Oregon Alcohol and Drug Prevention Education Program (ADPEP)  
(Formerly Addictions and Mental Health A&D 70 Substance Abuse Prevention Program)  

2017-2019 Funding and Program Guidance  

Contract Period: July 1, 2017-June 30, 2019  
Issuing Office: Oregon Health Authority  
               Public Health Division  
               Health Promotion and Chronic Disease Prevention  
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**TIMELINE**

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<tr>
<th>Event</th>
<th>Date(s)</th>
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<tr>
<td>ADPEP Guidance released</td>
<td>May 12, 2017</td>
</tr>
<tr>
<td>Questions on ADPEP Guidance submitted to (<a href="mailto:SARAH.BARNARD@dhsoha.state.or.us">SARAH.BARNARD@dhsoha.state.or.us</a>)</td>
<td>3:00 pm, May 19, 2017</td>
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<tr>
<td>Call or Webinar: Review Guidance</td>
<td>2:00 pm May 24, 2017</td>
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<td></td>
<td>10:00 am May 25, 2017</td>
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<tr>
<td>Webinar: Prevention Plan Support</td>
<td>10:00 am May 31, 2017</td>
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<td></td>
<td>Additional: TBD</td>
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<tr>
<td>Program Plans and budgets submitted</td>
<td>3:00 p.m., June 26, 2017</td>
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<tr>
<td>Start of new 2017-2019 biennium</td>
<td>July 1, 2017</td>
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INTRODUCTION AND BACKGROUND

The Oregon Health Authority underwent reorganization in 2015, and portions of Addictions and Mental Health (AMH) merged with Medical Assistance Programs, to create the Health Systems Division. The Substance Abuse Prevention and Treatment (SAPT) Block Grant community prevention funding was moved to the Public Health’s Division (PHD) Health Promotion and Chronic Disease Prevention (HPCDP) section in March 2016.

The information previously described in A&D 70 Service Element under the former AMH contract is included in this PHD Alcohol and Drug Prevention Education Program (ADPEP) guidance document. This includes guidance on program components, performance requirements, prevention plan goals and budget information. With the transition to Public Health, the A&D 70 Service Element will no longer exist in the Health Systems Division contract as of June 30, 2017. The PHD will issue contracts for the 2017-2019 biennium contract period from the SAPT Block Grant Prevention funding. This funding allows grantees to implement alcohol, tobacco and drug prevention strategies in local communities.

HPCDP Background

In PHD, HPCDP provides leadership for prevention and health promotion initiatives for tobacco, asthma, nutrition, diabetes, arthritis, heart disease, physical activity, stroke and cancer, and now includes substance abuse prevention in its portfolio - specifically alcohol, tobacco and drug such as opioids and marijuana. The comprehensive public health approach will strengthen the collaborative work in community prevention programs and statewide. For the past nine years, HPCDP has taken an integrated approach to reducing premature death and chronic diseases by focusing on the common risk factors of tobacco use, 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 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 leading chronic disease and substance use disorder risk factors
• Use data for decision making, setting priorities and defining and tracking health outcomes; and
• Plan and implement evidence-based interventions.

This ADPEP plan guidance includes previous prevention service element instruction as well as a newly incorporated coordinated approach to chronic disease prevention risk factors with regard to alcohol and tobacco.

Building shared ownership for ADPEP and Tobacco Prevention Education Program (TPEP) 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.

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 ADPEP plan must incorporate all components of the SPF, which describes comprehensive prevention process and a common set of goals to be adopted and coordinated at all levels.

b) 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.
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 describes prevention categories as: promotion, universal direct, universal indirect, selective, and indicated prevention. **The ADPEP plan must incorporate** promotion and universal population categories.

- **Promotion and universal prevention** addresses the entire population with messages and programs aimed at prevention or delaying the use of alcohol, tobacco and other drugs.
- **Selective prevention** targets are subsets of the total population that are deemed to be at risk for substance abuse by virtue of membership in a particular population segment.
- **Indicated prevention** is designed to prevent the onset of substance abuse in individuals who do not meet criteria for addiction but who are showing elevated levels of risk and early danger signs.

**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/capt/practicing-effective-prevention/prevention-approaches

Examples of services in each strategy include:

a) Information Dissemination – local implementation of media campaigns;

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 engagement and mobilization

e) Environmental/Social 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

A new goal to promote greater alignment, coordination and integration between TPEP and ADPEP grantees is to foster local conversation and coordination. Local grantees are to determine how best to coordinate and collaborate work between tobacco prevention and alcohol and drug prevention programs, leading to opportunities for local policy development and decision making, and better leveraging of community relationships and resources.
ADPEP plans are coordinated strategies designed to prevent substance abuse 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) Grantee shall submit to HPCDP, a Biennial Alcohol and Drug Prevention and Education Program plan which details strategies to be implemented. Grantees will use the paper plan template and instructions provided in attachments. At this time, grantees will not develop and submit plans into the Oregon Prevention Data System (OPDS).

b) ADPEP plans are to be approved by HPCDP.

c) The ADPEP plan needs to include:
   - One outcome indicator, goal and planned strategy that focuses on reducing alcohol misuse.
   - If you are addressing other substances choose the outcome indicator, goal and planned 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:
   1. Establishing tobacco-free properties and/or
   2. Tobacco retail restrictions

The plan should describe the roles and activities of ADPEP and TPEP staff and leadership. Examples of objectives and activities related to retail restrictions and tobacco-free county campuses aligned to CSAP strategies can be found in Attachment 4 Plan Instructions.

HPCDP will provide instruction and guidance through webinars and calls to develop the plan and incorporate tobacco prevention coordinated work.
EVALUATION AND GRANTEE REPORTING

1. HPCDP will conduct grantee interviews to monitor grant compliance, prevention plan activities, collect information to maintain secure funding and track successes around the state. Grantees shall meet with HPCDP staff at least one (1) time per year to describe progress made on the prevention plan. Grantees will not use Oregon Prevention Data System (OPDS) to enter program data at this time.

2. Grantee shall submit written annual reports to OHA using forms and procedures prescribed by OHA describing the results of ADPEP 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. Annual reports are due within 45 days following the end of the state fiscal year, and sent to the grantee’s community liaison.

3. Grantees shall participate in evaluation activities as determined by HPCDP in consultation with partners. Examples of possible activities include:

   - Participate in ADPEP plan progress review;
   - Share local policies and accomplishments with state staff;
   - Participate in HPCDP evaluation activities such as interviews or focus groups or surveys
   - Participate in an assessment conducted by HPCDP (or Contractor) to identify grantee’s readiness to collaborate and coordinate across prevention programs funded by HPCDP. Grantees may be invited to participate in a series of Planning Institutes over the course of the biennium to support coordination progress

TRAINING AND TECHNICAL ASSISTANCE

HPCDP will support ADPEP with learning opportunities and ongoing technical assistance. 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 support networking and collaboration with peers, including sharing lessons learned. Participation is required at certain
HPCDP-sponsored trainings, meetings, webinars and conference calls. These are outlined in the below chart.

The Prevention Coordinator and any staff working 0.5 FTE or more 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 to their role and will negotiate decisions on a case-by-case basis.

<table>
<thead>
<tr>
<th>Type</th>
<th>No.</th>
<th>Content</th>
<th>Timing</th>
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<tbody>
<tr>
<td>eLearning Module</td>
<td>1 per year</td>
<td>Education, Advocacy, Lobbying and Electioneering (required). Other topics may be offered and attended on a voluntary basis.</td>
<td>Winter 2017 and 2018</td>
</tr>
<tr>
<td>In Person or Webinar Trainings</td>
<td>Varies</td>
<td>Coordinated and led by HPCDP training teams and/or contractors related to HPCDP strategies and policy priorities in response to assessed needs. This may include training on prevention strategies, policy, systems, environmental change strategies and evaluation applied to an emerging policy context.</td>
<td>As needed to share information with grantees in a timely manner</td>
</tr>
<tr>
<td>Communities of Practice</td>
<td>TBD</td>
<td>Coordinated and facilitated by HPCDP Policy Specialists. Networking and collaboration related to a specific strategy area that grantees are working in or addressing. Grantees must participate in at least one focus area.</td>
<td>To be determined by Communities of Practice and Policy Specialists</td>
</tr>
<tr>
<td>Cohort Support Calls (by Grant Type)</td>
<td>6 per year</td>
<td>Coordinated and facilitated by HPCDP Community Liaisons. Operational support regarding grant requirements, Program Plans, lessons learned and successes.</td>
<td>Bi-Monthly</td>
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<tr>
<td>Regional Support Networks (by Geographic Region)</td>
<td>6 per year</td>
<td>Regional collaboration, peer-to-peer mentoring and support</td>
<td>Bi-monthly</td>
</tr>
<tr>
<td>Grantee and Contractors Meeting</td>
<td>1 per year</td>
<td>Networking, collaboration, evaluation, policy change</td>
<td>Fall 2017 and 2018</td>
</tr>
<tr>
<td>Place Matters Conference</td>
<td>Every other year</td>
<td>Best practices training, Networking, collaboration, evaluation, policy change</td>
<td>Fall 2018</td>
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**eLearning.** Self-guided learning is hosted through the Oregon Health Authority’s learning platform or website.

**In-Person Training and Webinars.**
HPCDP will offer training based on program needs and input from grantees. Webinars last approximately one and a half hours. Webinars will focus on specific content areas of the Local Program Plan to build capacity, support sharing of lessons learned and encourage collaboration. Travel costs (meals, mileage and hotel) should be included in the budget submitted and based on the number of trainings to be attended.

**Grantees and Contractors Meeting/Place Matters Conference.**
The Grantees and Contractors annual meeting will be held November 2017 in Portland. Grantees and Contractors Meeting will be part of the Place Matters Conference in Fall 2018. This is an opportunity to work with state public health staff and contractors on topics relevant to your workplans. All ADPEP grantees are required to attend the entire meetings. There will be no registration fee for HPCDP grantees. However, in the budget submitted grantees should include lodging, mileage for travel to the meeting and per diem for meals not provided.

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

**Regional Support Networks (RSNs).** RSNs are comprised of all of HPCDP grantees located within a geographic region. RSNs provide an opportunity for peer support and learning, coordination of regional activities, the sharing of strategies and resources, and a means to identify training needs. RSNs are required to meet a minimum of six (6) times a year. RSNs typically meet via phone for approximately one (1) hour, usually every other month. Each RSN will coordinate with an assigned HPCDP Liaison who will set up conference calls, answer questions directed to state staff, clarify requirements for grants and connect the RSN to other HPCDP staff as needed. RSNs may also choose to meet in person. If RSN members choose to meet in person, they are responsible for the costs of the gathering, including all 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 for the Certified Prevention Specialist (CPS) credential at this time. HPCDP staff are currently gathering information and resources to sustainably support workforce training and capacity-building needs of ADPEP grantees to ensure appropriate training and technical assistance in support of successful implementation of approved plans.

HPCDP staff will collect and communicate 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 grant funds for trainings not offered or not sponsored by HPCDP must be pre-approved on a case-by-case basis.

BUDGET

Submit the proposed 24-month budget for the fiscal period July 1, 2017 – June 30, 2019, 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 available on HPCDP Connection at https://partners.health.oregon.gov/Partners/HPCDPConnection/Nutrition/Pages/HealthyMeetings.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, relate 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 3:00 p.m., June 26, 2017. The application must be submitted in Microsoft Word and/or Microsoft Excel. Label each file with the County/Tribe name, the grant year and the name of the form as in these

- County/TribeName.2017-19.Budget.xlsx
- County/TribeName.2017-19.ProgramPlan.docx

Email budgets and program plans to Sarah Barnard at sarah.barnard@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. Alcohol and Drug Prevention Education Program Plan Template
4. Prevention Plan Instructions