SFY 2026 Prevention Reporting System User Manual

October 2025

Contents

Introduction

Behavioral Health Prevention Reporting System (PRS)

Behavioral health prevention community-based organizations (CBOs) will use the PRS through Qualtrics to report substance misuse and problem gambling prevention services. This user manual provides a detailed overview of Qualtrics and serves as a resource for prevention data entry.

Data Entry Due Dates

All fields must be entered to be considered a complete record. CBOs must adhere to the following data entry due dates:

Prevention Data Reporting - due in the PRS by the 15th day of the month following the services.

Unexpected Changes to Prevention Strategies

Cancelled Evidence-Based Program

If a prevention program is cancelled, the direct service hours for completed sessions may be entered into the PRS.

Co-Facilitation

Co-facilitation for one-time services should be limited but may be permitted for large group settings such as a town hall meeting, health fair, etc. CBOs should use their discretion when assigning multiple staff to a one-time service.

Time spent may be captured by each staff member within the PRS, but participant counts may not be duplicated and must be divided between staff.

Co-facilitation for recurring services will only be allowed if it is a requirement of the evidence-based program.

Recording Multiple One-time Services

Each independent direct service hour provided should be entered into the PRS as a separate entry.

For example, if three, one-hour technical assistance meetings occurred in one day to separate groups, there should be three separate records created in the PRS versus one combined three-hour entry.

Each direct service hour is unique, and the population may vary depending on the type of service provided.

Data Entry Records

CBOs are not required to use paper data entry forms but are responsible for retaining data records and supporting documentation as this information may be requested for site visit purposes.

Data Questions

Questions related to the PRS should be directed to the Iowa HHS at BHassistance@hhs.iowa.gov.

System Requirements

Qualtrics is compatible with up-to-date versions of Google Chrome, Microsoft Edge, Mozilla Firefox, Safari, and Internet Explorer.

General Navigation

Accessing Qualtrics

Substance use and problem gambling prevention data will be entered via a Qualtrics link provided by Iowa HHS to each contracted CBO. Each CBO is responsible for managing this link in coordination with their prevention team. Once the link is accessed, the following welcome screen will appear:

Iowa HHS Division of Behavioral Health Prevention Reporting System

This tool collects data on Substance Use, Problem Gambling, and Tobacco related prevention activities.

During completion, please double check your answers to ensure accuracy before final submission.

If you have any questions, please reach out to bhassistance@hhs.iowa.gov.

Next >

Training and Resources

Training on the PRS will be made available by Iowa HHS. Training(s) and resources will be made available at the Prevention Portal which can be found here.

Prevention Data Entry Instructions

Select the Project/Funding Source in which the prevention service is supported through.

A. **Project/Funding Source:** Select from the available options which include problem gambling, tobacco, substance misuse prevention (block grant).
   - i) Substance misuse prevention (block grant) should be selected if the work being entered was previously funded under the Integrated Provider Network (IPN).
   - ii) Tobacco should be selected if the work being entered was previously funded under the Community Partnership tobacco grant.
   - iii) If suicide is the priority area, then substance misuse prevention (block grant) should be selected as this was previously funded under the Integrated Provider Network (IPN).
   - iv) Additional fields will auto populate once the project/funding source is selected.

A

*Project/Funding Source

Select one ⌄

Once the Project/Funding Source is selected, the following fields will need to be completed:

B. **Agency Name:** Select the appropriate agency name from the drop-down list.
C. **Record Entered By:** Type the first and last name of the person entering the prevention data.
D. **Staff Name:** Type the first and last name of the person who provided the actual prevention service.
E. **County of Service:** Select the county where the service occurred.
   - i) If the service was virtual, select the county in which the person providing the service was located.
F. **Date of Service:** Using the calendar, select the date that the service took place. The system will require the user to select a time. Any of the available times may be selected. This does not need to correspond with the actual time the service took place.
   - i) Do not enter data for services that have not yet taken place.
   - ii) Only enter dates that align with the current fiscal year.
G. **Frequency:** Select from one of the following options
   - i) **One-Time Service**– this is selected for a prevention service which generally occurs once (e.g., speaking engagement, coalition meeting, community partner engagement, etc.) and that, through the practice or

application of recognized prevention strategies, is intended to inform or assist general or specific populations regarding substance misuse and/or problem gambling prevention issues.

ii) **Recurring Service** - this is selected for a recurring program (e.g., LifeSkills Training). A Recurring Service is defined as a service provided to a specific group of people who are enrolled for a fixed period, in a planned sequence of activities that, through the practice or application of recognized prevention strategies, has specific criteria for determining completion.

B

*Agency Name

Select one ⌄

C

*Record Entered By:

(FirstName LastName)

D

*Staff Name

(FirstName LastName) of Person who led the session

E

*County of Service

Select one ⌄

F

Date of Service

Enter a date (mm/dd/yyyy)

G

*Frequency

○ One-Time

○ Recurring

| ‹ | Next page › |

One-Time Service Instructions

Select the appropriate Center for Substance Abuse Prevention (CSAP) Strategy from the list provided and click Next Page.

*Choose CSAP Strategy

- ◯ Alternatives
- ◯ Community-Based Process
- ◯ Environmental
- ◯ Information Dissemination
- ◯ Problem ID & Referral

Next page ›

Once a CSAP strategy is selected (see example below), choose an **Activity Code** from the menu of options and click Next Page. A complete listing of all Activity Codes, and their use cases, begins on page 20.

IOWA™ | Health and Human Services

*Choose CSAP Strategy

- ◯ Alternatives
- ✓ Community-Based Process
- ◯ Environmental
- ◯ Information Dissemination
- ◯ Problem ID & Referral

*Community-Based Process

Choose Activity Code:

Select one ⌃

| Select one |
| STC08 Technical Assistance |
| IAC01 Technical Assistance |

Next page ›

After an Activity Code is selected, choose the **Service Provided** from the menu of options and click Next Page.

After the Service Provided is selected, choose the **Service Description** from the menu of options.

After the Service Description is selected, click on the appropriate options below and click Next Page.

- H. **Strategic Prevention Framework –** For a one-time service, the following options are available for use: assessment, capacity, planning, implementation, and evaluation. Definitions of the Strategic Prevention Framework categories may be found on page 44.
- I. **Institute of Medicine (IOM) –** Select from one of the following IOM categories. Definitions of the IOM categories may be found on page 43.
    - i) Indicated
    - ii) Selective

         iii)   Universal Direct

         iv)   Universal Indirect

   J. **Priority Area –** Select from one of the following priority areas: Alcohol, Marijuana, Methamphetamine, Prescription Medication/Opioids, Suicide, or Tobacco.

*Strategic Prevention Framework

H

- ☑ Assessment
- ○ Capacity
- ○ Planning
- ○ Implementation
- ○ Evaluation

I

*Institiute of Medicine

- ○ Indicated
- ○ Selective

J

- ☑ Universal Direct
- ○ Universal Indirect

*Priority Area

- ☑ Alcohol
- ○ Marijuana
- ○ Methamphetamine
- ○ Prescription Medication/Opioids
- ○ Suicide
- ○ Tobacco

                                                                       `<`   **Next page >**

After these fields are selected, click on the appropriate options below and click Next Page.

K. **Duration of Service -** Click and drag the slider to indicate the amount of direct service hours provided for each entry. Duration of Service is calculated in 30-minute increments to the nearest half or whole hour.
    i) The number on the far right will indicate the total number of minutes reflected in the bar (ex. 30).
L. **Service Population –** Select from the menu of options.
M. **Total Number of Participants –** Type of number of participants served and/or reached.

K

*Duration Of Service (In Minutes)
Defaults to 30 minutes

Minutes:

●———————————————————————————— 30

30   480

L

*Service Population

| Select one | ⌄ |

M

*Total Number of Participants:

Enter Amount of Participants:

[   ]

Please confirm your choices before continuing! Clicking **Next** from here will take you to the Demographic Section!

                                          < Back | Next >

At the bottom of the screen, a prompt will appear to confirm the choices selected. If changes are needed, click the back arrow to see the previous page(s). If the choices are confirmed, click Next Page.

After the choices are confirmed, complete the demographics page by manually entering the number for each of the following categories:

N. **Sex**
O. **Race**
P. **Ethnicity**
Q. **Age**

Numbers entered must match the Total Number of Participants entered on the previous screen. An error code will appear if these numbers do not match.

IOWA | **Health and Human Services**

N

*Sex

Male	0
Female	0
Unknown	0
Total	0

O

*Race

White	0
Black/African American	0
Native Hawaiian/Other Pacific Islander	0
American Native/Alaskan Native	0
Asian	0
More Than One Race	0
Race Unknown or Other	0
Total	0

P

*Ethnicity

Hispanic or Latino	0
NOT Hispanic or Latino	0
Ethnicity Unknown	0
Total	0

IOWA | **Health and Human Services**

Q *Age

Age 0-4	0
Age 5-11	0
Age 12-14	0
Age 15-17	0
Age 18-20	0
Age 21-24	0
Age 25-44	0
Age 45-64	0
Age Unknown	0
Total	0

Next page >

Once the demographic fields are completed, the following screen will appear. Review and verify the data for accuracy. If correct, click Next Page.

Please double check all of your answers before continuing to the next page and submitting your response.

< | Next page >

Once Next Page is selected, the following screen will appear which is a full summary of the responses entered. CBOs may choose to "Download PDF" by clicking on the hyperlink located on the upper right corner of the page.

Please double check all of your answers before continuing to the next page and submitting your response.

Below is a summary of your responses. Navigate to the next page to submit your survey.	Download PDF

This tool collects data on Substance Use, Problem Gambling, and Tobacco related prevention activities.

During completion, please double check your answers to ensure accuracy before final submission.

If you have any questions, please reach out to bhassistance@hhs.iowa.gov.

Date Entered: 10/1/2025

*Project/Funding Source

Substance Misuse Prevention (Block Grant) ⌄

If the data entered are correct, click Next and the following screen will appear indicating the record has been successfully submitted and a new record may be entered.

To enter a new record, click the "refresh" button (usually found at the top of your browser) to be routed back to the start screen.

Once Next Page is selected, the following screen will appear indicating the record has been successfully submitted and a new record may be entered.

Iowa HHS Division of Behavioral Health Prevention Reporting System

We thank you for your time spent taking this survey.
Your response has been recorded.

Recurring Service Instructions

Select the appropriate Center for Substance Abuse Prevention (CSAP) Strategy from the list provided and click Next Page.

*Choose CSAP Strategy

◯ Education

◯ Problem ID & Referral

Next page >

Once a CSAP strategy is selected, there will be a prompt to choose an **Activity Code** (see example below). A complete listing of all Activity Codes begins on page 20.

*Education

Choose Activity Code:

Select one ⌃
Select one
STE01 Children of Parents/Guardians with Substance Use Disorder
STE02 Classroom Educational Services
STE04 Parenting/Family Management Services
STE06 Small Group Sessions

< Back   Next >

After an Activity Code is selected, choose the **Service Provided** from the menu of options and click Next Page.

*STE02 Classroom Educational Services

Choose Service Provided:

Implemented EBP ⌃
Select one
Implemented EBP

< Back   Next >

If Education was selected on the previous page, then Implemented EBP will be on the only option available on the drop-down menu.

After the Service Provided is selected, click on the appropriate options below:
   A. **Strategic Prevention Framework**
   B. **Institute of Medicine**
   C. **Priority Area –** Select from one of the following priority areas.
      i)   If suicide is the priority area, then substance misuse prevention (block grant) should be selected as this was previously funded under the Integrated Provider Network (IPN).

A

*Strategic Prevention Framework

○ Implementation

B

*Institute of Medicine

○ Indicated

○ Selective

○ Universal Direct

C

*Priority Area

○ Alcohol

○ Marijuana

○ Methamphetamine

○ Prescription Medication/Opioids

○ Suicide

○ Tobacco

Select the "Evidence Based Program" implemented at the bottom or this screen. Only Iowa HHS approved evidence-based programs will be identified within the PRS.

*Evidence Based Program
For Problem Gambling, only select Stacked Deck

Select one ⌄

‹ Back   Next ›

After the Evidence Based Program (EBP) is selected, the top of the next screen will verify the EBP selected and include the required number of sessions.

Click on the appropriate options below:

D. Program Year - Select the appropriate program year for the survey. For single-year programs, select "1". For multi-year programs, select the year of the program.

E. Session Number – Enter the session number implemented

F. Duration of Service - Enter the Duration in 30-minute increments to the nearest half or whole hour.

G. Group Name – Enter the group name identified by the CBO. Group names should be unique to each group and should not be duplicated within the fiscal year.

a. Group Name example, "ABC Middle School 7A"

H. Service Population – Select from the available options.

I. Total Number of Participants - Enter the Number of Participants.

Evidence Based Program: LifeSkills Middle School (Level 1)

Number of Required Sessions: 15

D

*What program year is this survey for? (For Single-year programs, Select "1". For Multi-year programs, Select the year of the program.)

○ 1

○ 2

○ 3

○ 4

○ 5

E

*Session Number:

| 1 |

F

*Duration Of Service
(In Minutes)

Defaults to 30 minutes

Minutes:

30 ———————————————————— 30
30   480

G

*Group Name (School Name, Grade, Class{A-Z})

| |

H

*Service Population

| Select one ▾ |

I

*Total Number of Participants:

Enter Amount of Participants:

| |

[<] [Next page >]

After the choices are confirmed, complete the demographics page by manually entering the number for each of the following categories:

      J. **Sex**
      K. **Race**
      L. **Ethnicity**
      M. **Age**

Numbers entered must match the total number of people entered on the previous screen. An error code will appear if these numbers do not match.

J

*Sex

Male	0
Female	0
Unknown	0
Total	0

K

*Race

White	0
Black/African American	0
Native Hawaiian/Other Pacific Islander	0
American Native/Alaskan Native	0
Asian	0
More Than One Race	0
Race Unknown or Other	0
Total	0

L *Ethnicity

Hispanic or Latino	0
NOT Hispanic or Latino	0
Ethnicity Unknown	0
Total	0

M *Age

Age 0-4	0
Age 5-11	0
Age 12-14	0
Age 15-17	0
Age 18-20	0
Age 21-24	0
Age 25-44	0
Age 45-64	0
Age Unknown	0
Total	0

< | Next page >

Once the demographic fields are completed, the following screen will appear.

Please double check all of your answers before continuing to the next page and submitting your response.

<div align="right">

<	Next page >

</div>

Once Next Page is selected, the following screen will appear which is a full summary of the responses entered. CBOs may choose to "Download PDF" by clicking on the hyperlink located on the upper right corner of the page.

Please double check all of your answers before continuing to the next page and submitting your response.

> Below is a summary of your responses. Navigate to the next page to submit your survey.   Download PDF

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Date Entered: 10/1/2025

*Project/Funding Source

Substance Misuse Prevention (Block Grant) ⌄

If the data entered are correct, click Next and the following screen will appear indicating the record has been successfully submitted and a new record may be entered.

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Once Next Page is selected, the following screen will appear indicating the record has been successfully submitted and a new record may be entered.

Iowa HHS Division of Behavioral Health Prevention Reporting System

We thank you for your time spent taking this survey.
Your response has been recorded.

Editing/Deleting or Starting a Record

Beyond utilizing the back buttons, once a record is submitted the information will not be able to be edited. For a new record, put the survey link back into the preferred browser.

Capturing Prevention Demographics

Individual-Level Demographics

CBOs are responsible for determining the most effective way of collecting individual-level demographic data. These data should be collected during each prevention service provided and in a way that most effectively captures those served.

While there are a variety of ways to collect individual-level data, below are a few examples to consider:

- **Observation**: Collaborate with community partners who can track and provide a report detailing demographic data to the CBO following the direct service.
- **Online tracking**: Utilize virtual tools to capture demographic information (i.e. online registration, polling questions, etc.).
- **Sign-in sheet**: Develop a sign-in sheet that aligns with the demographic data set in the PRS.
- **Surveys**: The legacy Iowa HHS Prevention Survey Instruments shall not be utilized in SFY26.

Population-Level Demographics

In addition to individual-level demographic data, CBOs will collect and maintain population-level demographic data for the IAN20, STN04, STN05, STN08, STV04, and STV05 activity codes. The guidance below will help in determining the most accurate counts to report.

- If the population of focus being reached represents an **organization**, contact the organization(s) or look at its website to find estimates.
- If the population of focus being reached represents a **school(s) or district(s)**, find enrollment information from the Iowa Department of Education website, and then calculate an estimate for specific grade level(s)/age(s), whichever is relevant.
- If the population of focus being reached represents a **broader** audience, find demographic information by visiting the United States Census Bureau, QuickFacts Iowa, and then calculate an estimate for the specific community demographics.

Activity Codes

Information Dissemination

Information Dissemination provides awareness and knowledge of the nature and extent of substance misuse and/or problem gambling and its impact on individuals, families, and communities. The strategy is intended to increase knowledge and awareness of available prevention programs and services and does not serve as organization promotion. Information Dissemination is characterized by **one-way communication** from the source to the audience, with limited contact between the two.

Materials Development

The creation of original documents and other educational pieces for use in Information Dissemination activities related to substance misuse and/or problem gambling and the effects on individuals, schools, families, and communities.

Services under this category include audiovisual materials, printed materials (i.e. flyers, one-pagers, and brochures), newsletters, and public service announcements. **Time spent researching and obtaining information for the creation of an original document are counted as indirect hours.** Direct hours are those hours dedicated towards the actual creation of the document.

CBOs are encouraged to view the Your Life Iowa Resource Center to view all available resources prior to dedicating staff time to creating original documents.

Items provided in the Your Life Iowa Resource Center should only be used or published in the medium/mode that they were created. Because of licensing, assets cannot be used outside of the medium/mode in which they were created. For example, CBOs may only publish social media posts on social media or posters as posters and not newspaper ads.

All documents utilized or created should be listed within the approved prevention action plan for direct services hours to be counted.

Collecting Media Type Demographic Data

All population-based media services entered in the PRS must include demographics. These data are important as they represent the number of Iowans reached with prevention messages that are funded through state and federal grants.

CBOs may choose to collect these data by visiting a media outlets website to see if demographic data are readily available. If data are not available via the website, then directly asking media outlets to provide analytic data to track the impact of the prevention service may be necessary.

While not a complete list, below are a variety of ways to collect media platform demographic data.

- **Radio** - Listenership analytics are captured by individual stations.
- **Newspaper** - Each newspaper collects the number of people reached through print/web ads.
- **Billboards** - Analytics on the number of daily impressions are often available upon request from the company.
- **Social media ad placement** - Analytics are captured via reports on social media platforms. These data are often readily available to users and may include the number of downloads, shares, or visits for a specific ad.
- **Print ads/flyers** - Counts are based on the actual number of print material disseminated.
- **TV ads** - The number of viewers is collected by each station.

IAN18 Online Conference Call, Meeting, or Webinar

Services intended to provide information about substance misuse and/or problem gambling prevention using the internet/telephone to replace in-person meetings or presentations.

To count direct service hours towards IAN18, prevention staff must *actively* (e.g. provide current data or facts on a prevention topic, process evaluation results and identify next steps, or update on a prevention project) participate in the online call, meeting or webinar. This code is intended to support and enhance in-person prevention services and should in no way replace community-based prevention services.

- Telephone calls, text messages, or email used for preparation time, agenda creation, or meeting plans are a part of day-to-day business and are recorded as indirect hours.
- Direct service hours counted towards this activity must reflect the actual amount of time spent providing the prevention services.
- Active participation of at least thirty (30) minutes should be provided if counted as direct service.

Service location for IAN18 should be listed as where the staff is while providing the service or the target area for the service. Example: A conference call where there are participants representing multiple areas, the service location is entered as the staff's own location.

- ❖ Select the appropriate Universal Direct, Selective, or Indicated category. Participant demographics are reported as exact counts.
- ❖ **The maximum number of participants allowed for this activity is twenty (20).**

Examples:

- Individual face-to-face presentations
- Short-term educational groups (not recurring services)
- Parent & child programs

IAN20 Media Interview

Services intended to provide information about prevention through radio interviews, newspaper interviews and other media events where the audience is indirectly receiving substance misuse and/or problem gambling related information. Media interviews counted under this Activity Type may not be for organizational promotion.

- ❖ Select a **Universal Indirect** category. Participant demographics are reported as exact counts.
- ❖ Count the number of individuals listening to or viewing the radio, newspaper, or media event.

Examples:

- Newspaper, television, radio interview
- Recognition month media request separate from an Iowa HHS media campaign

Select this code when participating in an independent media interview that is separate from an approved media campaign used as an Environmental Strategy.

STN02 Health Fair/Community Event

Generally, this is a school- or community-focused event that offers an opportunity to provide information on substance misuse and/or problem gambling prevention and health-related issues and interact with the persons in attendance.

Direct service hours counted towards this activity must be able to capture demographics by actively engaging with participants.

- ❖ Select the appropriate Universal Direct, Selective, or Indicated category. Participant demographics are reported as exact counts.

For this activity code, actively engaging means having intentional face-to-face conversations with participants to share information related to substance misuse and/or problem gambling.

The following Activity Codes should not be used to record health fair/community event direct service hours: Small Informational Session (IAN19), Speaking Engagements (STN17), and Technical Assistance (STC08 or IAC01).

STN04 Audiovisual Material

This code is used for a completed audiovisual project that meets the following criteria:

- Presentation will be used multiple times by other agency staff.
- Presentations will be properly formatted in layout, spelling, and grammar in accordance with APA style guidelines.
- Presentations will utilize best practice/proven resources and research when developing materials and include citations.
- Images used must be appropriate for the population of focus and the source noted.

- ❖ Select a Universal Indirect category. Participant demographics are reported as exact counts.

Count one (for the staff who developed) in the demographic for audiovisual material development.

Examples:

- PowerPoint presentation
- Scripts for social media video/recording, such as YouTube

PowerPoint presentations developed for individual staff use are considered a part of preparation as indirect time and are not entered into the PRS.

STN05 Written Material

Development of written materials designed to inform individuals, schools, families, and communities about the effects of prevention approaches and services.

- ❖ Select a Universal Indirect category. Participant demographics are reported as exact counts.

Count the number of individuals receiving and viewing the written materials.

Examples:

- Brochures
- Fact sheets
- Flyers
- Newsletters
- Newspaper articles
- Pamphlets
- Posters

STN08 Public Service Announcement (PSA)

A media message provided through public means at no charge, designed to inform audiences concerning substance misuse and/or problem gambling prevention messages and the effects on individuals, schools, families, and communities but not for agency promotion. This service needs to be utilized in collaboration with approved media campaigns.

❖ Select a Universal Indirect category. Participant demographics are reported as exact counts.

Examples:

- Radio PSA
- Television PSA
- Social media PSA

STN17 Speaking Engagements

A wide range of activities intended to impart information about substance misuse and/or problem gambling prevention issues to general and/or targeted audiences.

❖ Select the appropriate Universal Direct, Selective, or Indicated category. Participant demographics are reported as exact counts.

This code is used for groups of greater than 20 participants.

A one-time presentation for groups of twenty (20) or fewer participants should be entered under IAN19 Small Informational Session.

Examples:

- Briefings
- News conferences
- One-time assembly presentations
- One-time classroom presentations
- One-time presentations to coalitions or other community groups
  - This code is not to be used to support health fairs/community events or booth events.
- Speeches/Talks

Education

Education builds skills through structured learning processes. Substance misuse and/or problem gambling prevention education involves **two-way communication** and is distinguished from the Information Dissemination strategy by the fact that interaction between the educator and/or facilitator and the participants is the basis of its components. Services under this strategy aim to improve critical life and social skills, including decision-making, refusal skills, critical analysis, and systematic judgment abilities.

Types of services conducted, and methods used for implementing this strategy include the following: Children of parents/guardians with substance use disorders groups, classroom educational services, and educational services for youth groups, parenting/family management services, and small group sessions.

- EBPs should be done with fidelity as outlined by the developer. Adaptation changes, regardless of their motives, need to be reviewed and approved in the context of maintaining fidelity to the core components of the program.
- Only Iowa HHS approved EBPs will be entered into the PRS.
- CBOs must implement the EBP themselves. Time spent sharing information about evidence-based strategies for motivating other organizations to implement an EBP is entered as information sharing or technical assistance as a one-time service.
- All EBPs must be implemented by a single staff member; no co-facilitation will be allowed unless required by the EBP.
- All EBPs must begin and end within the same state fiscal year.

The Service Provided field within PRS will only list "Implemented EBP" as an available option. This must be selected for all recurring services provided through evidence-based programming.

STE01 Children of Parents/Guardians with Substance Use Disorders

Substance misuse prevention educational services focused on children of parents/guardians with substance use disorders.

Primary prevention services are not intended for individuals with a substance use disorder diagnosis or for those in treatment.

- ❖ Select the appropriate Universal Direct, Selective, or Indicated category. Participant demographics are reported as exact counts.

Examples:

- Evidence-based curriculum developed specifically for children of parents/guardians with substance use disorders. Example: Curriculum Based Support Group Program.
- Groups held at schools or youth serving organizations focused on increasing protective factors, understanding substance use disorders, and increasing coping skills.
- Evidence-based curriculum implementation for a small group of selective students with family history of substance use disorders.

STE02 Classroom Educational Services

Prevention lessons, seminars, or workshops that are recurring and are presented primarily in a school or college classroom.

- ❖ Select the appropriate Universal Direct, Selective, or Indicated category. Participant demographics are reported as exact counts.

Example:

- Delivery of evidence-based programs

STE04 Parenting/Family Management Services

Structured classes and programs intended to assist parents and families in addressing substance misuse and/or problem gambling risk factors, implementing protective factors, and learning about the effects of substance misuse and/or problem gambling on individuals and families. Topics typically include parenting skills, family substance misuse risk factors, family protective factors, and related topics.

- ❖ Select the appropriate Universal Direct, Selective, or Indicated category. Participant demographics are reported as exact counts.

Primary prevention services are not intended for individuals with a substance use disorder diagnosis or for those in treatment.

Examples:

- Parent effectiveness training
- Parenting and family management classes
- Prevention programs focusing on the family
- Programs designed to strengthen families

STE06 Small Group Sessions

Provision of educational services to youth or adults in groups of not more than 25 participants. (For services to Children of Parents/Guardians with Substance Use Disorders Groups use STE01.)

❖ Select the appropriate Universal Direct, Selective, or Indicated category. Participant demographics are reported as exact counts.

Small group sessions are for groups of not more than 25 participants.

Examples:

- Prevention education groups for faith communities
- Short-term prevention education groups
- Substance misuse and/or problem gambling prevention education groups
- Workplace prevention education groups

Alternatives

Alternatives provide activities that exclude substance misuse and/or problem gambling. The purpose is to discourage high risk behaviors by providing healthy activities for Iowans to participate in.

CBOs may use only Iowa code IAA01 Alternative Activity Technical Assistance for alternative activities. Technical assistance/consultation should focus on acceptance of alternative activities in communities and best practices in implementing alternative activities. CBOs may be an active collaborator in planning for the activity but should not take the lead on these efforts.

❖ Services must not support participation in the alternative activity (e.g., chaperones), serving in the role of running a program or activity, or coordinating the activity.
❖ Services cannot support the enforcement of alcohol, tobacco, or other drug (ATOD) or problem gambling statewide laws and statewide ATOD or problem gambling policy efforts**.**

IAA01 Alternative Activity Technical Assistance

Technical assistance to community groups/agencies related to their sponsored activities. The core function of a CBO is to collaborate with local coalitions, civic/community groups, and stakeholders to discuss the benefits of an alternative activity as part of an overall prevention approach.

❖ Select the appropriate Universal Direct, Selective, or Indicated category. Participant demographics are reported as exact counts.

Examples of technical assistance to the following types of programs/activities:

- After school programs
- ATOD or gambling focused school or community events
- Mentoring programs
- Teen or senior citizen community center activities

Environmental

Environmental strategies establish or change written and unwritten community standards, codes, and attitudes, thereby influencing the incidence and prevalence of the misuse or abuse of alcohol, tobacco, and other drugs (ATOD) and/or problem gambling behaviors by 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 service- and action-oriented initiatives.

The two subcategories include IAV and STV codes.

- ❖ **IAV codes** are selected for the direct service hours that take place leading up to policy change.
- ❖ **STV codes** are selected when the policy change occurs.

All direct service hours provided for Responsible Beverage Service Training (TIPS training) will be coded under STV03 Preventing Underage Alcoholic Beverage Sales and will not have a separate IAV code.

Types of services conducted, and methods used for implementing this strategy include the following:

- Environmental consultation to communities
- Preventing underage alcoholic beverage sales
- Establishing ATOD-free policies
- Changing environmental codes
- Ordinances, regulations, and legislation at the local level
- Local public policy efforts

Note: Lobbying is NOT allowed by CBOs funded with state and federal dollars.

The Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant does not fund statewide ATOD policy change.

IAV02 Social Host Environmental Process

Technical assistance/consultation services to groups and/or individuals which lead to or work toward the development of local efforts related to:

- Environmental codes, ordinances, regulations and legislation
- Policies and procedures
- Preventing underage alcoholic beverage sales and other ATOD availability
- Public policy campaigns
- Substance misuse norms and/or standards

This code is **used only for services leading up to a specific environmental change at the local level**. Record the service population and demographics of only the

individuals directly receiving the technical assistance and not those who may be reached by the result of the service.

When the final product/process/policy has been completed, enter the final date of service into the PRS under one of the appropriate environmental codes STV04 – STV05.

❖ Select the appropriate Universal Direct, Selective, or Indicated category. Participant demographics are reported as exact counts.

IAV03 ATOD-Free Workplace Environmental Process

Technical assistance to groups and/or individuals which lead to or work toward the development of local efforts related to:

- Environmental codes, ordinances, regulations and legislation
- Workplace policies and procedures
- Public policy campaigns
- Substance misuse norms and/or standards

This code is used only for services leading up to a specific environmental change at the local level. Record the service population and demographics of only the individuals directly receiving the technical assistance and not those who may be reached by the result of the service.

When the final product/process/policy has been completed, enter the final date of service into the PRS under one of the appropriate environmental codes STV04 – STV05.

❖ Select the appropriate Universal Direct, Selective, or Indicated category. Participant demographics are reported as exact counts.

IAV04 ATOD-Free School Zones Environmental Process

Technical assistance/consultation services to groups and/or individuals which lead to or work toward the development of local efforts related to:

- Environmental codes, ordinances, regulations and legislation
- School policies and procedures
- Public policy campaigns
- Substance misuse norms and/or standards

This code is used only for services leading up to a specific environmental change at the local level. Record the service population and demographics of only the individuals directly receiving the technical assistance and not those who may be reached by the result of the service.

When the final product/process/policy has been completed, enter the final date of service into the PRS under one of the appropriate environmental codes STV04 – STV05.

❖ Select the appropriate Universal Direct, Selective, or Indicated category. Participant demographics are reported as exact counts.

IAV05 ATOD-Free Policies for Community or County Events Environmental Process

Technical assistance/consultation services to groups and/or individuals which lead to or work toward the development of local efforts related to:

- Environmental codes, ordinances, regulations and legislation
- Community and/or county policies and procedures
- Public policy campaigns
- Substance misuse norms and/or standards

This code is used only for services leading up to a specific environmental change at the local level. Record the service population and demographics of only the individuals directly receiving the technical assistance and not those who may be reached by the result of the service.

When the final product/process/policy has been completed, enter the final date of service into the PRS under one of the appropriate environmental codes STV04 – STV05.

❖ Select the appropriate Universal Direct, Selective, or Indicated category. Participant demographics are reported as exact counts.

Media Campaigns

Approved media campaign(s) should be a course of organized services in pursuit of a specific goal. Selected media campaigns should be data driven and based on those data collected at the local level. Media campaign services documented in the PRS are only those identified and approved in the Action Plan and implemented by the CBO directly.

Approved media campaigns should directly support and enhance other Environmental Strategy efforts taking place within the approved prevention action plan.

Note: Media campaigns should involve the use of at least three distinct forms of media (e.g. radio, TV, billboards, newspapers, signs, posters, etc.) to distribute the campaign message that are focused on the appropriate population or age group.

Media campaigns are ongoing and should last at least nine months (not consecutive).

Media campaign distribution may be counted as direct service when the campaign has been discussed and distributed in person to the group or person who will promote it.

Examples:

- Developing a detailed media plan in collaboration with coalitions or other community partners.
- Discussion and distribution of media campaign related signs to stores, businesses, etc.
- Discussion with school principal about media campaign placement within the school building.

Direct service cannot be counted for the following:

- Placing media campaign ads on social media.
- Organization of media campaign materials (preparing materials, personalizing materials).
- Contacting media venues for placement on billboards/social media/radio/television, etc.

IAV06 Media Campaign Environmental Process

Technical assistance/consultation services to groups and/or individuals which lead to or work toward the development of local media efforts related to:

- Substance misuse norms and/or standards
- Problem gambling norms and/or standards

This code is used only for services leading up to a specific environmental change. Record the service population and demographics of only the individuals directly receiving the technical assistance, not those who may be reached by the result of the service.

In the PRS, the only service descriptions that apply to participants served when planning for media campaigns are:

- Collaborate with coalition to identify key stakeholders
- Conduct media campaign training through presentations
- Develop a process to implement/sustain media campaign with stakeholders/coalitions
- Develop local media campaign plan with stakeholders/coalitions
- Engage key stakeholders in prevention services
- Evaluate implementation of environmental strategy with stakeholders/coalitions
- Promote media campaign with local elected officials

This code is **used only for implementing a specific environmental change**. Record the service population and demographics of participants reached through the media campaign.

In the PRS, the only service descriptions that apply to participants **reached** with media campaigns are:

- Discuss/distribute media campaign to businesses/community/schools/etc.
- Participate in environmental strategy media interview

To accurately track the number of participants reached, direct service hour entry, demographic counts, and participant counts should only be entered at the end of media campaign placement (not monthly) and not include duplicate counts. Ex: billboard analytics reported should only represent one month of reach vs. all months the campaign ran.

Each media campaign tactic used (e.g. billboard, radio, poster, etc.) shall each receive an entry at the end of the campaign placement.

See page 20 for details on ways to collect demographic data.

❖ Select the appropriate Universal Direct, Selective, or Indicated category. Participant demographics are reported as exact counts.

Media campaign reported should only reflect an approved media campaign as noted in the "Iowa HHS Evidence-Based Programs, Practices and Policies Selection and Implementation Guide".

Technical assistance to coalitions that directly supports an approved media campaign strategy in the action plan may be permitted. Media campaign placement by a coalition or partner organization would not be considered direct service and should not be reported in the PRS.

IAV07 Problem Gambling Environmental Process

Technical assistance/consultation services to groups and/or individuals which lead to or work toward the development of local efforts related to:

- Environmental codes, ordinances, regulations
- Community and/or county policies and procedures
- Public policy campaigns
- Problem gambling norms and/or standards

This code is used only for services leading up to a specific environmental change. Record the service population and demographics of only the individuals directly receiving the technical assistance and not those who may be reached by the result of the service.

When the final product/process/policy has been completed, enter the final date of service into the PRS under one of the appropriate environmental codes STV04 – STV05.

❖ Select the appropriate Universal Direct, Selective, or Indicated category. Participant demographics are reported as exact counts.

STV03 Preventing Underage Alcoholic Beverage Sales

This code is specific to Training for Intervention Procedures (TIPS) services for responsible beverage service training. Also includes activities intended to prevent the sale of alcoholic beverages to minors in bars, restaurants, and other establishments and efforts to educate vendors and law enforcement personnel about these issues.

❖ Select the appropriate Universal Direct, Selective, or Indicated category. Participant demographics are reported as exact counts.

Examples:

- TIPS training
- Signage policies
- Social host policies
- Vendor carding
- Working with alcohol beverage vendors (e.g., bars, restaurants) to reduce the sale and consumption of alcoholic beverages by minors.

STV04 Establishing ATOD-Free Policies

Established or enhanced school and workplace ATOD-free policies when they are approved for places to be free of ATOD products and use.

❖ Select a Universal Indirect category. Participant demographics are reported as exact counts.

Counts reflect the total number of people impacted by the actual policy change.

Examples:

- Establishment of ATOD-free school zones
- Establishment of ATOD-free policies for community or county events
- Establishment of ATOD-free workplaces

STV05 Changing Environmental Codes, Ordinances, Regulations, and Legislation

New or changes to local environmental codes, ordinances, regulations, or other laws to reduce the availability of, access to, or incidence or prevalence of substance misuse and/or problem gambling when the policy is approved.

❖ Select a Universal Indirect category. Participant demographics are reported as exact counts.

Counts reflect the total number of people impacted by the actual policy change.

Examples:

- Business policy changes to reduce ATOD marketing
- Alcohol use restrictions in public places ordinances

- Local zoning ordinances to prohibit new alcohol outlets
- Business policy to include gambling in the workplace
- Local zoning ordinances to reduce the number of existing outlets

Note: Lobbying is NOT allowed by CBOs funded with state and federal dollars.

Problem Identification and Referral

Problem Identification and Referral aims to serve those who have participated in illegal or age-inappropriate use of tobacco or alcohol and those who have participated in the first use of illicit drugs, as well as problem gambling behaviors. Prevention Specialists who encounter a program participant with needs outside of the primary prevention scope, will refer this participant onto the appropriate referral source (i.e. guidance counselor, teacher, etc.) The referral source will determine whether the participant's behavior can be reversed through education. Prevention Specialists will not provide any function designed to determine whether a person needs treatment.

Types of services conducted, and methods used for implementing this strategy include the following: employee assistance programs (EAP) and minor in possession (MIP) programs.

These funds cannot be used towards services that support Screening, Brief Intervention, Referral to Treatment (SBIRT), including training on or promotion of SBIRT and screening.

STP01 Employee Assistance Program

Technical assistance to workplaces that provide substance misuse and/or problem gambling information for employees with related problems that may be interfering with work performance.

CBOs who choose to use this Activity Code for Workplace Training (substance misuse and/or problem gambling) must adhere to the following:

- The training should include a component specific to the businesses' Employee Assistance Program, the process to access services, and the services offered specific to substance misuse and/or problem gambling.
- CBOs may not act as the Employee Assistance staff person.

- ❖ Select the appropriate Universal Direct, Selective, or Indicated category. Participant demographics are reported as exact counts.

Examples:

- Risk reduction education for work-related problems involving substance misuse
- Supervisor training
- Workplace prevention education that includes a strong policy component

STP03 Employee Assistance Program

Structured prevention programs intended to provide substance misuse information for participants with related problems that may be interfering with their daily lives.

❖ Select the appropriate Universal Direct, Selective, or Indicated Institute of Medicine category. Participant demographics are reported as exact counts.

Direct service may involve assisting and training a school district and/or community agency in establishing a Student Assistance Program but not acting as the Student Assistance staff person. No screening or assessment for treatment may be conducted through SUPTRS prevention funding.

Examples:

- Assistance with developing procedures for referring participants to a diversion program.
- Discussion about the benefits of diversion programs with community stakeholders.
- Information and resources for schools and/or community agencies about early identification of substance misuse problems.

STP05 MIP (Minor in Possession) Program Participants

Structured prevention education programs intended to change the behavior of youth and adults who have been involved in the use of marijuana.

- Select the appropriate Universal Direct, Selective, or Indicated category. Participant demographics are reported as exact counts.

Examples:

- Court-mandated marijuana violation referrals
- Prime for Life 420

Community-Based Process

Community-Based Process strategies aim to enhance the ability of the community to more effectively provide substance misuse and/or problem gambling prevention services through the establishment of collaborative groups. Services in this strategy align with the Strategic Prevention Framework through **assessing, building capacity, planning, implementing and evaluating** the effectiveness of interagency collaboration, coalition building, and networking. Individuals involved in these strategies are either members of coalitions that represent various groups within the community or are providing support to such collaborative groups.

❖ Select the appropriate Universal Direct, Selective, or Indicated category. Participant demographics are reported as exact counts.

Direct service hours are not to be used for services performed on behalf of a coalition. Meetings involve a planned agenda with date, location, and time.

Examples:

- Assisting coalitions and other collaborators to assess community needs.
- Accessing current and potential services and funding to support coalition action plan.
- Training or technical assistance services to the coalition members or chairperson to enhance understanding of ATOD trends and/or problem gambling prevention best practices

STC08 Technical Assistance

Services pertaining to substance misuse and/or problem gambling prevention activities provided by professional prevention staff.

This service is intended to provide technical guidance to prevention programs, community organizations, and individuals to conduct, strengthen, or enhance activities to promote prevention. Services recorded should be viable technical assistance that will lead to increased effectiveness of the coalition.

❖ Select the appropriate Universal Direct, Selective, or Indicated category. Participant demographics are reported as exact counts.

Coalition meetings are entered into the PRS as one-time services. Recurring services involve an enrolled group of people over a fixed period with specific criteria for determining completion.

Examples:

- Assist in assessing and analyzing local data
- Assist with capacity building

- Guide the development of a logic model, strategic plan, or action plan
- Collaborate on the implementation of an action plan
- Participate in the review of an evaluation process
- Guide the development of cultural competency and sustainability planning processes

IAC01 Technical Assistance

Virtual services that are actively provided by prevention staff.

These services may be conducted via web conference/telephone and are intended to provide technical guidance to prevention programs, community organizations, and individuals to conduct, strengthen, or enhance activities to promote prevention. Services recorded under this Activity Type code should be viable technical assistance in place of an in-person meeting.

- Select the appropriate Universal Direct, Selective, or Indicated category. Participant demographics are reported as exact counts.

Internal agency discussions would be considered an indirect service.

Examples:

- Online/phone technical assistance in meetings for local prevention efforts
- Technical assistance in a coalition meeting through GoToMeeting, Zoom, or other teleconferencing software
- Providing consultation by phone to another organization on effective implementation of a prevention project

Demographics

Race

White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American – A person having origins in any of the Black racial groups of Africa.

American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Some Other Race* includes all other responses not included in the White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander race categories described above.

*'Some Other Race' corresponds to the 'More Than One Race' category in the PRS.

Source: U.S. Census Bureau,
https://www.census.gov/topics/population/race/about.html

Hispanic Origin

Hispanic or Latino refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

The U.S. Office of Management and Budget requires federal agencies to use a minimum of two ethnicities in collecting and reporting data: Hispanic or Latino and Not Hispanic or Latino.

Hispanic origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United

States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Source: U.S. Census Bureau, https://www.census.gov/topics/population/hispanic-origin.html

Definitions

Activity Code – The alphanumeric code and description used to designate the prevention service, and the type of service and/or method used to implement the service.

Center for Substance Abuse Prevention (CSAP) Strategy - Describes the types of services that will be provided to the identified focus population.

CSAP has developed six major prevention strategies. These broad categories are used to describe the types of services effective in preventing substance use disorders. These categories are:

- **Information Dissemination:** This strategy provides awareness and knowledge on the nature and extent of alcohol, tobacco, and drug use/misuse/addiction, as well as problem gambling and the effects on individuals, families, and communities. It also offers awareness and knowledge of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two.
- **Education**: Education involves two-way communication and interaction between the educator/facilitator and the participants. Activities are intended to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g. of media messages), and systematic judgement abilities.
- **Alternatives:** This strategy provides consultation to groups that offer opportunities for populations of focus to participate in activities that exclude alcohol, other drugs, gambling, etc. The purpose is to discourage substance misuse, problem gambling, or other risky behaviors.
- **Problem Identification and Referral:** This strategy aims to identify individuals who have indulged in illegal or age-inappropriate use of tobacco or alcohol and individuals who have indulged in their first use of illicit drugs, as well as risky problem gambling. The goal is to assess if their behavior can be reversed through education. This strategy does not include any activity to determine whether a person needs treatment.
- **Community-Based Process:** This strategy aims at building community capacity to more effectively provide prevention and treatment services for substance use disorders and problem gambling. Activities include organizing, planning, enhancing the efficiency and effectiveness of services, inter-agency collaboration, coalition building, and networking.
- **Environmental:** Environmental strategies establish or change written and unwritten community standards, codes, ordinances, and attitudes, thereby influencing the incidence and prevalence of alcohol, tobacco, and other drugs misuse and/or problem gambling in the population.

County - The County within Iowa where the prevention service was provided. Document where the staff member was located while providing the service, regardless of the location of the service recipient.

Direct Service - Hours spent with the population of focus. Preparation time, travel time, contract staff training time, and day-to-day business planning are counted as indirect service (see Indirect Service). Direct service hours need to be rounded to the nearest half or whole hour. Direct service hours have a ten-hour maximum per day.

Direct Service Examples:

- Actively participating in meetings (coalition meetings, subcommittee meetings, one-to-one)
- Developing materials (media or social marketing plans, flyers, brochures, newsletters, articles) using the information dissemination guidelines for activity codes listed in this manual
- Communicating via phone, email, social media or other technology with stakeholders to implement prevention services – when the communication replaces an in-person meeting
- Implementing evidence-based or other curriculum to youth or adults in school or community-based organizations
- Actively participating in public forums or city council meetings to educate and assist with local policy changes

Duration - Direct service hours entered as total minutes; entered as half and whole hour equivalents (e.g., 30, 60, 90).

Evidence-Based Program (EBP) - Recurring sequential educational prevention service based on an effectively researched curriculum. Evidence-based programs have been site tested in communities, schools, social service organizations, and workplaces, and have provided solid proof they have prevented or reduced tobacco use, substance misuse and/or problem gambling.

Group Name – The CBO identified name established for a unique group of individuals who received the same recurring service being documented.

Indirect Service - Hours spent to prepare, travel, coordinate a direct service, or train contract staff. These services are part of day-to-day business and planning activities that should not be entered as direct service in the PRS.

Indirect Service Examples:
- Attendance at internal agency

- Developing PowerPoint presentations for individual staff use
- Monthly paperwork: travel vouchers, progress reports to supervisor (if requested)
- Ongoing communication with and training/guidance from supervisor
- Ongoing paperwork: purchase authorizations, certification renewal, training requests
- Paid time off, including vacation, personal and sick time
- Phone calls, texts, or emails to schedule meeting times, locations, or other logistics
- Preparation for programs and/or meetings: developing agendas, preparing outlines, gathering materials, seeking resources, making copies, preparing paperwork, organizing program locations, times, and attendees
- Quarterly paperwork: reporting assistance, quarterly reports
- Researching or compiling data
- Staff training specific to their role on the grant being billed
- Survey scoring (**if it occurs in an agency and not with community members**)
- Travel to and from trainings and programs
- Weekly/daily paperwork: timesheets, direct service logs, online schedules

Institute of Medicine (IOM) Classification - The Institute of Medicine (IOM) classifications for classifying prevention services focus on populations with different levels of risk.

- **Indicated** – Activities focused on individuals identified as having minimal but detectable signs or symptoms foreshadowing disorder or having biological markers indicating predisposition for disorder but not yet meeting diagnostic levels.
- **Selective** – Activities focused on individuals or a subgroup of a population whose risk of developing a disorder is significantly higher than average.
- **Universal** – Activities focused on the public or a whole population group that has not been identified based on individual risk. The Universal IOM is divided into two categories:
    - **Universal Direct –** Interventions that directly serve an identifiable group of participants but who have not been identified based on individual risk.
    - **Universal Indirect** – Interventions that support population-based programs and environmental strategies.

Program Year - If this is the first year of a program, select Year 1. For participants in which this is the second or more years participating in the program through this grant, select Year 2 through 5. *E.g.: The **same group** of students participate in LifeSkills throughout Middle School. In 6th grade, select Year 1, in 7th grade, select Year 2, and in 8th grade, select Year 3.*

Service Population - Refers to the population or specific group(s) that directly received the prevention services. Staff should select the category that most closely describes the group(s) or individual(s) who is the recipient(s) of the prevention services.

Staff Name – Refers to the name of the prevention service staff member who provided the service.

Strategic Prevention Framework (SPF) – The Substance Abuse and Mental Health Services Association Strategic Prevention Framework (SPF) is a planning process for preventing substance use and misuse.

The five steps and two guiding principles of SPF offer prevention professionals a comprehensive process for addressing substance misuse and related behavioral health problems facing their communities. The effectiveness of the SPF begins with a clear understanding of community needs and involves community members in all stages of the planning process.

The steps of the SPF include:
- Assessment – What is the problem, and how can I learn more?
- Capacity – What do I have to work with?
- Planning – What should I do and how should I do it?
- Implementation – How can I put my plan into action?
- Evaluation – Is my plan succeeding?

The SPF also includes two guiding principles:
- Sustainability – The process of achieving and maintaining long-term results
- Cultural competence – The ability to interact effectively with members of diverse populations

Service Populations

- Abuse victims
- Already using substances
- Business and industry
- Children of substance abusers
- Civic groups/coalitions
- College students
- Corrections population
- Drop-outs
- Economically disadvantaged
- Elementary school students
- General population
- Government/elected officials
- Health professionals
- High school students
- Homeless and/or runaway youth
- Law enforcement
- LGBTQ
- Mental health problems
- Middle/junior high school students
- Military
- Older adults
- Other
- Parents/families
- Physically disabled
- Pregnant women/teens
- Preschool students
- Prevention/treatment professionals
- Religious groups
- Teachers/administrators/counselors
- Violent and delinquent behavior
- Youth/minors