



# California Department of Alcohol and Drug Programs

**Prevention Annual Report -  
Fiscal Year (FY) 08/09**

This report contains data on prevention activities in California from July 1, 2008 through June 30, 2009 (FY 2008-09). 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: Death Valley, 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

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It should be noted that a majority of the federal NOMs identify process data as outcomes. 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.

### ***ADP Prevention Efforts to Streamline CalOMS Pv Data Processes***

In FY 2008-09, ADP's Prevention Services began looking at ways to streamline the data collection and reporting process to reduce the burden on counties and assist them in meeting their reporting requirements. ADP looked at every field contained in CalOMS Pv to determine whether or not they were required as part of the Strategic Prevention Framework (SPF), for the SAPT Block Grant application, or to ensure functionality of CalOMS Pv. ADP also looked at the processes for reporting data and reviewing the counties' strategic prevention plans and data submitted. The efforts/changes made in FY 08/09 were:

- Assigned an ADP Prevention Analyst to each county so there is a single point of contact.
- Developed a matrix identifying each field/requirement in CalOMS Pv and distributed to counties.
- Developed a matrix identifying the data source(s) used for each NOM when completing the SAPT Block Grant application.
- Made all fields not required under the above criteria optional.
- Changed data submittal requirement from weekly to monthly.
- Changed reporting of progress on Goals from mandatory on an annual basis to reporting upon completion or cancellation of a goal. Progress reports on Objectives are still required annually.
- Developed a report that distributes staff hours between selected strategies to assist counties that use CalOMS Pv to verify their providers' billings.
- Streamlined ADP data review to reduce the number of corrections/changes that need to be made by counties.
- Posted each county strategic prevention plan on the ADP website to support sharing of information.
- Developed complex formulas for reporting Universal Direct/Indirect and Cost Band information in the SAPT BG application to take the burden of reporting this information off the counties.

### ***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

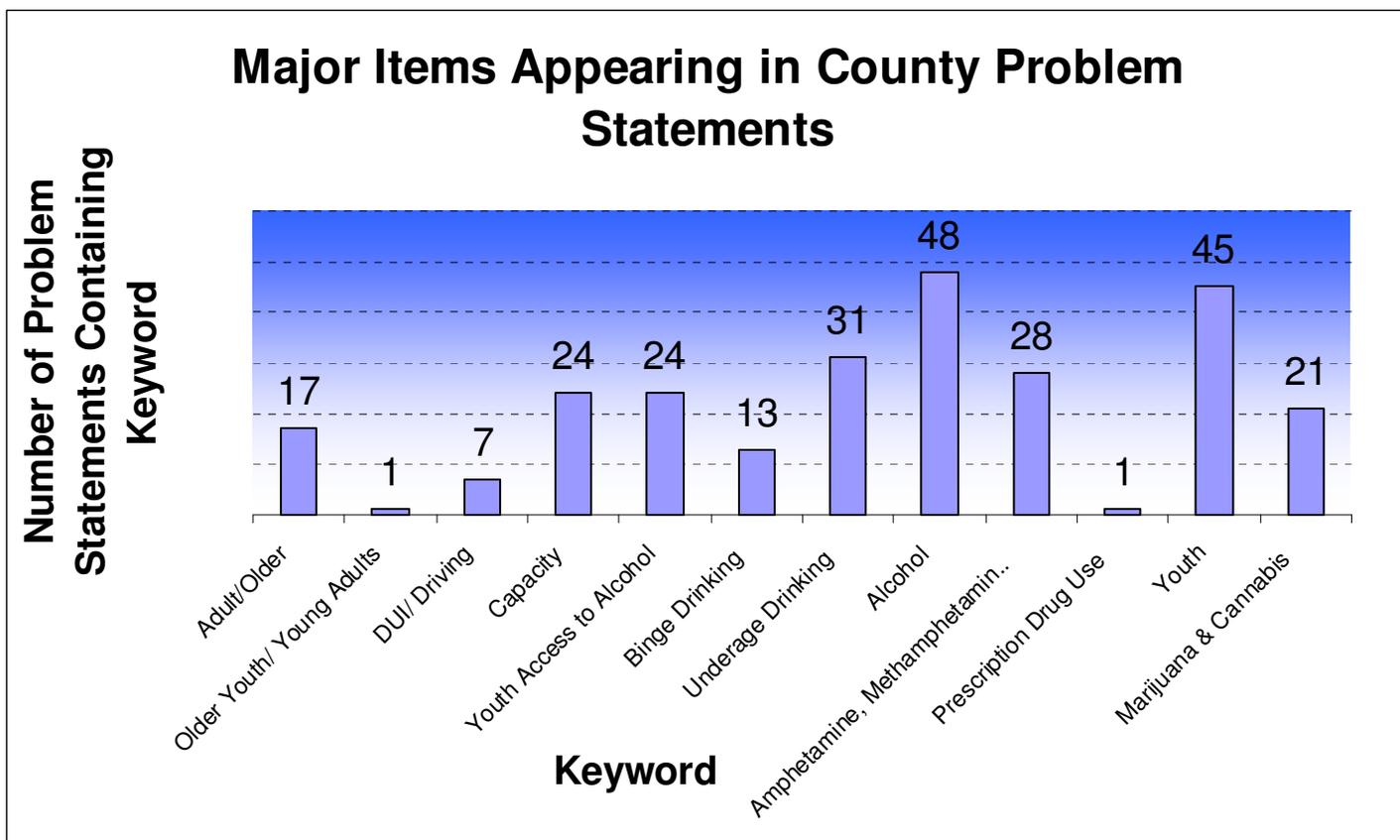
**Implementation:** Implement evidence-based programs and infrastructure activities

**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 31 identified underage drinking as a priority issue. The chart below shows the types of issues 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 reports, 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**

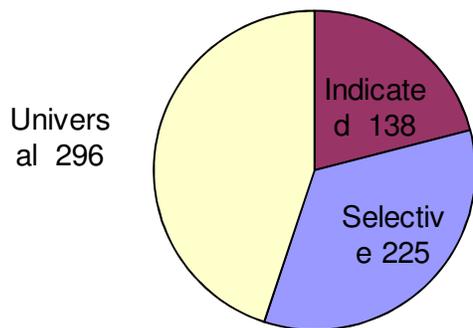
Prevention, as defined by the IOM Continuum of Care, identifies populations at three levels of risk:

- **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.

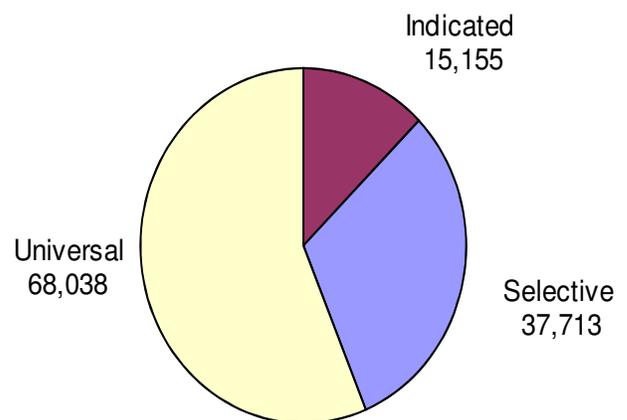
**IOM Levels of Services**

In State Fiscal Year 2008-09, a total of 396 providers delivered prevention services that fell into one or more of the three IOM categories (universal, selective, and indicated). The chart on the left below shows the number of providers delivering services within each IOM category. The chart on the right shows the number of services delivered within each IOM category.

**Number of Providers Delivering Services by IOM Category**



**Number of Services Delivered by IOM Category**



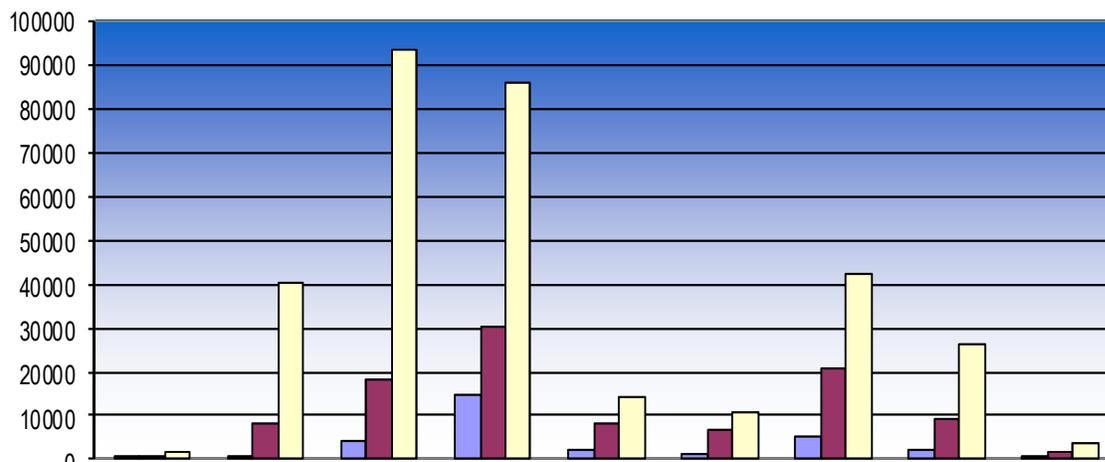
### Number of Persons Served by IOM Category

Face-to-face prevention services were provided to 453,408 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, 453,408 persons statewide received some type of AOD primary prevention service. For all three IOM categories, the largest number of individuals served fell into the 15- to 17-year-old age group; however, the 12- to 14-year-old age group had the largest number served in the universal category and was the second largest group served overall. The third largest age group served was the 21- to 24-year olds. (NOTE: Demographic data is not collected for services that fall within the Information Dissemination strategy and a majority of the Environmental strategy.)

### Number of Persons Served by Age by IOM Category

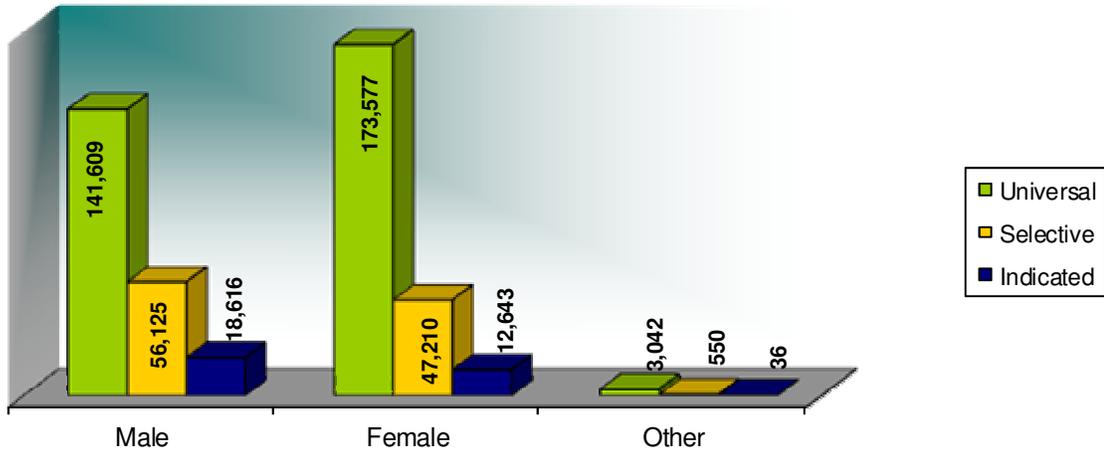


	Under 5	5 to 11	12 to 14	15 to 17	18 to 20	21 to 25	26 to 44	45 to 64	65 and over	Total Served
<b>Indicated</b>	41	667	4,186	14,983	2,331	1,447	5,435	1,981	224	<b>31,295</b>
<b>Selective</b>	474	8,436	18,376	30,154	8,169	6,637	20,542	9,244	1,853	<b>103,885</b>
<b>Universal</b>	1,963	40,363	93,419	85,642	14,097	10,733	42,113	26,128	3,770	<b>318,228</b>
<b>Totals</b>	<b>2,478</b>	<b>49,466</b>	<b>115,981</b>	<b>130,779</b>	<b>24,597</b>	<b>18,817</b>	<b>68,090</b>	<b>37,353</b>	<b>5,847</b>	<b>453,408</b>

**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.)

**Number of Persons Served by Gender by IOM Category**



**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.

**Number of Persons Served by Race/Ethnicity by IOM Category**



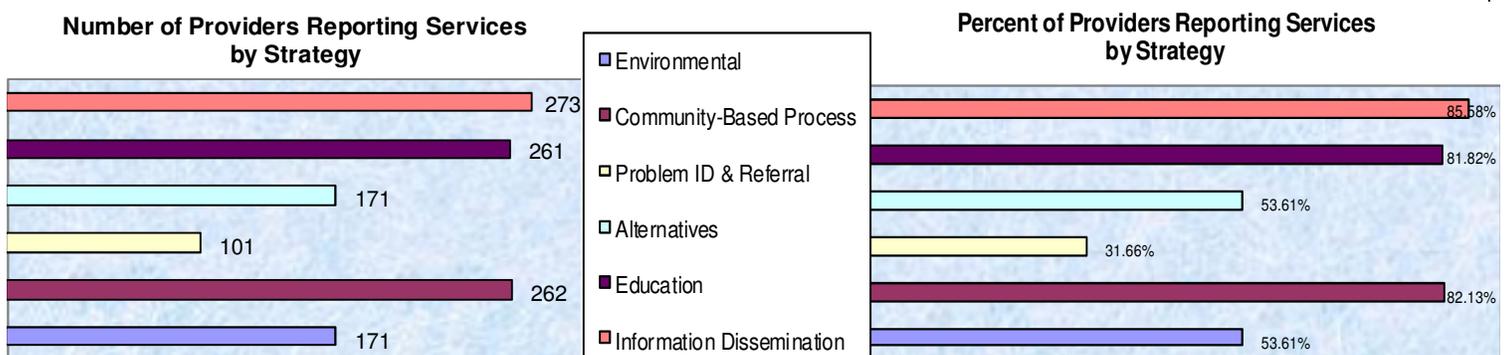
	White Not Hispanic	Asian American	Hispanic/Latino	Native American/Alaska Native	African American	Multiracial/Ethnic	Native Hawaiian/Pacific Islander	Other
■ Indicated	9,180	2,110	13,601	350	3,988	1,292	440	334
■ Selective	25,603	8,928	42,539	2,277	18,274	3,543	1,656	1,065
■ Universal	114,737	23,910	117,072	4,865	31,726	15,243	4,298	6,377
■ Total	149,520	34,948	173,212	7,492	53,988	20,078	6,394	7,776

**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:

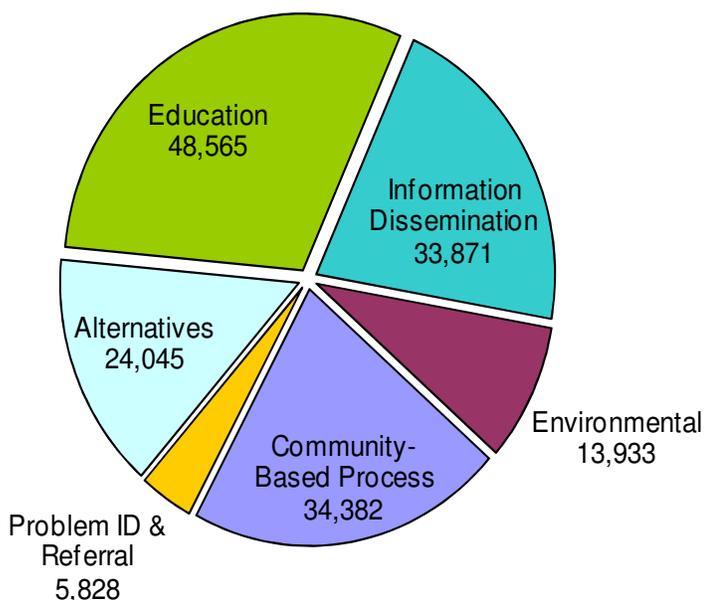
- **Information Dissemination** provides awareness and knowledge of the nature and extent of substance use, abuse, and addiction and their effects on individuals, families, and communities. It is one-way communication from a source to an audience, with limited contact between the two (e.g., printed materials, 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 on the left 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. Many counties have been working on building capacity, including assessing community needs/assets, accessing/monitoring services and funding, systematic planning, and multi-agency coordination/collaboration, which fall under the Community-Based Process strategy. The second greatest number of providers engaged in AOD Prevention Education services.



A total of 160,624 services were reported in CalOMS Pv in FY 2008-2009. Services that fell in the Education strategy account for 48,565, or 30%, 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 highest strategy reported. 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 2008-2009 by CSAP strategy.

**Age:**

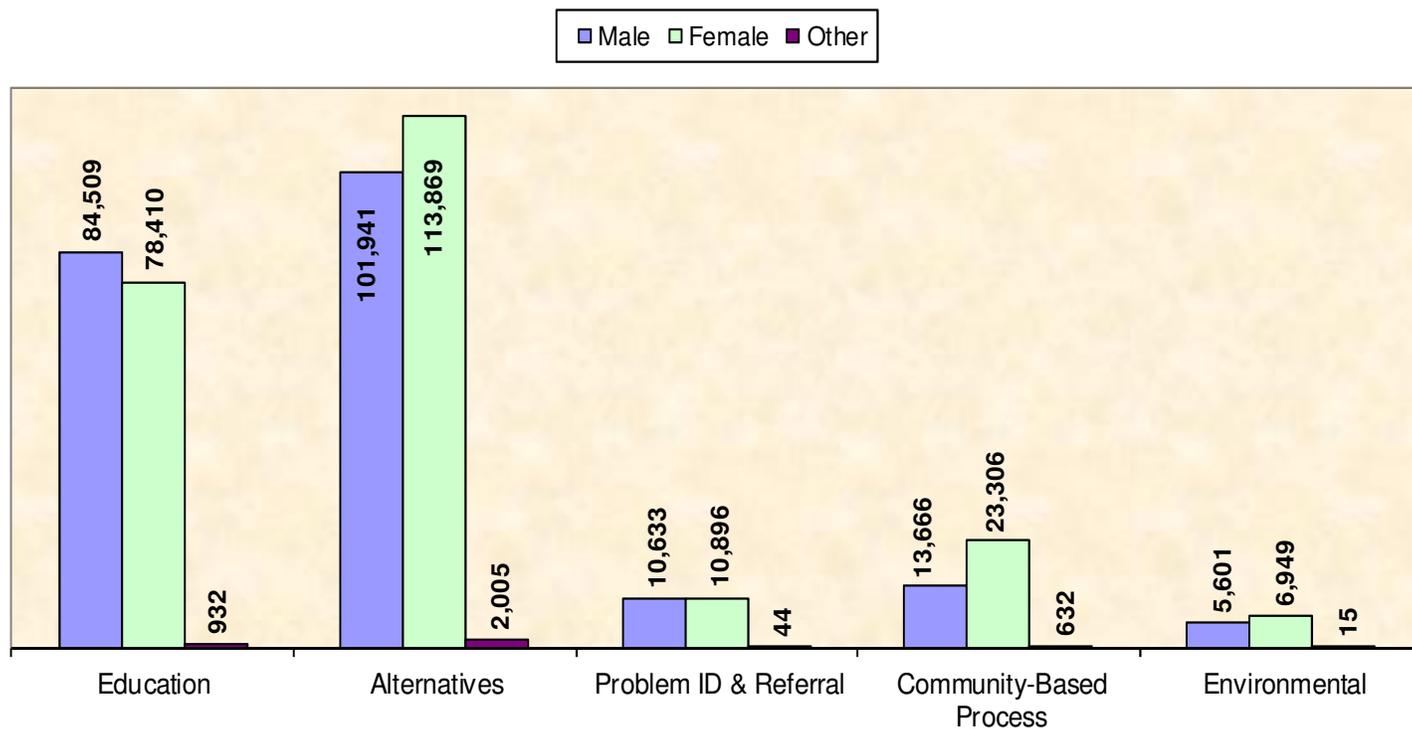
Out of 453,408 individuals served, the highest number fell into the Alternatives strategy with 217,815 receiving services under this strategy. The next highest number, or 163,861 individuals, received some type of Education service; 37,604 were involved in services that fell under Community-Based Process; 21,573 received services that fell under Problem ID & Referral; and 12,565 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	354	12,724	34,643	53,120	9,813	7,002	29,459	13,566	3,170	163,851
Alternatives	1,942	34,839	72,251	63,340	10,480	6,275	16,203	10,828	1,657	217,815
Problem ID & Referral	86	1,157	3,322	7,569	1,251	1,139	4,895	1,952	202	21,573
Community-Based Process	80	522	4,618	5,022	2,586	3,095	12,933	8,157	591	37,604
Environmental	16	224	1,147	1,728	467	1,306	4,600	2,850	227	12,565
<b>Totals</b>	<b>2,478</b>	<b>49,466</b>	<b>115,981</b>	<b>130,779</b>	<b>24,597</b>	<b>18,817</b>	<b>68,090</b>	<b>37,353</b>	<b>5,847</b>	<b>453,408</b>

**Gender:**

Overall, more females received some type of primary prevention service; however, more males received Education services. The greatest number of individuals were provided with an Alternative strategy. “Other” includes individuals who identify as gay, lesbian, bisexual, and/or transgender.

**Number Served by Gender by Strategy**



**Race/ Ethnicity:**

According to the data reported in CalOMS Pv, the most widely served group of individuals identified as Hispanic/Latino (173,212), with White Not Hispanic a close second (149,520). The greatest number of Hispanics/Latinos received services that fall under the Alternatives strategy which includes Youth/Adult Leadership Activities, Community Service 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
<b>Education</b>	50,805	11,022	71,382	2,450	18,100	6,367	1,733	1,992
<b>Alternatives</b>	67,543	18,268	80,039	4,170	28,923	11,315	3,654	3,903
<b>Problem ID &amp; Referral</b>	7,525	1,473	7,803	311	2,565	888	221	787
<b>Community-Based Process</b>	17,184	3,341	10,321	434	3,663	1,158	728	775
<b>Environmental</b>	6,463	844	3,667	127	737	350	58	319
<b>Totals</b>	<b>149,520</b>	<b>34,948</b>	<b>173,212</b>	<b>7,492</b>	<b>53,988</b>	<b>20,078</b>	<b>6,394</b>	<b>7,776</b>

**Prevention Service Populations:**

The populations that are served by prevention in California are grouped into 42 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, youth/minors, and parents/families are the top three service populations being served by the greatest number of providers statewide. (Note: Although a greater number of providers engaged various business and professional groups in primary prevention services than some of the categories listed below, they were not included in this chart.)

It is interesting to note that 161 providers engaged high school students, 146 engaged middle school students, and 168 engaged parents/families in Community-Based Process activities; and 113 engaged high school students, 85 engaged middle school students, and 87 engaged parents/families 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, 165 providers partnered with law enforcement/military and 138 engaged government/elected officials. Using the Environmental strategy, 89 partnered with law enforcement/military and 86 engaged government/elected officials.

**Service Population by Strategy and Number of Providers**

	Information Dissemination	Education	Alternatives	Problem ID & Referral	Community Based Process	Environmental	Totals
High School Students	195	172	127	45	161	113	<b>813</b>
Parents/Families	197	151	87	47	168	87	<b>737</b>
Youth/Minors	171	153	118	51	158	84	<b>735</b>
Middle/Jr High School Students	177	169	115	35	146	85	<b>727</b>
Economically Disadvantaged	114	110	73	31	83	47	<b>458</b>
College Students	119	52	46	11	102	52	<b>382</b>
Persons Using Substances	91	98	46	43	71	25	<b>374</b>
Older Adults	101	58	49	21	97	35	<b>361</b>
Elementary School Students	92	72	68	8	71	29	<b>340</b>
Women & Children	105	49	52	13	81	36	<b>336</b>



### **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 reported for each of the six strategies. “County/Provider Office” with 38,317 total services reported and “School Site - High School” with a total of 18,251 services reported are among the locations with the highest number of services reported for all strategies.

<b>1. Information Dissemination</b>	
<b>Service Location</b>	<b>Service Frequency</b>
County/Provider Office	7,600
School site - Middle School	2,610
School Site - High School	2,327
Work Place	1,887
School Site-Elementary	1,151
Community/Drop-In Center	870
<b>2. Education</b>	
<b>Service Location</b>	<b>Service Frequency</b>
County/Provider Office	13,062
School site - Middle School	6,898
School Site - High School	5,869
Community/Drop-In Center	4,183
School Site - Elementary	4,104
School Site - Alternative/ Continuation	2,621
<b>3. Alternatives</b>	
<b>Service Location</b>	<b>Service Frequency</b>
School Site - High School	6,486
Community/Drop-In Center	3,985
School Site - Middle School	3,863
County/Provider Office	1,838
School Site - Elementary	1,470
Youth Club/Center	1,285

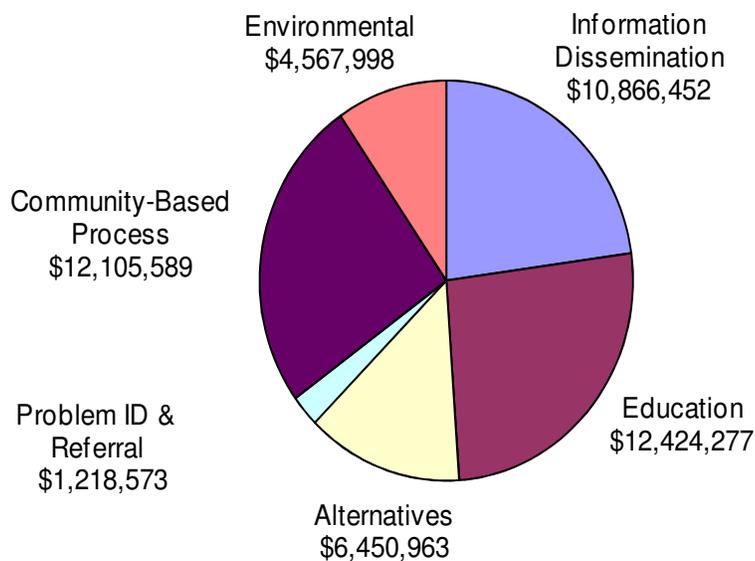
<b>4. Problem ID &amp; Referral</b>	
<b>Service Location</b>	<b>Service Frequency</b>
County/Provider Office	1,685
School Site - High School	1,153
School Site - Middle School	689
Correctional Facility - Youth	576
Community/Drop-In Center	434
Health Center/Clinic	395
<b>5. Community-Based Process</b>	
<b>Service Location</b>	<b>Service Frequency</b>
County/Provider Office	11,192
Work Place	3,196
School Site - High School	1,948
Community/Drop-In Center	1,562
Government Offices	1,234
Other	1,141
<b>6. Environmental</b>	
<b>Service Location</b>	<b>Service Frequency</b>
County/Provider Office	2,940
Workplace	1,888
Community At Large	618
Government Offices	600
School Site - High School	468
Community/Drop-In Center	412

### **Funding Prevention Services:**

In addition to SAPT block grant funds, counties may also utilize other funds 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. Also, 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 or other funded AOD prevention service/activity data into CalOMS Pv is optional.

In FY 2008-09, \$47,737,078 of SAPT block grant funds were spent on primary prevention services. The largest portions of the funds were spent on services within the Education (26.08%) and Community-Based Process (25.41%) strategies, with 22.81% spent on Information Dissemination.

### **FY 2008/09 SAPT Funding by Strategy**



### **Contact Information:**

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

## Management Reports:

Most of the data used to develop the graphs, charts and tables in this report were generated in CalOMS Pv. The following table is a list of reports that County Administrators and CalOMS Pv users may find useful.

<b>County Planning Report</b>	Displays the Problem Statements, Goals and Objectives and the providers to which the county's Objectives have been assigned. Use this report to ensure providers are working on the correct objective.
<b>Goal and Objective Progress Reports</b>	Displays the time period and full narrative progress report submitted into the Evaluation Module for each goal and objective. Great tool to see the progress being made toward meeting county goals and objectives.
<b>Prevention Activities Report of Services by Strategy</b>	Displays number of persons served and frequency of activities by CSAP strategy and corresponding services delivered within each strategy. Can be generated to reflect all data for a county or for an individual provider site.
<b>Prevention Activities Reports of Age/Gender/Race/Ethnicity</b>	Shows multiple reports that display demographic data by CSAP strategy and corresponding service delivered and IOM categories. Can be generated to reflect all data for a county or an individual provider site.
<b>Providers Reporting and Not Reporting Services</b>	Monitoring tool to assess adherence with reporting requirements.
<b>Service Review Report</b>	Detailed report displaying every data element for both single and recurring services by county – provider – program. This is the primary report that counties use to review data prior to release to ADP.
<b>Program Funding Source</b>	Displays the programs created and the funding sources identified for each program. A good monitoring tool to ensure county and provider staff have identified the correct funding sources when creating programs.
<b>Staff Hours Report – Detailed and Summary</b>	This is for counties and providers using the <u>optional</u> "Track Staff Hours" function, these reports display direct, indirect and administrative time by staff person. This is not reported to ADP.

**To Access and Generate CalOMS Pv Reports**, refer to the CalOMS Pv Users Manual and CalOMS Pv Reports Manual located on the CalOMS Pv Support Site.