



# Alcohol and Other Drug Prevention and Education Program (ADPEP) Appendix B: 2025-2027 Workplan and Budget Instructions

## Step-by-step guide to the ADPEP Workplan and Budget

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# I. WORKPLAN AND BUDGET CHECKLIST

1. Develop a 2025-2027 budget and biennial ADPEP workplan using:
  - Attachment\_1\_2025-2027\_ADPEP\_Workplan Template
  - Attachment\_2\_2025-2027\_ADPEP\_Budget Worksheet
2. Budget Template
  - Complete each tab of the spreadsheet. Each tab accounts for one fiscal year.
  - Ensure that items in the budget align with workplan activities and are allowable.
3. Workplan Template
  - One goal must address alcohol or excessive alcohol use.
    - Excessive alcohol use includes underage drinking, binge drinking, heavy drinking and drinking by pregnant people.
  - Recent (collected within the last five years), relevant data are cited, or a community readiness assessment or community health assessment is included in the workplan.
  - At least one goal uses an evidence-based intervention, lists from which evidence-based registry it was selected, and the rationale for using it.
  - If implementing a curriculum, the workplan states which curriculum is being used, whether it is an evidence-based or promising practice, and the rationale for using it.
  - Each objective lists which IOM Category it falls under.
  - Each activity lists which CSAP Strategy it falls under.
4. Submit workplan and budget to [HPCDP.Community@odhsoha.oregon.gov](mailto:HPCDP.Community@odhsoha.oregon.gov) and cc your CPL by March 14, 2025.

## II. WORKPLAN COMPONENTS

This section corresponds to **Attachment 1: 2025-2027 ADPEP Workplan Template**. See Table 1 in Appendix A for an example workplan.

### A. Goals

Goals are aspirational statements about what you want to achieve. A goal may be intended for the biennium, or it can be long-term. A long-term goal may not realistically be achieved for 5-10 years but provides a north star for one's programmatic work. When crafting a goal, it should:

- Be broad, future-oriented statements that describe expected effect or change.
- Define scope.
- Provide a framework for objectives.

What makes a meaningful goal? It is...

- Concise
- Free from jargon
- Specific about expected effect
- Easily understood
- A declarative statement
- Does not include solution or specific service/program
- Conveys ultimate destination

Example Goal

- *All employees in XXX County work in environments that support mental well-being.*

### B. Why? (Community Context & Data)

Describe why this goal is being prioritized for your community. Provide the reasoning and data informing the selection of the proposed objectives and activities such as community need, surveillance data, community assessment outcomes or readiness assessment outcomes. Cite data source and year as well as other information used to determine priority areas. Please keep in mind that data should be recent and relevant, having been collected within the last five years.

### C. Equity Considerations

Provide an overview of how this strategy will be approached equitably. This may include considerations of populations impacted by the issue, reflection on potential positive and

negative outcomes of an action or intervention, including diverse voices in planning, preparing culturally responsive communications, and equitable implementation and enforcement.

## D. S.M.A.R.T. Objectives

A SMART objective is one that is specific, measurable, achievable, relevant, and time bound. SMART objectives provide the details for how a group or organization will achieve a goal ([Minnesota Department of Health, 2023](#)).

SMART objectives should be:

- Specific – 1) straightforward and well defined; and 2) clear to anyone who has a basic understanding of the project/issue.
- Measurable – 1) ensure you can measure the change you want to make; and 2) identify indicators to know when you have achieved your objective/desired change.
- Attainable – 1) the proposed objective is attainable based upon the available resources.
- Realistic/Relevant – 1) realistic with available resources, knowledge and time; and 2) the goal should be tied to the community’s needs and readiness level.
- Timebound – 1) enough time to achieve the objective, but within the biennium.

Example SMART Objectives

1. *By June 20XX, decreased binge drinking by 5% among 12-18 year olds in XXX County.*
2. *By June 20XX, decreased 30-day alcohol use by 5% among 12-18 year olds in XXX County.*
3. *By June 20XX, decreased availability of alcohol at retail environments in XXX County.*

## C. Activities

Activities describe what programs will do to reach their objective. These might include:

- Staff trainings
- Engaging with schools on reducing substance misuse
- Identifying data and metrics or conducting data collection
- Engaging with community partners to identify needs, supports, and barriers
- Working with a subcontractor

## D. Inputs

Inputs are the resources a program needs to achieve stated activities and objectives. This is likely to include factors like the number of staff available to work on an initiative, materials, and the funding that will be used to support its implementation.

## E. Outputs

Outputs are the tangible, documentable results of the identified activities. They are the intermediary steps between what you do (the activity) and the change that occurs (outcomes). For example, if the activity was that staff trainings were developed and implemented, the output is that X number of people attended or were given materials. Outputs may include things like:

- Number of trainings prevention staff will complete
- Number of community partnerships that will be identified, and/or how often community partners will be engaged over a specific time period
- Number of schools that will participate in a curriculum

## F. Outcome Indicators

Outcomes describe how a population or sub-population will be changed as a result of the initiative. Logic models commonly distinguish between short- and long-term outcomes to describe the chain of effect that is expected from an initiative's planned work.

- **Short-Term** outcomes focus on changes in learning, behavior and knowledge that can be expected within six months to a year of completing the identified activities and outputs. For a list of example short-term outcome indicators see Table 2 of Appendix.
- **Long-Term** outcomes focus on expected changes in systems and institutions that can be expected within five to ten years of completing the identified activities and outputs.

## G. CSAP Strategies

The ADPEP workplan is implemented through the Center for Substance Abuse Prevention's (CSAP) six strategies. Strategies must focus on the overall goal of reducing the use of alcohol, commercial tobacco and other drugs. Strategy categories are listed below and examples of each can be found on pages 6 – 7 of the ADPEP Program Guidance.

- **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.
- **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.
- **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. Keep in mind that 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 agencies. It encompasses using action planning and collaborative systems planning.
- **Environmental/Social 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.
- **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.

## H. IOM Categories

The National Academies of Science Institute of Medicine (IOM)'s Continuum of Care is a classification system that organizes and defines the scope of behavioral services. Each objective should have one IOM category selected.

- **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.

## III. BUDGET COMPONENTS

This section corresponds to **Attachment 2: ADPEP Budget Template**.

There are two tabs to the budget template. The Line-Item Budget and Narrative Worksheet should include each of the following Budget Categories, as relevant:

## A. 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.

## B. 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.

## C. 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 program.

## D. 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.

## E. 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.** 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 dictate 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](http://www.gsa.gov/perdiem).



- **Out-of-State:** Travel to attend out-of-state events or conferences is permitted if content is applicable to the ADPEP program. 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 dictate 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](http://www.gsa.gov/perdiem).

## F. 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 will need to describe how these events tie into a larger strategy that is part of a comprehensive plan. These 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.

## G. 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 workplan. A separate document must be provided to HPCDP including:

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. Method for selecting the contractor, such as bids, RFPs, sole-source, etc.

## H. Total Direct Costs

The total direct cost will auto-fill on the worksheet. Confirm that the amount is correct.

## I. 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.

## J. Totals

The budget worksheet will auto-fill the total budget amount requested. Ensure that the total budget amount does not exceed the allocated amount.

# IV. OTHER CONSIDERATIONS

## A. Risk and Protective Factors

When writing your workplan it is important to consider risk and protective factors that impact the issue you are working on.

### RISK FACTORS

Risk Factors are factors shown to increase the likelihood of risky behaviors such as problem gambling, substance abuse, risky sexual behavior, school drop-out, violence, and delinquency.

### PROTECTIVE FACTORS

Protective Factors counter risk factors and the more protective factors that are present, the less the risk. Protective factors fall into three basic categories: individual characteristics, bonding, and healthy beliefs and clear standards.

Things to ask yourself when developing your objectives in your prevention plan:

1. What risk or protective are there that may be partially responsible for a particular problem or desired outcome?
2. How does your objective tie back to the specific goal you have created?
3. Will the prevention strategies implemented address the “factors” that are selected, as well as be measurable in obtaining the goal?

The Strategic Prevention Technical Assistance Center (SPTAC) has a comprehensive list of [Risk and Protective Factors for Substance Misuse that Present in Childhood](#). This may be a beneficial resource while crafting your workplan.

## **B. Building Toward Policy, Systems and Environmental Change**

A focus on **policy, systems and environmental changes** is essential to a comprehensive prevention program. Public health prevention prioritizes population-level changes that support changes in systems and environments. Policy, systems and environmental changes support changing social norms to make healthy options easily available and within reach of all people and protect people in the community from unhealthy options and influences.

At the community and state level, policy changes can range from workplace rules, school board decisions, insurance provisions, joint use agreements to limit use of commercial tobacco, alcohol and other substances at a youth event or public or private venue, to ordinances and regulations that impose conditions in a local or statewide retail environment, or laws in statute that affect populations across the state.

## **V. GUIDANCE FOR REVISIONS**

HPCDP recognizes that policy and systems change work is dynamic and workplan activities and strategies may shift throughout the biennium. Throughout the 2025-2027 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.*

### **EXAMPLE: Workplan Revision Not Needed**

An ADPEP coordinator planned to work with one high school in their county to implement an evidence-based curriculum focused on substance use prevention. Due to high staff turnover, it was not possible to work with that high school. Instead, the ADPEP coordinator worked with another school to implement this curriculum. The ADPEP coordinator would not need to change their workplan but would write about this and the reason for these changes in their quarterly report.

### **EXAMPLE: Workplan Revisions Needed**

An ADPEP coordinator determined there was not capacity from a high school or other schools to implement an evidence-based substance use prevention curriculum. Instead, they decide it

would be more effective to work on restricting outlet density where cannabis products are sold through zoning or distance limits. Because there was a significant change to the strategy and approach, which would change program activities and engaged partners, a workplan revision would be required. The revised workplan and (likely) budget would need to be submitted to HPCDP for approval.

## VI. APPENDIX

Table 1: Example Workplan

<p><b>Goal 1:</b> Youth in XXX County are supported in and outside of school to make healthy decisions improving their physical, emotional, and mental health.</p>					
<p><b>Why? (Community Context and Data):</b> Underage drinking can have harmful effects on the developing brain. According to the 2022 Oregon Student Health Survey (SHS), 15% of 11<sup>th</sup> graders in Emerald County reporting having had alcohol in the last 30-days. This was an increase of 3% from the 2020 Oregon Student Health Survey and coincides with almost 40% (38.4%) of 11<sup>th</sup> graders reporting that they felt so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities (Oregon SHS, 2022). Increasing protective factors in schools and youth-oriented spaces may help to address these mental health concerns while helping students to feel supported in making healthful decisions.</p>					
<p><b>Equity Considerations:</b> According to the SAMSHA, underage alcohol use is slightly higher in rural areas at 14.4% in nonmetro areas and 13.7% in large metro areas (NSDUH, 2023). Thus, we will make a concerted effort to collaborate with community partners in rural cities and areas of our county to ensure that students receive ample prevention education and mental health support.</p>					
<p><b>Objective 1.1:</b> By June 2027, increase student perception of risk on the dangers of drinking alcohol by 3% as compared to the 2022 Student Health Survey results.</p>					
<p><b>IOM Category:</b>  <input type="checkbox"/> Universal Direct    <input checked="" type="checkbox"/> Universal Indirect    <input type="checkbox"/> Selective    <input type="checkbox"/> Indicated</p>					
Activity	Inputs	Outputs	Short-Term Outcome	Long-Term Outcome	CSAP Strategy
Conduct Community presentations and trainings	Presentation equipment and materials, community event calendar	# of trainings or presentations and # of policies adopted etc.	90% of participants will report an increase in awareness that excessive alcohol use carries risk in post-survey	At least one policy reducing access to alcohol is passed	Prevention education
Provide classroom prevention education	Evidence-based curriculum and corresponding materials	# of integrated curriculum prevention education courses	30-day underage alcohol use decreases by 3% according to the 2026 student health survey	Alcohol use among high school students decreases from ###% to ###% by 2030 according to the SHS	Prevention education
Social media campaign	Technical assistance, contractor computer	# of social media postings, engagement rate and reach	BRFSS data shows a decline in excessive drinking and/or binge drinking	At least one policy reducing access to alcohol is passed	Information dissemination

Table 2: List of example short-term outcome indicators

<b>Alcohol</b>	<b>Tobacco</b>	<b>Other Drugs</b>
30-day underage alcohol use	30-Day Cigarette Use	30-Day Marijuana Use
30-day adult alcohol use	30-Day Other Tobacco Product Use	Lifetime Marijuana Use
30-day binge drinking	Lifetime Cigarette Use	Age of First Use of Marijuana
30-day heavy drinking	Lifetime Other Tobacco Product Use	Perceived Risk of Harm of Use of Marijuana
Lifetime alcohol use	Age of First Use of Cigarettes	Availability of Marijuana
Age of first alcohol use	Age of First Use of Tobacco Other than Cigarettes	Perception of Parent Disapproval of Use of Marijuana
Driving after drinking	Perceived Risk of Harm Smoking One or More Packs of Cigarettes Daily	30-Day Synthetic Substances Use
Riding with a person that was drinking	Perception of Parent Disapproval of Use of Cigarettes	Availability of Synthetic Substances
Perceived risk of harm from one or two drinks daily	Availability of Cigarettes	30-Day Illicit Drug Use
Perceived risk of harm of five or more drinks once or twice weekly		Lifetime Illicit Drug Use
Perception of parent disapproval of alcohol use nearly every day		Availability of Illicit Drugs
Availability of alcoholic beverages		30-Day Use of Prescription Drugs (not prescribed to individual)
Alcohol abuse or dependence		Non-Medical Use of Pain Relievers in Past Year
Perception of workplace policy		Perception of Parent Disapproval for Using Prescriptions Drugs without Prescription
		Perceived Risk of Harm of Use of Nonmedical Use of Prescriptions
		Family Communication Around Drug Use

## Resources

Prevention strategies and select resources for evidence-based programs are listed below.

- [Guide to Online Registries for Substance Misuse Prevention Evidence-Based Programs and Practice](#) (PTTC)
  - [Evidence-Based Practices Resource Center](#) (SAMHSA)
  - [The Community Guide: Preventing Excessive Alcohol Use](#) (Centers for Disease Control)
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You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Health Promotion and Chronic Disease Prevention Section at [HPCDP.Community@odhsoha.oregon.gov](mailto: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>

