

**California Services to Science Academy Cohort 2.0:
*Technical Support and Assistance for Promising and
Innovative Prevention Programs***

**Request for Applications
April 2026**

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READ ALL INSTRUCTIONS AND CRITERIA CAREFULLY

Introduction

BACKGROUND

The California Department of Health Care Services (DHCS) contracted with the University of California, Los Angeles - Integrated Substance Use and Addiction Programs (UCLA-ISAP) to develop and launch the Substance Use Prevention Evidence-Based Resource (SUPER) to support and build state-level infrastructure for behavioral health prevention across California. The SUPER is a centralized resource designed to provide California counties, behavioral health providers, and tribal entities with clear and concise information about evidence-based, promising, and innovative substance use prevention efforts.¹

Additionally, DHCS and UCLA-ISAP implemented the California Services to Science Academy (CSSA) pilot project. The goal was to provide an opportunity for primary prevention providers who are delivering locally developed and innovative substance use disorder (SUD) prevention interventions to generate evidence as either practices or case studies of intervention implementation or adaptation to serve as a resource on the SUPER website for other prevention providers across the state.

FUNDING OVERVIEW

Through the CSSA Cohort 2.0 Request for Applications (RFA), DHCS is competitively making funds available to Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG) and Elevate Youth California (EYC) primary prevention providers to implement this project. These funds will support SUBG and EYC primary prevention providers delivering locally developed and innovative SUD prevention interventions.

DHCS receives SUBG funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) to help plan, implement, and evaluate activities that prevent and treat SUDs. Additionally, DHCS receives SUBG Prevention Set-Aside funds to support primary prevention services for individuals who have not been determined to require treatment for a SUD.²

¹ California Department of Health Care Services (2026). *Substance Use Prevention Evidence-Based Resource*. Retrieved from <https://super.ucla.edu/>

² California Department of Health Care Services (2026). *Substance Use Prevention, Treatment, and Recovery Services Block Grant*. Retrieved from <https://www.dhcs.ca.gov/provgovpart/Pages/Substance-Use-Prevention-Treatment-and-Recovery-Services-Block-Grant-SUBG.aspx>

On November 8, 2016, California voters passed Proposition 64, allowing adults aged 21 years or older to possess and use cannabis. Proposition 64 created two new taxes, the revenues of which are deposited into the California Cannabis Tax Fund (CTF). Under current law, after other specified disbursements, 60 percent of the remaining CTF is deposited into Allocation 3, the Youth Education, Prevention, and Early Intervention Account (YEPEITA). YEPEITA funds are disbursed to DHCS for programs for youth that are designed to educate about and to prevent SUDs and to prevent harm from substance use.³

Launched in 2019 and funded by YEPEITA, EYC is a statewide DHCS program. The program addresses SUD prevention by investing in youth leadership and civic engagement for youth of color and 2S/LGBTQIA+ youth ages 12 to 26 living in communities disproportionately impacted by the war on drugs. For information about EYC, visit www.elevateyouthca.org.

PURPOSE

There are ongoing challenges in California with youth substance use and associated consequences. Recent statewide data underscore the scale of this problem, with 8.2 percent of California 12-17 year olds and 27.1 percent of 18-25 year olds having experienced a substance use disorder in the past year in 2023-2024.⁴ Providers have a range of evidence-based practices (EBPs) and community-defined evidence practices (CDEPs) that blend together various practice components and prevention approaches known to positively impact substance use-related behavior.⁵ However, many of these approaches lack the cultural specificity and contextual nuance needed to be effective in communities across California.⁶ Research demonstrates that risk and protective factors operate across interconnected individual, relational, community, and

³ California Revenue and Taxation Code Section 34019 subdivision (f)(1). Retrieved from <https://cdtfa.ca.gov/lawguides/vol3/ctl/ctl-34019.html>

⁴ Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality (2024). *2023-2024 National Surveys on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia)*. Retrieved from <https://www.samhsa.gov/data/sites/default/files/reports/rpt56957/2024-nsduh-sae-tables-percent-csvs/2024-nsduh-sae-tables-percent.pdf>

⁵ Boustani, M. M., Frazier, S. L., Becker, K. D., Bechor, M., Dinizulu, S. M., Hedemann, E. R., ... & Pasalich, D. S. (2015). Common elements of adolescent prevention programs: Minimizing burden while maximizing reach. *Administration and Policy in Mental Health and Mental Health Services Research*, 42(2), 209-219. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/24504979/>

⁶ Shapiro, V. B., Eldeeb, N., McCoy, H., Trujillo, M., & Jones, T. M. (2024). Where's the BIPOC blueprint for healthy youth development? The role of scientific omissions in our struggle for science translation and racial equity in the United States. *Journal of Prevention*, 45(2), 303-321. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/38353805/>

societal environments, so prevention strategies must be adapted to local conditions to be effective.⁷

This discrepancy between available EBPs and CDEPs and community needs has created distinct challenges for prevention providers as they make decisions about how to best engage youth and prevent SUDs and associated risks. Providers working within the prevention realm need more tools and need the opportunity to adapt, modify, and create new approaches that better respond to their local needs.

The CSSA Cohort 2.0 will provide opportunities for California prevention providers who are delivering promising and innovative SUD prevention interventions that utilize practice components and strategies that positively affect youth substance use behavior by mitigating risk factors and/or promoting protective factors to generate evidence of their impact.

CSSA Cohort 2.0 interventions that generate sufficient evidence demonstrating effectiveness will be considered for inclusion on the SUPER website, either as practices or case studies of intervention implementation or adaptation.

CSSA COHORT 2.0 FUNDING OPPORTUNITY

Through an RFA, DHCS is seeking applications from (501 (c)(3)) youth-serving community-based and tribal organizations and counties directly implementing SUBG-funded prevention programs authorized to do business in California that provide SUD prevention services to adolescent, youth, and/or adult populations, including families.⁸⁹

The CSSA Cohort 2.0 project will consider organizations at various stages of prevention intervention implementation, including:

- adapting an EBP or CDEP program for unique communities and populations.
- designing and implementing an innovative prevention program and in need of evaluation design and implementation support.
- initiating evaluation data collection and in need of analytic and writing support.
- manualizing and disseminating a locally developed intervention.

⁷ Catalano RF, Haggerty KP, Hawkins JD, et al. (2011) Prevention of substance use and substance use disorders: the role of risk and protective factors. In: Y. Kaminer & K.C. Winter KC (eds). *Clinical Manual of Adolescent Substance Abuse Treatment*. Washington, DC: American Psychiatric Publishing. 25-63. Retrieved from <https://psycnet.apa.org/record/2010-21811-002>

⁸ Non-profit organizations are defined as organizations that have 501(c)(3) tax-exempt status as determined by the Internal Revenue Service.

⁹ Tribal organizations may be a 501(c)(3) non-profit, a 638, or an urban clinic.

The goal of this funding opportunity is to support California organizations with locally developed and innovative prevention interventions to demonstrate credible evidence of effectiveness to expand the range of practices and prevention approaches available to be featured on the SUPER website, thus strengthening prevention providers' ability to address SUDs and behavioral health-related challenges across diverse communities.

PROGRAMS ENCOURAGED TO APPLY

Applications from organizations working at various stages of intervention development and evidence-building are welcome to apply, including those that:

- **Adapt an evidence-based prevention intervention** to improve cultural specificity and contextual fit for their community.
- **Refine and implement an existing (minimum two years) locally developed and innovative prevention intervention** with support for evaluation design and implementation.
- **Initiate or strengthen data collection and analysis**, including needs for analytic and writing support to document outcomes and lessons learned.
- **Manualize and disseminate** a locally developed and innovative intervention to facilitate replication and adaptation by other providers.
- **Demonstrate cultural humility and responsiveness**, with staffing and leadership reflective of the communities served, and deliver culturally responsive and linguistically appropriate prevention services.
- **Use a public health framing with positive, non-stigmatizing prevention messages** (e.g., reducing risk and strengthening protection), consistent with evidence-informed youth prevention approaches.
- **Embed youth engagement**, including opportunities for youth leadership and peer support and mentoring programs.
- **Advance policy, systems, and environmental change** or evaluate policy, systems, and environmental change-related prevention strategies already underway (e.g., coalition-based mobilization, environmental prevention).
- **Commit to systematic data collection, monthly progress reporting, and participation in Learning Collaboratives and coaching**, to build credible evidence of effectiveness for potential inclusion on the SUPER website.

FUNDING OPPORTUNITY AT A GLANCE

WHY: Many existing prevention interventions lack the specificity and nuance needed for individualized communities. The discrepancy between available EBPs and CDEPs and community needs has created distinct challenges for prevention providers as they make decisions about how to best engage youth and prevent SUDs and associated risks, including behavioral health-related challenges.

WHAT: The CSSA Cohort 2.0 will support California organizations seeking to generate and demonstrate credible evidence of effectiveness for locally developed and innovative prevention activities, with the goal of increasing the number of effective interventions to be featured on the SUPER website, thus strengthening prevention providers' ability to address SUDs and behavioral health-related challenges across diverse communities.

WHO: Non-profit youth-serving community-based and tribal organizations and counties directly implementing SUBG-funded prevention programs authorized to do business in California that provide SUD prevention services to adolescent, youth, and/or adult populations, including families. Priority will be given to organizations serving under-resourced or marginalized communities.

HOW: Up to eight (8) grantees will be selected to each receive funding up to \$102,500 per organization to be used to plan and implement individualized evaluation activities of the CSSA Cohort 2.0 across California.

All eligible non-profit youth-serving community-based and tribal organizations and counties directly implementing SUBG-funded prevention programs must submit their completed applications online via a Qualtrics form embedded on the [Substance Use Prevention Evidence-Based Resource](#) no later than **5:00 p.m. PDT on May 29, 2026**, at: <https://super.ucla.edu/apply>.

WHEN: Applications are due on **May 29, 2026, at 5:00 p.m. Pacific Daylight Time (PDT)**. The project period is December 1, 2026, through March 1, 2028 (15-months).

CSSA COHORT 2.0 FUNDING OPPORTUNITY

ELIGIBILITY CRITERIA

To be eligible, an applicant must meet all the criteria below:

- Non-profit youth-serving community-based, tribal organizations, and counties directly implementing SUBG-funded prevention programs, authorized to do business in California.
- Must have an established prevention intervention that has been implemented for a minimum of two years with identified community and/or under-resourced marginalized communities.
- Provides SUD prevention services to adolescent, youth, and/or adult populations, including families.
- Organization is physically located in and delivers SUD prevention services in California.
- Organization staff have demonstrated experience delivering the novel prevention intervention being evaluated.
- Organization has a willingness and ability to initiate evaluation project data collection and reporting activities over the course of the project.

- Organization has the technical capacity to participate in virtual Zoom trainings, Learning Collaboratives, monthly meetings, and ongoing coaching over the course of the project.
- Contractors are required to carry UC-compliant insurance (including general liability and any applicable coverage) and submit a Certificate of Insurance naming The Regents of the University of California as additional insured prior to contract execution.

If an applicant is currently receiving funds or has been funded by DHCS, UCLA-ISAP CSSA pilot or CSSA Cohort 1.5 and/or Sierra Health Foundation: Center for Health Program Management (The Center) through EYC grants, the organization must be in good standing with their funder (DHCS, UCLA-ISAP, or The Center) to be considered for an award.

DHCS holds the final decision-making authority in selecting funded projects.

DESCRIPTION OF SERVICES

Through this RFA, DHCS seeks to identify up to eight (8) grantees to participate in a 15-month evaluation project to support California organizations as they deliver locally developed and innovative prevention interventions. UCLA-ISAP will work with grantees to craft individualized, site-specific evaluation plans to help generate evidence of intervention impact. Awards will be given to organizations who meet eligibility requirements. DHCS will fund the applications based on merit and readiness as outlined in the RFA.

UCLA-ISAP staff will conduct optional pre-planning meetings with each grantee site to review general evaluation strategies and skills and develop plans for training and technical assistance through monthly individual and group sessions to support grantees with customized feedback for ongoing data collection and reporting (e.g., individual check-ins, Learning Collaboratives, etc.). Evaluation data strategies will include both qualitative and quantitative approaches, and may include informant interviews with staff, providers, community members, youth, and other key stakeholders, brief surveys, and tracking and monitoring of delivery interventions. Expected evaluation data collection will occur throughout the 15-month project period.

UCLA-ISAP staff will enhance provider capacity by conducting mandatory ongoing evaluation training and technical assistance through monthly Learning Collaboratives, group sessions, individual check-ins, and coaching calls.

Training and technical assistance will include:

- Attend an optional pre-planning meeting delivered by UCLA-ISAP staff on October 5, 2026, at 11 a.m. or October 6, 2026, at 3 p.m.
- Attend a one-hour Individual Planning Session to co-develop a site-specific evaluation plan (December 2026).

- Participate up to 12 monthly group Learning Collaboratives (January 2027-December 2027).
- Participate up to 12 monthly individual, site-specific evaluation support coaching calls with UCLA-ISAP staff (January 2027-December 2027).
- Attend a required one-hour post-project qualitative interview to review lessons learned and future directions for CSSA Cohort 2.0.

PROJECT FUNDING INFORMATION

USE OF FUNDS

Grants will be awarded in amounts up to \$102,500 per grantee over a 15-month period. Awarded funds will be used to support dedicated staff time for training and technical assistance, and evaluation and data collection activities. Funds will be used to support staff working directly on intervention evaluation activities and to pay for related business expenses, equipment, and other relevant materials.

This is a deliverable-based subcontract; recipients must demonstrate progress on agreed-upon data collection and reporting tasks in the Scope of Work. No itemized invoices are required for base funding payments. However, programs must maintain financial records demonstrating that grant funds were appropriately used **only** on CSSA-related Project work.

Funds may be used to support activities that include, but are not limited to, the following strategies:

- Place-based information dissemination campaigns
- Education (skill building)
- Community-based mobilization and coalition efforts
- Problem identification and referral (e.g., student assistance programs)
- Peer support and mentoring
- Youth-led civic engagement and leadership
- Policy, systems, and environmental change

FUNDING RESTRICTIONS

CSSA Cohort 2.0 project funds cannot be used for any of the following:

- Debt retirement
- Operational deficits
- Partisan activities
- Lobbying or lobbying activities

- Religious organizations for explicit religious activities
- Activities that exclusively benefit the members of sectarian or religious organizations
- Purchase or lease of vehicles
- Purchase or lease of properties
- Purchase, construction, or permanent improvement (other than minor remodeling) of any building or other facility, or purchase of major medical equipment
- Directly or indirectly, purchase, prescribe, or provide cannabis or treatment using cannabis
- Clinical services such as therapy and substance abuse treatment

FUNDING TIMELINE/SCHEDULE

Funds will be distributed to grantees in four (4) payments aligned with completion of:

1. Pre-Implementation Activities (\$50,000)
2. Implementation Activities (Two payments of \$20,000 each)
3. Post-Implementation Activities (\$12,500)

Grantees will submit invoices to UCLA-ISAP once the following deliverables have been completed. See the tables below for deliverables and payment schedule (*Agreements are subject to the approval of DHCS*).

Pre-Implementation (October 2026-December 2026)
Attend an optional Pre-Planning Meeting
Set up Service Contract with UCLA for payment
Attend Kick-off Learning Collaborative Session
Complete Individual Evaluation Planning Session with the UCLA-ISAP Team
Develop and Submit Initial Project Evaluation and Dissemination Plan to the UCLA-ISAP Team
Prepare and submit Invoice #1 (January 2027)

Implementation (January 2027–December 2027)
Attend monthly Individual training and technical assistance sessions with the UCLA-ISAP Team
Attend monthly Learning Collaborative Sessions with the UCLA-ISAP Team
Initiate and continue Project Evaluation activities, which may include: <ul style="list-style-type: none"> • Logic model development • Identify site project team • Select and develop quantitative and qualitative data collection measures • Align measures with Logic Model • Data collection activities • Data analysis activities • Plan for sustainability, dissemination, and quality improvement
Prepare and submit Invoice #2 (May 2027)
Prepare and submit Invoice #3 (October 2027)

Post-Implementation (January 2028–March 2028)
Attend individual wrap-up sessions with the UCLA-ISAP Team
Participate in Post-Project Qualitative Interview and/or Focus Group to discuss lessons learned and CSSA Cohort 2.0 project improvement
Finalize project close-out evaluation and dissemination activities, which may include: <ul style="list-style-type: none"> • Finalize data analysis • Develop and implement plans for sustainability, dissemination, quality improvement, and manuscript preparation
Prepare Final Report
Prepare and submit Invoice #4 (March 2028)

EXAMPLES OF PAST ACTIVITIES MEASURED AS PART OF THE CSSA PILOT

SUBG and EYC projects that participated in CSSA Cohort 1.0 and CSSA Cohort 1.5 performed evaluated work pertaining to:

- Culturally rooted, adaptation of an evidence-based intervention implemented using peer and young adult leaders to build youth prevention leadership and advocacy skills.
- Healing, advocacy, and leadership intervention supporting Hispanic/Latino, African American, Asian American, Native Hawaiian, Pacific Islander, and 2S/LGBTQIA+ youth in rural communities.
- Mindfulness-based substance use prevention education for system-impacted youth with goals of building decision-making skills, reducing stress and impulsivity, and enhancing emotional regulation and negative attitudes toward substance use.
- School-based, youth-led intervention promoting skill development, social action, community engagement, and healthy decision-making using a positive youth development framework.
- An Advocacy Academy with urban Native American and Hispanic/Latino youth, focused on public speaking skill development, advocacy, and substance use prevention strategies to shift risk perceptions.
- An environmental prevention initiative focused on addressing public cannabis smoking and promoting safety, social cohesion, and wellness in urban parks in high-need communities.
- Peer Mentoring intervention for transitional age youth 18-24, to empower and equip youth with social and emotional skills as prevention against substance use risk factors.
- An environmental and policy advocacy approach to mobilize community-based coalitions and engage youth as change agents to respond to Smoke Shop's proximity to school environments.

REQUIREMENTS AND PARTICIPATION

Grantees must participate in coaching and training opportunities that enhance the quality of the data collection, evaluation, and reporting activities and organizational capacity. These opportunities will be specified by UCLA-ISAP throughout the grant period with DHCS authorization. UCLA-ISAP reserves the right to withhold or delay payments if grantees fail to complete required activities and deliverables.

Required activities will include the following at a minimum:

Learning Collaborative and Coaching

Grantees will be required to participate monthly in Learning Collaboratives meetings convened by UCLA-ISAP to promote evaluation, data collection, and reporting skills development and program capacity building. The Learning Collaboratives will all be held online via Zoom, with an expected one-hour minimum per Learning Collaborative. At least one grantee staff member per site must attend each Learning Collaborative.

In addition to the Learning Collaborative meetings, grantees will participate in monthly individual coaching calls with the UCLA-ISAP team to support the successful rollout of Implementation Plans, ensure compliance with the Scope of Work, participation in trainings, and provision of necessary tailored training and technical assistance.

The Learning Collaborative and coaching call schedule will be disseminated at the optional pre-planning meetings in October 2026.

Data and Reporting Requirements

Grantees will be required to submit brief monthly progress reports responding to the Evaluation Plan activities identified in their initial work plan. A monthly report template will be provided to all grantees during the optional pre-planning meetings in October 2026 and will be due on the 4th Monday of each month throughout the grant period. This brief report will serve as a guide for monthly coaching meetings, which will take place on the 4th Thursday and Friday of each month (tentative coaching schedule below). Training and technical assistance will be available to selected organizations to support reporting requirements.

Reporting deliverables may be revised as needed to address current situations and high-priority challenges. The required deliverables will follow the timeline below, subject to change.

Report	Period	Due Date to UCLA
Monthly Progress Report 1	12/1/2026-12/31/2026	1/25/2027
Monthly Progress Report 2	1/1/2027-1/31/2027	2/22/2027
Monthly Progress Report 3	2/1/2027-2/28/2027	3/22/2027
Monthly Progress Report 4	3/1/2027-3/31/2027	4/26/2027
Monthly Progress Report 5	4/1/2027-4/30/2027	5/24/2027
Monthly Progress Report 6	5/1/2027-5/31/2027	6/28/2027
Monthly Progress Report 7	6/1/2027-6/30/2027	7/26/2027
Monthly Progress Report 8	7/1/2027-7/31/2027	8/23/2027
Monthly Progress Report 9	8/1/2027-8/31/2027	9/27/2027
Monthly Progress Report 10	9/1/2027-9/30/2027	10/25/2027
Monthly Progress Report 11	10/1/2027–10/31/2027	11/25/2027
Monthly Progress Report 12	11/1/2027–11/30/2027	12/23/2027
Monthly Progress Report 13	12/1/2027-12/31/2027	1/27/2028
Monthly Progress Report 14	1/1/2028–1/31/2028	2/24/2028
FINAL PROJECT REPORT	Cumulative Project Dates	3/1/2028

Post-Project Interviews

Grantees will be required to complete a 60-minute post-project interview with the UCLA-ISAP team sometime between January 2028-March 2028. Interviews will be conducted via Zoom and will be designed to provide UCLA-ISAP and DHCS with feedback on grantees’ experience participating in the CSSA Cohort 2.0 in order to improve future CSSA cohorts.

42 CFR Part 2

Grantees shall comply with the regulations outlined in [42 CFR Part 2](#) including the responsibility for assuring the security and confidentiality of all electronically transmitted patient material, including the Health Insurance Portability and Accountability Act (HIPAA) privacy and SAMHSA confidentiality rules, and a commitment to operating in compliance with the regulations. Grantees shall comply with any federal or state data reporting requirements.

Insurance Requirements

All awarded grantees must comply with the University of California, Los Angeles (UCLA) insurance requirements for vendors and service providers. The full requirements can be reviewed here: <https://irm.ucla.edu/general-liability/university-of-california-vendor-and-service-provider-requirements>. Organizations that already maintain insurance policies that meet these requirements are required to request that their insurance provider issue an updated Certificate of Insurance listing The Regents of the University of California, UCLA as additionally insured on the certificate. A valid Certificate of Insurance that meets UCLA requirements must be submitted and approved prior to execution of the contract.

APPLICATION GUIDELINES

ONLINE APPLICATION

The CSSA Cohort 2.0 RFA process is contained in an online fillable form that applicants are encouraged to review and print before beginning. Online applications must be fully completed and submitted by **5:00 p.m. (PDT) on May 29, 2026**, at: <https://super.ucla.edu/apply>.

Important reminders for completing application:

- Instructions to complete the fillable application are included in the online form.
- **NO ATTACHMENTS ARE PERMITTED AS PART OF THIS APPLICATION EXCEPT FOR BUDGET DOCUMENTS AND LOGIC MODEL DIAGRAMS.**
 - A logic model is an **OPTIONAL** part of the application. Applicants **will not be disqualified or penalized** for not including a logic model as part of their application submission.
- Applicants are encouraged to submit an application before the deadline date in case help is needed with any of the RFA components.
- When working in the Qualtrics application portal, use Apple Safari, Google Chrome, Microsoft Edge, or Mozilla Firefox. **Do not use Internet Explorer, since Qualtrics does not support the use of this browser.**
- Applicants will be able to work on the online form, save work, and return to it. However, once submitted, no further changes can be made to the application. Be sure your application is complete and accurate before submitting it.
- Upon submission, applicants will receive an email confirming receipt of the application. It is the applicant's sole responsibility to ensure that the application has been successfully submitted and received.
- If you are unable to submit your application online or need help, please contact Carissa Loya (cssa@mednet.ucla.edu) with the subject line: **CSSA Cohort 2.0 Application Online**

Help.

SELECTION AND EVALUATION CRITERIA

DHCS will award up to \$102,500 to eight (8) organizations in California. DHCS plans to fund four (4) applicants who are recipients of SUBG funding, and four (4) EYC applicants who are recipients of YEPEITA funding. UCLA-ISAP staff will review and identify the most complete and responsive applications demonstrating the most favorable mix of staffing, capacity, and potential. UCLA-ISAP will conduct a technical review and score each application.

To ensure a balanced portfolio across organizational types, geographies, and priority populations, DHCS may also consider additional factors beyond application score and funding history. Funding awards are based on merit and readiness to perform the duties outlined in this RFA, with no guarantee that applicants will receive the full requested amount.

Applicants who meet the criteria will be considered for funding. DHCS holds the final decision-making authority in selecting applicants for funding.

The following criteria will be used in the application review:

Applications should demonstrate the ability to deliver and evaluate a novel prevention approach that is culturally responsive, linguistically appropriate, and reflective of the community served through staffing, intervention strategies, and approaches. Applications will be scored based on responses to the narrative questions listed at the end of this RFA. Responses to narrative questions should be as descriptive as possible.

For example, when listing staff, successful applicants will list staff qualifications and reasons they are qualified for the proposed activities, not simply listing their names. Scores will be assigned as described below.

Terminology note (for clarity): In this RFA, *intervention* refers to the prevention activity/program your organization delivers or adapts (e.g., EBP, CDEP, or locally developed program). *Practice* is used only when referring to EBPs/CDEPs or to interventions that may ultimately be listed as **practices** on the SUPER website. *Practice components* are the specific skills/strategies described in **Appendix B**. *Project* refers to your **CSSA Cohort 2.0 evaluation project** (i.e., the evaluation work you will conduct with UCLA-ISAP).

Section 1: Organizational and Project Description (25 points)

Organizational Description (10 points):

- The applicant clearly describes the organization's vision/mission, goals, primary services or programs, population(s) served, and geographic area, including how the proposed project complements other services being delivered to the youth and the community served by the organization.
- The applicant provides a clear definition of the substance use prevention problem they propose and how the proposed youth substance use prevention practice fits within the broader efforts to address SUD related behaviors and associated risks.

Project Description (10 points):

- The applicant describes the specific priority population, specific barriers they face related to substance use prevention, and the substance use risk and protective factors that are most salient for the community they serve. For definitions of substance use risk and protective factors, see Appendix A.

Practice Clarity (5 points):

- The applicant provides a clear description of the practice (intervention) they propose to make the focus of CSSA Cohort 2.0 activities and what it entails.
- The applicant includes a description of practice components, as listed in Appendix B, as well as other features of the practice that will be the focus of their CSSA Cohort 2.0 activities.

Section 2: Implementation Experience, Priority Populations, Goals, and Evaluation Capacity (40 points)

Practice Implementation Experience (10 points):

- The applicant describes their experience implementing the practice (intervention), how it was developed, and how long they have been providing services using the practice.

Practice Goals (10 points):

- The applicant clearly defines short-term (1-2 years), medium-term (2-5 years), and long-term (5+ years) goals that will be achieved if the practice is successful.

Risk and Protective Factors/Priority Population (10 points):

- The applicant clearly describes specific risk and protective factors (as defined in Appendix A) that are most salient for the priority youth population(s) served by the organization, and explains how the proposed project will mitigate substance use risk factors and enhance protective factors (as defined in Appendix A) for program participants.
- The applicant explains how specific practice components (as defined in Appendix B) will influence specific risk and protective factors.

Data Collection and Evaluation Capacity (10 points):

- The applicant describes the organization's capacity to collect and manage data, including the tools or methods they use (e.g., pre/post-tests, attendance logs, qualitative interviews).
- The applicant describes how they use this information to improve their program.
- The applicant provides a detailed explanation of how recent data (e.g., survey results, focus group findings, local health statistics, experience serving the community) demonstrates why existing practices and programs are insufficient, particularly regarding the priority population(s) served by the organization and how they use data to improve practice/program implementation.

Section 3: Organizational Readiness, Staffing, Feasibility and Sustainability (25 points)

The staffing and organization section will be evaluated using the following criteria:

Organizational Readiness (15 points):

- The applicant clearly states the organization's readiness to commit staff time, including a project lead, and resources to complete the required project activities and deliverables outlined in the RFA (e.g., data collection, training and technical assistance, etc.).
- The applicant clearly states that at least 0.3 FTE will be dedicated to the project, and that the individual in this position will have adequate experience and qualifications to serve as the site-level lead for the project.
- The applicant lists all staff members who will be working on the proposed project and clearly describes how their professional backgrounds and experiences have prepared them to succeed in proposed project roles.

Organizational Feasibility and Sustainability (10 points):

- The applicant clearly describes how the proposed project activities align with the proposed project's timeline, staffing budget, and budget narrative.

- The applicant describes specific plans to complete CSSA Cohort 2.0 tasks, identifies potential barriers, and outlines steps to address them.
- The applicant clearly describes plans for sustainability of the proposed project and capacities developed during CSSA Cohort 2.0 participation.
- The applicant describes a plan to support the sustainability of the practice that is the focus of CSSA Cohort 2.0 activities, and the sustainability of evaluation and quality improvement capacities developed through participation in CSSA Cohort 2.0.

Section 4: Budget Narrative (10 points)

Alignment with Practice:

- The budget is appropriate to support the delivery of the practice and practice components described in Section 2.

Personnel Allocation:

- The budget accounts for staff time required for data collection and participation in required CSSA Cohort 2.0 evaluation activities.
- The budget accounts for adequate staff time dedicated to participation in the CSSA.

Data Collection Resources:

- The budget includes information on purchase of materials that will support data collection and analysis.
- The budget includes information on resources in the form of incentives for participants who complete surveys, focus groups, and interviews to support data collection and analysis.

Non-Supplantation:

- The applicant clearly states how requested funds will be used to supplement existing budgets to support project activities, and not to supplant existing funding.

Indirect Costs:

- The applicant is not requesting indirect costs that are more than 15 percent of direct project costs.

POST-AWARD GRANT MANAGEMENT

All applicants will be notified of the outcome of their application by email. Awarded organizations may be requested to adjust submitted budgets. DHCS reserves the right to make final determinations about award amounts, including whether to award full or partial coverage

of the applicant's proposed expenses. UCLA-ISAP may require an awarded partner to submit revisions to the budget. The contents of the awarded partner's application will become contractual obligations, subject to negotiation.

Upon approval of a budget that aligns with the awarded amount, a subcontract agreement will be provided. UCLA-ISAP will provide a list of combined insurance requirements from DHCS and UCLA-ISAP. The first payment under this agreement is contingent on the execution of the subcontract agreement and receipt of all insurance compliance documents. Selected applicants are expected to comply with all grant requirements. These include, but are not limited to, provisions regarding insurance and indemnification, HIPAA mandates, and fiscal requirements.

Nothing in this RFA and its associated documents shall be construed as committing DHCS or UCLA-ISAP to issue an award. Any funds allocated after the RFA are subject to funding received from DHCS. UCLA-ISAP and DHCS may seek clarifications or recommend adjustments to applications or budgets as a condition of the award. There is no appeal process. Modification of grant terms and conditions will be considered only under exceptional circumstances.

PROPOSERS' WEBINARS AND OFFICE HOURS

UCLA-ISAP staff have scheduled two proposers' webinars to review the CSSA Cohort 2.0 funding opportunity and the application process and to answer questions. Participation in one of the webinars is strongly recommended.

Please review the application materials prior to registering for a webinar. Additionally, there will be office hours to provide additional support on the application process.

RFA Review Webinars

Monday, April 27, 2026 at 11 a.m. - 12 p.m.

<https://uclahs.zoom.us/meeting/register/mpr-W9kyTx-TIPMMh2qsgQ>

Monday, May 4, 2026 at 11 a.m. - 12 p.m.

<https://uclahs.zoom.us/meeting/register/ciRW2cHuQmKoKHgHskpakw>

Office Hours

Thursday, April 30, 2026 at 3 p.m. - 4 p.m.

https://uclahs.zoom.us/meeting/register/_u57wr-QTV6ud3xjtPYfTA

Wednesday May 6, 2026 at 10 a.m. - 11 a.m.

<https://uclahs.zoom.us/meeting/register/l37nh5MIQqaHvt1eIL3SKw>

APPLICATION TIMELINE

The timeline below is subject to change to best meet programmatic needs and funder requirements.

Application Deadline

Applications are due on May 29, 2026, at 5:00 p.m. PDT.

Review of Applications

June 2026-July 2026

Approximate Award Announcement

September 2026

Approximate Date Grants Issued

December 1, 2026

To be considered for funding, organizations must submit applications online by **5:00 p.m. PDT** on the deadline date of **Friday, May 29, 2026**.

Proposals received after the due date and time will not be reviewed. Submission before the deadline date is highly advised in case you experience technical difficulties with submitting your application through the portal. UCLA-ISAP may not be able to respond to your requests for help on the deadline date.

APPLICATION DETAILS

Initiate the funding application online at <https://super.ucla.edu/apply>.

Details on required application information are listed below. All information must be submitted as text in the online application portal except for Logic Model Diagrams (optional) and Budget Documents.

In the application portal, applicants will be required to enter the following information:

ORGANIZATION AND CONTACT INFORMATION

This section is to be completed by the qualifying organization; please use the legal name as registered with the IRS.

Qualifying organizations are defined as organizations that have their non-profit tax-exempt status, are a tribal organization, or be a county behavioral health organization directly implementing SUBG-funded prevention programs and services in their respective county.

- Organization name:
- Street Address:
- City:
- State:
- Zip Code:
- County:
- Phone:
- Website/URL (optional):
- Applicant Organization Tax ID #:
- Does the organization have non-profit status with the IRS? (Yes/No/Unsure)
- Does the applicant organization have an annual financial audit? (Yes/No)

DIRECTOR/CEO CONTACT INFORMATION

The Director/Chief Executive Officer (CEO) should be associated with the qualifying organization from the section directly above.

- Director/CEO Contact First Name:
- Director/CEO Contact Last Name:
- Director/CEO Contact Title:
- Director E-mail Address:
- Director Office phone:
- Director/CEO Contact Office Phone Extension:
- Application Contact:
- Application Contact E-mail Address:
- Application Contact Phone:

PROJECT INFORMATION

- Project Name (20 words maximum):
- Brief Purpose of Project: Briefly describe the proposed project and who will be served. The description must start with "To." (100 words maximum)
- Amount Requested: \$_____

PROJECT GEOGRAPHY

For the county or counties that the proposed project will serve, indicate your best estimate of the percentage of project work that would take place in each county (total must add up to 100).

Indicate whether the proposed project will benefit people living in an urban area, a rural area, or both.

Alameda	Kings	Placer	Sierra
Alpine	Lake	Plumas	Siskiyou
Amador	Lassen	Riverside	Solano
Butte	Los Angeles	Sacramento	Sonoma
Calaveras	Madera	San Benito	Stanislaus
Colusa	Marin	San Bernardino	Sutter
Contra Costa	Mariposa	San Diego	Tehama
Del Norte	Mendocino	San Francisco	Tuolumne
El Dorado	Merced	San Joaquin	Trinity
Fresno	Modoc	San Luis Obispo	Tulare
Glenn	Mono	San Mateo	Ventura
Humboldt	Monterey	Santa Barbara	Yolo
Imperial	Napa	Santa Clara	Yuba
Inyo	Nevada	Santa Cruz	
Kern	Orange	Shasta	

POPULATIONS SERVED

For the racial and ethnic populations that will be served, provide your best estimate of the percentage of the total people of each population (choose all that apply; total percentages must add up to 100).

- American Indian and Alaska Native:
- Asian American:
- Black or African American:
- Hispanic or Latino:
- Middle Eastern or North African:
- Pacific Islander:
- White:
- Multi-Racial/Multi-Ethnic:
- Other Race/Ethnicity Not Listed (please specify):

Does your organization currently receive SUBG funding for any programs or services it provides to the public? (non-scored question/checkbox).

- Yes (please specify):
- No

Are you currently or have you received YEPEITA funding in the past through an EYC grant? (non-scored question/checkbox).

- Yes (please specify):
- No

Indicate whether the proposed project is a SUBG or EYC funded project (non-scored question/checkbox).

- SUBG
- EYC
- Not applicable

Please indicate if your proposed project will focus on serving any of the following populations:

- Foster Youth
- 2S/LGBTQIA+ Youth
- Youth with disabilities
- Youth experiencing homelessness or housing insecurity
- Immigrant youth and youth from mixed immigration status families
- Youth/Young Adults who are incarcerated in jail/prison/juvenile detention, on parole or probation, or under post-release community supervision
- Youth with mental health disorders
- Youth with limited English proficiency
- Youth from low-wage families
- Uninsured and youth formerly enrolled in Medi-Cal
- Youth from Military Families
- Rural Youth
- Students in College
- Children Under Age 12
- Youth Ages 12-17
- Transitional Age Youth (18-26)
- Other

NARRATIVE QUESTIONS

- 1. Organizational Description.** Briefly provide an overview of your organization (the entity that is carrying out the project) including: a) when the organization was established, b) organization mission, c) the specific communities and populations you serve, d) the types of prevention programs you currently implement, and e) the geographic area where you provide services. (250 words maximum)
- 2. Project Description.** Briefly describe your proposed project—that is, the intervention you deliver/adapt and the evaluation activities you propose—its purpose, and the specific substance use prevention need that it addresses for youth in your community. Explain your main goals, identify your priority population and the barriers they face, and discuss key risk and protective factors (see Appendix A). Summarize how your project supports broader community efforts to promote youth health and wellness. (250 words maximum)
- 3. Practice Clarity.** Briefly describe the proposed practice (intervention), outlining any practice components (as defined in Appendix B) that are part of it. What specific features of the practice will be the focus throughout the CSSA Cohort 2.0 project? Please detail your prevention practice, emphasizing what makes it unique in both design and delivery. (250 words maximum)
- 4. Practice Design and Implementation.** Describe your experience implementing the proposed project to evaluate. How did you get the idea for the practice (intervention) you propose to evaluate? How did it evolve? How long have you been implementing it? Based on your experience so far, what are the strengths of this practice? What are areas where you would like to see it improve? (250 words maximum)
- 5. Project Goals.** Describe the proposed project goals over time—i.e., the intervention’s expected outcomes in the short-, medium-, and long-term that will be achieved if the project is successful? For this section, you may submit a Logic Model diagram as an attachment. (250 words maximum)
- 6. Risk and Protective Factors/Priority Population.** Describe the intended goals of the proposed practice (intervention) regarding the priority population. How will the proposed project mitigate substance use risk factors and enhance protective factors (as defined in Appendix A) for program participants, particularly the priority youth population(s) served by the organization? (250 words maximum)
- 7. Data Collection and Evaluation Capacity.** Describe your organization’s current evaluation capacity to collect and manage data, including a description of the tools or methods you use (e.g., pre/post-tests, attendance logs, qualitative interviews), and how you currently use this information to improve practice/program implementation. Which of these methods do you

hope to use in CSSA Cohort 2.0? What capacities related to data collection and analysis do you hope to develop through participation in CSSA Cohort 2.0? (250 words maximum)

- 8. Organizational Readiness.** Describe your organization's readiness to implement the proposed project, including details on which staff members will lead project implementation, the qualifications and experience they have that make them appropriate for their role on the project (e.g., service delivery, data collection, data analysis, performance monitoring/quality improvement). Additionally, provide a clear and explicit statement of your organization's leadership support for staff participation, and how leadership will ensure staff have the time and resources needed to complete required project-related activities. (250 words maximum)
- 9. Organizational Feasibility and Sustainability.** Describe how the proposed project activities are feasible given the project's timeline and resources available to support implementation, potential barriers to project completion, and steps that you may take to overcome these barriers. Additionally, describe your plans to sustain the practice being implemented after your participation in CSSA Cohort 2.0 ends. How feasible is the proposed project with the resources and time available? How sustainable will it be after the CSSA Cohort 2.0 ends? (250 words maximum)
- 10. Budget Narrative.** Upload a detailed budget (in Microsoft Excel, Microsoft Word, or as PDF) and write a justification explaining the proposed budget. The budget narrative should include information on how the awarded project funds will be used to support staff time, data collection resources, incentives and/or stipends to promote youth engagement and data collection activities, any planned subcontracts, and details on indirect costs, which are not to exceed 15% of the total budget. Additionally, provide the percentage time each staff member will devote to the proposed project. It should also clearly state that requested funds will be used to supplement existing budgets and not supplant existing funding. (250 words maximum)

APPENDIX A: ADOLESCENT SUBSTANCE USE RISK AND PROTECTIVE FACTORS

Adolescent Substance Use Risk and Protective Factors ¹⁰		
Domain	Risk Factors	Protective Factors
Individual	<ul style="list-style-type: none"> • Conduct Disorder • Early and persistent antisocial behavior • Early initiation of substance use • Favorable attitudes towards substance use • Internalizing behaviors (e.g. anxiety, depression, social withdrawal) • Negative emotional state • Poor coping skills and behaviors • Rebelliousness 	<ul style="list-style-type: none"> • Ability to adapt to change and belief in one’s ability to control what happens • Emotional self-regulation • High self-esteem • Personal engagement in two or more of the following: school, peers, athletics, employment, religion/spirituality, culture • Positive social orientation (e.g. engaging in health activities, accepting of rules and community values, positive social engagement) • Positive temperament • Strong coping skills (e.g. problem-solving skills, ability to stand up for beliefs and values)
Family and Relationships	<ul style="list-style-type: none"> • Family conflict • Family experiences of poverty • Family management problems • History of family misuse • Lack of adult supervision • Poor attachment with caregivers • Substance use among caregivers 	<ul style="list-style-type: none"> • Attachment between caregivers and youth, including unity, warmth, and attachment • Communication and contact between caregivers and youth • Clear expectations for behaviors and values • Family environment with structure, rules, predictability, and parental supervision • Supportive relationships with family
School, Peer, and Community	<ul style="list-style-type: none"> • Accessibility or availability of substances • Academic failure 	<ul style="list-style-type: none"> • Community norms, beliefs, and standards against substance use

¹⁰ Advance Behavioral Health Prevention California (2024). *Understanding Risk and Protection: Contributing Factors for Adolescent Substance Use Disorders and Mental Health*. Retrieved from <https://abhpc.org/wp-content/uploads/2024/02/Understanding-Risk-and-Protection.pdf>

Adolescent Substance Use Risk and Protective Factors¹⁰

	<ul style="list-style-type: none">• Lack of plans or ambitions for the future• Low commitment to school• Norms favorable towards substance use• Peer aggression or violence• Substance use among peers	<ul style="list-style-type: none">• Opportunities for prosocial engagement in the school and community• Opportunities for the development of skills and interests• Physical and psychological safety• Presence of mentors and healthy adults for positive emotional support• Positive social norms• Schools and student bodies with strong academic commitment
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APPENDIX B: ADOLESCENT SUBSTANCE USE PREVENTION PRACTICE COMPONENTS

Individual Level	
Alcohol/Drug Education	Specific knowledge and/or education about the use or effects of alcohol/drugs on development and lifestyle, and beliefs/perceptions about alcohol/drugs ¹¹
Anger Management	Exercises or techniques designed to promote youth's ability to regulate or prevent anger or aggressive expression and seek productive resolutions to problems ¹²
Assertiveness Training	Exercises designed to promote youth's ability to assert needs appropriately with others ¹³
Behavioral Modification	Interventions that utilize principles of rewards, punishment, and/or reinforcement to facilitate behavior change ¹⁴
Civic Responsibility	Teaching youth civic engagement, respect for people and property, advocacy and volunteerism ¹⁵
Cognitive Behavioral Strategies	Techniques designed to alter interpretation of events through examination of youth's reported thoughts ¹⁶
Communication Skills	Training for youth in how to communicate more effectively with others ¹⁷
Cultural/Religious Focus	Interventions that utilize or leverage culture and/or religion in prevention programming ¹⁸
Goal Setting	Explicit selection of a life goal for youth to work towards ¹⁹
Insight Building	Activities specifically designed to help a youth achieve greater self-understanding ²⁰

¹¹ Skeen, S., Laurenzi, C. A., Gordon, S. L., Du Toit, S., Tomlinson, M., Dua, T., ... & Melendez-Torres, G. J. (2019). Adolescent mental health program components and behavior risk reduction: a meta-analysis. *Pediatrics*, *144*(2), e20183488. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/31262779/>

¹² Boustani, et al. (2015). Common elements of adolescent prevention programs

¹³ Boustani, et al. (2015). Common elements of adolescent prevention programs

¹⁴ Tanner-Smith, E. E., Wilson, S. J., & Lipsey, M. W. (2013). The comparative effectiveness of outpatient treatment for adolescent substance abuse: A meta-analysis. *Journal of Substance Abuse Treatment*, *44*(2), 145-158. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/22763198/>

¹⁵ Boustani, et al. (2015). Common elements of adolescent prevention programs

¹⁶ Boustani, et al. (2015). Common elements of adolescent prevention programs

¹⁷ Boustani, et al. (2015). Common elements of adolescent prevention programs

¹⁸ Substance Abuse and Mental Health Services Administration (2020). *Focus on Prevention: Strategies and Programs to Prevent Substance Use*. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration. Retrieved from <https://library.samhsa.gov/sites/default/files/focus-on-prevention-sma10-4120.pdf>

¹⁹ Boustani, et al. (2015). Common elements of adolescent prevention programs

²⁰ Boustani, et al. (2015). Common elements of adolescent prevention programs

Individual Level	
Motivational Enhancement	Discussions that utilize reflective listening, open-ended strategies, and comparisons of behavior or feelings to normative standards ²¹
Problem Solving	Training in the use of techniques, discussions, or activities designed to bring about solutions to targeted problems ²²
Psychoeducation	Promoting behavior change by providing education and information intended to promote healthy behavior decision-making ²³
Relaxation	Techniques or exercises designed to induce psychological calming ²⁴
Self-Efficacy/Self-Esteem Enhancement	Techniques to enhance self-confidence and improve self-efficacy ²⁵
Self-Monitoring	Observation and regulation of mood and behavior ²⁶
Skills Training	An interactive approach that helps youth develop social, emotional, and behavioral competencies that enable them to navigate high-risk situations effectively ²⁷
Relationship Level	
Parenting Education/Skills	Services that enhance parent supportiveness, communication, involvement in youths' lives, monitoring, and supervision ²⁸
Peer Norm Development	Establishment of peer norms that oppose the use of alcohol and drugs and promote of positive behaviors and attitudes ²⁹
Peer-Led Approaches	Have youth design and lead substance use prevention activities ³⁰

²¹ Boustani, et al. (2015). Common elements of adolescent prevention programs

²² Boustani, et al. (2015). Common elements of adolescent prevention programs

²³ Tanner-Smith EE & Grant SP. (2019) Brief Interventions as Evidence-Based Prevention Strategies. In Z. Sloboda, H. Petras, E. Robertson, & R. Hingson (Eds). *Prevention of Substance Use*. Springer: Switzerland. Retrieved from <https://link.springer.com/book/10.1007/978-3-030-00627-3>

²⁴ Boustani, et al. (2015). Common elements of adolescent prevention programs

²⁵ Boustani, et al. (2015). Common elements of adolescent prevention programs

²⁶ Skeen, et al. (2019). Adolescent mental health program components and behavior risk reduction: a meta-analysis.

²⁷ Skeen, et al. (2019). Adolescent mental health program components and behavior risk reduction: a meta-analysis; Tanner-Smith, et al. (2013). The comparative effectiveness of outpatient treatment for adolescent substance abuse: A meta-analysis.

²⁸ Coatsworth JD & George MW. (2019). Family Processes and Evidence-Based Prevention. In Z. Sloboda, H. Petras, E. Robertson, & R. Hingson (Eds). *Prevention of Substance Use*. Springer: Switzerland. Retrieved from <https://link.springer.com/book/10.1007/978-3-030-00627-3>.

²⁹ Birckmayer, J. D., Holder, H. D., Yacoubian Jr, G. S., & Friend, K. B. (2004). A general causal model to guide alcohol, tobacco, and illicit drug prevention: assessing the research evidence. *Journal of Drug Education*, 34(2), 121-153. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/15638215/>.

³⁰ MacArthur, G. J., Harrison, S., Caldwell, D. M., Hickman, M., & Campbell, R. (2016). Peer-led interventions to prevent tobacco, alcohol and/or drug use among young people aged 11–21 years: a

Individual Level	
Pro-Social Connections and Activities	Engagement in fun and positive activities without using substances to foster pro-social relationships ³¹
Support Networking	Identification of a group of people who can provide emotional and practical help to manage difficult situations ³²
Community Level	
Community-Based Processes	Coalition-building, collaborative problem solving, and community development to facilitate substance use prevention promotion for youth ⁸
Economic Availability Reduction	Increase prices for alcohol, tobacco, and other substances ³³
Enforce Existing Regulations	Initiatives that focus on enforcing existing laws, policies, and regulations that are designed to prevent youth substance use ³⁴
Media Campaigns	General media and public awareness activities to inform the general population about the health risks associated with substance use ³⁵
Promotion/Media Restrictions	Limiting, mitigating, or counteracting advertisements, discounts and/or sponsorships that promote alcohol, tobacco, and other substance use ³⁶
Retail Availability Reduction	Reduce youth access to alcohol, tobacco, and other substances in locations such as stores, restaurants/bars, and online marketplaces ³⁷
Shifting Community Norms	Make changes to general attitudes concerning the acceptability of substance use and behaviors ³⁸

systematic review and meta-analysis. *Addiction*, 111(3), 391-407. Retrieved from <https://onlinelibrary.wiley.com/doi/full/10.1111/add.13224>.

³¹ Substance Abuse and Mental Health Services Administration (2020). *Focus on Prevention: Strategies and Programs to Prevent Substance Use*.

³² Skeen, et al. (2019). Adolescent mental health program components and behavior risk reduction: a meta-analysis.

³³ Birckmayer, et al. (2004). A general causal model to guide alcohol, tobacco, and illicit drug prevention: assessing the research evidence.

³⁴ Birckmayer, et al. (2004). A general causal model to guide alcohol, tobacco, and illicit drug prevention: assessing the research evidence.

³⁵ Birckmayer, et al. (2004). A general causal model to guide alcohol, tobacco, and illicit drug prevention: assessing the research evidence.

³⁶ Birckmayer, et al. (2004). A general causal model to guide alcohol, tobacco, and illicit drug prevention: assessing the research evidence.

³⁷ Birckmayer, et al. (2004). A general causal model to guide alcohol, tobacco, and illicit drug prevention: assessing the research evidence

³⁸ Birckmayer, et al. (2004). A general causal model to guide alcohol, tobacco, and illicit drug prevention: assessing the research evidence

Individual Level	
Social Availability Reduction	Strategies to prevent youth from procuring alcohol, tobacco, and other substances through sources outside of retail markets, such as family, friends, and other acquaintances ³⁹

³⁹ Birckmayer, et al. (2004). A general causal model to guide alcohol, tobacco, and illicit drug prevention: assessing the research evidence