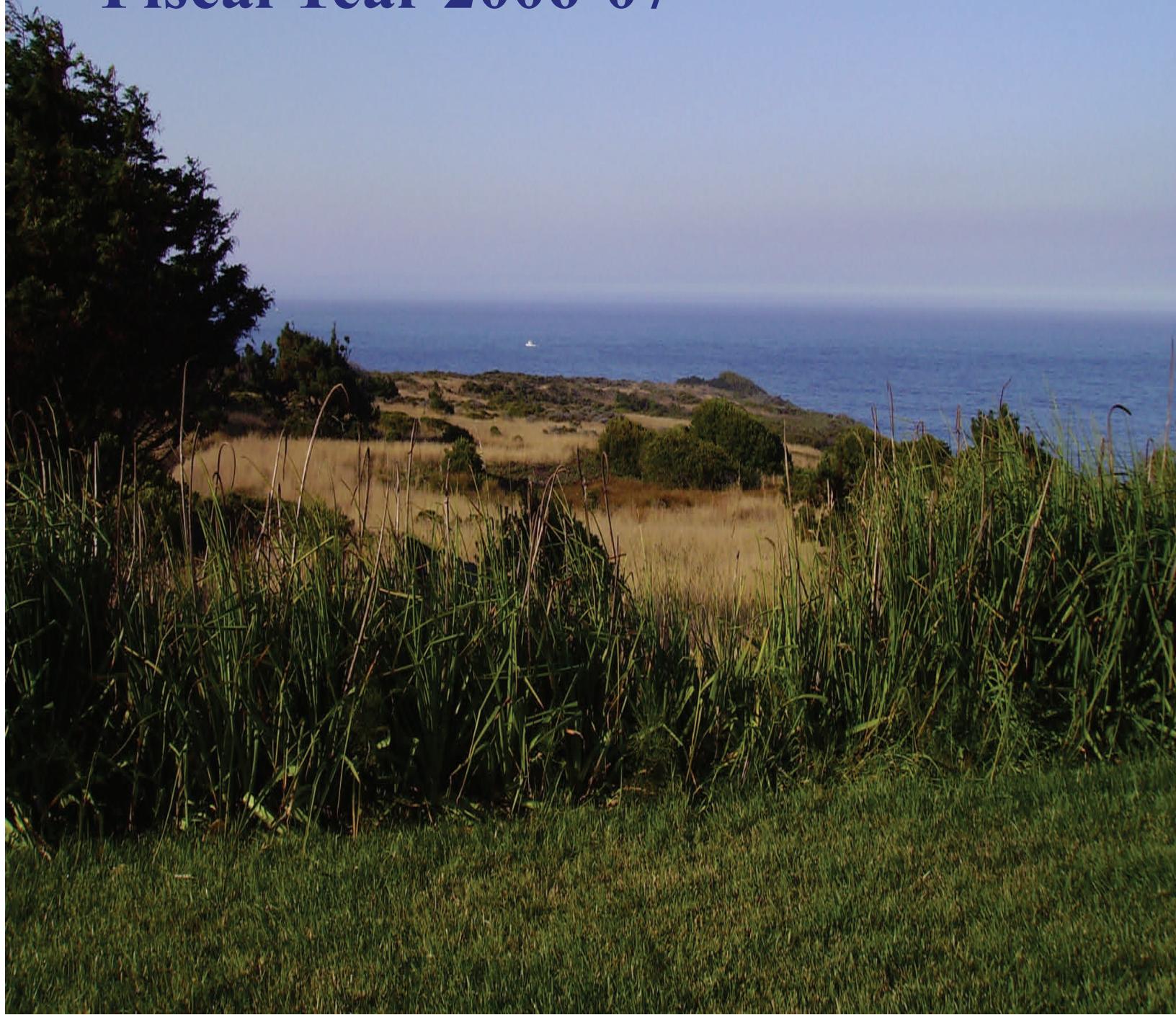


California Department of Alcohol & Drug Programs

Prevention Report: Fiscal Year 2006-07





California Department of Alcohol and Drug Programs (ADP) Prevention Report: Fiscal Year (FY) 2006-07



This report contains data on prevention activities in California from July 1, 2006 through June 30, 2007 (FY 2006-07). The data in this report are from the California Outcomes Measurement Service—Prevention (CalOMS Pv). For additional information on CalOMS Pv data collection, contact CalOMSPvHelp@adp.ca.gov.

The Department of Alcohol and Drug Program's (ADP's) goal for prevention services in California is to develop and maintain a comprehensive, statewide prevention system that averts and reduces alcohol, tobacco, and other drug (ATOD) related problems, thereby improving the health, safety and economic conditions of its residents by:

1. Modifying social norms and conditions to counter adverse consequences resulting from ATOD availability, manufacturing, distribution, promotion, sale, and use;
2. Effectively addressing at-risk and underserved populations and their environments.

IOM Definition of Prevention

Prevention, as defined by the Institute of Medicine (IOM) Continuum of Care, serves populations in three levels of risk categories:

- Universal prevention serves the general population.
- Selective prevention serves population subsets or groups at higher-than-average risk for substance abuse.
- Indicated prevention serves individuals already using ATOD or engaging in other high-risk

behaviors but not identified to be in need of treatment to prevent problematic abuse

Six CSAP Strategies

The Substance Abuse Prevention and Treatment (SAPT) block grant mandates that at least 20 percent of the funds be expended on primary prevention services directed at individuals not identified to be in need of treatment. Based on the identified population, prevention funds are applied to services that offer sustainable results using the six prevention strategies established by the Center for Substance Abuse Prevention (CSAP). They are:

- **Information Dissemination** provides awareness and knowledge of the nature and extent of substance use, abuse, and addiction and their effects on individuals, families, and communities. It is one-way communication from a source to an audience, with limited contact between the two (e.g., printed materials, websites).
- **Education** is two-way communication between an educator/facilitator and the participants (e.g., classroom curriculum). Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis, and systematic judgment abilities.
- **Alternatives** provide opportunities to participate in activities that exclude substance use. The assumption is that constructive and healthy activities offset the attraction to alcohol and drugs and, therefore, minimize their use.
- **Problem Identification and Referral** involves identifying those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. This strategy does not include any activity designed to diagnose if a person is in need of treatment.

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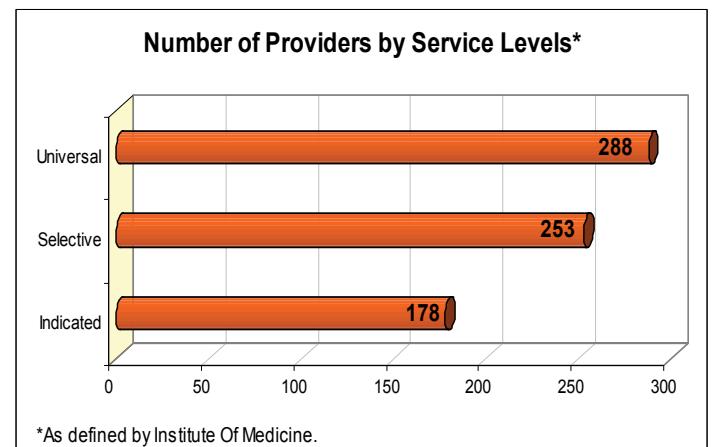
- **Community-Based Process** aims to enhance the ability of the community to more effectively provide prevention and treatment services for substance abuse disorders. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of services implementation, interagency collaboration, coalition building, and networking.
- **Environmental** establishes or changes written and unwritten community standards, codes, and attitudes, thereby influencing incidence and prevalence of substance abuse in the general population. This strategy is divided into two subcategories to permit distinction between activities that center on legal and regulatory initiatives and those that relate to the service and action-oriented initiatives.

In 2007, all California counties developed county-wide strategic plans to meet the unique needs of their counties. These plans identified the populations to be served and the strategies proposed to serve those populations. Service providers enter data regarding their services/ activities as related to the county plan into the California Outcomes Measurement Service for Prevention (CalOMS Pv). Counties use CalOMS Pv to track information and produce reports regarding their services. ADP uses this information to report mandated prevention outcome data to the Substance Abuse and Mental Health Services Administration, a federal funding agency.

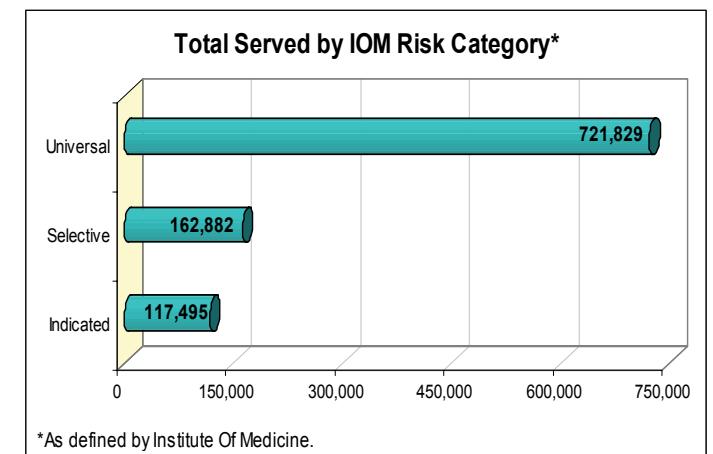
The following information reflects prevention data submitted by the service providers into CalOMS Pv. This data does not reflect the entirety of prevention services throughout California.

IOM Levels of Services

In State Fiscal Year 2006-07, a total of 329 providers delivered the three IOM levels (universal, selective, and indicated) of prevention services. The following chart shows the number of providers delivering services at each level. Providers might be involved in more than one level of service.

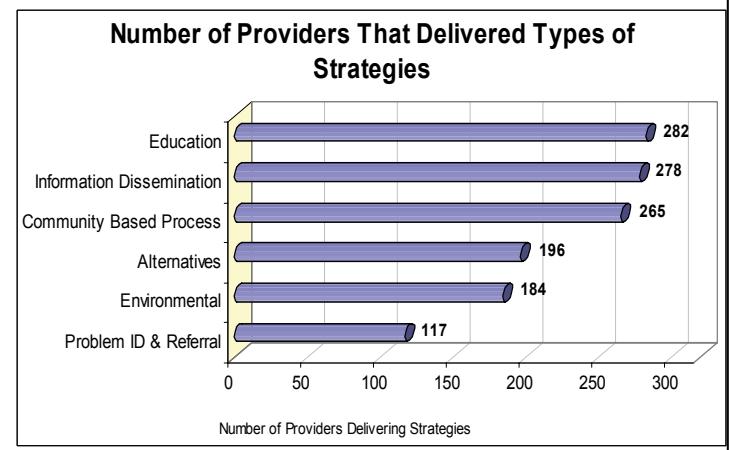


Almost 722,000 individuals received universal level prevention services. Another 280,000 individuals were exposed to selective and indicated levels of services.



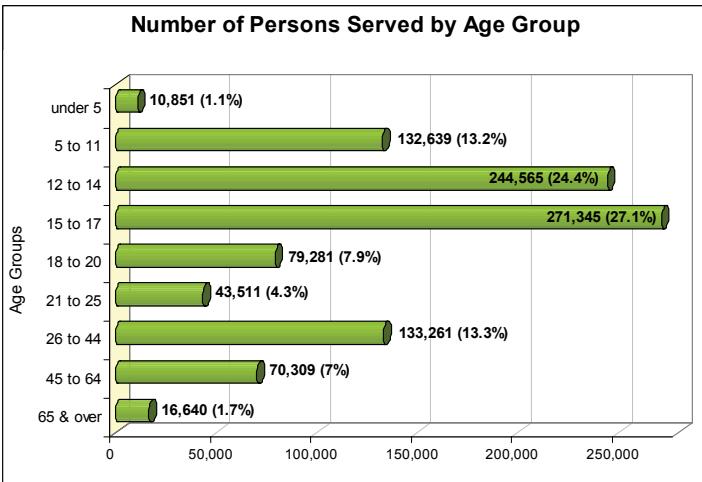
Providers Delivering Strategies

The chart below reflects the number of providers that delivered services within the six prevention strategies. Some providers engaged in more than a single strategy; therefore, providers might be counted in more than one category.



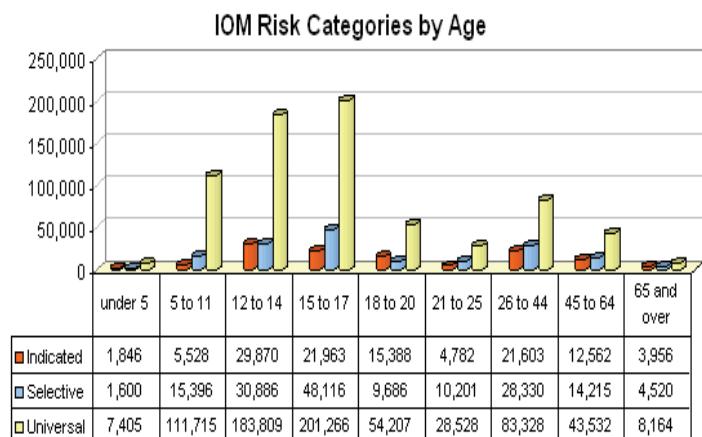
Demographics

Prevention services reached a total of 1,002,410 individuals. Note: demographic data is not collected for the Information Dissemination Strategy and a majority of the Environmental Strategy activities. The largest group of individuals who were recipients of prevention services were between 12 and 17 years old (51.5%).

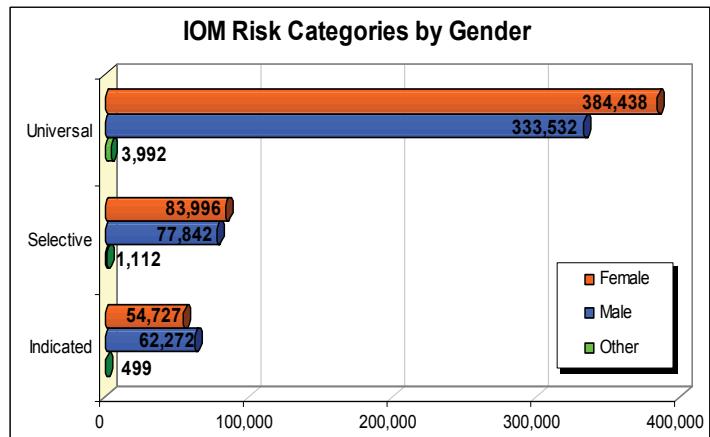


Under the Universal IOM category, out of the total population served, a greater number of individuals fell in the 5-11, 12-14, and 15-17 age groups.

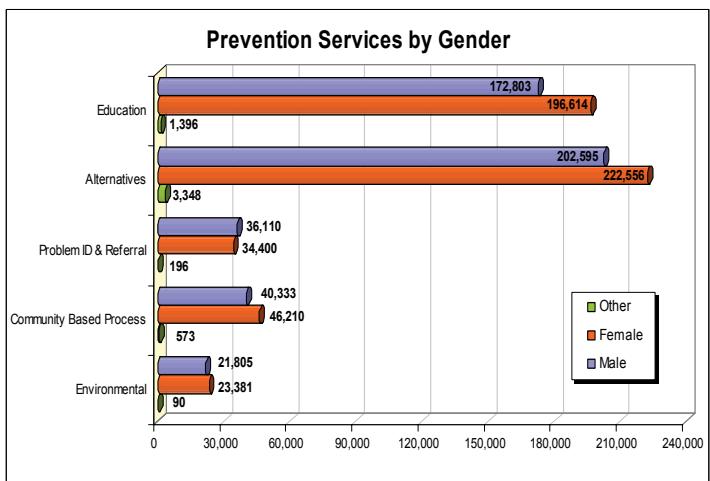
Under the Selective IOM category, out of the total population served, a greater number of individuals fell in the 15-17 age group.



Out of the total population receiving services, more females fell under the Universal and Selective categories than males; however, more males fell under the Indicated category.



Over half of recipients of prevention services by strategies (52.2%) were female. The Education and Alternatives Strategies engaged more female than male audiences.



Prevention Services by Location by Strategy

The locations where the prevention providers deliver their services are grouped into 45 categories. Based on the nature of the services for each of the prevention strategies, a wide variety of locations are identified. Table 1 lists the five locations with the highest number of services for all six strategies. “School Site–High School” and “County/Provider Office” are among the five locations with the highest number of services for all strategies.

Table 1. Frequency of Prevention Services by Location by Strategy

1. Information Dissemination	
Service Location	Service Frequency
County/Provider Office	175
School Site - High School	132
Community/Drop-In Center	124
Community at Large	116
School site - Middle School	104
2. Education	
Service Location	Service Frequency
School Site - High school	144
County/Provider Office	140
School site - Middle School	122
Community/Drop-In Center	96
School Site - Elementary	86
3. Alternatives	
Service Location	Service Frequency
County/Provider Office	80
Recreational Activity Site	78
School Site - High School	74
Community/Drop-In Center	74
Park	73
4. Problem ID & Referral	
Service Location	Service Frequency
County/Provider Office	62
School Site - High School	31
Community/Drop-In Center	25
School Site - Middle School	25
Work Place	20

5. Community-Based Process	
Service Location	Service Frequency
County/Provider Office	162
Community/Drop-In Center	125
Government Offices	112
School Site - High School	101
Community at Large	96
6. Environmental	
Service Location	Service Frequency
County/Provider Office	95
Government Offices	72
Community at Large	69
School Site - High School	64
Community/Drop-In Center	63

Prevention Service Populations

The populations that participate in prevention services are grouped into 28 categories. Individuals may be identified under more than one category.

“High School students”, “Youth/Minors”, and “Parents/Families” are among the five categories with the highest number of services delivered in all of the strategies except for Community-Based Process. Refer to Table 2.

Table 2. Frequency of Prevention Population by Strategy

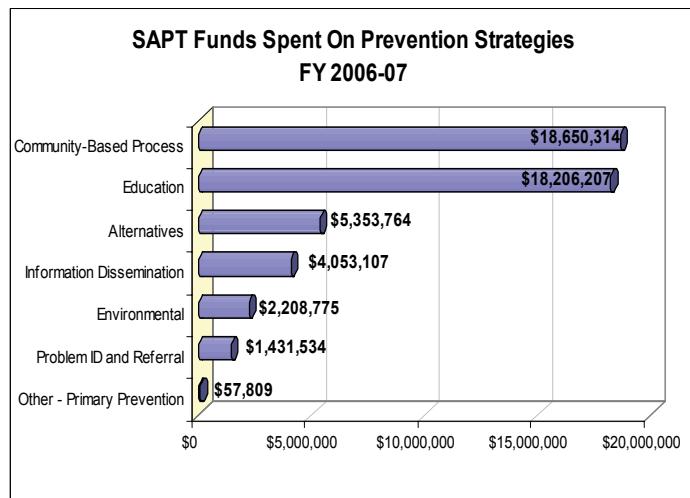
1. Information Dissemination	
Service Population	Service Frequency
General Population	234
Parents/Families	220
High School Students	214
Youth/Minors	208
Middle/Jr High School Students	202
2. Education	
Service Population	Service Frequency
High School Students	205
Youth/Minors	203
Middle/Jr High School Students	201
Parents/Families	186
Economically Disadvantaged	168

3. Alternatives	
Service Population	Service Frequency
High School Students	138
Youth/Minors	136
Middle/Jr High School Students	133
General Population	130
Parents/Families	123
4. Problem ID & Referral	
Service Population	Service Frequency
Persons Using Substances	68
Parents/Families	67
Youth/Minors	61
High School Students	59
Economically Disadvantaged	59
5. Community-Based Process	
Service Population	Service Frequency
Prevention/Treatment Professionals	191
General Population	188
Teachers/Administrators/Counselors	182
Youth/Minors	179
High School Students	179
6. Environmental	
Service Population	Service Frequency
General Population	132
Youth/Minors	114
Prevention/Treatment Professionals	111
High School Students	111
Parents/Families	108

Funding Prevention Services

In addition to the SAPT block grant funds allocated to counties, additional funds may also be utilized by a county. For example, counties may add SAPT Discretionary dollars, State General Funds, Non-County Revenue, Fees, and funds received through various grants to prevention.

In FY 2006-07, approximately \$49,961,000 of SAPT block grant funds were spent on prevention services. The largest portion of the funds was spent on services within the Community-Based Process (37.3%) and Education Strategies (36.4%).



In addition to the SAPT funding, some counties have been awarded Safe and Drug Free Schools and Communities (SDFSC) grants (<http://www.adp.ca.gov/Prevention/SDFSC.shtml>) through a competitive process. Reporting of SDFSC service / activity data into CalOMS Pv is optional.

Contact Information

For more information on prevention data, CalOMS Pv, or SDFSC, contact ADP at askadp@adp.ca.gov.