

# **SUBSTANCE USE BLOCK GRANT PRIMARY PREVENTION DATA QUALITY STANDARDS AND DEFINITIONS**

**Prevention Outcomes and Reporting Unit**

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This version supersedes prior versions.

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# CHAPTER 1: PURPOSE

The purpose of this document is to identify and define data standards for counties and sub-contractors that receive Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG) substance use disorder (SUD) primary prevention set-aside funds. The outcome is for the Department of Health Care Services (DHCS) to report complete and accurate data to the federal funding agency, Substance Abuse and Mental Health Services Administration (SAMHSA). DHCS utilizes prevention data for SAMHSA's annual SUBG report and application as well as other national, state, and local data requests. To meet the DHCS data quality standards, the following chapters are important to understand:

**Chapter 2: Data Quality Standards** – DHCS authors the data quality standards that are exclusive to the data collection platform DHCS utilizes to collect SUD primary prevention data.

**Chapter 3: Primary Prevention Strategies** – Primary prevention strategies derive from the Code of Federal Regulations (CFR)<sup>1</sup>. DHCS develops service activity descriptions which are subject to change based on federal/state requirements and/or state needs.

**Chapter 4: Institute of Medicine (IOM) Categories** – IOM Categories derive from SAMHSA guidance.

**Chapter 5: Demographics** – DHCS develops demographic criteria based on federal guidance and DHCS' progression of data collection needs.

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<sup>1</sup> United State Code (USC), Title 42, Chapter 6A, Subchapter XVII, Part B, Subpart ii, commencing with Section 300x-21, Block Grants for Prevention and Treatment of Substance Abuse. [CFR-2021-title45-vol1-sec96-125.pdf \(govinfo.gov\)](https://www.govinfo.gov/links/cfr/2021-title45-vol1-sec96-125.pdf)

The data DHCS collects from counties responds to the following SUBG reporting tables:

<b>SUBG Table</b>	<b>Data Indicator</b>
5a SUBG Primary Prevention Expenditures	IOM Category and Primary Prevention Strategies
5b SUBG Primary Prevention Targeted Priorities	Priority Areas (substances) and Target Populations
6 Categories for Expenditures for System Development/Non-Direct-Services	Community-Based Process
9 Prevention Strategy Report	At-Risk Sub-populations and Primary Prevention Strategies
31 Primary Substance Use Disorder Prevention Individual-Based Programs and Strategies – Number of Persons Served by Age, Gender, Race, and Ethnicity	Demographics for Alternatives, Education, and Problem Identification and Referral programs/services
32 Primary Substance Use Disorder Prevention Population-Based Programs and Strategies— Number of Persons Served by Age, Gender, Race, and Ethnicity	Demographics for Environmental program/services
33 Primary Substance Use Disorder Prevention Number of Persons Served by Type of Intervention	Population County by IOM Category
34 Primary Substance Use Disorder Prevention Evidence-Based Programs and Strategies by Type of Intervention	Evidence-based Status, IOM Category
35 Total Primary Substance Use Disorder Prevention Number of Evidence-Based Programs/Strategies and Total SUBG Dollars Spent on Primary Substance Use Disorder Prevention Evidence-Based Programs/Strategies	Evidence-based Status, IOM Category, Expenditures

## CHAPTER 2: DATA QUALITY STANDARDS<sup>2</sup>

To ensure data integrity, DHCS commits to data that is valid, timely, accurate, unique, thorough, and auditable.

A recorded training session, held in June 2024, provides a comprehensive overview of the Data Quality Standards essential for ensuring the accuracy and integrity of our data. To access the full training, please visit the following: Data Quality Standards 2024 recorded training

1. **Prevention data is valid.** SUBG primary prevention funds must be spent on primary prevention services which adhere to federal and state requirements.
  - a. Federal Requirements (45 CFR 96.121)
    - i. SUBG Primary Prevention Set-Aside funded programs are those directed at individuals who have not been determined to require treatment for an SUD. SUBG Primary Prevention does not include the following services: SUD treatment, recovery, relapse prevention, early intervention, secondary/tertiary prevention, mental health, primary care, or tobacco cessation.
      1. Primary prevention funds may NOT be used for enforcement of alcohol, tobacco, or drug laws. It may be used to provide technical assistance and education to maximize enforcement. (SAMHSA)<sup>3</sup>
    - ii. Counties shall implement “comprehensive primary prevention” using “a variety of strategies, as appropriate for each target group, including but not limited to the following:” Alternatives, Community-Based Process, Education, Problem Identification and Referral, Environmental, and Information Dissemination. Refer to Chapter 2 for primary prevention strategy definitions.

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<sup>2</sup> Mikhailouskaya, I. (2020, March 23). *Your Guide to Data Quality Management*. Science Soft. <https://www.scnsoft.com/blog/guide-to-data-quality-management>

Thatipamula, S. (2020, October 14). *Data Done Right: 6 Dimensions of Data Quality*. Smartbridge. <https://smartbridge.com/data-done-right-6-dimensions-of-data-quality/>

<sup>3</sup> Substance Abuse and Mental Health Services Administration. (2015). SUBG Requirements, Mandatory SUBG Allocations, Administration, and Public Comment. [PowerPoint Course]. <https://www.samhsa.gov/grants/block-grants/SUBG/primary-prevention-course>

- iii. Allocate a minimum of 20% of SUBG funding on primary prevention, also referred to as the primary prevention set-aside.
- b. State Requirements: DHCS SUBG Contract

Counties and sub-contractors shall:

- i. Enter required data into the data entry system.
- ii. Refer to DHCS support documents for data entry and data review requirements.
- iii. Allocate an additional 5% to the federal requirement of 20% totaling a minimum 25% allocation toward the primary prevention set-aside.

2. **Prevention data is timely.** Data entry adheres to deadlines.

Counties and sub-contractors shall:

- a. Enter data by the 10th of the following month.
- b. Request deadline extensions for data entry in writing to the DHCS analyst ten days prior to the established due date.

3. **Prevention data is accurate.** The following program/service classifications must be correct: primary prevention strategy, IOM category, and Evidence-based status.

Counties and sub-contractors shall:

- a. Classify programs/services with the correct primary prevention strategy. Refer to Chapter 3 for primary prevention strategy and service activity definitions. Refer to Chapter 5 for demographic reporting guidance and calculations.
  - i. Individual-based programs/services reporting demographics shall utilize the following primary prevention strategies: Alternatives, Education, or Problem Identification and Referral.
  - ii. Population-based programs/services not reporting demographics shall utilize the following primary prevention strategies: Information Dissemination and Community-Based Process.
  - iii. Population-based program/services reporting demographics shall utilize the Environmental strategy upon policy/ordinance enactment.
- b. Classify programs/services with the correct IOM category. Refer to Chapter 4 for IOM category definitions.
  - i. Individual-based programs/services shall utilize the following IOM categories: Universal Direct, Selective, or Indicated.

- ii. Population-based programs/services shall utilize the following IOM category: Universal Indirect.
    - c. Identify Evidence-based program programs.
      - i. DHCS accepts programs/services from the retired National Registry of Evidence-based Programs and Practices (NREPP) list and other Evidence-based registration lists.
        - 1. Counties must provide registration links to justify Evidence-based status.
4. **Prevention data is unique.** Users will enter non-duplicated service activity times and demographics.
- Counties and sub-contractors shall:
- a. Enter unduplicated hours under the correct program.
    - i. The service duration accounts for the time of the actual service; not the cumulative hours staff attend the service.
      - 1. Example 1: If John, Joe, and Jane attend a meeting that is two (2) hours, then the duration time reported is two (2), NOT six (6). Counties and sub-contractors will report meetings, where service recipients are not present as Community-Based Process, non-demographic.
      - 2. Example 2: John, Joe, and Jane receive an assignment to research binge drinking for a presentation. John completes his research in two (2) hours, Joe in five (5) hours, and Jane in three (3). The duration of time reported is 10 hours under presentations because each staff completed this task individually. When the three staff present to parents for a 60-minute presentation, the duration of time reported is 60 minutes. Counties and subcontractors will report the research time and presentation time as Information Dissemination, non-demographic.
  - b. Enter unduplicated demographics under the correct direct service program.
    - i. Record the demographics of a unique single participant once per program to avoid duplicate counting. Counties and subcontractors must count a participant even if they attend only one service activity from a multi-session program.
5. **Prevention data is thorough.** The data follows the required format and structure. Counties and sub-contractors shall:

- a. Set up programs with accurate program names and descriptions.
    - i. Most Education and Alternatives strategies have a specific program name that participants recognize. Sometimes a program does not have a specific name and is recognized by the service. This is often the case with Problem Identification and Referral services or Environmental efforts/programs. In this case, use the title that program staff, specifically staff entering data, will recognize.
    - ii. Program descriptions shall include a brief program definition and may include the number of sessions, length of sessions, how many times the agency will offer the program for the current fiscal year, and identification of focus populations.
      - 1. For Evidence-based programs, use the program description provided in the referenced registry.
  - b. Avoid entering proper names or other personal identifying information.
  - c. Spell out acronyms in narrative fields.
  - d. Program data will be entered by site/location.
6. **Prevention data is auditable.** The data is accessible for review and edits. Counties and sub-contractors shall:
- a. Have a trackable identification number referred to as the Master Provider File (MPF) identification number.
    - i. Counties that need to edit their MPF contact information or request an MPF identification number for a new provider shall contact their DHCS analyst for guidance.
  - b. Maintain internal policy and procedural documentation for the county and subcontractors for DHCS requests and audits.
  - c. Adhere to the Health Insurance Portability and Accountability Act of 1996<sup>4</sup> to protect sensitive individual health information. intro.

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<sup>4</sup> U.S. Department of Health and Human Services. Health Information Privacy. [HIPAA Home | HHS.gov](https://www.hhs.gov/hipaa)

## CHAPTER 3: PRIMARY PREVENTION STRATEGIES

DHCS has broadened service activities and definitions to be inclusive of the extensive SUD primary prevention scope of work. Each strategy will indicate the CFR definition as well as DHCS's broadened definition and related service activities. Prevention service activities must be primarily SUD prevention centered but may secondarily highlight risk factors that contribute to SUD. Primary prevention service activities may occur in a variety of settings including schools, governmental agencies, community-based organizations, and health and well-being centers.

### Information Dissemination

*CFR defines Information Dissemination as:*

This strategy provides awareness and knowledge of the nature and extent of alcohol, tobacco and drug use, abuse and addiction and their effects on individuals, families, and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two.

Examples of activities conducted, and methods used for this strategy include (but are not limited to) the following: (i) Clearinghouse/information resource center(s); (ii) Resource directories; (iii) Media campaigns; (iv) Brochures; (v) Radio/TV public service announcements; (vi) Speaking engagements; (vii) Health fairs/health promotion; and (viii) Information lines.

NOTE: The development of information dissemination materials includes preparatory research to complete the assignment.

*DHCS's broadened service activities and definitions includes the following:*

#### **Information Dissemination service activities include, but are not limited to:**

- **Community/School Outreach Events:** Attending community and school events where the primary task is to disseminate primary prevention information and/or promote health and well-being center. Examples: health fairs, social community events, health promotion events, conferences, community forums, school rallies, school/community assemblies, town halls
- **Internet/Website Development and Maintenance:** Development and maintenance of internet websites through which primary prevention information will be accessible and available to the public. Examples: departmental, agency, and subject matter websites

- **Multi-media:** Development and dissemination of original audio and/or visual media, including social media, through which primary prevention information will be distributed and available to the public. Multi-media development indicates that the media is non-existent, and the creation of the media is original and unique. Examples: audio formats, announcements, broadcasts, newsletters, photography, PowerPoint presentations, public service announcements, radio announcements, video tapes, social media formats, campaigns, blogs, and podcasts
- **Presentations:** An informational SUD primary prevention presentation that consists of one-way communication to an audience. A speaking presentation under information dissemination does not provide opportunities for participant engagement. “Question and answer” at the end of a presentation does not qualify as participant engagement. Examples: assemblies, rallies, speaking panels, program recruitment, speeches, talks, news conferences, briefings, webcasts, assembly presentations, hearings, testimonials
- **Printed Materials:** Development and dissemination of original printed material through which primary prevention information will be distributed and available to the public. Printed material development indicates that the material is non-existent, and the creation of the material is original and unique. Examples: brochures, fact sheets, flyers, newsletters, pamphlets, posters, bulletin boards, resource directories
- **Resource and Information Services:** A central location where the collection, classification, or distribution of primary prevention multi-media is one of the primary services. Examples: hotlines, resource centers, resource hubs, clearinghouse, resource libraries

## Education

*CFR defines Education as:*

This strategy involves two-way communication and is distinguished from the Information Dissemination strategy by the fact that interaction between the educator/facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g. of media messages) and systematic judgment abilities. Examples of activities conducted, and methods used for this strategy include (but are not limited to) the following: Classroom and/or small group sessions (all ages); Parenting and family management classes; Peer leader/helper programs; Education programs for youth groups; and Children of substance abusers’ groups.

### ***DHCS Excerpt: Explanation of Education Efforts***

Prevention service activities must be primarily SUD prevention centered, but may secondarily, highlight risk factors that contribute to SUD. Primary prevention service activities may occur in a variety of settings including schools, governmental agencies, community-based organizations, and health and well-being centers.

*DHCS's broadened service activities and definitions includes the following:*

#### **Education service activities include, but are not limited to**

- **Community/School Educational Services:** Structured primary prevention curriculum, lessons, seminars, interactive meetings, or workshops for individuals and groups that occur in the community or academic settings. Examples: Too Good for Drugs, Botvin Life Skills Training, Project Success, tutoring, SUD educational-based theatrical groups
- **Mentoring:** A formal, defined partnership between an adult mentor and mentee (individual or group) providing both with opportunities to share talents, skills, experiences, and expertise as part of an educational process that considers cultural, global, and systemic reform approaches to build individual capacity. Mentoring is a reciprocal approach whereas the mentor provides guidance, feedback, and/or advice to support mutually agreed upon goals promoting whole person health. Mentorship goals may contribute to the mentee's personal, academic, and/or professional progress, growth, and development.  
NOTE: Clinical interventions and infrequent educational interactions with participants are not considered mentoring.
- **Parenting/Family Management Services:** Structured classes, meetings, and programs intended to assist parents/guardians in their role as caregivers. Such services can take many different forms depending on the strengths and needs of the family, but the overarching goal is to help parents/guardians enhance skills and resolve problems to promote optimal child development, health, and well-being.<sup>5</sup> Examples: parenting and family management classes, Strengthening Families, parent groups
- **Peer Leader/Helper Programs:** Structured services/programs where students, typically within a school or university environment, take on leadership roles to

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<sup>5</sup> U.S. Department of Health and Human Services. Child Welfare Information Gateway. *Family Support Services*. [Family Support Services - Child Welfare Information Gateway](#)

support their peers. These programs are designed to foster collaboration and personal growth by providing mentoring, tutoring, guidance, and non-clinical emotional or social support. Peer leaders help fellow students navigate academic challenges, promote positive behavior, and facilitate group activities, while also developing important skills such as leadership, communication, and empathy. These programs aim to create a supportive and inclusive community within the school setting. Examples: peer mentoring, peer tutoring, peer-resistance development, peer support activities

## Alternatives

*CFR defines Alternatives as:*

This strategy provides for the participation of target populations in activities that exclude alcohol, tobacco, and other drug use. The assumption is that constructive and healthy activities offset the attraction to, or otherwise meet the needs usually filled by alcohol, tobacco and other drugs and would, therefore, minimize or obviate resort to the latter.

Examples of activities conducted, and methods used for this strategy include (but are not limited to) the following: (i) Drug-free dances and parties; (ii) Youth/adult leadership activities; (iii) Community drop-in centers; and (iv) Community service activities.

*DHCS's broadened service activities and definitions includes the following:*

### **Alternatives service activities include, but are not limited to**

- **Community Service Activities:** Unpaid work performed by a person or group of people for the benefit and betterment of their community without t any form of compensation. It is distinct from volunteering since it is not always performed on a voluntary basis. Examples: community clean-up activities, beautification projects, repair or rebuild community landmarks or structures, voluntary work intended to help other people
- **Social/Recreational Activities:** Services/activities that demonstrate individuals can be in a safe space and have a good time without using substances. Examples: cultural/faith-based school/community events, community drop-in centers, team building activities i.e. indoor/outdoor sports programs, summer camp, drug-free dances/parties i.e. sober graduation/prom, theatrical groups (skits/plays/cultural performances)
- **Youth-Adult Leadership Activities:** Services/activities where youth and adults work collaboratively toward a common goal. Examples: youth-led groups, Friday

Night Live programs, youth development programs, skill building programs, youth/ally recognition events, youth-led coalition meetings

## **Problem Identification and Referral**

*CFR defines Problem Identification and Referral as:*

This strategy aims at identification of 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 to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if a person needs treatment.

Examples of activities conducted, and methods used for this strategy include (but are not limited to) the following: (i) Employee assistance programs; (ii) Student assistance programs; and (iii) Driving while under the influence/driving while intoxicated education programs.

NOTE: The following activities are not intended to diagnose addiction disorders or to determine an individual's need for treatment.

*DHCS's broadened service activities and definitions includes the following:*

### **Problem Identification and Referral service activities include, but are not limited to**

- **Brief Intervention:** A person-centered non-clinical problem identification service facilitated by a trained prevention professional that includes a series of short, structured, and personalized conversations with an individual to engage the individual with their own comprehension of current substance use challenges or risk behaviors that may lead to substance use. Brief intervention focuses on educating about the risks and consequences of substance use, reversing unhealthy behaviors, promoting positive choices, and learning coping skills. Primary elements of brief intervention include feedback, responsibility, advice, goal setting, empathy, and self-efficacy<sup>6</sup>. Brief Intervention is not focused on diagnosing addiction or determining the need for treatment, but rather on providing brief education, addressing misconceptions, and motivating individuals to reflect on their substance use patterns. The goal is to prevent the initiation of

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<sup>6</sup> The Social Work Graduate. (2021, August). *Brief Intervention*. [Brief Intervention \(thesocialworkgraduate.com\)](https://thesocialworkgraduate.com)

problematic use or to intervene before any harmful consequences develop. Brief Intervention may conclude with a referral to a selective or indicated prevention educational program. Brief intervention programs vary but may include the following components: motivational interviewing techniques, strength development, parent/guardian/family involvement, screening, and stages of change theory.

NOTE: Brief Intervention service implementation must adhere to the allowable use of SUBG primary prevention.

- **Prevention Screening and Referral Services:** Prevention screening aims to determine the most suitable non-clinical substance use primary prevention program that will address an individual's level of need. The outcome of a prevention screening will either place an individual in an internal selective or indicated primary prevention education program or refer an individual to an external selective or indicated primary prevention education program. Examples: Brief Screener for Tobacco, Alcohol, and other Drugs (BSTAD), Referral to employee assistance programs

NOTE: If an individual does not meet the criteria for primary prevention services, a referral for a treatment assessment may be necessary.

- **Student Assistance Programs (SAP):** A non-clinical support and resource program typically offered by schools or educational institutions to help students overcome academic, personal, social, or emotional challenges (risk factors) that may interfere with their academic success. The goal of a SAP is to improve student well-being, enhance their academic performance, and create a supportive school environment. These programs are often confidential, aim to address problems early to prevent them from escalating, and may include parent/guardian/family participation. An effective SAP program will collaborate with other systems of care to promote whole person care and may include referrals to mental health services for clinical support, SUD treatment assessment, social services, crisis care, or SUD prevention education or alternative programs/services. Example: School Attendance Review Board (SARB) meetings

## Community-Based Process

*CFR defines Community-Based Process as:*

This strategy aims to enhance the ability of the community to provide prevention and treatment services more effectively for alcohol, tobacco, and drug abuse disorders. Activities in this strategy include organizing, planning, enhancing efficiency and

effectiveness of services implementation, inter-agency collaboration, coalition building and networking.

Examples of activities conducted, and methods used for this strategy include (but are not limited to) the following: (i) Community and volunteer training (e.g., neighborhood action training, training of key people in the system, staff/officials training); (ii) Systematic planning; (iii) multi-agency coordination and collaboration; (iv) Accessing services and funding; and (v) Community team building.

*DHCS's broadened service activities and definitions includes the following:*

**Community-Based Process service activities include, but are not limited to**

- **Accessing Services and Funding:** SUD primary prevention county agencies, providers, and/or communities increasing or improving their prevention service capacity. Examples: coordinating and monitoring federal/state/tribal/local prevention grantees and subcontractors, ensuring quality assurance/improvement efforts, engaging in the request for proposal (RFP) process, developing contracts and program budgets, researching, and applying for federal/state/local funding sources that leverage prevention funding
- **Coalition/Workgroup Activities:** A coalition is a group of individuals representing diverse organizations, factions, or constituencies who agree to work together to achieve a common goal with the objectives to foster, support, or enhance behavioral health services. Examples: coalition meetings/efforts, community teams, short term/project specific workgroups
- **Evaluation Services:** Evaluation is the systematic collection and analysis of information about program activities, characteristics, and outcomes to reduce uncertainty, improve effectiveness, and make decisions. Good evaluation can help detect organizational and programmatic areas for improvement. Examples: collaborating with evaluation teams/evaluators, identifying evaluation methodology, preparing evaluation reports, plans, and updates
- **Multi-Agency Coordination/Collaboration:** Collaborative planning and/or coordinating prevention services within agency and with external stakeholders, agencies, and systems.

- **Primary Prevention Strategic Planning:** Data-informed prevention planning utilizing the strategic prevention framework<sup>7</sup> to assess, build capacity, develop, implement, and sustain a comprehensive, culturally responsive primary prevention system of care.
- **Training and Technical Assistance (TTA):** TTA services for internal and external professional behavioral health practitioners, community members, and/or volunteers intended to develop proficiency and build capacity within the primary prevention infrastructure and system delivery.

## Environmental

*CFR defines Environmental as:*

This strategy establishes or changes written and unwritten community standards, codes and attitudes, thereby influencing incidence and prevalence of the abuse of alcohol, tobacco, and other drugs used in the general population. This strategy is divided into two subcategories to permit distinction between activities which center on legal and regulatory initiatives and those which relate to the service and action-oriented initiatives.

Examples of activities conducted and methods used for this strategy shall include (but not be limited to) the following: (i) Promoting the establishment and review of alcohol, tobacco and drug use policies in schools; (ii) Technical assistance to communities to maximize local enforcement procedures governing availability and distribution of alcohol, tobacco and other drug use; (iii) Modifying alcohol and tobacco advertising practices; and (iv) Product pricing strategies.

### **DHCS Excerpt: Explanation of Environmental Efforts**

Environmental prevention utilizes the Public Health Model, a comprehensive, multi-strategy epidemiological model that attempts to prevent or reduce a particular illness or social problem in a population by addressing social determinants of health (SDOH). SDOH<sup>8</sup> efforts include systems change, or policies, that impact the conditions in the

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<sup>7</sup> Substance Abuse and Mental Health Services Administration. (2019, June). A Guide to SAMHSA's Strategic Prevention Framework. [A Guide to SAMHSA's Strategic Prevention Framework](#)

<sup>8</sup> Healthy People 2030. *Social Determinants of Health*. [Social Determinants of Health - Healthy People 2030 | health.gov](#)

environments where people are born, live, learn, work, play, worship, and age, and affect a wide range of health, functioning, and quality-of-life outcomes and risks. Substance Use prevention service activities fall under the “Neighborhood and Built Environment” SDOH domain. Efforts within this domain address population-based challenges that decrease access and availability of legalized and illicit substances.

Policy may include an ordinance, a documented site/event-based limitation, an agreement, a restriction, or a law. Policy efforts may include community mobilization, collaboration with government officials, policy-specific training, and policy-related media efforts such as media advocacy, social marketing, and social norms campaigns. Environmental strategy categories include: 1) Enforcement; 2) Public Use, Access, and Availability; and 3) Retailer Responsibility, Access, and Availability. Counties must consult with the assigned primary prevention analyst if they plan to implement environmental service activities other than those listed. SDOH efforts must be directly related to SUD primary prevention system delivery.

NOTE: The term “product” includes substances, substance-related merchandise, and/or paraphernalia. Paraphernalia means any equipment and/or material of any kind that is used, intended for use, or designed to aid in use for the following: substance propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, testing, analyzing, packaging, repackaging, messaging, storing, containing, concealing, and consumption (injecting, ingesting, inhaling, or vaping).

*DHCS’s broadened service activities and definitions includes the following:*

### **Enforcement**

- **Driver Focused Laws:** Policies impacting current laws or sanctioning the enforcement of existing laws that impact impaired drivers. Examples: law enforcement alcohol units, immobilize or impound the vehicles of those convicted of impaired driving, random blood alcohol concentration (BAC) testing for drivers, open container laws
- **Sobriety Checkpoints:** Traffic stops where law enforcement officers systematically select drivers to assess their level of impairment. The goal of these efforts is to deter substance-impaired driving by increasing drivers’ perceived risk of arrest. Examples: drinking while intoxicated (referred to as DWI) checkpoints, electronic scanners, roadside sobriety checkpoints, use of passive breath sensors

- **Social Host:** Policies that make it unlawful for persons to allow minors to obtain, possess, or consume substances at parties held at a private residence or premise.
- **Surveillance:** Enforcement observation of persons and/or locations to prevent illegal consumption, sale, and/or manufacturing of product. Examples: party dispersal/patrols, teen party ordinances, drug sale surveillance, shoulder tap sales, minor decoy
- **Underage Focused Laws:** Policies impacting current laws or sanctioning the enforcement of existing laws that impact minors. Examples: driving without a permit/license, curfew, minor consent, use/lose driving privileges, false identification to purchase product, minor in possession, Target Responsibility for Alcohol Connected Emergencies (TRACE)

### **Public Use, Access, & Availability**

- **Land Utilization & Zoning:** Policies focused on utilization or altering of public and/or private property to deter use, manufacturing, and distribution of product. Examples: general plan amendments, land use agreements, Public Convenience and Necessity (PCN) determination, Deemed Approved Ordinances (DAO), building/roadways setbacks, utility/water usage, noise/smell prevention or abatement, public space design change, Crime Prevention through Environmental Design (CPTED), grower and manufacturing restrictions
- **Public Space Use & Sales:** Policies that control product availability in places and events open to the public; specifically, events where minors are present. Examples: Conditional Use Permits (CUPs), public drinking ordinances, restrictions/bans in parks/recreational areas, open container laws, purchase/time limitations, product-free sit/stand areas, sponsorship restrictions
- **School/Workplace Policy:** Policies that eliminate settings or circumstances for employees and/or students to use or distribute product onsite.
- **Substance Disposal:** Policies that coordinate safe and proper storage or disposal of product. Examples: take back days, lock boxes, drop boxes, destruction bags, child safety locks

### **Retailer Responsibility, Access, & Availability**

- **Product Distribution & Delivery:** Policies that focus on the regulation of retailer distribution and delivery of product. Examples: home delivery restrictions, keg registrations, over-prescribing efforts i.e. prescription drug monitoring programs and prescriber policies, prescriber training

- **Retailer Compliance & Recognition:** Retail outlet policies to develop and/or amend their practices and procedures to comply with local/state compliance involving product placement, advertising, price, and sale. Compliance includes the recognition of retailers that successfully adhere to state/local policies. Examples: Healthy Retailer Initiative, responsible retailer programs, Responsible Beverage Service Training (RBST), Licensee Education on Alcohol and Drugs (LEAD), Training and Intervention Procedures (TIPS), Medical Marijuana Regulation and Safety Act (MMRSA) compliance, outlet compliance surveys, retailer recognition events, Responsible Alcohol Merchant Awards (RAMA), compliance checks, retail outlet compliance reporting hotlines, placement/density of product and advertisements, store front compliance, Lee Law, billboards, happy hour promotions
- **Retailer Laws & Regulations:** State level policy development, adoption, and/or enforcement to deter product use and/or availability. Examples: retailer licensing/permits, minimum age of purchase, legal hours of sale

## CHAPTER 4: INSTITUTE OF MEDICINE (IOM) CATEGORIES <sup>9</sup>

SAMHSA refers to the publication, "*Preventing Mental, Emotional, and Behavioral Disorders among Young People: Progress and Possibilities*"<sup>10</sup> to discuss the Continuum of Care and IOM categories. IOM category definitions and slides are from SAMHSA's online curriculum entitled [\*The Six Primary Prevention Strategies and the Institute of Medicine Model – 2015\*](#).<sup>11</sup>

The Continuum of Care graphic below illustrates the progression of behavioral health services through promotion, prevention, treatment, and maintenance. The World Health Organization (WHO) defines health promotion as "the process of enabling people to increase control over, and to improve, their health."<sup>12</sup> However, the Secretary's Advisory Committee recommends WHO's definition of promotion "expand beyond health promotion to the broader purpose of promoting health and well-being."<sup>13</sup> This

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<sup>9</sup> Mikhailouskaya, I. (2020, March 23). *Your Guide to Data Quality Management*. Science Soft. <https://www.scnsoft.com/blog/guide-to-data-quality-management>

Thatipamula, S. (2020, October 14). *Data Done Right: 6 Dimensions of Data Quality*. Smartbridge. <https://smartbridge.com/data-done-right-6-dimensions-of-data-quality/>

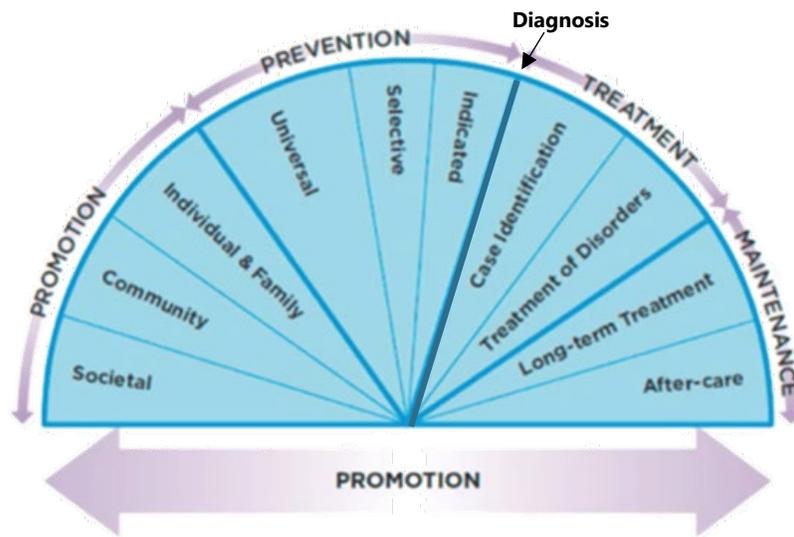
<sup>10</sup> National Research Council (US) and Institute of Medicine (US) Committee on the *Prevention of Mental Disorders and Substance Abuse among Children, Youth, and Young Adults: Research Advances and Promising Interventions*; O'Connell ME, Boat T, Warner KE, editors. *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*. Washington (DC): National Academies Press (US); 2009. 3, Defining the Scope of Prevention. <https://www.ncbi.nlm.nih.gov/books/NBK32789/>

<sup>11</sup> Substance Abuse and Mental Health Services Administration. (2015). *Primary Prevention and the Six Strategies and The Six Strategies and the Institute of Medicine (IOM) Model*. [PowerPoint Course]. Webpage: Online Course on the Primary Prevention Component of the SUBG. <https://www.samhsa.gov/grants/block-grants/SUBG/primary-prevention-course>

<sup>12</sup> World Health Organization. *Health promotion*. [Health promotion \(who.int\)](https://www.who.int/health-promotion)

<sup>13</sup> Pronk, Nico PhD, MA, FASCM, FAWHP; Kleinman, Dushanka V. DDS, MScD; Goekler, Susan F. PhD, MCHES; Ochiai, Emmeline MPH; Blakey, Carter BS; Brewer, Karen H. MPH. *Promoting Health and Well-being in Healthy People 2030*. *Journal of Public Health Management and Practice* 27(Supplement 6): p S242-S248, November/December 2021. | DOI:

recommendation promotes health equity by addressing health disparities within the social drivers of health. The new recommendation “no longer focuses on health alone, but now leads to health and well-being for individuals in addition to society. This definition recognizes the multilevel nature of health and well-being. It acknowledges that social structures, such as families, neighborhoods, communities, organizations, institutions, policies, economies, societies, cultures, and physical environments, strongly influence health and well-being. Such influence is reciprocal between individual, social, and societal health, and well-being.” (Pronk et al., 2021).



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10.1097/PHH.0000000000001254. [Promoting Health and Well-being in Healthy People 2030: Journal of Public Health Management and Practice \(lww.com\)](#)

# Universal Prevention

Universal prevention is prevention services/activities for the public or a whole population group that has not been identified based on individual risk. Universal prevention includes strategies that can be offered to the full population, based on the evidence that it is likely to provide some benefit to all (reduce the probability of substance use), which clearly outweighs the costs and risks of negative consequences.

**SAMHSA Universal Prevention Strategies**

The three IOM Model categories:

- Universal → Population served:
- Selective
- Indicated

Population served:

- Everyone in a population
- Not selected for participation based on individual risk factors

**IOM Categories**

SAMHSA distinguishes between two types of universal prevention: Universal Direct and Universal Indirect.

**Universal Direct:** Service recipients are present and are not receiving primary prevention services based on individual risk, also referred to as individual-based programs/services.

- **Universal direct strategies**
  - Directly serve an identifiable group of participants
  - Have not been identified based on individual risk

School curriculums      After-school programs      Parenting classes

**Universal Indirect:** Service recipients are not present, and services support the capacity building and awareness for the entire population, also referred to as population-based programs/services.

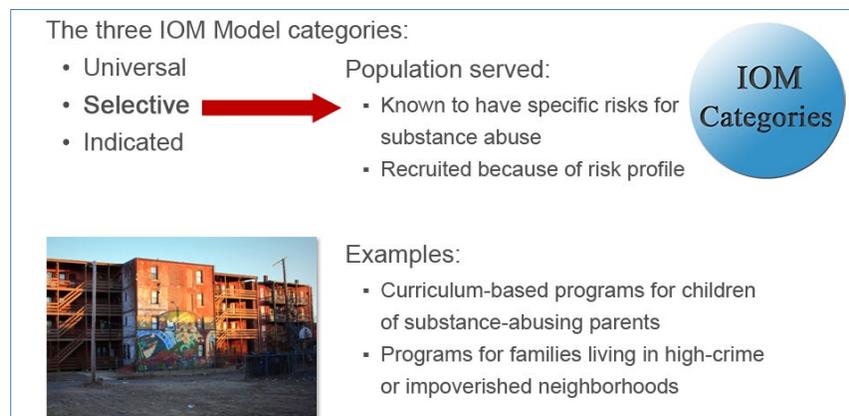
- **Universal indirect strategies**
  - Support population-based programs and environmental strategies

Examples:

- Establishing alcohol, tobacco and other drug (ATOD) policies
- Modifying ATOD advertising practices
- Coalition-implemented intervention programs and policies

## Selective Prevention

Selective prevention is prevention services/activities for individuals or a subgroup of the population whose risk of developing SUDs are significantly higher than average. The risk may be imminent, or it may be a lifetime risk. Risk groups may be identified based on biological, psychological, or social risk factors that are known to be associated with the onset of a disorder. Those risk factors may be at the individual level for non-behavioral characteristics (e.g., biological characteristics such as low birth weight), at the family level (e.g., children with a family history of substance abuse but who do not have any history of use), or at the community/ population level (e.g., schools or neighborhoods in high-poverty areas). Selective prevention refers to strategies for subpopulations identified as being at an elevated risk for developing an SUD. In the image above, SAMHSA specifically states that selective interventions serve individuals known to have specific risks for use and outreach to those individuals because of their risk.



## Indicated Prevention

Indicated prevention is prevention services/activities for high-risk individuals who are identified as having minimal but detectable signs or symptoms that foreshadow an SUD, as well as biological markers that indicate a predisposition in a person for such a disorder but who does not meet diagnostic criteria at the time of the intervention. Indicated prevention includes services for individuals who are identified (or individually screened) as having an increased vulnerability for an SUD based on some individual assessment but who are currently asymptomatic. SAMHSA states that indicated interventions serve individuals experiencing use and/or showing early signs of problem behaviors associated with use.

The three IOM Model categories:

- Universal
- Selective
- **Indicated**



Population served:

- Individuals experiencing early signs of substance use but who have not reached the point where clinical diagnosis can be made
- Individuals showing early signs of problem behaviors associated with substance use



Example:

- DUI education program

## CHAPTER 5: DEMOGRAPHICS

### Reporting Demographics for Programs with Identifiable Participants

1. Counties shall report exact demographics for programs where identifiable participants receive a service.  
Programs classified with the following IOM categories: Universal Direct, Selective, or Indicated.
2. Programs classified with the following primary prevention strategies: Alternatives, Education, or Problem Identification and Referral.

### Reporting Demographics for Environmental Strategy

Counties and sub-contractors shall enter demographics when a policy is formally enacted. Most counties retrieve demographics from the U.S. Census. Refer to the Primary Prevention Service Classifications and Demographics Matrix on the last page.

### Environmental Demographic Calculations

1. Some policies indicate "25% domain." A domain indicates the area of territory the government will enforce the policy. A domain could be a zip code, a jurisdiction, a region, a community, or combined communities. The documented policy should indicate the specific jurisdiction.
2. Some policies indicate "10% Zip Code" because it is a specific place where the retailer is located, or the checkpoint/surveillance is occurring.
3. Some policies indicate "Exact Count" because the policy will impact every individual within a confined, controlled space i.e. workplace, school site, or special event.

### Non-Duplication of Environmental Demographic Reporting

1. Counties shall report demographics once per domain per enacted policy within a fiscal year.  
Examples:
  - a. If a county implements surveillance or sobriety checkpoints three times throughout the year in the same zip code, the county will report demographics once for that zip code.

- b. If a county implements surveillance or sobriety checkpoints twice in one zip code and twice in another zip code, the county will report demographics once for each zip code.
- c. If a county implements one social host ordinance and one open container policy within the same domain, the county will report demographics once under the service activity "Social Host" and once under the service activity "Driver Focused Laws" for the jurisdiction identified in the documented policy.
- d. If a county implements two social host ordinances and one open container law within the same domain, the county will still only report demographics once under the service activity "Social Host" and once under "Driver Focused Laws" for the jurisdiction identified in the documented policy.

## Primary Prevention Service Classifications and Demographics Matrix

<i>Strategy</i>	<i>Service Activity</i>	<i>Demo-graphics</i>	<i>IOM: Universal Indirect</i>	<i>IOM: Universal Direct</i>	<i>IOM: Selective</i>	<i>IOM: Indicated</i>
<b>Alternatives</b>	Community Service Activities	Exact Count		✓	✓	✓
	Social/Recreational Events/Activities	Exact Count		✓	✓	✓
	Youth/Adult Leadership Activities	Exact Count		✓	✓	✓
<b>Community-Based Process</b>	Accessing Services and Funding	No	✓			
	Coalition/Workgroup Activities	No	✓			
	Evaluation Services	No	✓			
	Multi-Agency Coordination/ Collaboration	No	✓			
	Primary Prevention Strategic Planning	No	✓			
	Training and Technical Assistance (TTA)	No	✓			
<b>Education</b>	Community/School Educational Services	Exact Count		✓	✓	✓
	Mentoring	Exact Count		✓	✓	✓
	Parenting/Family Management Services	Exact Count		✓	✓	✓
	Peer Leader/Helper Programs	Exact Count		✓	✓	✓

## Primary Prevention Service Classifications and Demographics Matrix

<i>Strategy</i>	<i>Service Activity</i>	<i>Demographics</i>	<i>IOM: Universal Indirect</i>	<i>IOM: Universal Direct</i>	<i>IOM: Selective</i>	<i>IOM: Indicated</i>
<i>Information Dissemination</i>	Community/School Outreach Events	No	✓			
	Internet/Website Development and Maintenance	No	✓			
	Multi-Media (Includes social media)	No	✓			
	Presentations	No	✓			
	Printed Materials	No	✓			
	Resource and Information Services	No	✓			
<i>Problem Identification &amp; Referral</i>	Brief Intervention	Exact Count			✓	✓
	Prevention Screening and Referral Services	Exact Count		✓	✓	✓
	Student Assistance Programs (SAP)	Exact Count			✓	✓

## Primary Prevention Service Classifications and Demographics Matrix

<i>Environmental Categories and Efforts</i>		<i>Demo-graphics</i>	<i>IOM: Universal Indirect</i>	<i>IOM: Universa Direct</i>	<i>IOM: Selective</i>	<i>IOM: Indicated</i>
<b>Enforcement</b>	Driver Focused Laws	25% Domain	✓			
	Sobriety Checkpoints	10% Zip Code	✓			
	Social Host	25% Domain	✓			
	Surveillance	10% Zip Code	✓			
	Underage Focused Laws	25% Domain	✓			
<b>Public Use, Access, &amp; Availability</b>	Land Utilization and Zoning	25% Domain	✓			
	Public Space Use and Sales	Exact Count or 25% Domain	✓			
	School/Workplace Policy	25% Domain	✓			
	Substance Disposal	10% Zip Code	✓			
<b>Retailer Responsibility Access, &amp; Availability</b>	Product Distribution & Delivery	25% Domain	✓			
	Retailer Compliance & Recognition	10% Zip Code	✓			
	Retailer Laws and Regulations	25% Domain	✓			