

CSAP SRCL INSTRUCTIONS

Subrecipient Checklist Part I and Part II

The purpose of this Subrecipient Checklist (SRCL) is to document prevention activities supported through the State Incentive Grant (SIG) program. These instructions are based on those prepared by the Center for Substance Abuse Prevention (CSAP), the organization that requires SIG subrecipient county grantees to file SRCL forms semi-annually. More detailed instructions are available at the SIG Learning Community section at CA-CPI.org.

Each subrecipient county grantee must complete an SRCL Part II Form for each intervention that received SIG funding during the current reporting period. In addition, grantees complete one SRCL Part I form for their overall SIG project.

SRCL Part I – This brief form asks for basic information about the subrecipient organization and a listing of all SIG-funded interventions planned, implemented, or evaluated during the current reporting period.

SRCL Part II – This form asks for detailed information about each SIG-funded intervention planned, implemented, or evaluated during the reporting period. (See definition of intervention below.)

DEFINITIONS:

Intervention: An activity or set of activities to which a group is exposed to change the group’s behavior. In substance abuse prevention, interventions may be used to prevent or lower the rate of substance or substance abuse related problems. If several activities are related to the same intervention (planning, development, implementation or evaluation), they should be combined and reported as a single intervention. For example, staff recruitment to teach the Botvin’s Life Skills Training Program, the training of staff to implement this program and the actual implementation of the program are all considered interrelated activities and should be reported as a single intervention – Botvin’s Life Skills Training.

Cultural Competence: (Part I, Questions 9-10) Cultural competence is defined as a set of values, behaviors, attitudes, and practices within a system, organization, program or among individuals which enables them to work effectively cross-culturally. Further, it refers to the ability to honor and respect the beliefs, language, interpersonal styles and behaviors of individuals and families receiving services, as well as staff who are providing such services. Striving to achieve cultural competence is a dynamic, ongoing, developmental process that requires a long-term commitment.

Domains (Part II, Question 8)

Domains: Spheres of activity or outcome (i.e., individual, family, and community) within which risk and protective factors are played out.

Individual Domain: Interventions in the individual domain are designed to change knowledge about and attitudes toward substance abuse with the ultimate goal of influencing behavior. These interventions target factors such as lack of knowledge about the negative consequences associated with using illegal substances, attitudes favorable toward use, early onset of use, biological or psychological dispositions, antisocial behavior, and sensation seeking.

Family Domain: Interventions in the family domain focus on issues such as parental and sibling drug use or approval of use, inconsistent or poor family management practices – including lack of supervision, lack of parental involvement in children’s lives, family conflict, sexual or physical abuse, economic instability, and lack of attachment to parents, often called low family bonding. For immigrant families, problems adapting to the mainstream culture can also be a serious risk factor.

Peer Domain: The principal risk factors associated with the peer domain are peer use, peer norms favorable toward use, and peer activities conducive to use.

School Domain: Interventions in the school domain target lack of commitment to education, poor grades or school failure, lack of attachment to school, negative school climate, and lenient school policies with regard to the use of some substances (e.g. tobacco).

Community Domain: Interventions in the community domain are aimed at lack of bonding or attachment to social and community institutions, lack of community awareness or acknowledgment of substance use problems, community norms favorable to use and tolerant of abuse, insufficient community resources to support prevention efforts, and inability to address the problem of substance abuse.

Society/Environmental Domain: Society/environmental interventions focus on norms tolerant of use and abuse, policies enabling use and abuse, lack of enforcement of laws designed to prevent use and abuse, and inappropriate negative sanctions for use and abuse.

Source: Department of Health and Human Services (2001). *Principles of Substance Abuse Prevention: Guide to Science-Based Practices*. Publication No. (SMA) 01-3507. Available from the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, Division of Knowledge Development and Evaluation.

Center For Substance Abuse Prevention

Institute of Medicine Categories (Part II, Question 9)

The Institute of Medicine defines prevention interventions according to the manner in which they seek to engage their recipients. There are three categories: universal, selective, and indicated.

Universal Interventions aim to reach all individuals, regardless of whether they need a prevention program or will ultimately benefit from a prevention program. In this use of the word, universal means literally that the intervention is intended for the largest possible population of recipients. Universal programs are, therefore, classic public health interventions, designed to benefit those who need the programs by intervening with all members of the defined population.

Selective interventions are prevention efforts that aim to reach members of the population deemed at-risk for the problem the program seeks to reduce or prevent. A selective program often employs sociodemographic profiles to identify characteristics of the at-risk group. For example, if certain economic conditions or neighborhood factors distinguish a population as having above-average risk for later substance abuse problems, members of groups who share those conditions or live in those neighborhoods would be designated for the selective prevention program.

Indicated prevention programs are meant for individuals who, by lifestyle or behavior, already show evidence of having problems with substances, or whatever condition is targeted by the prevention program. Children who have experimented with drugs, for example, would be candidates for an indicated drug abuse prevention program.

Source: Department of Health and Human Services (2002). *A Practitioner's Guide to Science-Based Prevention*:

A Handbook of Promising, Effective, and Model Programs. Available from the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention.

Science-Based Interventions (Part II, Questions 10-13)

Science-based interventions have been reviewed by experts in the field according to predetermined standards of empirical research. These programs are theory based, have sound research methodology, and can support that effects are clearly linked to the program itself and not to extraneous events. Results from science-based programs may be positive, neutral, or negative.

For CSAP reporting, a model program is considered science-based if it is implemented in its entirety. If a strategy from a model program is used without the entire model, it is not considered science-based for this form.

Center For Substance Abuse Prevention

Number of Individuals Served (Part II, Questions 15-28)

The SRCL Part II Form asks for information on the number of people served during this reporting period and how they were reached or potentially reached. CSAP is interested in the count of individuals actually exposed to the intervention and not those involved in preparatory work. The definitions used in this question are based on the Minimum Data Set. The terms “single” and “recurring” are used to distinguish between one-time events and ongoing prevention programs.

Single Events are generally conducted once; examples are a presentation at a civic group luncheon or a speech at a school assembly. In contrast, **Recurring Services** are efforts undertaken with the same group of people over a fixed period of time, such as a parent education group where the same individuals meet once a week for six weeks.

Environmental Interventions refer to strategies that establish or change written and unwritten community standards, codes, and attitudes, thereby influencing the incidence and prevalence of the abuse of alcohol, tobacco, and other drugs by 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 service- and action-oriented initiatives. Types of services conducted and methods used for implementing this strategy include: environmental consultation to communities; preventing underage sale of tobacco and tobacco products; preventing underage alcoholic beverage sales; establishing alcohol, tobacco and other drug-free policies; changing environmental codes, ordinances, regulations, and legislation and public policy efforts.

Media Campaigns are structured activities that use print and broadcast media to deliver prevention information or health promotion messages relative to substance abuse. Examples are media promotion of Red Ribbon, Project Graduation or other similar events, printing of ads with "no-use" messages, distribution of signs to stores and businesses, distribution of bumper stickers, posters, use of national substance abuse prevention media materials tagged to a state or community (e.g., Partnership for a Drug-Free America) and prevention ads and messages in newspapers.

COMMON QUESTIONS:

Q: Who should actually fill out the SRCL?

A: Someone in the subrecipient organization will be in the best position to respond to the questions. For some questions, such as those dealing with evaluation data and findings, the local or state evaluator may be best suited to answer those items.

Q: What if the subrecipient is delivering the same intervention at multiple sites (e.g., several schools in the community)? Should each site be considered a separate intervention, with an SRCL Part II Form completed on each?

A: If the content and structure of the intervention is the same at all locations then a subrecipient county grantee may report this on one single form. However, if different adaptations to the intervention have been made at different sites, then a county must report each intervention separately.

Q: How should media campaigns and environmental interventions be reported?

A: It is important to report on all prevention activities, including media campaigns and environmental interventions. Throughout the SRCL forms CSAP has used the term intervention to reflect its intention of obtaining information on the full range of prevention activities funded under the SIG. CSAP has attempted to create a form that is applicable to the full range of interventions. Please note that Questions 15-28 in Part II ask how individuals were:

- Served
- Reached
- Potentially reached

Questions 23-28 specifically distinguish two types of interventions from other types of efforts:

- Media campaigns
- Environmental interventions

Q: What if I am unsure how to respond to a specific question?

A: Questions regarding the SRCL should be directed to Kathleen Cronin at (916) 327-4867, or kcronin@adp.ca.gov. In addition, there is a comment section at the end of both the Part I and Part II forms where counties can note comments or explanations about its SRCL reporting. Also, SRCL supplemental instructions, and questions and answers are located at CA-CPI.org in the SIG Learning Community section.