CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Prevention Outcomes and Reporting Unit

Department of Health Care Services

Substance Use Disorder Primary Prevention Data Quality Standards and Definitions

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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 Abuse and Mental Health Services Block Grant (SABG) 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 SABG 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).[1] DHCS develops service activity descriptions and 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.

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

SABG Table	Data Indicators
5a SABG Primary Prevention Expenditures	IOM Category and Primary Prevention Strategies
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[1] 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)

Chapter 2: Data Quality Standards[2]

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

1. **Prevention data is valid.** SUD primary prevention funds must be spent on primary prevention services which adhere to federal and state requirements.

   - Federal Requirements (45 CFR 96.121)

     - SABG Primary Prevention Set-Aside funded programs are those directed at individuals who have not been determined to require treatment for an SUD. SABG Primary Prevention does not include the following services: SUD treatment, recovery, relapse prevention, early intervention, secondary/tertiary prevention services, mental health services, primary care services, or tobacco cessation services.

       - 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)[3]

     - 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.

     - Allocate a minimum of 20% of SABG funding on primary prevention, also referred to as the primary prevention set-aside.

   - State Requirements: DHCS SABG Contract

     Counties and sub-contractors shall:

     - Enter required data into the data entry system.

     - Refer to DHCS support documents for data entry and data review requirements.

     - Allocate an additional 5% to the federal requirement of 20% totaling a minimum 25% allocation toward the primary prevention set-aside.

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[2] 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/

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

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

   Counties and sub-contractors shall:

   - Enter data by the 10th of the following month.

   - 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:

   - 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.

     - Individual-based programs/services reporting demographics shall utilize the following primary prevention strategies: Alternatives, Education, or Problem Identification and Referral.

     - Population-based programs/services not reporting demographics shall utilize the following primary prevention strategies: Information Dissemination, and Community-Based Process.

     - The only population-based program/service reporting demographics shall utilize the Environmental strategy upon policy/ordinance enactment.

   - Classify programs/services with the correct IOM category.
     Refer to Chapter 4 for IOM category definitions.

     - Individual-based programs/services shall utilize the following IOM categories: Universal Direct, Selective, or Indicated.

     - Population-based programs/services shall utilize the following IOM category: Universal Indirect.

   - Identify Evidence-based program programs.

     - DHCS accepts programs/services from the retired National Registry of Evidence-based Programs and Practices (NREPP) list and other Evidence-based registration lists.

       - 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:

   - Enter unduplicated hours under the correct program.

     - The service duration accounts for the time of the actual service; not the cumulative hours staff attend the service.

       - 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.

       - 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.

   - Enter unduplicated demographics under the correct direct service program.

     - 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:

   - Set up programs with accurate program names and descriptions.

     - 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.

     - 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.

       - For Evidence-based programs, use the program description provided in the referenced registry.

- Avoid entering proper names or other personal identifying information.
- Spell out acronyms in narrative fields.
- 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:

   - Have a trackable identification number referred to as the Master Profile File (MPF) identification number.
     - 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.
   - Maintain internal policy and procedural documentation for the county and subcontractors for DHCS requests and audits.
   - Adhere to the *Health Insurance Portability and Accountability Act of 1996*[4] to protect sensitive individual health information.

[4] U.S. Department of Health and Human Services. *Health Information Privacy.* HIPAA Home | HHS.gov

Chapter 3: Primary Prevention Strategies

The blue textbox indicates the CFR's definitions for the six primary prevention strategies. DHCS broadened service activities and definitions to be inclusive of the extensive SUD primary prevention scope of work.

Information Dissemination

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.

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 wellness. 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, PowerPointpresentations, public service announcements, radio announcements, video tapes, social media formats, campaigns, blogs, and podcasts
Presentations: An informational substance abuse 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 panel, 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, and distribution of substance abuseprimary prevention multi-media is the primary service. Examples: hotlines, resource centers, resourcehubs, clearinghouse, resource libraries

Education

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:(i) Classroom and/or small group sessions (all ages); (ii) Parenting and family management classes; (iii) Peer leader/helper programs; (iv) Education programs for youth groups; and (v) Children of substance abusers groups.

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, educational-based theatrical groups
Mentoring: A formal, defined partnership between a 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: One-time or infrequent educational interactions with participants is 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.[5] Examples: parenting and family management classes, Strengthening Families, parent groups
Peer Leader/Helper Programs: Structured prevention services that utilize peers (people of the same ability, age, rank, or standing) to provide guidance, support, and other risk reduction activities for youth or adults. Examples: peer-resistance development, tutoring programs (peer to recipient), peer support activities

[5] U.S. Department of Health and Human Services. Child Welfare Information Gateway. *Family Support Services*. Family Support Services - Child Welfare Information Gateway

Alternatives

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.

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 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

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 in order 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 is in need of 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.

Problem Identification and Referral service activities include, but are not limited to
Brief Intervention: A risk reduction model facilitated by a brief intervention trained health professional consisting of brief, purposeful, non-confrontational, personalized conversations with an individual to identify any current substance use or the individual's risk behaviors that may lead to substance use. Primary elements of brief intervention include feedback, responsibility, advice, goal setting, empathy, and self-efficacy[6]. 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, cognitive behavioral therapy techniques, and stages of change theory.
Employee Assistance Programs: A voluntary, work-based program that offers free and confidential evaluations, short-term counseling, referrals, and follow-up services to employees who have personal and/or work-related problems involving substance use/misuse that may interfere with work performance. Examples: workplace prevention education programs, risk reduction education for work-related problems involving substance use, employee health education and promotion programs, workplace screening and/or referral
Prevention Screening and Referral Services: Prevention screening aims to determine the most suitable SUD 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: Screening to Brief Intervention (S2BI), Brief Screener for Tobacco, Alcohol, and other Drugs (BSTAD), School Attendance Review Board (SARB) meetings 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): SAP is a K-12 school-based framework to identify risk factors and assist students and/or their families to increase protective factors that will positively influence the academic, social, and emotional well-being of the student and/or family.

[6] The Social Work Graduate. (2021, August). *Brief Intervention*. Brief Intervention (thesocialworkgraduate.com)

Community-Based Process

This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services 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.

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.
Systematic Planning: The participation of data-informed prevention planning utilizing the strategic prevention framework[7] 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.

[7] 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

Environmental

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 identifying risk factors. By considering human factors, sources of harm, the social/physical environment, the Environmental strategy promotes systems change to address population-based challenges that impact access and availability of licit and illicit substances.

Policy can be in the form of 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; 3) Retailer Responsibility, Access, and Availability; and 4) Social Drivers of Health.

NOTE: The term “product” includes substances, substance-related merchandise, and/or paraphernalia. Paraphernalia means any equipment and/or 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).

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, posses, or consume substances at parties held at a private residence or premise.

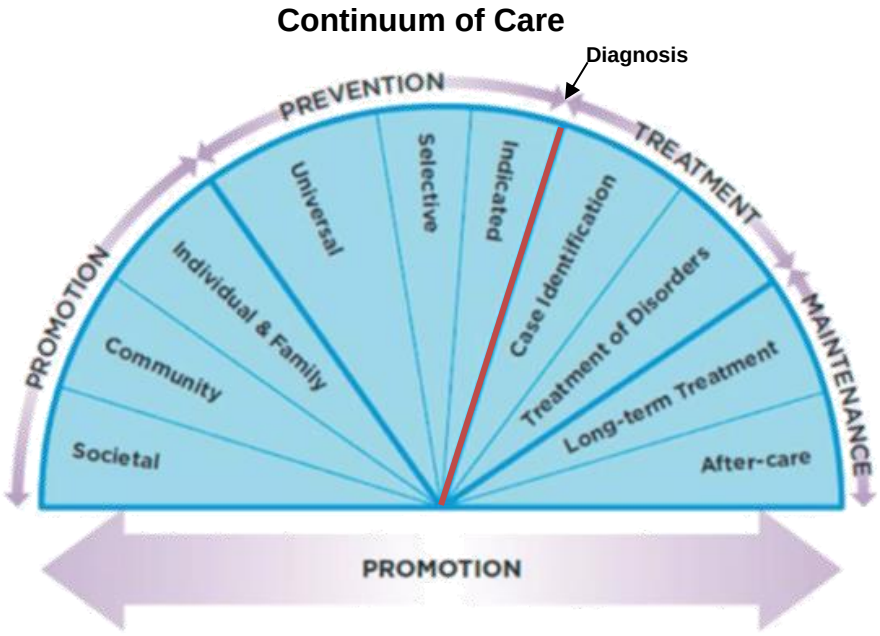
Surveillance: Enforcement observation of persons and/or locations to prevent illegal consumption, sale, and/or manufacturing of product. Examples: party dispersal/patrols, teen party ordinances, drug sale surveillance, shoulder tap sales, minor decoy
Underage Focused Laws: Policies impacting current 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 eliminates 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
Social Drivers of Health
Social Drivers of Health (SDOH)[8]: Policies that impact the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. SDOH can be grouped into five domains: 1. Economic stability, 2. Education access and quality, 3. Health care access and quality, 4. Neighborhood and built environment, and 5. Social and community context.

[8] Healthy People 2030. *Social Determinants of Health*. Social Determinants of Health - Healthy People 2030 | health.gov

Chapter 4: Institute of Medicine (IOM) Categories

SAMHSA refers to the publication, "*Preventing Mental, Emotional, and Behavioral Disorders among Young People: Progress and Possibilities*"[9] 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*.[10]

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."[11] 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."[12] This 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 as a whole. 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)



[9] 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/

[10] 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 SABG. https://www.samhsa.gov/grants/block-grants/sabg/primary-prevention-course

[11] World Health Organization. *Health promotion*. Health promotion (who.int)

[12] 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: 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 general public or a whole population group that has not been identified on the basis of 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 disorder), which clearly outweighs the costs and risks of negative consequences.

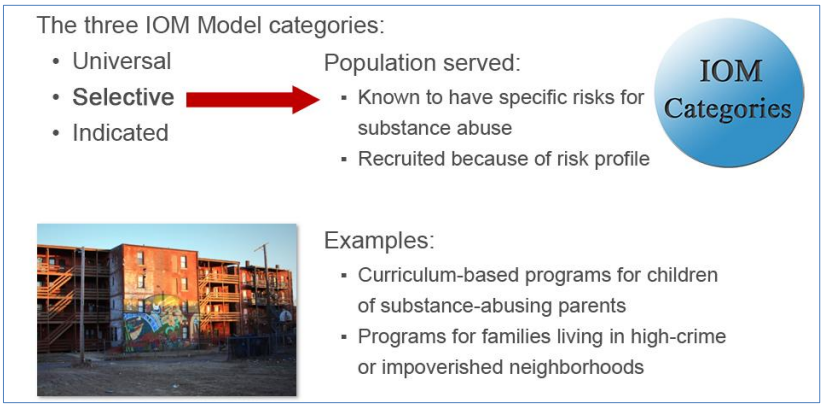
SAMHSA distinguishes between two types of universal prevention: Universal Direct and Universal Indirect.

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

2. 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.

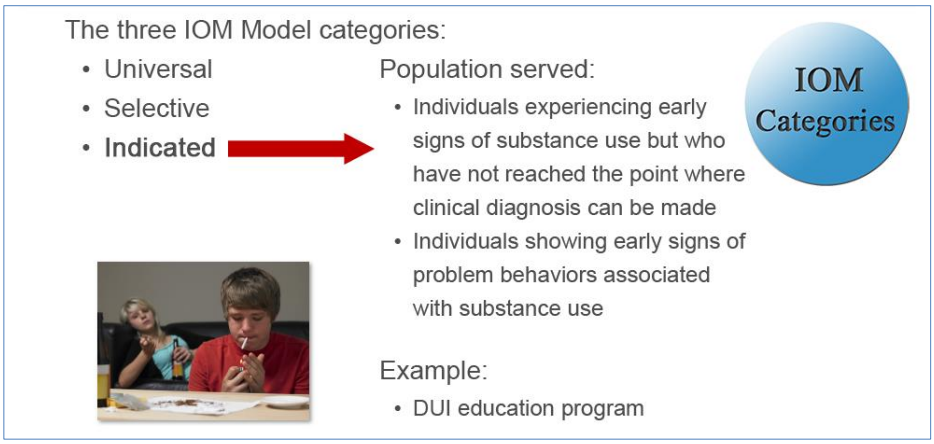
Selective Prevention

Selective prevention is prevention services/activities for individuals or a subgroup of the population whose risk of developing behavioral health disorders are significantly higher than average. The risk may be imminent or it may be a lifetime risk. Risk groups may be identified on the basis of 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 a behavioral health disorder. 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 a behavioral health disorder, 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 a behavioral health disorder 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.



Chapter 5: Demographics

Reporting Demographics for Programs with Identifiable Participants

Counties shall report exact demographics for programs where identifiable participants receive a service.

1. 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:
   - 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.

   - 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.

   - 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.

   - 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

Strategy	Service Activity	Demographics Reported	IOM Category			
			Universal Indirect	Universal Direct	Selective	Indicated
Alternatives	Community Service Activities	Exact Count		✓	✓	✓
	Social/Recreational Events/Activities	Exact Count		✓	✓	✓
	Youth/Adult Leadership Activities	Exact Count		✓	✓	✓
Community-Based Process	Accessing Services and Funding	No	✓			
	Coalition/Workgroup Activities	No	✓			
	Evaluation Services	No	✓			
	Multi-Agency Coordination/Collaboration	No	✓			
	Systematic Planning	No	✓			
	Training and Technical Assistance (TTA)	No	✓			
Education	Community/School Educational Services	Exact Count		✓	✓	✓
	Mentoring	Exact Count		✓	✓	✓
	Parenting/Family Management Services	Exact Count		✓	✓	✓
	Peer Leader/Helper Programs	Exact Count		✓	✓	✓
Information Dissemination	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	✓			
Problem Identification & Referral	Brief Intervention	Exact Count			✓	✓
	Employee Assistance Programs	Exact Count		✓	✓	✓
	Prevention Screening and Referral Services	Exact Count		✓	✓	✓
	Student Assistance Programs (SAP)	Exact Count			✓	✓

Environmental Categories and Policies		Demographics Reported	IOM Category			
			Universal Indirect	Universal Direct	Selective	Indicated
Enforcement	Driver Focused Laws	25% Domain	✓			
	Sobriety Checkpoints	10% Zip Code	✓			
	Social Host	25% Domain	✓			
	Surveillance	10% Zip Code	✓			
	Underage Focused Laws	25% Domain	✓			
Public Use, Access, & Availability	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	✓			
Retailer Responsibility Access, & Availability	Product Distribution & Delivery	25% Domain	✓			
	Retailer Compliance & Recognition	10% Zip Code	✓			
	Retailer Laws and Regulations	25% Domain	✓			
Social Drivers of Health	Social Drivers of Health	Exact Count OR 25% Domain	✓			