



SAPC Prevention Provider Orientation 2022-2023 Fiscal Year Day 2

**Substance Abuse Prevention & Control
Prevention Services
Community & Youth Engagement**



Today's Agenda

- LAC Substance Use Data
- Priority Areas
- Goals and Objectives
- Logic Models
- Work Plan Essentials
- PEP and CCP Contract Requirements
- Coalitions
- Required Reports
- Policies and Procedures
- Covered Items
- Prevention Data Reporting (PPSDS)
- Recommended Trainings
- Invoices
- Q&A

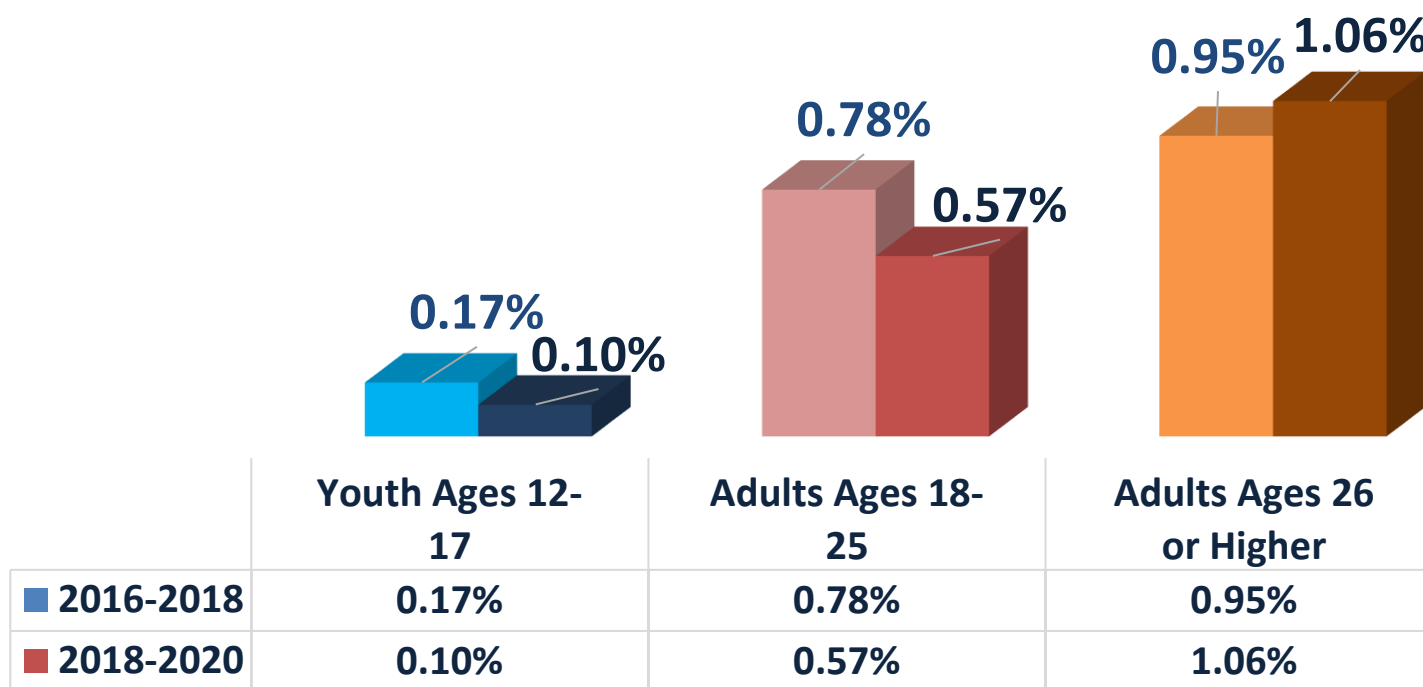


Los Angeles County Substance Use Data and Priority Substances



Methamphetamine

Methamphetamine Use in the Past Year by Age Group, Los Angeles County, 2016-2020 Annual Averages

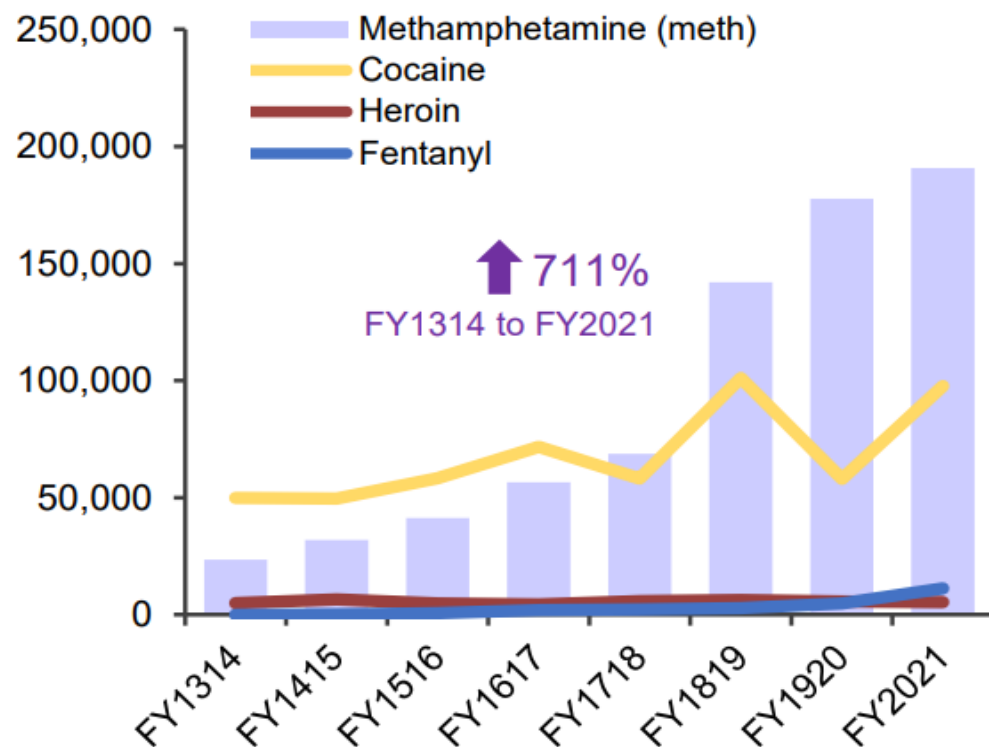


Methamphetamine use, Past Year	2016-2018	2018-2020
Youth Ages 12-17	0.17%	0.10%
Adults Ages 18-25	0.78%	0.57%
Adults Ages 26 or Higher	0.95%	1.06%
Los Angeles County	0.93%	1.00%
California	0.96%	1.08%
United States	0.64%	0.84%

Source: National Survey of Drug Use and Health, substate data, 2016-18 and 2018-20

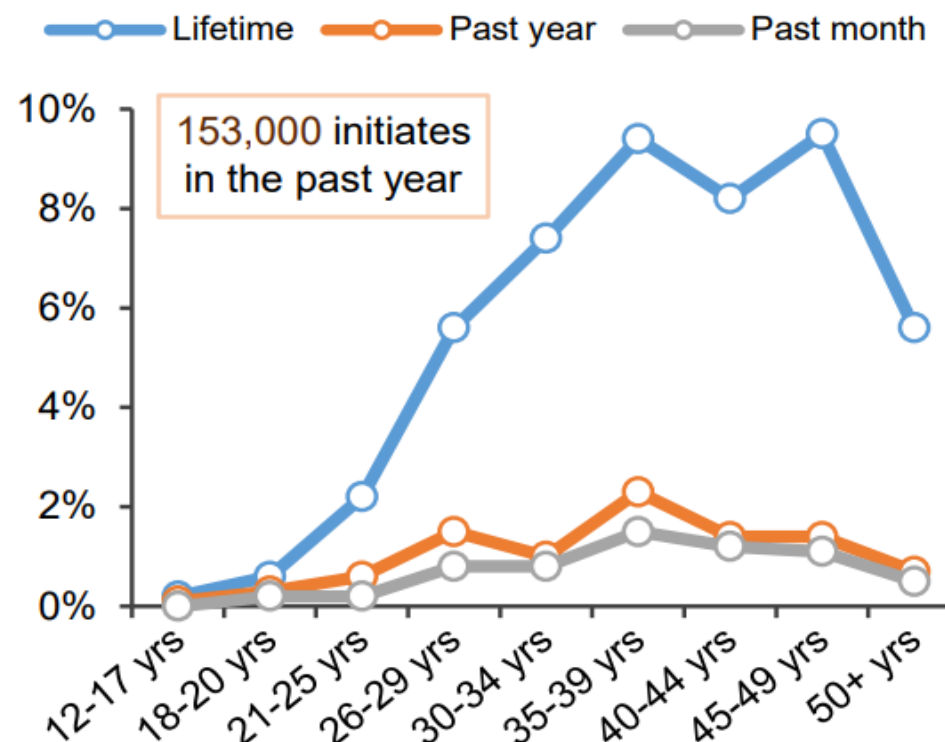
Methamphetamine

**Nationwide drug seizures
(in pounds), U.S., FY1314-FY2021¹**



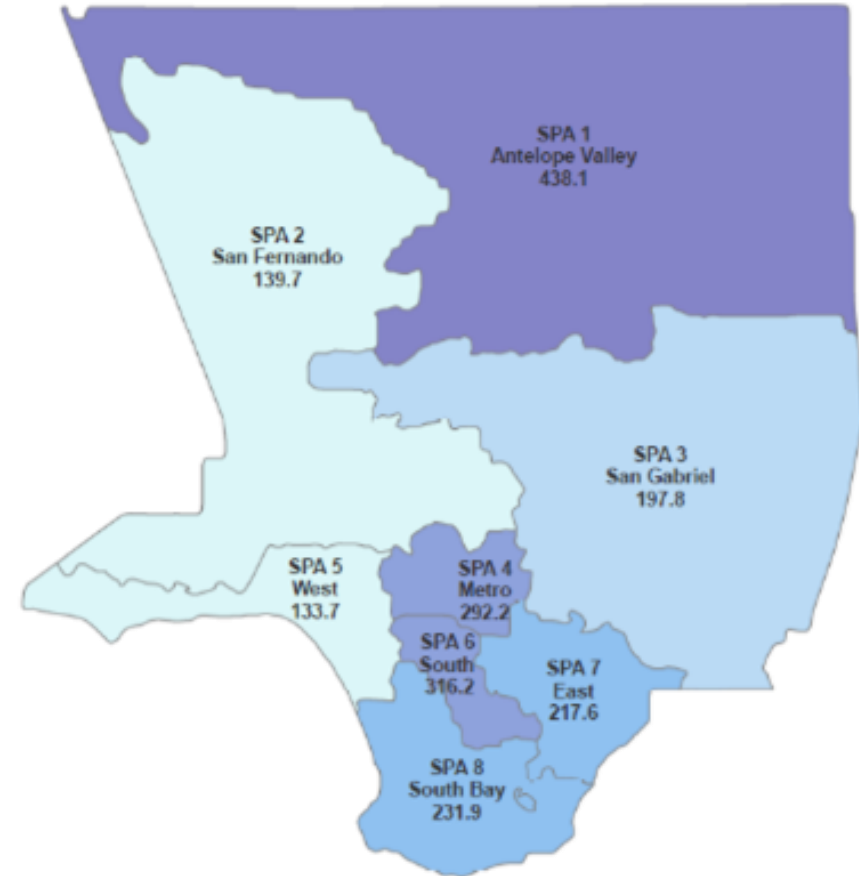
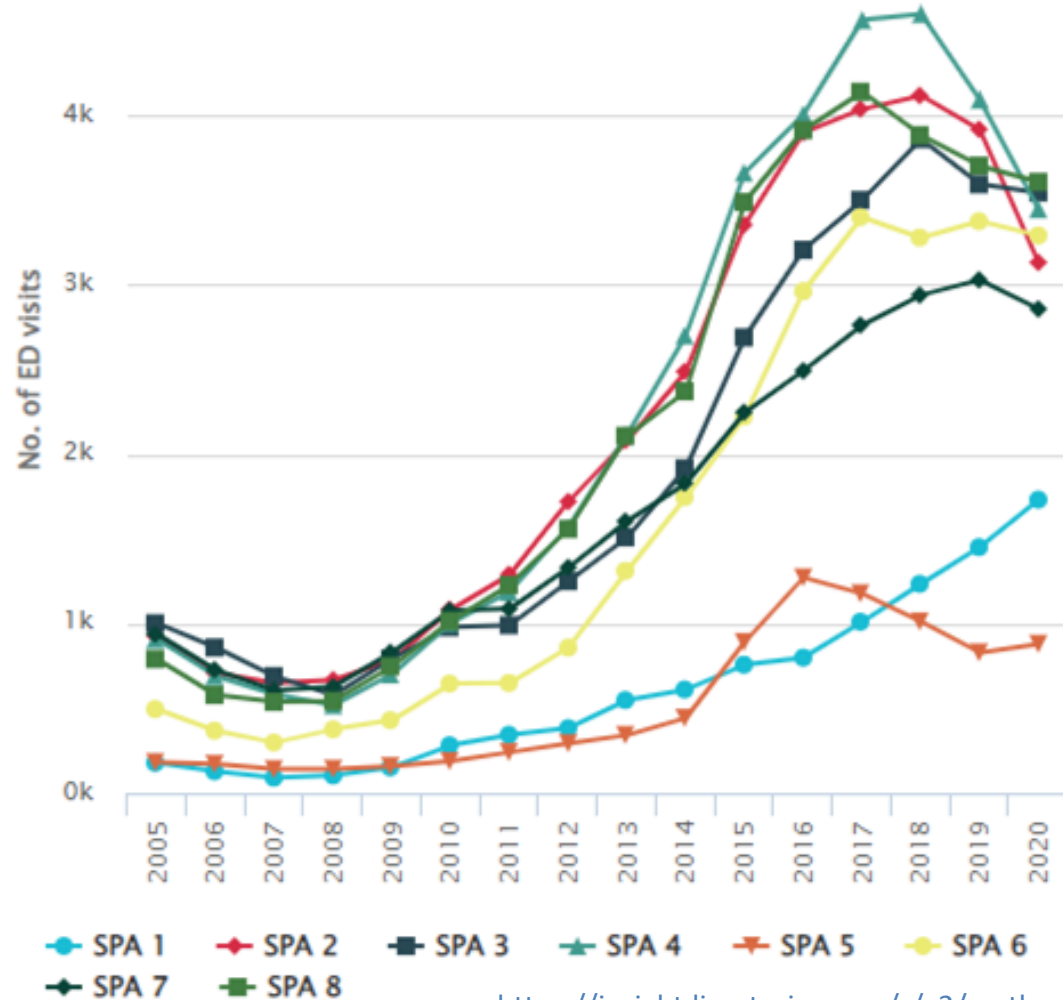
Domestic meth seizures greatly increased in the US following FY1819, particularly in western states

Lifetime, past year, and past month meth use by age, U.S., 2020²



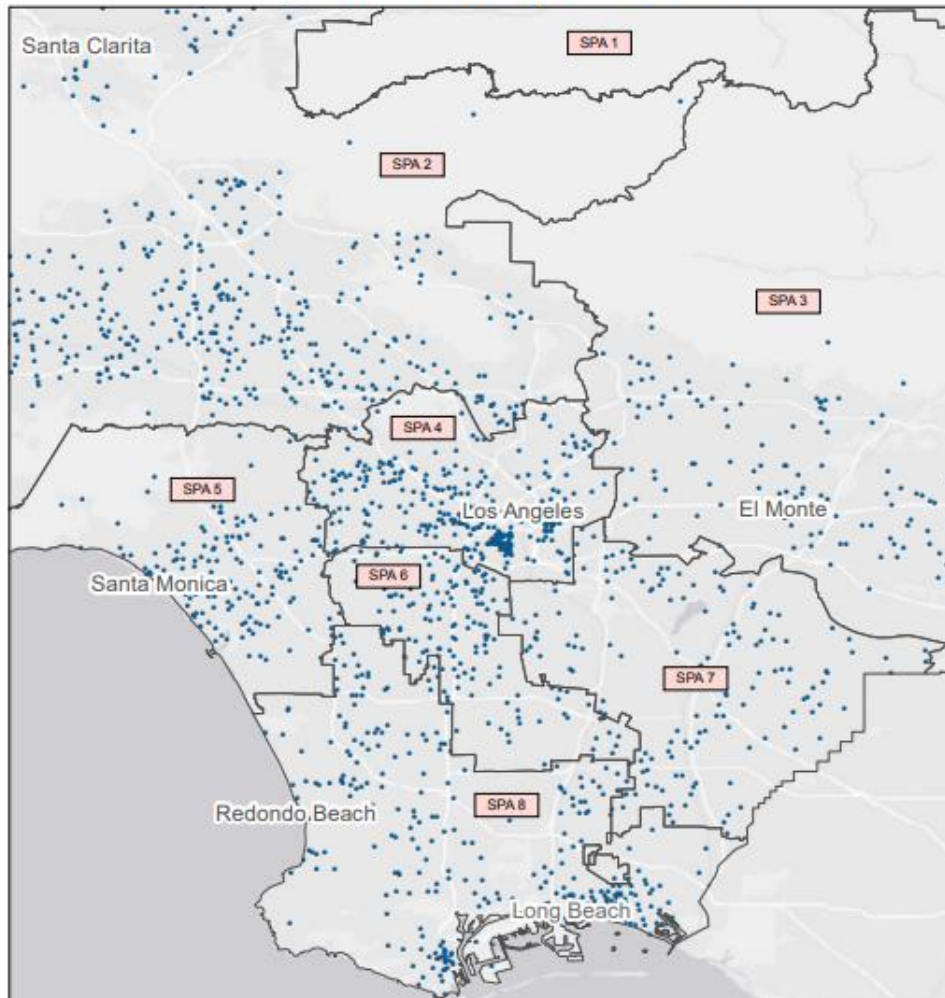
Meth use increased with age, peaking at age 35-49, and then decreased

Methamphetamine Emergency (ED) Visits by Service Planning Area, SPA

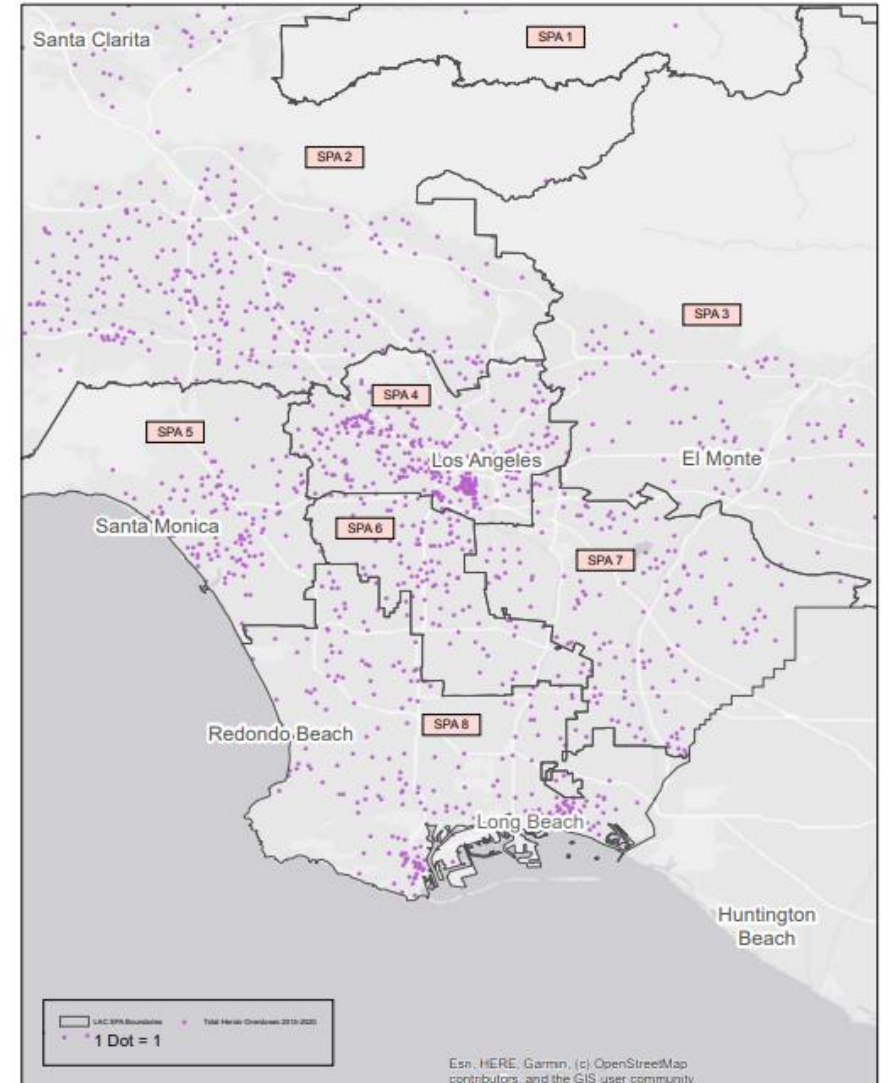


Opioid Overdose Deaths

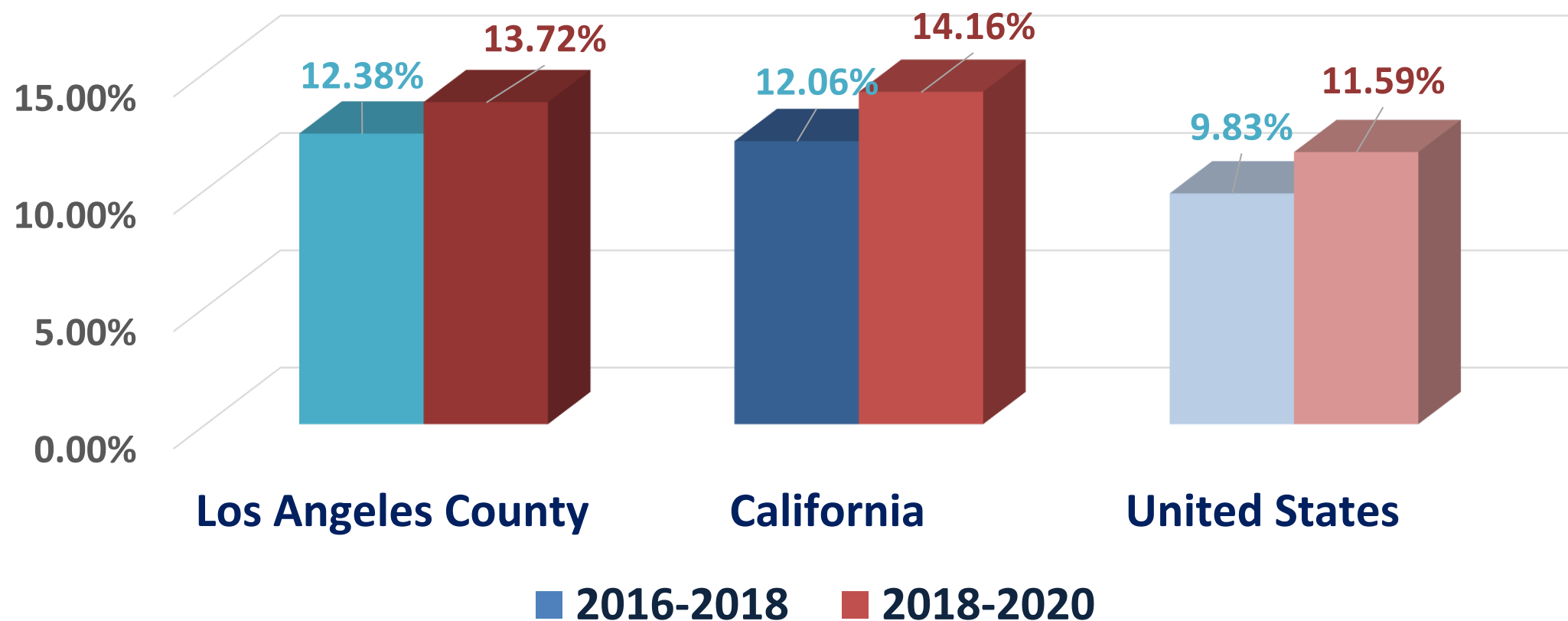
Accidental Prescription Opioid Overdose Deaths Los Angeles County 2015-2020



Accidental Heroin Overdose Deaths Los Angeles County 2015-2020



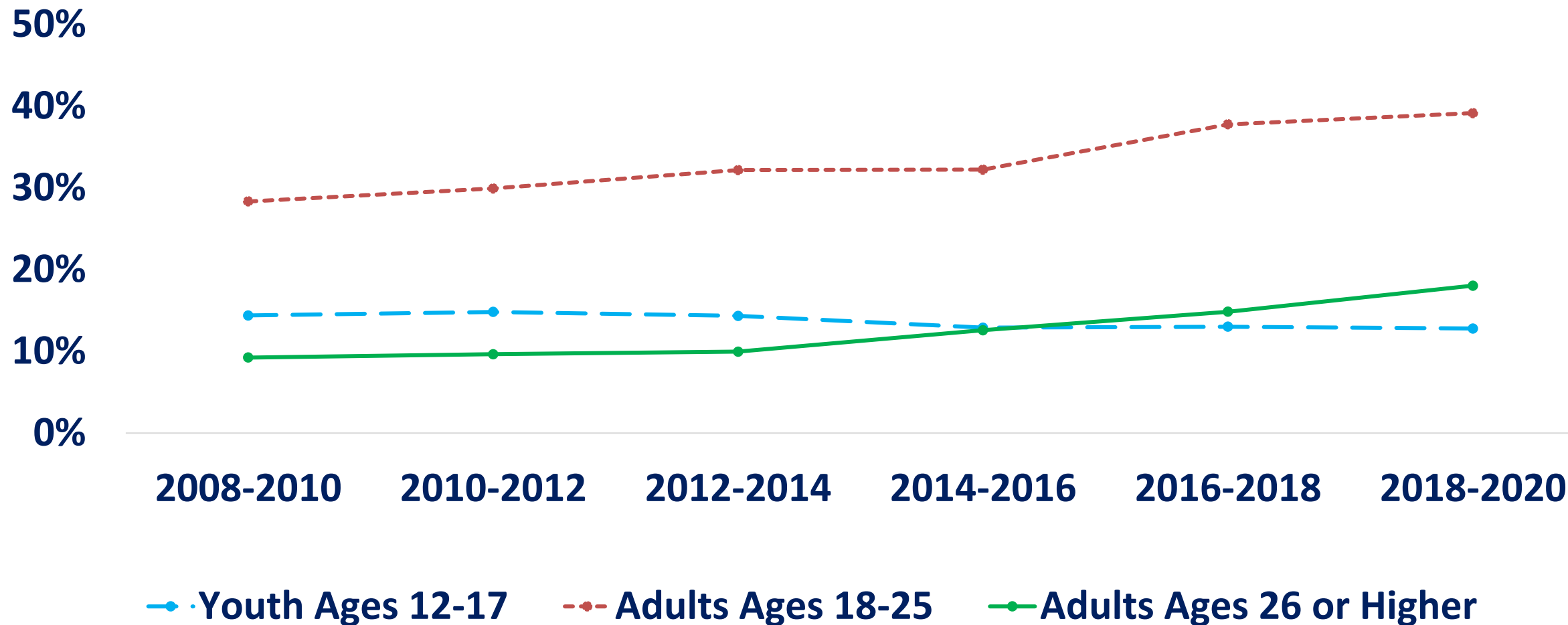
Past Month Marijuana Use among Adults (18+), Los Angeles County, California, and United States, 2016-2020 Annual Averages



Source: National Survey of Drug Use and Health, substate data, 2016-18 and 2018-20



Past Year Marijuana Use by Age Group, Los Angeles County, 2008-2020 Annual Averages



Source: National Survey of Drug Use and Health, substate data, 2016-18 and 2018-20



Marijuana Related and Primary Marijuana Emergency Department (ED) Visits, Los Angeles County

Figure 1. Marijuana-related ED visits, LAC

Source: OSHPD

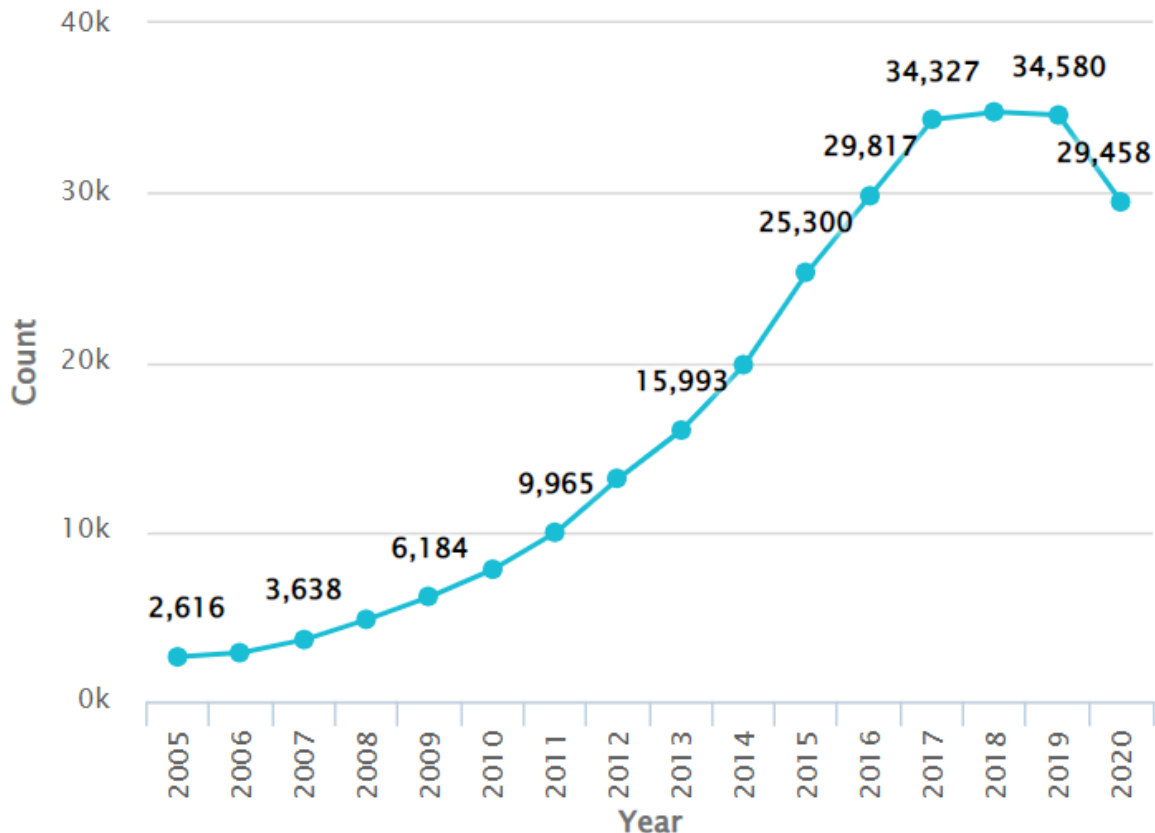
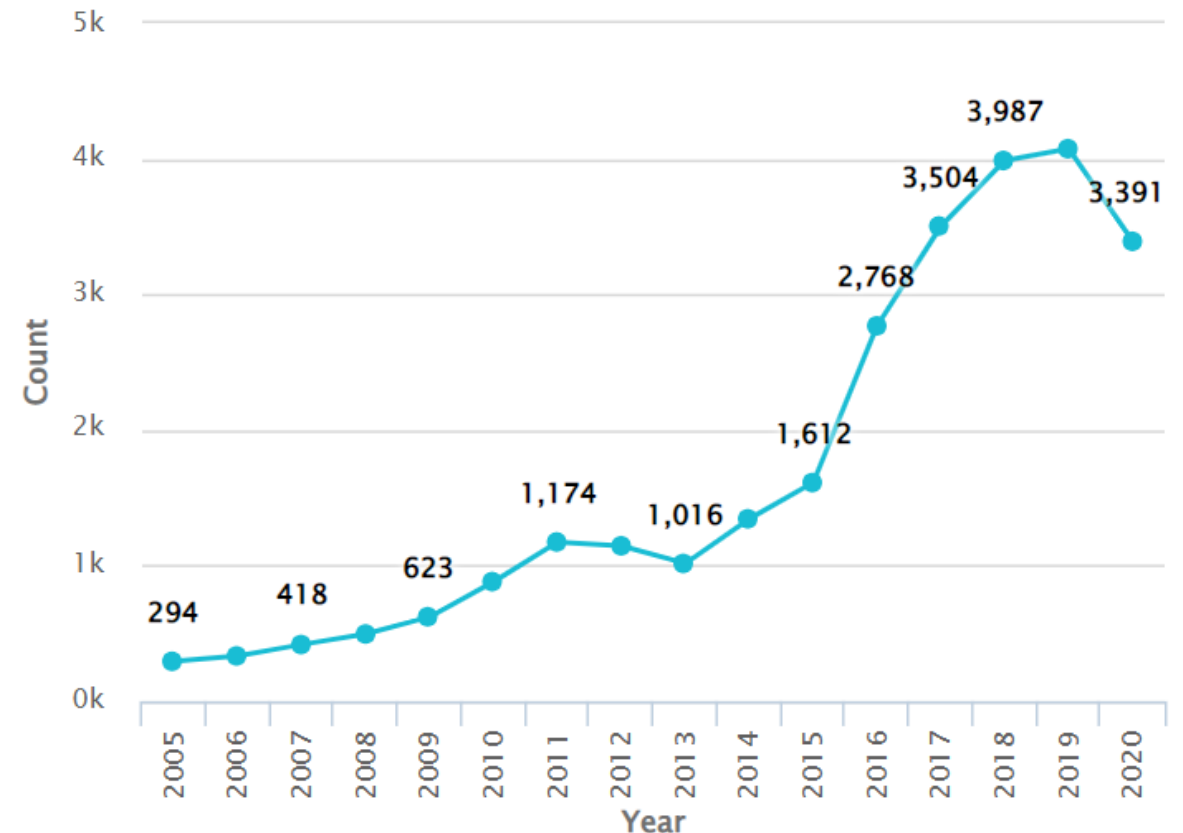
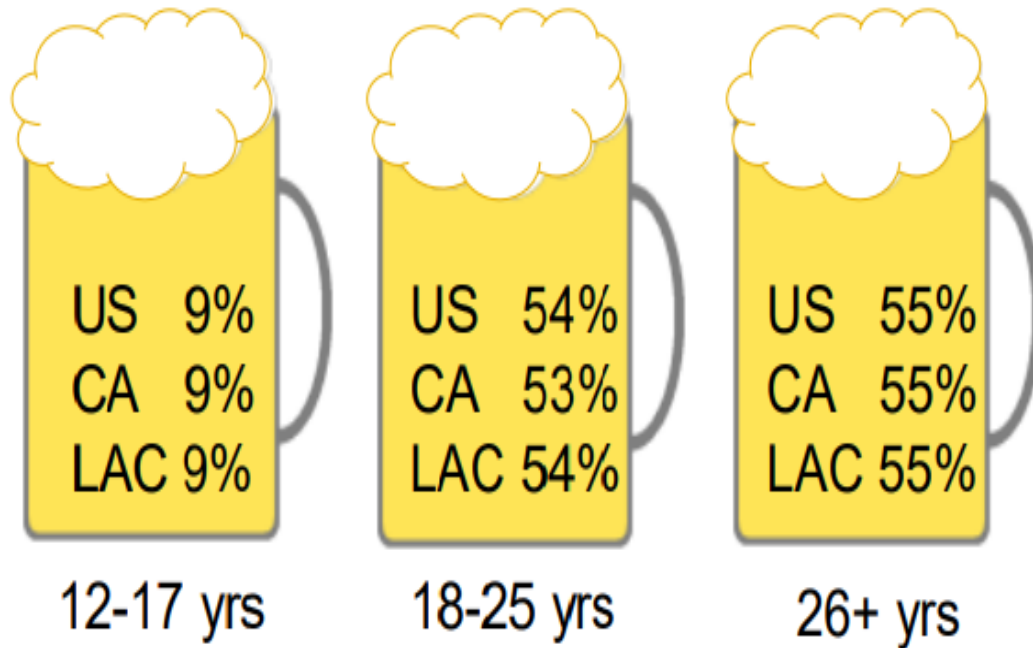


Figure 2. Primary marijuana ED visits, LAC

Source: OSHPD

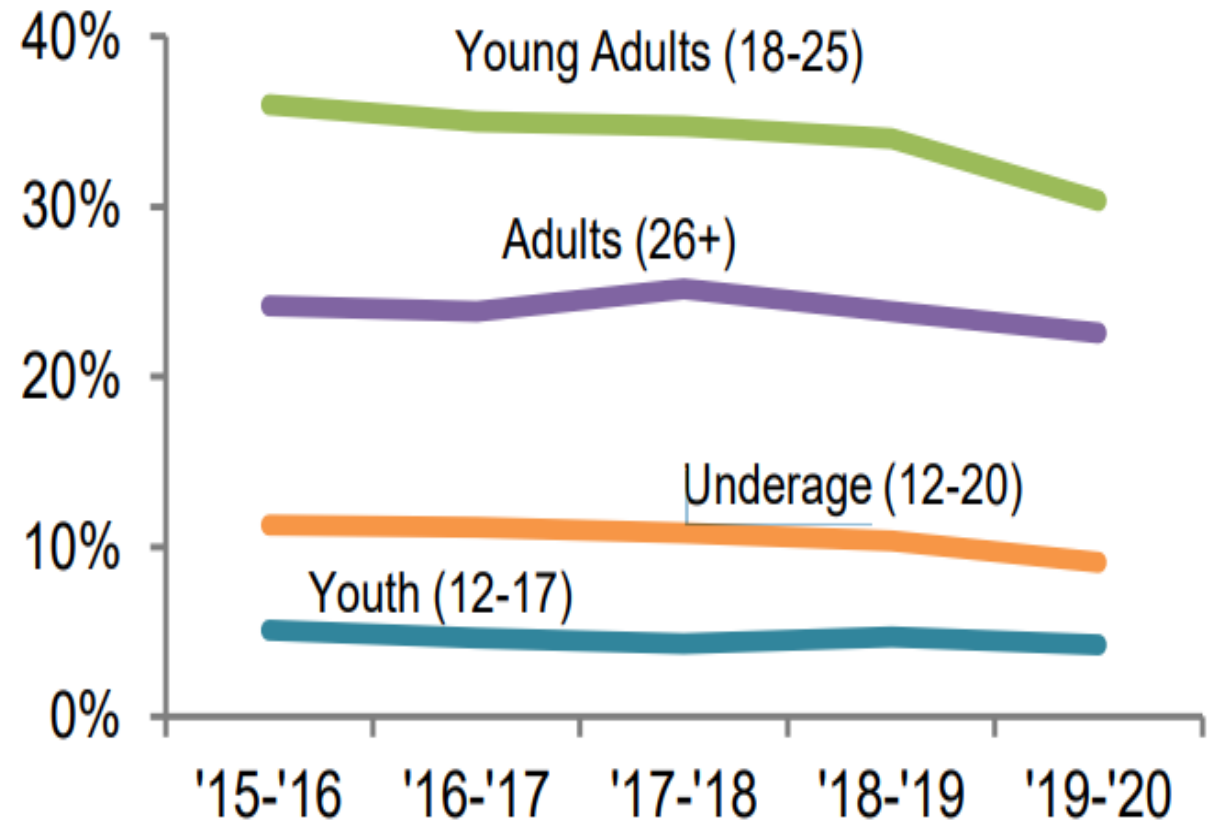


Alcohol use in the Past 30 Days by Age in Los Angeles County (LAC), 2018-2020¹

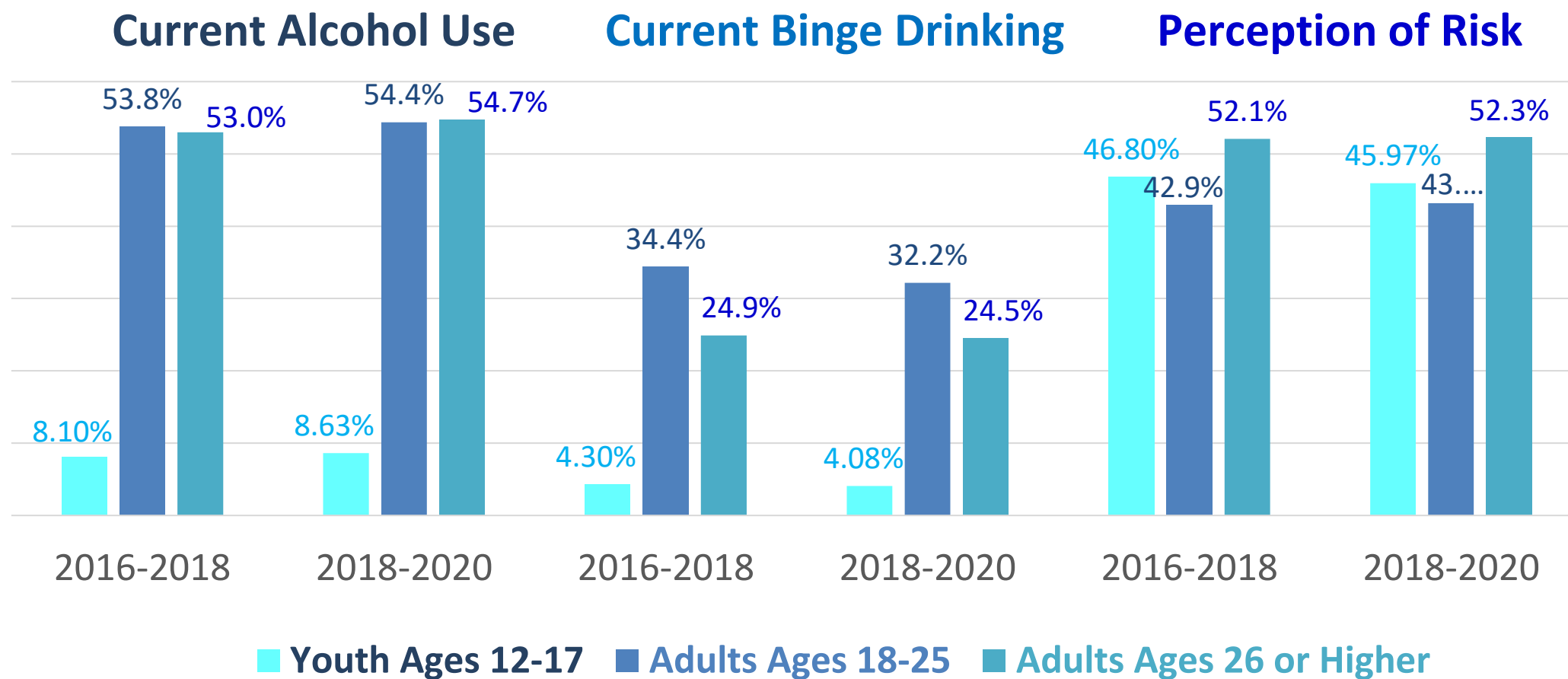


1 in 7 underage drinkers began before they were 13 years old²

Binge Drinking in the Past 30 Days by Age, in CA, 2015-2020³

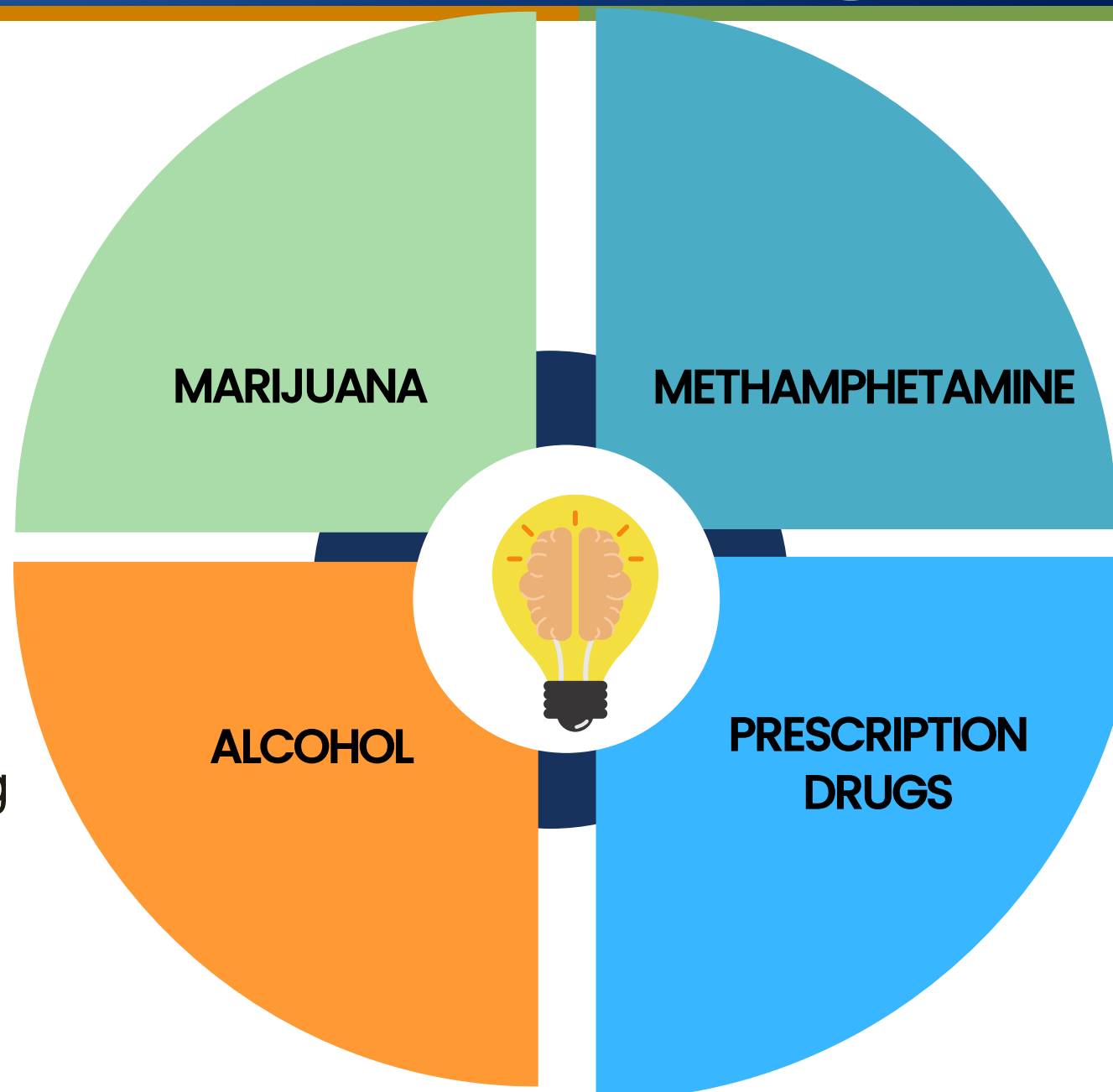


Current Alcohol Use, Binge Drinking, and Perception of Risk by Age Group, LAC, 2016-2020



Source: National Survey of Drug Use and Health, substate data, 2016-18 and 2018-20

4 Priority Substances



The Four Priority Areas

were defined through conducting a local community needs assessment and analyzing existing substance use data.



LA County Strategic Prevention Plan

The Four Priority Areas were defined through conducting a local community needs assessment and analyzing existing substance use data.

Priority 1: Decrease alcohol use among youth.

Priority 2: Decrease marijuana use among youth.

Priority 3: Decrease methamphetamine use among youth and adults.

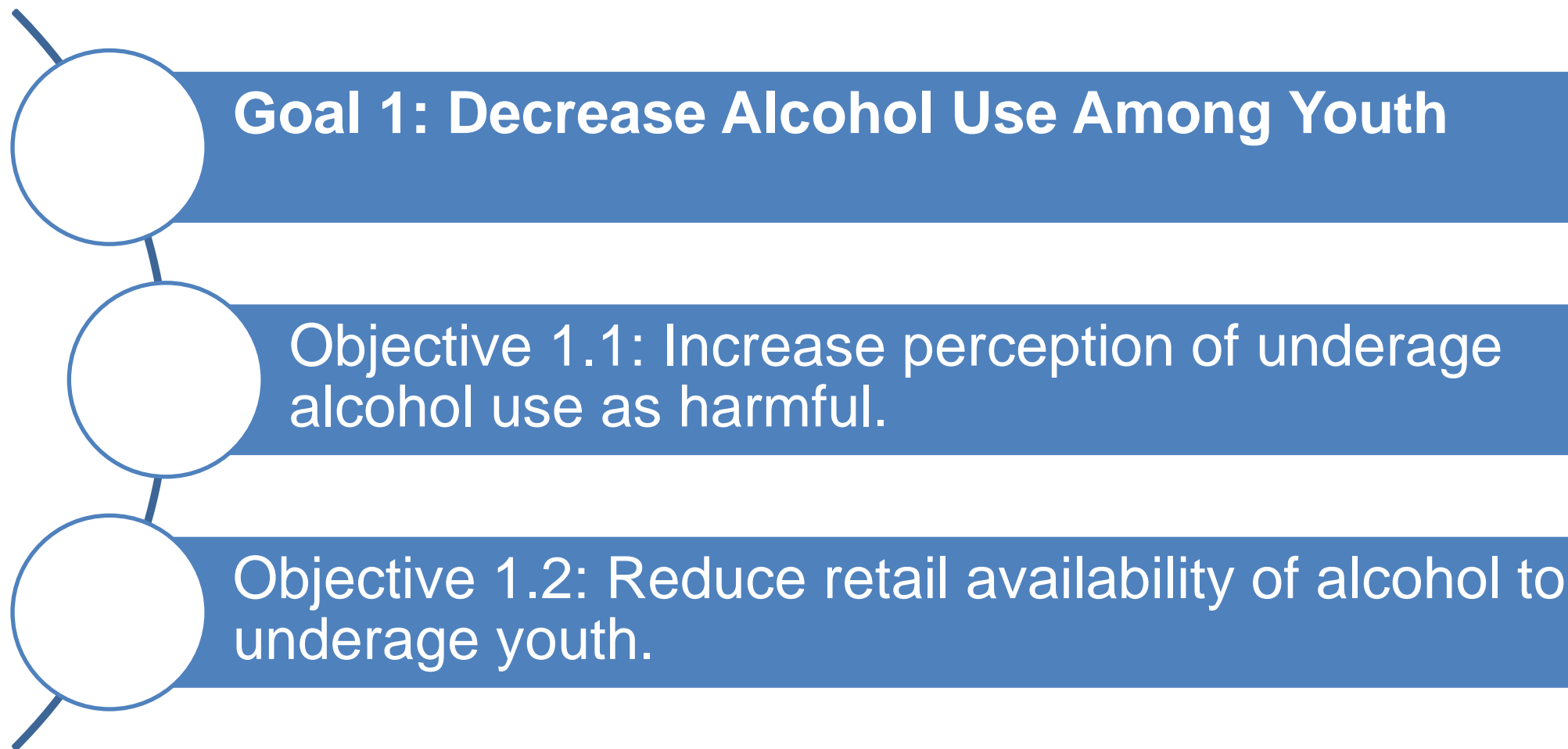
Priority 4: Decrease prescription drug misuse or abuse among youth and adults.



Los Angeles County Goals and Objectives



County Goals and Objectives: Goal 1:



County Goals and Objectives: Goal 2



Goal 2: Decrease Marijuana Use Among Youth

Objective 2.1: Increase youth perception of underage marijuana use as harmful.

Objective 2.2: Reduce retail availability of marijuana to underage youth.

County Goals and Objectives: Goal 3



Goal 3: Decrease Methamphetamine Use Among Youth and Adults

Objective 3.1: Increase community awareness of the harms of methamphetamine.

County Goals and Objectives: Goal 4



Goal 4: Decrease Prescription Drug Misuse or Abuse Among Youth and Adults

Objective 4.1: Decrease in prescribing of opioid drugs for adults

Objective 4.2: Reduce youth access of prescription drugs.



Logic Model



Logic Model

A logic model must be developed in accordance with LA County's Goals and Objectives and used to guide the development of the provider's work plans.

Logic model should include:

- **Problem Statement**
- **Risk and Protective Factors**
- **Local Conditions**
- **Strategies/Activities**
- **Outcomes**

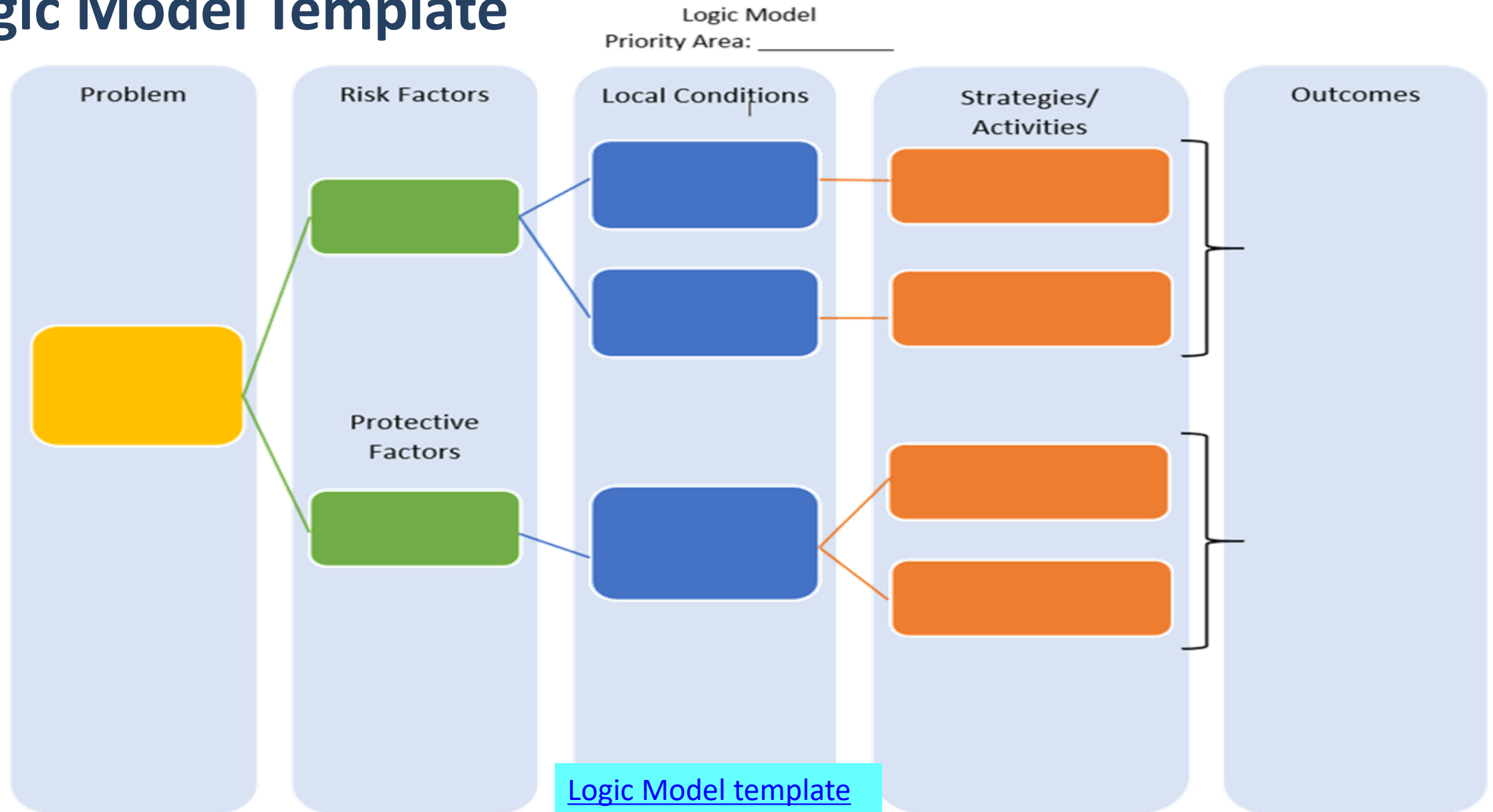
You can select 2 to focus on, but you must address all 4 priority areas!
(need one logic model for each priority)

Data Driven Programming

LA County has four (4) priority substances (marijuana, alcohol, methamphetamine, and prescription drugs). Address all priority areas, with a focus on specific substances.

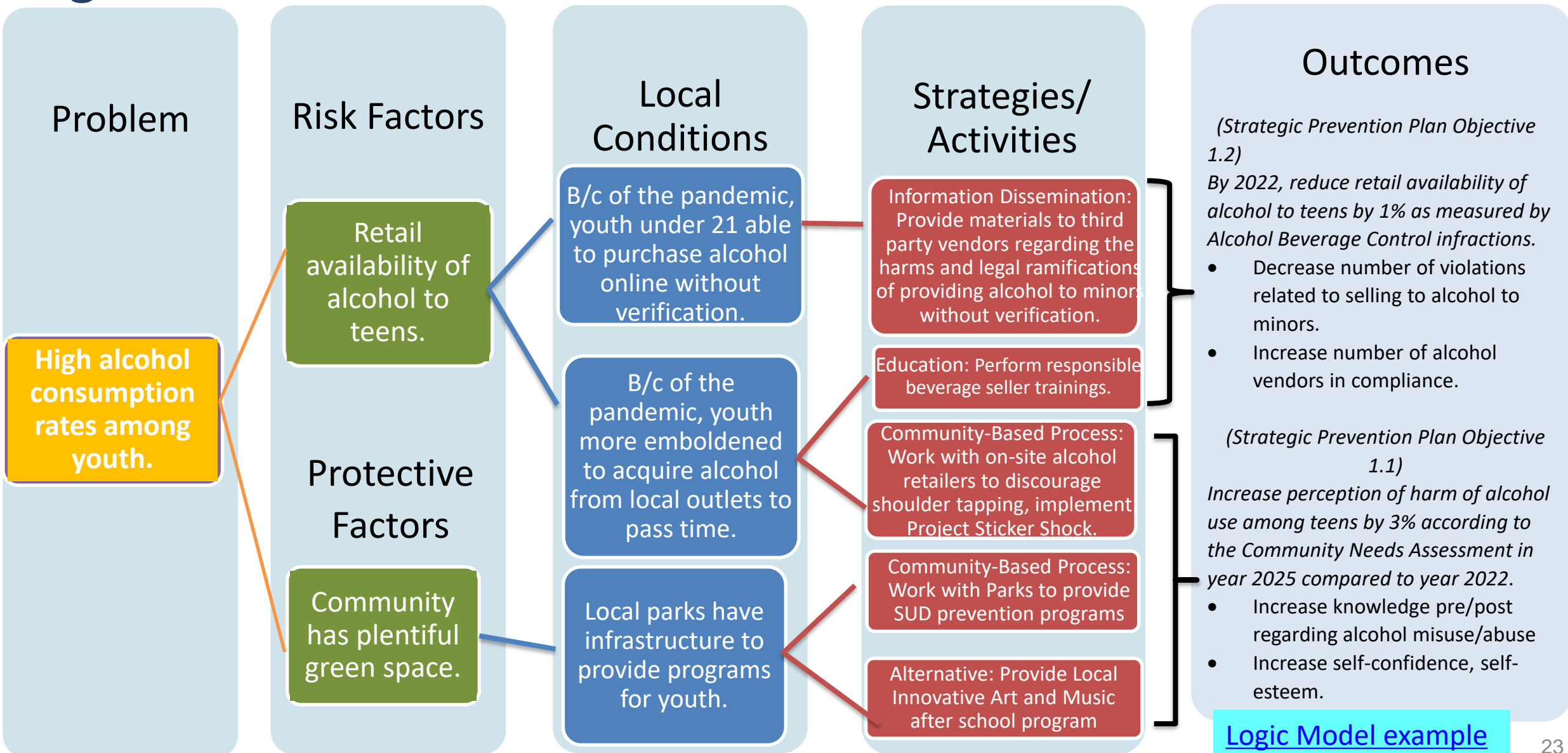
- 1- Your problem statement should be based on your local data and community conditions.
- 2- Your programming should be culturally competent, based on your problem statement and your organizational and community capacity.

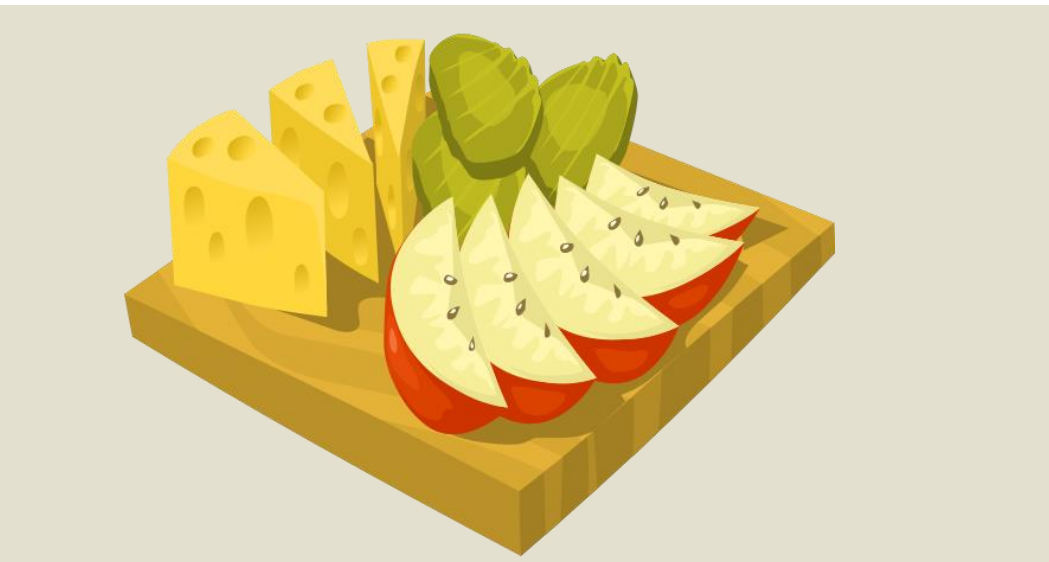
Logic Model Template



Logic Model SAMPLE

Priority Area: Alcohol Use





Work Plan Essentials



Work Plan Essentials

[Work Plan template](#), approval form, and [tutorial](#)



Work Plan

- Critical element of the executed (signed) Prevention Contracts.
- Guides prevention activities (serve as a road map throughout the year).
- Benchmark tool for auditors and prevention specialists to measure progress and contractual deliverables
- One year timeframe.



[Work Plan template](#), approval form, and [tutorial](#)

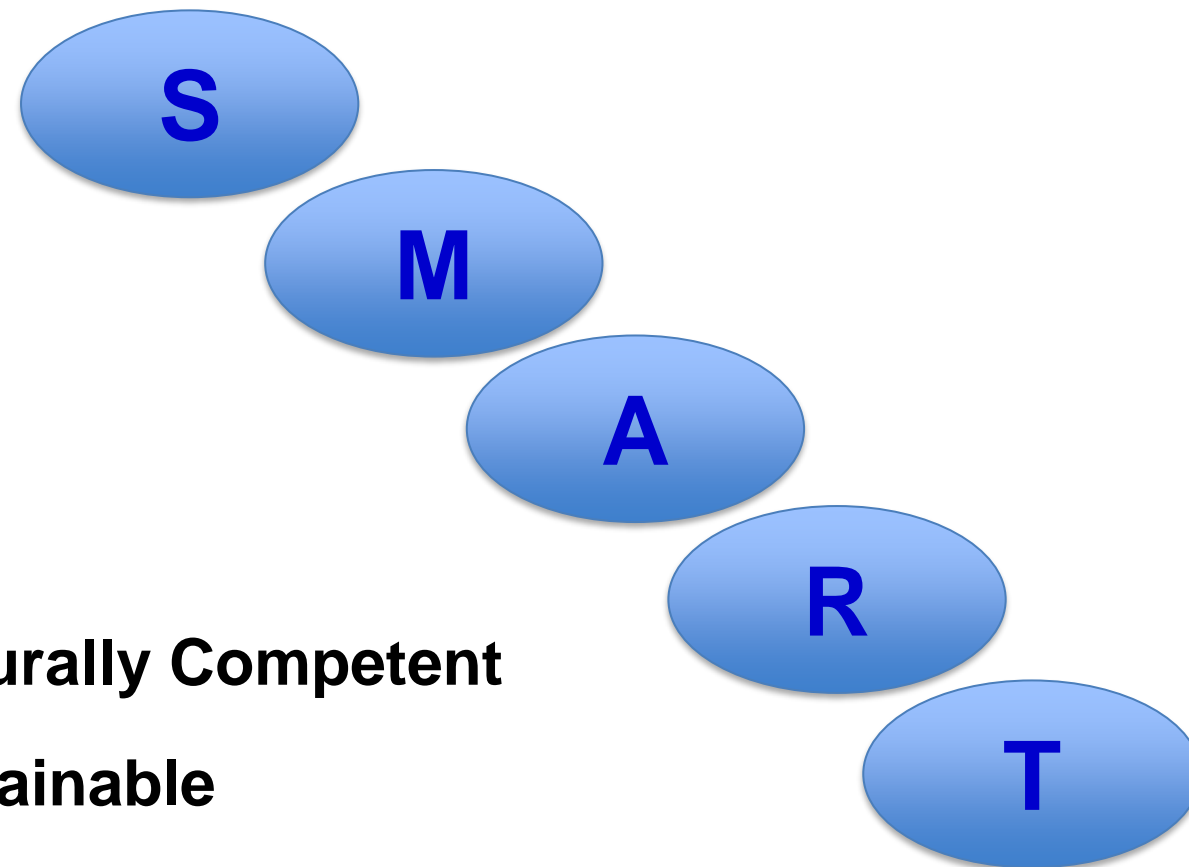
Goals & Objectives

- Short Term Goals
- Intermediate Term Goals
- Long Term Goals

SMART Objectives:

- Specific
- Measurable
- Attainable,
- Results-focused
- Time-based

- ✓ **Culturally Competent**
- ✓ **Sustainable**



WORK PLAN: SMART Goals

- Based on the selected County Goal and accompanying Objective(s), develop SMART Goals for FY 2022-2023.
- Specify target substances selected
- Must address all 4 priority areas with a focus on specific substance(s).
- The SMART Goals should reflect the change you hope to achieve as a result of the activities you conduct.



SMART Goals

Specific

- Clearly define what to accomplish

Measurable

- Goals are identified with targets and milestones

Attainable

- Realistic and Manageable

Relevant

- Goals fit with SAPC's Strategic Prevention Plan

Time-Based

- Specific Time Period in Mind

WORK PLAN: Objectives

- **County Objective(s)** – After selecting the County goals, list all accompanying County Objective(s) associated with the County Goal which you will be working toward achieving.
- These objective(s) will aid in strategically planning your services, as well as entering your Primary Prevention Substance Use Disorder Data Service (PPSDS) data throughout the year.
- A new and unique set of Contractor's Objectives, Activities, Timeline, etc., must be developed to support the identified County Goal.

Work Plan: Activities

- **Activities** – The activities should follow a logical sequence of events, with specific steps that will be taken to accomplish each objective.
- Activities must include evidence-based program(s), and other programmatic interventions that reflect how you will implement substance use primary prevention programs within your designated Service Planning Area (SPA), and selected target population(s).



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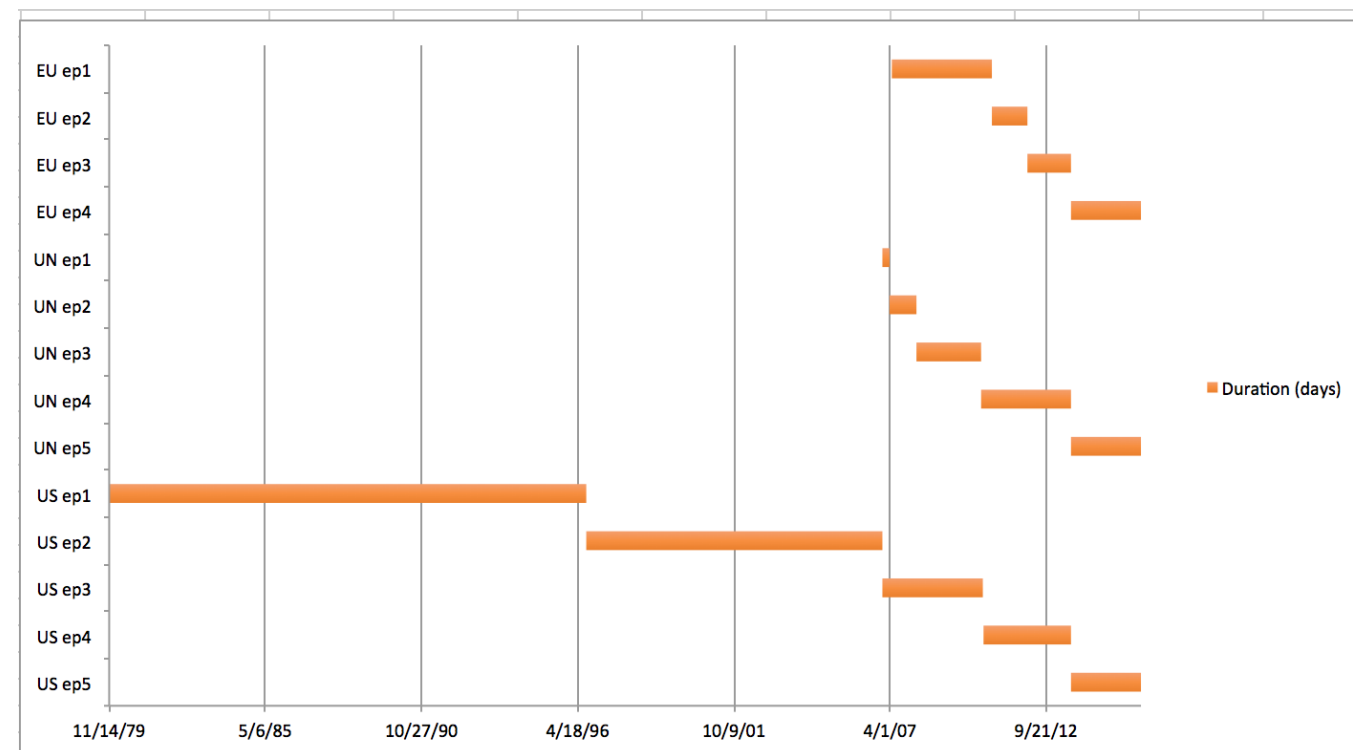
Work Plan: Activities

The following must be included:

- a. A list of the major activities that need to be completed to achieve the objective.
- b. An indication as to the location or site where activities will occur.
- c. An indication as to the duration and frequency of the activity.
- d. An estimation of the number of people to be served in the various activities.

Work Plan: Timelines

- Create a specific timeline to specify the timeframe in which each activity is planned to be started and ended for each quarter of the fiscal year.
- General fiscal year timeline such as 07/01/2022-06/30/2023 will not be accepted). It must be very specific (quarterly).



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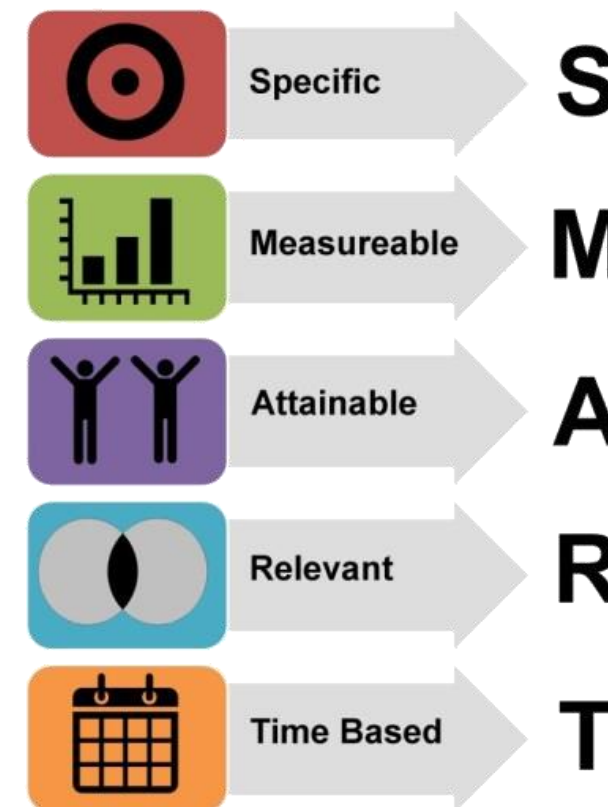
Work Plan: Short-term Objectives

Short-term Outcomes are the immediate changes you expect to achieve for individuals, organizations, or communities by year two (2) of contract term.

Your SMART Goals describe the changes you hope will occur as a result of your collective efforts

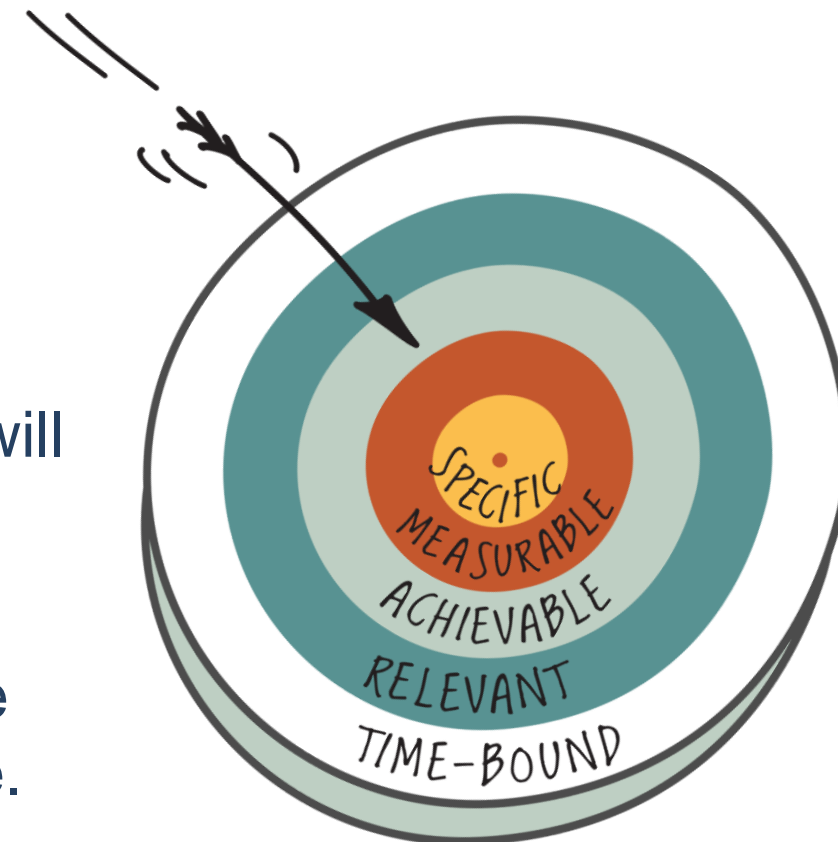
Need short-term objectives for two (2) years (years 1 and 2 of contract term).

Need SMART objectives!



Work Plan: Long-term Objectives

- **Long-term Outcomes** are the ultimate effects or changes your program would like to create by year four (4) of the contract term.
- Your SMART Goal describes the change you hope will occur as a result of your collective efforts.
- Describe the change(s) you expect as a result of the processes along the way to achieving your objective.
- Need SMART long-term objectives!



Work Plan : Evaluation

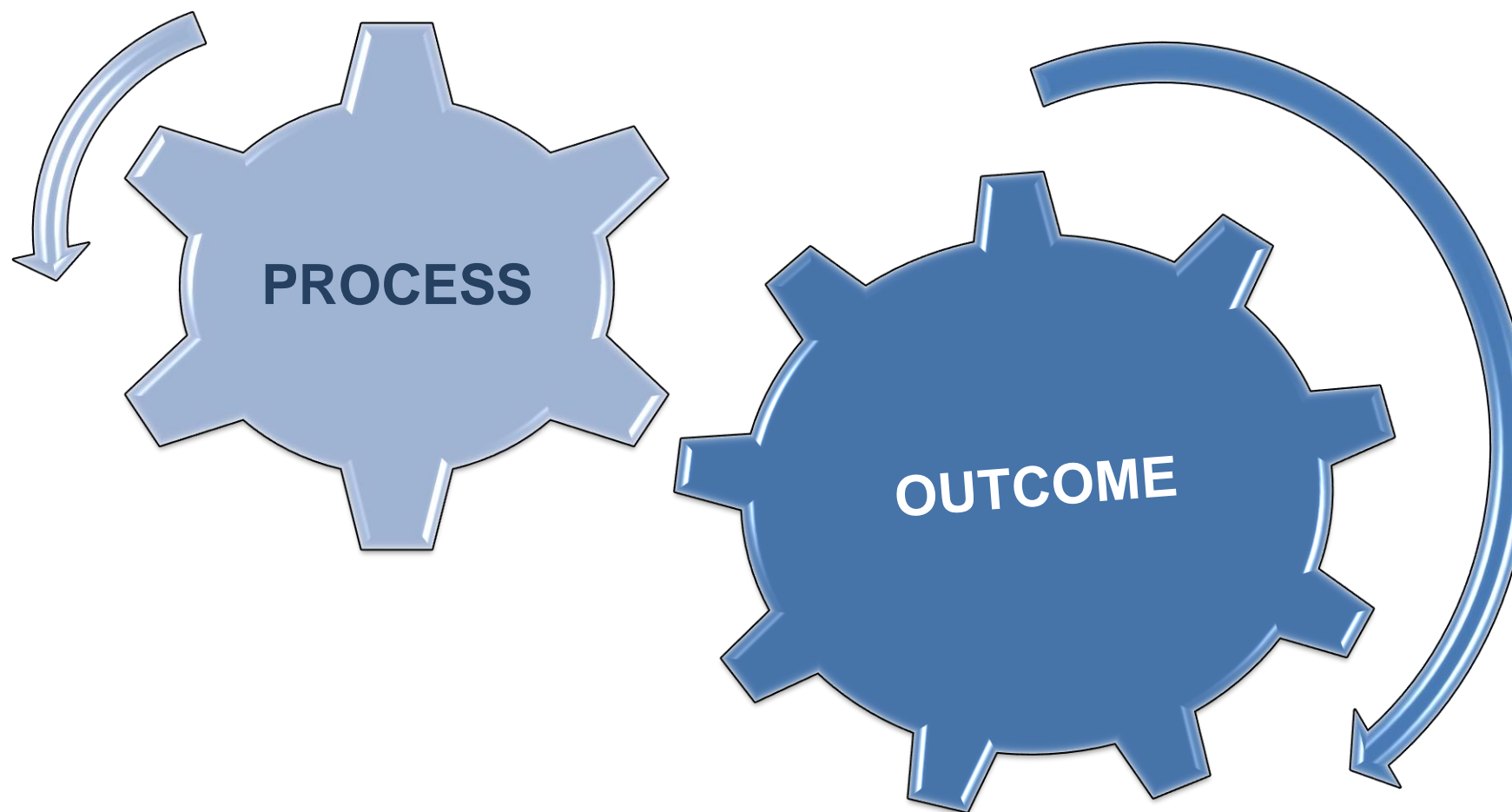
Evaluation: The Evaluation section should include documentation of activities as well as true evaluation measures.

Purpose: To evaluate the effectiveness of process measures, outcome measures, and for auditing verification purposes.

Examples of documentation include:

- Flyers, agendas, photos, meeting minutes, attendance rosters, curriculum materials, etc. (Process Measures)
- Pre-/post-test results, completed assessments, completed focus group outcomes, social media data analytics, etc. (Outcome Measures)

Evaluating to Measure Impact



Measuring Progress: Process Measures

What is being done to get the desired outcome?

Examples:

- Sign-in Sheets Completed
- School based trainings completed
- Educational materials developed

OUTCOME

Step 1

Step 2

Step 3

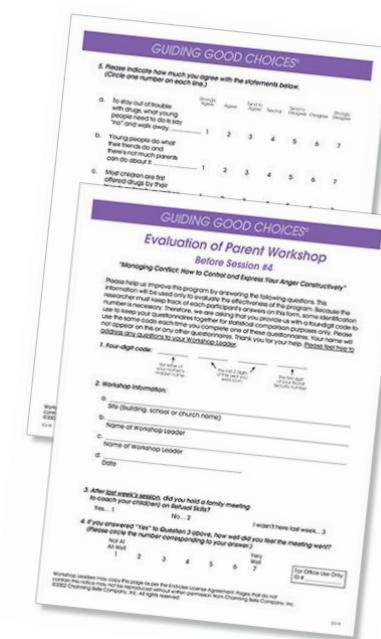
Measuring Progress: Outcome Measures

Outcome Measures

- How is the program performing?
- What are the results?

Examples:

- Pre-Post Survey Results on changes in knowledge and attitude changes
- Number of online "contacts" or website/app "clicks" (analytics).
- Focus group - qualitative measures.
- Child Management Skill Measures (Questionnaire-GGC)



Examine Program results to determine if the prevention strategies produced the intended changes.

Outcome Measures

- Knowledge and Attitudes pre and post survey (Life Skills)

Life Skills Assessment - Volunteer

Date: _____ How old is the youth with whom you work? _____

What is the **YOUTH'S** evaluation ID number? (If you're not sure, contact your supervisor) _____

What is **YOUR** evaluation ID number? (If you're not sure, contact your supervisor) _____

What **CASA** organization do you work with? _____

Is this a pre-assessment or a follow up assessment? Pre-Assessment Follow-Up Assessment

Work and Study Skills

Are the following statements like the youth with whom you work?	No	Mostly No	Somewhat	Mostly Yes	Yes	Don't know
I am enrolled in school or a GED program.						
I have an adult in my life who cares about how I am doing at school or work.						
I plan to attend college or a vocational school.						
I know where I can get tutoring or other help with school work.						
I have access to transportation to get to work or school.						
I know the steps I need to take to get a driver's license.						
I have a driver's license.						
I know how to find financial aid to help pay for my education or training.						
I have talked about my education plans with an adult who cares about me.						
I know how to get the documents I need for school or work, such as my Social Security card, birth certificate, and proof of child welfare involvement.						
I know what type (college, trade school) education I need for the work I want to do.						
I know how to develop a resume.						
I have a resume.						
I know at least two people I can use for references for a job.						
I know how to fill out a job application.						
I know how to prepare for a job interview.						
I know what clothes I should wear to an interview.						
I have been involved in volunteer service or an internship.						
I can fill out a W-4 payroll exemption form when I get a job.						

Life Skills Assessment - Volunteer Version - 07.08.2018 Page 5 of 8

1. Default Section

1. My birthday

Month of my birthday Day of my birthday Year of my birthday

My birthday is:

2. Are you:

- A Boy
- A Girl

3. Who do you live with most of the time? (Pick only one.)

- Mother and father
- Mother and stepfather
- Stepmother and father
- Mother only
- Father only
- Other

4. Choose the category that best describes you. (Pick only one.)

- Latino/Hispanic
- Black/African-American
- Asian
- Native American/American Indian
- White/Non-Latino
- Other

Next >>

<https://www.surveymonkey.com/r/G2LKGMG>





Work Plan

Drop Down Menu (Excel file, Macro enabled)

Multi-select is enabled via a macro, so a macro-free excel file will not allow you to select multiple options from a drop-down list.

PREVENTION WORK PLAN FY 2022-2023 Substance Abuse Prevention and Control - Alcohol and Other Drug Prevention Services			
Contractor Name:	Asian American Drug Abuse Programs, Inc. (AADAP)	Contract Type (GCP, PEP, Other):	Prevention Education Program (PEP)
Contract Number:	PH-004367	If other contract type, please specify:	
Provider ID:	000001	Evidence Based Program/s Used:	Building Skills
Service Planning Area Served:	2 - San Fernando Valley	Supervisory District/s Served:	3rd District, 4th District
Cities and Unincorporated Areas* Served:	Angeles National Forest*, Artesia, Altadena*		
If City of LA, list the communities served:	Cadillac-Corning, Angeles National Forest		
Zip Codes Served:	90032, 90036		
Contractor Corporate Address:	123 E Main St., Suite 100 Anytown, CA 90000	Phone:	999-999-9999
		Website:	www.abc1.org
Primary Facility Site Address:	123 E Main St., Suite 100 Anytown, CA 90000	Phone:	999-999-9999
		Website:	www.abc2.org
Position	Name	Phone	Email
Executive Director:	John/Jane Doe	213-555-1212	janedoe@preventionusa.com
Prevention Program Director:	John/Jane Doe	213-555-1212	janedoe@preventionusa.com
Prevention Program Coordinator:	John/Jane Doe	213-555-1212	j.doe@preventionusa.com
Alternate Contact 1 (or the person required on all communications):	John/Jane Doe	213-555-1213	j.doe@preventionusa.com
Alternate Contact 2 (or the person required on all communications):	John/Jane Doe	213-555-1213	j.doe@preventionusa.com

[Work Plan template](#), approval form, and [tutorial](#)



Work Plan

Social Media Site or Other Online Platform		
Platform	Name/Handle	URL
Facebook		
Instagram		
Podcast		
Snapchat		
Twitter		
TikTok		
YouTube		
Other:		
Other:		
Other:		

Priority Substance	Project Name (EBP/Local Innovative)	Activities	Short-term Outcomes	Long-term Outcomes	Start Date	End Date	Evaluation	
							Process Measures	Outcome Measures
Alcohol, Marijuana, Methamphetamine, Prescription Drugs	PA	Start the PA curriculum at school A	by June, 2023, there will be 25% Increased knowledge on the impact of substance use on health among youth	by June 2025, here will be a 3% reduction in alcohol use among the participating youth	2/1/2023	6/30/2023	Sign in sheets	Pre/post surveys
Prescription Drugs, Marijuana	LST	Start LST curriculum at school B	by June, 2023, there will be 25% Increased knowledge on the impact of substance use on health among youth	by June 2025, here will be a 3% reduction in alcohol use among the participating youth	2/1/2023	6/30/2023	Sign in sheets	Pre/post surveys
Alcohol, Marijuana	GGC	Start the GGC curriculum at school C	by June, 2023, there will be 25% Increased knowledge on the impact of substance use on health among youth	by June 2025, here will be a 10% reduction in alcohol use among the participating youth	2/1/2023	6/30/2023	Sign in sheets	Pre/post surveys

[Work Plan template](#), approval form, and [tutorial](#)

Completing Your New Work Plan: Step 1

Include the Following:

- **Contractor Name***
- **Contract Type***
- **Contract Number***
- **Provider ID** provided by the State for PPSDS data entry.
- **SPA/City/Community Served*** (Please include city name in PPSDS)
- **Contractor Address, Phone Number, website, etc.**

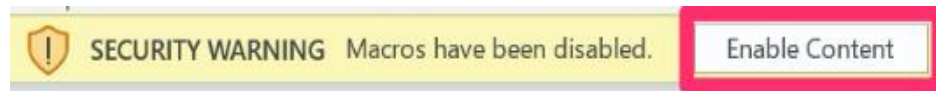
Enter the Executive Director, Prevention Director, and Prevention Program Coordinator (with their phone numbers and e-mail addresses).

* Drop Down Menu (Excel file, Macro enabled)

Multi-select is enabled via a macro, so a macro-free excel file will not allow you to select multiple options from a drop-down list.

FY 2022-2023 Work Plan Instructions

Upon opening the workbook, please ensure to enable macros by clicking on 'Enable Content' when you see the following message.



Data Entry Fields	Instructions/Information
Contractor Name:	Single-select drop-down list. Name of your agency/organization.
Contract Number:	Single-select drop-down list.
Provider ID:	Your 6-digit ID number used for logging into PPSDS.
Service Planning Area Served:	Single-select drop-down list.
Contract Type (CCP, PEP, Other):	Single-select drop-down list.
If other contract type, please specify:	If you selected 'Other' in the field above for Contract Type, then specify your special project or program here.
Evidence Based Program/s Used:	Multi-select drop-down list. Note, this list includes EBPs that are recommended by SAPC on the Prevention Program Manual. If you use an EBP that is not on this list, you may manually type them in the field instead of selecting from the drop-down list.
Supervisory District/s Served:	Multi-select drop-down list.
Cities and Unincorporated Areas* Served:	Multi-select drop-down list. Selections with an asterisk (*) are Unincorporated Areas.
If City of LA, list the communities served:	Multi-select drop-down list. If you selected Los Angeles in the field above, indicate the communities within Los Angeles that you serve.
Zip Codes Served:	Multi-select drop-down list.

GENERAL INFORMATION

[Work Plan template](#), approval form, and [tutorial](#)



FY 2022-2023 Work Plan Instructions, cont.

[Work Plan template](#), approval form, and [tutorial](#)

	Contractor Address:	Your main address.
	Phone:	General phone number for your main address. Enter 10-digits only. Do not include symbols like dashes, periods, or parentheses (e.g., - . ()).
	Website:	Main website.
	Address for Additional Location:	Additional/secondary address.
	Phone:	General phone number for your secondary address. Enter 10-digits only. Do not include symbols like dashes, periods, or parentheses (e.g., - . ()).
	Website:	Website for additional location. If it's the same as your main website, enter the main website in this field.
CONTACTS	Executive Director:	Provide the Name (first and last), Phone, and Email. Enter only 10-digits for phone number.
	Prevention Program Director:	Provide the Name (first and last), Phone, and Email. Enter only 10-digits for phone number.
	Prevention Program Coordinator:	Provide the Name (first and last), Phone, and Email. Enter only 10-digits for phone number.
	Alternate Contact 1 (or the person required on all communications):	If you have additional Prevention Program Coordinators, you may add their contact here. Provide the Name (first and last), Phone, and Email. Enter only 10-digits for phone number.
	Alternate Contact 2 (or the person required on all communications):	If you have additional Prevention Program Coordinators, you may add their contact here. Provide the Name (first and last), Phone, and Email. Enter only 10-digits for phone number.
SOCIAL MEDIA	Platform:	Popular platforms have been provided. If you use other platforms that are not listed, type the platform(s) in the field next to where it says 'Other:'.
	Name/Handle:	Provide the Name or Handle of the corresponding platform. E.g, @YourTwitterHandle, @YourFacebookPage, @Your_Instagram, +Your_Google_Name, YourUsername, etc.
	URL:	If applicable, provide the URL of your social media site.



FY 2022-2023 Work Plan Instructions, cont.

PROJECTS	Priority Substance:	Multi-select drop-down list. Select one or more of the 4 priority substances (alcohol, marijuana, methamphetamine, prescription drugs).
	Project Name (EBP/Local Innovative):	You may use, but are not limited to, the recommended EBPs listed in SAPC Prevention Program Manual.
	Activities:	Provide a brief description of activities.
	Short-term Outcomes:	Immediate implementation: measures process change up to 1 year. You may refer to the SAPC Prevention Program Manual or you may develop your own outcomes.
	Long-term Outcomes:	Match the objective to be accomplished within 3-5 years. You may refer to the SAPC Prevention Program Manual or you may develop your own outcomes.
	Start Date:	Enter EXACT project <u>start</u> date in the format, mm/dd/yyyy (may/may not necessarily coincide with the start of FY).
	End Date:	Enter EXACT project <u>end</u> date in the format, mm/dd/yyyy (may/may not necessarily coincide with the end of FY).
	Evaluation:	Method(s) you will use to evaluate your project.
	Process Measures:	E.g., sign-in sheets, log of all local outlets contacted, number of educational materials provided, etc.
	Outcome Measures:	E.g., pre/post surveys, ABC violations in service area, etc.

FY 2022-2023 Work Plan Instructions, cont.

Drop-Down List Instructions:

Fields with single-select drop-down lists:

-To open the drop-down list, click on the field/cell, then click on the drop-down arrow located on the bottom right corner of the field.

Contractor Name
Contract Number
Service Planning Area Served
Contract Type (CCP, PEP, Other)

Fields with multi-select drop-down lists:

- Select from the drop-down list and repeat to make additional selections.
- Additional selections will automatically be added to the field and separated with a comma.
- To remove a selection, select the same option again from the drop-down list.
- To remove all selections in a field, click on the field/cell and press the 'delete' key.

Evidence Based Program/s Used
Supervisorial District/s Served
Cities and Unincorporated Areas Served*
If City of LA, list the communities served
Zip Codes Served
Priority Substance

[Work Plan template](#), approval form, and [tutorial](#)

Completing Your New Work Plan : Step 2

STEP 2: Review Your FY 2022-23 Work Plan

- SMART
- Start/End Dates are very specific
- Review your evaluation measures



Priority Substance	Project Name (EBP/Local Innovative)	Activities	Short-term Outcomes	Long-term Outcomes	Start Date	End Date	Evaluation	
							Process Measures	Outcome Measures

Completing Your Work Plan : Step 3



STEP 3: Evidence Based Practices (EBPs)

- All EBPs must be implemented with **fidelity**.
- For Innovative practices: Please submit a **literature review**, or other evidence suggesting that it is a promising practice.

Completing Your Work Plan: : Step 4

STEP 4: Sign and Submit

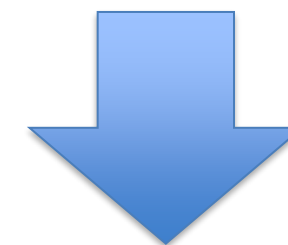
- Sign the “Work Plan Submission and Verification Form”; signed form and the completed “Prevention Services Work Plan FY 2022-23 via email to your Prevention Program Specialist.



Program Requirements: Flow & Integration

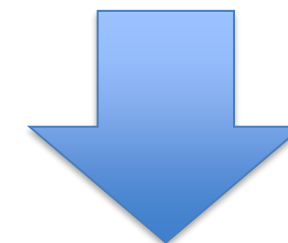
FY BUDGET Estimates

Match



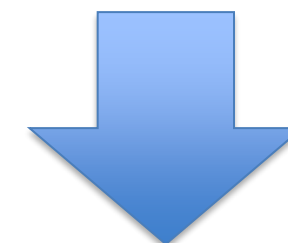
WORK PLAN Activities

Direct



PPSDS Monthly Reports

Correspond to



BILLING Monthly Invoices

Important Dates to Consider:

Work Plans submitted to SAPC Prevention Program Specialist (PPS) by **August 30, 2022**

Work Plan Approval Notice to providers by within 6-8 weeks.



Prevention Contract Requirements 2020-25 Fiscal Years Prevention Education Program (PEP)



Prevention Education Program (PEP)

PEP Contract Requirements:

- Engage a diverse group of community members
- Provide prevention education/outreach efforts to stakeholders **(MOU required at all service locations)**
- Build awareness of identified substance use issues within their local community
- Engage local community members and agencies to address the County's identified goals and objectives

PEP Contract Deliverables

PEP contractors will be required to deliver the following:

- a. Deliver at least four (4) educational outreach events during each fiscal year. (Promote awareness of local SU related issues)
- b. Utilize at minimum one (1) County mandated evidence-based program (EBP) during each fiscal year, along with additional recommended EBPs as listed in the SAPC Prevention Provider Manual.



Photo courtesy of TTC

PEP Requirements: SAPC Mandated EBP

- LAC requires that all PEP providers implement **Botvin's Lifeskills Training (LST)** (instead or in addition to any other EBPs & Innovative Programs they may be offering)
- LST is a flexible, interactive, and widely multi-component program that has been demonstrated to be effective with a wide range of populations.
- Numerous studies, extensive evaluation demonstrating effectiveness at reducing tobacco, alcohol, opioid, and illicit drug use by as much as 80%.

HOME	LST OVERVIEW ▾
LIFESKILLS TRAINING ▶	
DIGITAL PROGRAMS ▶	
SUBSTANCE ABUSE ▶	
BULLYING ▶	
HEALTH ▶	
NUTRITION ▶	

Available in Spanish

<https://www.lifeskillstraining.com/>

Prevention Services and Requirements

PHP
Princeton Health Press

2020
CATALOG

Evidence-Based Prevention Programs
SCHOOLS ■ FAMILIES ■ COMMUNITIES

Substance Abuse Prevention ■ Violence Prevention
Vaping Prevention ■ Social-Emotional Learning ■ Mental Health
Bullying Prevention ■ Parent Resources ■ Health and Wellness ■ Training

New
page 18

LST PRESCRIPTION DRUG ABUSE
PREVENTION MODULE
(Available in print or digital format)

from the developers of
Bolvin
LifeSkillsTraining

Originally designed for middle school/Junior High School students

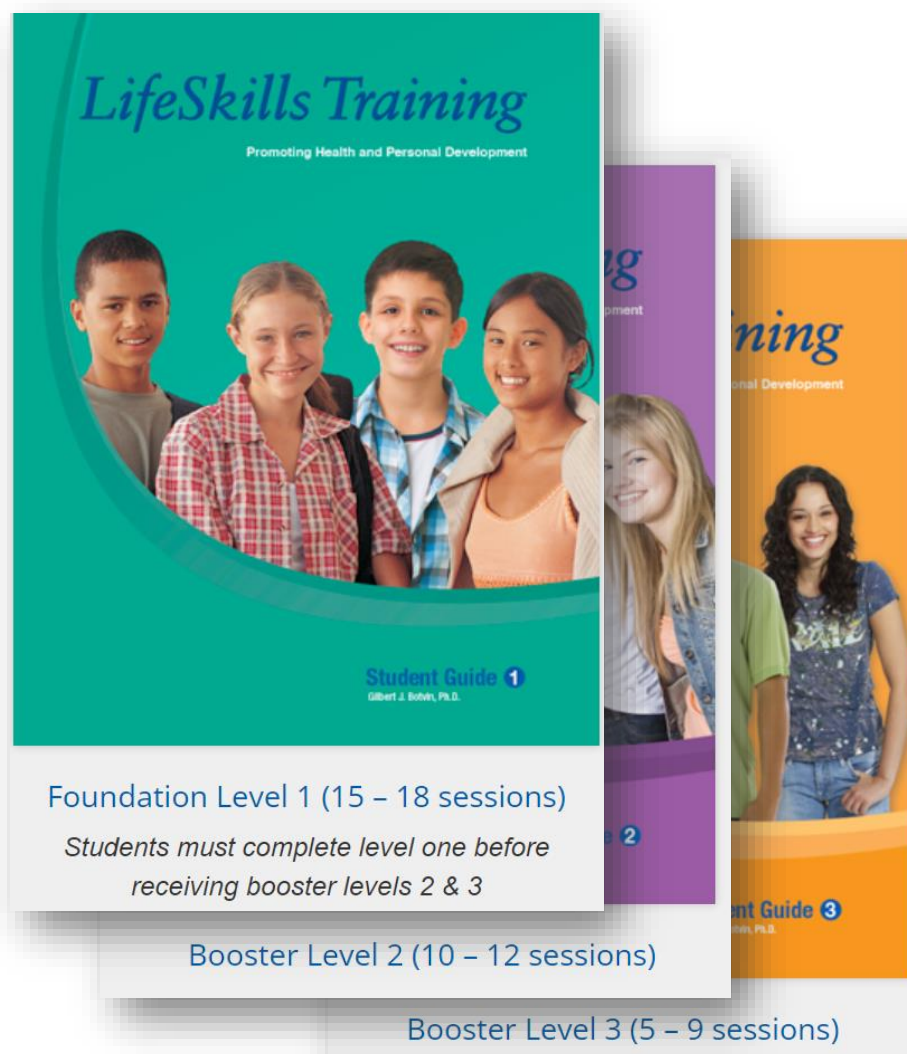
Adapted for special populations (Latino, AA, white)

3 major components covering critical domains

- **Drug Resilience Skills**
- **Personal Self-Management Skills**
- **General Social Skills**

<https://www.lifeskillstraining.com/>

LST Evaluation Results



Multiple Scientific Studies Demonstrated that:
When LifeSkills is delivered to middle/junior high students over a three-year period:

15 sessions in Year 1

10 sessions in Year 2

5 sessions in Year 3

it produces the following results:

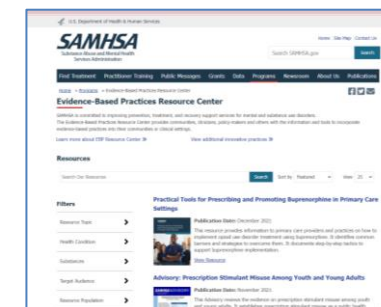
- **Cuts tobacco, alcohol and marijuana use 50%–75%**
- **Cuts polydrug use up to 66%**
- **Decreases use of inhalants, narcotics and hallucinogens**

<https://www.lifeskillstraining.com/?s=evaluation>

Examples of Evidence Based Registries

SAMSHA's Evidence Based Resource Center

<https://www.samhsa.gov/ebp-resource-center>



Communities That Care Prevention Strategies Guide

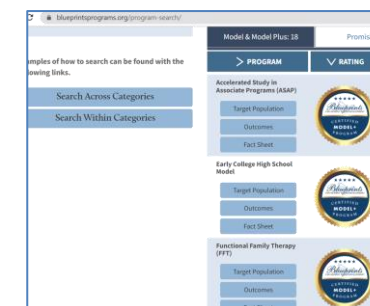
<https://www.communitiesthatcare.net/>



Blueprints for Healthy Development

Institute of Behavioral Science at the University of Colorado Boulder

<https://www.blueprintsprograms.org/>



College Alcohol Intervention Matrix (CollegeAIM)

National Institutes on Alcohol Abuse & Alcoholism

<https://www.collegedrinkingprevention.gov/CollegeAIM/>

• Video tour: <https://www.youtube.com/watch?v=bqWnkYW67po>



Examples of Evidence Based Registries

OJJDP's Model Program Guide

- Office of Juvenile Justice and Delinquency Prevention

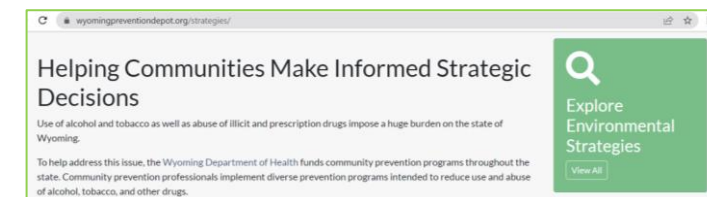
www.ojjdp.gov/mpg



WYSAC Environmental Strategies Tool

- Wyoming Survey and Analysis Center, University of Wyoming

<https://www.wyomingpreventiondepot.org/strategies/>



Promising practices where the program or curricula is not a recognized best practice/model program (as described in one and two above), substantiated results of an evaluation conducted by an evaluator independent of the proposer that documents the ability of the program/curricula to achieve the intended outcomes.

PEP Contract Deliverables, Cont.

- c. Provide consistent direct substance use education services to **at least one (1) school, community college, university, educational setting, and/or community center during each fiscal year (MOU is Required).**

- d. **Participate consistently in the SPA-based Coalition and other existing coalition-related programs and events,** which are led and facilitated by the Community Collaboration Program (CCP) contractor within your designated SPA.



Photo courtesy of Avalon Carver

All 4 County Goals must be addressed but can focus on 2 priority substances, based on your local data trends.

PEP Program Deliverables

- e. Participate in monthly SAPC-led Prevention Advisory Committee meetings:**
 - Guide countywide prevention efforts
 - Propose innovative ways to implement new and improved programming that connect youth, young adults, and communities to LAC substance use prevention services.

- f. Support County environmental prevention activities** such as coalitions, public health awareness campaigns and social media and marketing efforts.

- g. Address the social determinants of health** (diverse societal factors that influence health including risk and protective factors), to fully address the community and systems-level factors that directly and indirectly impact substance use and misuse within communities.



Prevention Contract Requirements

2020-25 Fiscal Years

Community Collaboration Program (CCP)



CCP Program Deliverables

Community Collaboration Program (CCP) contractors are required to:

- Engage a diverse group of community members from the public and private sectors in their targeted area(s)
- **Lead and facilitate** collaborative and community capacity-building efforts with all SAPC funded prevention providers



Photo courtesy of SFVP

Through this process, contractor will address **policy and community advocacy needs** and guide **population-level change** while also addressing County's identified goals and objectives. *All 4 County Goals must be addressed; must address 2 innovative programs (Make a Difference; Responsible Alcohol Delivery Project) as mandated by SAPC.*

CCP Program Deliverables

(MOU required for all service locations)

The CCP contractors will be required to deliver the following:

- a. Deliver at least **(1) annual SPA-Summit/ Conference or Townhall Meeting** during each fiscal year. (Large Scale, addresses Substance Use Prevention Policy Issues)

- b. Develop, coordinate, and maintain one **(1) SPA-based Coalition** comprised of local community residents (youth, young adults, and adults), leaders, non-substance use focused businesses, substance use prevention providers (including SAPC Prevention Education Program (PEP) contractors in the specified SPA), and others from the target city(ies)/community(ies).

CCP Program Deliverables

c. Facilitate consistent participation of all SPA-based SAPC providers through the Coalition.

- Requires collaboration among CCP and PEP contractors
- Inform and engage (community members and agencies)
- Address County Goals and objectives

d. Provide consistent technical assistance and/or in-service trainings to the PEP providers within your SPA.

CCP Program Deliverables

Utilizing the SPA-based Coalition and other forums to supplement County efforts with additional technical assistance and support on:

- Community engagement
- Partnership development
- General provision of environmental SUP community resources.

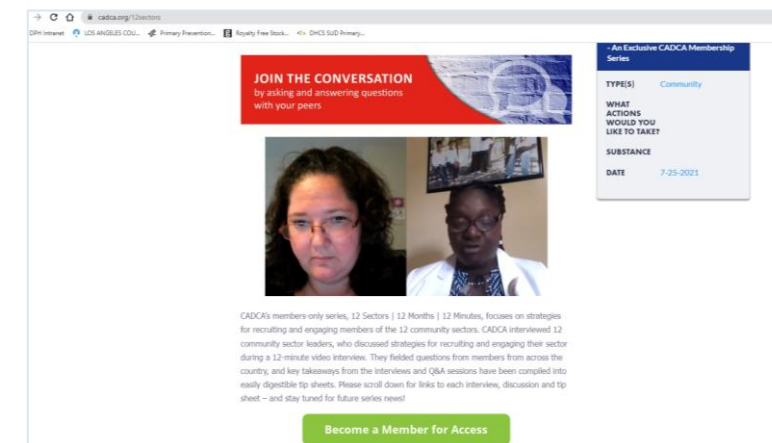
e. Recruit youth, parents and other SPA-based coalition partners that include a minimum of twelve (12) community sectors, as recommended by the Community Anti-Drug Coalitions of America ([CADCA](#))

CCP Program Deliverables

Twelve (12) community sectors as recommended by **CADCA**:

- 1) Businesses
- 2) Civic/Volunteer Groups
- 3) Elementary and Secondary Education
- 4) Government
- 5) Healthcare Professionals
- 6) Law Enforcement
- 7) Media
- 8) Parents
- 9) Religious and Fraternal Organizations
- 10) Youth
- 11) Youth-Serving Organizations
- 12) Others involved in prevention, treatment, or recovery

CCP contractor is required to recruit and retain at least two (2) youth and/or young adults throughout the contract term to **sustain youth partnership efforts** needed to collaborate successfully across all sectors of a community.



Source: <https://www.cadca.org/12sectors>

CCP Program Deliverables

f. Coalition members are required to meet at a minimum of once per month, the outcome(s) of which should be reflected on meeting agenda, minutes, and sign-in sheets.

The process shall be inclusive, innovative, and holistic in approach. The coalition shall have an established mission/vision, objectives, structure, and membership roles/responsibilities.

g. Participate monthly in a SAPC-led Prevention Advisory Committee to guide Countywide prevention efforts and propose innovative ways to implement new and improved programming that connect youth, young adults, and communities to LAC substance use prevention services.

CCP Collaborations:

Utilizing the SPA-based Coalition and other forums to supplement County efforts work together to enhance:

- Community engagement
- Partnership development
- Recruit youth, parents and other SPA-based coalition partners that include a minimum of twelve (12) community sectors, as recommended by the Community Anti-Drug Coalitions of America (CADCA)

Drug Free Communities Support Program's 12 required sectors

DFC coalitions must include a minimum of one member/representative from each of these 12 community sectors:

- Youth (persons \leq 18 years of age)
- Parents
- Business community
- Media
- Schools
- Youth-serving organizations
- Law enforcement agencies
- Religious or fraternal organizations
- Civic and volunteer groups
- Healthcare professionals
- State, local or tribal agencies with expertise in the field of substance abuse
- Other organizations involved in reducing substance abuse

Coalitions

Coalitions **engage community members** and **key stakeholders**

Coalitions are partnerships of the many sectors of a community who work collaboratively to solve the community's problems and guide its future direction.

- **I.D. local substance use issues**
- **I.D. factors contributing to substance use**
- **Guide prevention activities and services**

SPA coalitions are led by CCP agencies while other community coalitions are led by our local prevention providers and community partners.



SPA Based Coalitions

The SPA based Coalitions consist of:

- **Local community residents** (youth and adults) and leaders
- Non-substance use focused businesses
- **Substance use prevention providers**
- Others from the target city(ies)/community(ies)



SPA Based Coalitions

Collaboration among PEP and CCP contractors requires providers to:

- Effectively inform and engage local community members and agencies in order to address the County's identified goals and objectives.

As a coalition member, PEP contractor shall meet at minimum quarterly, the outcome of which should be reflected on meeting agenda, minutes, and sign-in sheets.



Photo courtesy of SFVP

Existing SPA Coalitions

SPA 1: Antelope Valley Marijuana, Alcohol, and Pharmaceutical Prevention Coalition (AVMAPP)



SPA 2: Communities in Action

SPA 3: Rethinking Alcohol and Other Drugs (RAD)



SPA 4: Coalition to Prevent Alcohol-Related Harms in LA Metro (COPALM)



SPA 5: Westside Impact Project

SPA 6: SPA 6 Prevention Coalition (SLAM)

SPA 7: South-East Community Alliance (SECA)



SPA 8: South Bay Communities Creating Change (SBC 3)

Countywide Coalitions: SAFE MED LA



Community Education & Action Team (CEAT)

Coordinated and multipronged approach to address the prescription drug abuse epidemic in LAC



Countywide Coalitions: RAM



Rethinking Access to Marijuana (RAM)

RAM utilizes a prevention-oriented public health approach

- Educating policymakers and communities
- Ways to protect youth from marijuana related harms

Countywide Coalitions: L.A. DAPA

Los Angeles Drug and Alcohol Policy Alliance

Advocating for safe and healthy communities by reducing drug and alcohol related harm through public awareness and policy change.



Prevention Advisory Committee

- SPA-based CCP providers and special program representatives meet with SAPC's Prevention team monthly to ensure the development of county-wide EBP initiatives that aim to address emerging community AOD issues impacting the community.
- Increase coordination on planning and implementing substance-related Public Health events
- Providing support and training on pertinent topics of interest.
- To ensure greatest collective impact on all SUD prevention efforts conducted by the network.



Required Reports



Required Reports for All Contracts

The following reports are required annually and must comply with all requirements outlined in the instructions/templates:

- 1) Agency-led community assessment reports *
- 2) Annual Work Plan(s)
- 3) Work Plan Amendments
- 4) Year-End Report *
- 5) Annual Evaluation Report
- 6) Quarterly Coalition Progress Report *

* Template available

Agency Led Assessment

All providers are required to conduct a community needs assessment in the first Quarter of the fiscal year.

Purpose:

- To collect and analyze data to identify community risk factors for all priority substance use problems
- To establish a baseline to benchmark agency outcome measures within the Logic Model and Work Plan(s).

Providers must use the results from the 2022 CNA Study to submit an updated logic model and work plan for FY 23-24.

Year-End Report

All providers are required to submit a summary of their annual progress report, which may include their major accomplishments, and any challenges they faced.



Quarterly Coalition Progress Report

Quarterly Coalition Progress Report is based on the Prevention Advisory Committee goals and objectives for the current fiscal year.

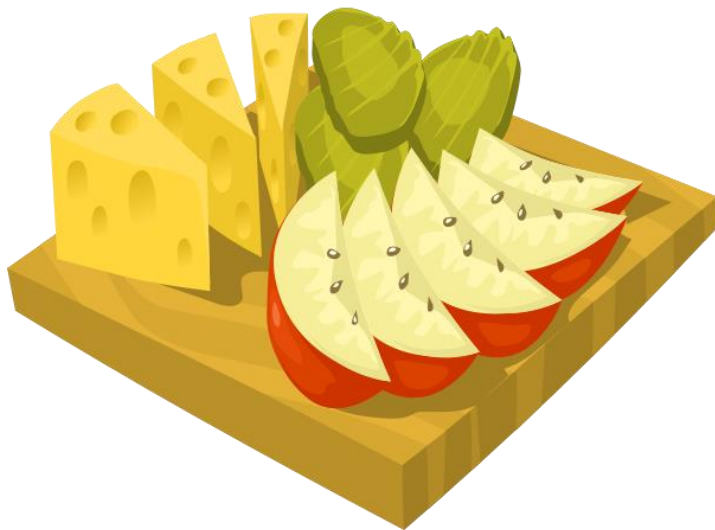


Annual Evaluation Report

The agency evaluator to Conduct a process and outcome evaluation to:

- Determine whether the contractor's services, objectives, and outcomes outlined in the County approved Work Plan were achieved.
- How fidelity to the evidence-based model(s) or practice(s) is maintained and measured, and the qualifications of the evaluators

Failure to participate in the evaluation activities may lead to contract termination by the County.



Policies and Procedures



Policy and Procedures

Location & Staff Changes

Need to submit a Contract Change Approval if changing:

LOCATION, HOURS, STAFFING, and/or SERVICE POPULATION.

Prevention contracted providers must report staffing changes in writing to their assigned prevention specialist within 10 calendar days and submit the **SAPC Contract Amendment Request Form** to ensure accurate reimbursement of contracted services..

For additional information, please refer to:

- [SAPC Strategic Prevention Plan](#)
- [SAPC Prevention Provider Manual](#)

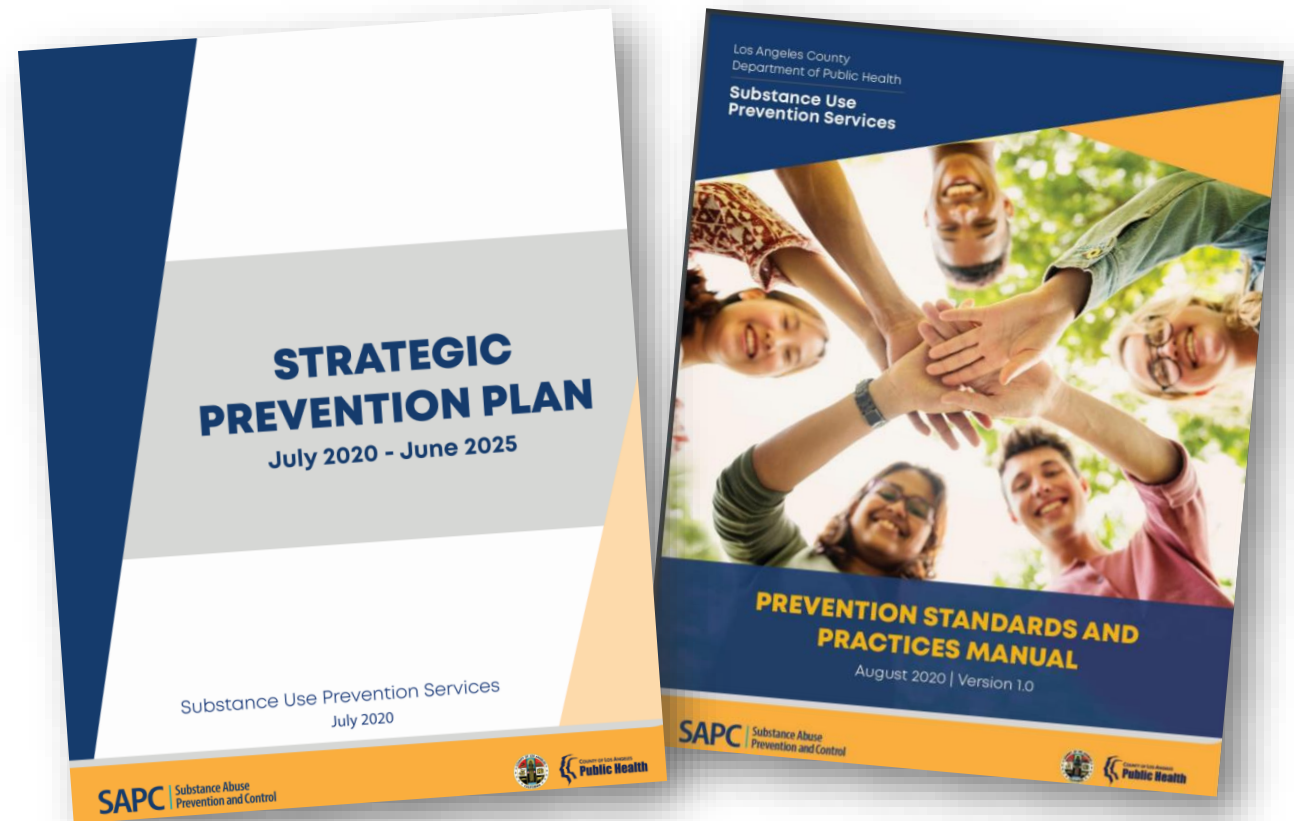
All vacancies must be filled within ninety (90) calendar days after the vacancy occurs.

Prevention Staffing Requirements

Need at least one (1) 100% full-time Prevention Coordinator per contract (to ensure contractual compliance at all times).

All positions outlined in the Budget must be filled at the approved designated level

Providers are expected to ensure **pay equity and a just and professional work culture.**



For additional information, please refer to:

- [SAPC Strategic Prevention Plan](#)
- [SAPC Prevention Provider Manual](#)

Policy and Procedures

Materials Review Policy

To ensure printed or digital materials from SAPC Community and Youth Engagement partners are accessible, consistent, easy to understand, and promote the mission to prevent alcohol related problems.

- *Press releases*
- *Brochures*
- *Social Media postings*
- *Survey tools*
- *PowerPoint presentations*

Contact your SAPC Program Specialist for clarification (for copy writes, logos, and trademarks, please see the [Prevention Manual](#))

County of Los Angeles – Department of Public Health Substance Abuse Prevention and Control (SAPC)			
Materials Review Form Approval of Materials Developed for Public Distribution			
Agency Name			Contract Type
Contact Name			E-mail
Submission Date			Requested Distribution Date
Type of Material:			
<input type="checkbox"/> Brochure	<input type="checkbox"/> Press Release	<input type="checkbox"/> PowerPoint Presentation	
<input type="checkbox"/> Newspaper Article	<input type="checkbox"/> PSA or Video Clip	<input type="checkbox"/> Posters	
<input type="checkbox"/> Policy/Ordinance	<input type="checkbox"/> Social Media Posting	<input type="checkbox"/> Survey Tool*	
<input type="checkbox"/> Other	[insert description]		
* If a survey tool is being submitted for review, please complete the Supplemental Questionnaire for Survey Tool Review below.			
SAPC Short-Term Objective	[Select County Short-Term Objective]		
Provider Short-Term Objective	[Abbreviation Acceptable]		
Briefly describe the purpose of the material(s) and how it will be used to impact the provider short-term objective:			
By signing below, you are indicating that the attached document(s) follows all agency policies and procedures and comply with the General Review Criteria outlined in SAPC's Approval of Materials Developed for Public Distribution procedure.			
Signature Program Director			Date
Approval Notification – For SAPC Use Only			
Signature Prevention Director			Date
Signature Research Staff (if related to research/evaluation)			Date
Signature Prevention Staff			Date



Prevention Contracts Covered Items



What is Covered under SAPT Funding

- **Lobbying** activities are **NOT allowed** under SABG funds!
- Purchasing SWAG (Stuff We All Get) with Substance Abuse Prevention and Treatment Block Grant (SAPT BG):
 - **The purchase of SWAG (giveaways) to promote the agency is **NOT allowed**.**
 - Program Identifiers— The purchase of program identifiers that provide public education and awareness of program efforts and goals are allowed.
 - ✓ Examples include t-shirts given to program participants to provide identity with County Alcohol and Drug Program or the program they are engaged in (e.g., FNL, Parents Committed, etc.).
Agency Name and Logo are not allowed!



What is Covered under SAPT Funding, cont.

- Gift cards are **not considered cash payments** and remain allowable.
- Non-cash incentives shall not exceed \$30 per participant, per FY year.

*Gift Card incentives shall not exceed \$10 per participant, per FY year to allow for additional non-cash expenditure.

- Costs of all entertainment related activities are **NOT allowed**.

Entertainment includes, but not limited to, associated costs for amusement, diversion, social activities, and other activities dependent on SAPC approval.

- Costs of all Fundraising activities are **NOT allowed** under Federal SAPG funds.

Non-Cash Incentives, Examples

Non-cash incentives are allowed under SABG funds to encourage program retention, and attainment of SUD prevention program goals!

- Examples of non-cash incentives (\$30 Max per person/FY):
 - o Gift cards (\$10 Max per person/FY)
 - o Bus passes
 - o Meals/Food/snacks*
 - o Educational outreach items containing program identifiers



* Meals will be allowed in the following situations and are subject to the same limit of \$30 Max per person/FY (best to use other funding sources for food/meals/snacks):

- Off-site meetings/conferences/trainings, primarily set up to disseminate technical information (regular staff meeting is excluded)
- Nutritional snacks for youth engaged in before- and after-school programs.



Prevention Data Reporting



Data Management and Reporting

Data management plan:

- How data will be collected (throughout contract term)
- What data elements would be collected
- How this data would be stored, secured/maintained

Data variables collected may include:

Gender, Race/ethnicity, Age, Knowledge level,
Evidence of learning or level of satisfaction (on a scale)

Data management can be through Microsoft Excel, (or other software), Once the data has been collected. Hard copies must be maintained in a locked cabinet, and electronic data must be password protected.

California Prevention Data Entry System

To document substance use prevention services provided, CA Dept. of Health Care Services (DHCS) requires:

- Weekly data entry into the **California Primary Prevention Substance Use Disorder Data Service (PPSDS) System**
- Comply with monthly reporting timelines (due on the 10th of each month)



Please Note:

PPSDS data entry requirements are NOT the same as Finance billing requirements.

Example:

2 staff working 1 hour preparing educational materials counts as 1 hour in PPSDS but 2 hours on page 3 of monthly SAPC invoices.

Prevention Program Reporting



Primary Prevention SUD Data Service (PPSDS) Data Entry User Guide

<https://cappsds.witsweb.org>



DHCS PPSDS

Version: 18.38.0

California Department of Health Care Services Primary Prevention SUD
Data Service

WARNING:

Access to this system is restricted to authorized users only. Violators subject to imprisonment and/or fine. Continuing beyond this point certifies your understanding and compliance with all applicable restrictions and regulations.

OK

Powered by 

Health Outcomes and Data Analytics (HODA)

Dr. Tina Kim: TKim@ph.lacounty.gov

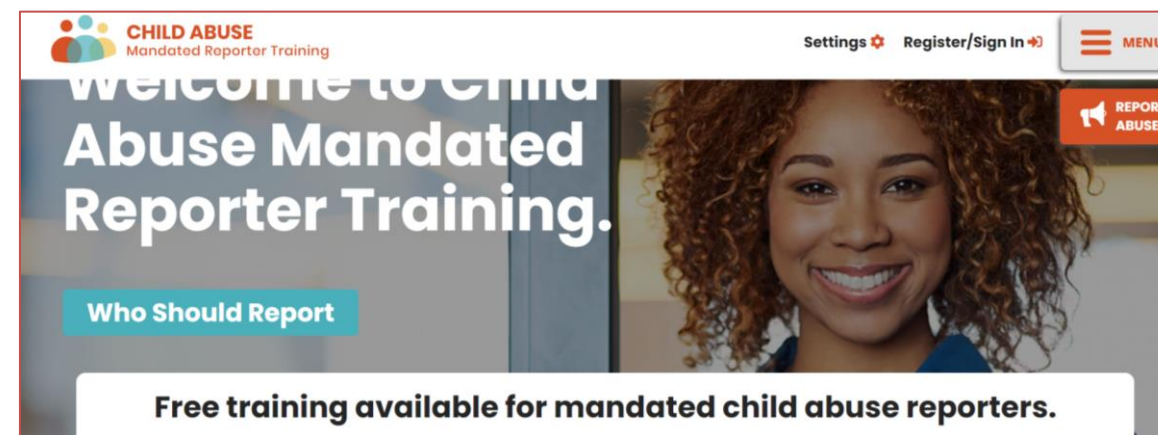
Dr. Rafael Vasquez: RVasquez@ph.lacounty.gov



Recommended Trainings



State Mandated Trainings



- Mandated Reporting (mandated by the State of CA;

<https://www.mandatedreporterca.com/>)

- HIV (mandated by the State of CA)

<https://npin.cdc.gov/training/cdc-hiv-training-resources>

<https://www.samhsa.gov/blog/category/hivaids>

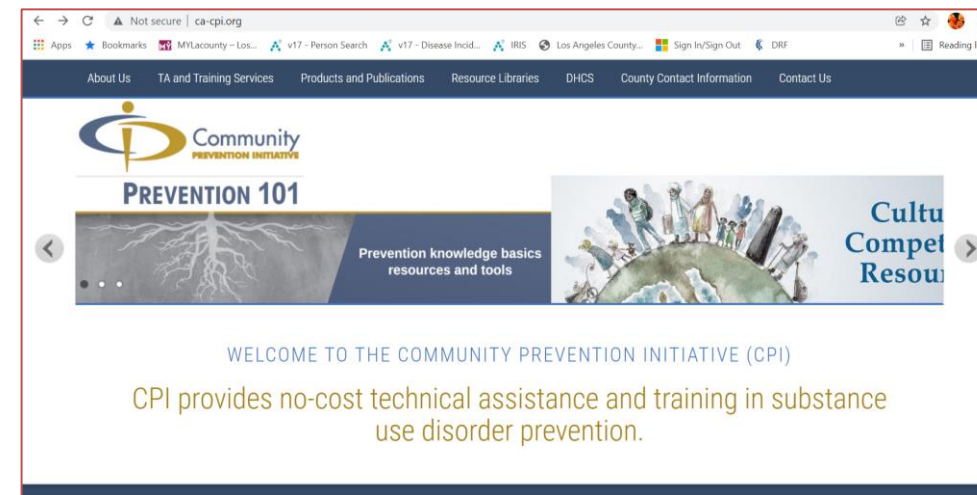
Prevention Training Resources

Substance Use Prevention Provider Trainings - See Community Prevention Initiatives Online trainings:

<http://www.ca-cpi.org/ta-training-services/professional-competencies-in-substance-abuse-prevention-online-training-series-courses/>

HealthKnowledge.org

<https://healthknowledge.org/course/index.php?categoryid=101>



<https://healthknowledge.org/course/index.php?categoryid=101>

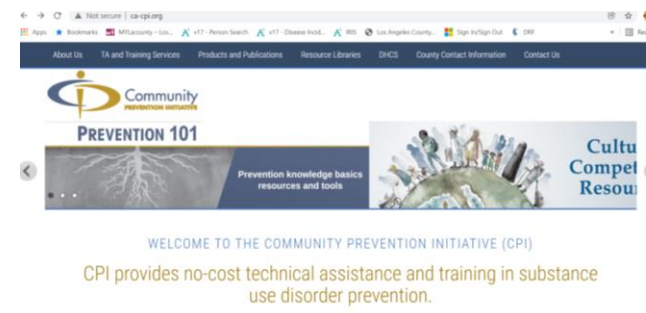
Recommended Prevention Trainings

Community Prevention Institute (CPI)

- Environmental Prevention
- Intro to SUD prevention
- Prevention Theories and frameworks - <http://www.ca-cpi.org/prevention-101/>
- Capacity Building
- Conducting Youth Led focus groups
- Strategies for engaging Youth
- Cultural Competency (1/2 day) <http://www.ca-cpi.org/cultural-competence-resources/>

Resources

- [Prevention Manual](#)
- [SAPC Prevention Website](#)
- **Prevention Training:**
 - **Comm. Prev. Initiative (CPI)**
<http://www.ca-cpi.org/ta-training-services/professional-competencies-in-substance-abuse-prevention-online-training-series-courses/>
 - **HealthKnowledge.org**
<https://healthknowledge.org/course/index.php?categoryid=101>
 - **SAMHSA's Pacific Prevention Transfer Center (PPTC)**
<http://pttcnetwork.org>



LOS ANGELES COUNTY PREVENTION PROVIDERS

keeping communities safe





Prevention Program: Billing Invoices





New Billing Invoice

Tutorial

Invoice Template

LOS ANGELES COUNTY - DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL
COST/LINE ITEM REIMBURSEMENT - SUBSTANCE USE PREVENTION SERVICE

PROVIDER NAME: _____ CONTRACT NO.: _____
ADDRESS: _____ CLAIM PERIOD: _____
CITY: _____ ZIP: _____ DATE PREPARED: _____
SERVICE CATEGORY: _____ PROVIDER NO.: _____
CONTACT PERSON: _____ PHONE: _____

Invoice Type
 Original Supplemental

Prevention Program Type
 Community Collaboration Program (CCP) Friday Night Live (FNL)
 Prevention Education Program (PEP) Other: _____

SECTION I

	A BUDGETED LINE ITEM	B AMOUNT CLAIMED THIS PERIOD*	C TOTAL YTD AMOUNT CLAIMED*	D APPROVED BUDGET
1	SALARIES & EMPLOYEE BENEFITS	\$ -	\$ -	\$ -
2	SERVICES & SUPPLIES	\$ -	\$ -	\$ -
3	EQUIPMENT LEASES	\$ -	\$ -	\$ -
4	FACILITY RENT/ LEASES	\$ -	\$ -	\$ -
5	ADMINISTRATIVE OVERHEAD	\$ -	\$ -	\$ -
6	TOTAL	\$ -	\$ -	\$ -

SECTION II - REVENUE

7	Grants	\$ -	
8	Client Fees	\$ -	
9	Insurance	\$ -	
10	Other	\$ -	
11	TOTAL REVENUE (7 THRU 10)	\$ -	

SECTION III - NET AMOUNT REQUESTED

12	Gross Amount Requested (Line 6)	\$ -	Signature _____ Date _____
13	Total Revenue (Line 11)	\$ -	
14	NET AMOUNT REQUESTED (12 LESS 13)	\$ -	Print Name _____

Payment on this claim may be delayed or withheld if this request for reimbursement contains any errors or omissions. Form#3B-2 and Form#3B-3 must be completed and attached to this claim. All forms must be submitted by the 10th of the following month.

SAPC PROGRAM APPROVAL

Authorized Signature (Agency) _____ Date _____	Signature _____ Date _____
Print Name _____ Title/Budgeted Position _____	Print Name _____

*A separate sheet showing the details of the amounts shown in Column B & C must be attached.

SAPC :CRU FORM#3B-1 REV. (6/2022)

LOS ANGELES COUNTY - DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL
COST/ LINE ITEM REIMBURSEMENT - SUBSTANCE USE PREVENTION SERVICES

PROVIDER NAME: _____ CONTRACT NO.: _____
ADDRESS: _____ CLAIM PERIOD: _____
CITY: _____ ZIP: _____ DATE PREPARED: _____
SERVICE CATEGORY: _____ PROVIDER NO.: _____
CONTACT PERSON: _____ PHONE: _____

Invoice Type
 Original Supplemental

FORM #3B-2 (must be attached to Form #3B-1)
BREAKDOWN OF AMOUNTS SHOWN IN COLUMN B OF PAGE 1

I. PERSONNEL

	A PERSONNEL (First and Last Name)	B BUDGETED POSITION	C FTE %	D AMOUNT CLAIMED THIS PERIOD	E YTD AMOUNT
a				\$ -	\$ -
b				\$ -	\$ -
c				\$ -	\$ -
d				\$ -	\$ -
e				\$ -	\$ -
f				\$ -	\$ -
g				\$ -	\$ -
h				\$ -	\$ -
i				\$ -	\$ -
j				\$ -	\$ -
k				\$ -	\$ -
l				\$ -	\$ -
m				\$ -	\$ -
n				\$ -	\$ -
o				\$ -	\$ -
p				\$ -	\$ -
15	SUBTOTAL			\$ -	\$ -
16	BENEFITS			\$ -	\$ -
17	TOTAL SALARIES & EMPLOYEE BENEFITS			\$ -	\$ -

II. SERVICES AND SUPPLIES

a	Professional Services (Evaluator)	\$ -	\$ -
b	Professional Services (Consultant)	\$ -	\$ -
c	Program Supplies	\$ -	\$ -
d	Mileage, Parking, Conferences, & Travel	\$ -	\$ -
e	Equipment Repairs & Maintenance	\$ -	\$ -
f	Utilities	\$ -	\$ -
g	Office Supplies	\$ -	\$ -
h	Events	\$ -	\$ -
i	Dues, Memberships, & Licenses	\$ -	\$ -
j	Telephone	\$ -	\$ -
k	Other	\$ -	\$ -
18	TOTAL SERVICES AND SUPPLIES	\$ -	\$ -

III. EQUIPMENT LEASES

a		\$ -	\$ -
b		\$ -	\$ -
19	TOTAL EQUIPMENT LEASES	\$ -	\$ -

IV. FACILITY RENT/LEASES

a		\$ -	\$ -
b		\$ -	\$ -
20	TOTAL FACILITY RENT/LEASES	\$ -	\$ -

V. ADMINISTRATIVE OVERHEAD

a	Administrative Overhead (Indirect Costs) ICR: 10%	\$ -	\$ -
b		\$ -	\$ -
21	TOTAL ADMINISTRATIVE OVERHEAD	\$ -	\$ -

SAPC :CRU FORM#3B-2 REV.(6/2022)

LOS ANGELES COUNTY - DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL
COST/ LINE ITEM REIMBURSEMENT - SUBSTANCE USE PREVENTION SERVICE

PROVIDER NAME: _____ CONTRACT NO.: _____
ADDRESS: _____ CLAIM PERIOD: _____
CITY: _____ ZIP: _____ DATE PREPARED: _____
SERVICE CATEGORY: _____ PROVIDER NO.: _____
CONTACT PERSON: _____ PHONE: _____

Invoice Type
 Original Supplemental

FORM #3B-3 (must be attached to Form #3B-1)
BREAKDOWN OF AMOUNTS BY SERVICE CODE SHOWN IN COLUMN B OF PAGE 1

I. PROGRAM CODE: _____

II. SERVICE CODE

	A SERVICE CODE	B DURATION (HOURS)	C AMOUNT CLAIMED THIS PERIOD	D YTD AMOUNT
a	Service Code 12 - Information Dissemination	-	\$ -	\$ -
b	Service Code 13 - Education	-	\$ -	\$ -
c	Service Code 14 - Alternatives	-	\$ -	\$ -
d	Service Code 15 - Problem Identification and Referral	-	\$ -	\$ -
e	Service Code 16 - Community-Based Process	-	\$ -	\$ -
f	Service Code 17 - Environmental	-	\$ -	\$ -
22	TOTAL	-	\$ -	\$ -

SAPC :CRU FORM#3B-3 REV. (6/2022)



Prevention Program Billing Invoices

For questions regarding how to fill out form 3B-3 (page 3), please contact:

Finance Grants Unit

**Susana Gutierrez,
Grants Supervisor**

Email: SGutierrez@ph.lacounty.gov

**LOS ANGELES COUNTY - DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL
COST/ LINE ITEM REIMBURSEMENT - SUBSTANCE USE PREVENTION SERVICES**

PROVIDER NAME: _____ CONTRACT NO.: _____
 ADDRESS: _____ CLAIM PERIOD: _____
 CITY: _____ ZIP: _____ DATE PREPARED: _____
 SERVICE CATEGORY: _____ PROVIDER NO.: _____
 CONTACT PERSON: _____ PHONE: _____

Invoice Type
 Original Supplemental

FORM #3B-3(must be attached to Form #3B-1)
 BREAKDOWN OF AMOUNTS BY SERVICE CODE SHOWN IN COLUMN B OF PAGE 1

I. PROGRAM CODE: _____

II. SERVICE CODE

	A SERVICE CODE	B DURATION (HOURS)	C AMOUNT CLAIMED THIS PERIOD	D YTD AMOUNT
a	Service Code 12 - Information Dissemination	-	\$ -	\$ -
b	Service Code 13 - Education	-	\$ -	\$ -
c	Service Code 14 - Alternatives	-	\$ -	\$ -
d	Service Code 15 - Problem Identification and Referral	-	\$ -	\$ -
e	Service Code 16 - Community-Based Process	-	\$ -	\$ -
f	Service Code 17 - Environmental	-	\$ -	\$ -
22	TOTAL	-	\$ -	\$ -

SAPC :CRU FORM#3B-3 REV.(5/2022)

Invoice Submission Deadlines

ALL FY 2022-2023 invoices must be submitted by the fiscal year end deadline, **Monday, July 10, 2023.**



Any other claims received and/or submitted after July 10, 2023, **may not be eligible for reimbursement.**

Submit invoices to Ming Hu at Minghu@lacounty.gov

Monthly invoices are due **by the 10th of the following month.**



Invoice to Follow the Approved Annual Budget

Monthly expenditures should follow your approved annual budget summary and narrative.

Budget categories:

1. Salaries & Employee Benefits
2. Services & Supplies
3. Equipment Leases
4. Facility Rent/Leases
5. Administrative Overhead (Indirect Cost Rate)
 - De Minimis ICR =
 $10\% * \text{Modified Total Direct Costs (MTDC)}$
(MTDC = Part 1: Salaries & Employee Benefits + Part 2: Other Services & Supplies)
 - Other Federally Approved ICR and Approved Base =
 $\text{Federally Approved ICR \%} * \text{Federally Approved Base}$



Direct vs. Indirect Costs

Direct Costs: “Costs that can be identified specifically with a particular final cost objective, such as a federal award, or other internally or externally funded activity, or that can be directly assigned to such activities with a high degree of accuracy.”

- Salaries and Employee Benefits
- Services and Supplies

Indirect Costs: “Costs incurred for a common or joint purpose benefitting more than one cost objective, and not readily assignable to the cost objectives specifically benefitted, without effort disproportionate to the results achieved.”

- Services and Supplies – charges for patient care, tuition remission, scholarships and fellowships, and participant support costs.
- Equipment and/or Other Asset Leases
- Facility Rent/Leases – includes facility depreciation costs
- Administrative Overhead (ICR %)

Monitoring Your Expenditures

Aim to spend 80-100% of your total contract amount.

If **underspending** (*estimated to spend less than 70% of your total contract*), contact your assigned Prevention Program Specialist and/or Contract Program Auditor to discuss challenges.

Ways to increase spending:

- Fill vacancies (all vacancies must be filled within 90 calendar days)
- **Consider offering more competitive salaries and benefits to improve employee retention**
- Amend your work plan
- Reallocate your budget



Reconciling Staff Hours

Can direct and indirect cost/hours be included when submitting billings?

Direct and indirect cost/hours may be included when completing the invoice (no longer can enter indirect hours in PPSDS).

Will auditors look to reconcile staff hours between PPSDS and monthly billings?

Yes. The State and County Auditors may compare staff hours between PPSDS with corresponding monthly billings.

If the appropriateness of an expense cannot be determined by the County because invoice detail, fiscal records, or backup documentation is nonexistent or inadequate, all questionable costs may be disallowed, and payment may be withheld by the County.





Tracking Staff Hours

Do agencies need to maintain a spreadsheet that tracks staff-hours between what is submitted in monthly PPSDS reports and monthly billing invoices?

- It is strongly recommended that each agency/contract maintain a spreadsheet that reconciles monthly staff-hours between PPSDS and billing invoices.

If your agency has the accounting in place to support all costs, an additional spreadsheet may not be necessary.

Prevention Work is Unique!

Please remember that Prevention Work has unique focus, staffing patterns, and tools.

Prevention is population based and is focused on changing environments, social norms, etc.



Clinical and treatment terms such as client, case management, counselors, ASAM criteria are not applicable in Prevention and may trigger disallowances.



