

## **EXHIBIT A-PROGRAM REQUIREMENTS (A-P): PRIMARY PREVENTION – YOUTH**

### **I. Program Name**

Primary Prevention – Youth

### **II. Contracted Services**

Substance Use Disorder Primary Prevention Services

Federal Funding Requirements Apply

### **III. Program Information and Requirements**

#### **A. Program Goals**

Contractor shall provide services to accomplish the following goals:

- Reduce alcohol and/or drug use among youth, particularly underage drinking, binge drinking and cannabis use;
- Identify and strengthen protective factors and mitigate risk factors;
- Deliver population and culturally specific interventions in alignment with a youth voice and participation;
- Utilize environmental and community-based approaches to prevention;
- Increase knowledge and awareness of tools and practices for optimal functioning; and
- Provide and engage youth in positive youth development opportunities.

Contractor shall provide services that contribute toward the accomplishment of the goals and objectives from the 2019 – 2024 ACBH Strategic Prevention Plan for Alcohol and Other Drug Primary Prevention Services (ACBH Strategic Plan for AOD Primary Prevention Services).

#### **B. Target Population**

Contractor shall provide services to the following populations:

##### **1. Service Groups**

Contractor shall provide services to Alameda County residents; between the ages of 12 to 17<sup>1</sup> and their families. Services shall be directed toward individuals or groups that may be at risk of substance use or abuse and are non-using or whose substance use is emerging or experimental but does not yet require treatment.

##### **2. Referral Process to Program**

Contractor shall receive and generate referrals through community presentations and collaborative partnerships with other community-based organizations and resources,

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<sup>1</sup> Youth that are 18-years-old shall be included in the target population as long as they are enrolled in high school or non-traditional high school.

including schools. Contractor shall accept self-referrals and referrals from family members and/or other partners as identified above.

**3. Program Eligibility**

Contractor shall serve individuals who fall within one or more the following Institute of Medicine (IOM) Substance Abuse Prevention Intervention Categories:

- Universal: Targets the general population with messages and programs aimed at preventing or delaying the use and/or abuse of alcohol or other drugs. All members of the population share the same general risk for use and/or abuse, although the risk may vary among individuals.
- Selective: Targets subsets of the population at risk for substance abuse by virtue of their membership in a particular population segment. Selective prevention targets the entire subgroup regardless of the degree of risk of any individual within the group.
- Indicated: Targets individuals who do not meet Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria for abuse or dependence, but who are showing early danger signs of substance abuse.

In all cases, these prevention services shall be directed at individuals who have never received nor required treatment services, and who are not expected to meet the criteria for a substance use disorder according to the DSM-V.

**4. Limitations of Service**

Not applicable.

**C. Program Description**

Contractor shall maintain programmatic services at or above the following minimum levels:

**1. Program Design**

Contractor’s services shall be designed to build upon the strengths of youth participants by soliciting and incorporating their input to ensure programming remains youth-driven. Contractor’s program shall be based upon the evidence-based, community-defined, and/or promising practice specified in the Exhibit A-Scope of Work (SOW).

Services shall include Prevention Strategies as defined by the Center for Substance Abuse Prevention (CSAP):

Tier	CSAP Prevention Strategies
1	Environmental Prevention (EP)
	Community-Based Process (CBP)
2	Education (ED)
	Alternative (ALT)
3	Information Dissemination (ID) (primarily campaign-driven, social media focused)
	Problem Identification and Referral (PIR)

Contractor’s programming shall focus primarily on Tier 1 activities, followed by Tiers 2 and then 3. Tier 2 activities may be used as support strategies for Tier 1 activities. Information Dissemination, a Tier 3 activity, shall be used to support a social media strategy for Tier 1 and 2 activities. Contractor shall provide PIR on a limited basis and as appropriate.

Contractor’s activities shall clearly align to the efforts that directly contribute to the ACBH Strategic Prevention Plan for AOD Primary Prevention Services, the IOM Intervention Categories, and the CSAP Prevention Strategies.

Contractor shall ensure that direct program staff are trained in understanding and effectively implementing CSAP strategies through participation in County/State-wide trainings, workshops, and webinars.

In coordination with ACBH, Contractor shall participate and coordinate annual evaluation activities, including but not limited to arranging focus groups, setting up key information interviews, and proctoring survey questionnaires with clients, their families, school administrators, and community members.

For Contractors that intend collaborate with another entity in relation to this program (e.g., school, community-based organizations, neighborhood groups, law enforcement, etc.), a Letter of Agreement (LOA) shall be developed and maintained with the purpose of outlining the roles and responsibilities for each partner. This LOA shall be designed to ensure communication, accountability, and the coordination of services that are being provided. The LOA shall be renewed each fiscal year and Contractor shall provide a copy of the executed LOA to ACBH Program Contract Manager and ACBH Operational Lead or their designee by October 31<sup>st</sup> of each fiscal year.

**2. Discharge Criteria and Process**

Not applicable.

**3. Hours of Operation**

Contractor shall maintain the hours as specified in Exhibit A-SOW.

Services shall be provided for a full twelve months of the fiscal year. For school-based programs, programming must include a plan to cover the summer school break.

**4. Service Delivery Sites**

Contractor shall deliver services at designated service delivery sites as specified in Exhibit A-SOW.

Services may also be delivered in community-based settings, including schools (inclusive of alternative and continuation schools) not specifically listed in the Exhibit A-SOW.

**D. Minimum Staffing Qualifications**

Contractor shall maintain the following minimum staffing:

- 1.00 Full-Time Equivalent (FTE) Program Coordinator

- 1.25 FTE Youth Program Specialist
- 0.50 FTE Data/Administrative Coordinator
- 0.50 FTE Youth Interns (which may consist of two positions of 0.25 FTE each)

#### **IV. Contract Deliverables and Requirements**

##### **A. Process Objectives**

Contractor shall provide services/deliverables that shall be separate and distinct from any other services/deliverables that may be purchased through other sources of funding.

Contractor shall deliver services unique to their program as specified in Exhibit A-SOW.

##### **B. Quality Objectives**

Contractor shall work with ACBH to develop performance objectives around the quality of services.

##### **C. Impact Objectives**

Contractor shall work with ACBH to develop performance objectives around the impact of services on clients.

Contractor's work towards achieving the impact objective specified in the Exhibit A-SOW is expected to contribute towards the following countywide impact objectives for adolescents as specified in the ACBH Strategic Plan for AOD Primary Prevention Services:

- By 2024, the number of middle school students reporting past 30-day alcohol use will decrease by three percent as measured by the California Healthy Kids Survey (CHKS).
- By 2024, youth will increase their perception that underage drinking is harmful by three percent as measured by CHKS.
- By 2024, reduce retail availability of alcohol to minors by five percent as measured by Alcohol Beverage Control infractions.
- By 2024, reduce availability of cannabis to minors by three percent as measured by CHKS.

#### **V. Reporting and Evaluation Requirements**

Contractor shall input programmatic data into the Department of Health Care Services (DHCS) data entry system, Primary Prevention Substance Use Disorder Data Service (PPSDS), on a weekly basis and shall enter all data for the prior month by no later than the fifth business day of the following month. Contractor shall designate at least two key staff to be trained on the data system and shall be responsible to train any new staff who will enter data on an ongoing basis. Data entry shall be done in a timely manner, be accurate, and represent what is being delivered per the Exhibit A-SOW.

Contractor shall develop and submit a comprehensive Action Plan that outlines how Contractor proposes to address each of the applicable goals and objectives listed in the ACBH Strategic Plan for AOD Primary Prevention Services in the following fiscal year. The Action Plan shall include the specific Tier 1 activities in the areas of Environmental Prevention (EP) or Community-Based Process (CBP). Contractor's plan must identify the program's target audience, partners, and other details and should forecast the planned outcomes expected from the EP and CBP program activities. The Action Plan must include, reflect, and build upon the shifts and outcomes achieved in EP and CBP program

activities in the current year. The Action Plan shall be submitted in the ACBH-provided template to ACBH Program Contract Manager and ACBH Operational Lead or their designee by January 31<sup>st</sup> of the fiscal year. ACBH shall review the plan and shall make recommended program modifications and refinements, as needed, to bring annual program activities and outcomes into full alignment with the EP and CBP CSAP Strategies.

Contractor shall complete an Annual Program Report on an ACBH-provided template that describes the Contractor's progress and performance in achieving Contract Deliverables and Requirements, including the stated Process, Quality, and Impact objectives. This report shall be submitted to the ACBH Program Contract Manager and ACBH Operational Lead or their designee by July 31<sup>st</sup> following the end of the contract period.

## **VI. Additional Requirements**

No additional requirements.