Program Element #54: Tribal 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 **Tribal Alcohol and Drug Prevention and Education Program (ADPEP)**. Tribal ADPEP is a comprehensive program that encompasses Tribal Best Practices, community and state interventions, surveillance and evaluation, communications, self-management and 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 abuse by reducing risk factors and increasing protective factors associated with alcohol, tobacco and other drugs.

The Tribal 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 Tribe 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, and all changes to this Program Element are effective the first day of the month noted in Issue Date section of Exhibit C Financial Assistance Award unless otherwise noted in Comments and Footnotes in Exhibit C of the Financial Assistance Award.
2. **Definitions Specific to Tribal ADPEP.**

Not applicable

3. **Alignment with Modernization Foundational Programs and Foundational Capabilities.** The activities and services that the LPHA 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 Oregon’s Public Health Modernization Manual, [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)

<table>
<thead>
<tr>
<th>Program Components</th>
<th>Foundational Program</th>
<th>Foundational Capabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CD Control</td>
<td>Environmental health</td>
</tr>
<tr>
<td></td>
<td>Prevention and health promotion</td>
<td>Access to clinical preventive services</td>
</tr>
</tbody>
</table>
|                    | Environmental health | Population Health+
|                    | Direct services      | Leadership and organizational competencies |
|                    |                     | Health equity and cultural responsiveness |
|                    |                     | Community Partnership Development |
|                    |                     | Assessment and Epidemiology |
|                    |                     | Policy & Planning |
|                    |                     | Communications |
|                    |                     | Emergency Preparedness and Response |

Asterisk (*) = Primary foundational program that aligns with each component

X = Foundational capabilities that align with each component

X = Other applicable foundational programs

b. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Accountability Metric:

   Not applicable

c. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Modernization Process Measure:

   Not applicable
4. **Procedural and Operational Requirements.** By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, Tribe agrees to conduct activities in accordance with the following requirements:

**Tribe must:**

a. Submit to OHA for approval on a timeline proposed by OHA and outlined in the biennial program plan guidance, a Biennial Tribal Alcohol and Other Drug Prevention Program Plan which details strategies to be implemented, as outlined in this Program Element.

b. Throughout the biennium, implement the OHA-approved Biennial Tribal Alcohol and Other Drug Prevention Program Plan, including but not limited to, the following types of activities:

   1. Information Dissemination increase knowledge and awareness of the dangers associated with drug use (e.g. local implementation of media campaigns; Public Service Announcements (PSA));

   2. 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; classroom education);

   3. 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; mentoring programs);

   4. 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; Building and effectively managing prevention coalitions);

   5. 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; advertising restrictions);

   6. 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).

c. Use funds for this Program in accordance with its Tribal Program Budget on a timeline proposed by OHA and outlined in the biennial program plan guidance approved by OHA.

   1. Budget adjustments of up to 10% of the cumulative award amount are allowable between or within Budget categories and line items. Modification to the Tribal 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.

   2. Consistent with the OHA-approved Tribal Program Budget, OHA may reimburse the Tribe 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 Tribal 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](http://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.
d. Coordinate with the Tobacco Prevention and Education Program (TPEP) to include in the biennial plan detail of coordinated strategies to advance and coordinate tobacco prevention for:
   (1) Maintaining or expanding clean indoor air protections;
   (2) Establishing tobacco-free government properties; and/or
   (3) Tobacco retail restrictions.

e. Participate in site visits, state trainings, meetings and evaluation activities as requested or required by OHA.

5. **General Revenue and Expense Reporting.** Tribe must complete an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit C of the Agreement. These reports must be submitted to OHA each quarter on the following schedule:

<table>
<thead>
<tr>
<th>Fiscal Quarter</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>First: July 1 – September 30</td>
<td>October 30</td>
</tr>
<tr>
<td>Second: October 1 – December 31</td>
<td>January 30</td>
</tr>
<tr>
<td>Third: January 1 – March 31</td>
<td>April 30</td>
</tr>
<tr>
<td>Fourth: April 1 – June 30</td>
<td>August 20</td>
</tr>
</tbody>
</table>

6. **Reporting Requirements.**

   a. Tribe must report to OHA semi-annually to describe progress made in completing activities and achieving the goals and objectives set forth in the Tribe’s OHA-approved Biennial ADPEP Tribal 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).

   b. Tribe must 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 Tribe’s OHA-approved Tribal 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).

7. **Performance Measures.**

   a. Tribe must submit a Biennial Tribal Alcohol and Other Drug Prevention Program Plan and local budget for approval by OHA within a timeframe designated by OHA.

   b. If Tribe completes fewer than 75% of the planned activities in its OHA-approved Biennial Tribal Alcohol and Other Drug Prevention Program Plan during a six-month period, the Tribe will be required to submit a revised Tribal Program Plan that ensures the Tribe will meet program requirements. The revised Tribal Program Plan will be subject to OHA’s approval.

   c. Tribe must operate the Alcohol and Other Drug Prevention and Education Program (ADPEP) described in OHA-approved Biennial Tribal Alcohol and Other Drug Prevention Program Plan.