Prevention Services and Prevention Partnership Grants (PPG)

Authorities:	42 U.S.C. s. 300x-2
	45 C.F.R., pt. 96, sub. L.
	S. 397.311(22)(a)9.(c), F. S.
	Ch. 65D-30, F.A.C.
Frequency:	Ongoing
Due Date:	Ongoing

Managing Entity Responsibilities

The Managing Entity shall ensure the administration and provision of evidence-based programs to the target populations indicated in the prevention planning documents

The Managing Entity shall:

1. Collect and analyze data on substance use consumption and consequences to identify the substances of abuse and populations that should be targeted with prevention set-aside funds,

2. Purchase prevention activities and services with Substance Abuse Block Grant funds that are both consistent with the needs assessment data and are not being funded through other public or private sources,

3. Develop capacity throughout the state and Regions to implement a comprehensive approach to substance abuse issues identified by the statewide epidemiological work group,

4. Collect and analyze outcome data to ensure the most cost-efficient use of substance abuse primary prevention funds,

5. Review community prevention planning documents developed by community coalitions,

6. Purchase substance abuse prevention services, in compliance with 45 C.F.R. pt. 96, sub. L,

7. Contract with and provide oversight of Prevention Partnership Grant (PPG) grantees,

8. Verify delivery of services,

9. Provide technical assistance to subcontracted prevention providers regarding implementation of evidence-based prevention practices; and

10. Provide oversight of prevention services consistent with Block Grant requirements.

Network Service Provider Responsibilities

The Managing Entity shall ensure subcontracted prevention providers and coalitions:

1. Provide culturally appropriate evidence-based programs to the target populations,

2. Deliver prevention programs at the locations specified and in accordance with the Program Description of the strategy,

3. Partner with community coalitions, where available, to obtain their prevention planning documents and confirm that current programs are aligned with community substance abuse problems,

4. Collaborate with partners within the communities and state to focus on prevention,

5. Follow the Center for Substance Abuse Prevention (CSAP) Six CSAP Strategies:

    a. Information Dissemination,

    b. Education,

    c. Alternatives,

    d. Problem Identification and Referral,

    e. Community Based Processes, and

    f. Environmental Strategies.

6. Report prevention services and activities that do not fit under one of the CSAP Strategies under the "Other" category in the ME Block Grant reporting template.

7. Collect and analyze data on substance use consumption and consequences to identify the substances of abuse and populations that should be targeted with prevention set-aside funds,

8. Comply with state reporting requirements,

9. Enter all prevention data monthly into the Department's Performance Based Prevention System (PBPS),

10. Submit the Prevention Program Description using the PBPS format. The Managing Entity shall approve or reject the Program Description before any data submission can be done by the Network Service Provider,

11. Submit prevention data for all program participants, programs and strategies which occurred. Data submitted is consistent with the data maintained in the provider's program documentation, invoicing and sign-in sheets, and

12. Accurately report the following performance measures:

    a. A minimum of ninety percent (90%) of data shall be submitted no later than the 15th of every month.

    b. A minimum of ninety percent (90%) of department-identified errors in data submitted shall be corrected within thirty (30) days of notification.

Defining Prevention

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

Universal Prevention
Preventive interventions are targeted to the general public or a whole population group that has not been identified on the basis of individual risk and is desirable for everyone in that group. These services shall address the following specific prevention strategies, as defined in Rule 65D-30.013, F.A.C.: information dissemination, education, alternatives or problem identification and referral services.

a. **Universal Direct**

Directly serve an identifiable group of participants who have not been identified on the basis of individual risk. This includes interventions involving interpersonal and ongoing or repeated contact such as curricula, programs, and classes. These services shall address the following specific prevention strategies, as defined in Rule 65D-30.013, F.A.C.: information dissemination, education, alternatives or problem identification and referral services.

b. **Universal Indirect**

Universal indirect services support population-based programs and policies implemented by coalitions. These services can also include meetings and events related to the design and implementation of components of the strategic prevention framework, including needs assessments, logic models and comprehensive community action plans. The services shall address the following specific prevention strategies, as defined in Rule 65D-30.013, F.A.C.: information dissemination, community-based processes and environmental strategies.

Selective Prevention

Preventive interventions that are targeted to individuals or to a subgroup of the population whose risk of developing mental, emotional, or behavioral disorders is significantly higher than average. The risk may be imminent or it may be a lifetime risk. Risk groups may be identified on the basis of biological, psychological, or social risk factors that are known to be associated with the onset of a disorder. Examples include programs offered to children exposed to risk factors, such as parental divorce, parental mental illness, death of a close relative, or abuse, to reduce risk for adverse mental, emotional, and behavioral outcomes.

Indicated Prevention:

Preventive interventions that are targeted to high-risk individuals who are identified as having minimal but detectable signs or symptoms that foreshadow mental, emotional, or behavioral disorders, as well as, biological markers that indicate a predisposition in a person for such a disorder but who does not meet diagnostic criteria at the time of the intervention.[1]

Substance abuse prevention strategies are activities that "are aimed at the individual, family, community, or substance and that preclude, forestall, or impede the development of substance use problems and promote responsible lifestyles." The Managing Entity also interprets prevention as including "activities and strategies that are used to preclude the development of substance abuse problems."

Substance Abuse Prevention and Treatment Block Grant

Federal regulations that apply to the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) require the state to spend at least 20% of the award on services for individuals who do not require treatment for substance abuse. This entails the implementation of a comprehensive primary prevention system which includes a broad array of prevention strategies directed *at* individuals not identified to be in need of treatment.

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

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

- Relapse prevention programs,
- Suicide prevention programs,
- Domestic violence programs
- Case management for parenting teens,
- Mental Health First Aid; or
- Any services provided within prison or jails.

Primary prevention programs can include activities and services provided in a variety of settings for both the general population, and targeted sub-groups who are at high risk for substance abuse and the underlying factors driving a problem.[2,3] At-risk populations include:

- Children of substance abusers,
- Pregnant women/teens,
- Drop-outs,
- Individuals exhibiting violent and delinquent behavior,
- Individuals with mental health problems,
- Individuals who are economically disadvantaged,
- Individuals who are physically disabled,
- Abuse victims,
- Individuals who are already using substances,
- Homeless or runaway youth, and
- Parents who use substances.

Data-Based Decision Making

In order to maximize the impact of strategies implemented, it is important to engage in a strategic planning process. The strategic planning process is a conceptual framework that can be used in a variety of different contexts. The Center for Substance Abuse Prevention calls this process the Strategic Prevention Framework (SPF). SPF contains five basic elements[4] and two overarching principles[5] that overlap and interact throughout the process, relying on research and data to determine strategies.

Guidance documents have been developed to assist communities with prevention planning and can be found at:

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

Contracted prevention providers that are contracted for prevention activities must engage in this strategic planning process guided by locally developed needs assessments, logic models, community action plans, and evaluation plans. It is the responsibility of the Managing Entity to review and approve submitted prevention planning documents for contracted providers. The Department expects the Managing Entity to develop prevention strategies that are research based and informed by community needs assessments

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[2] https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf
[3] 45 C.F.R. pt. 96, sub. L.
[4] Assessment, planning, implementation, evaluation, and capacity.
[5] Cultural competence and sustainability.

through the sub-contracted network, in connection with child welfare providers. In the context of federal health care reform, the Managing Entity is also encouraged to develop integrated strategies that address primary care and behavioral health promotion.

Environmental Strategies and Community Coalitions

Environmentally-directed prevention is based on the view that all behavior, including the decision to use drugs or abstain, is influenced by one's physical, social, economic, institutional, and cultural environment. Environmental prevention strategies can reduce drug use by influencing the complex set of factors that comprise the overall community system. These factors include community conditions, policies, standards, and institutions. Environmental prevention strategies are most effectively implemented in the context of a community problem solving process. This makes community coalitions uniquely situated to bring about the kind of environmental changes that are needed to influence the attitudes, perceptions, skills, beliefs, and behaviors of individuals within communities.

Specific examples of environmental change strategies that target substance use include:

- Compliance checks,
- Social host laws,
- Sobriety checkpoints/traffic safety checkpoints,
- Restricting alcohol availability at events,
- Increasing taxes on alcohol,
- Graduated driver's licensing laws,
- Key registration.[6]

Community coalitions are local partnerships between multiple sectors of the community that respond to community conditions by developing and implementing comprehensive plans that lead to measurable, population-level reductions in drug use and related problems. Staff time spent participating in coalition work or on multi-agency collaborative groups focused on the prevention of substance abuse are allowable expenses under the Substance Abuse Prevention and Treatment Block Grant prevention set-aside.

> The Strategic Planning Framework
> In order to maximize their impact on the problems they confront, it is important that community and neighborhood organizations, whether they are anti-drug coalitions or some other group of concerned citizens, engage in a strategic planning process. The strategic planning process is a conceptual framework that can be used in a variety of different contexts, though it is designed for prevention initiatives that address substance abuse and mental health issues. Given the versatility of this framework, it may be referred to by different names. The Center for Substance Abuse Prevention calls this process the Strategic Prevention Framework (SPF). The SPF contains five basic elements,[7] and two overarching principles[8] that overlap and interact throughout the process.

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[6] Substance Abuse and Mental Health Services Administration. *FY 2016-2017 Block Grant Application.* Retrieved from http://www.samhsa.gov/sites/default/files/bg_application_fy16-17.pdf.

[7] Assessment, planning, implementation, evaluation, and capacity.

[8] Cultural competence and sustainability.

By following the process outlined in the SPF, Florida's communities will be able to use scarce resources to achieve sustainable, population-level changes in risk and protective factors, contributing conditions, substance abuse, and associated problems.

Two concepts that need to be addressed at every stage of a coalition's work and that deserve special attention are cultural competence and sustainability.

Cultural Competence

Florida's communities are characterized by an increasing diversity of cultures. Florida's diversity challenges planners to ensure that its programs and practices are relevant to all Floridians. This means that it is particularly important for community-based prevention to be culturally competent. Culture refers to "the shared values, traditions, norms, customs, arts, history, folklore, and institutions of a people unified by race, ethnicity, language, nationality, religion or other factors."[9]

Cultural diversity goes beyond racial and ethnic identification to include gender, sexuality, socioeconomic status, age, locale, and disability, among other variables. Culture pervades all aspects of our individual and group identities and it constantly influences how we interact with each other and our surroundings. Cultural competence refers to the "ability to bring together different behaviors, attitudes, and policies and work effectively in cross-cultural settings to produce better results."[10]

Attention to cultural differences regarding health and wellness can help reduce disparities in access to, and quality of, health care services. Truly effective coalitions will ensure that cultural competency is integrated into all aspects of their work, from problem assessment, planning and capacity building to implementation and evaluation. The primary aim is to ensure that all Floridians are represented in prevention planning and have access to culturally appropriate services and strategies.

Sustainability

Sustainability refers to a coalition's ability to maintain the human, social, and material resources necessary to accomplish the coalition's long-term goals for community change. The sustainability of initiatives and outcomes should be a goal established at the outset and addressed throughout all aspects of the process. Prevention planners at all levels need to build systems and institutionalize the practices and strategies that will sustain prevention accomplishments over time. This means that coalitions will have to adopt a comprehensive and long-term perspective from the outset. Sustaining outcomes in the face of the complex and ever-changing environments in which coalitions operate will

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[9] National Community Anti-Drug Coalition Institute. (2007). *Cultural Competence Primer: Incorporating Cultural Competence into Your Comprehensive Plan*.
[10] *Id.*

require a sustainability plan. This way, regardless of what happens to internal and external resources; the long-term viability of coalitions will remain secure.

Prevention providers that are contracted for environmental strategies must engage in a process driven by the Strategic Prevention Framework. These providers must produce a regionally-developed, community-specific Managing Entity approved Needs Assessment Logic Model, Comprehensive Community Action Plan, and Evaluation Plan.

Prevention Oversight

The Managing Entity shall ensure the administration and provision of evidence-based programs to the target populations indicated in the prevention planning documents. Network Service Providers shall conduct appropriate evidence-based programs that will benefit a community and meet their target population needs. The Network Service Provider shall also perform the following activities:

- Deliver prevention services at the locations specified in, and in accordance with the Program Description of the strategy.
- Partner with community collations to obtain their Needs Assessment Logic Model and confirm that their current programs are aligned with community substance abuse problems and will maintain a formal relationship outlined by an annually negotiated Memorandum of Understanding. This will include:
    o Participate in the SPF process which includes strategic planning, implementation and evaluation.
    o Submit an annual evaluation report to be included in the overall Coalition Evaluation report.
- Implement their scope of work for the target populations indicated in the Coalition Needs Assessment Logic Model.
- Implement evidence-based programs that are culturally appropriate for the target population.
- Encourage providers to participate in the peer-based fidelity assessment process to assess the quality, appropriateness, and efficacy of programs and practices.
- Complete an evidence-based fidelity self-assessment specific to the Evidence Based Practice implemented in the Network Service Provider's approved Program Description.
- Enter all prevention data on a monthly basis into the Department's Performance Based Prevention System (PBPS).

In addition, SAMHSA indicates that primary prevention programming should be focused on the following main areas:

- Ensuring data on substance use consumption and consequences are collected and analyzed to identify the substances of abuse and populations that should be targeted with prevention set-aside funds,
- Ensuring prevention activities and services purchased with Substance Abuse Block Grant funds are both consistent with this needs assessment data and are not being funded through other public or private sources, including private commercial health insurance or Medicaid,
- Developing capacity throughout the state to implement a comprehensive approach to substance abuse issues identified by the statewide epidemiological work group,
- Collaborating with natural partners within the communities and state to focus on health and wellness to assist in implementation,

- Collecting and analyzing outcome data to ensure the most cost-efficient use of substance abuse primary prevention funds.[11]

Prevention Data Reporting

The Managing Entity requires:

- Network Service Providers submit the Prevention Program Description. The Managing Entity must approve or reject the Program Description before any data submission can be done by the Network Service Provider.
- Network Service Providers submit prevention data for all program participants, programs and strategies which occurred.
- Network Service Providers submit prevention data into the Department's Performance Based Prevention System (PBPS). Prevention data will be entered into the system by the 10th of each month. Network Service Providers are required to submit additional supporting documentation to the Network Manager upon request.
- Data submitted must be consistent with the data maintained in the Network Service Provider's program documentation, invoicing and sign-in sheets.

Network Service Providers are required to accurately report the following performance measures:

- A minimum of ninety five percent (95%) of data shall be submitted by the 10th of every month.
- A minimum of ninety five percent (95%) of department and managing entity-identified errors in data submitted shall be corrected within ten (10) days of notification.

The Prevention Partnership Grants

Prevention Partnership Grants (PPG)[12], established under s. 397.99, F.S., are awarded once every three years. Requirements for the administration of the PPG, for agencies who were awarded the funds, are outlined in specific Attachments to the Network Service Provider contract and according to DCF Guidance 14, which can be found at following link using the applicable fiscal year: http://www.myflfamilies.com/service-programs/samh/managing-entities/.

Definitions

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

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

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[11] Substance Abuse and Mental Health Services Administration. *FY 2014-2015 Block Grant Application*. Retrieved from http://www.samhsa.gov/grants/blockgrant/docs/BGapplication-100312.pdf.
[12] s. 397.99, F.S.

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

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

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

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

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

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

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

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

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

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

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

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

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

Objectives

Per Section 2.1 of the RFA, the overall objectives of the PPG program are to:

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

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

Performance Measures

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

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

The provider will follow performance measures as outlined by LSFHS's As Negotiated Targets document.

Process Measures

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

Reporting

Network Service Providers shall submit the following reports:

- **Program Status Report**
  A detailed report of the services and activities performed and the progress of the program in meeting the performance measures, process measures, goals, objectives and tasks outlined in the subcontract. This report must be submitted quarterly to the Network Manager by the 10th of the month.

- **Financial Report**

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

Data Entry

The Network Service Provider must enter all prevention data on a monthly basis into the Department's Performance Based Prevention System (PBPS).

Return of Funds

Per Section 2.7 of the RFA, Network Service Providers shall return to the Managing Entity any unused PPG funds and unmatched grant funds, as documented in the Final Financial Report, no later than 60 days following the ending date of the contract.

Staffing

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

Funding and Match

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

PPG Network Service Providers

Applicant	County Coverage
Meridian Behavioral Healthcare, Inc.	Baker
Hanley Center Foundation, Inc. dba Hanley Foundation	Baker, Bradford, Clay Duval
Meridian Behavioral Healthcare, Inc.	Bradford
Hanley Center Foundation, Inc. dba Hanley Foundation	Putnam
Hanley Center Foundation, Inc. dba Hanley Foundation	Alachua
Hanley Center Foundation, Inc. dba Hanley Foundation	Dixie, Gilchrist, Levy, Lafayette
BayCare Behavioral Health, Inc.	Hernando
CDS Family & Behavioral Health Services, Inc.	Gilchrist, Levy
LifeStream Behavioral Center, Inc.	Sumter
LifeStream Behavioral Center, Inc.	Lake
LifeStream Behavioral Center, Inc.	Marion
Eckerd Youth Alternatives	Citrus
Fresh Ministries, Inc.	Duval

Monitoring

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

Invoicing

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

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

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

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

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

Glossary

- **Community coalitions**

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

- **Culture**

  The shared values, traditions, norms, customs, arts, history, folklore and institutions of a people unified by race, ethnicity, language, nationality, religion or other factors.[13]

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

- **Prevention**

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

- **Promotion**

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

- **Protective factor**

  Characteristic at the biological, psychological, family, or community level that is associated with a lower likelihood of problem outcomes or that reduces the negative impact of a risk factor on problem outcomes.[14]

- **Risk factor**

  Characteristic at the biological, psychological, family, or community level that precedes and is associated with a higher likelihood of problem outcomes.[15]

- **Strategic Prevention Framework (SPF)**

  A five-step process to promote youth development, reduce risk-taking behaviors, build assets and resilience, and prevent problem behaviors across the life span.[16]

- **Treatment**

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

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

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[14] National Research Council and Institute of Medicine. (2009). *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*. Washington, DC: The National Academies Press.
[15] National Research Council and Institute of Medicine. (2009). *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*. Washington, DC: The National Academies Press.
[16] See http://www.samhsa.gov/spf