

Attachment 4
OMB Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

Substance Abuse and Mental Health Services Administration (SAMHSA)

Center for Substance Abuse Prevention (CSAP) Online Reporting Tool (CORT)

Strategic Prevention Framework for Prescription Drugs (SPF Rx)

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**Center for Substance Abuse Prevention (CSAP)
Online Reporting Tool (CORT)
Strategic Prevention Framework for Prescription Drugs (SPF Rx)**

I. Annual Targets Report (ATR)

[TO BE ENTERED IN THE "WORK PLAN" SECTION OF SPARS FOR THE APPROPRIATE FEDERAL FISCAL YEAR.]

Note: Definition of Terms can be found in [Appendix A](#). A list of prevention strategies targeting risk and protective factors can be found in [Appendix B](#).

A. Grant Information

[SECTION TO BE PRE-POPULATED IN SPARS.]

1. **Organization name:** _____
2. **Grant number:** _____
3. **Federal fiscal year:** _____

B. Grant-Funded Prevention Strategies Planned

Substance use prevention strategies are practices, policies, or programs intended to reduce the onset and progression of substance misuse and its related problems. For each prevention strategy your grant program is planning to implement during the federal fiscal year, select "add new strategy" and identify the name of prevention strategy by selecting the corresponding name from the list of prevention strategies (see [Appendix B](#)). If the name of the prevention strategy you plan to implement is not included on the list, select "other prevention strategy." Then provide the name and brief description of the prevention strategy you plan to implement. For each strategy identified, indicate its evidence-based status and criteria for determining status.

If your grant is still in the planning phase and no prevention strategies have been identified, check this box:

[IF BOX CHECKED, SKIP TO SECTION I.C.]

1. **Planned prevention strategy name:** (Select from drop-down menu.)

[IF SELECTED ANY NAMED STRATEGY (I.E., ANY RESPONSE OTHER THAN "OTHER PREVENTION STRATEGY"), SKIP TO I.B.2.]

- a. **Other prevention strategy name:** _____
- b. **Other prevention strategy description:** _____
2. **Evidence-based status** (Select one response.)
 - Evidence-based strategy appropriate for population of focus
 - Evidence-informed, promising approach, or innovative strategy
 - Community-defined evidence practice (Please describe: ____)
3. **Criteria for determining evidence-based status** (Select all that apply.)
 - Registry of evidence-based strategies (e.g., federal, state, foundation)
 - Peer-reviewed journal article
 - Based on documented theory of change
 - Panel of experts
 - Other (Please specify: ____)

4. Prevention strategy approach (Select all that apply.)

- Practice
- Policy
- Program

Indicate the implementation level, Institute of Medicine (IOM) classification, and type of prevention strategy for the identified prevention strategy.¹ Note: If your grant is implementing a comprehensive and/or multi-level prevention program that includes multiple components, you may select more than one response options, as appropriate.

5. Implementation level of planned prevention strategy (Select all that apply.)

- Direct/individual-based effort or component
- Indirect/population-based effort or component

6. IOM classification of planned prevention strategy (Select all that apply.)

- Universal
- Selective
- Indicated

7. Type of prevention strategy (Select all that apply.)

- Information dissemination
- Education
- Alternatives
- Problem identification and referral
- Community-based process
- Environmental

If you are planning to implement another prevention strategy, select "add new strategy."

[IF SELECT "ADD NEW STRATEGY," THEN GO TO I.B.1]

C. Performance Measures

[IF NO STRATEGY IDENTIFIED IN I.B.5 = "INDIRECT/POPULATION-BASED," THEN SKIP TO I.C.2.]

Estimated total number of individuals to be reached.

Enter the aggregate total number of individuals your grant program is planning to reach through one or more indirect/population-based prevention efforts during the federal fiscal year.

1. Estimated total number of individuals to be reached through indirect/population-based prevention efforts: _____

[IF NO STRATEGY IDENTIFIED IN I.B.5 = "DIRECT/INDIVIDUAL-BASED," THEN SKIP I.C.2 AND I.C.3].

¹ See <https://www.samhsa.gov/grants/block-grants/subg> for more information about IOM classifications. Also, see O'Connell, M. E., Boat, T., & Warner, K. E. (Eds.). (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities*. The National Academies Press. Available at <https://www.ncbi.nlm.nih.gov/books/NBK32775/>.

Estimated total number of individuals to be served.

Enter the aggregate total number of individuals your grant program is planning to serve through one or more direct/individual-based prevention efforts during the federal fiscal year.

2. Estimated total number of individuals to be served through direct/individual-based prevention efforts: ____

Estimated total number of individuals to be served by demographic category.

For each demographic category, enter the aggregate total number of individuals your grant is planning to serve through one or more direct/individual-based prevention efforts during the federal fiscal year. If your grant program's focal population does not include a specific demographic category, enter "0" for that category.

3. Estimated total number of individuals to be served through direct/individual-based prevention efforts by demographic category.

a. Gender

- (1) Female: ____
- (2) Male: ____
- (3) Non-binary: ____
- (4) Transgender (male to female): ____
- (5) Transgender (female to male): ____
- (6) Two-Spirit: ____
- (7) Other (Please specify): ____

b. Sexual Orientation

- (1) Straight or heterosexual: ____
- (2) Lesbian or gay: ____
- (3) Bisexual: ____
- (4) Two-Spirit: ____
- (5) Other (Please specify): ____

c. Race/Ethnicity

- (1) American Indian or Alaska Native: ____
- (2) Asian: ____
- (3) Black or African American: ____
- (4) Hispanic or Latino: ____
- (5) Middle Eastern or North African: ____
- (6) Native Hawaiian or Pacific Islander: ____
- (7) White: ____

d. Age

- (1) 12 years and under: ____
- (2) 13 to 17 years: ____
- (3) 18 to 20 years: ____
- (4) 21 to 24 years: ____
- (5) 25 to 44 years: ____
- (6) 45 to 64 years: ____
- (7) 65 to 74 years: ____
- (8) 75 years and older: ____

II. Quarterly Performance Report (QPR)

[TO BE ENTERED IN THE "PERFORMANCE REPORTS" SECTION OF SPARS FOR THE APPROPRIATE REPORTING PERIOD.]

A. Grant Information

[SECTION TO BE PRE-POPULATED IN SPARS.]

1. **Organization name:** _____
2. **Grant number:** _____
3. **Federal fiscal year/quarter:** _____

If no strategies have been identified in current ATR, display the following message for respondent:

Your Annual Target Report (ATR) indicates you have not yet identified any prevention strategies that your program is or will be implementing.

Check this box to confirm that no prevention strategies have been identified to date.

If your program has identified at least one prevention strategy that your program has or is planning to implement this fiscal year, you must update your ATR and get your government project officer (GPO) to approve it before you can complete this quarterly performance report.

If box unchecked, respondent will not be able to progress.

If box checked, skip to Section II.D.

B. Grant-Funded Prevention Strategies Implemented

For each prevention strategy included in your annual targets report, indicate whether the intervention was active at any point during the reporting period.

1. **Prevention strategy name**
[SECTION TO BE PRE-POPULATED IN SPARS.]
2. **Prevention strategy status** (Select one response.)
 - Active [SKIP TO II.B.5 INSTRUCTIONS]
 - Inactive

For each inactive prevention strategy, indicate the reason for inactive status and provide additional detail for context, as appropriate.

3. **Reason for inactive status** (Select one response.)
 - Development or planning phase/Not yet implemented.
 - Implementation completed in a previous reporting period.
 - Implementation paused but expected to resume in future.
 - Approved scope change - no longer planning to implement.
 - Other (Please specify: _____)

4. **Additional details regarding inactive status:** _____

[SKIP TO SECTION II.C.]

If the identified prevention strategy approach has changed (e.g., strategy started as a practice, but adopted as a policy), adjust your responses to reflect those changes.

5. Prevention strategy approach

[MEASURE PRE-POPULATED IN SPARS, BUT RESPONDENT WILL BE ALLOWED TO CHANGE RESPONSES PREVIOUSLY REPORTED IN ATR.]

- Practice
- Policy
- Program

C. Performance Measures

[IF ALL STRATEGIES IDENTIFIED IN II.B.2 = "INACTIVE," THEN SKIP TO SECTION D.]

[IF NO ACTIVE STRATEGY IDENTIFIED IN I.B.5 = "INDIRECT/POPULATION-BASED," THEN SKIP TO I.C.3 INSTRUCTIONS.]

Unduplicated total number of *individuals reached*.

Enter the aggregate total number of individuals your grant program *reached* through one or more indirect/population-based prevention efforts during the reporting period. If no individuals were reached during the reporting period, enter "0." In addition, indicate the number of individuals reported as an actual count and/or as an estimated count. If either type of count is not applicable, enter "0" for that type. *Note:* The combined number of actual and estimated counts should equal the total unduplicated number of individuals reached. Regardless of the number of indirect/population-based strategies implemented or the number of times an individual may have been exposed to one, individuals reached should only be counted once for the reporting period.

1. **Unduplicated total number of *individuals reached* through indirect/population-based prevention efforts:** _____
 - a. **Actual Count:** _____
 - b. **Estimated Count:** _____

Unduplicated number of *new individuals reached*.

Enter the aggregate number of *new* individuals your grant program *reached* through one or more indirect/population-based prevention efforts during the reporting period. If no new individuals were reached during the reporting period, enter "0." In addition, indicate the number of *new* individuals reported as an actual count and/or as an estimated count. If either type of count is not applicable, enter "0" for that type. *Note:* The combined number of actual and estimated counts should equal the unduplicated number of *new* individuals reached. Regardless of the number of indirect/population-based strategies implemented or the number of times an individual may have been exposed to one, new individuals reached should only be counted once for the reporting period.

2. **Unduplicated number of *new individuals reached* through indirect/population-based prevention efforts:** _____
 - a. **Actual Count:** _____
 - b. **Estimated Count:** _____

[IF NO STRATEGY IDENTIFIED IN I.B.5 = "DIRECT/INDIVIDUAL-BASED," THEN SKIP TO SECTION D].

Unduplicated total number of *individuals served*.

Enter the aggregate total number of individuals your grant program *served* through one or more direct/individual-based prevention efforts during the reporting period. If no individuals were served during the reporting period, enter "0." *Note:* Regardless of the number of direct/individual-based prevention strategies implemented or the number of times an individual may have been exposed to one, individuals served should only be counted once for the reporting period.

3. Unduplicated total number of *individuals served* through direct/individual-based prevention efforts: _____

Unduplicated total number of *individuals served* by demographic category.

For each demographic category, enter the aggregate total number of individuals your grant program *served* through one or more direct/individual-based prevention efforts during the reporting period. If no individuals served identified with a specific demographic category, enter "0" for that category. *Note:* Program participants can identify as more than one race/ethnicity. In these cases, count the program participants in all the applicable categories. Although there may be overlap across demographic categories, no demographic category should exceed the *total unduplicated number of individuals served* reported in the previous item.

4. Unduplicated total number of *individuals served* through direct/individual-based prevention efforts by demographic category.

a. Gender

- (1) Female: _____
- (2) Male: _____
- (3) Non-binary: _____
- (4) Transgender (male to female): _____
- (5) Transgender (female to male): _____
- (6) Two-spirit: _____
- (7) Other (Please specify): _____
- (8) Unknown/not provided: _____

b. Sexual Orientation:

- (1) Straight or heterosexual: _____
- (2) Lesbian or gay: _____
- (3) Bisexual: _____
- (4) Two-Spirit: _____
- (5) Other (Please specify): _____
- (6) Unknown/not provided: _____

c. Race/Ethnicity

- (1) American Indian or Alaska Native: _____
- (2) Asian: _____
- (3) Black or African American: _____
- (4) Hispanic or Latino: _____
- (5) Middle Eastern or North African: _____
- (6) Native Hawaiian or Pacific Islander: _____
- (7) White: _____
- (8) Unknown/not provided: _____

d. Age

- (1) 12 years and under: _____
- (2) 13 to 17 years: _____
- (3) 18 to 20 years: _____
- (4) 21 to 24 years: _____
- (5) 25 to 44 years: _____
- (6) 45 to 64 years: _____
- (7) 65 to 74 years
- (8) 75 years and older: _____
- (9) Unknown/not provided: _____

Unduplicated number of *new individuals served*.

Enter the aggregate unduplicated number of first-time participants your grant program served through one or more direct/individual-based prevention efforts during the reporting period. If no new individuals were served during the reporting period, enter "0." Note: Regardless of the number of direct/individual-based prevention strategies implemented or the number of times an individual may have been exposed to one, new individuals served should only be counted once.

5. Number of new individuals served through direct/individual-based prevention efforts: _____

Unduplicated number of *new individuals served* by demographic category.

For each demographic category, enter the aggregate unduplicated number of first-time participants your grant program served through one or more direct/individual prevention efforts during the reporting period. If no new individuals served identified with a specific demographic category, enter "0" for that category. Note: Program participants can identify as more than one race/ethnicity. In these cases, count the program participant in all the applicable categories. Although there may be overlap across demographic categories, no demographic category should exceed the *number of new individuals served* reported in the previous item.

6. Number of new individuals served through direct/individual-based prevention efforts by demographic category.

a. Gender

- (1) Female: _____
- (2) Male: _____
- (3) Non-binary: _____
- (4) Transgender (male to female): _____
- (5) Transgender (female to male): _____
- (6) Two-spirit: _____
- (7) Other (Please specify): _____
- (8) Unknown/not provided: _____

b. Sexual Orientation:

- (1) Straight or heterosexual: _____
- (2) Lesbian or gay: _____
- (3) Bisexual: _____
- (4) Two-Spirit: _____
- (5) Other (Please specify): _____
- (6) Unknown/not provided: _____

c. Race/Ethnicity

- (1) American Indian or Alaska Native: _____
- (2) Asian: _____
- (3) Black or African American: _____
- (4) Hispanic or Latino: _____
- (5) Middle Eastern or North African: _____
- (6) Native Hawaiian or Pacific Islander: _____
- (7) White: _____
- (8) Unknown/not provided: _____

d. Age

- (1) 12 years and under: _____
- (2) 13 to 17 years: _____
- (3) 18 to 20 years: _____
- (4) 21 to 24 years: _____
- (5) 25 to 44 years: _____
- (6) 45 to 64 years: _____
- (7) 65 to 74 years: _____
- (8) 75 years and older: _____
- (9) Unknown/not provided: _____

D. Progress Report Overview Updates

Please share updates for grant-funded activities during the reporting period related to overall programmatic implementation and to approved goals and objectives.

1. Overall progress

Please share an update on progress completed during the reporting period related to overall programmatic implementation and to approved goals and objectives. (Suggested, but not limited to 1-2 paragraphs) [OPEN TEXT FIELD]

2. Challenges/barriers

If applicable, please share challenges faced during the reporting period related to overall programmatic implementation and to approved goals and objectives and identified strategies to overcome them. (Suggested, but not limited to 1-2 paragraphs) [OPEN TEXT FIELD]

3. Successes

If applicable, please share accomplishments achieved during the reporting period related to overall programmatic implementation and to approved goals and objectives. (Suggested, but not limited to 1-2 paragraphs) [OPEN TEXT FIELD]

4. Innovations

If applicable, please share innovations developed and/or implemented during the reporting period related to program initiatives. (Suggested, but not limited to 1-2 paragraphs) [OPEN TEXT FIELD]

E. Comments (Optional): _____ [OPEN TEXT FIELD]

III. Work Plans

[TO BE ENTERED IN THE "WORK PLAN" SECTION OF SPARS]

A. Disparities Impact Statement

Upload and provide a brief description of your document. Once you upload your document, you will only update this section if you revise your disparities impact statement. *Due within 60 calendar days of grant award.*

B. Needs Assessment

Upload and provide a brief description of your document, if required. Once you upload your document, you will only update this section if you revise your needs assessment.

C. Strategic Plan

Depending upon your grant cohort, you may be required to submit one or more individual components of a strategic plan and/or a complete comprehensive strategic plan. If you are unsure of your requirements, consult your government project officer (GPO).

Strategic plan components

1. Community-based social marketing/public education plan

Upload and provide a brief description of your document. Once you upload your document, you will only update this section if you revise your plan.

2. Sustainability plan

Upload and provide a brief description of your document, *if required*. Once you upload your document, you will only update this section if you revise your plan.

3. Another strategic plan component not listed above

Upload and provide a brief description of your document, *if required*. Once you upload your document, you will only update this section if you revise your plan.

Full strategic plan

4. Strategic plan

Upload and provide a brief description of your document, *if required*. Once you upload your document, you will only update this section if you revise your plan.

D. Evaluation

1. Evaluation plan

Upload and provide a brief description of your document. Once you upload your document, you will only update this section if you revise your plan.

2. Evaluation report

Upload and provide a brief description of your document, *if required*. Once you upload your document, you will only update this section if you revise your report.

APPENDIX A – List of Definitions

Definitions

Active [prevention strategy status]: A prevention strategy is considered “active” if any part of the strategy was implemented at any point in time during the reporting period.

Alternatives: Alternative refers to prevention strategies that provide opportunities for populations of focus to participate in activities that exclude alcohol and other drugs. The purpose is to discourage use of alcohol and other drugs by providing alternative, healthy activities.

Assessment: Assessment is the first step in the Strategic Prevention Framework (SPF) process and helps prevention planners understand prevention needs for the population of focus based on a careful review of data gathered from a variety of sources. Specifically, assessment involves collection and analysis of available data sources to identify substance misuse consumption patterns, related consequences, and risk and protective factors impacting the population of focus. A comprehensive assessment also involves the examination of available resources to identify gaps, examines readiness to address problems identified, and prioritizes problems based on specific criteria (e.g., magnitude, trends, severity). See [A Guide to SAMHSA's Strategic Prevention Framework](#) for more details. Also, see definition for needs assessment.

Community-based process prevention strategies: Community-based process prevention strategies provides ongoing networking activities and technical assistance to community groups or agencies. It encompasses neighborhood-based, grassroots empowerment models using action planning and collaborative systems planning.

Community-based social marketing/public education plan: A community-based social marketing/public education plan is a component of a comprehensive strategic plan. Its purpose is to increase awareness of prescription drug misuse issues and the need for a coordinated approach, and to promote increased use of prescription drug monitoring program (PDMP) data.

Community-defined evidence practice(s): Community-defined evidence practices are practices that communities have shown to yield positive results as determined by community consensus over time, and which may or may not have been measured empirically but have reached a level of acceptance by the community.

Direct/individual-based prevention efforts: Direct/individual-based prevention efforts are prevention strategies or services directly delivered to individuals, either on a one- on-one basis or in a group format. Typically, service providers and participants are at the same location during the grant-funded prevention service encounter.

Disparities impact statement: SAMHSA requires all grant recipients, or grantees, to prepare the disparity impact statement (DIS) as part of a data-driven, quality improvement approach to advance equity using grant programs. The DIS helps grantees identify underserved populations at risk of experiencing behavioral health disparities. The aim is to increase inclusion of underserved populations in SAMHSA-funded grants, achieve behavioral health equity for disparity-vulnerable populations, and help systems better meet the needs of these populations.

Education prevention strategies: Education prevention strategies build skills through structured learning processes. Critical life and social skills include decision making, peer resistance, coping with stress, problem solving, interpersonal communication, and systematic and judgmental capabilities.

There is more interaction between facilitators and participants than there is for information dissemination.

Environmental prevention strategies: Environmental prevention strategies establish or change written and unwritten community standards, policies, laws, codes, and attitudes. The intent of environmental strategies is to influence the general population's use of alcohol and other drugs.

Evaluation: Evaluation is the fifth step in the SPF process and is about enhancing prevention practice. It is the systematic collection and analysis of information about prevention activities to reduce uncertainty, improve effectiveness, and facilitate decision-making. See [A Guide to SAMHSA's Strategic Prevention Framework](#) for more details.

Evaluation plan: An evaluation plan is a written document that describes how grant-funded prevention strategies will be assessed and establishes outcome and/or impact measures tied to the original problem that the grant-funded program plans to address.

Evaluation report: An evaluation report is a written document that summarizes the purpose, methodologies, findings, and conclusions of grantee evaluations efforts and offers recommendations for program improvements. As part of the findings section, the evaluation report should examine whether prevention activities were successful in achieving the grant program's goals and objectives as laid out in the evaluation plan. Ideally, evaluation reports should include both process and outcome evaluation.

Evidence-based practices, policies, and programs (EBPs): EBPs are prevention strategies that were reported as effective for your target substance and population of focus on a formal registry (e.g., federal, state, foundation) or in a published peer-reviewed journal article, were based on a documented theory of change, or were deemed effective by a panel of experts.

Evidence-informed prevention strategy: Evidence-informed prevention strategies are approaches or methods based in research, with demonstrated effectiveness in addressing a prevention priority, but are not considered an evidence-based practice, policy, or program (i.e., not listed in a registry of evidence-based practices, studied in a peer-reviewed journal article, based on a theory of change, or deemed effective by a panel of experts).

Federal fiscal year: Federal fiscal year (FY) is the annual period established for government accounting purposes. It begins on October 1 and ends on September 30 of the following year. For program monitoring purposes, the federal FY is further broken down into four quarters.

- Federal FY/Quarter 1: October 1 - December 31
- Federal FY/Quarter 2: January 1 - March 31
- Federal FY/Quarter 3: April 1 - June 30
- Federal FY/Quarter 4: July 1 - September 30

Gender: Gender is a social construct of identities, norms, behaviors, and roles that vary between societies and over time.

Goal: A goal is a broad statement about the long-term expectation of what should happen because of your program (the desired result). It serves as the foundation for developing your program objectives. Goals should align with the statement of need that is described. Goals should only be one sentence. The characteristics of effective goals include:

- Goals address outcomes, not how outcomes will be achieved.
- Goals are concise.
- Goals describe the behavior or condition in the community expected to change.
- Goals describe who will be affected by the project.

- Goals lead clearly to one or more measurable results.

Implementation: Implementation is the fourth step of the SPF process and puts a community's prevention plan into action by delivering evidence-based programs and practices as intended. To accomplish this task, planners will need to balance fidelity and adaptation, and establish critical implementation supports. See [A Guide to SAMHSA's Strategic Prevention Framework](#) for more details.

Inactive [prevention strategy status]: A prevention strategy is considered "inactive" if no part of the strategy was implemented during the reporting period. Strategies that have not yet started or were completed in a previous reporting period would be considered "inactive."

Indicated prevention strategies: Indicated prevention strategies are intended for individuals in high-risk environments who have minimal but detectable signs or symptoms foreshadowing disorder or have biological markers indicating predispositions for disorder but do not yet meet diagnostic levels.² Examples of indicated prevention strategies may include, but are not limited to, substance use education programs for individuals arrested for driving under the influence, substance use screening/testing and referral services, substance use education programs for alternative high school students experiencing problem behaviors (e.g., truancy, poor academic performance, depression, suicidal ideation and early signs of substance misuse), and distribution of harm reduction information and supplies (e.g., naloxone, fentanyl test strips) to individuals who may use substances but have not been diagnosed with a substance use disorder).

Indirect/population-based prevention efforts: Indirect/population-based prevention efforts are prevention strategies aimed at impacting an entire population. Examples of indirect/population-based prevention efforts include environmental strategies, such as establishment and enforcement of policies or laws that support healthy behavior (e.g., "zero tolerance" policies prohibiting smoking on school property, minimum drinking age).

Individuals reached/individuals to be reached: Individuals reached/individuals to be reached refers to grant-funded population-based prevention strategies aimed at impacting an entire population. Because there is no direct interaction with populations affected by the prevention strategies implemented, counts of people reached are typically estimates obtained from sources such as the US Census (population of targeted community) or media outlets (estimated readership or audience size).

Individuals served/individuals to be served: Individuals served/individuals to be served refers to grant-funded individual-based prevention strategies or services directly delivered to individuals, either on a one-on-one basis or in a group format. Typically, the provider of prevention services and participants are at the same physical location or virtual environment (e.g., webinar) during the service encounter. Because providers have direct interaction with these individuals, they are able to keep accurate counts and, in many cases, to collect data about the characteristics and outcomes of these participants through attendance lists and pre-post surveys. Examples include virtual training sessions and in-person educational classes.

Information dissemination prevention strategies: Information dissemination prevention strategies provide knowledge and increase awareness of the nature and extent of alcohol and other drug use, use, and addiction, as well as their effects on individuals, families, and communities. They also provide knowledge and increase awareness of available prevention and treatment programs and services. In

² For more information, see O'Connell, M. E., Boat, T., & Warner, K. E. (Eds.). (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities*. The National Academies Press. Available at <https://www.ncbi.nlm.nih.gov/books/NBK32775/>.

addition, information dissemination prevention strategies are characterized by one-way communication from the information source to the audience, with limited contact between the two.

Innovation/innovative strategy: An innovative prevention strategy is a method, idea, or approach that departs from the common ways of addressing a problem by applying adaptations, new processes, or new techniques to accomplish a goal.

Logic model: A logic model is a graphic planning tool, much like a roadmap, that can help prevention planners communicate where prevention efforts are headed and how goals will be reached. See [A Guide to SAMHSA's Strategic Prevention Framework](#) for more details.

Needs assessment: A needs assessment uses data to define the nature and extent of substance abuse problems, identifies affected populations, identifies underlying causal factors that lead to consumption patterns, and uses findings to select appropriate strategies. Also, see definition for assessment.

New individuals reached: New individuals reached are individuals exposed to one or more grant-funded population-based prevention strategies for the first time. If individuals were exposed to population-based prevention strategies funded by your grant program during a previous reporting period and were counted in a previous QPR, do not report these individuals again as “new.”

New individuals served: New individuals served refers to first-time grant program participants who received one or more grant-funded direct prevention service during the reporting period. The number reported for new individuals served should be an unduplicated count and should only include individuals receiving grant-funded services for the *first time*. If an individual received one or more grant-funded services during a previous reporting period and was counted in a previous QPR, do not report this person again as “new.”

Non-binary: Non-binary is a term used to describe people who do not describe themselves or their genders as fitting into the binary categories of male or female.

Objectives: Objectives describe the results to be achieved and the manner in which they will be achieved. Multiple objectives are generally needed to address a single goal. Well-written objectives help set program priorities and targets for progress and accountability.

Panel of experts: A panel of experts may include qualified prevention researchers, local prevention practitioners, and key community leaders (e.g., law enforcement and education representatives, elders within indigenous cultures).

Policy: Policy is a set of organizational rules (including but not limited to laws) intended to promote healthy behavior and prevent unhealthy behavior.

Population of focus: Population of focus refers to a group of individuals that prevention efforts are intended to reach or serve.

Practice: A practice is a type of approach, technique, or strategy that is intended to promote wellbeing and reduce the onset and progression of substance misuse and its related problems.

Prevention: Prevention is the active, assertive process of creating conditions and/or personal attributes that promotes the wellbeing of people. A proactive process designed to empower individuals and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles. Substance misuse prevention is intended to promote wellbeing and reduce the onset and progression of substance misuse and related problems.

Prevention strategies: Prevention strategies are practices, policies, or programs intended to promote wellbeing and reduce the onset and progression of substance misuse and its related problems.

Problem identification and referral prevention strategies: Problem identification and referral prevention strategies aim to identify individuals who have indulged in illegal or age-inappropriate use of tobacco or alcohol and individuals who have indulged in the first use of illicit drugs. The goal is to assess if their behavior can be reversed through education. This strategy does not include any activity designed to determine if a person is in need of treatment.

Program: A program is a set of predetermined, structured, and coordinated activities intended to promote wellbeing and reduce the onset and progression of substance misuse and its related problems. It can incorporate different practices; guidance for implementing a specific practice can be developed and distributed as a program.

Promising approach: A promising approach is an activity, program, initiative, or policy that shows potential for improving outcomes or addressing a prevention priority. Promising approaches may be in earlier stages of implementation and/or evaluation than evidence-informed or evidence-based prevention strategies.

Selective prevention strategies: Selective prevention strategies are intended for individuals or a subgroup of the population whose risk of developing a disorder is significantly higher than average.³ Identification of risk may be based on biological, psychological, or social risk factors associated with substance misuse or substance use disorder (e.g., family history of substance disorder, living in high-poverty/high-crime neighborhood). Selective prevention strategies focus on the entire subgroup at elevated risk regardless risk level for any individual member.⁴ Examples of selected prevention strategies may include, but are not limited to, support groups for individuals with parents diagnosed with substance use disorder, skills training for youth living in a high-poverty/high-crime neighborhoods, and social media campaigns targeting specific populations at higher risk for substance misuse.

Sexual Orientation: Sexual orientation refers to the enduring physical, romantic, or emotional attraction to members of the same or other genders (e.g., including lesbian, gay, bisexual, asexual, and straight orientations).

SPARS: SPARS is the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Performance Accountability and Reporting System. It is an online data entry, reporting, technical assistance request, and training system to support grantees in reporting timely and accurate data to SAMHSA.

Strategic plan: Strategic planning is the fifth step in the SPF process and increases the effectiveness of prevention efforts by ensuring prevention planners select and implement the most appropriate programs/strategies for population of focus. A strategic plan is a written document that prioritizes substance misuse problems identified in the assessment process (SPF Step 1), selects appropriate programs/practices to address each priority, combines programs/practices to ensure a comprehensive approach, and builds/shares a logic model with key stakeholders. See [A Guide to SAMHSA's Strategic Prevention Framework](#) for more details.

³ For more information, see O'Connell, M. E., Boat, T., & Warner, K. E. (Eds.). (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities*. The National Academies Press. Available at <https://www.ncbi.nlm.nih.gov/books/NBK32775/>.

⁴ For more information, see O'Connell, M. E., Boat, T., & Warner, K. E. (Eds.). (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities*. The National Academies Press. Available at <https://www.ncbi.nlm.nih.gov/books/NBK32775/>.

Transgender: Transgender is a term that describes a person whose gender identity or expression differs from the sex assigned at birth and societal and cultural expectations around sex. A person does not need to undergo a medical procedure to be considered transgender. Furthermore, not all individuals whose gender identity differs from the sex assigned at birth use the term transgender to describe themselves.

Two-Spirit: Two-spirit is a term used within some American Indian (AI) and Alaska Native (AN) communities to refer to a person who has both a male and a female essence or spirit. However, the meaning and use of this term is not universal across all AI/AN cultures. Most AI/AN communities have specific terms in their own languages for gender-variant members of their communities as well as the social and spiritual roles these individuals fulfill. (Definition adapted from [NIH](#) and [IHS](#) definitions of two-spirit).

Universal prevention strategies: Universal prevention strategies are intended for the general public or a whole population group that has not been identified on the basis of individual risk.⁵ Examples of universal prevention strategies may include, but are not limited to, interventions focused on promoting positive school climate, media and public awareness campaigns, and universal screenings.

Universal/direct prevention strategies: Universal/direct prevention strategies 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).

Universal/indirect prevention strategies: Universal/indirect prevention strategies 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.

⁵ For more information, see O'Connell, M. E., Boat, T., & Warner, K. E. (Eds.). (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities*. The National Academies Press. Available at <https://www.ncbi.nlm.nih.gov/books/NBK32775/>.

APPENDIX B – List of Prevention Strategies

Prevention Strategies

| Name of Prevention Strategy |
|---|
| Active Parenting (4 th Edition) |
| Active Parenting of Teens |
| All Stars |
| American Indian Life Skills Development/Zuni Life Skills Development |
| ATLAS (Athletes Training and Learning To Avoid Steroids) |
| Bootcamp Translation |
| Class Action |
| Communities That Care |
| Community Education And Awareness Campaign |
| Community Presentations/Speaking Engagements |
| Community Prevention Education |
| Contacting prescribers with risky prescribing patterns |
| Coping Power Program |
| Creating Lasting Family Connections (CLFC)/Creating Lasting Connections (CLC) |
| Curricula Development - Colleges |
| Curricula Development - Medical/Pharmacy/Professional Schools |
| Curricula Development - Primary Or Secondary Schools |
| Drug Impairment Training |
| Drug Recognition Expert (DRE) Training |
| Drugs: True Stories |
| Electronic Screening and Brief Interventions (E-SBI) |
| Enforcement Collaboration - Diversion |
| Enforcement Collaboration - Other |
| Expectancy Challenge |
| Familias Unidas |
| Generation Rx |
| Girls Circle |
| Guiding Good Choices |
| Health Fair/Health Promotion Events |
| HERO TRaILS |
| Hip-Hop 2 Prevent Substance Abuse And Hiv (H2P) |
| Information Dissemination – Prescribing Guidelines and Tools |
| Information Dissemination—National Drug & Alcohol Facts Week |
| Keep A Clear Mind (KACM) |
| Lead And Seed |
| Life Of An Athlete |
| LifeSkills Training (Botvin): Prescription Drug Abuse Prevention Module |
| MADD Power of Community |
| MADD Power of Me |
| MADD Power of Parents |
| Madd Power of You(th) |
| Media Campaign – A Dose of Rxeality |
| Media Campaign - Count It! Lock It! Drop It! |
| Media Campaign - Lock Your Meds |

| Name of Prevention Strategy |
|---|
| Media Campaign - Other |
| Media Campaign - Wise Use Of Meds |
| Media Detective |
| Media Ready |
| Medicine Safes/Lock Boxes |
| Nurturing Parenting Program |
| Organizational Policy—Other |
| Organizational Policy—Work with Health Care Providers on Opioid Prescribing Policies |
| Organizational Policy—Work with Medical Authorities/Board to Enforce Prescribing Policies |
| Organizational Policy—Work with Organizations on Naloxone Policy |
| Organizational Policy—Work with Organizations on Pharmacy Benefit Change |
| Organizational Policy—Work with Organizations to Improve Data Quality |
| Organizational Policy—Work with Pharmacies on PDMP Policies |
| Organizational Policy—Work with Schools on Prescription Drug-Related Policies |
| Parenting Wisely |
| PDMP - Develop Surveillance Reports |
| PDMP - Develop/Disseminate Unsolicited Reports |
| PDMP - Registration/Utilization Effort |
| PDMP - Other |
| Policy, Reg, or Law Change/Implementation - Naloxone |
| Policy, Reg, or Law Change/Implementation - Other |
| Policy, Reg, or Law Change/Implementation - Pain Clinics |
| Policy, Reg, Or Law Change/Implementation - PDMP |
| Policy, Reg, Or Law Change/Implementation - Pharmaceutical stewardship policy change |
| Policy, Reg, Or Law Change/Implementation - Prescriber Opioid Training |
| Policy, Reg, Or Law Change/Implementation - Prescribing Opioids |
| Positive Action |
| Power of Parents |
| Prescription Drug Safe Storage - Drop Box Installation |
| Prescription Drug Safe Storage - Lock Box Distribution |
| Prescription Drug Safe Storage - Take-Back Events |
| Preventure |
| Prime For Life |
| Project Alert |
| Project Northland |
| Project Success |
| Project Towards No Drug Abuse |
| PROSPER (Promoting-School-Community-University Partnerships To Enhance Resilience) |
| Refuse, Remove, Reasons High School Education Program |
| Rx 360 |
| Screening, Brief Intervention, And Referral To Treatment (SBIRT) |
| Smart Leaders |
| SmartRx: Web-Based Intervention |
| Sport Prevention Plus Wellness |
| Storytelling For Empowerment |
| Strengthening Families 10-14 |
| Strengthening Families For Other Age Groups |
| Students Against Destructive Decisions (SADD) |
| Systematic Training For Effective Parenting (STEP) (Comprehensive SBIRT) |

| Name of Prevention Strategy |
|--|
| Teen Intervene |
| Too Good For Drugs (Classroom Education) |
| Traditional/Cultural-Based Ceremony |
| Train/Educate on Alternative Pain Management |
| Train/Educate on Multiple Topics of Opioid Misuse |
| Train/Educate on Naloxone/SAMHSA Overdose Toolkit |
| Train/Educate on PDMP |
| Train/Educate on Safe Prescribing/CDC Guidelines |
| Train/Educate Other Prevention Topics |
| Train/Education Health Care Providers/Pharmacists - Other Topics |
| Wellness Initiative For Senior Education (WISE) |
| Youth Leadership Development (Including Coalitions) |
| Youth Mentoring Program (e.g., Big Brothers Big Sisters) |

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