



Oregon Alcohol and Drug Prevention Education Program (ADPEP)

2023-2025 Funding and Program Guidance

Contract Period: July 1, 2023-June 30, 2025
Issuing Office: Oregon Health Authority
Public Health Division
Health Promotion and Chronic Disease Prevention
800 NE Oregon Street, Suite 730
Portland, OR 97232
971-673-0984
971-673-0994 fax

In compliance with the Americans with Disabilities Act, this document is available in alternate formats such as Braille, large print, audiotape, oral presentation, and electronic format. To request an alternate format call 971- 673-0984 or TTY 503-731-4031.

CONTENTS

TIMELINE	3
INTRODUCTION	4
HPCDP BACKGROUND	4
ADPEP Planning Considerations	5
CENTER FOR SUBSTANCE ABUSE PREVENTION'S (CSAP) SIX STRATEGIES	6
REDUCING EXCESSIVE ALCOHOL USE IS A STATEWIDE PRIORITY	7
FOSTERING COMMUNITY PREVENTION COORDINATION AND ALIGNMENT	8
COMPREHENSIVE STRATEGIES.....	10
PROGRAM PLAN GUIDELINES	11
GRANTEE REPORTING	12
• Period 1: Due January 31st, 2024 (Reporting period 1 covers July 2023- December 2023)	12
• Period 2: Due July 31, 2024 (Reporting period 2 covers January 2024- June 2024)	12
• Period 3: January 31st, 2025 (Reporting period 3 covers July 2024- December 2024)	12
• Period 4: July 31, 2025 (Reporting period 4 covers January 2025- June 2025)	12
TRAINING AND TECHNICAL ASSISTANCE	13
BUDGET	16
SUBMISSION OF PLAN AND BUDGETS	18
ATTACHMENTS	19

TIMELINE

ADPEP Guidance, workplan and budget released	March 2, 2023
Deadline for formal questions on ADPEP Guidance submitted to you assigned Community Program Liaison (see Attachment 5 for liaison assignments)	March 10, 2023
Questions and answers posted to website	March 15, 2023
Workplan and Budget Development Open Office Hours	March 16, 2023 10:30-11:30 am PST April 3, 2023 1:00-2:00 pm PST
ADPEP budgets due	By April 5, 2023 5:00 pm PST
ADPEP program plans due	By April 28, 2023 5:00 pm PST
Notification of budget approval	By April 12, 2023 5:00 pm PST
Notification of program plan approval	By June 16, 2023 5:00 pm PST
Start/end date for Grant Period	July 1, 2023 – June 30, 2025

INTRODUCTION

The Oregon Health Authority (OHA) Public Health Division (PHD) Health Promotion and Chronic Disease Prevention (HPCDP) section provides oversight for Substance Abuse and Mental Health Services Administration (SAMHSA) Substance Abuse Prevention and Treatment Block Grant (SAPT BG) *primary prevention funding*. SAPT BG funds are used to prevent and reduce the use and associated effects of alcohol, tobacco and other drugs across the lifespan. The SAPT BG program's objective is to help plan, implement and evaluate strategies that prevent substance use and abuse by reducing risk factors and increasing protective factors associated with alcohol, tobacco, and other drugs (See <https://www.samhsa.gov/grants/block-grants/sabg>).

This funding is directed to the Alcohol and Other Drug Prevention and Education Program (ADPEP) and funds programs in 36 Counties to implement evidence-based and community-informed alcohol, tobacco and other drug prevention strategies through one of the following funding mechanisms:

1. Intergovernmental grant agreements for the 2023-2025 biennium
2. Program Element 36 for the 2023-2025 biennium (Local Public Health Programs)

Tribal Prevention Programs are located in the OHA-Health Systems Division led by OHA Tribal Affairs. For more information, please contact My'kee Martinez, Tribal Prevention Programs Coordinator at michael.henry.martinez@dhsola.state.or.us.

The following ADPEP guidance document includes primary prevention program frameworks and components, plan and performance requirements, biennial plan goals, budget information, as well as opportunities for coordinated approaches to chronic disease prevention risk factors with regard to alcohol, tobacco and other drugs as well as additional community prevention initiatives.

HPCDP BACKGROUND

HPCDP provides leadership for prevention and health promotion initiatives for alcohol, tobacco and other drugs, as well as 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 excessive alcohol use, tobacco and nicotine use, physical inactivity and poor nutrition in Oregon communities, across the lifespan. 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 and is reflected in [HPCDP's 2017-2025 Strategic Plan](#).

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 people in Oregon, across the lifespan;
- Address the leading causes of death and disability;
- Address the risk factors which lead to chronic disease, including addiction and substance use disorders
- Promote protective factors to support individual health and community resiliency;
- Use data for decision making, setting priorities, defining and tracking health outcomes; and,
- Plan and implement evidence-based interventions.

HPCDP is committed to OHA's **10-year strategic goal to eliminate health inequities**. People of color, people with low-income, people who identify as LGBTQ+, people with disabilities, and people who live in rural areas of the state face considerable barriers due to inequities in the social issues that affect health. This is because of systemic oppression, discrimination, and bias. HPCDP works to embed health equity as the foundation across all issue areas and risk factors.

Health equity means people can reach their full potential and well-being, and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

ADPEP Planning Considerations

ADPEP is funded primarily by Oregon's SAPT BG. The SAPT BG primary prevention objective is to help plan, implement and evaluate strategies that prevent substance use and abuse by reducing risk factors and increasing protective factors associated with alcohol, tobacco, and other drugs.

- The [Strategic Planning Framework \(SPF\)](#) is a prevention planning framework that is strongly encouraged as a guide to plan, implement, and evaluate prevention practices and programs.
- There are many different frameworks, as referenced in Appendix A, that are available to help programs prevent and reduce the use and associated harms from alcohol, tobacco and other drugs across the lifespan. The ADPEP program is designed to be flexible for communities to address local priorities using frameworks of their choosing. This provides the flexibility to coordinate ADPEP plans with other relevant programs that have shared strategies or risk and protective factors.
- ADPEP programs are encouraged to create realistic workplans, center equity in all strategies, work across the lifespan, and center community voice. Here are other considerations:

<https://www.samhsa.gov/resource/ebp/strategic-prevention-framework>

For more information on frameworks see Appendix A.

CENTER FOR SUBSTANCE USE PREVENTION’S (CSAP) SIX STRATEGIES

SAMHSA requires substance use primary prevention strategies, as defined by the Center for Substance Abuse Prevention (CSAP) six strategies. These strategies are directed at individuals not identified to be in need of treatment. Comprehensive primary prevention programs include strategies, activities or services provided in a variety of settings.

The ADPEP Plan is implemented through one or more of the CSAP six strategies. When reporting on workplan progress, strategies or programs, ADPEP grantees are required to indicate CSAP strategies. Strategies must address the overall goal of preventing or reducing the use of alcohol, tobacco or other drugs.

Strategy	Examples of Activities
<p>Information Dissemination: Provide information about drug use, misuse, and abuse, effects of substance use on individuals. Provide information on prevention related programs and resources available.</p>	<ul style="list-style-type: none"> • One-way information sharing • Curricula or printed material dissemination • PSA development/implementation • Speaking engagements • Website operation
<p>Prevention Education: Activities to provide education to identified group/individuals aimed at teaching decision - making skills, coping with stress, problem solving, refusal skills, parental management skills, social skill development etc. Education activities involve two-way communication between facilitator and participants.</p>	<ul style="list-style-type: none"> • Assuring school policy supports evidence-based school curricula, parenting education, and skill-building • Mentoring or peer helper programs • Youth development programs
<p>Alcohol, Tobacco & Other Drug (ATOD) Free Alternatives: Activities that involve participation by targeted groups/individuals that purposefully exclude alcohol and other substances by way of providing prosocial and healthy alternatives. The purpose is to discourage use of alcohol and other drugs by providing alternative, healthy activities.</p>	<ul style="list-style-type: none"> • Youth leadership and community service projects that support policy strategies and goals
<p>Community-Based Processes: Providing an organized forum to enhance prevention activities by forming a group. The group organizes, plans, and implements prevention activities through this format. Provides ongoing networking activities and technical</p>	<ul style="list-style-type: none"> • Community or coalition engagement • Capacity building, planning, and mobilization for sustainable policy, systems, and environmental change • Systematic Strategic Planning

<p>assistance to community groups or agencies. It encompasses neighborhood-based, grassroots empowerment models using action planning and collaborative systems planning.</p>	<ul style="list-style-type: none"> • Multi-agency Coordination & Collaboration/Coalition • Assessing community needs • Community trainings • Community team or coalition activities
<p>Environmental/Policy: Establish or change community attitudes, norms, and policies that can influence substance use within the community. Its intent is to influence the general population's use of alcohol and other drugs.</p>	<ul style="list-style-type: none"> • School policies and community or organizations rules and laws regulating alcohol, tobacco, and other drugs • Working towards state and local policies
<p>Problem Identification and Referral: Identify individuals with misuse/abuse of substances in order to provide interventions that can deter those individuals of continued misuse through education and motivation strategies.</p>	<ul style="list-style-type: none"> • Sustainable referral systems to evidence-based health care systems, services and providers • Student and employee assistance programs

REDUCING EXCESSIVE ALCOHOL USE IS A STATEWIDE PRIORITY

Reducing excessive alcohol use continues to be a priority for [OHA's Public Health Division](#). [Excessive alcohol use](#), as defined by the Centers for Disease Control, includes underage drinking, heaving drinking, and drinking by pregnant people. It can lead to significant problems including dependence, adverse childhood experiences (ACEs), heart disease, diabetes, cancer, and injuries and death from motor vehicle crashes and violence. The rate of alcohol-related deaths (including acute and chronic causes) increased 30% from 2011 to 2020 and was responsible for over 2,500 deaths in 2020. Excessive alcohol use costs the Oregon economy \$4.8 billion per year. This includes lost workplace productivity, health care expenses, criminal justice costs, and motor vehicle crashes related to excessive alcohol use. Most people who drink excessively (90 percent) are not considered alcohol dependent or addicted.

Given the scope and scale of the excessive alcohol use harms across Oregon, ADPEP grantees are required to include statewide or local initiatives and strategies in workplans that **address alcohol or aim to reduce excessive alcohol use**.

A combination of efforts can make a significant impact in preventing excessive alcohol use and its related harms, as well as improving health and well-being. For example, SAMHSA's evidence-based resource guide, [Implementing Community-Level Policies to Prevent Alcohol Misuse](#), serves as a resource of key policies for the prevention of alcohol misuse that have been

identified as evidence-based by robust scientific literature. Examples of ways that ADPEP programs can address excessive alcohol use at the local or state level include:

- Support practices or policies that limit youth access to alcohol in communities or promote safer alcohol sales and policies such as community event policies.
- Educate others about alcohol pricing policies or strategies. Increasing the price of alcohol reduces use among youth. Price increases also reduce excessive drinking and alcohol-related problems across the lifespan, 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.
- Support practices and policies that address social, racial and economic inequities that fuel alcohol related health disparities such as density restrictions to reduce alcohol exposure, consumption, and addiction in communities that are exposed to higher levels of alcohol products.
- Utilizing health communication and social marketing interventions to shape community alcohol use norms, change behavior, and increase support for community solutions such as policies that reduce access to alcohol.

FOSTERING COMMUNITY PREVENTION COORDINATION AND ALIGNMENT

Coordination and alignment of prevention activities around common risk and protective factors is integral to achieving comprehensive prevention goals, leveraging relationships, resources and mobilization. Grantees are encouraged to reflect coordinated activities and goals in program workplans.

Grantees may determine how best to coordinate and collaborate with other evidence-based community driven prevention efforts that may have common risk factors and protective factors such as the following programs funded by OHA:

- **Tobacco Prevention Education Program (TPEP) and Commercial Tobacco Prevention** – Tobacco products (including e-cigarettes) and excessive alcohol use remain leading causes of preventable death in Oregon. HPCDP funds LPHAs and Community Based Organizations across Oregon to implement commercial tobacco prevention, education, and cessation programs through TPEP and the [Public Health Division's Collaborative Funding Opportunity](#). These programs aim to be grounded in best practices for tobacco control, culturally-specific, community-led or developed in collaboration with community, and seek to make sustainable policy, systems and environmental changes.

HPCDP continues to promote greater alignment, coordination and integration between TPEP and ADPEP grantees. Building shared ownership for TPEP and ADPEP strategies among diverse partners in communities offers the benefit of coordinated mobilization and leveraged resources to achieve community goals and improved quality of life.

Coordination and collaboration between TPEP and ADPEP, could create opportunities for local program coordination, policy development and implementation, and leveraging of community relationships and resources. More information about the TPEP program can be found [here](#) or by contacting HPCDP.

- **Regional Health Equity Coalitions (RHEC)** - RHECs are collaborative, community-led, cross-sector groups organized regionally to identify and address health equity issues. The RHEC model works by building on the inherent strengths of local communities so they can lead identifying sustainable, long-term, policy, system and environmental (PSE) solutions to increase health equity in Oregon.
- **Overdose Prevention Programs** - OHA's Injury & Violence Prevention Program (IVPP) provides funding to Local Public Health Authorities in 11 regions to support local overdose prevention efforts, led by a designated Regional Overdose Prevention Coordinator. These eleven regional partnerships cover 24 of Oregon's 36 counties. Regional Overdose Prevention Coordinators work to improve local systems for preventing and responding to opioid and other drug overdoses. This work also includes supporting substance use disorder prevention, treatment, and recovery and promoting harm reduction activities in the community. Grantees are encouraged to collaborate with Regional Overdose Prevention Coordinators to coordinate local substance use and overdose prevention efforts.
- **Suicide Prevention Initiatives** - OHA's Suicide Prevention Team, a cross divisional team with staff located in PHD's IVPP and Health Systems Division's Child and Family Behavioral Health Program and Adult Mental Health Program, provides funding to local communities to support suicide prevention, intervention and postvention efforts. IVPP provides funding to three LPHAs (Deschutes, Lane and Multnomah counties) to convene local suicide prevention coalitions and provide staff to support efforts through June 2024. In addition, the OHA Suicide Prevention Team, in collaboration with the Oregon Alliance to Prevent Suicide, provides low or no cost suicide prevention programming and training focused on youth suicide prevention efforts to local suicide prevention efforts including county and regional suicide prevention coalitions throughout the state. Grantees are encouraged to collaborate with other prevention programs recognizing the shared risk and protective factors across prevention efforts including suicide, substance use, overdose, excessive alcohol use, program gambling, community violence and intimate partner violence.
- **Problem Gambling Prevention Services** - OHA's Problem Gambling Prevention services are directed at avoiding or reducing the emotional, physical, social, legal and financial consequences of problem gambling for the individual, family and community. Problem Gambling and Gambling Disorders have life-long effects that include high cost to individuals, families, healthcare systems, and communities. There are clear windows of opportunity to prevent gambling disorder and related problems before they occur. The program aims to **raise awareness** within the community that gambling is an activity that

carries risk and the available resources to prevent or reduce harm while promoting wellness.

- **Statewide prevention initiatives:** Grantees may include in their workplan coordination efforts with evidence-based state prevention initiatives such as alcohol pricing strategies, affecting alcohol outlet density, maintaining state control of distilled spirits, and mass reach health communications brands including Rethink the Drink and Smokefree Oregon. This can include activities such as educating coalition members, decision-makers or other partners about strategies, data and promotion of policy or communication campaign initiatives.

COMPREHENSIVE STRATEGIES

A combination of comprehensive and complementary strategies is necessary to achieve community-wide change. Grantees should consider the following when developing strategies for the ADPEP Work Plan:

- Strategies should seek to change the behavior or condition associated with the local condition(s) in your community.
- Strategies should be culturally relevant and appropriate - meaning they will be developed to work with the diverse populations in your community.

Comprehensive strategies involve implementing both **individual-focused strategies (family, school, faith, community, health care)** and **community-wide environmental strategies (norms, regulations, availability, policies)**.

Example: Numerous education campaigns and public awareness efforts related to heart disease exist. We are encouraged to avoid certain foods, exercise daily, and get regular check-ups. This information is familiar and repeated often, yet we live in a society where heart disease remains an insidious public health problem. So, in addition to information sharing strategies, environmental, policy-based strategies should be utilized. These strategies include expanding healthy food options in community grocery stores, providing exercise breaks and incentives for employees, establishing smoke-free work and public spaces, and providing smoking cessation coverage in insurance policies. Combined, these strategies work to address the risk and protective factors related to preventing heart disease more comprehensively than implementing a public awareness campaign alone.

When a **comprehensive, multi-strategy effort** is in place, grantees contribute to achieving population-level change by focusing on multiple targets of sufficient scale and scope to make a difference community-wide. Costs associated with implementation and monitoring within a community can be considerably lower than those associated with ongoing education, services, and therapeutic efforts applied to individuals. ([CADCA Planning Primer](#))

Environmental prevention strategies focus on changing aspects of the environment that contribute to substance use or 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.

PROGRAM PLAN GUIDELINES

ADPEP plans are coordinated strategies designed to promote health and prevent substance use, disorder 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 must submit to HPCDP for approval by April 28, 2023, a proposed biennial ADPEP plan which details goals, objectives, and program or policy strategies to be implemented. Grantees must use the plan template and instructions provided as attachments.
- b) ADPEP grantees are required to categorize the population they are serving with strategy based on Institute of Medicine's (IOM) Continuum of Care. The IOM Continuum of Care helps illustrate this difference and makes a distinction between three levels of prevention: universal, selective, and indicated. Plans should include at least 1 universal strategy. Universal preventive interventions are targeted to the general public or a whole population (like a county, city, neighborhood, or school) that has not been identified on the basis of individual risk.
- c) The ADPEP plan shall include participation in statewide or local initiatives and strategies that **address alcohol or aims to reduce excessive alcohol use** (see Excessive Alcohol Use section).
- d) Grantees are strongly encouraged to use SAMHSA's **Strategic Prevention Framework (SPF)** process to guide the selection, implementation, and evaluation of effective, culturally appropriate, and sustainable prevention programs, policies or practices. The SPF uses seven elements to guide communities in developing the infrastructure needed for community-based public health approaches leading to effective and sustainable reductions in substance use.
- e) Grantees are encouraged to write plans that are achievable and driven by both evidence-based practices and community priorities. HPCDP acknowledges that implementing community-wide changes to prevent harms are long-term complex goals. Grantees are not required to add any set number of initiatives or goals into their plan. Plans that focus in on fewer long-term goals in order to invest in community partnerships and sustainability are appropriate.

GRANTEE REPORTING

1. HPCDP will host grantee meetings at least once per year to track successes around the state, monitor grant compliance and prevention plan activities, and collect information to maintain secure funding.
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 and working towards the goals, objectives and strategies set forth in the plan. 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 31st, 2024** (Reporting period 1 covers July 2023- December 2023)
 - **Period 2: Due July 31, 2024** (Reporting period 2 covers January 2024- June 2024)
 - **Period 3: January 31st, 2025** (Reporting period 3 covers July 2024- December 2024)
 - **Period 4: July 31, 2025** (Reporting period 4 covers January 2025- June 2025)

Additional Opportunities

Grantees may be asked to participate in voluntary activities to support program initiatives such as evaluation or communications initiatives during the biennium. Examples of possible activities include:

- Participate in ADPEP plan progress review;
- Share community program, policy or practice accomplishments with peers,
- Participate in health communications development activities;
- Participate in HPCDP evaluation activities such as interviews, focus groups or surveys.

TRAINING AND TECHNICAL ASSISTANCE

HPCDP will support ADPEP grantees with training and technical assistance learning opportunities. HPCDP training and technical assistance is dependent upon program staffing capacity and available funding. Trainings and technical assistance offered will be focused on current and emerging priority areas and are intended to develop and enhance skills necessary to effectively advance prevention programs, policies, and practices. 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 and contractors, that augment a variety of technical assistance providers like the PTTC regional providers

Grantee support calls	Institutes & Trainings, Communities of Practice, Peer-led Affinity Groups	Regional Supports
Operational support	Strategic support	Alignment/Coordination
<p>Focus on ongoing accountability to grant requirements, progress toward work plan goals, understanding lessons learned, supporting and celebrating program, policy and practice learning lessons.</p> <p><u>Goals:</u> To share timely information with grantees</p> <p>To create and provide opportunities for peer support.</p> <p>To provide group-level operational support.</p>	<p>Focus on targeted interventions and capacity-building to support evidence-based practice for policy, systems, and environmental change.</p> <p><u>Goals:</u> 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>Focus on fostering regional collaboration and information-sharing between local, tribal and state partners, training and technical assistance, peer-to-peer support.</p> <p><u>Goals:</u> To foster regional collaboration, alignment and coordination.</p> <p>To 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 calls, either online or in-person (when available). 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. Details of participation expectations for HPCDP-sponsored trainings in 2023-2025 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"> Online learning module Annual review of guidelines related to Education, Advocacy, Lobbying and Electioneering (required). 	Winter 2024 and 2025
Trainings related to HPCDP Alcohol, Tobacco and other Drugs strategies and priorities	Varies	<ul style="list-style-type: none"> In-Person or Webinar Coordinated and led by HPCDP training teams and/or contractors in response to assessed needs or to accompany a new program, strategy priority, data, workforce development, or communications initiative. 	TBD
Communities of Practice/Affinity Groups	Varies	Online peer learning communities to foster shared learning, networking and collaboration among grantees and with HPCDP staff. Grantees with a common strategic priority meet regularly in an online forum to learn, share ideas, build innovation, and develop solutions.	Ongoing - Based on strategic needs or identified opportunities for capacity-building and alignment
ADPEP Statewide Calls	12 per year	<p>Virtual meeting coordinated and facilitated by HPCDP. Operational support regarding grant requirements, program plans, policy and program updates, lessons learned and successes.</p> <p>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.</p>	Monthly

Grantee Legislative Coordination calls	Varies	The purpose of these calls are to hold time for state, tribal and local program colleagues to share information related to priority bills and policy during Legislative Session.	Monthly/ad hoc during Legislative session
Communications Technical Assistance	Varies	The Health Promotion and Chronic Disease Prevention program invests in health communications infrastructure as a part of a comprehensive approach to prevent and reduce health harms. More information about communications training and technical assistance are outlined in Appendix B	Ad hoc

Certified Prevention Specialist (CPS) Credential and Trainings

The CPS is a credential for professionals who work in the substance use prevention field. [The Mental Health and Addiction Certification Board of Oregon](#) (MHACBO) is the accrediting agency and works collaboratively with the International Certification & Reciprocity Consortium (IC&RC) to provide credentialing. The CPS is valued by many prevention partners and preventionists in Oregon.

HPCDP does not require grantees to acquire the CPS credential referenced in OHA’s Health Systems Division administrative rules at this time. The Public Health Division cannot place requirements on local public health authorities for credentialing standards. It is also important to note that in a culture and environment of flexibility as communities recover from the COVID 19 pandemic, OHA aims to reduce burden on community programs.

HPCDP continues to support CPS training in Oregon in the following ways:

- ADPEP grant funds may be used by coordinators to attend and support training costs related to CPS training certification and maintenance of certification;
- Promote CPS-approved courses and trainings to grantees;
- Collect and communicate information from a range of national, regional, and in-state training resources available through existing contractors, organizations and Substance Abuse and Mental Health Services Association (SAMHSA) funded organizations, such as the [Northwest Prevention Technology Transfer Center](#) (NW PTTC), [National American Indian and Alaska Native Prevention Technology Transfer Center](#) (PTTC) and the [Oregon Public Health Association Addiction Prevention Section](#) (OPHA APS), about training opportunities for grantees, including opportunities to support certification needs during this period and;
- Explore sustainable training models for CPS with communities and tribes.

Budgeting for Training

Grantees may choose to reserve some funding in the budget for anticipated travel costs for attending in-person trainings. Please note that training and technical assistance learning opportunities will also continue to be offered remotely to ensure access statewide and reduce costs. Currently, HPCDP is **not planning any required in-person trainings** for 2023-25. However, if you expect to apply to participate in-person training opportunities, be sure to budget to cover estimated costs for participation in those training events. If applicable, 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.

BUDGET

By April 5, 2023, submit a proposed 24-month budget for the fiscal period July 1, 2023 – June 30, 2025 using the required ADPEP Line-Item Budget and Narrative Worksheets in Attachment 2. The budget template includes two (2) worksheets, one for each fiscal year, and both worksheets must be completed. The budget worksheet includes formulas to perform automatic calculations.

The 24-month budget will include the anticipated County biennial allocation amount, and any unspent funds from the one-time SAPT COVID Relief and American Plan Rescue Act (ARPA) funds that were included in County's amended 2021-2023 agreements. Unspent COVID Relief and ARPA funds will be carried over into the 23-25 biennium.

- Please note that if your program did not spend the full amount of your core SAPT funding (the amount you were initially awarded before the COVID Relief and ARPA dollars were added to your 21-23 award) by the end of the 21-23 biennium, your program will have the full amount of your COVID Relief and ARPA funds available for the first year of the biennium.
- If your program spent more than the core amount, then the amount you went over will be subtracted from the amount of COVID Relief dollars available to you in the first year of the biennium. COVID Relief dollars are only available for the first year, while ARPA dollars are available for both years.

Refer to **23-25 County Alcohol and Other Drug Prevention and Education Program (ADPEP) Funding Table** for biennial budget amounts.

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. Although, ADPEP funding is not allowed to directly support the local COVID 19 response, the budget may reflect an approach to ramp up ADPEP staffing throughout the first year, if necessary.

- 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 including food and drinks for community meetings, events, etc. 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, vaping detection devices 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.
 - 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.
- 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.

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/HPCDP/CONNECTION/NUTRITION/Pages/index.aspx>

Please note: During the biennium, ADPEP programs must submit a revised budget for approval by HPCDP if expenditures exceed any budget line by 10% or more.

SUBMISSION OF PLAN AND BUDGETS

Submit one (1) electronic copy of the budget by 5:00 pm PST April 5, 2023 and one (1) electronic copy of the program plan by 5:00 pm PST April 28, 2023 via email to your assigned liaison (see Attachment 5 for liaison assignments). The application must be submitted in Microsoft Word and/or Microsoft Excel. Please consider labeling each file with your County name, the grant year and the name of the form as in these examples.

- CountyName.2023-25.Budget.xlsx
- CountyName.2023-25.ProgramPlan.docx

Completed submissions will receive a notification of receipt.

GUIDANCE FOR WORKPLAN AND BUDGET REVISIONS

Guidance for Workplan and Budget Revisions

The purpose of a workplan is to develop a shared vision and create a road map of what needs to be accomplished for success. Workplans are a shared agreement between HPCDP and the partner on the work that will take place. Workplans are a living document and may change. HPCDP expects the most that a partner would change their workplan would be two or three times per biennium.

HPCDP recognizes that policy and systems change work is dynamic and workplan activities and strategies may shift throughout the biennium. Throughout the 2023-2025 biennium, all requested changes to approved workplans and budgets must be submitted in writing to HPCDP for approval. Minor shifts in activities can be described in reporting forms if there are no shifts to the overall strategy or

approach. Local programs should contact their assigned HPCDP Community Programs Liaison to discuss more significant changes to the approved workplan and/or budget to determine whether revised documents should be submitted for approval. *Changes to any budget line of 10% or more require submission of a revised budget for approval.*

Please refer to the examples below for guidance on whether Workplan revisions are needed:

EXAMPLE: No Workplan Revisions Needed

A workplan that would not require formal changes would be if an ADPEP coordinator planned to work with one high school in their county to implement an evidence-based curriculum focused on alcohol and other drug prevention. Because the high school had a lot of turnover, it was not possible to work with that high school, so the ADPEP coordinator worked with another school to implement this curriculum. The ADPEP coordinator would not have to change their workplan but would write about this and the reason for these changes in their quarterly report.

EXAMPLE: Workplan Revisions Needed

A workplan that would require formal changes would be if an ADPEP coordinator determined it was not the right time to work with a high school to implement an evidence-based alcohol and other drug prevention curriculum, and instead decided to work on restricting outlet density where cannabis products were sold through zoning or distance requirements. Because this ADPEP coordinator significantly changed their strategy and approach, and this would change their activities and engaged partners, this would require workplan revisions to be submitted to HPCDP for approval. This example might also require budget changes.

ATTACHMENTS

1. Attachment 1_County ADPEP Funding Table_2023-25
2. Attachment 2_ADPEP Line-Item Budget and Narrative Worksheet_2023-25
3. Attachment 3_County ADPEP Plan_2023-25
4. Attachment 4_Plan Instructions_2023-25
5. Attachment 5_CPL_Assignments_2023-2025
6. Appendix A – Health Promotion and Prevention Frameworks
7. Appendix B – Communications