

Prevention Services and Prevention Partnership Grants (PPG)

Authorities:	42 U.S.C. s. 300x-2 45 C.F.R., pt. 96, sub. L. <i>S. 397.311(22)(a)9.(c), F. S.</i> <i>Ch. 65D-30, F.A.C.</i> <i>Ch. 65E-14, F.A.C.</i> <i>S. 397.99, F.S.</i> <i>DCF Request for Applications</i>
Frequency:	Ongoing
Due Date:	Ongoing

A. Managing Entity Responsibilities

The Managing Entity shall ensure the administration and provision of evidence-based and/or promising practice programs and strategies to the target populations indicated in the Data Entry Plan.

The Managing Entity shall:

1. Collect, review and analyze data on substance use consumption, , including but not limited to community needs assessment data, to identify priority substances, populations, and geographic areas for allocation of prevention set-aside funds.
2. Purchase prevention services with Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant, prevention set-aside funds, that are both consistent with the needs assessment data and are not being funded through other public or private sources.
3. Develop capacity throughout the regions and state to implement a comprehensive approach to substance use prevention.
4. Collect, review and analyze activity outcome and performance data to inform activity oversight and to ensure the most effective and cost-efficient use of substance use primary prevention funds.
5. Implement an ongoing quality improvement process and maintain detailed documentation of service enhancements, using outcome data to guide and strengthen continuous system improvement.
6. Review community needs assessment and community prevention planning documents developed by subcontracted providers.
7. Purchase substance use prevention services, in compliance with *45 C.F.R. pt. 96, sub. L.*
8. Contract with and provide oversight of Prevention Partnership Grant (PPG) grantees.
9. Verify delivery of prevention services.
10. Provide technical assistance to subcontracted prevention providers regarding implementation of evidence-based and/or promising prevention practices.

11. Provide oversight of prevention services consistent with Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant and any other Department allocated funding source requirements.
12. Review and verify activity logs submitted in the Performance Based Prevention System (PBPS) to confirm that the provider has complied with the Data Entry Plan provided by Collaborative Planning Group Systems, Inc (CPGSI), has, entered complete and detailed activity descriptions, and has submitted appropriate supporting documentation for the approved program or strategy. The Managing Entity will approve activity logs only upon determining that all required elements have been fully satisfied.
13. Reject or return activity logs for revision that do not reflect an accurate representation of the prevention services provided.
14. Ensure providers have access to appropriate, Institute of Medicine (IOM) categories in the Performance Based Prevention System (PBPS).
15. Ensure subcontractors are delivering services that are outlined in their agreements and consistent with their current licensure.
16. Consult with the Department's prevention unit to obtain approval or rejection of new program and strategy proposals for evidence-based or promising practices, before is the proposed program or strategy is implemented and data is submitted in the Performance Based Prevention System by the Network Service Provider.

B. Network Service Provider Responsibilities

The Managing Entity shall ensure that subcontracted prevention providers and coalitions:

1. Provide appropriate evidence-based and/or promising practice programs to the target populations.
2. Deliver prevention services at the appropriate locations specified and in accordance with the description of the program or strategy.
3. Partner with community coalitions to confirm that current programs are aligned with community substance use prevention efforts.
4. Collaborate with partners within the community and state to focus on substance use prevention.
5. Implement the six Center for Substance Abuse Prevention strategies:
 - a. Information Dissemination: One-way communication from the source to the audience (with limited contact between the two) that provides awareness and knowledge of the nature and extent of alcohol, tobacco, and other drugs (ATOD) use and their effects on individuals and communities.
 - b. Education: Two-way communication between a facilitator and participant that aims to build social skills, decision-making, refusal skills, and judgement.
 - c. Alternatives: Activities that exclude alcohol, tobacco, and other drugs (ATOD) use with the assumption that healthy activities offset the attraction to ATOD use. Activities usually do not involve ATOD education.
 - d. Problem Identification and Referral: Identifying those who have used alcohol, tobacco, and other drugs (ATOD) already, or just begun to use and providing education to reverse their

behavior. Similar to education strategies, but only for those specifically targeted as ATOD users.

- e. **Community Based Processes:** Builds the ability of a community to more effectively prevent, treat or provide substance use services. Organizing, planning, and enhancing community participants' capacity.
 - f. **Environmental Strategies:** Interventions that seek to change the physical environment, policies, or environment of collective beliefs of communities. Social marketing and social norms fall under this category as environmental information contains interactions with the audience, and usually has a behavior change "ask."
- 6. Report any number served as either youth or adults. Although the "Unknown" category is available in the system, it should only be used when information is truly unavailable.
 - 7. Collect and analyze data on substance use consumption and consequences to identify the substances and populations that should be targeted with prevention set-aside funds;
 - 8. Comply with state reporting requirements;
 - 9. Comply with the requirement to enter all prevention data monthly into the Department's Performance Based Prevention System (PBPS) in accordance with the Data Entry Plan;
 - 10. Submit any new proposed program or strategy to the Managing Entity. The Managing Entity shall consult with the Department's prevention unit to obtain approval or rejection of the proposal for evidence-based or promising practices. The proposal must be approved before any data can be submitted in PBPS by the Network Service Provider.
 - 11. Submit complete and accurate prevention data for all programs, participants, and activities delivered, ensuring the data matches program documentation, invoices, and sign-in sheets. All supporting documentation should be maintained by the provider.
 - 12. Timely report the following performance measures:
 - a. A minimum of ninety percent (90%) of data shall be submitted no later than the 8th of every month for the month prior.
 - b. All Department-identified errors in data submitted shall be corrected within thirty (30) days of notification without an approved extension. Providers experiencing ongoing data quality or reporting challenges may receive technical assistance and guidance from the Managing Entity to support improvements in data, accuracy, completeness, and timelines.

C. Defining Prevention

Prevention refers to the proactive approach to preclude, forestall, or impede substance misuse or mental health related problems. Strategies focus on increasing public awareness and education, community-based processes, and incorporating evidence-based practices. Programs designed to prevent the development of mental, emotional, and behavioral health disorders are commonly categorized in the following manner:

1. Universal Indirect Prevention

Interventions that support population-based programs and environmental strategies. These also serve individuals who have not been identified based on risk level. This could

include media campaigns, social media, or programs and policies implemented by coalitions.

2. Universal Direct Prevention

Interventions that directly serve an identifiable group of participants, but who have not been identified on the basis of individual risk. This includes school curriculum, after school program, or parenting class. This also could include interventions involving interpersonal and ongoing / repeated contact.

3. Selective Prevention

Direct or indirect prevention interventions that are targeted to individuals or to a subgroup of the population whose risk of developing a disorder is significantly higher than average. The risk may be imminent or it may be a lifetime risk. Examples include Student Assistance Program, Life Skills Training, Problem ID and Referral.

4. Indicated Prevention

Prevention interventions that are targeted to high-risk individuals who are identified as having detectable signs or symptoms that precede a disorder (including biological markers for disorder) but who do not meet diagnostic criteria at the time of intervention.

D. Substance Abuse Prevention and Treatment Block Grant

Programs and strategies funded through the Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant prevention set-aside must have an intent to do primary prevention to prevent or reduce substance use or substance misuse among individuals who do not require treatment for a substance use disorder. Federal regulations for the Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant require the state to spend, or set-aside, at least twenty percent (20%) of the award on services for individuals who do not require treatment for substance use. This entails the implementation of a comprehensive primary prevention system which includes a broad array of prevention strategies directed at individuals not identified to be in need of treatment.

SUPTRS Block Grant set-aside funds cannot be used to fund Screening, Brief Intervention, Referral and Treatment (SBIRT) programs. Other examples of strategies that will not be approved for SUPTRS Block Grant Prevention funding include:

1. Relapse prevention programs.
2. Domestic violence programs.
3. Case management for parenting teens.
4. Mental Health First Aid.
5. Any services provided within prison or jails.
6. Distribution of emergency opioid antagonist products used to reverse an overdose.

Primary prevention programs can include activities and services provided in a variety of settings for both the general population and targeted sub-groups who are at high risk for substance abuse. At-risk populations include:

1. Children of parents who use substances.
2. Adolescents who drop out of school.
3. Individuals exhibiting violent and delinquent behavior.
4. Individuals with mental health challenges.
5. Individuals who are socio-economically disadvantaged.
6. Individuals who are physically disabled.
7. Individuals who have experienced abuse.
8. Individuals who already use substances.
9. Youth who do not have a home or who have run away from home.
10. Adults who use substances.
11. Individuals who have experienced one or more Adverse Childhood Experiences (ACEs).

E. Data-Based Decision Making

The Managing Entity shall continue to implement prevention strategies that are research-based and informed by community needs assessments through the subcontracted provider network, in connection with child and youth serving systems (i.e., child welfare providers, school systems, juvenile justice).

The strategic planning process is a conceptual framework that can be used in a variety of different contexts. The Center for Substance Abuse Prevention calls this process the Strategic Prevention Framework (SPF). SPF contains five basic elements and two overarching principles that overlap and interact throughout the process, relying on research and data to determine strategies. Subcontracted prevention providers should maintain documentation demonstrating implementation of the Strategic Prevention Framework, including needs assessments, logic models, community action plans, and evaluation plans supporting prevention strategies. Please refer to the document via the link below.

- a. <https://www.samhsa.gov/technical-assistance/sptac/framework>

F. Environmental Strategies and Community Coalitions

Environmental prevention strategies are activities that are intended to reduce or restrict social and retail access to, and economic availability of, alcohol and other drugs through public health approaches by modifying features of the physical environment. Examples include compliance checks, social host laws, restricting alcohol availability at events, increasing prices, keg registration, hosting drug take back days, and medication disposal awareness. The availability of substances is central to the definition of environmental strategies, which places anti-drug coalitions in a key leadership role. Evaluations of the Drug Free Communities program show that coalitions across the country consistently identify “availability of substances that can be abused” as a priority risk factor to address.. Regarding standards of evidence for environmental strategies, several important resources can be consulted, including standards established by the Centers for Disease Control and Prevention and the Society of Prevention Research.

Community Coalitions are local partnerships among multiple sectors of the community that respond to community conditions by developing, implementing, and evaluating comprehensive plans that lead to measurable, population level reductions in drug use and related problems. Scientific studies indicate that the community coalition approach is an effective strategy for addressing alcohol, tobacco and other substance use and misuse-related problems. Coalitions connect multiple sectors of the community to collaborate and develop plans, policies and strategies to achieve reductions in the rates of consumption at the community level, promoting positive well-being. Community coalitions reside at the heart of a

proven comprehensive public health approach to support prevention efforts via a structured planning process that promotes civic engagement and the building of social capital.

G. Resources

A Guide to SAMHSA's Strategic Prevention Framework

<https://www.samhsa.gov/technical-assistance/sptac/framework>

Substance Abuse and Mental Health Services Administration Prevention Resources

<https://www.samhsa.gov/prevention-week/toolkit/prevention-resources>

Prevention of Substance Use and Mental Disorders

SAMHSA Resource Documents to Assist Communities with Prevention Planning

<https://www.samhsa.gov/find-help/prevention#resources-publications>

Florida Administrative Code & Florida Administrative Register Standards for Prevention

<https://www.flrules.org/gateway/ruleno.asp?id=65D-30.013&Section=0>

National Research Council and Institute of Medicine. (2009).

Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities. Washington, DC: The National Academies Press.

<https://pubmed.ncbi.nlm.nih.gov/20662125/>

H. The Prevention Partnership Grants

This document provides policy guidance on the negotiation and implementation of subcontracts awarded as a result of the Department's most recent Request for Applications for the Prevention Partnership Grant Program. The Managing Entity must subcontract with grantees for the approved level of funding in Exhibit C2 of the Managing Entity's contract. Any variations in the identity of grantees or award amounts in Exhibit C2 must be approved in advance in writing by the Department.

Each Managing Entity shall negotiate and execute subcontracts with the awardees of the Prevention Partnership Grant Program as detailed in the Department's Notice of Award, which will be incorporated into each Managing Entity's Exhibit F accordingly by the Department's Contract Manager. Subcontracts must contain the minimum requirements detailed below:

1. Definitions

Capacity Building. Efforts that increase or improve the resources available to establish or maintain prevention activities.

Comprehensive Community Action Plan (CCAP). A document that describes and depicts goals and objectives related to the state consumption priorities and the proposed programs and strategies. It also describes and depicts intermediate changes to risk and protective factors and process-based objectives. Applications must include at least one objective that addresses sustainability and at least one objective that addresses capacity building. Goals and objectives are subject to modification during the negotiation process.

Cultural Competence. As defined by SAMHSA at: <https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf>

Evaluation Plan. A document that explains and describes program assessment, improvement, and strategic management. The assessment portion should address the process for verification and documentation as well as how program activities and their effects will be quantified. Additionally, areas that can be improved or enhanced need to be identified to address areas of weakness. The final piece of strategic management will provide information to help make decisions about how resources should be applied in the future to better serve its mission or goals.

Evidence-Based. Prevention programs or strategies that have been evaluated with an experimental or quasi-experimental research design and found to produce statistically significant reductions in substance use, relative to comparison or control groups, as reported through at least one peer-reviewed journal article. SAMHSA guidance on the selection of evidence-based programs and practices can be accessed at: https://www.samhsa.gov/sites/default/files/ebp_prevention_guidance_document_241.pdf

Grantee. Applicants awarded program funding as a result of this RFA.

Harmful Consequences. Negative effects caused by drug use, such as diseases, fatalities, academic failures, and criminal behavior.

Indicated Prevention. As defined in rule 65E-14.021(4)(v)1., F.A.C.

Managing Entity. As defined in section 394.9082, F.S.

Needs Assessment Logic Model (NALM). A visual depiction of the relationships between risk and protective factors, drug consumption, and harmful consequences. A logic model visually demonstrates the causal mechanisms and interconnections between variables using arrows to show the direction of influence.

Prevention Data System. An internet-based data system that collects data related to community assessments and plans and substance abuse prevention programs and activities.

Protective Factors. Conditions or variables that reduce the likelihood of drug use.

Risk Factors. Conditions or variables that increase the likelihood of drug use.

Sustainability. As defined by SAMHSA at: <https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf>

Target Population. The PPG Target Population is students up to 20 years of age. Parents, teachers and other school staff, coaches, social workers, case managers, and other prevention stakeholders may also be the target of proposed activities because of their ability to influence students up to 20 years of age. Activities that target the behavior of these stakeholders for change can be considered process measures. Approved performance measures, on the other hand, must measure improvements in the attitudes and behaviors of students up to 20 years of age.

2. Objectives

Per Section 2.1 of the Request for Applications, the overall objectives of the Prevention Partnership Grant program are to:

- 2.1** Develop effective substance abuse prevention and early intervention strategies for target populations; and
- 2.2** Conduct prevention activities serving students who are not involved in substance use, intervention activities serving students who are experimenting with substance use, or both prevention and intervention activities, if a comprehensive approach is indicated as a result of a needs assessment.

Network Service Providers must follow the goals, objectives, timelines, tasks and outcomes pertaining to each grantee, based on the specifics of the Needs Assessment Logic Model (NALM) and the Comprehensive Community Action Plan (CCAP).

3. Performance Measures

Per Section 2.3 of the Request for Applications, Network Service Providers must adopt, at a minimum, performance measures to evaluate improvement in those behaviors and attitudes identified in the grantee's application and related to the provider's Evaluation Plan. Pursuant to *s. 397.99(2)(d), F.S.*, performance measures for grant program activities must measure improvements in relevant student behaviors and associated attitudes in the following state priorities for consumption reductions:

- 3.1 Underage Drinking,
- 3.2 Marijuana Use, and
- 3.3 Non-Medical Prescription Drug Use.

The provider will follow performance measures as outlined by the approved Prevention Services and Prevention Partnership Grants (PPG) Supplementary Guidance.

4. Process Measures

Per Section 2.3.1 of the Request for Applications, Network Service Provider must include process measures that quantify the activities of a program or strategy and are designed to evaluate the extent to which a program is implemented as identified in the grantee's application. Process measures may include desirable changes in risk and protective factors that must be modified in order to cause improvements in the attitudes and behaviors of students up to age 20. Process measures may also include changes in the attitudes, beliefs, expectations, and behaviors of other prevention stakeholders if these are necessary preconditions for preventing substance use among students up to age 20.

5. Reporting

Per Section 2.4 of the Request for Applications, all activities under the Prevention Partnership Grant Program shall be documented in accordance with the terms and conditions of the subcontract. Unless otherwise specified in the Request for Applications, the frequency, format, and approval of reports may be negotiated by the Managing Entity.

Network Service Providers shall submit the following reports:

5.1 Program Status Report

A detailed report of the services and activities performed and the progress of the program in meeting the performance measures, process measures, goals, objectives and tasks outlined in the subcontract. This report must be submitted quarterly into LSF Health Systems data system by the 8th of the month.

5.2 Financial Report

A detailed report of program expenses which are used to track all expenses associated with the grant and reconcile these expenditures with the payments made to the grantee. The financial reports track both grant award-funded and match-funded expenses and encourages program expenditure planning and projection. Pursuant to *Rule 65E-14.021, F.A.C.*, this report must be submitted at least annually using the Department's form *CF-MH 1037*.

5.3 Prevention Services and Prevention Partnership Grants (PPG) Supplementary Guidance

Pursuant to s. 397.99(2)(d), F.S., performance measures for grant program activities must measure improvements in relevant student behaviors and associated attitudes in the following state priorities for consumption reductions. The Network Service Provider will complete this form for each PPG cycle and send it for approval to LSFHS.

5.4 Additional Reporting Requirements

Ad Hoc and additional reporting may be required as determined necessary by LSF Health Systems or the Department of Children and Families.

6. Data Entry

The Network Service Provider must enter all prevention data monthly into the Department's Performance Based Prevention System accurately and with adequate descriptions. If the Department finds inaccuracies in the data, the Network Service Provider will comply with any and all requested changes within the timeline identified, unless there is an approved extension.

7. Financial Consequences

Financial consequences may apply if the Network Service Providers fail to perform in accordance with the contract.

8. Return of Funds

Per Section 2.7 of the Request for Applications, Network Service Providers shall return to the Managing Entity any unused Prevention Partnership Grant funds and unmatched grant funds, as documented in the Final Financial Report, no later than 60 days following the ending date of the contract. At the Managing Entity's discretion, reconciliation and the return of funds may be subject to the Managing Entity's carry forward plan.

9. Staffing

Network Service Providers must incorporate all reasonable, allowable, and necessary elements of the grantee's staffing chart and job descriptions as presented in the grantee's application. Any single revision the Network Service Provider would like to make to the staffing details; including positions, numbers of FTEs, qualifications and salaries; subject to the Department's approval of any single revision that results in a change to the staffing plan greater than 25% of either the total FTE or total salary costs.

10. Funding and Match

Providers must submit a proposed budget and budget narrative, including match commitment, for reasonableness, allowability and necessity to the Managing Entity for review and approval. The Network Service Provider shall ensure they maintain the 25% cash or in-kind match required by s. 397.99, F.S.

PPG Network Service Providers

Applicant	County Coverage
Hanley Center Foundation, Inc. dba Hanley Foundation	Baker, Bradford, Clay Duval
Hanley Center Foundation, Inc. dba Hanley Foundation	Putnam
Hanley Center Foundation, Inc. dba Hanley Foundation	Alachua
Hanley Center Foundation, Inc. dba Hanley Foundation	Dixie, Gilchrist, Levy, Lafayette
Eckerd Youth Alternatives	Citrus
Flagler Cares	Flagler
BayCare Behavioral Health, Inc.	Hernando

11. Monitoring

The Managing Entity shall monitor all Prevention Partnership Grant grantees in accordance with the terms of **Section C-1.3.** and shall detail the results of all Prevention Partnership Grant monitoring and any corrective actions implemented as a program-specific element of the Network Service Provider performance report reporting required by **Section C-2.4.6.4.** The Department reserves the right to require additional corrective action for any documented failure of Prevention Partnership Grant grantees to implement services in accordance with the terms of their PPG applications and their Managing Entity subcontracts.

12. Prevention Evidence Based Practices

The provider will implement pre-approved evidence-based practices related to prevention that comply with the Performance Based Prevention System data plan. If a provider wishes to implement a new Evidence Based Program it must follow the appropriate review process. Please see the Evidence Based Program Guidance Document.

[Hc02 & HC07 Exhibit F \(myflfamilies.com\)](https://myflfamilies.com)

13. Invoicing

Invoices for prevention programs are commonly categorized in the following manner:

Contracted Prevention Provider

The Contracted Prevention Provider is contracted for prevention services in ASA (MSA25) or CSA (MSC25). This is a fixed price (unit cost) contracted service. The Managing Entity shall pay the Network Service Provider for the delivery of services provided in accordance with the terms and conditions of this contract.

Coalition Provider

The Coalition Provider is contracted for prevention services in ASA (MSA25) or CSA (MSC25). This is a fixed price (unit cost) contracted service. The Managing Entity shall pay the Network Service Provider for the delivery of services provided in accordance with the terms and conditions of this contract.

PPG Provider

The PPG Provider is contracted for prevention services in CSA (MSCPP). This is a fixed price (unit cost) contracted service. The Managing Entity shall pay the Network Service Provider for the delivery of services provided in accordance with the terms and conditions of this contract.

The Invoice template can be found in Exhibit I. The financial rules can be found in 65E-14, F.A.C.

Glossary

- **Community coalitions**

Local partnerships between multiple sectors of the community that respond to community conditions by developing and implementing comprehensive plans that lead to measurable, population-level reductions in drug use and related problems.

- **Culture**

The shared values, traditions, norms, customs, arts, history, folklore and institutions of a people unified by race, ethnicity, language, nationality, religion or other factors.¹

- **Prevention**

Strategies that take place *prior* to the onset of a disorder and are intended to avert or reduce risk for the disorder.

- **Promotion**

Strategies to encourage supportive family, school, and community environments and to identify and strengthen protective factors.

- **Protective factor**

Characteristic at the biological, psychological, family, or community level that is associated with a lower likelihood of problem outcomes or that reduces the negative impact of a risk factor on problem outcomes.²

- **Risk factor**

¹ National Community Anti-Drug Coalition Institute. (2007). *Cultural Competence Primer: Incorporating Cultural Competence into Your Comprehensive Plan*.

² National Research Council and Institute of Medicine. (2009). *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*. Washington, DC: The National Academies Press.

Characteristic at the biological, psychological, family, or community level that precedes and is associated with a higher likelihood of problem outcomes.³

- **Strategic Prevention Framework (SPF)**

A five-step process to promote youth development, reduce risk-taking behaviors, build assets and resilience, and prevent problem behaviors across the life span.⁴

- **Treatment**

Services that include assessment, counseling, case management, and support within residential and non-residential settings and recovery support. The intent of these services is aimed to address a specific disorder by reducing or eliminating the symptoms or effects of the disorder or avoiding relapse.

Prevention Services will be administered according to DCF Guidance 10 and Prevention Partnership Grant (PPG) will be administered according to DCF Guidance 14, which can be found at following link using the applicable fiscal year: <https://www.myflfamilies.com/services/samh/providers/managing-entities>

³ National Research Council and Institute of Medicine. (2009). *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*. Washington, DC: The National Academies Press.

⁴ See <http://www.samhsa.gov/spf>