Alcohol and Other Drug Prevention and Education Program (ADPEP) 2025-2027 Funding and Program Guidance

Issue Date:	January 16, 2025
Budgets & Workplans Due:	March 14, 2025
Grant Period:	July 1, 2025 – June 30, 2027

Issuing Office:

Oregon Health Authority (OHA)
Public Health Division
Health Promotion and Chronic Disease Prevention
Alcohol & Other Drug Prevention and Education Program
800 NE Oregon Street, Suite 730
Portland, OR 97232
971-673-0984
971-673-0994 fax
https://www.oregon.gov/oha/ph/preventionwellness/excessivealcoholuse

Table of Contents

TIMELINE

ADPEP Guidance Released	January 16, 2025
Deadline for formal questions on ADPEP Guidance	February 7, 2025 11:59 p.m. PT
Questions & Answers and any amendments of Guidance posted to website	February 19, 2025
Workplan and Budget Development Open Office Hours	February 4, 2025 1 p.m. – 2 p.m. PT February 19, 2025 11 a.m. - Noon PT
Budgets and Workplans Due	March 14, 2025 11:59 p.m. PT
Notice of Issues with Budget Total (if needed)	March 28, 2025
Initial Notification of Workplan and Budget Approval or Request for Revisions	April 14, 2025
Revision Period	April 14, 2025 - May 16, 2025
All ADPEP Workplans & Budgets Finalized	May 30, 2025
Start/End Date for Grant Period	July 1, 2025 – June 30, 2027
2025-2027 Anticipated Reporting Dates	• Period 1: January 2026 (covers July 2025 - December 2025) • Period 2: July 2026 (covers January 2026 - June 2026) • Period 3: January 2027 (covers July 2026 - December 2026) • Period 4: July 2027 (covers January 2027 - June 2027)

I. INTRODUCTION

The Oregon Health Authority (OHA) Public Health Division (PHD) Health Promotion and Chronic Disease Prevention (HPCDP) Section provides oversight for Alcohol and Other Drug Prevention and Education Programs (ADPEP) across the state to implement primary prevention services. For the 2025 – 2027 biennium, most ADPEP programs will be funded through two distinct streams of primary prevention funding, the Substance Abuse and Mental Health Services Administration (SAMHSA) Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) and Opioid Settlement Funds allocated by the Opioid Settlement Prevention, Treatment and Recovery (OSPTR) Board. The guidance in this document is for the general ADPEP program funded through the SAMHSA SUPTRS Block Grant.

Historically, ADPEP has primarily been funded through SUPTRS BG funds which are used to prevent and reduce the use and associated effects of alcohol, commercial tobacco and other drugs across the lifespan. The SUPTRS BG program's objective is to help plan, implement and evaluate activities that prevent and treat substance use by reducing risk factors and increasing protective factors associated with alcohol, commercial tobacco, and other drugs (See SUPTRS BG website).

The following ADPEP guidance document includes primary prevention program frameworks and components, plan and performance requirements, and budget information. It also provides an overview of opportunities for coordinated approaches to chronic disease prevention risk factors with regard to alcohol, commercial tobacco and other drugs.

II. HPCDP BACKGROUND

HPCDP provides leadership for prevention and health promotion initiatives for alcohol, commercial tobacco and other drugs, as well as 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, commercial tobacco and nicotine use, physical inactivity and poor nutrition in Oregon communities, across the lifespan.

HPCDP aims to support 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 LGBTQ2IAS+, people with disabilities, and people who live in rural/frontier 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.

According to OHA's Strategic Plan (2024-2027), Oregon will have established a health system that creates health equity when:

> All people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances. Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including Tribal governments to address:
>
> - The equitable distribution or redistribution of resources and power; and
> - Recognizing, reconciling and rectifying historical and contemporary injustices.

III. ADPEP PLANNING REQUIREMENTS

Below are items that are required of all standard ADPEP workplans. Please ensure that all elements are met prior to submitting your workplan and budget. For a step-by-step guide on filling out the workplan template and budget worksheet, see Appendix B: 2025-2027 Workplan and Budget Instructions.

A. Institute of Medicine (IOM) Classification

SAMHSA asks that substance use prevention strategies be classified using the IOM's Continuum of Care. Prevention interventions are classified by targeted population and level of risk. When reporting on workplan progress, **ADPEP grantees are required to indicate IOM classifications for each objective. At least one objective must be universal indirect.** The definitions for these population classifications are:

- **Universal Indirect:** The general public or an entire population group (e.g., a whole community, school, or neighborhood) that has not been identified on the basis of individual risk.
- **Universal Direct**: Focuses on directly serving an identifiable group of participants who have not been identified based on *individual* risk.
- **Selective:** Individuals or a subgroup of the population whose risk of developing a disorder is significantly higher than average.
- **Indicated:** Individuals in high-risk environments who have minimal but detectable signs or symptoms foreshadowing disorder or have biological markers indicating predispositions for disorder but do not yet meet diagnostic levels.

B. Center for Substance Abuse Prevention's (CSAP) Six Strategies

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

The ADPEP workplan requires that each activity lists a corresponding CSAP strategy. When reporting on workplan or program progress, ADPEP grantees are required to indicate CSAP strategies. Strategies must address the overall goal of preventing or reducing the use of alcohol, commercial tobacco or other drugs. For more details on CSAP Strategies, see Appendix C: Prevention Frameworks.

CSAP Strategy	Examples of Activities
Information Dissemination: Provide information about drug use, misuse, and abuse, effects of substance use on	• One-way information sharing

individuals. Provide information on prevention related programs and resources available.	• Curricula or printed material dissemination • Public service announcement development/implementation • Speaking engagements • Website operation • Health fairs and health promotion
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.	• Assuring school policy supports evidence-based school curricula, parenting education, and skill-building • Mentoring or peer helper programs • Youth development programs
Alcohol, Tobacco & Other Drug (ATOD) Free Alternatives: Activities 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.	• Youth leadership and community service projects that support policy strategies and goals • Community drop-in centers • Community service activities • Drug free dances and parties **Note:** These activities should not be done on their own but should be part of a broader strategic plan or goal.
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 assistance to community groups or	• Community or coalition engagement • Capacity building, planning, and mobilization for sustainable policy, systems, and environmental change • Systematic Strategic Planning • Multi-agency Coordination & Collaboration/Coalition • Assessing community needs

agencies. It encompasses neighborhood-based, grassroots empowerment models using action planning and collaborative systems planning.	• Community trainings • Community team or coalition activities
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.	• School policies and community or organizations rules and laws regulating alcohol, commercial tobacco, and other drugs. • Working towards state and local policies
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.	• Sustainable referral systems to evidence-based health care systems, services and providers • Student and employee assistance programs

C. Statewide Priority - Reducing Excessive Alcohol Use

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 and Prevention, includes underage drinking, binge 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 in Oregon (including acute and chronic causes) increased 47% from 2011 to 2022, from 40.3 to 59.3. There were just over 3,000 alcohol-related deaths in Oregon in 2022. 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.

ADPEP grantees are required to address excessive alcohol use as part of their biennial workplans. This could include participating in statewide or local initiatives, utilizing Rethink the Drink resources, or having a goal specific to reducing 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:

- Supporting practices or policies that limit youth access to alcohol in communities or promote safer alcohol sales and policies, such as community event policies.
- Educating 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.
- Supporting 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 polices that reduce access to alcohol.

D. Data to Inform Program Priorities

The first step of developing an effective program is assessing community needs based on data. Utilizing relevant and recent data helps guide prevention decisions by informing which substance misuse issues to address, how to address those problems, and how to determine whether goals were reached (SAMHSA, 2023). ADPEP programs are expected to utilize recent (collected and analyzed within the last five years) and relevant data, or conduct a

community assessment (either a readiness, needs, or health assessment) to drive programming. **Workplans will cite the data that was used to inform selected interventions and goals.**

Data sources include, but are not limited to:

- OHA's Chronic Conditions and Chronic Conditions Risk Factors Data Dashboard
- County Health Improvement Plans (CHIP)
- Oregon Student Health Survey (SHS)
- Oregon Alcohol Retail Density Map
- Tobacco and Alcohol Retail Assessment (TARA)

E. Evidence-Based Interventions & Registries

Evidence-based programs and practices are defined as such because they consistently achieve positive outcomes. Programs are encouraged to utilize evidence-based practices, however OHA and SAMSHA recognize that the science and evidence base continues to expand and change. Thus, **ADPEP programs are asked to include at least one evidence-based program, policy, or practice (EBPPP) in their workplan.** Programs are welcome to use more than one but are also encouraged to consider promising and emerging practices that may be more effective for culturally-specific groups. **Programs will state which evidence-based practice or program they plan to use, the registry from which it came, and the rationale for using it.** If implementing a curriculum, programs will provide the name of the curriculum, whether it is an evidence-based or promising practice, and the rationale for using it. If using an evidence-based curriculum, please also provide the registry. If you hope to implement an intervention that is not listed in a registry or are unsure whether an intervention is evidence based, please reach out to your Community Programs Liaison (CPL).

A strongly recommend resource is Section One (1) of the Guide to Online Registries for Substance Misuse Prevention Evidence-Based Programs and Practice (pgs. 3 – 11).

F. Communications

Communications is a vital part of a comprehensive approach to primary prevention. Communications initiatives should be strategic by having specific goals, audiences, and integrating communications into larger system-wide strategies. Grantees should review Appendix D: Grantee Health Communications Guidance for more information to create effective health communication strategies and technical assistance available to your community.

EARNED MEDIA

Earned media includes generating free coverage in the press and through public service announcements. This is a powerful tool to reach local audiences. Local messengers can provide a trusted voice that may be better received by local communities.

For the 2025-2027 biennium:

- **ADPEP coordinators will act as or identify a spokesperson for their program or county.**
- **Programs will be expected to make at least one pitch or news release per year. This will result in at least two pitches or news releases during the biennium.**

The intent of this requirement is to help build skills around earned media, while ensuring that OHA has local spokespeople ready to handle media requests as they arise.

PAID MEDIA

If a program chooses to utilize their ADPEP budget for paid media, they must outline a communications plan in their workplan. Paid media includes any paid advertising such as paying to place ads on TV, radio, billboards, transit, online platforms, print media, and more. A paid media plan should include:

- A defined goal and objective
  - Including how these goals tie into long term community goals
- A defined audience
- Information about campaign development
  - Including message testing or community engagement
- How you will measure success
- Project timeline

IV. HIGHLY RECOMMENDED CONSIDERATIONS

ADPEP programs are encouraged to create realistic workplans, center equity in all strategies, work across the lifespan, and center community voice. The following are other considerations to keep in mind as you develop your workplan.

A. Prevention Frameworks

ADPEP is funded primarily by Oregon's SUPTRS BG. The SUPTRS BG primary prevention objective is to help plan, implement and evaluate activities that prevent substance use by

reducing risk factors and increasing protective factors associated with alcohol, commercial tobacco, and other drugs.

The Strategic Prevention 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 that are available to help programs prevent and reduce the use and associated harms from alcohol, commercial 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. For more information on frameworks, see Appendix C: Prevention Frameworks.

B. Prevention Partnerships

Coordination and alignment of prevention initiatives around common risk and protective factors is integral to achieving comprehensive prevention goals, leveraging relationships, resources, and mobilization across the county. Programs are encouraged to collaborate with other prevention programs by 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. Reflecting coordinated activities and goals in program workplans is welcomed. See Appendix E: Prevention Partners for a list of other funded prevention programs and brief summaries of their work.

C. Comprehensive Strategies

A combination of comprehensive and complementary strategies is necessary to achieve community-wide change. Programs should consider the following when developing goals for their ADPEP workplan:

- 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) based on up-to-date data and community buy-in.

> 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 a public health problem. So, in addition to information sharing, environmental and 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, programs contribute to achieving population-level change by focusing on multiple targets of sufficient scale and scope to make a difference county-wide. Costs associated with implementation and monitoring within a county 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.

THINKING BEYOND THE BIENNIUM

While OHA's funding is based on a biennium, programs are encouraged to think beyond the two-year cycle and consider how the goals of the biennium build into long-term strategies. What do you envision your community looking like five to ten years from now? What long-term strategies are needed to reach that vision? The goals of a biennium are building blocks to longer term goals and programs are encouraged to craft their workplan as a step in their long-term strategic planning.

V.TRAINING AND TECHNICAL ASSISTANCE (TTA)

HPCDP will support ADPEP programs with training and technical assistance (TTA) learning opportunities. HPCDP training and technical assistance is dependent upon program staffing capacity and available funding. TTA 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. If you have any TTA needs, please reach out to your CPL.

TTA Provider	TTA Content Area
HPCDP Communications Team	HPCDP 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 D: Grantee Health Communications Guidance.
HPCDP Policy Team	HPCDP's Policy Team works to advance policies that promote health equity and prevent chronic disease in commercial tobacco control, nutrition security and physical activity, and alcohol and other drugs. They can assist ADPEP programs by: • Collaborating with community partners to understand local health needs and priorities. • Recommend policies to address state and community needs that decrease the availability and exposure to harmful products, allowing Oregonians to lead healthy lives. • Providing assistance on policy drafting, workplan development, community engagement and mobilization.
HPCDP Surveillance, Evaluation and Epidemiology Team (SEET)	SEET is HPCDP's data, evaluation, and epidemiology support resource for all of your data collection, reporting, and evaluation needs.
HPCDP Contractors	HPCDP Contractors provide TTA to grantees for a variety of needs including, but not limited to: • Communication and messaging • Strategic planning • Evaluation Reach out to your CPL if you have a TTA request and are not sure if a contractor may provide the best support.

SmokeFree Oregon (SFO) Resource Portal	The SFO Resource Portal is a tool for all HPCDP grantees. The portal contains recorded trainings and webinars, toolkits, onboarding materials, and recommended websites. Grantees are also to submit resources to the portal that may be helpful to others.
Northwest Prevention Technology Transfer Center (NW PTTC)	The NW PTTC serves as a primary TTA resource to Region 10 (Alaska, Idaho, Oregon, and Washington) by leveraging the knowledge of prevention science with the application of community capacity-building, workforce development, and expertise in knowledge transfer mechanisms.
Strategic Prevention Technical Assistance Center (SPTAC)	SPTAC is a SAMHSA national training and technical assistance system dedicated to advancing the application of culturally responsive, evidence-informed substance misuse prevention efforts.

To find the dates and times for HPCDP sponsored meetings, trainings and affinity groups, as well as training opportunities offered by other organizations, visit the HPCDP Digest.

A. Meetings & Webinars

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 2025-2027 are outlined in the chart on the next page. This chart may be revised and redistributed as future events are planned.

Type	Number	Format and Content	Timing
REQUIRED eLearning Module on Appropriate Use of Public Funds	Once per year	• Online learning module that reviews guidelines related to Education, Advocacy, Lobbying and Electioneering	Winter 2026 and 2027

REQUIRED 1:1 Meetings with CPL	At least eight (8) meetings per biennium	• Virtual meeting between ADPEP coordinator and their CPL. • Programs are required to meet with their CPL regularly to provide updates on program activities, needs, and TTA requests. Meeting regularly ensures that the CPL can advocate for program needs and assist in modifying workplans and budgets.	At least quarterly (4) per year
ADPEP Statewide Monthly Meetings	12 per year	• Virtual meeting coordinated and facilitated by HPCDP. Provides operational support regarding grant requirements, program plans, policy and program updates, lessons learned and successes. They also ensure that information is shared with grantees in a timely manner.	Monthly
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
Trainings related to HPCDP Alcohol, Commercial tobacco and Other	Varies	• 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,	TBD

Drugs strategies and priorities		strategy priority, data, workforce development, or communications initiative.	
Grantee Legislative Coordination calls	Varies	• These calls 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

B. 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 at this time as the Public Health Division cannot place requirements on local public health authorities for credentialing standards.

The OSPTR Board has allocated $450,000 to support the Oregon Coalition of Prevention Professionals (OCPP) and Oregon Behavioral Health Council (OBHC) to train and certify 100 Certified Prevention Specialists in multiple training cohorts through 2026. Representatives from LPHAs, community-based organizations (CBOs), and Tribal organizations are eligible. OHA will share more information in the biennium on how ADPEP grantees can register to participate in future OCPP cohorts.

ADPEP programs are also welcome to use ADPEP funds to attend and support training costs related to the CPS training certification and maintenance of certification.

VI. BUDGET

The budget template includes two (2) worksheets, one for each fiscal year, and both worksheets must be completed. Each worksheet includes formulas to perform automatic calculations.

Refer to Appendix A: 2025-2027 ADPEP Funding Summary for biennial budget amounts.

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.

The Budget Worksheet should include each of the following Budget Categories, as relevant:

- **Salary:** List each position funded by the grant on a separate line. Please do not list individual staff member names. For each position, include the job title, annual salary, FTE as a percentage and the number of months requested for each staff person. The total salary will automatically calculate. Include a narrative for each position, briefly describing their primary responsibilities on the grant.
- **Fringe Benefits:** If applicable, list the fringe rate for each position on a separate line. The total fringe will automatically calculate. Unless otherwise indicated, the general assumption is that the "Base" will be the total salary charged to the contract.
- **Equipment:** Provide a total amount for equipment, as well as a narrative, listing planned purchases and brief rationale. Office furniture, equipment and computer/software upgrades are allowable provided they are reasonable expenditures and related to the ADPEP plan.
- **Supplies:** Provide a total amount for supplies. Supplies may include office supplies or meeting supplies 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.
- **Travel:** Grantees can reserve some funding in the budget for anticipated travel costs for attending in-person trainings. **HPCDP anticipates holding at least one in-person regional or state-wide event.** While the exact location is unknown at the time of the RFA release, this event will likely be outside of the Portland Metro area, so please budget accordingly. If you expect to attend 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.
    - 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. When making travel plans, use the 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. When making travel plans, use the 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.

  - One-Time Speakers: Research has shown that one-time speakers or assemblies are ineffective forms of information dissemination (PTTC, 2024). Plans that include guest speakers as stand-alone events must describe how the events tie into a larger strategy that is part of a comprehensive plan. Events should be considered activities within a broader objective and are not considered an intervention. If asked, programs should be able to provide an intent for the speaker (how does their presentation tie into long-term community goals?), how it will drive longer-term change, the target audience, rationale for how the event will build partnerships (ex. with school administrators, school resource officers, law enforcement, community organizations, etc.), anticipated outcomes, and evaluations of whether the event was successful.

- **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:** Enter the cost allocation or indirect rate. OHA reserves the right to request additional detail on cost allocation or indirect rates. If you do not have a current Federal negotiated indirect cost rate (including provisional rate) you can choose to use a de minimis rate of up to 15% of modified total direct costs (MTDC) (Code of Federal Regulations, 2024). The recipient or subrecipient is authorized to determine the appropriate rate up to this limit. Budgets with an indirect rate over 15% will need to provide proof a current Federal negotiated indirect cost rate for OHA to accommodate it.
- **Totals:** The worksheet will auto-fill the total budget amount requested. Ensure that the total budget amount does not exceed the allocated amount.

When using ADPEP funds for meetings and events, programs shall make their best effort to hold events and trainings in a manner that is supportive to health, equity and inclusiveness. This includes holding events and trainings at tobacco-free locales, making accommodations for participants to breastfeed or pump breast milk, offering breaks for voluntary movement or activity for at least 10 minutes per hour of meeting time, offering non-English language translation services, and providing transportation stipends, participation stipends, and childcare services. We recommend programs refer to the HPCDP Nutrition Protocols when providing food at events.

UNALLOWABLE EXPENSES

ADPEP funds are intended for primary prevention activities and initiatives. Funds may not be used for

- Medications or harm reduction supplies
- Clinical services
- Substance Use Identification Devices (i.e. breathalyzers, drug tests, vape detectors)
- Purchasing buildings or capital improvements.

For a more comprehensive list of unallowable and allowable expenses, please see Appendix F: 2025-2027 ADPEP Allowable Expenses. Note that the list is not exhaustive.

VII. GRANTEE REPORTING

1. 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 and objectives set forth in their ADPEP workplan.
2. Reporting for ADPEP will be separate from Opioid Settlement Funds reporting due to different funding streams and reporting expectations.
3. Reports are due within 30-days of when you receive your reporting notification. All ADPEP grantees must complete four ADPEP reports for the biennium in the following approximate timeline:
    - Period 1: Due January 2026 (covers July 2025 - December 2025
    - Period 2: Due July 2026 (covers January 2026 - June 2026)
    - Period 3: Due January 2027 (covers July 2026 - December 2026)
    - Period 4: Due July 2027 (covers January 2027 - June 2027)
4. CPLs will host grantee reporting meetings once per year to track successes, identify challenges, monitor grant compliance on prevention plan activities, and collect information to maintain secure funding.

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:

- 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.

VIII. WORKPLAN AND BUDGET REVIEW

A. Submission Guidance

Programs should submit the following via email to HPCDP.Community@odhsoha.oregon.gov and CC their assigned CPL by 11:59 p.m. PT on March 14, 2025.

- One (1) electronic copy of the ADPEP workplan using Attachment 1: 2025-2027 ADPEP Workplan Template.
- One (1) electronic copy of the ADPEP budget using the Attachment 2: 2025-2027 ADPEP Budget Worksheet.

Please consider labeling each file with your county name, the grant year, the funding stream and the form type, such as:

- CountyName.2025-27.ADPEP.Workplan.docx
- CountyName.2025-27.ADPEP.Budget.xlsx

Completed submissions will receive a notification of receipt. If you do not know who your assigned CPL is, please contact HPCDP.Community@odhsoha.oregon.gov.

B. Questions

This grant is non-competitive. Applicants are encouraged to reach out to their CPL or other HPCDP staff for help, or to submit questions by email to HPCDP.Community@odhsoha.oregon.gov.

Questions submitted in writing by 11:59 p.m. PT, February 7, 2025, will be answered in a Q&A format and posted on the ADPEP Program Guidance section of HPCDP Connection on February 19, 2025.

Virtual office hours with HPCDP staff will be held to discuss the guidance, including questions about workplans and budgets. These office hours will take place on February 4, 2025 from 1 p.m. – 2 p.m. PT and February 19, 2025 from 11 a.m. - Noon PT.

If you have questions during the application process, please reach out to your assigned CPL or HPCDP.Community@odhsoha.oregon.gov.

IX. APPENDICES & ATTACHMENTS

1. Appendix A: 2025-2027 ADPEP Funding Summary
2. Appendix B: 2025-2027 Workplan and Budget Instructions
3. Appendix C: Prevention Frameworks
4. Appendix D: Grantee Health Communications Guidance
5. Appendix E: Prevention Partners

6. Appendix F: 2025-2027 ADPEP Allowable Expenses
7. Attachment 1: 2025-2027 ADPEP Workplan Template
8. Attachment 2: 2025-2027 ADPEP Budget Worksheet

X. GLOSSARY OF ACRONYMS

Throughout this guidance, its appendices and attachments, numerous acronyms are used. Please reference this glossary for definitions.

- ACEs = Adverse Childhood Experiences
- ADPC = Alcohol and Drug Policy Commission
- ADPEP = Alcohol and other Drug Prevention and Education Program
- ATOD = Alcohol, Tobacco & Other Drug
- CADCA = Community Anti-Drug Coalitions of America
- CBO = Community Based Organizations
- CHIP = Community Health Improvement Plan
- CPL = Community Programs Liaison
- CPS = Certified Prevention Specialist
- CSAP = Center for Substance Abuse Prevention
- EBPPP = Evidence-Based Program, Policy or Practice
- FTE = Full Time Employee
- GA = Grant Agreement
- HPCDP = Health Promotion and Chronic Disease Prevention
- IC&RC = International Certification & Reciprocity Consortium
- IGA = Intergovernmental Grant Agreement
- IOM = Institute of Medicine
- IVPP = Injury and Violence Prevention Program
- LGBTQ2IAS+ = Lesbian, Gay, Bisexual, Transexual, Queer, Questioning, Two Spirit, Intersex, Asexual, and other identities
- LPHA = Local Public Health Authority
- MHACBO = Mental Health and Addiction Certification Board of Oregon
- NW PTTC = Northwest Prevention Technology Transfer Center
- OBHC = Oregon Behavioral Health Council
- OCPP = Oregon Coalition of Prevention Professionals
- ODE = Oregon Department of Education
- OHA = Oregon Health Authority
- OSPTR = Opioid Settlement Prevention, Treatment and Recovery
- PE = Program Element
- PHD = Public Health Division

- PT = Pacific Time
- PTTC = Prevention Technology Transfer Center
- RFP = Request for Proposals
- RHEC = Regional Health Equity Coalition
- SAMHSA = Substance Abuse and Mental Health Services Administration
- SEET = Surveillance, Evaluation and Epidemiology Team
- SFO = SmokeFree Oregon
- SHS = Student Health Survey
- SPF = Strategic Prevention Framework
- SPTAC = Strategic Prevention Technical Assistance Center
- SUPTRS BG = Substance Use Prevention, Treatment, and Recovery Services Block Grant
- TARA = Tobacco and Alcohol Retail Assessment
- TPEP = Tobacco Prevention and Education Program
- TTA = Training and Technical Assistance

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Contact the Health Promotion and Chronic Disease Prevention Section at HPCDP.Community@odhsoha.oregon.gov or 971-673-0984. We accept all relay calls.

Public Health Division
Health Promotion and Chronic Disease Prevention
800 NE Oregon Street, Suite 730
Portland, OR 97232
971-673-0984
https://www.oregon.gov/oha/ph/preventionwellness/excessivealcoholuse
https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/excessivealcoholuse