

Primary Prevention SUD Data Service (PPSDS) Data Template

Note: This template is similar to the layout of the Unformatted Service Review Report.

This template is being provided to counties as a tool to collect and report primary prevention SUD service activity during the transition from the CalOMS Pv data collection service to the new PPSDS data collection service.

The new PPSDS will go live on October 1, 2017. Use this template to report primary prevention SUD service activity from July 1, 2017 to September 30, 2017.

The template is designed to look familiar. It has a layout similar to the Unformatted Service Review Report used in CalOMS Pv. The new PPSDS service will collect the same types of information as are collected now, but some terminology will change. When the template contains information in both rows four and five, the current terminology is shown in row four. The new terminology used in the PPSDS is shown in row five.

Counties can choose to use the template in a way that best fits their needs. For example, depending on the size of the county, the number of providers, and the number of services delivered:

- Use a separate spreadsheet for each monthly reporting period.
- Use a separate line on the spreadsheet for each service delivered.
- Use a separate tab on the spreadsheet for each provider.

Regardless of whether or not this template is used to report monthly data to DHCS, the data must be reported to DHCS by the 10th day of the month following the month of service activity. For example, July data must be reported by August 10th.

Field Names and Data Entry Instructions

Report Period

Enter the reporting period month in the following format MM/DD/YYYY to MM/DD/YYYY. Example: 07/01/2017 to 07/31/2017

Provider ID

Enter the 6-digit provider ID number. This is the provider ID number assigned by and contained in the Master Provider File.

Provider Name

Enter the name of the Provider or the County.

Program Name and Group Name (Strategy Implementation Description)

Enter the Program Name and Group Name in the “Strategy Implementation Description” field. Only the Program Name and Group Name should be entered.

Service Date

Enter the date the service took place.

Type of Service

Select the type of service from a drop-down menu. The choices are One-Time, Recurring, and Session-Based.

- **One-Time:** Used to capture services that occurred one time. Examples include health fairs, speaking engagements, etc.
- **Recurring:** Used to capture a series of recurring meetings that typically have the same participants. Examples include FNL chapter activities, coordination meetings, policy meetings, intra/inter-agency coordination/collaboration, prevention screening and referral services, mentoring, etc. Recurring services are services that will be implemented throughout the entire span of the Strategic Prevention Plan (SPP).
- **Session-Based:** Used to capture demographic service information for groups that have the same participants. These groups may have curriculum-based programs. Examples include evidence-based interventions, youth/adult leadership, educational services, etc. Session-based services are services that have a defined start and end date, which is typical for evidence-based curriculum.

Service Description (Comments)

Describe the services or activities that actually occurred during the service.

CSAP Strategy (CSAP Category)

Enter one or more CSAP Categories for the service delivered.

- Information Dissemination
- Education
- Alternatives
- Problem ID and Referral
- Community-Based Process
- Environmental

Service Delivery (CSAP Activity)

Enter one or more of the approved CSAP Activities for the service delivered.

Value Name	Demographic?
<i>Information Dissemination</i>	
Community/School Outreach Events	Yes
Curriculum Development	No
Multi-Media Development	No
Multi-Media Dissemination	No
Printed Material Development	No
Printed Material Disseminated	No
Resource & Information Services	No
Social Media Development and Maintenance	No
SUD Prevention Presentations	No
<i>Education</i>	
Classroom/School Educational Services	Yes
Community Educational Services	Yes
Mentoring	Yes
Parenting/Family Management Services	Yes
Peer Leader/Helper Programs	Yes
Student Assistance Programs - Educational Component	Yes
<i>Alternatives</i>	
Community Service Activities	Yes
Social/Recreational Events/Activities	Yes
Youth/Adult Leadership Activities	Yes
<i>Problem Identification and Referral</i>	
Employee Assistance Programs	Yes
Prevention Screening and Referral Services	Yes
Student Assistance Programs - Screening and Referral Component	Yes
<i>Community-Based Process</i>	
Accessing/Monitoring Services and Funding	No
Assessing Community Needs/Assets	No

Coalition/Workgroup Activities	No
Evaluation Services	No
Intra/Inter-Agency Coordination/Collaboration	No
Strategic Prevention Planning (for county use only)	No
Training and Technical Assistance (TTA)	Yes
<i>Environmental</i>	
Driving Under the Influence (DUI) Checkpoints Coordination	No
Driving Under the Influence (DUI) Checkpoints Executed	Yes
Surveillance Activities	No
Community and Neighborhood Mobilization	No
Efforts with City, County, tribal, and/or State Officials	Yes
Healthy Retailer Initiative Development	No
Healthy Retailer Initiative Executed	Yes
Physical Design to Prevent Substance Use-Related Activities	No
TTA: Commercial Host Liability	Yes
TTA: Professional and Community Development	Yes
TTA: Social Host Liability	Yes
Advertising Policy and Restriction Development	No
Advertising Policy and Restriction Executed	Yes
Drug Paraphernalia Ordinance Development	No
Drug Paraphernalia Ordinance Executed	Yes
Local and/or State Regulation Development	No
Local and/or State Regulation Executed	Yes
Pricing Policies Development	No
Pricing Policies Executed	Yes
Public Use Restriction Development	No
Public Use Restriction Executed	Yes
Retail Policy Development	No
Retail Policy Executed	Yes
School (college) Policy Development	No
School (college) Policy Executed	Yes
School (K-12) Policy Development	No
School (K-12) Policy Executed	Yes
Social Host Efforts	No
Special Event Policy/Requirement Development	No
Special Event Policy/Requirement Executed	Yes
Sponsorship Restrictions	No
Workplace Policy Development	No
Workplace Policy Executed	Yes
Zoning Ordinance Development - Density	No
Zoning Ordinance Executed - Density	Yes

Zoning Ordinance Development - Abate Existing Outlets	No
Zoning Ordinance Executed - Abate Existing Outlets	Yes
Zoning Ordinance Development - New Outlets	No
Zoning Ordinance Executed - New Outlets	Yes
Zoning Ordinance Development - Land Use	No
Zoning Ordinance Executed - Land Use	Yes
Community Norms Marketing	No

IOM Category

Select the appropriate IOM Category from the drop-down menu. The choices are Universal Direct, Universal Indirect, Selective and Indicated.

Universal activities are targeted to the public or a whole population group that have not been identified on the basis of individual risk.

- Universal Direct** - Interventions directly serve an identifiable group of participants who have not been identified on the basis of individual risk (e.g., school curriculum, after-school program, parenting class). This also could include interventions involving interpersonal and ongoing/repeated contact (e.g., coalitions). Use Universal Direct for all strategies except Environmental.
- Universal Indirect** - Interventions support population-based programs and environmental strategies (e.g., establishing ATOD policies, modifying ATOD advertising practices). This also could include interventions involving programs and policies implemented by coalitions. Use Universal Indirect for the Environmental strategy.
- Selective:** Selective prevention strategies target subsets of the total population that are deemed to be at-risk for substance abuse by virtue of their membership in a particular population segment – for example, children of adult alcoholics, dropouts, or students who are failing academically. Risk groups may be identified on the basis of biological, psychological, social, or environmental risk factors known to be associated with substance abuse (IOM, 1994), and targeted subgroups may be defined by age, gender, family history, place of residence (such as high drug-use or low-income neighborhoods), and victimization by physical and/or sexual abuse. Selective prevention targets the entire subgroup regardless of the degree of risk of any individual within the group. One individual in the subgroup may not be at personal risk for substance abuse, while another person in the same subgroup may be at risk because the subgroup as a whole is at higher risk for substance abuse than the general population. An individual's personal risk is not specifically assessed or identified and is based solely on a presumption given his or her membership in the at-risk subgroup.
- Indicated:** Indicated prevention strategies are designed to prevent the onset of substance abuse in individuals who do not meet diagnostic criteria for addiction, but who are showing early danger signs, such as falling grades and consumption

of alcohol and other gateway drugs. The mission of indicated prevention is to identify individuals who are exhibiting early signs of substance abuse and other problem behaviors associated with substance abuse and to target them with special programs. The individuals are exhibiting substance abuse-like behavior, but at a sub-clinical level (IOM, 1994). Indicated prevention approaches are used for individuals who may or may not be abusing substances, but exhibit risk factors that increase their chances of developing a drug abuse problem. Indicated prevention programs address risk factors associated with the individual, such as conduct disorders and alienation from their parents, school, and positive peer groups. Less emphasis is placed on assessing or addressing environmental influences, such as community values. The aim of indicated prevention programs is not only the reduction in first-time substance abuse, but also reduction in the length of time the signs continue, delay of onset of substance abuse, and/or reduction in the severity of substance abuse. Individuals can be referred to Indicated prevention programs by parents, teachers, school counselors, school nurses, youth workers, friends, or the courts. Young people may volunteer to participate in indicated prevention programs. In a majority of cases, indicated strategies would be the most appropriate strategies for youth already involved with the juvenile justice system.

Service Population

Enter one or more of the approved service populations for the service delivered.

Adults	Middle/Junior High School Students
Business and Industry	Military/Military Families
Children of Substance Abusers	Neighborhood Associations
Civic Groups/Coalitions	Older Adults
College Students	Parents/Families
Delinquent/Violent Youth	People with Mental Health Problems
Economically Disadvantaged	Persons Using Substances
Elementary School Students	Persons with Physical Disabilities
Employee Groups/Unions	Physical/Emotional Abuse Victims
Evaluator/Researcher	Pregnant Women/Teens
Fire Professionals	Preschool Students
Gangs	Prevention/Treatment Professionals
General Population	Professional/Trade Associations
Government/Elected Officials	Property Managers
Health Professionals	Religious Groups
High School Students	Retailers
Homeless/Runaway Youth	School Dropouts

Homeowners Associations	Social Service Providers
Law Enforcement	Teachers/Administrators/Counselors
LGBTQ	Voluntary/Fraternal Community Service
Local Municipal Agencies	Women and Children
Media	Youth/Minors
Mentors/Adult Ally	

Service Location (Venue)

Select the venue where the service was delivered.

Bar/Club/Tavern	Mall/Shopping Center
Board & Care Facilities	Media Outlets (Print, Radio, TV)
Border (CA/Mexico)	Military Base
Church/Faith Center	Other
Community at Large	Park
Community/Drop-In Center	Police Station
Conference/Convention	Public Housing
Correctional Facility - Adults	Recreational Activity Site
Correctional Facility - Youth	Residence
County/Provider Office	Restaurant
Entertainment Venue (Sports, Casinos, Concerts, etc.)	Retail Site - Alcohol
Fairground	Retail Site - Tobacco
Fire Station	School
Government Offices	Senior Center/Housing
Group Home	State Capitol
Health Center/Clinic	Superior Courts
Homeless Shelter	Tribal Office/Site
Hospital	University/College Campus
Hotel/Motel	Work Place
Indian Health Clinic	Youth Club/Center
Library	

Venue Zip Code

Enter the zip code where the specific activity took place.

Duration

Enter a number as the duration of the service. Example: 30 (and then select “minutes” from the duration unit field). Or enter 1 (and then select “hours” from the duration unit field).

Duration Unit

Select a duration unit of either minutes or hours from the drop-down menu. The duration unit is linked to the whole number entered in the duration field.

Indirect Time

Enter a number as the duration of “Indirect Time” spent preparing/planning for the service. Examples of indirect time are: copying, printing, sorting, and/or folding documents in preparation for a service. When reporting indirect time, include a description of the indirect tasks that occurred while preparing/planning for the service in the comment box (column G).

Duration Unit

Select a duration unit of either minutes or hours from the drop-down menu. The duration unit is linked to the whole number entered in the indirect time field.

Total # Served and Group Attendance

- If the service delivered does not require demographics these fields are left blank.
- If a group (column D) was not identified, enter the total number of participants that were present for the service in Total # Served (column R).
- If a group (column D) was identified, enter the total number of group participants that were present for the service in Group Attendance (column S).

Demographic area (Gender, Age, Ethnicity, Race)

If the service delivered requires demographics, enter the demographic information to include the gender, age, ethnicity and race. The CSAP activities that require demographics are identified in **red text** within the table found on pages 3-5 of this document. Use estimated demographics for the Information Dissemination and Environmental strategies and actual demographics for the remaining strategies.