prevention activities in California from July 1, 2007 through June 30, 2008 (FY 2007-08). The information contained in this report reflects SAPT-funded prevention data submitted by the service providers into CalOMS Pv. This data does not reflect the entirety of local AOD prevention services delivered throughout California funded through other sources. For additional information on CalOMS Pv data collection, contact
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Cover photo taken at Emerald Bay State Park, South Lake Tahoe, California



Why We Collect Data

Each year, states must apply for the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Substance Abuse Prevention and Treatment (SAPT) Block Grant funds. These funds are used by the states to provide alcohol and other drug prevention, treatment and recovery services. California allocates these funds to all 58 counties, of which a minimum of 20% must be used for primary prevention services. The SAPT Block Grant (45 CFR 96.121) defines primary prevention programs as those programs directed at “individuals who have not been determined to require treatment for substance abuse. Such programs are aimed at educating and counseling individuals on such abuse and providing for activities to reduce the risk of such abuse.” Primary Prevention includes strategies, programs and initiatives which reduce both direct and indirect adverse personal, social, health, and economic consequences resulting from problematic alcohol and other drug (AOD) availability, manufacture, distribution, promotion, sales, and use. The desired result of primary prevention is to promote safe and healthy behaviors and environments for individuals, families and communities.

Every state is required to collect SAPT-funded primary prevention service/activity data that meet the federal National Outcome Measures (NOMs) and include the data in the annual SAPT Block Grant application to continue receiving SAPT Block Grant funding.

ADP collects this primary prevention service/activity data from counties using a data collection tool called the California Outcome Measurement Service for Prevention (CalOMS Pv). CalOMS Pv was designed around the five steps of the Strategic Prevention Framework to meet the NOMs and incorporates the six Center for Substance Abuse Prevention (CSAP) strategies as well as the risk categories identified by the Institute of Medicine (IOM). CalOMS Pv also generates more than 70 reports that counties can use to:

- Get an overview of the county strategic prevention plan;
- View progress being made toward meeting goals and objectives;
- Verify funding sources are appropriate for each program;
- Ensure providers are delivering services as outlined in their contracts that align with assigned objectives;
- Track progress of coalitions and partnerships;
- Track staff and coalition training and technical assistance;
- View the demographics of the individuals served; and
- Track participant attendance

Table of Contents	
Why We Collect Data	1
The Strategic Prevention Framework	2
Institute of Medicine Risk Categories	3
CSAP’s Six Strategies	6
Prevention Service Populations	9
Prevention Service Locations	10
Funding Prevention Services	11
Contact Information	11

It should be noted that a majority of the federal NOMs identify outcomes as defined by SAMHSA and refer to process data. To obtain change outcomes at the local level, counties must conduct some form of program evaluation. This may be accomplished by pre- and post-tests of individuals receiving prevention services, or by comparing the baseline data used in the initial needs assessment with recent data to assess results of the prevention actions.

Limited statewide outcomes can be obtained by comparing data available through the California Student Survey and/or the California Healthy Kids Survey, or by visiting SAMHSA’s new NOMs website at <http://www.nationaloutcomemeasures.samhsa.gov/>.

The Strategic Prevention Framework (SPF)

The SPF, developed by SAMHSA, consists of five steps designed for effective and sustainable prevention. (NOTE: Although called “steps”, these are actually processes that should be ongoing efforts and some occur concurrently.)

Assessment: Identify, acquire and analyze relevant consumption and consequence data to profile population needs, resources, and readiness to address problems and gaps in service delivery

Capacity: Mobilize and/or build capacity to address need

Planning: Develop a comprehensive logic model, plan, and measures

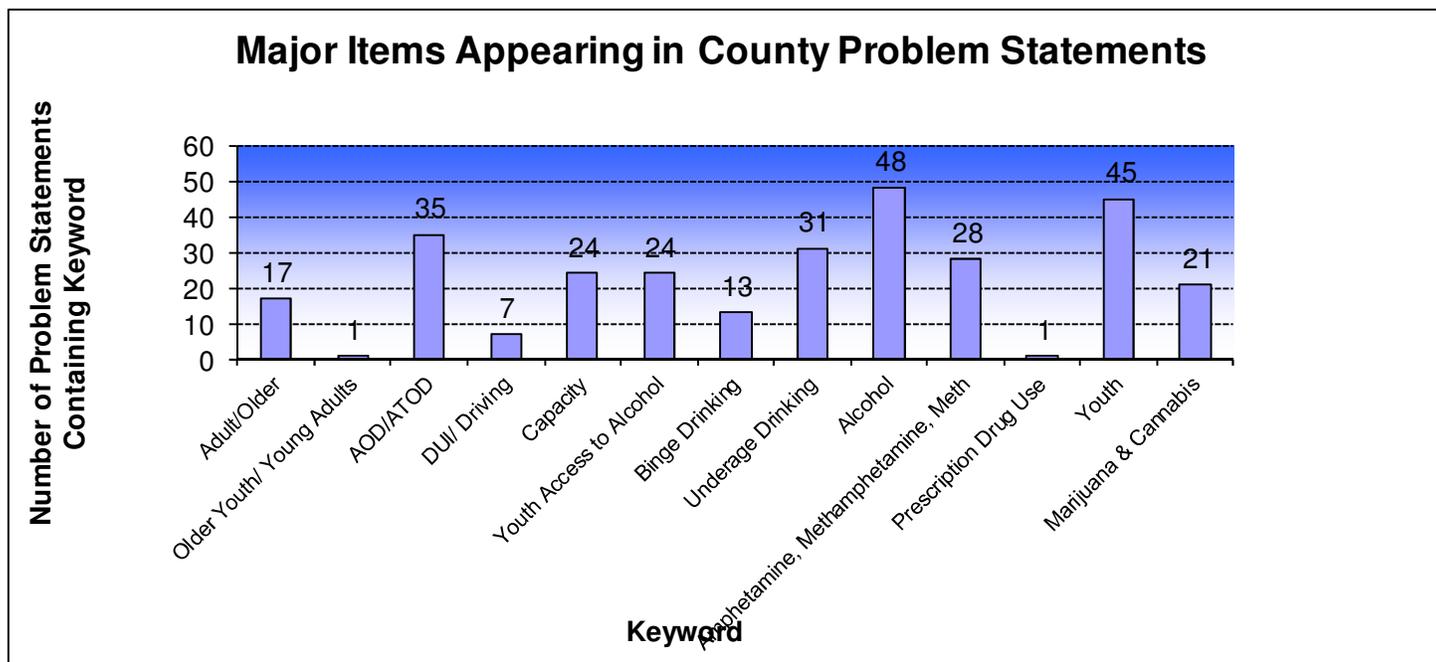
Implementation: Implement evidence-based programs and infrastructure activities

Evaluation: Monitor, evaluate, and apply data to improve approaches and sustain desired results

Beginning July 2007, counties were required to have conducted a prevention needs assessment and, based on the assessment, prioritize the identified needs, identify available resources, develop a strategic prevention plan to meet the unique needs of their county, and structure their SAPT-funded services around their plan. These plans identified the populations to be served and the strategies proposed to serve those populations.

Based on feedback from counties, available data for conducting a local needs assessment is lacking. A considerable portion of counties defaulted to using county level indicators and results from the California Healthy Kids Survey. The collection and use of local level data will continue to be a focus area for ADP technical assistance services.

A keyword analysis was conducted of the county plans submitted in 2007 to identify the common issues identified by counties. Of the 57 counties (Sutter and Yuba counties report as one county), 48 identified alcohol use as a priority, 45 identified (AOD use by) youth as a problem, and 35 identified AOD/ATOD issues in general as a problem. The chart below shows the types of problems identified by the 57 counties.



Once counties create their strategic prevention plan, they enter their problem statements, goals and objectives in CalOMS Pv, then assign each objective to one or more contracted providers. When the providers deliver contracted services, their service data is entered into CalOMS Pv and linked to a specific objective. Using CalOMS Pv, counties can track services delivered and progress made toward meeting each objective. ADP Prevention staff monitor the CalOMS Pv data and assist counties with continually examining how their providers’ prevention efforts contribute to the county’s goals.

Institute of Medicine (IOM) Risk Categories:

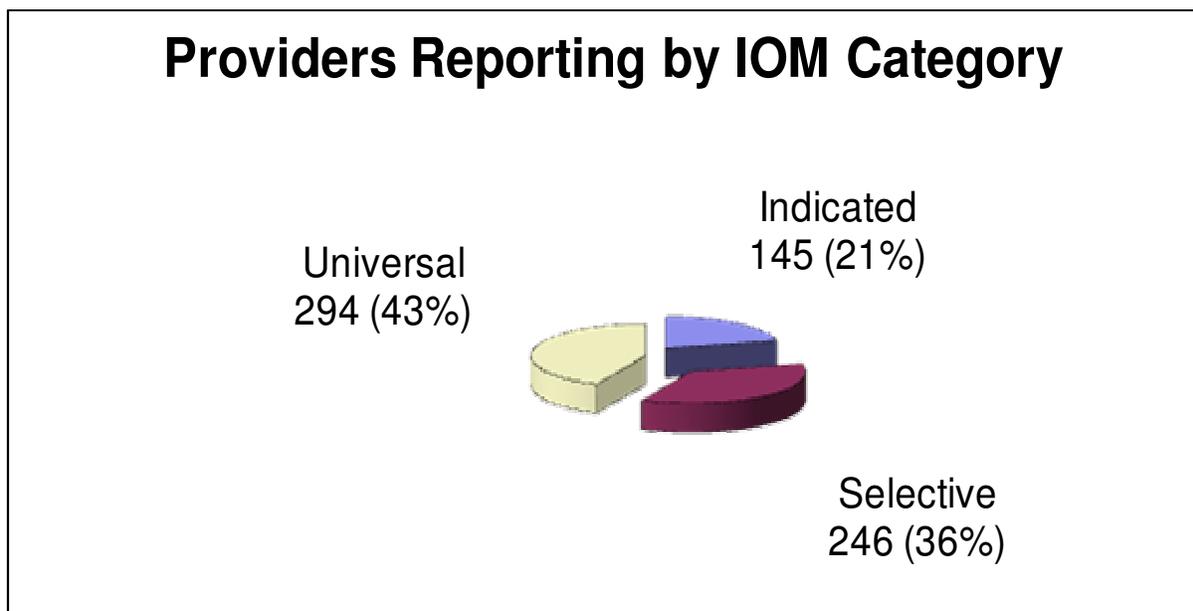
IOM Definition of Prevention

Prevention, as defined by the IOM Continuum of Care, identifies populations at three levels of risk:

- **Universal:** The entire population shares the same general risk for substance abuse. The goal of delivering services to a universal audience is to prevent, reduce, or delay substance abuse. Examples of services/activities targeting this audience are the dissemination of printed materials, media campaigns, public service announcements, community service activities, recreational activities, classroom educational services, and environmental strategies focusing on policy change, regulations, ordinances and community development.
- **Selective:** Subsets of the population considered to be at risk for substance abuse. The goal of delivering services to a selective audience is to address subsets of the population who share a higher than average risk for substance abuse compared to the entire population (e.g., children of alcoholics, school drop-outs, students who are failing academically). Examples of services/activities targeting this audience are the dissemination of printed materials, youth/adult/family groups aimed specifically at this audience, mentoring, peer leader/helper programs, and youth/adult leadership activities.
- **Indicated:** Individuals who are showing early sign of substance abuse and problem behaviors but have not been identified to be in need of treatment. The goal of delivering services to an indicated audience is to identify these individuals and serve them with special programs intended to reverse the behavior. Examples of services/activities targeting this audience are parenting/family management services, topical small group sessions, prevention screenings, and employee/student assistance programs.

IOM Levels of Services

In State Fiscal Year 2007-08, a total of 396 providers delivered prevention services that fell into one or more of the three IOM categories (universal, selective, and indicated). The following chart shows the number of providers delivering services within each IOM category.



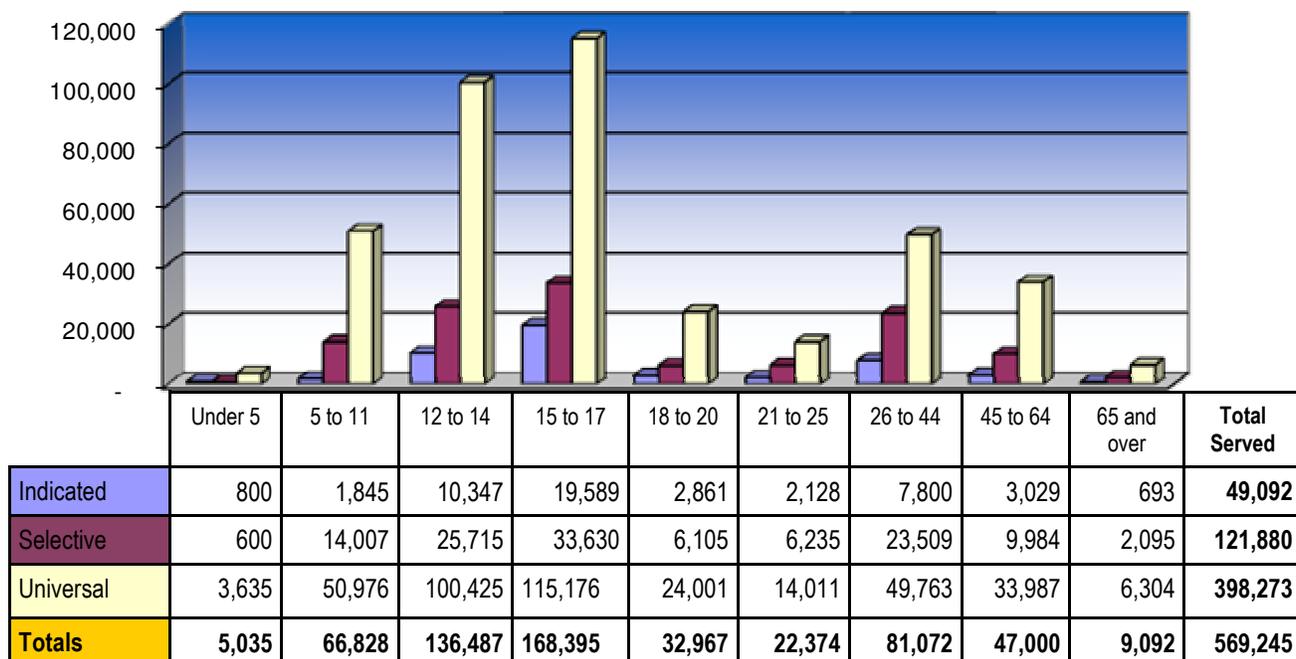
Number of Persons Served by IOM Category

One-on-one prevention services were provided to 569,245 individuals. Beginning in July 2007, many counties focused their efforts and SAPT funding on building their infrastructure to support the SPF (conducting a needs assessment, developing a strategic prevention plan, and building capacity). Once this foundation was established, counties restructured their prevention services to align with their plan which changed the nature and type of services delivered. Many began focusing on the Environmental prevention strategy which typically falls under the universal IOM category where individuals are not counted.

Age:

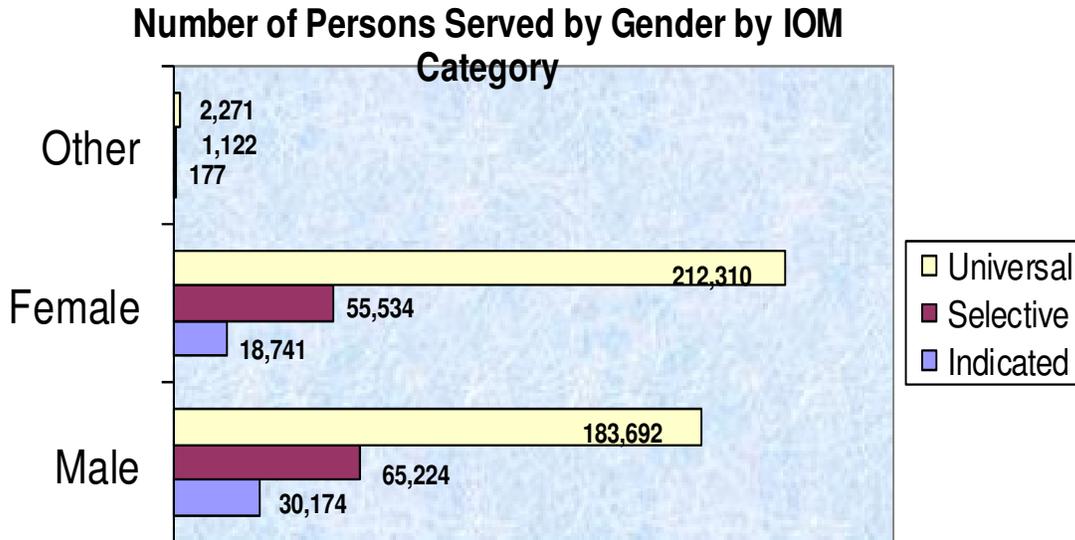
As shown in the chart below, 398,273 persons were served under the universal category. For universal, selective and indicated categories, the largest number of individuals served fell into the 15- to 17-year-old age group, with 12- to 14-year-olds coming in a close second. Nearly 52,000 5- to 11-year-olds served fell into the universal category; while 49,763 26- to 44-year-olds served fell in the universal category. (NOTE: Demographic data is not collected for services that fall within the Information Dissemination strategy and a majority of the Environmental strategy which typically fall into the Universal category.)

Number of Persons Served by Age by IOM Category



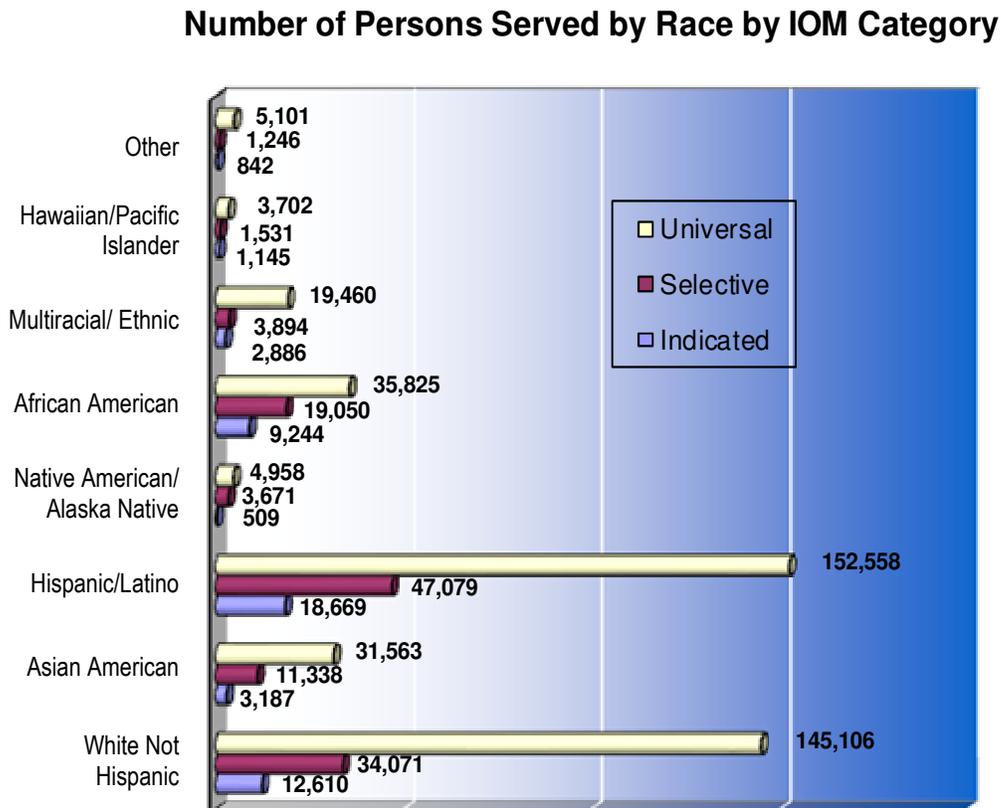
Gender:

Out of the total population receiving services, more females fell under the universal category; however, more males fell under the selective and indicated categories. (NOTE: “Other” consists of persons who identify as gay, lesbian, bisexual or transgender.)



Race/ Ethnicity:

Overall, the greatest number of persons served in all IOM categories identified as Hispanic/Latino, with White Not Hispanic the second largest number served, and African American and Asian American falling in at third and fourth, respectively.



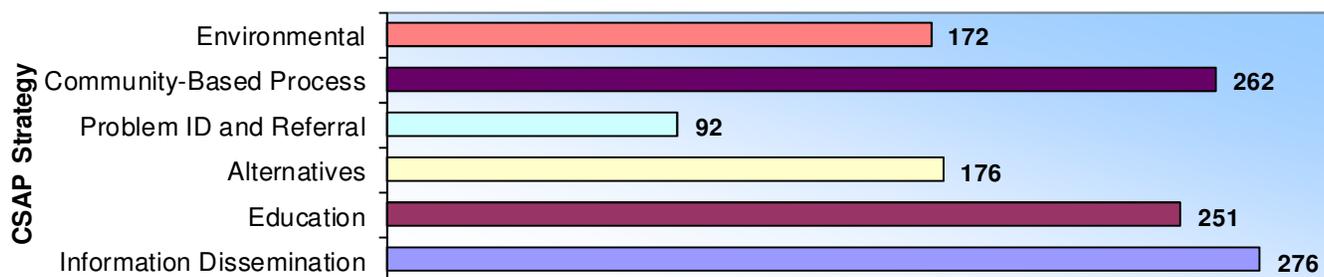
CSAP's Six Strategies:

The SAPT block grant defines primary prevention as prevention services directed at individuals not identified to be in need of treatment. Based on the identified population, prevention funds are applied to services that offer sustainable results using the six prevention strategies established by the Center for Substance Abuse Prevention (CSAP). Under each strategy are associated services the providers deliver and report in CalOMS Pv. The six CSAP strategies are:

- **Information Dissemination** provides awareness and knowledge of the nature and extent of substance use, abuse, and addiction and their effects on individuals, families, and communities. It is one-way communication from a source to an audience, with limited contact between the two (e.g., printed materials, websites).
- **Education** is two-way communication between an educator/facilitator and the participants (e.g., classroom curriculum). Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis, and systematic judgment abilities.
- **Alternatives** provide opportunities to participate in activities that exclude substance use. The assumption is that constructive and healthy activities offset the attraction to alcohol and drugs and, therefore, minimize their use.
- **Problem Identification and Referral** involves identifying those who have indulged in illegal/ age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. This strategy does not include any activity designed to diagnose if a person is in need of treatment.
- **Community-Based Process** aims to enhance the ability of the community to more effectively provide prevention and treatment services for substance abuse disorders. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of services implementation, interagency collaboration, coalition building, and networking.
- **Environmental** establishes or changes written and unwritten community standards, codes, and attitudes, thereby influencing incidence and prevalence of substance abuse in the general population. This strategy is divided into two subcategories to permit distinction between activities that center on legal and regulatory initiatives and those that relate to the service and action-oriented initiatives.

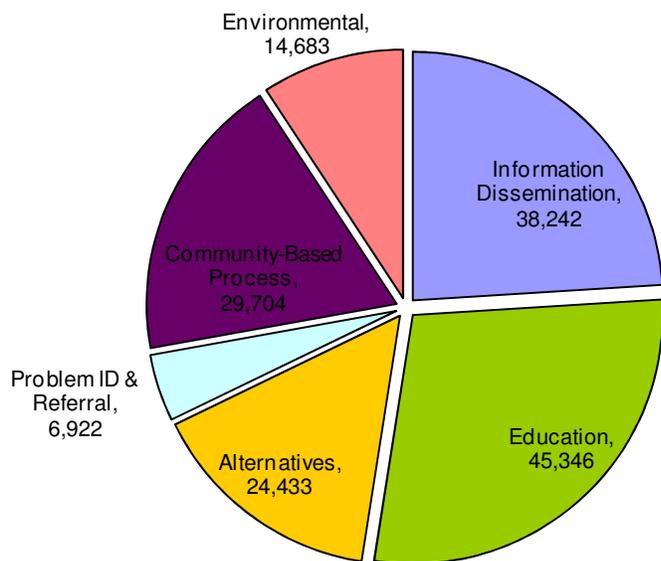
The chart below reflects the number of providers that delivered services within the six CSAP Strategies. Some providers engaged in more than a single strategy; therefore, a provider may be counted in more than one strategy. The 2007 requirement that counties conduct a needs assessment and develop a strategic prevention plan may account for the majority of providers reporting services under the Community-Based Process strategy. This strategy includes assessing community needs/ assets, accessing/ monitoring services and funding, systematic planning, and multi-agency coordination/ collaboration.

Number of Providers Delivering Services by Strategy



A total of 159,330 services were reported in CalOMS Pv in FY 2007-2008. Services that fell in the Education strategy account for 45,346, or 28%, of the total. Educational services consist of classroom education, groups, mentoring, peer leader/helper programs, preschool AOD prevention, parenting/ family services, and theatrical troupes, which may occur and be reported more than once for each group of individuals served.

Number of Services Reported by Strategy



Information Dissemination was the second most reported strategy. The Information Dissemination strategy includes brochure, pamphlet, newsletter and printed material dissemination, speaking engagements, and telephone information service calls, and many times occurs at the same time as other types of services (e.g., during a classroom education service, printed materials are handed out; this service would be reported under both Education and Information Dissemination strategies).

The table at left shows the total number of services reported in FY 2007-2008 by CSAP strategy.

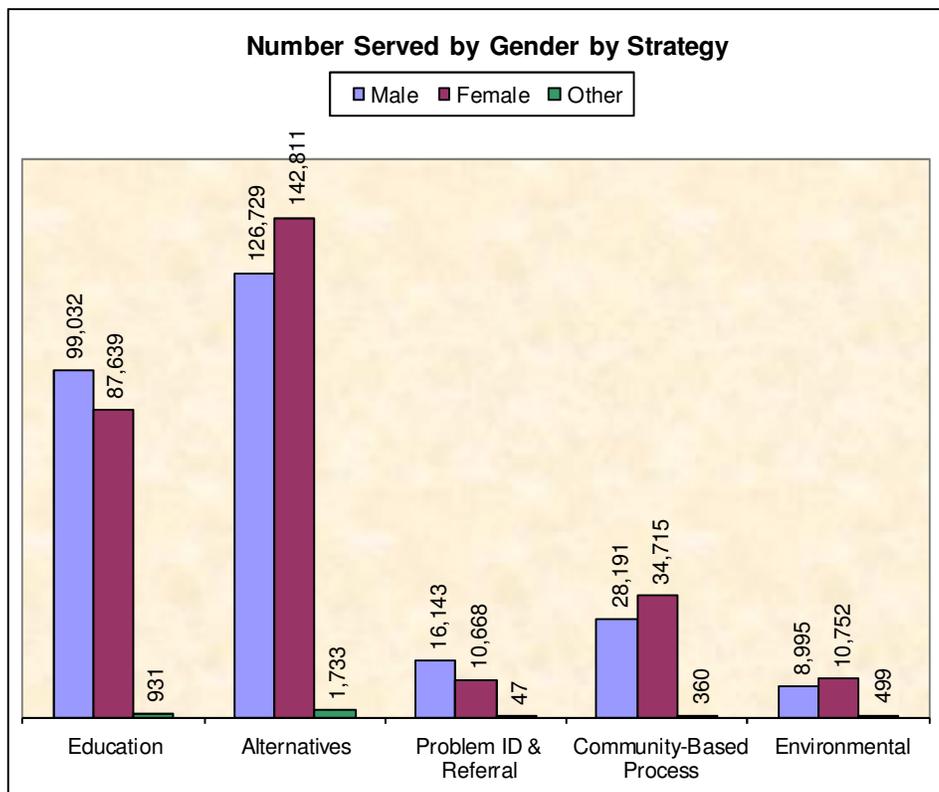
Age:

Out of 569,245 individuals served, the highest number fell into the Alternatives strategy with 271,273 receiving services under this strategy. The next highest number, or 187,602 individuals, received some type of Education service; 63,266 were involved in services that fell under Community-Based Process; 26,858 received services that fell under Problem ID & Referral, and 20,246 individuals were involved in some type of Environmental strategy. (Note: All services under Information Dissemination and most Environmental services do not track individuals or their demographics.)

	Under 5	5 to 11	12 to 14	15 to 17	18 to 20	21 to 25	26 to 44	45 to 64	Over 64	Totals
Education	1,395	22,385	42,568	62,016	8,928	6,176	28,699	12,018	3,417	187,602
Alternatives	3,065	40,195	78,759	81,960	16,570	8,714	21,823	16,682	3,505	271,273
Problem ID & Referral	22	662	3,695	10,136	1,271	1,433	6,427	2,764	453	26,858
Community-Based Process	520	3,245	8,119	9,393	4,476	4,551	18,839	12,831	1,292	63,266
Environmental	33	341	3,346	4,890	1,722	1,500	5,284	2,705	425	20,246
Totals	5,035	66,828	136,487	168,395	32,967	22,374	81,072	47,000	9,092	569,245

Gender:

More males received Education and Problem ID & Referral services than females; however, overall, more females received some type of primary prevention service. “Other” includes individuals who identify as gay, lesbian, bisexual, and/or transgender.



Race/ Ethnicity:

According to the data reported in CalOMS Pv, the most widely served group of individuals identified as Hispanic/Latino (218,306), with White Not Hispanic close behind (191,787). The greatest number of Hispanics/Latinos received services that fall under the Alternatives strategy which includes Youth/Adult Leadership Activities and Community Drop-In Center Activities.

	White Not Hispanic	Asian American	Hispanic/Latino	Native Am./ Alaska Native	African American	Multi-Racial/ Ethnic	Hawaiian/ Pacific Islander	Other
Education	59,545	14,578	77,724	2,923	20,476	8,230	1,854	2,272
Alternatives	85,702	21,946	108,014	5,599	32,506	10,758	3,502	3,246
Problem ID & Referral	8,419	2,859	9,006	233	4,323	1,337	421	260
Community-Based Process	28,505	4,210	19,914	351	4,107	5,113	490	576
Environmental	9,616	2,495	3,648	32	2,707	802	111	835
Totals	191,787	46,088	218,306	9,138	64,119	26,240	6,378	7,189

Prevention Service Populations:

The populations that are served by prevention in California are grouped into 28 categories. The chart below indicates the categories that were served by the greatest number of providers (more than one category can be selected for a single service). High school students, middle school students, and parents/ families are among the seven categories with the highest number of services delivered overall.

It is interesting to note that 176 providers engaged high school students and 166 engaged middle school students in Community-Based Process activities, and 100 engaged high school students and 89 engaged middle school students in Environmental activities. This reflects a significant number of providers using their SAPT funds to engage youth in their community efforts. Engaging youth in community efforts can help prepare them for adulthood, gives voice to their concerns, and may help prevent first-time use. Many providers partnered with other government agencies as well. For Community-Based Process activities, 162 providers partnered with law enforcement/military and 149 engaged government/elected officials. For the Environmental strategy, 92 partnered with law enforcement/military and 100 engaged government/elected officials.

Report of Service Population by Strategy

	Information Dissemination	Education	Alternatives	Problem ID & Referral	Community-Based Process	Environmental
High School Students	198	175	136	49	176	100
Government/Elected Officials	119	12	33	2	149	100
Law Enforcement/Military	129	19	38	14	162	92
Middle/Jr High School Students	188	165	127	40	166	89
Parents/ Families	201	144	94	43	175	106
Prevention/Treatment Professionals	186	67	69	19	209	115
Teachers/Administrators/Counselors	179	85	70	16	192	93
Youth/Minors	181	148	120	47	163	103



Prevention Service Locations:

The locations where the prevention providers deliver their services are grouped into 45 categories. Based on the nature of the services for each of the prevention strategies, a wide variety of locations are identified. The table below lists the locations with the highest number of services for all six strategies. “County/Provider Office” with 680 total services reported and “School Site–High School” with a total of 505 services reported are among the five locations with the highest number of services for all strategies.

1. Information Dissemination	
Service Location	Service Frequency
County/Provider Office	170
School Site - High School	148
Community/Drop-In Center	123
Community at Large	116
School site - Middle School	112
2. Education	
Service Location	Service Frequency
School Site - High school	126
County/Provider Office	111
School site - Middle School	108
School Site - Elementary	76
Community/Drop-In Center	67
3. Alternatives	
Service Location	Service Frequency
School Site—High School	86
Recreational Activity Site	84
County/Provider Office	68
Park	67
Community/Drop-In Center	66

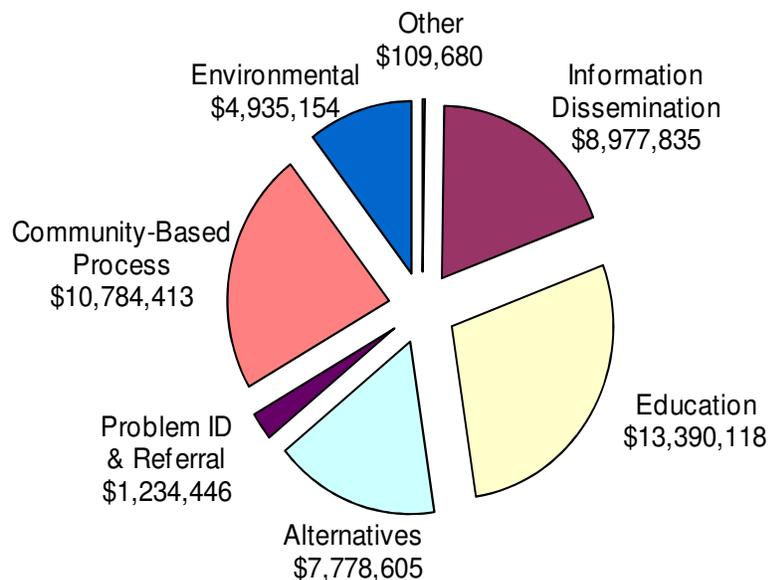
4. Problem ID & Referral	
Service Location	Service Frequency
County/Provider Office	53
School Site - High School	23
Alternative/Continuation School	17
School Site - Middle School	16
Community/Drop-In Center	13
Work Place	13
5. Community-Based Process	
Service Location	Service Frequency
County/Provider Office	191
Community/Drop-In Center	137
Government Offices	126
School Site - High School	122
Community at Large	108
Workplace	108
6. Environmental	
Service Location	Service Frequency
Government Offices	92
County/Provider Office	87
Community at Large	62
Other	58
Workplace	57

Funding Prevention Services:

In addition to the SAPT block grant funds allocated to counties, additional funds may also be utilized by a county for AOD prevention. For example, counties may add SAPT Discretionary dollars, State General Funds, non-county revenue, fees, and funds received through various grants to prevention.

In FY 2007-08, \$47,210,251 of SAPT block grant funds were spent on primary prevention services. Although the largest portion of the funds was spent on services within the Education (28.3%) and Community-Based Process (22.8%) strategies, it is significantly lower than in FY 2006-07 (36.4% and 37.3% respectively). In FY 2007-08, more funding was put toward the Information Dissemination (a \$4.9 million increase), Environmental (\$2.7 million increase), and Alternatives (\$2.5 million increase) strategies than in FY 2006-07.

FY 2007-08 SAPT Primary Prevention Funding by Strategy



In addition to the SAPT funding, some counties have been awarded Safe and Drug Free Schools and Communities (SDFSC) grants <http://www.adp.ca.gov/Prevention/SDFSC.shtml> through a competitive process. Reporting of SDFSC service/activity data into CalOMS Pv is optional.

Contact Information:

For more information on prevention data, CalOMS Pv, or the SAPT and SDFSC grants, contact ADP at askadp@adp.ca.gov.

