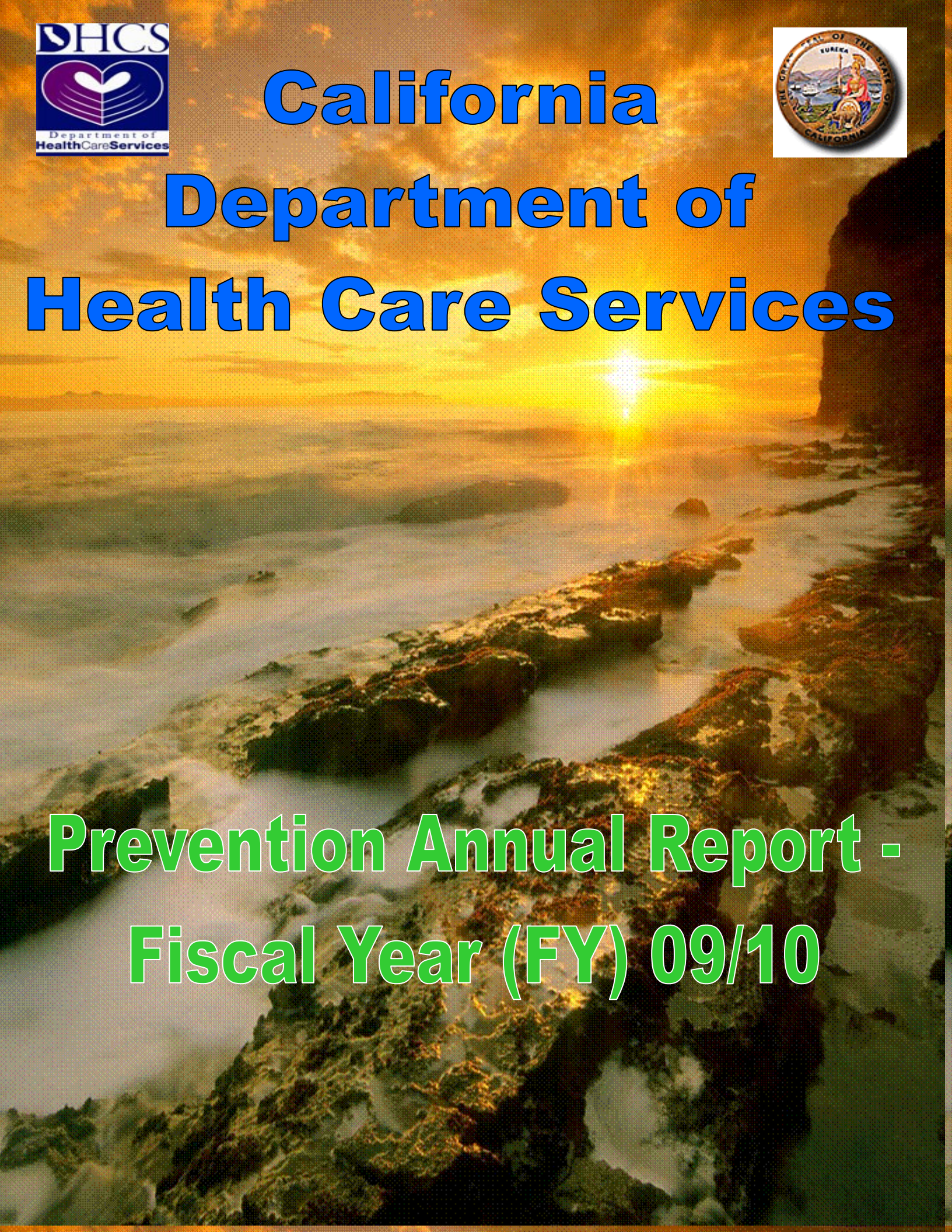

# California Department of Health Care Services

# Prevention Annual Report - Fiscal Year (FY) 09/10

**This report contains data on prevention activities in California from July 1, 2009 through June 30, 2010 (FY 2009-10). The information contained in this report reflects SAPT Block Grant-funded primary 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**

**CalOMSPvHelp@dhcs.ca.gov**
**or**
**(916) 552-8933.**

CALIFORNIA REPUBLIC

# California Department of Health Care Services (DHCS)
# CalOMS Prevention Annual Report: Fiscal Year (FY) 2009-10

## *Overview*

Each year, states must apply to the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to receive 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. A minimum of 20 percent of SAPT dollars 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, and providing for activities to prevent substance abuse." Primary Prevention includes strategies, programs and initiatives which reduce both direct and indirect adverse personal, social, health, and economic consequences that result 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 that data in the annual SAPT Block Grant application to continue receiving SAPT Block Grant funding. The California Outcomes Measurement Service for Prevention (CalOMS Pv) is the tool by which this data is collected.

## *Prevention's Transition from Data Review to Providing Technical Assistance*

In FY 2009-10, Prevention Services Branch staff transitioned their focus from providing passive data review to proactively providing resources and ongoing technical assistance (TA) to counties, not only to ensure data was appropriately being recorded in CalOMS Pv, but to work with each county through the entire Strategic Prevention Framework (SPF) process. As a result of this transition, greater knowledge of county and provider programs was developed, along with a fundamental understanding of each county's plan. One of the most important changes, however, was building stronger relationships between state and county staff.

The transition to TA also afforded analysts the opportunity to fine tune their focus so they could be better positioned to assist counties with the SPF process, making sure that their goals and objectives were measurable, and the strategies implemented would assist them in meeting their goals and objectives. In addition to these important changes, greater emphasis was placed on providing resources to the county on the use of evidence-based programs and culturally and linguistically competent services.

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## *Strengthening the Strategic Prevention Framework*

**Community Prevention Initiative (CPI) Regionals:**

In 2009 and 2010, the Center for Applied Research Solutions (CARS) held regional trainings specific to the SPF with a focus on assisting counties with the following:

- Incorporating realistic goals and measurable objectives that can be reached using evidence-based strategies.
- Using data-driven planning and outcome-based improvement for future county strategic prevention plans.
- Tracking progress and results using the evaluation plan.
- Considering cultural competence and sustainability throughout the work conducted during each phase of the SPF process.
- Understanding the value of using a logic model as a tool to assist with effective SPF planning, implementation and evaluation processes.
- Matching strategies to specific local conditions.

The training identified resources and tools, and discussed gaps between theoretically well-developed plans and the reality of implementing the plan. Common challenges in implementing and/or engaging in the plan process were discussed, and strategies were shared.

No-cost technical assistance and training is available through CPI (http://www.ca-cpi.org) to provide support for understanding the SPF process and creating and implementing a measurable strategic prevention plan.

**Strategic Prevention Framework County Site Visits:**

In 2009, Prevention Services Branch staff began visiting counties to learn more about county prevention plans and local program services, identify areas of success and challenges the county may be experiencing, and identify areas for which technical assistance and support can be provided. It was ultimately an opportunity for ADP Prevention analysts and county staff to broaden their knowledge of the SPF process, to determine TA needs, and strengthen state-county partnerships. Through this process, ADP Prevention analysts increased their understanding of the local prevention landscape. Site visits were generally used to assist counties with updating or revising their prevention plan; however, some counties also requested assistance with CalOMS Pv reporting and general prevention knowledge.

## *Opportunities for Cross-System Collaboration*

**Prevention and Early Intervention (PEI)**

The Prevention element of the PEI component includes programs and services that are designed to help prevent the development of serious emotional or behavioral disorders and mental illness. Early Intervention is directed toward individuals and families for whom a short-duration (usually less than one year), low-intensity intervention is appropriate to measurably improve a mental health problem or concern very early in its manifestation. By providing early intervention, the need for more extensive mental health treatment or services, or the worsening of a mental health problem, can be avoided. Early intervention may include screening for confirmation of potential mental health needs.

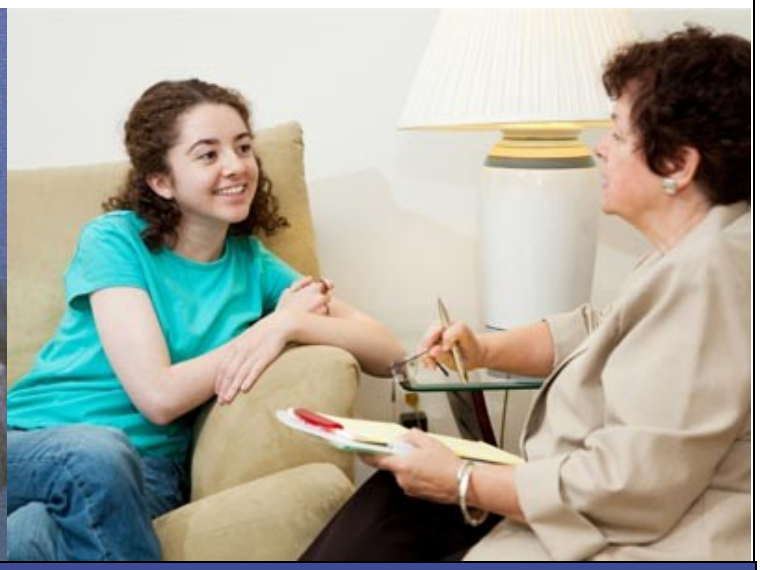
PEI efforts focus on addressing five key community mental health needs and specific priority populations:

- Disparities in Access to Mental Health Services
- Psycho-Social Impact of Trauma
- At-Risk Children, Youth and Young Adult Populations
- Stigma and Discrimination
- Suicide Risk

The Mental Health Services Act (MHSA) represents an approach to develop community-based mental health services and support for the residents of California. The Act addresses a broad continuum of prevention, early intervention and service needs, and the necessary infrastructure, technology and training elements that will effectively support the local mental health system.

Mental Health and AOD prevention providers often provide services using a comprehensive approach that builds overall emotional health by addressing risk factors and supporting protective factors and resilience to prevent mental health and substance use issues. For example, a child who is at risk for juvenile justice involvement or at risk for school failure may benefit from programs such as mentoring, youth development or Student Assistance Programs (SAPs). In addition, some California counties have chosen to integrate AOD and mental health in their strategic planning efforts.

The Department of Alcohol and Drug Programs has developed a planning guide for Prevention and Early Intervention under MHSA located at http://www.dhcs.ca.gov/COD/pdf/PEI_Guide.pdf. This guide is a good resource when developing a comprehensive prevention plan.



## *Understanding the Prevention Mid-Year Budget Process*

Annually, ADP Prevention analysts review county mid-year budgets and work collaboratively with counties and the Fiscal Management and Accountability Branch to address any discrepancies. Below, is the process in which ADP engages to conduct a mid-year budget review:

ADP Process of Review (County budgets & CalOMS Pv data):

- Analyze the Duration of Services by Provider Report;
- Verify each prevention provider identified in the mid-year budget report receiving SAPT dollars is reporting data in CalOMS Pv;
- Verify that each provider reporting CalOMS Pv data has been identified as a SAPT-funded prevention provider in the mid-year budget for the fiscal year;
- Verify that the Service Codes (12-17) identified for each provider as SAPT-funded in the mid-year budget have services reported in CalOMS Pv under the corresponding Center for Substance Abuse Prevention (CSAP) strategies and vice versa. (Note: counties are not required to allocate funds to all six services codes. Funding should match the services actually provided.)

Prevention requires each County to submit a primary prevention mid-year budget via email to the CalOMS Pv help desk (CalOMSPVHelp@dhcs.ca.gov) within the Prevention Services Branch at ADP.

The primary prevention mid-year budget is an estimate that reflects the approximate volume of primary prevention services/activities counties are purchasing to meet their objectives, and that ADP can expect to see in services reported in CalOMS Pv for the fiscal year. Reviewing the mid-year budget allows ample time for ADP to work with counties to ensure reported data supports the funding prior to counties submitting the Year End Cost Report.

**Primary Prevention Mid-Year Budget**
**Fiscal Year 2011-12**

**County Name**

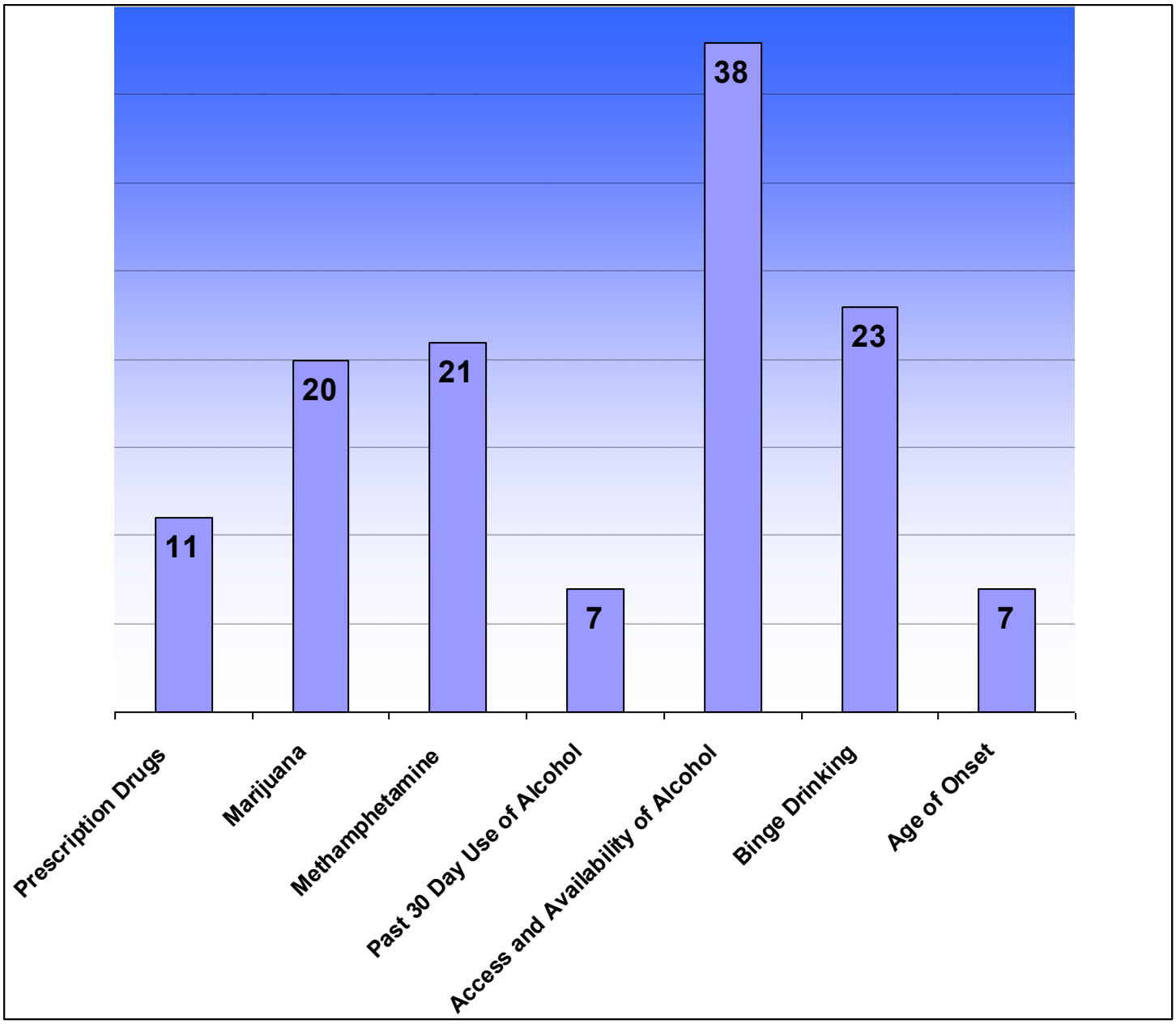
| Provider ID | Provider Name | Service Code | Service Description | Line Item | Line Description | Amount | Total |
|---|---|---|---|---|---|---|---|
| 6 digit ID Number | ABC Prevention Program | 12 | Information Dissemination | 50-11 | SAPT Discretionary - FFY 2011 Award | $1,000 | |
| | | | | 50-12 | SAPT Discretionary - FFY 2012 Award | $1,000 | |
| | | | | 50d-11 | SAPT Primary Prev Set-Aside FFY 2011 Award | $25,000 | |
| | | | | 50d-12 | SAPT Primary Prev Set-Aside FFY 2012 Award | $10,000 | $37,000 |
| | | 13 | Education | 50d-11 | SAPT Primary Prev Set-Aside FFY 2011 Award | $3,000 | |
| | | | | 50d-12 | SAPT Primary Prev Set-Aside FFY 2012 Award | $50,000 | |
| | | | | 80 | Non-County Revenue | $1,500 | $54,500 |
| | | 14 | Alternatives | 50bc-11 | SAPT Friday Night Live/Club Live - FFY 2011 Awa | $2,500 | |
| | | | | 50bc-12 | SAPT Friday Night Live/Club Live - FFY 2012 Awa | $2,500 | |
| | | | | 50-11 | SAPT Discretionary - FFY 2011 Award | $1,500 | $6,500 |
| | | 15 | Problem Identification and Referral | 50d-11 | SAPT Primary Prev Set-Aside FFY 2011 Award | $2,000 | |
| | | | | 50d-12 | SAPT Primary Prev Set-Aside FFY 2012 Award | $3,000 | |
| | | | | 82 | County Fund - Other | $1,000 | |
| | | | | 86 | PC 1463.25 (SB 920) and HS 11372.7 (SB 921) | $1,500 | $7,500 |
| | | 16 | Community-Based Process | 50d-11 | SAPT Primary Prev Set-Aside FFY 2011 Award | $25,000 | |
| | | | | 50d-12 | SAPT Primary Prev Set-Aside FFY 2012 Award | $15,000 | |
| | | | | 82 | County Fund - Other | $5,000 | $45,000 |
| | | 17 | Environmental | 50d-11 | SAPT Primary Prev Set-Aside FFY 2011 Award | $15,000 | |
| | | | | 50d-12 | SAPT Primary Prev Set-Aside FFY 2012 Award | $20,000 | $35,000 |
| | | | | | | Provider Total | $185,500 |

**** This is just an example. Counties are not required to fund all of the Prevention Service Codes.*

Example

## *Strategic Plan Keyword Analysis*

An analysis was conducted of the county plans submitted in 2009. Of the 57 counties (Sutter and Yuba counties report as one county), 38 identified Access and Availability of Alcohol as a priority, 23 identified Binge Drinking as a priority and 7 counties identified Age of Onset or Past 30 Day Use of Alcohol as a priority. In terms of substances other than alcohol, 21 identified priorities that address methamphetamine, 20 identified marijuana and 11 identified prescription drugs. Refer to chart below for details.




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:

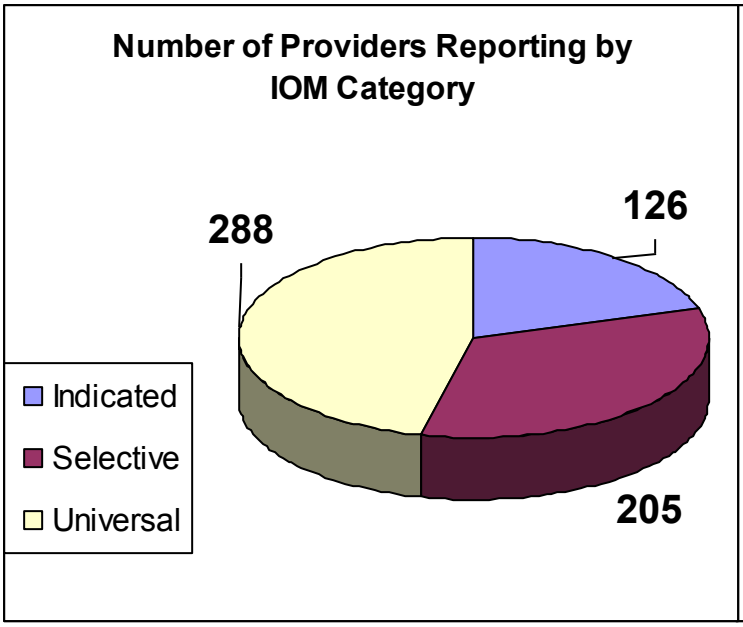
- **Universal:** The entire population shares the same general risk for substance abuse. The goal of delivering services to a universal audience is to prevent, reduce, or delay substance abuse. Examples of services/ activities that may target this audience are the dissemination of printed materials, 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.

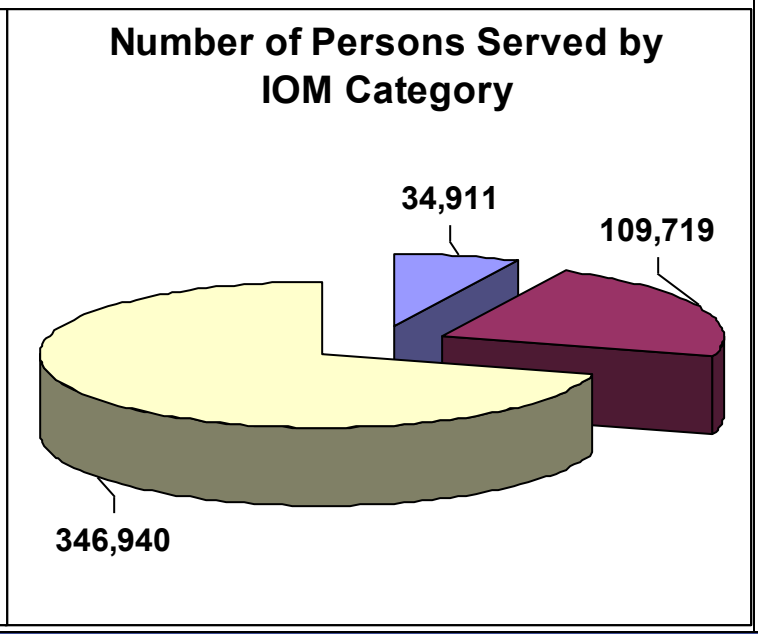
- **Selective:** Subsets of the population considered to be at risk for substance abuse. The goal of delivering services to a selective audience is to address subsets of the population who share a higher than average risk for substance abuse compared to the entire population (e.g., children of alcoholics, school drop-outs, students who are failing academically). Examples of services/activities that may target 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 signs 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 that may target 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 2009-10, a total of 491,570 individuals were served 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 people served. (Note: Providers that reported services in more than one IOM category will be counted in each category reported. The Number of Persons served by IOM Category represents a unique number of individuals.)



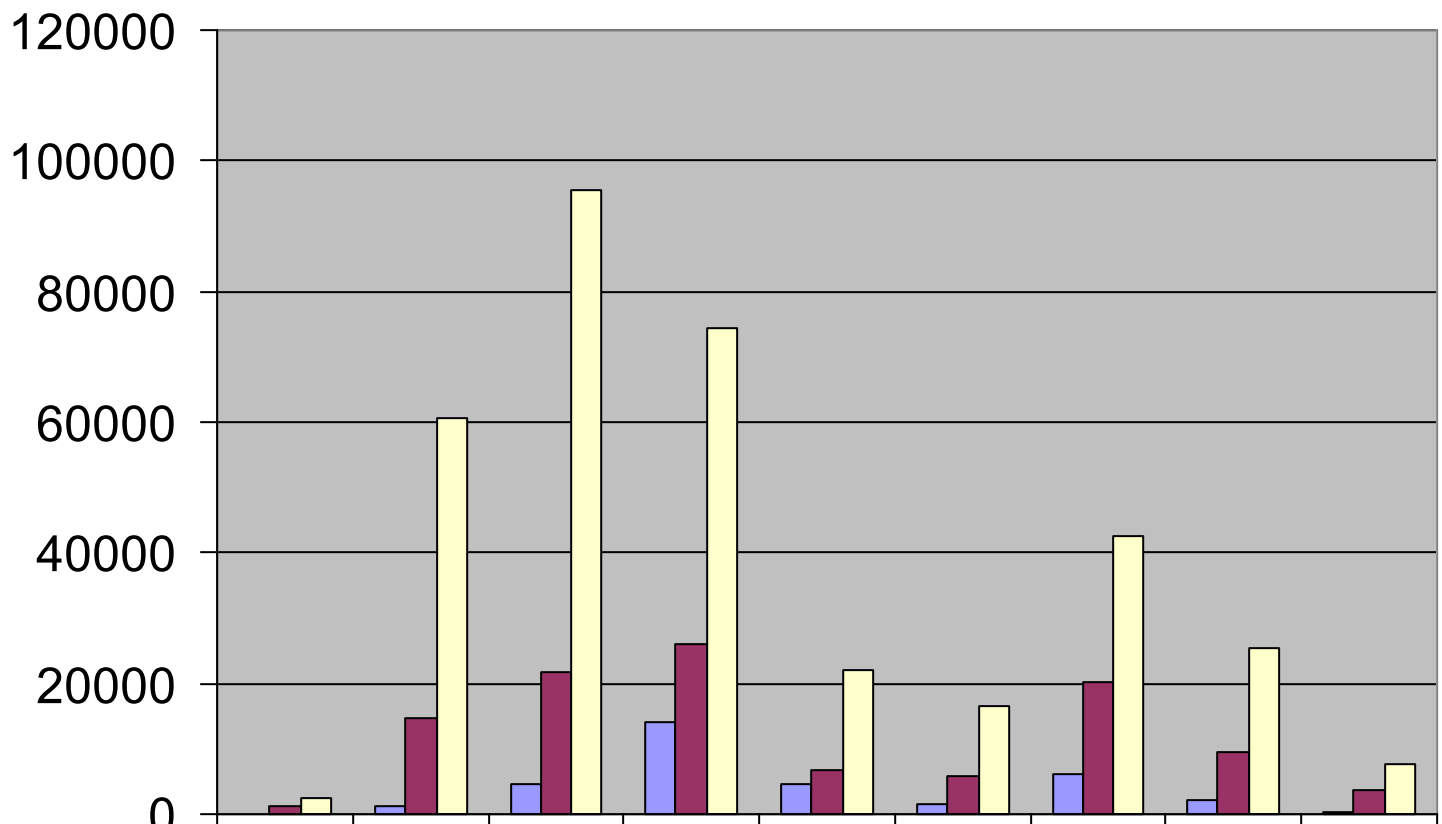



**Number of Persons Served by Age by IOM Category**

Primary prevention services were provided to 491,570 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:***

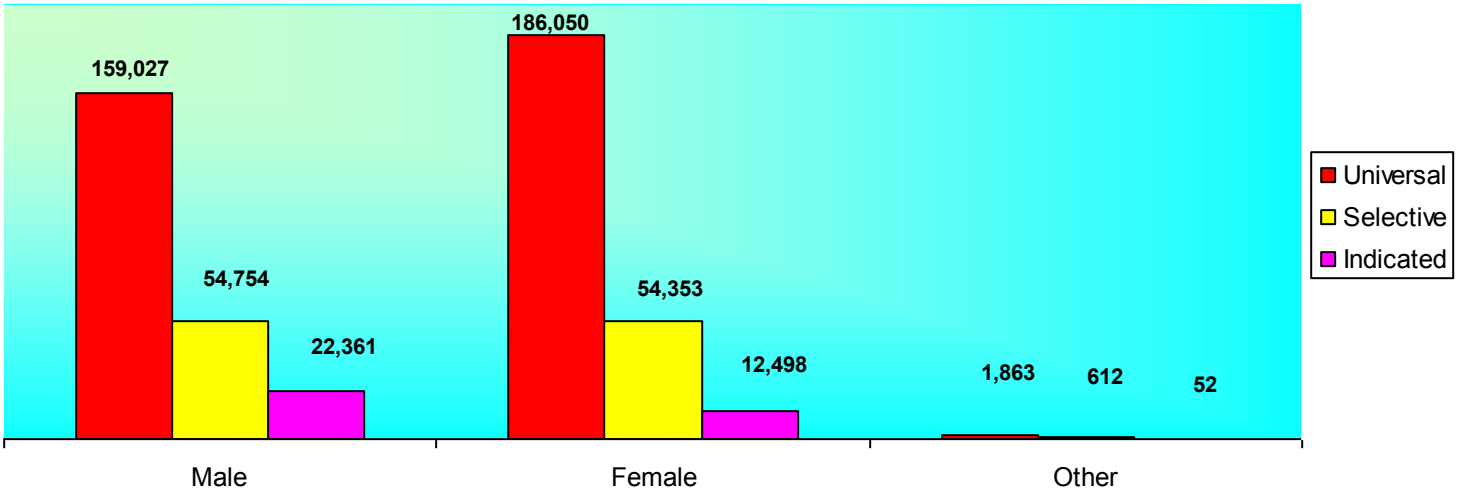
For the Universal IOM category, the largest number of individuals served fell into the 12 to 14-year-old age group. For the Selected and Indicated categories, the 15 to 17-year-olds were the largest age group. (Note: Demographic data is not collected for services that fall within the Information Dissemination strategy, and a majority of the Environmental strategy.)




| | Under 5 | 5 to 11 | 12 to 14 | 15 to 17 | 18 to 20 | 21 to 25 | 26 to 44 | 45 to 64 | over 65 |
|---|---|---|---|---|---|---|---|---|---|
| Indicated | 56 | 1182 | 4,643 | 14,130 | 4,610 | 1,460 | 6,259 | 2,238 | 333 |
| Selective | 1170 | 14,815 | 21,710 | 25,892 | 6,808 | 5,789 | 20,357 | 9,458 | 3,720 |
| Universal | 2,374 | 60,549 | 95,424 | 74,463 | 21,912 | 16,560 | 42,635 | 25,512 | 7,509 |

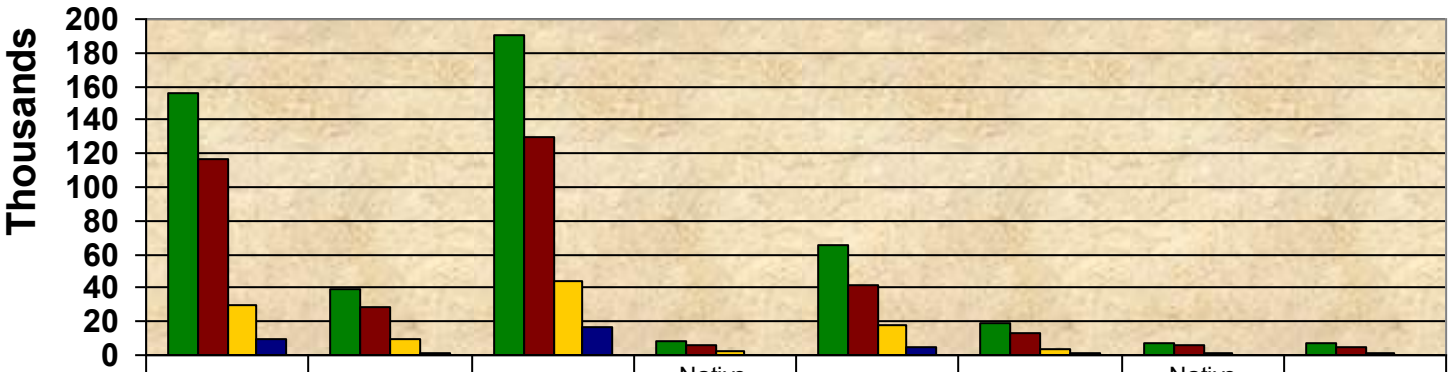
***Gender:***

Out of the total population receiving services, more females fell under the universal category and more males fell under the selective and indicated categories. (Note: "Other" is reported as individuals who did not identify as either male or female.




***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.




| | White Not Hispanic | Asian American | Hispanic/ Latino | Native American/ Alaska Native | African American | Multiracial/ Ethnic | Native Hawaiian/ Pacific | Other |
|---|---|---|---|---|---|---|---|---|
| Total | 155,821 | 38,983 | 190,880 | 8,109 | 64,989 | 18,779 | 7,013 | 6,995 |
| Universal | 116,545 | 28,359 | 129,786 | 6,064 | 41,842 | 13,660 | 5,482 | 5,202 |
| Selective | 30,259 | 8,994 | 44,152 | 1,844 | 18,169 | 3,862 | 1,154 | 1,285 |
| Indicated | 9,017 | 1,630 | 16,942 | 201 | 4,978 | 1,257 | 377 | 508 |

## *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 developed by CSAP. Each strategy is associated with services the providers deliver and then 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.

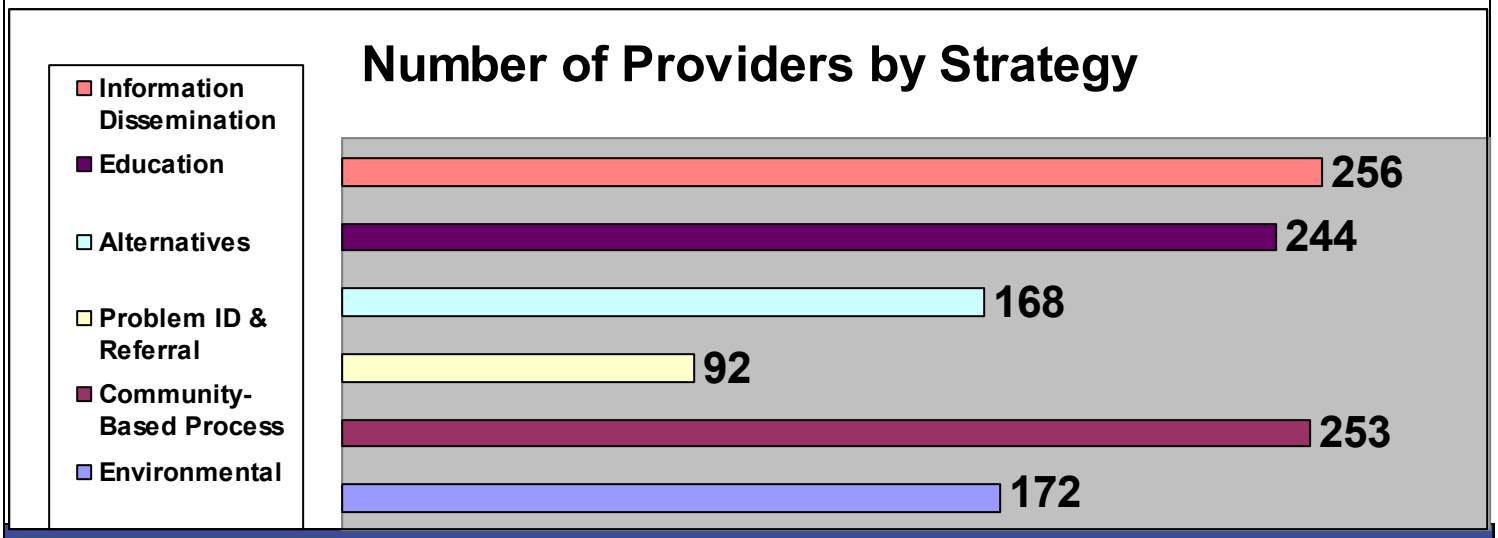
- **Alternatives** provide opportunities to participate in activities that exclude substance use. Activities must contain an AOD component and provide for youth leadership opportunities. In addition, ADP provides infrastructure for statewide Friday Night Live (high school), Club Live (middle school), and Friday Night Live Kids (elementary school) youth activities, such as alcohol and drug-free recreation activities and youth/adult leadership activities.

- **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.

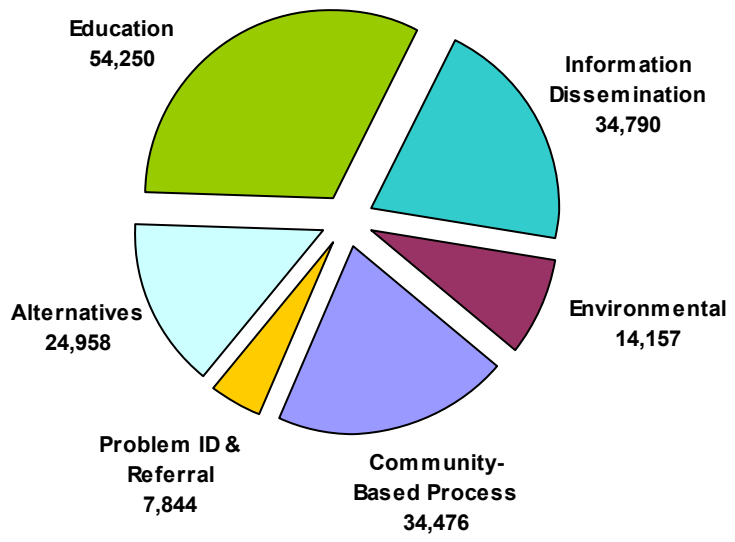
- **Community-Based Process** aims to enhance the ability of the community to more effectively provide prevention services for substance abuse disorders. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of services implemented, interagency collaboration, 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.

(Note: Providers reporting more than one strategy will be counted under each strategy.)



A total of 170,475 services were reported in CalOMS Pv in FY 2009-2010. Services that fell in the Education strategy accounted for 54,250, or 32%, 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.




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).

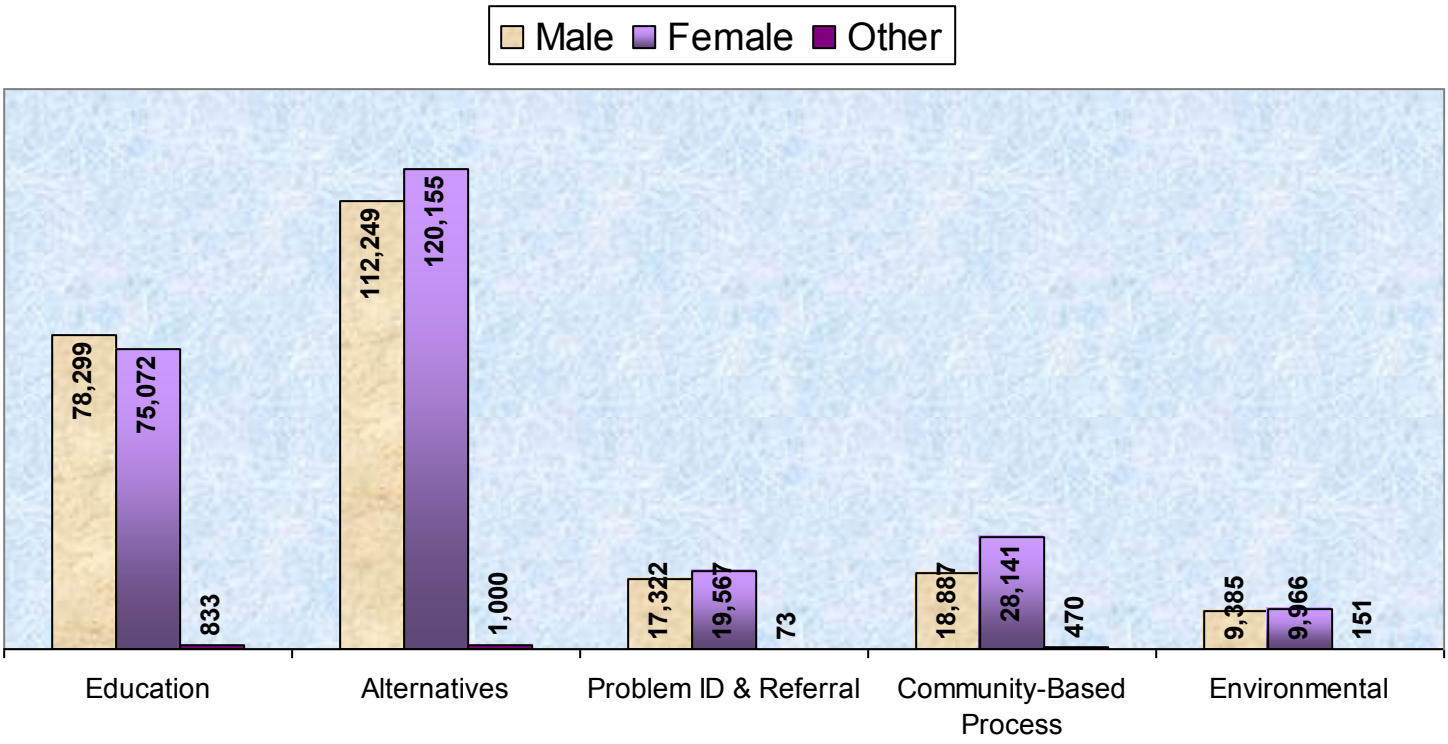
***Age by CSAP Strategy:***

Out of 491,570 individuals served, 12 to 17-year-olds received by far the highest number of services in both the Education and Alternatives strategies, with a total of 205,576 individuals receiving services under these two strategies combined. Interestingly, a total of 19,839 individuals between 26 to 64-years-old reported receiving services under the Community-Based Process strategy. This strategy includes multi-agency coordination/collaboration, and is frequently used by AOD county and provider staff. (Note: All services under Information Dissemination, most under Environmental, and some under Community-Based Process 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 | 1,124 | 17,909 | 31,330 | 39,976 | 10,218 | 6,559 | 27,742 | 13,347 | 5,999 | **154,204** |
| Alternatives | 992 | 51,213 | 77,619 | 56,651 | 14,627 | 6,832 | 14,648 | 9,047 | 1,775 | **233,404** |
| Problem ID & Referral | 264 | 5,010 | 5,782 | 6,341 | 1,618 | 2,305 | 8,916 | 4,218 | 2,508 | **36,962** |
| Community-Based Process | 1,154 | 2,055 | 5,505 | 6,956 | 5,039 | 5,982 | 12,208 | 7,631 | 968 | **47,498** |
| Environmental | 66 | 359 | 1,541 | 4,561 | 1,828 | 2,131 | 5,737 | 2,965 | 314 | **19,502** |
| **Totals** | **3,600** | **76,546** | **121,777** | **114,485** | **33,330** | **23,809** | **69,251** | **37,208** | **11,564** | **491,570** |

***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" is reported as individuals who did not identify as either male or female.




***Race/ Ethnicity:***

According to the data reported in CalOMS Pv, the most widely served group of individuals identified as Hispanic/Latino (190,880), with White Not Hispanic second (155,821). 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 |
|---|---|---|---|---|---|---|---|---|
| **Education** | 45,477 | 11,202 | 69,077 | 1,282 | 18,316 | 5,601 | 1,253 | 1,996 |
| **Alternatives** | 67,281 | 21,621 | 86,407 | 6,222 | 35,669 | 9,422 | 4,342 | 2,440 |
| **Problem ID & Referral** | 13,187 | 1,846 | 14,383 | 349 | 4,254 | 1,765 | 489 | 688 |
| **Community-Based Process** | 22,603 | 3,111 | 14,263 | 220 | 4,330 | 1,199 | 598 | 1,174 |
| **Environmental** | 7,273 | 1,203 | 6,750 | 36 | 2,420 | 792 | 331 | 697 |
| **Totals** | **155,821** | **38,983** | **190,880** | **8,109** | **64,989** | **18,779** | **7,013** | **6,995** |

## *Prevention Service Populations*

The populations that are served by AOD prevention in California are grouped into 42 specific populations. The chart below indicates the greatest number of providers that have delivered services for specific populations within a specific strategy (more than one category can be selected for a single service). High school students, parents/families, and youth/minors are the top three service populations being served by the greatest number of providers statewide.

It is interesting to note that 158 providers engaged high school students, 142 engaged middle school students, and 161 engaged parents/families in Community-Based Process activities; and 104 engaged high school students, 74 engaged middle school students, and 98 engaged parents/families in Environmental activities. This reflects a significant number of providers using their SAPT funds to engage youth and parents in their community efforts. Engaging youth in community efforts can help prepare them for adulthood, give voice to their concerns, and may help prevent age of onset.

### Service Population by Strategy and Number of Providers

| | Information Dissemination | Education | Alternatives | Problem ID & Referral | Community Based Process | Environmental | Totals |
|---|---|---|---|---|---|---|---|
| High School Students | 184 | 160 | 127 | 43 | 158 | 104 | **776** |
| Parents/Families | 183 | 133 | 94 | 40 | 161 | 98 | **709** |
| Youth/Minors | 163 | 131 | 103 | 47 | 143 | 94 | **681** |
| Middle/Jr High School Students | 157 | 153 | 107 | 45 | 142 | 74 | **678** |
| Economically Disadvantaged | 90 | 86 | 61 | 33 | 73 | 42 | **385** |
| College Students | 104 | 40 | 34 | 11 | 93 | 54 | **336** |
| Older Adults | 91 | 53 | 42 | 16 | 86 | 40 | **328** |
| Persons Using Substances | 67 | 90 | 43 | 40 | 54 | 25 | **319** |
| Elementary School Students | 76 | 68 | 62 | 9 | 61 | 28 | **304** |
| Women & Children | 80 | 39 | 38 | 14 | 67 | 33 | **271** |

## *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 top prevention service locations by strategy.

| 1. Information Dissemination | |
|---|---|
| **Service Location** | **Providers Reporting Services** |
| School Site - High School | 154 |
| Community/Drop-In Center | 114 |
| School Site - Middle School | 113 |
| Community At Large | 112 |
| Park | 96 |
| Conference/Convention | 80 |

| 2. Education | |
|---|---|
| **Service Location** | **Providers Reporting Services** |
| School Site - High School | 121 |
| School Site - Middle School | 106 |
| Community/Drop-In Center | 73 |
| School Site - Elementary | 62 |
| School Site - Alternative/ Continuation | 49 |
| Church/Faith Center | 39 |

| 3. Alternatives | |
|---|---|
| **Service Location** | **Providers Reporting Services** |
| School Site - High School | 87 |
| Recreational Activity Site | 69 |
| School Site - Middle School | 66 |
| Park | 62 |
| Community/Drop-In Center | 62 |
| Community At Large | 56 |

| 4. Problem ID & Referral | |
|---|---|
| **Service Location** | **Providers Reporting Services** |
| School Site - High School | 23 |
| School Site - Middle School | 18 |
| Community/Drop-In Center | 13 |
| Correctional Facility - Youth | 11 |
| Work Place | 8 |
| Community At Large | 7 |

| 5. Community-Based Process | |
|---|---|
| **Service Location** | **Providers Reporting Services** |
| School Site - High School | 143 |
| Community/Drop-In Center | 133 |
| Community At Large | 113 |
| Work Place | 108 |
| School Site - Middle School | 103 |
| Restaurant | 87 |

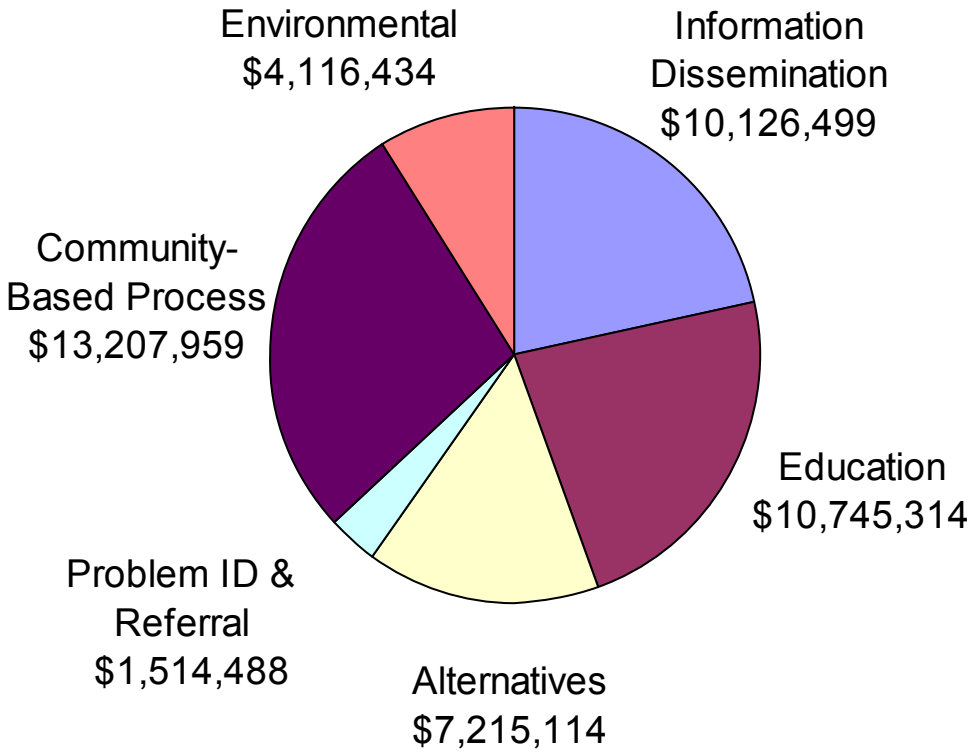
| 6. Environmental | |
|---|---|
| **Service Location** | **Providers Reporting Services** |
| School Site - High School | 79 |
| Community At Large | 77 |
| Community/Drop-In Center | 61 |
| Work Place | 49 |
| Restaurant | 37 |
| Recreational Activity Site | 33 |

## *Funding Prevention Services*

In addition to the $47+ million SAPT Block Grant Primary Prevention 20% Set-Aside funds allocated to the field, 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.

In FY 2009-10, $47,075,042 of SAPT Block Grant funds were spent on primary prevention services. The largest portions of the funds were spent on services within the Community-Based Process and Education strategies. (Note: The diagram below does not include $149,234 that was allocated to Service Code 11, "Other" primary prevention.)

# FY 2009/10 SAPT Funding by Strategy



## *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.

| | |
|---|---|
| **Duration of Service by Provider** | Displays the duration of hours for all reported services/activities by provider site. The details include: provider name, strategy and service delivery, service frequency, duration (hours, days, weeks), average (hours, days, weeks), and provider total. |
| **Goal and Objective Progress Reports** | 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. |
| **Prevention Activities Report of Location by Strategy** | Displays the number of providers that reported services for each location by strategy. The details include: provider, service location, strategy, and totals. |
| **Prevention Activities Report of Race/Ethnicity per Service** | Displays a count of race/ethnicity for all demographic reported services by strategy and service delivery. The details include: provider, strategy and service delivery, number of providers, total served, demographics by race/ethnicity and total by strategy. It also includes a grand total. |
| **Providers Reporting and Not Reporting Services** | Monitoring tool to assess adherence with reporting requirements. |
| **Service Review Report** | 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. |
| **Prevention Activities Report of Service Population by Strategy** | Displays the number of providers that reported services for each service population by strategy. The details include: provider, service population, strategy, and totals. |
| **Program Report** | Displays descriptions of all local innovative/other and evidence-based programs by provider. The details of the report include: provider, program type, program name, description, status, number of sessions, and funding sources. |

**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, or contact the CalOMS Pv Help Desk at (916) 552-8933 or CalOMSPvHelp@dhcs.ca.gov

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