

**Oregon Alcohol and Drug Prevention Education Program (ADPEP)**  
**2019-2021 Funding and Program Guidance**

**Contract Period:** July 1, 2019-June 30, 2021

**Issuing Office:** Oregon Health Authority  
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## TIMELINE

ADPEP Guidance released	May 10, 2019
Questions on ADPEP Guidance submitted to Liaisons	May 17; ongoing
Questions and answers posted to website	May 23 <sup>rd</sup> , 2019
Call or Webinar: Plan Development Technical Assistance	TBD; as requested
ADPEP program plans and budgets submitted	5:00 p.m., June 7, 2019
Start of new 2019-2021 biennium	July 1, 2019
Start/end date for Grant Period	July 1, 2019 – June 30, 2021

## INTRODUCTION

The Oregon Health Authority (OHA) Public Health Division (PHD) Health Promotion and Chronic Disease Prevention (HPCDP) section provides oversight for the Substance Abuse Prevention and Treatment (SAPT) Block Grant prevention funding. This funding is directed to the Alcohol and Drug Prevention and Education Program (ADPEP).

The Alcohol and Drug Prevention Education Program (ADPEP) guidance includes primary prevention program frameworks and components, performance requirements, biennial plan goals, budget information, as well as a coordinated approach to chronic disease prevention risk factors with regard to alcohol and tobacco.

OHA PHD will fund local communities and tribes to implement Tribal Best Practices and evidence-based alcohol, tobacco and other drug prevention strategies in communities through one of three following funding mechanisms:

1. Grant agreements for the 2019-2021 biennium
2. Local Public Health Program Element for the 2019-2021 biennium
3. Tribal Program Element for the 2019-2021 biennium

## HPCDP Background

Comprehensive public health approaches can strengthen the collaborative work in community prevention programs statewide. HPCDP provides leadership for prevention and health promotion initiatives for tobacco, alcohol and other drugs including cannabis, asthma, nutrition, diabetes, arthritis, heart disease, physical activity, stroke and cancer.

HPCDP takes an integrated approach to reducing premature death and chronic diseases by focusing on the common risk factors of tobacco use, excessive drinking, physical inactivity and poor nutrition across all Oregon communities. With support from health partners and advocates, Oregon created the first integrated chronic disease plan. This approach focuses on risk factors that affect multiple diseases and disorders.

The result is a plan for collaboration among state and community partners to:

- Reduce health disparities among Oregon populations and communities;
- Engage organizations and communities in prevention;
- Develop partnerships that improve the health of all Oregonians;
- Address the leading causes of death and disability;
- Address the risk factors which lead to chronic disease and substance use disorder or dependence;

- Use data for decision making, setting priorities and defining and tracking health outcomes; and,
- Plan and implement evidence-based interventions.

## Strategic Prevention Framework

Prevention strategies focus on reducing the use and associated effects of alcohol, tobacco and other drugs. ADPEP plans base efforts on the Strategic Prevention Framework (SPF), a comprehensive prevention planning process built upon state and local data assessment, capacity building, development of a comprehensive strategic plan, implementation of evidence-based strategies, and evaluation. Plans focus on change for entire populations, or collections of individuals with common characteristics. See <https://www.samhsa.gov/capt/applying-strategic-prevention-framework> for more information.

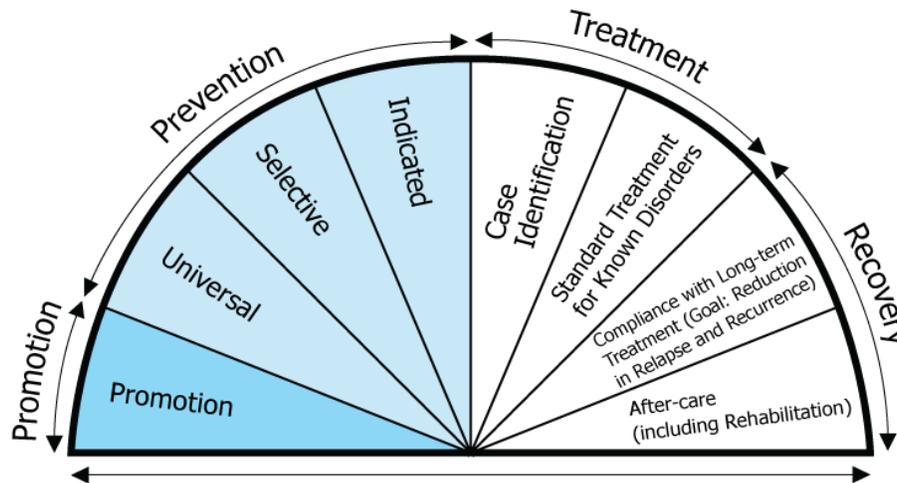
- a) The major focus of the ADPEP plan should be on change for entire populations, or collections of individuals who have one or more personal or environmental characteristics in common.
- b) The ADPEP plan can incorporate components of the SPF, which describes comprehensive prevention process and a common set of goals to be adopted and coordinated at all levels.
- c) The ADPEP plan should reference data used for decisions made. Deliberate processes to collect, analyze, interpret and apply lessons from data will help drive prevention efforts.

## National Academies of Medicine Continuum of Care

The National Academies of Medicine (formerly Institute of Medicine) Continuum of Care classifies prevention strategies by targeted populations: promotion, universal direct, universal indirect, selective, and indicated prevention. The ADPEP plan must incorporate universal population categories.

- **Promotion and universal prevention** address the general public or the entire population with messages, programs and policies aimed at preventing or delaying the use of alcohol, tobacco and other drugs.

- **Selective prevention** targets a subset of the total population that are deemed to be at a higher risk for developing a substance use disorder by virtue of membership in a particular population segment.
- **Indicated prevention** is designed to prevent the onset of substance use disorder in individuals who do not meet diagnostic criteria for disorder but who are in high risk-environments.



## Center for Substance Abuse Prevention's (CSAP) six strategies

The ADPEP Plan is implemented through one or more of the Center for Substance Abuse Prevention's (CSAP) six strategies. These include: Prevention Education, Information Dissemination, Community Based Processes, Problem Identification and Referral, Alternative Activities and Environmental Strategies. Strategies must include focus on the overall goal of reducing the use of alcohol, tobacco and other drugs at a community level.

For more information go to:

<https://www.samhsa.gov/grants/block-grants/sabg>

Examples of efforts in each strategy include:

- a) Information Dissemination – local implementation of media campaigns, one-way information sharing;
- b) Prevention Education – assuring school policy supports evidence-based school curricula and parenting education and skill building;

- c) Alcohol, Tobacco & Other Drug (ATOD) Free Alternatives - youth leadership and community service projects that support policy strategies and goals;
- d) Community Based Processes – community or coalition engagement and mobilization;
- e) Environmental/Policy - school policies and community or organizational rules and laws regulating alcohol, tobacco and other drugs;
- f) Problem Identification and Referral – sustainable referral systems to evidence-based health care systems, services and providers.

## Tobacco Prevention Education Program (TPEP) Coordination

Tobacco and alcohol use remain leading causes of preventable death in Oregon. Coordinating prevention activities for these risk factors is integral to achieving comprehensive prevention goals. Most recently, the intersection of cannabis use and tobacco control has further demonstrated the need for coordination of prevention efforts.

HPCDP continues to promote greater alignment, coordination and integration between Tobacco Prevention Education Program (TPEP) and ADPEP grantees through a focus on fostering local conversation and coordination. Building shared ownership for TPEP and ADPEP strategies among diverse stakeholders in local communities offers the benefit of coordinated mobilization and leveraged resources to achieve measurable improvement in health status and quality of life.

Grantees may determine how best to coordinate and collaborate work between TPEP and ADPEP, leading to opportunities for local policy development and decision making, and better leveraging of community relationships and resources.

Based on advisory feedback received for the ADPEP and TPEP programs, local grantees are required to share finalized program plans with TPEP coordinators within a shared service area (i.e. within county). TPEP is also required to share final plans with ADPEP coordinators to aid in greater coordination and collaboration.

Please note that Tribal ADPEP programs are not required to share program plans with Tribal or County TPEP, however coordination and collaboration is strongly encouraged.

## Environmental Strategies for Alcohol Prevention

Excessive alcohol use has serious economic costs and consequences for public health. It can lead to significant problems, including dependence, heart disease, diabetes, cancer, and injuries and death from motor vehicle crashes and violence. Excessive alcohol use is not limited to people who have an addiction to or dependence on alcohol. Excessive alcohol use includes underage drinking, heavy drinking, binge drinking and drinking by pregnant women. Most people who drink excessively (90 percent) are not alcohol dependent or addicted.

Given the significant burden excessive drinking has on families, communities and the broader population, a combination of efforts can make a significant difference in preventing excessive alcohol use and improve health.

Environmental prevention strategies focus on changing aspects of the environment that contribute to excessive alcohol use, such as social norms or policies that encourage and enable excessive use, and lack of enforcement of laws designed to prevent excessive use.

For example:

- Increasing the price of alcohol reduces use among youth. Price increases also reduce excessive drinking and alcohol-related problems, including alcohol-impaired driving among adults and youth.
- Alcohol sales restrictions such as retail time, place and manner restrictions that limit density of stores that sell alcohol and the hours when alcohol can be purchased (i.e. reducing availability of alcohol) can reduce alcohol-related death and injuries from violent crimes such as sexual assault and motor vehicle crashes.

Communities that prioritize evidence-based environmental prevention alcohol policy strategies in the retail environment are encouraged to participate in a Community of Practice with ADPEP and HPCDP colleagues during the biennium. The purpose is to share ideas to work and align strategies.

## PROGRAM PLAN GUIDELINES

ADPEP plans are coordinated strategies designed to promote health and prevent substance use, misuse, disorder and addiction and associated effects across the lifespan. They are designed to reduce risk factors and increase protective factors associated with alcohol, tobacco and other drugs.

- a) Grantees shall submit to HPCDP by June 7<sup>th</sup>, 2019, a proposed biennial ADPEP plan which details strategies to be implemented. Grantees will use the plan template and instructions provided in attachments.
- b) ADPEP plans must be approved by HPCDP.
- c) The ADPEP plan shall include:
  - One goal and evidence-based strategy that focuses on reducing excessive alcohol consumption.
  - Communities that prioritize evidence-based environmental prevention alcohol policy strategies are encouraged to participate in a Community of Practice with other ADPEP and HPCDP colleagues to advance alcohol policy at the local level, including the following:
    - Alcohol retail restrictions to limit density, restrict the location of retail outlets, or;
    - Alcohol retail restrictions to limit the hours of sale.
  - If the plan addresses other substances, choose the outcome indicator, goal and evidence-based strategy for each substance separately.
- d) Coordinate with local TPEP to prepare and submit to HPCDP a plan (template provided) detailing the shared strategies to advance and coordinate tobacco prevention at the local level, including at least one of the following:
  1. Expanding tobacco- and smoke-free policies
  2. Tobacco retail licensure policy strategy

The plan should describe the roles and activities of ADPEP and TPEP staff and leadership. Examples of objectives and activities related to retail policy strategy and expanding smoke-free policies aligned to CSAP strategies can be found in Attachment 4 Plan Instructions. If the TPEP program in your County is not advancing tobacco policy, then the ADPEP program is not required to coordinate on a tobacco policy strategy.

HPCDP is available to provide guidance through calls and webinars to develop the plan and align tobacco prevention coordinated work.

## EVALUATION AND GRANTEE REPORTING

1. HPCDP will conduct grantee interviews twice a year to monitor grant compliance, prevention plan activities, collect information to maintain secure funding and track successes around the state.
2. Grantee shall submit written reports to OHA twice a year using online forms and procedures prescribed by OHA describing ADPEP's progress in achieving the goals, objectives and strategies set forth in the plan. The report must also document prevention strategies as they relate to decreasing risk factors and increasing protective factors as well as local efforts to implement evidence-based prevention strategies. Reports are due within 30-days following the end of the reporting period. All ADPEP grantees must complete four reports throughout the biennium in the following approximate timeline:
  - Period 1: Due January 31<sup>st</sup>, 2020 (Reporting period 1 covers July 2019-December 2019)
  - Period 2: Due July 31, 2020 (Reporting period 2 covers January 2020-June 2020)
  - Period 3: January 31<sup>st</sup>, 2021 (Reporting period 3 covers July 2020-December 2020)
  - Period 4: July 31, 2021 (Reporting period 4 covers January 2021- June 2021)
3. Grantees will participate in evaluation or other activities during the biennium. Examples of possible activities include:
  - Participate in ADPEP plan progress review;
  - Share local policies and accomplishments with peers and HPCDP;
  - Participate in HPCDP evaluation activities such as interviews, focus groups or surveys.

## TRAINING AND TECHNICAL ASSISTANCE

HPCDP will support ADPEP with training and technical assistance learning opportunities. Trainings offered will be focused on current and emerging priority areas and are intended to develop and enhance skills necessary to effectively advance policy priorities. Trainings will also support networking and collaboration with peers, including sharing lessons learned and successful strategies. This chart explains the scope and structure of training and technical assistance provided by HPCDP.

Cohort and individual grantee support calls	Communities of Practice, Institutes & Trainings	Regional Support Network Meetings
Operational support	Strategic support	Alignment/Coordination
<p><b>Focus on ongoing accountability</b> to grant requirements, progress toward work plan goals, understanding lessons learned, supporting and celebrating policy change.</p>	<p><b>Focus on targeted interventions</b> and capacity-building to support evidence-based practice for policy, systems, and environmental change.</p>	<p><b>Focus on fostering regional collaboration</b> and information-sharing between local and state partners, training and technical assistance, peer-to-peer support.</p>
<p>To share timely information with grantees in a specific group (e.g. ADPEP, TPEP).</p> <p>To create and provide opportunities for peer support.</p> <p>To provide group-level operational support.</p>	<p>To communicate with and foster collaboration among grantees, and between grantees and state partners, related to a specific strategic priority.</p> <p>To advance a strategic priority or initiative.</p> <p>To build foundational capabilities alongside partners and better understand local/regional contexts.</p>	<p>To foster regional collaboration, alignment and coordination.</p> <p>To offer group coaching and foster peer-to-peer mentoring and supportive relationships.</p> <p>To provide training and technical assistance in support of strategic priorities.</p>

Participation is required at certain HPCDP-sponsored trainings, meetings, webinars and conference calls, either online (when available) or in-person. The prevention coordinator and any staff funded at 0.5 FTE or more in the ADPEP budget are required to complete all staff training requirements. HPCDP reserves the right to require ADPEP funded staff to attend any training that HPCDP deems necessary and will negotiate decisions on a case-by-case basis. Details of participation expectations for HPCDP-sponsored trainings in 2019-2021 are outlined in the chart on the next page. This chart may be revised and redistributed as future events are planned.

Type	No.	Format and Content	Timing
eLearning Module on Appropriate Use of Public Funds	1 per year	<ul style="list-style-type: none"> <li>iLearn online learning module</li> <li>Annual review of guidelines related to Education, Advocacy, Lobbying and Electioneering (required).</li> </ul>	Winter 2020 and 2021
Trainings related to HPCDP Alcohol and other Drugs strategies and policy priorities	Varies	<ul style="list-style-type: none"> <li>In-Person or Webinar</li> <li>Coordinated and led by HPCDP training teams and/or contractors in response to assessed needs or to accompany a new policy, data, or communications strategy or initiative. This may include training on prevention strategies, policy, systems, environmental change strategies and evaluation applied to an emerging policy context.</li> </ul>	TBD
Communities of Practice to build understanding, knowledge, and skills related to a specific strategy area	1 per biennium	<ul style="list-style-type: none"> <li>Online via AdobeConnect or GoToWebinar</li> <li>Coordinated and facilitated by HPCDP Policy Specialists to foster shared learning, networking and collaboration among grantees and with HPCDP staff.</li> </ul>	TBD
ADPEP Statewide Calls	12 per year	<ul style="list-style-type: none"> <li>Conference call and GoToWebinar</li> <li>Coordinated and facilitated by HPCDP Community Liaisons. Operational support regarding grant requirements, program plans, lessons learned and successes.</li> </ul>	Monthly

Regional Support Networks (by Geographic Region)	4-6 per year	<ul style="list-style-type: none"> <li>• AdobeConnect or GoToWebinar</li> <li>• Regional collaboration, peer-to-peer mentoring and support</li> </ul>	Bi-monthly remote or quarterly in-person (determined by RSN)
Grantee and Contractors Meeting	Every other year (odd years)	<ul style="list-style-type: none"> <li>• In-person; limited content available online</li> <li>• Networking, collaboration, evaluation, policy change</li> </ul>	Fall 2019
Place Matters Conference	Every other year (even years)	<ul style="list-style-type: none"> <li>• In-person; limited content available online</li> <li>• Best practices training, Networking, collaboration, evaluation, policy change</li> </ul>	Fall 2020

**eLearning.** Self-guided learning is hosted through the Oregon Health Authority’s learning platform or website.

***Webinars.***

Webinars are typically scheduled for 90 minutes and are based on strategic program needs. Webinars focus on specific content or strategies of the local program plan to build capacity, support sharing of lessons learned and encourage collaboration.

***Meetings and conferences***

***(Grantees and Contractors Meeting and Place Matters Conference)***

Travel costs (meals, mileage and hotel) should be included in the budget submitted for this grant, based on the number of days for travel and attendance at these important meetings.

- The Grantees and Contractors meeting is a two-day conference in Portland in Fall 2019.
- The Place Matters Conference is a two-day conference in Portland in October 2020.

Both events provide an opportunity to work with state public health staff, state and local partners, and contractors engaged by the state to provide technical assistance and support to grantees. Conference and meeting topics are relevant to your workplans and strategic priorities for these grant funds. There is no registration fee for HPCDP grantees.

***ADPEP Statewide Calls.*** The purpose of the ADPEP Statewide Calls is to share information with grantees in a timely manner and to provide group-level operational support. These calls will focus on grant requirements, work plans, lessons learned and successes. These calls will happen monthly and will be coordinated by HPCDP staff.

***Regional Support Networks (RSNs).*** RSNs are comprised of all HPCDP grantees located within a geographic region. RSNs provide an opportunity for peer support and learning, coordination of regional activities, and the sharing of strategies and resources. RSNs are required to meet a minimum of four (4) times a year in person for two hours, or six (6) times per year remotely for approximately 90 minutes, usually every other month. Each RSN will coordinate with an assigned HPCDP liaison who will schedule and set up the webinar or meeting, facilitate/support the call, and communicate next steps or follow-up needs to the group after the call.

RSNs may choose to meet in person. If RSN members choose to meet in person, they are responsible for covering any costs for the gathering, including costs for travel, meeting rooms and other logistics. When possible, time may be provided for RSNs to gather during HPCDP-sponsored in-person meetings and events.

### ***Certified Prevention Specialist Training***

HPCDP is not enforcing any requirements related to the Certified Prevention Specialist (CPS) credential at this time. ADPEP grant funds may be used by coordinators to support training costs related to CPS training.

HPCDP collects and communicates information from a range of national, regional and in-state training resources available through existing contractors and Substance Abuse and Mental Health Services Association (SAMHSA)funded organizations about training opportunities for grantees, including opportunities to support certification needs during this period.

Use of these funds is permitted for training that aligns with approved program plan goals.

## **BUDGET**

Submit the proposed 24-month budget for the fiscal period July 1, 2019 – June 30, 2021, using the required Line Item Budget and Narrative Worksheet. The budget worksheet includes formulas to perform automatic calculations.

Meetings and events funded by HPCDP grants, including ADPEP, shall be held at tobacco-free locales and shall follow the HPCDP Nutrition Protocol on Healthy Meetings and Events

page:<https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/CHRONICDISEASE/HPCDPCONNECTION/NUTRITION/Pages/index.aspx>

The Line Item Budget and Narrative Worksheet should include each of the following Budget Categories, as relevant:

- **Salary:** List each position funded by the grant on a separate line. For each position, include the job title, annual salary, FTE as a percentage and the number of months requested for each staff person. The total salary will automatically calculate. Include a narrative for each position, briefly describing their primary responsibilities on the grant.
- **Fringe Benefits:** If applicable, list the fringe rate for each position on a separate line. The total fringe will automatically calculate. Unless otherwise indicated, the general assumption is that the “Base” will be the total salary charged to the contract.
- **Equipment:** Provide a total amount for equipment, as well as a narrative, listing planned purchases and brief rationale. Office furniture, equipment and computer/software upgrades are allowable provided they are reasonable expenditures and related to the ADPEP plan.
- **Supplies:** Provide a total amount for supplies. Supplies may include office supplies or meeting supplies. Expenditures for educational materials must be for materials approved by ADPEP. If expenditures are allocated for educational materials, the narrative must include a justification that describes how such materials are related and essential to specific activities listed in the plan. Funds may not be used for clinical services, treatment or medications.
- **Travel:**
  - **In-state:** Provide a narrative statement describing proposed in-state travel. Include local mileage as well as per diem, lodging and transportation to attend required and requested meetings. Federal per diem rates limit the amount of reimbursement for in-state travel – see U.S. General Services Administration Per Diem Rates at [www.gsa.gov/perdiem](http://www.gsa.gov/perdiem).
  - **Out-of-state:** Travel to attend out-of-state events or conferences is permitted if content is applicable to the ADPEP plan. Provide a narrative statement that includes the name of the event or conference, and how the proposed travel relates to the ADPEP plan. Include amounts for per diem, lodging, transportation, registration fees and any other expenses. Federal per diem rates limit the amount of reimbursement for out-of-state travel – see U.S. General Services Administration Per Diem Rates at [www.gsa.gov/perdiem](http://www.gsa.gov/perdiem).
- **Other:** List expenses for items not listed above, such as telephone, rent, copying, printing, postage and mailing that are directly related to grant activities. Expenses such as equipment, supplies, indirect rate or cost allocation may not be included in the “Other” category if they are included elsewhere in the budget.

- **Sub-contracts:** Pre-approval from HPCDP must be obtained for any subcontracts. List each proposed subcontracted program activity and the name of the proposed subcontractor (if known) along with the amount of the contract. All activities related to the subcontractor must be clearly specified in the ADPEP plan. A separate document must include: (1) scope of work, including tasks and deliverables; (2) time period of the contract; (3) person in your agency who will supervise or manage the contract; (4) name of the contractor, if known; and (5) what method will be used to select the contractor, such as bids, RFPs, sole-source, etc.
- **Total Direct Costs:** The total direct cost will auto-fill on the worksheet. Confirm that the amount is correct.
- **Cost Allocation and Indirect Rate:** Indicate the cost allocation or indirect rate. The worksheet will auto-fill the total direct costs and multiply the cost allocation or indirect rate against the total direct to calculate the total cost allocation or indirect amount. OHA reserves the right to request additional detail on cost allocation or indirect rates.
- **Totals:** The worksheet will auto-fill the total budget amount requested. Ensure that the total budget amount does not exceed the allocated amount.

## SUBMISSION OF PLAN AND BUDGETS

One (1) electronic copy of the budget and program plan must be received via email no later than 5:00 p.m., June 7, 2019. The application must be submitted in Microsoft Word and/or Microsoft Excel. Label each file with the Tribe or County name, the grant year and the name of the form as in these

- CountyName.2019-21.Budget.xlsx
- CountyName.2019-21.ProgramPlan.docx
- TribeName.2019-21.Budget
- TribeName.2019-21.ProgramPlan.docx

**One electronic copy of the program plan, cover letter and budget must be received via email no later than June 7 5:00 p.m., 2021.** Email complete applications to Brad Beauchamp at [BRADLEY.M.BEAUCHAMP@state.or.us](mailto:BRADLEY.M.BEAUCHAMP@state.or.us). Completed submissions will receive a notification of receipt.

## ATTACHMENTS

1. County or Tribal Alcohol and Drug Funding Table
2. Line Item Budget and Narrative Worksheet
3. County or Tribal Alcohol and Drug Prevention Education Program (ADPEP) Plan Template
4. Plan Instructions