County of Los Angeles – Department of Public Health

Substance Abuse Prevention and Control

**WORK PLAN PART A: FISCAL YEAR 2012-2013**

|  |  |  |  |
| --- | --- | --- | --- |
| **AGENCY** |  | **AGENCY CODE** |  |
| **CONTRACT TYPE** |  | **PROVIDER ID** |  |

**PURPOSE:** The purpose of the Work Plan is to develop and implement a cohesive set of strategies and activities specifically designed to achieve the Goals, Long-Term Objectives (LTO), and Short-Term Objectives (STO) outlined in the Planning Logic Model. The strategies and activities included must be evidence-based (as defined in the contract), and in combination lead to significant and comprehensive change in the target city(ies)/community(ies). The services provided must be clearly connected and focused in few enough cities/communities to demonstrate your agency’s ability to document significant change in the target area(s).

**DIRECTIONS**: Before completing Part A and Part B of the Work Plan, 1) review your approved Planning Logic Model to clearly understand what you are trying to achieve and by when, and 2) research and recommend what evidence-based practices (EBP) will best lead to outcomes within the contract term. Complete Part A of the Work Plan first and then proceed to Part B. Before proceeding to Part B of the Work Plan or purchasing EBP materials, you are encouraged to contact your Prevention Liaison to verify your preferred EBPs comply with contract requirements to avoid unnecessary costs if the EBP or service is denied.

**STEP 1: Findings from the Planning Logic Model**

To maintain consistency between the Planning Logic Model and Work Plan, identify the categories for the top two goals (substances) and the top ranked LTO and STO listed on your approved Planning Logic Model. NOTE: 1) not all LTOs and STOs are associated with each Goal so you will need to review your approved Planning Logic Model, and 2) more LTOs and STOs may have been approved by your Prevention Liaison than those listed below.

**1st Ranked Goal/Substance: [chose a substance]**

For the 1st ranked substance, select the top associated LTO topic: **[chose LTO]**

For the 1st ranked substance, select the top associated STO topic: **[chose STO]**

**2nd Ranked Goal/Substance:** **[chose a substance]**

For the 2nd ranked substance, select the top associated LTO topic: **[chose LTO]**

For the 2nd ranked substance, select the top associated STO topic: **[chose STO]**

**3rd Ranked Goal/Substance:** (proceed only if approved by your liaison) **[chose a substance]**.

For the 3rd ranked substance, select the top associated LTO topic: **[chose LTO]**

For the 3rd ranked substance, select the top associated STO topic: **[chose STO]**

**STEP 2: Evidence Based Practices (EBPs)**

Describe the EBPs that will be implemented to achieve your Goals, LTOs, and STOs. All services included in the Work Plan must clearly align with one of the EBPs outlined below. Activities such as health fairs, general information dissemination, outreach, and alternative activities will be closely reviewed by your Prevention Liaison and should be used sparingly.

**EBP Code**: All EBPs should be numbered sequentially (e.g., A, B, C). When completing Part B of the Work Plan, this code will be inserted in the “EBP #” box to clarify what services/activities are linked to which EBP(s).

**SAPC EBP Number**: All EBPs must correspond with the allowable categories outlined in the contract and prevention manual. See page 9 of the Prevention Manual or the contract to see the description for #1, #2, and #3. Services that do not align with these categories are not permissible under this contract and will be denied.

**EBP Status**: Indicate whether the EBP was included in your agency’s Request for Proposal by inserting “RFP” or if it was newly selected based on findings from the needs assessment by inserting “New”.

**Brief Title/Description**: If providing individual/curriculum based services provide the title of the EBP (any adaptations must be discussed with your Prevention Liaison in advance to ensure fidelity to the model). If conducting environmental work provide the name of the strategy or other appropriate description.

**Research Findings**: Provide a brief description of the research findings and source(s) supporting selection of the EBP and how it aligns with your selected Goals, LTOs and STOs.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EBP Code** | **SAPC EBP #** | **EBP Status** | **Brief Title/Description of EBP Curriculum/Strategy Selected** | **Brief Description of Research Findings**  **Supporting Selection of the EBP** |
| A |  |  |  |  |
| B |  |  |  |  |
| C |  |  |  |  |
| D |  |  |  | [insert more boxes by placing cursor outside of the box and pressing “Enter” 🡺] |

**STEP 3: Role of Your Evaluator**

Meet to discuss how the agency’s evaluator will be involved in developing your agency’s Work Plan, in particular how the EBPs selected will be evaluated, what process and outcome measures will be included on Part B of the Work Plan, and how this will impact development of the Process and Outcome Evaluation Plan. Meet with the evaluator to finalize the plan and begin work as defined.

**STEP 4: Develop the Work Plan**

Environmental Prevention Services (EPS) Agencies: Develop a Work Plan that includes strategies and activities to address Goal 1, LTO 1.1, and the associated STO(s) on the approved Planning Logic Model. Sufficient time should also be allocated to develop and implement the SPA-Based Coalition of Alcohol Availability and Accessibility and complete other contract requirements (i.e., develop quarterly reports, conduct evaluation activities and prepare summary reports).

Comprehensive Prevention Services (CPS) Agencies: Develop a Work Plan that includes strategies and activities to address the two Goals, two LTOs, and three STOs identified on the approved Planning Logic Model. Sufficient time should also be allocated to develop and implement the Prevention Community Council (PCC) and participate actively on the SPA-Based Coalition of Alcohol Availability and Accessibility (Goal 1, LTO 1.1 and the STO ultimately selected by the SPA-Based Coalition) as well as complete other contract requirements (i.e., develop quarterly reports, conduct evaluation activities and prepare summary reports).

**IMPORTANT INSTRUCTIONS: The Work Plan must sufficiently outline the specific activities and associated tasks to be provided under the contract and demonstrate a comprehensive plan to achieve the agency’s Goals and Objectives within the specified timeframe. The determined direct and indirect hours must be realistic and achievable as contractors are accountable for completing each item included on the Work Plan. The total hours must also align with the number of staff hours allocated under your contract. If an agency anticipates barriers to completing an activity or task within the designated timeframe, agency staff must contact their Prevention Liaison well in advance to discuss whether the Work Plan can be modified to adjust to the unexpected conditions. Not providing sufficient advance notification could result in contract non-compliance. Agencies must also ensure that their California Outcome Measurement Service for Prevention (CalOMS Pv) data is consistent with the Work Plan.**

***COMPLETING PART B OF THE WORK PLAN***

Part B of the Work Plan is organized by SAPC’s major substance categories: 1) Alcohol Work Plan – this includes underage and binge drinking, 2) Illicit Drugs Work Plan – this includes marijuana, methamphetamine, and ecstasy, and 3) Misused Products Work Plan – this includes inhalants, prescription medications, and over-the-counter medications. If your agency is working on more than one LTO or STO under a Goal, or more lines are needed to insert additional major Activities or Tasks, modify the template by inserting additional lines (see the *Modifying the Excel Template* textbox below for more information).

**Setting Up Goals, LTOs, and STOs**

1. Enter **Contractor Name** on each Work Plan used.
2. Enter **Contract Type** (EPS or CPS) on each Work Plan used.
3. Enter the appropriate **County Goal** and the corresponding agency **Goal** as listed on the Planning Logic Model.
4. Enter the appropriate **County LTO** and the corresponding agency **LTO** as listed on the Planning Logic Model.
5. Enter the appropriate **County STO** and the corresponding agency **STO** as listed on the Planning Logic Model.
6. **Repeat** for each Goal, LTO, and STO where corresponding services will be provided. Modify template if needed.

**MODIFYING THE EXCEL TEMPLATE: how to insert the header to add more ltos or stos, or more task/activity lines**

\* If you need to add space for more LTOs and STOs associated with a Goal, you must highlight lines 1 through 9, select COPY then select the row below where you want start and select INSERT COPIED CELLS.

\* If you need to add more Major Activities you need to highlight the three rows (gray or white to ensure alternating colors for clarity) select COPY then select the row below where you want start and select INSERT COPIED CELLS.

\*If you need to add more Task lines for a Major Activity follow the same procedure as above.

**Outlining Activities and Associated Tasks**

1. List the **Major Activities** (e.g., conduct parent education, pass social host policy, continued community assessment, develop coalition) associated with achieving each STO. Over the contract term and by completion of subsequent Work Plans this should lead to change on the LTO and Goal. Each Major Activity should be numbered consecutively (i.e., 1, 2, 3).
2. Insert the **EBP Code** and the **Name** and/or **Brief Title** of the EBP used for each Major Activity and the associated Tasks. This code corresponds with the letter of the EBP outlined in the table on page 2.
3. Insert the **Task Number** for each Task associated with the Major Activity. Each Task should be numbered consecutively and correspond with the associated Major Activity (i.e., 1a, 1b, 1c).
4. List the key **Tasks** or steps (e.g., meet with city council members, conduct 8 classroom sessions per week) needed to accomplish the associated Major Activity. The following must be included in the description where applicable:
   1. Indicate the location or site where the Task will occur (e.g., name of school, city).
   2. Indicate the frequency of each Task (e.g., times per week or month a service is provided).
   3. Indicate length of service (e.g., number of minutes or hours of the service encounter).
   4. Duration of each service (e.g., number of days, weeks, or months the service is provided).
5. Insert the **Start Date** and **End Date** that represents the timeframe in which each Task is planned to be started and completed. These dates must be appropriately time limited. Therefore, start and end dates that correspond with the fiscal year (e.g., 07/01/12-06/30/13) will not be accepted.
6. Develop and insert a **Process Measure** that corresponds with each Task. Process measures determine whether policies and procedures were followed as expected. Process measures often include documentation verifying completion of a task or activity (e.g., flyers, agendas, photos, meeting minutes, attendance rosters, pre-/post-tests, curriculum materials). This helps indicate whether the combined effort will lead to achievement of the goal(s) and objective(s) as intended. SAPC will also request copies for review of such documentation to substantiate services delivered during audits.
7. Develop and insert a **Short-Term Outcome Measure** that corresponds with at least all Tasks associated with a Major Activity. These outcomes should be relatively short-term and are most likely not the same as the STO on the Planning Logic Model. Short-Term Outcome Measures determine if activity(ies)/task(s) conducted actually achieved the desired results within the specified timeframe (e.g., attitudes changed, knowledge increased, policy effort finalized, consistent coalition membership established). Collectively, these Short-Term Outcome Measures should lead to achieving the STO on the Planning Logic Model.

**Reporting Activities and Associated Tasks in the CalOMS Pv Web-Based Reporting System**

The CalOMS Pv Reporting Plan and Verification Sheet section is designed to serve as a template for how the Tasks identified in the Work Plan will be entered into CalOMS Pv. The drop-down fields represent allowable selections for each category. In the event that more than one applies, select the primary option. Additional selections may be entered in the CalOMS Pv system where allowable**. If this template is not followed as approved, your Prevention Liaison will request changes and your data submissions will be considered late and contract reimbursement may be delayed.**

1. Enter the **Program Name** and/or **Group Name** that will be entered into CalOMS Pv for reporting purposes. For agencies that have both an EPS and CPS contract andshare a Provider ID each Program Name and Group Name must be preceded by EPS or CPS.
2. Enter the estimated **Direct Service Hours** needed to complete each task (see the “Important Instructions” text box above). This is the number of hours to be entered in CalOMS Pv spent only on time conducting face-to-face activities. See SAPC’s *Guidelines on Determining Direct and Indirect Service Hours* for more information on what to include as Direct Hours.
3. Enter the estimated **Indirect Service Hours** needed to complete each task (see the “Important Instructions” text box above). This is the number of hours to be entered in CalOMS Pv spent only on time preparing for an approved activity (excluding certain administrative activities such as copying/faxing/emailing, ordering supplies, phone calls not directly related to providing prevention information/services, CalOMS data entry) or traveling to and from an approved activity. See SAPC’s *Guidelines on Determining Direct and Indirect Service Hours* for more information on what to include as Indirect Hours.
4. Enter the **Type of Service** for each Task. Options include Single Services(e.g., one time classroom session, one time meeting with a council person, coalition meetings) or a Recurring Services(e.g., school-based curriculum, mentoring sessions).
5. Enter whether the Task is a **Demographic** or **Non-Demographic** service. See SAPC’s *CalOMS Pv Data Entry Terms and Documents* to determine whether demographic information (e.g., age, gender, race/ethnicity) must be collected for a particular Task.
6. Enter what **IOM (Institute of Medicine) Category** corresponds with the Task. The IOM Category (Universal, Selective, and Indicated) corresponds with the level of need of the target population of the Task. See page 7 of SAPC’s *Prevention Program Manual* for a description of each category.
7. Enter what **CSAP (Center for Substance Abuse Prevention) Strategy** corresponds with the Task. The CSAP has classified common prevention efforts into six major categories: Environmental, Community Based-Process, Information Dissemination, Problem Identification and Referral, Education and Alternative. See SAPC’s *CalOMS Pv Data Entry Terms and Documents* to determine which strategy best aligns with the Task. See page 9 of SAPC’s *Prevention Program Manual* for a brief description of each strategy.
8. Enter the **Primary Service Delivered** thatcorresponds with the Task (in the CalOMS Pv system this is termed “Activity”). Each CSAP Strategy has a list of corresponding “Activities” where the term may or may not directly correspond with what was included in # 7 or # 8 above. See SAPC’s *CalOMS Pv Data Entry Terms and Documents* to determine which “Activity” best aligns with the Task.
9. Enter the **Population Served** that best corresponds with the actual target group receiving the services/contact. See SAPC’s *CalOMS Pv Data Entry Terms and Documents* to determine which population option best aligns with the Task.
10. Enter the **Service Location** that best corresponds with where the service/contact occurred. See SAPC’s *CalOMS Pv Data Entry Terms and Documents* to determine which service location option best aligns with the Task.
11. No action is required by contractors in the **SAPC Verified** section. **NOTE:** Your Prevention Liaison will use this space when reviewing and approving your CalOMS Pv entries. Any activity/service that is not included on the Work Plan or otherwise approved by your Prevention Liaison in advance is not reimbursable and cannot be entered in the online system. Documentation substantiating services entered in CalOMS Pv must be maintained at the program site for auditing purposes. If non-approved services are provided agencies are subject to disallowance.

**Contract Staff Hours and CalOMS Pv Service Hour Reconciliation**

This section will assist agencies in identifying how many staff hours are required under the Contract Exhibit and how to allocate staff time (CalOMS Pv Service Hours) under the Work Plan. To complete the *Staff Hours per Your Alcohol and Other Drug Prevention Services (AODPS) Contract* table you must consult the Exhibit *Schedule* and the *Salaries and Employee Benefits* section of the Budgetfor your agency’s Contract. Include only those staff identified on the Schedule as providing direct services.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **STAFF HOURS PER YOUR AODPS CONTRACT (See Your Contract and the Schedule for Specifics)** | | | | |
| **Position Title**  **See Schedule** | **Staff Name** | **Actual % FTE**  **See Budget –Column F** | **# Staff Hours For FY**  **(Formula: FTE x 1601)** | **Units of Service (Staff Hours)** |
| Program Director | [example] | 0.3 | 480 | **[this should be the same as #1 Units of Service on the Exhibit Schedule]** |
| Prevention Coordinator | [example] | 1.0 | 1601 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  | [insert more boxes if needed] |

The number of direct and indirect hours conducted and reported in CalOMS Pv also needs to be consistent with the number of staff hours funded under the contract. The table above should serve as a guide to determining the scope of services included in the Work Plan. The *Hours on Work Plan by Goal and Long-Term Objective* table cannot be completed until the Work Plan is completed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HOURS ON WORK PLAN BY GOAL AND LONG-TERM OBJECTIVE** | | | | |
| **Goal/Substance** | **Long-Term Objectives** | **Total Direct**  **Hours Work Plan** | **Total Indirect**  **Hours Work Plan** | **Total Hours on Work Plan** |
| **Goal 1:**  **Alcohol** | 1.1: Availability/Access |  |  |  |
| 1.2: Social Norms |  |  |
| **Goal 2:**  **Illicit Drugs (Marijuana)** | 2.1 Availability/Access |  |  |
| 2.2 Community Conditions |  |  |
| 2.3 Social Norms |  |  |
| **Goal 2:**  **Illicit Drugs (Methamphetamine)** | 2.1 Availability/Access |  |  |
| 2.2 Community Conditions |  |  |
| 2.3 Social Norms |  |  |
| **Goal 2:**  **Illicit Drugs**  **(Ecstasy)** | 2.1 Availability/Access |  |  |
| 2.2 Community Conditions |  |  |
| 2.3 Social Norms |  |  |
| **Goal 3:**  **Misused Products (Inhalants)** | 3.1 Availability/Access |  |  |
| 3.2 Social Norms |  |  |
| **Goal 3:**  **Misused Products (Prescriptions)** | 3.1 Availability/Access |  |  |
| 3.2 Social Norms |  |  |
| **Goal 3:**  **Misused Products**  **(Over-the-Counter)** | 3.1 Availability/Access |  |  |
| 3.2 Social Norms |  |  |
| **SUBTOTAL WORK PLAN HOURS** | |  |  |

**WORK PLAN SUBMISSION AND APPROVAL VERIFICATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **AGENCY** |  | **PROVIDER ID** |  |
| **CONTRACT TYPE** |  | **CONTRACT #** |  |

Once approved by the County, Part A and Part B of this Work Plan will become part of the Contractor’s Alcohol and Other Drug Prevention Services (AODPS) Environmental Prevention Services (EPS) or Comprehensive Prevention Services (CPS) Contract, and will be used by designated Department of Public Health, Substance Abuse Prevention and Control (SAPC) staff to determine contract compliance and substantiate reimbursement claims where appropriate. Contractors are ultimately responsible for completing the Activities and Tasks as outlined in Part A and Part B of the Work Plan, therefore these documents must accurately reflect the number of staff hours needed to complete the agreed to services within the specified timeframe and current allocation. If barriers to completion are encountered, the Contractor must contact their SAPC Prevention Liaison well in advance of a Task End Date to determine an agreeable solution where possible. Lack of advance notification regarding timeline extensions and/or the provision of services under this Contract that are not included on the Work Plan without advance approval may result in contract noncompliance and/or reimbursement disallowance.

By signing below, the Contractor acknowledges the statements above and verifies that Part A and Part B of the Work Plan accurately represent the full scope of services to be provided under the AODPS EPS or AODPS CPS contract within Fiscal Year 2012-2013.

|  |  |  |  |
| --- | --- | --- | --- |
| **Executive Director’s Printed Name:** |  |  |  |
| **Executive Director’s Signature:** |  | **Date** |  |
| **Program Director’s Printed Name:** |  |  |  |
| **Program Director’s Signature:** |  | **Date** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **FOR SAPC USE ONLY** | | | |
| **Date Received:** |  | **Date Approved:** |  |
| **Approved By:** |  | **Signature:** |  |
| **Date Copy Placed In Contractor’s SAPC Master File:** | | |  |
| **Date Copy Provided to Contractor’s Contract Program Auditor:** | | |  |