

Program Element #136: Alcohol and Drug Prevention and Education Program (ADPEP)

OHA Program Responsible for Program Element:

Public Health Division/Center for Health Prevention & Health Promotion/ Health Promotion and Chronic Disease Prevention Section

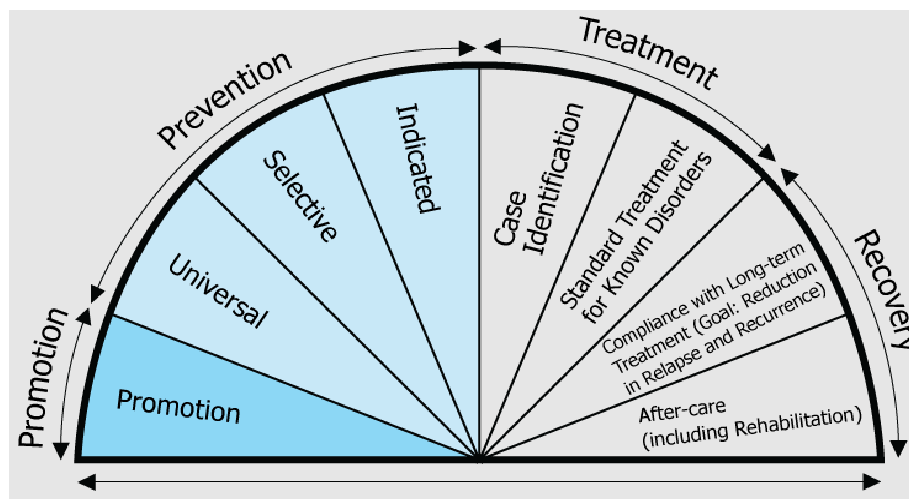
1. Description.

Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below, to deliver the Alcohol and Drug Prevention and Education Program (ADPEP).

ADPEP is a comprehensive program that encompasses community and state interventions, surveillance and evaluation, communications, screening interventions, and state administration and management to prevent alcohol, tobacco and other drug use and associated effects, across the lifespan. The program goals are to plan, implement and evaluate strategies that prevent substance use by reducing risk factors and increasing protective factors associated with alcohol, tobacco and other drugs.

The ADPEP program falls within the National Academies of Science Continuum of Care prevention categories, include promotion, universal direct, universal indirect, selective, and indicated prevention.

- Promotion and universal prevention address 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.



The funds allocated to the organization supports implementation of the Center for Substance Abuse Prevention's (CSAP) six strategies:

- a. Information Dissemination;
- b. Prevention Education;
- c. Alcohol, Tobacco & Other Drug (ATOD) Free Alternatives;
- d. Community Based Processes;
- e. Environmental/Social Policy; and
- f. Problem Identification and Referral.

This Program Element contains two sub-elements:

- a. Alcohol and Drug Prevention and Education Program (ADPEP) funding (PE 136)
- b. The Opioid Settlement Prevention, Treatment and Recovery (OSPTR) Board Primary Prevention (PE 136-01 funding to support organizations to bolster workforce capacity and evidence-based primary prevention strategies for substance use, substance use disorder, and overdose).

This Program Element, and all changes to this Program Element are effective the first day of the month noted in the Issue Date of Exhibit C of the Financial Assistance Award unless otherwise noted in Comments and Footnotes of Exhibit C of the Financial Assistance Award.

2. Definitions Specific to this Program Element

"Regional Partnership" is a group of two or more grantees receiving funding through PE 36, PE 136, or have an Intergovernmental Agreement with OHA to administer ADPEP that combine program funding to implement a coordinated, multi-county alcohol and other drug prevention and education program.

3. Alignment with Modernization Foundational Programs and Foundational Capabilities.

The activities and services that the organization or Regional Partnership has agreed to deliver under this Program Element align with Foundational Programs and Foundational Capabilities and the public health accountability metrics (if applicable), as follows (see Public Health Modernization Manual at:

(http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf):

- a. Foundational Programs and Capabilities (As specified in Public Health Modernization Manual)

Program Components	Foundational Program	Foundational Capabilities
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	CD Control	Prevention and health promotion	Environmental health	Population Health Direct	Access to clinical preventive services	Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response
<i>Asterisk (*) = Primary foundational program that aligns with each component</i> <i>X = Other applicable foundational programs</i>					<i>X = Foundational capabilities that align with each component</i>							
Information Dissemination		*		X	X	X	X	X	X	X	X	
Prevention Education		*		X	X	X	X	X	X	X	X	
Alcohol, Tobacco & Other Drug (ATOD) Free Alternatives		*		X		X	X	X	X	X	X	
Community Based Processes		*		X		X	X	X	X	X	X	
Environmental/Social		*	X	X		X	X	X	X	X	X	
Policy												
Problem Identification and Referral		*		X	X	X	X	X	X	X	X	

- b. The work in this Program Element helps Oregon's governmental public health system achieve the following Public Health Accountability Metrics, Health Outcome Indicators:

Not applicable

- c. The work in this Program Element helps Oregon's governmental public health system achieve the following Public Health Accountability Metrics, Local Public Health Process Measures:

Not applicable

4. Procedural and Operational Requirements.

By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, the organization agrees to conduct activities in accordance with the following requirements:

- a. **Requirements that apply to PE 136 Alcohol and Drug Prevention and Education Program (ADPEP) funding:**
- (1) Submit to OHA, on a timeline proposed by OHA its local program budget and a Biennial Local or Regional Alcohol and Other Drug Prevention Program Plan, as outlined in the biennial program plan guidance, which details strategies to be implemented, as outlined in Section 4.a.(2), of this Program Element, for OHA approval. Once approved, the local program budget and Biennial Local Alcohol and Other Drug Prevention Program Plan are incorporated herein with this reference.
 - (2) Engage in activities, throughout the biennium, in accordance with its OHA-approved Biennial Local or Regional Alcohol and Other Drug Prevention Program Plan, including but not limited to, the following types of activities:
 - (a) Information Dissemination -- increase knowledge and awareness of the dangers associated with drug use (e.g. local implementation of media campaigns; Public Service Announcements (PSA));
 - (b) Prevention Education -- build skills to prevent substance use (e.g. assuring school policy supports evidence-based school curricula and parenting education and skill building; peer leadership; and classroom education);
 - (c) Alcohol, Tobacco & Other Drug (ATOD) Free Alternatives -- organize activities that exclude substances (e.g. youth leadership and community service projects that support policy strategies and goals; and mentoring programs);
 - (d) Community Based Processes – provide networking and technical assistance to implement evidence-based practices, strategies in schools, law enforcement, communities and agencies (e.g. strategic planning, community engagement and mobilization; and building and effectively managing prevention coalitions);
 - (e) Environmental/Social Policy -- establish strategies for changing community policies, standards, codes and attitudes toward alcohol and other drug use (e.g. school policies and community or organizational rules and laws regarding alcohol, tobacco and other drugs; and advertising restrictions);
 - (f) Problem Identification and Referral – identify individuals misusing alcohol and other drugs and assess whether they can be helped by educational services (e.g. sustainable referral systems to evidence-based health care systems, services, and providers).
 - (3) Use funds for this Program Element in accordance with its OHA-approved local or Regional program budget. Modifications to the local program budget may only be made with OHA approval.

- (a) Budget adjustments of up to 10% of the cumulative award amount are allowable between or within Budget categories and line items. Modification to the Local Program Budget exceeding 10% of the cumulative award amount between or within the Budget categories and line items may only be made with prior written approval of the OHA Agreement Administrator.
- (b) Consistent with the OHA-approved local program budget, OHA may reimburse the organization for local mileage, per diem, lodging and transportation to conduct program activities under this Program Element and attend OHA required and requested meetings as OHA deems such expenses to be reasonable and reasonably related to performance under this Program Element. Travel to attend out-of-state events or conferences is permitted if content is applicable to the Biennial Local or Regional Alcohol and Other Drug Prevention Local Program Plan. Federal per diem rates limit the amount of reimbursement for in state and out of state travel – see U.S. General Services Administration Per Diem Rates at www.gsa.gov/perdiem. All travel must be conducted in the most efficient and cost-effective manner resulting in the best value to OHA and the State of Oregon.

b. Requirements that apply to PE 136-01 Opioid Settlement Prevention, Treatment and Recovery (OSTPR) Board Primary Prevention funding:

Grantee must:

- (1) Submit to OHA for approval on a timeline proposed by OHA and outlined in the biennial program plan guidance, a Biennial Substance Use Primary Prevention Local or Regional Program Plan which details strategies to be implemented, as outlined in Section 4.b.(2), of this Program Element, to prevent substance use, substance use disorder and overdose. Once approved, the Biennial Substance Use Primary Prevention Local or Regional Program Plan is incorporated herein with this reference.
- (2) Engage in activities in accordance with its OHA-approved Substance Use Primary Prevention local or regional program plan by conducting primary prevention activities to prevent substance use, substance use disorder and overdose. The activities may include but are not limited to:
 - (a) Support community-based prevention strategies, education, or intervention (e.g., build community resilience, improve emotional wellbeing, increase social connectedness).
 - (b) Improve access to community resources and supports for at-risk populations (e.g., mental health resources, access to healthy food, positive after school activities).
 - (c) Increase strategies that target affordable housing, education and employment.

- (d) Develop targeted outreach or media campaigns.
 - (e) Increase workforce development and training for primary prevention.
 - (3) Use funds for this Program in accordance with its OHA-approved local or regional program budget. Modifications to the local program budget may only be made with OHA approval.
 - (a) Budget adjustments of up to 10% of the PE 136-01 award amount are allowable between or within Local or Regional Program Budget categories and line items. Modification to the Local or Regional Program Budget exceeding 10% of the PE 136-01 award amount between or within the Local or Regional Program Budget categories and line items may only be made with prior written approval of the OHA Agreement Administrator.
 - (b) Consistent with the OHA-approved Local or Regional Program Budget and Plan, funds may be used for local mileage, per diem, lodging and transportation to conduct program activities under this Agreement and attend OHA required and requested meetings as OHA deems such expenses to be reasonable and reasonably related to performance under this Agreement. Travel to attend out of state events or conferences is permitted if content is applicable to the Substance Use Primary Prevention Program Plan. Federal per diem rates limit the amount of reimbursement for in state and out of state travel – see U.S. General Services Administration Per Diem Rates at www.gsa.gov/perdiem. All travel must be conducted in the most efficient and cost-effective manner resulting in the best value to OHA and the State of Oregon.
- c. Grantee must coordinate efforts among diverse stakeholders and related programs (e.g. other alcohol and drug efforts such as prescription drug overdose, tobacco prevention, mental health and suicide prevention) in local communities. Such coordination offers a shared benefit of coordinated mobilization and leveraged resources to achieve local policy and environmental change goals and measurable improvement in health status. The organization must determine how best to coordinate with local Tobacco Prevention and Education Program (TPEP) to include in the biennial plan detail of coordinated strategies.
- d. Grantee must participate in site visits, state trainings, meetings and evaluation activities as requested or required by OHA.

5. General Expense Reporting.

Grantee must complete an "Oregon Health Authority Public Health Division Expenditure Report" located at:

<https://www.oregon.gov/oha/ph/providerpartnerresources/localhealthdepartmentresources/pages/index.aspx>. A separate report must be filed for each applicable Program Element and any sub-elements. These reports must be submitted to OHA each quarter

on the following schedule:

Fiscal Quarter	Due Date
First: July 1 – September 30	October 30
Second: October 1 – December 31	January 30
Third: January 1 – March 31	April 30
Fourth: April 1 – June 30	August 20

6. Program Reporting Requirements.

a. For PE 136, Grantee must:

- (1) Report to OHA semi-annually to describe progress made in completing activities and achieving the goals and objectives set forth in the organization's OHA-approved Local or Regional Alcohol and Other Drug Program Plan. **(Semi-Annual Progress Reports Due:** on an ongoing basis through the term of this Agreement each six months and as otherwise requested by OHA).
- (2) Submit written annual Progress reports to OHA using forms and procedures provided by OHA to describe results in achieving the goals, objectives through implementing the evidence-based strategies set forth in the organization's OHA-approved Local or Regional Program Plan as well as any obstacles encountered, successes and lessons learned. **(Annual Progress Reports Due:** within 30 days following the end of the state fiscal year).

b. For PE 136-01, Grantee must:

- (1) Submit written Progress Reports to OHA using forms and procedures provided by OHA to describe results and progress toward achieving the goals and objectives through implementing the evidence-based strategies set forth in the organization's OHA-approved Substance Use Primary Prevention Local or Regional Program Plan, as well as any obstacles encountered, successes and lessons learned. These reports must be submitted to OHA each quarter on the following schedule:

Reporting Period	Due Date
July 1 – December 31	January 30
January 1 – June 30	July 30

7. Performance Measures.

- a. If Grantee completes fewer than 75% of the planned activities in its OHA-approved Biennial Local or Regional Alcohol and Other Drug Prevention Program Plan for two consecutive calendar quarters in one state fiscal year the organization will not

be eligible to receive funding under this Program Element during the next state fiscal year.

- b.** Grantee must operate the Alcohol and Other Drug Prevention and Education Program (ADPEP) described in its OHA-approved Biennial Local or Regional Alcohol and Other Drug Prevention Program Plan.
- c.** If Grantee completes fewer than 75% of the planned primary prevention activities in its OHA- approved Substance Use Primary Prevention Local or Regional Program Plan for two consecutive calendar quarters in one state fiscal year the organization will not be eligible to receive funding under this Program Element during the next state fiscal year.