

## SAPC Prevention Onboarding Training Frequently Asked Questions

Updated: 8/8/22

### **Where can I find slides from the onboarding training? Where can I find the data sources from the data slides?**

SAPC has posted the onboarding slides and recordings, on the [SAPC Prevention Page](#). Data slides included the data source ([SAPC<sup>1</sup>](#) and [NSDUH<sup>2</sup>](#)). A review of data section of the slides may help with your agency-led assessment to determine your programmatic priorities and outcomes.

### **Are there specific short-term/long-term outcomes measures for each section of the work plan? Is there a list of examples of measurements?**

You may develop your own or review the work plan template where examples are provided. You may also refer to SAPC's logic models short-term/long-term outcomes located in the [SPP](#) and [Program Manual](#)). Defer to your Prevention Program Specialist to answer program-specific questions.

### **Are planning meetings to be included in the activities section in the work plan?**

Program planning is considered a process measure and may be included in your work plan. Defer to your Prevention Program Specialist for further clarification as needed.

### **Is the provider-led community assessment different from the 2022 Community Needs Assessment?**

Yes. The provider-led community assessment is a minimum 2-page requirement (Please see page 20 of the [Program Manual](#)). Thanks to everyone for supporting SAPC's 2022 Needs Assessment efforts. Once the findings from this assessment are shared (Mid 2023), we can review the logic models and work plans together with the providers; programs may need to be adjusted if new data reflects different programmatic priorities and community needs within your local SPA.

### **How many logic models do we need to provide? 2 or 4?**

4 logic models; 1 per substance.

### **How many work plans are needed per contract?**

1 work plan per contract.

### **If an agency has both CCP and PEP contracts, will the agency need to submit 8 logic models total? (1 for each substance and 1 for each contract)?**

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<sup>1</sup> [SAPC Data Reports and Briefs](#)

<sup>2</sup> [National Survey of Drug Use and Health \(NSDUH\)](#)

Yes. CCP and PEP contracts have different deliverables and therefore require different strategic plans and logic models.

**Would collaboration with our CCP SPA lead count as one of those four educational outreach events during each fiscal year?**

Collaboration by itself does not count, but if you actively support other community providers to plan a community event, such as a town hall meeting, it can count as one of your events. Please verify with your assigned Prevention Program Specialist separately.

**What are examples of providing technical assistance by CCP providers to PEP providers?**

Technical assistance generally refers to additional programmatic or coalition related support to PEP providers in your local area, as an effective method for building the capacity of your SPA in delivering prevention services. For specifics, please engage your Prevention Program Specialist.

**What are the requirements for CCP providers to support PEP providers within each SPA?**

Influencing policy legislation and changing organizational practices and social norms have the greatest impact, in terms of impacting the most people. Working with your community partners, including PEP providers, is essential in addressing your environmental activities. Community engagement including engaging community leaders is important in addressing local substance use issues within each SPA. For example, collaborating with schools is crucial to meaningful coalition engagement and inclusion of youth voices and school administrators as a sector. There are other ways besides in-class presentations where coalitions can engage this sector. Defer to the [Program Manual](#) or your Prevention Program Specialist for more specifics.

**To clarify, CCP is not doing in-class presentations to schools or any other type of programs, they are mostly focusing on policy and community advocacy with their SPA and providing support to PEP?**

In-class presentations are generally not required for CCP providers. However, collaborating with schools seems essential to meaningful coalition engagement and inclusion of youth voices and school administrators as a sector. Defer to your Prevention Program Specialist for more specifics.

**Do you need an MOU working with parents?**

Yes, MOUs are required and highly recommended in general to ensure there is a nonbinding agreement that states each party's intentions to take action, conduct a business transaction, or form a new partnership. If interventions are not recurring and/or are one-time events, then an MOU is generally not required. It is recommended to verify with your assigned Prevention Program Specialist and Contract Program Auditor.

**In lieu of an MOU from local community and wellness centers, would a Letter of Support be acceptable?**

No.

**What levels are recommended for Botvin Lifeskills? Will the county be offering LST facilitator training to PEP providers or is each provider responsible for scheduling that training for staff? What if we cannot provide services to middle-or high-school students?**

SAPC recommends middle school or high school, but it's up to each provider. The [LifeSkills Training Factsheet](#) was recently published to provide recommendations. Currently, SAPC is not offering formal facilitator trainings, as there are opportunities for agencies to offer best practices and guidance to other agencies as needed. Annual contractual amounts have been increased to account for the costs associated with EBP trainings, not exclusive to Botvin Lifeskills.

**Is Responsible Beverage Training (RBT) paid for by SAPT Block Grant funds?**

No. It is optional for providers to engage in RBT. Increased funding per contract allows for additional programmatic and training costs, such as RBT.

**Is there a list of locally innovative programs that SAPC recommends?**

See [Program Manual's](#) list of recommended evidence-based programs. We currently do not have a list of locally innovative programs but can include them in a subsequent version of the manual. Providers can engage their community partners, other local providers, and online program registries to learn more about which local innovative programs have been deemed as promising.

**Are alternative activities allowed outside of providers' assigned SPAs?**

The contract generally allows for one-time events outside of the SPA if it benefits the overall program and transportation issues for staff and program participants are resolved.

**Are providers required to use gift cards?**

No, gift cards are optional and not required. Please visit the [SAPC Provider Page](#) to read more on the reporting requirements regarding gift cards.

**Are snack items for outreach events/tabling allowed? If so, does this count towards the maximum of \$30 total per participant?**

Food is one of the allowable incentives but is restricted to the overall \$30 maximum amount per participant per year. It is recommended locate other local or flexible funding sources from which you can purchase additional incentives, because this federal funding source has many restrictions when it comes to non-cash incentives (apart from "Program Identifiers").

**Can we provide a \$10 non-cash incentive for each session for Botvin's Life Skills participation to the same group of participants?**

No, not for each session, as incentives for program participation are capped at \$30 per participant per fiscal year. It is recommended locate other local or flexible funding sources

from which you can purchase additional incentives, because this federal funding source has many restrictions when it comes to non-cash incentives (apart from "Program Identifiers").

**Can you clarify what is a 'program identifier'?**

See the [DHCS SABG Policy Manual](#) – H-18. Program identifiers will identify the program name (i.e., FNL) but does not specify the agency name or logo (i.e., LACOE).

The language has been reproduced below.

*Can SABG funds be expended for Incentives?*

*SAMHSA policy supports the appropriate, judicious, and conservative use of non-monetary incentives in providing SUD prevention and treatment services. SAMHSA has indicated that non-cash incentives are essential to encourage attendance, retention, and attainment of prevention and treatment goals. The following guidance must be adhered to:*

- Non-cash incentives should be the minimum amount necessary to meet the program and evaluation goals of the grant and may not exceed \$30. Some examples include gift cards, bus passes, prizes, food, and outreach items such as pencils, T-shirts, etc., containing program identification.*
- Non-cash incentives should not provide an "undue inducement" that removes the voluntary nature of participation in an SUD prevention and/or treatment program.*
- SAMHSA grant funds may not be used to make direct cash payments to individuals to induce them to enter SUD prevention and/or treatment programs or for any other purpose. Costs of entertainment, including amusement, diversion, and social activities and any associated costs are unallowable. Utilizing SABG funding to provide non-cash incentives, including food must be necessary and reasonable for proper and efficient performance, and administration of the SABG program, and be adequately documented. The use of SABG funding for non-monetary incentives must be for the purpose of encouraging attendance, retention, and attainment of SUD prevention and treatment goals.*

**In the past we have been able to post social media content if it has info from government sources without submitting to SAPC first. Are we not allowed to do that anymore? I believe it was said during a provider meeting before that it was ok to do so.**

Please verify with your assigned Prevention Specialist about the specific sources.

**If some of our content (presentation/printouts) were approved last FY can we continue to use this FY?**

Yes, unless content has changed, or new material has been added.

**Do all media post need to be approved before each post?**

Yes.

**What is considered indirect hours? How can we document indirect hours?**

- Direct hours are related to direct services, i.e., teaching LST to students.
- Indirect hours includes material preparation, copying/faxing, preliminary phone-calls, and follow-up calls, travel time, etc.
- You must keep track of your direct and indirect hours in a spreadsheet. Other providers within your SPA can offer examples of how to log indirect hours. If your agency currently does not have a version, it is highly encouraged that you reach out to your local SPA providers to obtain a sample tracking log. Having these documents minimizes provider and County risk for disallowances during State and Federal audits.

**For issues regarding CNA, please contact:**

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**Helpful Links:**

[SAPC Prevention Provider Webpage](#)  
[SAPC Prevention Provider Manual](#)  
[SAPC Prevention Strategic Prevention Plan](#)  
[Work Plan Template](#)  
[Logic Model Template](#)  
[Non-cash Incentives](#)  
[SABG Policy Manual](#)  
[LifeSkills Training Factsheet](#)

**For Local Data:**

[SPA Level Data \(except for SPA 1 and 5\) NSDUH](#)  
[HODA Data Briefs and Dashboards](#)