

STRATEGIC PREVENTION FRAMEWORK
PARTNERSHIP FOR SUCCESS
GRANT MANUAL



Office of Drug Policy
FY2019-FY2023
Effective July 1, 2020

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OFFICE OF DRUG POLICY

The Office of Drug Policy (ODP) was established as one of the Executive Offices of the Governor in 2007 by House Bill 106.

IDAHO CODE 67-821:

“*Coordination of policy and programs related to drug and substance abuse. (1) There is hereby established in the office of the governor the “Office of Drug Policy.” The administrator of the office of drug policy shall be the official in the state designated to oversee and execute the coordination of all drug and substance abuse programs within the state of Idaho. The administrator shall be appointed by and shall serve at the pleasure of the governor, and shall be subject to confirmation by the state senate. (2) The office of drug policy shall: (a) Cooperate and consult with counties, cities and local law enforcement on programs, policies and issues in combating Idaho’s illegal drug and substance abuse problem; (b) Serve as a repository of agreements, contracts and plans concerning programs for combating illegal drug and substance abuse from community organizations and other relevant local, state and federal agencies and shall facilitate the exchange of this information and data with relevant interstate and intrastate entities; (c) Provide input and comment on community, tribal and federal plans, agreements and policies relating to illegal drug and substance abuse; and (d) Coordinate public and private entities to develop, create and promote statewide campaigns to reduce or eliminate substance abuse.*”

MISSION:

“*The Office of Drug Policy leads Idaho’s substance abuse policy and prevention efforts by developing and implementing strategic action plans and collaborative partnerships to reduce drug use and related crime, thereby improving the health and safety of all Idahoans.*”

VISION:

“*The Office of Drug Policy envisions an Idaho free from the devastating social, health, and economic consequences of substance abuse.*”

ODP provides grants to communities; disseminates media campaigns; coordinates state-level, drug-related policy; facilitates multiple workgroups; and provides training to the prevention workforce.

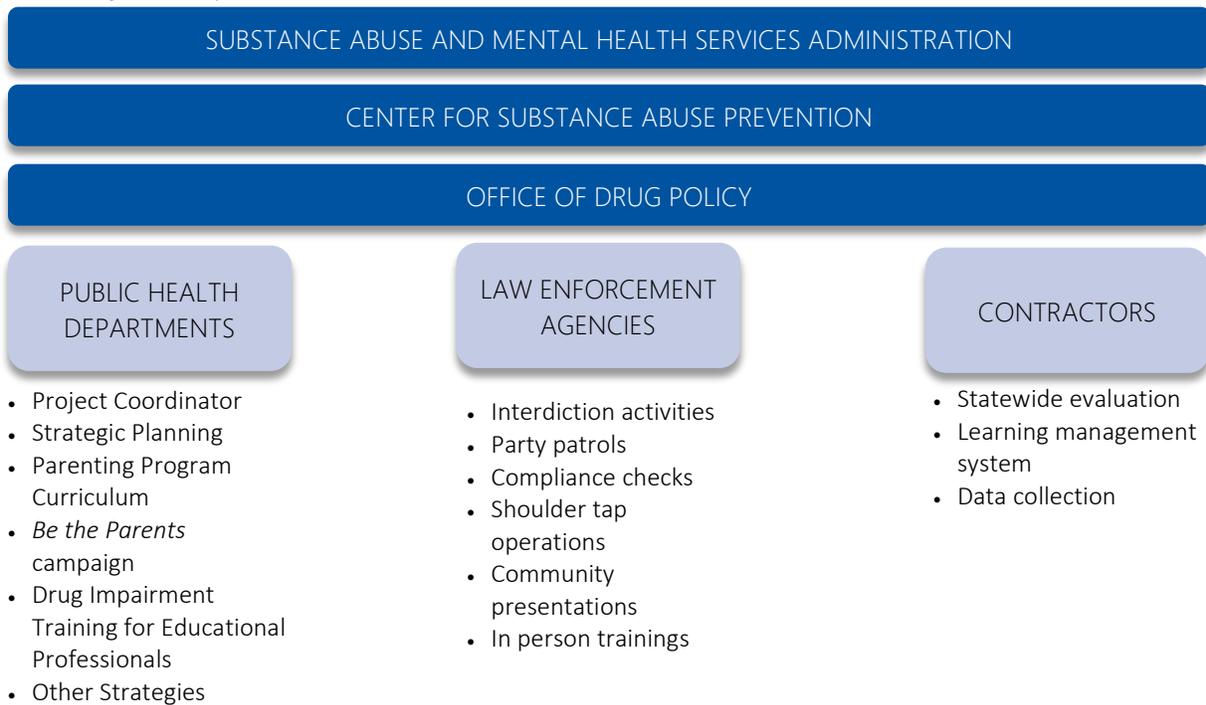
PARTNERSHIP FOR SUCCESS GRANT

PURPOSE

The Partnership for Success Grant (PFS) is the second generation of the five-year Strategic Prevention Framework State Incentive Grant (SPF SIG) awarded to ODP in fiscal year (FY) 2013. The goal of implementing the PFS grant is to prevent underage drinking, marijuana use, and methamphetamine use in communities using evidence-based prevention programs and practices, especially among American Indians, Hispanics/Latinos, veterans and their families, and Idahoans living in rural communities, while increasing capacity for prevention efforts in each district.

The funding for the PFS is administered through the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Center for Substance Abuse Prevention (CSAP). Funds are sub-granted to public health departments (PHD) and law enforcement (LE) agencies to implement local substance use disorder prevention work. Additionally, ODP will provide funds for training through a contracted learning management system (LMS) for Project Coordinators (PC) at the public health departments and the Regional Behavioral Health Boards (RBHB) and in person training for law enforcement agencies as needs are identified. Finally, ODP will utilize PFS funds to contract for services for statewide evaluation to ensure that activities funded by the PFS are effective in preventing underage drinking, marijuana use, and methamphetamine use; and for data collection efforts to track change in consumption and consequences of substance use and abuse in Idaho, see [Figure 1](#).

Figure 1: *Activities funded by the PFS.*



SPECIAL TERMS AND CONDITIONS

There are several special terms and conditions for public health departments and RBHBs to be aware of when accepting PFS funding outlined in the Notices of Award. Particular special terms and conditions especially relevant to PCs include:

SUPPLANTING

Funding from the PFS may not be used to supplant expenditures from other Federal, State, or local sources. It is also inappropriate to commingle funds on a program-to-program or project-to-project basis. If there is a potential presence of supplanting, ODP will call for documentation demonstrating proof of compliance with this policy.

LOBBYING

Funding from the PFS may not be used for lobbying activities. Unallowable activities include:

- Spending federal funds to influence an officer or employee of any agency or Congressional member/staff regarding federal awards;
- Using grants funds provided to non-profit organizations or institutions of higher education to influence an election, contribute to a partisan organization, or influence enactment or modification of any pending federal or state legislation; or
- Expending federal funds to influence federal, state, or local officials or legislation

PROTECTING VULNERABLE POPULATIONS

Although funds are available to prevent underage drinking, marijuana use, and methamphetamine use statewide, special considerations should be made for populations with identified health disparities including American Indians, Hispanics/Latinos, veterans and their families, and rural Idahoans. For more information about your region's identified subpopulations, see [Figure 2](#). It is vital that all activities conducted with PFS grant funds be culturally competent; that parental consent is provided when programs are delivered to youth; and that background checks are administered to personnel directly interfacing with service recipients, especially if the service recipients include children, individuals who are incarcerated, the elderly, the unhoused, or individuals with mental illness. It is not the responsibility of the PC to ensure facilitators have background checks if they are only being trained by PFS monies and they are facilitating classes with other funding sources.

FUNDING PREVENTION

Funding from the PFS may only be used to fund substance use prevention programs and strategies. Substance use prevention services allowable with grant funds aim to prevent the initiation of substance use and abuse and do not include treatment or recovery services. Problem identification and referral strategies (detailed further on [page 10](#)) including student assistance programs and mental health screenings are allowable, but actual services to treat individuals with behavioral health issues are not allowable. For more information about allowable prevention programs and strategies, see [Appendix A](#).

CERTIFICATIONS

To ensure that prevention professionals are properly trained, ODP requires that all PCs who do not have their Certified Prevention Specialist (CPS) credential take approved courses in Ethics and Fundamentals of Prevention within four months of hire. To access these modules, visit www.odplms.tuvuti.io. PCs without their CPS are required to complete two (2) courses per quarter, as courses are available. These courses fit into domains for the CPS; however, PCs are encouraged to look for other sources of training, discussed more on page 10. ODP will not assume responsibility for costs associated with certification outside of approved budget items submitted annually.

SITE VISITS

The PFS Grant Director will schedule site visits to each region to provide an opportunity to check in with grantees. PCs and representatives from the RBHBs must make themselves available for scheduled visits. It is anticipated that each program will be visited twice per year. These site visits will take place in the Fall to observe programming and discuss progress on the current action plan and again in the Spring to discuss the upcoming years action plan and budget. Site visits will be scheduled at least 30 days in advance.

PARTNERSHIPS

Establishing and nourishing partnership are essential activities of this grant. Although PCs are the direct contact for this grant and are ultimately responsible for deliverables of this grant, all planning and implementation must be carried out by, or with approval of, a variety of partners. PCs are required to consult with the RBHBs to choose prevention strategies (see [Appendix A](#)) and develop comprehensive and detailed action plans (see [Appendix B](#)) and budgets (see [Appendix C](#)) for each strategy annually. Additionally, due to the PFS grant's focus on subpopulations, at least one strategy must specifically target each subpopulation in the district, see [Figure 2](#). To ensure that the action plans for targeted strategies are implemented with cultural competence, a member of that population must be consulted and listed on the approved action plan.

There are currently substance use disorder prevention programs and strategies being conducted throughout the state. Organizations implementing prevention programming are likely funded by ODP's [Substance Abuse Block Grant \(SABG\)](#) and/or are members of substance abuse prevention coalitions. For more information about prevention professionals in Idaho, visit odp.idaho.gov.

STRATEGIC PREVENTION FRAMEWORK

The PFS grant is the second generation of the SPF SIG which introduced states to the Strategic Prevention Framework (SPF). The SPF is a 5-step model for prevention that includes assessment, capacity, planning, implementation, and evaluation. Each step in the SPF should also include components to build improve cultural competence and ensure sustainability to the best of the grantees' abilities.

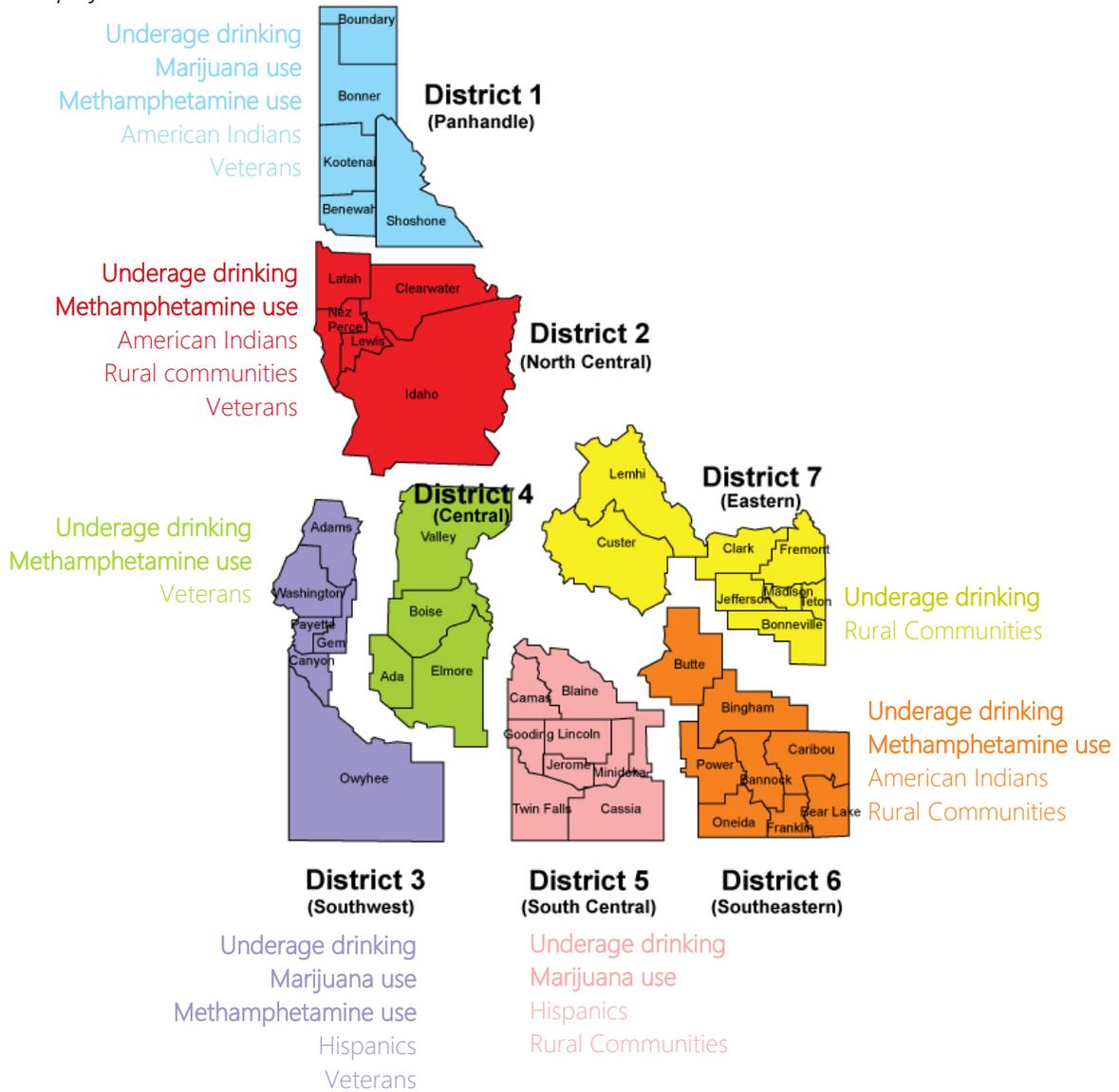
Each action and requirement of the PFS will be guided by (or developed under) the steps in the SPF.



ASSESSMENT

In anticipation of the PFS grant opportunity, ODP developed an assessment of underage drinking, marijuana use, and methamphetamine use and related consequences in Idaho:

Figure 2. District map of Prevention Priorities.



There are seven public health districts in Idaho all with unique local conditions that contribute to underage drinking. Over 38% of Idaho students aged 12 to 18 drank alcohol in their lifetimes, 14.7% drank and 6.8% binge drank in the past thirty days⁸. Among those that reported drinking alcohol, nearly 15% reported drinking ten or more drinks within a couple of hours in the past thirty days⁸.

Because nearly 73% of Idaho's counties are considered rural⁹, the most populated region of the state also has the highest percentage of veteran residents¹¹, females account for 49.9% of Idaho's population¹, 44% of Hispanics in Idaho live in southwest and central Idaho¹, and there are significantly more American Indians in Idaho compared to the national average¹¹, all districts are considered high need communities.

To mirror Idaho's needs, the proposed sub-recipient communities are the public health departments in each district who must hire one full-time PC to work with their RBHBs. RBHBs are 23-member, cross-agency, community-level boards whose membership is composed of county commissioners, parents, advocates, treatment providers, physicians, and representatives from the Department of Health and Welfare, law

enforcement, courts, adult and juvenile corrections, hospitals, schools, the recovery community, and a prevention specialist that operate in each of the districts. The RBHBs are tasked with advising the state on local behavioral health needs; promoting improvements in behavioral health service delivery and coordinating the exchange of information; identifying gaps in services and recommending enhancements; assisting with service system improvement planning; and reporting progress toward building a comprehensive community family support and recovery support system. Projects delivered in each RBHB will be directed by one PC in each district.

In addition to the RBHBs, law enforcement agencies in each district will receive funding to conduct prevention strategies including alcohol compliance checks, shoulder tap operations, party patrols, interdiction activities, and presentations on underage drinking, methamphetamine, and marijuana use in the community.

Although entities in all districts are funded, the funding amounts, other drugs addressed with funds, and priority populations differ, see [Figure 2](#). In addition to underage drinking, funds from this grant will allow RBHBs and law enforcement agencies to address marijuana and methamphetamine use among Idahoans aged 9 and older based on district-level data.

Between 2015 and 2016, nearly 7% of Idahoans aged 12 and older¹⁰ and over 9% of youth reported using marijuana in the past month in 2017⁶. The proximity to states that have legalized marijuana impacts youth access and attitudes toward marijuana. Among Idaho students aged 12 to 18, nearly one in five in Northern Idaho (Districts 1 and 2) and one in six in Western Idaho (Districts 3 and 4) reported that getting marijuana would be “very easy⁸.” Statewide, 10% of youth aged 12 to 18 that used marijuana in the past 30 days bought the marijuana they used in a dispensary⁸; nearly 20% of those in the Northern Idaho received their marijuana this way⁸. Those youth living in District 1 (14.5%), 3 (12.2%), and 5 (9.5%) had a higher prevalence of past month marijuana use than the state⁸. Among adults, those living in District 1 were significantly more likely than those in District 7 to use marijuana¹¹.

Changes in use and availability may, in part, cause perception of harm for using marijuana, an intervening variable for use, to be impacted. In 2017, nearly 15% of Idaho youth aged 12 to 18 reported that using marijuana once or twice per week carries no risk⁸. More than four times as many youths reported that weekly marijuana use carries no risk compared to weekly binge drinking⁸.

Increases in marijuana access may be directly attributed to an increase in drug trafficking; arrests have increased since legalization. Between 2013 and 2017, the marijuana-related drug/narcotic arrest rate per 1,000 population increased by over 30%⁷. Marijuana-related arrest rates are highest in District 1 (4.4 per 1,000 population) and District 3 (3.9 per 1,000 population)⁷.

Law enforcement agencies are also overburdened by crime related to methamphetamine. Although in recent years meth use in Idaho appears to be decreasing^{6,10} consequences of use are impacting Idahoans at an escalating rate. The meth-related drug/narcotic arrest rate in 2017 was 2.1 per 1,000 population, which increased by 249% since 2008¹¹. Although only 0.9% of Idahoans reported using meth in the past year¹⁰, 34% of drug/narcotic arrests in Idaho were meth-related¹¹, second only to marijuana-related arrests. Compared to the other regions of the state, District 3 had the highest rate of meth-related drug/narcotic arrests in 2017 (2.7 arrests per 1,000 population)⁷. Adams County and Payette County, both in District 3, have the highest reliable rates, 5.1 and 4.0 per 1,000 population, respectively⁷. Meth-related drug/narcotic arrest rates in Adams County and Payette County have increased by more than 19.5 and 1.8 times, respectively, between 2014 and 2017⁷.

Some offenders, or others in need, are offered treatment, funded through public dollars from the Department of Health and Welfare, Department of Corrections, Department of Juvenile Corrections, and the Idaho Supreme Court. Among this population, meth is the most often reported primary substance of abuse upon treatment entry, representing 38% of all admissions¹¹. The rate of treatment admissions for meth as a primary substance of abuse increased by 52% between 2014 and 2016¹¹.

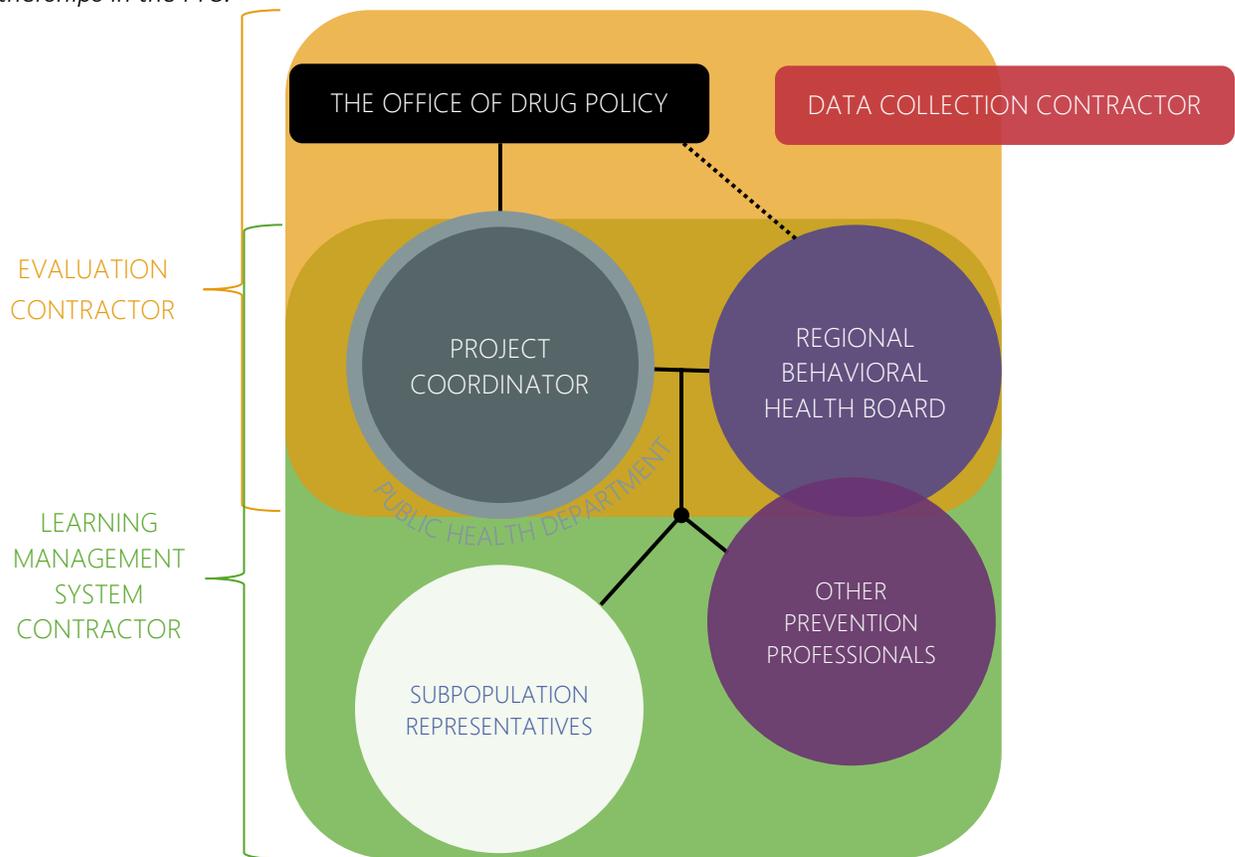
Unfortunately, those that cannot seek help are at increased risk for overdose. In 2015, 93% of drug-induced deaths involving a psychostimulant with abuse potential reported meth specifically⁴. In 2016, both District 2 and District 4 had higher crude drug-induced death rates that reported a psychostimulant with abuse potential than the state rate³.

From this assessment, ODP established substance priority areas and subpopulations in each district. Funding in each region was also based on this assessment with the additional consideration of population size.

CAPACITY

Building capacity is an essential step to ensure that planning and implementation of grant activities can be conducted effectively. There are several partnerships that must be forged, see Figure 3 below.

Figure 3. *Partnerships in the PFS.*



ROLES

Each partner has a critical role to play during the grant period. These roles are described in more detail below.

THE OFFICE OF DRUG POLICY

As the funder, ODP is responsible to provide funds, training, and technical assistance to the grantees. ODP will directly communicate with the PCs on grant-related matters such as compliance, reporting, training, budgets, timelines, etc. ODP will also have some limited contact with representatives from the RBHBs to communicate any updates to the grant requirements, training opportunities, and evaluation results.

Outside of the relationship with the grantees, ODP will be working with contractors to aid in project implementation. Contractors will be funded to evaluate grant efforts, build a learning management system, and collect data through the

Behavioral Risk Factor Surveillance System and the Idaho Healthy Youth Survey. ODP and the contracted evaluator will use data collected to track progress on preventing underage drinking, marijuana use, and methamphetamine use in Idaho.

PROJECT COORDINATORS

The PCs are responsible for the entire implementation of the grant including building partnerships, planning, and implementation. As previously mentioned, PCs will communicate directly with the PFS Grant Director at ODP on grant-related matters, such as compliance, reporting, training, budgets, timelines, etc., and confirm that all specified activities are planned and implemented as intended. If there are needed changes to the action plans or budgets, PCs will be responsible for requesting those changes, see [page 14](#).

During planning and implementation, PCs will work primarily with the RBHBs to determine which strategies and action steps are appropriate to execute based on regional priorities ([Figure 2](#)) to achieve the goals of the PFS. Budgets must be developed based on these action plans. Due to the different structures, relationships, and protocols of the RBHBs, strategic planning may look different from district to district. PCs will have the responsibility of coordinating those activities as they see fit to achieve the goal. During the strategic planning process, PCs will likely gain relevant insight on behavioral health issues from the RBHB and will likely appreciate another expert opinion from the RBHB's Prevention Specialist representative. It is required that actions plans and budgets be submitted annually. Other prevention specialists or providers and representatives from regional-specific populations ([Figure 2](#)) should also be consulted before finalizing relevant action plans.

The intent of the grant is to have two separate experts in prevention, the Prevention Specialist on the RBHB and the Project Coordinator at the public health department. Other [prevention specialists or providers](#) and representatives from regional-specific subpopulations ([Figure 2](#)) should also be consulted before finalizing relevant action plans.

From time-to-time, PCs may be asked to communicate directly with ODP's evaluation contractor to gain additional information that will determine whether the delivery of the PFS is helping ODP achieve its mission. Additional data collection efforts may also include short interviews.

The PCs will not necessarily have direct communication with ODP's Learning Management System (LMS) contractor, but they will be able to take full advantage of the training courses offered on the platform.

REGIONAL BEHAVIORAL HEALTH BOARDS

RBHBs play a vital role in the planning and implementation of the strategies and action plans and developing the budget. RBHBs bring a wealth of regional-specific behavioral health knowledge, including expertise in substance use disorder prevention through their newly appointed [Prevention Specialist](#) representative. It is the responsibility of the RBHBs to be available for consultation in the strategic planning process. They should also be responsive if the PCs need assistance with specific implementation tasks.

RBHBs may have regional subpopulation representation ([Figure 2](#)), which could help PCs ensure action plans are developed with cultural competence. If RBHBs do not have representation from the appropriate subpopulations, they will be asked to help find a representative to participate in the strategic planning process.

TRAINING

PCs may include 1) up to \$5,000 or 2) costs associated with one in-state and one out-of-state training, whichever is more, in the annual budget for their own professional development. These costs may include flights, mileage, per diem, hotel,

and registration. Car rental, tuition, exam preparatory materials, or fee for the CPS exam are not allowable. Additional funds up to \$2,500 may be include in order to allow RBHB members to attend prevention related trainings. Up to \$1,500 per year can be used for prevention related training cost related to the PCs supervisor. All funds, including those for trainings, are subject to advanced approval.

IN-STATE and OUT-OF-STATE CONFERENCES AND WORKSHOPS

There are a variety of in-state trainings opportunities available including the Idaho Conference on Alcohol and Drug Dependency (ICADD), The Northwest Alcohol Conference, Idaho Drug Symposium, and Boise State’s Prevention Training Institute.

At the national level trainings include the National Cocaine, Meth & Stimulant Summit, Community Anti-Drug Coalitions of American (CADCA) Trainings, and the National Prevention Network Conference.

Use of PFS funding to attend any training must be included in the approved action plan. Explicit approval is required to attend trainings outside of the opportunities list above. When requesting to attend a conference not included above, please include an agenda and outline of how attendance will support prevention work within the PHD.

ODP’s Learning Management System

ODP has contracted with Tovuti to support an online LMS as a one-stop-shop for all supported courses that will be available after August 1, 2019. Currently free courses are available in Fundamentals of Prevention and Prevention Ethics. Additionally, free courses are being developed on topics including Planning and Evaluation; Principles of Community Organization, Principles of the Environmental Approach; Sustainability; The Strategic Prevention Framework; Implementing Direct Service Programs with Fidelity; Identifying Evidence-based Policies, Programs and Environmental Strategies; and Capacity and Readiness for Prevention with Specific Populations. These courses fit within CPS domains to assist PCs in obtaining their credential.

Within the first four months of hire, PCs who do not have their CPS must take approved courses in Ethics and Fundamentals of Prevention. After that time PCs who do not have their CPS must take at least two (2) courses hosted on the LMS per quarter, as courses are available. All PCs are encouraged to obtain their CPS credential. All courses hosted on ODP’s LMS are requested to be completed by the PCs without their CPS. To access the LMS visit odplms.tovuti.io

PREVENTION TECHNOLOGY TRANSFER CENTER NETWORK (PTTC)

The PTTC is a network of regional training hubs funded by SAMHSA. Idaho’s PTTC is the Northwest PTTC, but resources, including webinars and podcasts, are available from a variety of PTTC’s. To view training resources, visit pttcnetwork.org

PLANNING

Planning for the PFS will involve consulting with partners and developing action plans using a template, see [Appendix B](#), for each strategy chosen from the approved Menu of Strategies, see [Appendix A](#). Developing a budget based on these action plans will also occur during the planning process, see [Appendix C](#). Annual actions plans are due to the Grant Directory by the first Friday in June.

CENTERS FOR SUBSTANCE ABUSE PREVENTION STRATEGIES

All approved strategies fall into a set of prevention strategies divided into six categories developed by the Centers for Substance Abuse Prevention (CSAP). The potential for the strongest positive outcomes in prevention occurs when strategies in all six categories are conducted in concert, as a comprehensive array of community-level efforts. The six CSAP Strategies are:

INFORMATION DISSEMINATION

DEFINITION:

One-way communication from the source to the audience. The goal of information dissemination is to increase awareness and knowledge related to drug and alcohol abuse, use, effects, and availability for prevention and treatment.

EXAMPLES:

- Media campaigns
- Lunch-and-learns
- Public service announcements
- Health fairs
- Presentations/speaking engagements
- Town halls

EDUCATION

DEFINITION:

Two-way communication that facilitates learning between the educator and the participants. Education aims to affect critical life and social skills, including decision-making, refusal skills, critical analysis, and systematic judgment abilities.

EXAMPLES:

- Parent/family management classes
- Peer leader/helper programs
- Classroom/small group sessions
- Groups for children of substance abusers
- Responsible beverage service training

COMMUNITY-BASED PROCESSES

DEFINITION:

Enhance the ability of the community to more effectively provide prevention and treatment services for alcohol, tobacco and drug abuse disorders.

EXAMPLES:

- Systematic planning
- Multi-agency coordination and collaboration
- Assessment services and funding
- Community team building

ALTERNATIVE ACTIVITIES

DEFINITION:

Participating in activities that exclude drug use and promote healthy lifestyles. The assumption is that constructive and healthy activities offset the attraction to, or otherwise meet the social or coping needs filled by, alcohol, tobacco and other drugs.

EXAMPLES:

- Drug free social and recreational activities
- Youth and adult leadership activities
- Mentoring programs
- Afterschool activities
- Drop-in recreational centers
- Community service activities

ENVIRONMENTAL

DEFINITION:

Seeks to establish or change community standards, codes, laws, policies, procedure, norms, and attitudes thereby influencing drug and alcohol consumption in communities.

EXAMPLES:

- Modify physical design, such as adding signage, lighting, or cameras, to discourage alcohol and other drug use
- Modify availability and distribution of alcohol or other drugs

PROBLEM IDENTIFICATION AND REFERRAL

DEFINITION:

Identify those who engaged in illegal/age-inappropriate behavior or those at risk to engage in those behaviors in order to assess if their behavior can be reversed through education.

EXAMPLES:

- Mental health screenings
- Student assistance programs
- Employee assistance programs
- DUI/DWI educational programs

INSTITUTE OF MEDICINE CATEGORIES

The Institute of Medicine (IOM), now known as the Health and Medicine Division of the National Academy of Medicine, developed population categories to classify prevention. IOM Categories are:

UNIVERSAL INDIRECT

DEFINITION:

Interventions that support population-based programs, including environmental strategies.

EXAMPLE:

- Community at large

UNIVERSAL DIRECT

DEFINITION:

Interventions that directly serve a group of participants without any risk factors for substance abuse.

EXAMPLES:

- Youth in school
- Parents
- General population

SELECTIVE

DEFINITION:

Activities targeted to individuals or a subgroup of the population whose risk of developing a disorder is significantly higher than average because of an underlying risk factor.

EXAMPLES:

- Individuals with low-incomes
- Individuals with limited community resources
- Veterans
- Minority populations

INDICATED

DEFINITION:

Activities targeted to individuals who engage in high risk behaviors to prevent heavy or chronic substance abuse. Prevention activities for indicated populations are problem identification and referral strategies.

EXAMPLES:

- Individuals involved in the criminal justice system or other disciplinary action
- Individuals who have experimented with drugs

PCs and RBHBs must identify the CSAP Strategy and IOM Category on each action plan, see [Appendix B](#).

MENU OF APPROVED STRATEGIES

For the Menu of Approved Strategies, see [Appendix A](#). Based on the Six CSAP Strategies, a menu of approved activities/programs was compiled for regions to choose from to implement with grant funds.

REQUIRED STRATEGIES

On the Menu, one will see that there are three required strategies and an additional list of optional strategies. The required strategies include:

1) IMPLEMENTING AN EVIDENCE-BASED PARENT/FAMILY MANAGEMENT CLASS

It is required for each region to offer their selected program, with fidelity, once per year. PCs should work with their RBHB in identifying the evidence-based curriculum that best fits the needs of the select population to be served. Attention must be given in order to not duplicate services being offered by the Substance Abuse Prevention Block Grant recipients or other local organizations.

PCs may use the following websites to identify evidence-based strategies:

- [Blueprints.org](https://www.blueprints.org)
- [Idaho Approved Evidence-Based Practice List](#)
- [Office of Juvenile Justice and Delinquency Prevention \(OJJDP\)](#)
- [Evidence-Based Practices Resource Center \(SAMHSA\)](#)

If the PC and RBHB wish to implement a program that is not listed on the above websites as an evidence-based program a process has been put in place for these programs be reviewed for approval. Details of this process are provided at <https://prevention.odp.idaho.gov/spf-grant-manual-forms/>.

2) COORDINATE DRUG IMPAIRMENT TRAINING FOR EDUCATIONAL PROFESSIONALS

Drug Impairment Training for Educational Professionals (DITEP) is a free training program conducted by the Idaho State Police. The goal of the training is to equip educational professionals with the skills to identify alcohol- or drug-impaired students and ensure a safe learning environment. Participants will learn how to identify the signs of impairment by drug type. PCs and RBHBs are encouraged to discuss next steps with participating schools; mandatory student assistance programs or family-based programs such as SFP are encouraged over out-of-school suspension techniques.

It is required that DITEP be implemented in at least two schools in each region. Schools should be chosen based on some evidence of need, if available.

3) DISSEMINATION OF A SOCIAL NORMING CAMPAIGN OR BE THE PARENTS MATERIALS

Social Norming Campaigns implemented at the local level can have a positive impact on substance misuse. If PC elect to implement a program, they must work with the RBHB members in designing and implementing their plan. All activities must be included in the yearly action plan and approved prior to implantation.

The *Be the Parents* (BTP) campaign has been administered through ODP for several years. BTP is designed to equip parents with strategies and resources to help prevent their children from drinking alcohol. Through the website, parents have access to educational materials regarding the effects of alcohol on the developing brain, information about how to talk to their children about underage drinking, information about how to help children find their passion, and links to local resources and professional help. To engage parents, the campaign maintains several social media accounts, including a [Facebook](#) page and [Twitter](#) account. If programs elected to implement the BTP campaign the following activities and materials will be made available.

- Print materials
- Billboards and transit advertisements
- Local print newspaper advertisements

In addition, programs may share social media posts from the ODP accounts. Other activities as proposed and approved in the annual action plan.

Program will be required to sign a Usage Agreement outlining all allowable activities with BTP.

OPTIONAL STRATEGIES

Based on funding in each region after action plans are developed for the required strategies, left over monies should be dedicated to the optional strategies, chosen based on a district's priority substances and subpopulations ([Figure 2](#)). PCs are encouraged to choose strategies below; however, other strategies may be conducted with appropriate justification and explicit approval. Optional strategies include:

INFORMATION DISSEMINATION:

- Parent lunch-and-learns
- Social norms marketing campaigns
- Town hall meetings
- Sticker shock campaigns
- [Chronic State](#) viewing events
- Developing materials for prescribers regarding stimulant use

EDUCATION:

- [LifeSkills Training](#) (LST) Program for youth
- Responsible Beverage Service training for alcohol retailer

COMMUNITY-BASED PROCESSES

- [Systematic planning](#)
- [Multi-agency coordination and collaboration](#)
- [Coalition](#) building

ALTERNATIVE ACTIVITIES:

- Community service activities
- Recreational activities
- Youth leadership activities

PROBLEM IDENTIFICATION AND REFERRAL:

- Student assistance programs
- Mental health screenings and referrals

ENVIRONMENTAL:

- Adding signage (e.g., “Alcohol Prohibited”) in public places where alcohol or drug use is common
- Adding lighting in public places where alcohol or drug use is common
- Installing cameras in public places where alcohol or drug use is common
- Disseminating drug deactivation pouches with messaging specific to stimulants

For a thorough description of each strategy, see [Appendix A](#).

ACTION PLANS

Each strategy must have an associated, detailed action plan developed by the RBHB and PC with consultation from other prevention specialists and subpopulation representatives in the district. Templates for action plans in [Appendix B](#) must be used. After action plans are developed, they must be submitted to the Grant Director at ODP for approval. No funding can be spent on strategies prior to approval.

An action plan will be developed for each strategy, and the RBHB will be required to specifically target strategies to each priority subpopulation, see [Figure 2](#). For example, at least two strategies will specifically target efforts to District 1’s subpopulations, one for American Indians and one for veterans.

When compiled, action plans must:

- Demonstrate a comprehensive array of strategies
- Show that strategies are implemented throughout the district or with attention to areas with no current funding for substance abuse prevention activities
- Show that at least one strategy specifically addresses each district’s subpopulations.

BUDGETS

Please see your Notice of Award for the total budget for this grant. You will need to deduct your personnel and 20% administrative cost to determine the remainder of the budget for prevention activities. The budgets for prevention activities use funding outside of personnel and administrative costs. Budgets for prevention activities will be developed during the strategic planning process and be specific to each action plan. It is the responsibility of PCs and RBHBs to develop the most accurate budget estimates. For a budget template, see [Appendix C](#).

BUDGET CATEGORIES

Partnership for Success funds are governed by the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Health and Human Services (HHS) Awards, 45 CFR Part 75. Full guidelines can be found at [the Electronic Code of Federal Regulations](#). Sub-recipients are responsible to follow all funding requirements of 45 CFR Part 75. If you have questions about whether costs are allowable, please contact the Grant Director.

Budgets will be divided into categories including:

PERSONNEL

Personnel funding is intended to cover the PC's salary and benefits. Supervisors may code their time to the grant if activities are necessary to accomplish grant-funding tasks up to 0.1 FTE. Other public health department staff may code to the grant if activities are necessary to accomplish grant-funded tasks up to 0.1 FTE combined.

MILEAGE

Mileage reimbursement will be based on the current federal mileage rate, currently \$0.575 as of January 2020.

EQUIPMENT

Permanent equipment may be charged to the grant only if the applicant can demonstrate that purchase will be less expensive than rental. Permanent equipment is defined as an article of tangible, nonexpendable, personal property having a useful life of more than one year. All items must be directly tied to the activities of this grant

SUPPLIES

Supplies are typically used up within one year. All items must be directly tied to activities of this grant.

CONTRACTUAL

Contractual costs include all contractual arrangements with third-party contractors or consultants for the acquisition of goods or services under the grant, including partnerships with other prevention providers or agencies. Such arrangements may be in the form of consortium agreements or contracts. If there is more than one contractor, each must be budgeted separately. A consultant is a non-employee retained to provide advice and expertise in a specific program area for a fee. The grantee must establish written procurement policies and procedures that are consistently applied. All procurement transactions are required to be conducted in a manner to provide the maximum extent practical, open, and free competition. The grantee will be required to be alert to organizational conflicts of interest as well as noncompetitive practices among contractors that may restrict or eliminate competition or otherwise restrain trade.

OTHER

This can include any other cost directly tied to grant activities which fall outside of the categories previously listed.

INDIRECT

Indirect costs are capped at 20% of the entire expended grant award per year.

UNALLOWABLE COSTS

The list below represents unallowable costs for the PFS grant:

- Food or beverage purchases. Only per diem or light refreshments under \$2.50 per person are allowable. All purchases of light refreshments must be accompanied by a list of attendees for reimbursement.
- Sporting events, promotional swag items (e.g., t-shirts, keychains, items to give to the public, etc.), or other forms of entertainment.
- Salary in excess of \$192,300
- Leasing beyond the project period
- Equipment purchases over \$5,000

- Detox, treatment or recovery services
- Purchase or construction of any building or structure
- Housing or other residential mental health and/or substance use treatment
- Direct payments to individuals to induce them to enter services or encourage attendance and/or attainment of prevention goals
- Alcohol, tobacco, drugs, sterile needles, syringes, or pharmaceuticals

This is not an exhaustive list and all costs are subject to approval by the Grant Director. If you have questions about whether costs are allowable, please contact the Grant Director.

REIMBURSEMENT REQUESTS

Funding will be distributed on a reimbursement basis; no funds will be provided after the grant period. Reimbursement requests can be made as needed, but it is required that a minimum of one request for reimbursement be sent in before the deadline for each quarter, see Table 1. The last day to submit requests for reimbursements is July 15 of each fiscal year. Requests for reimbursements must be made through interagency billing.

Table 1. *Reporting Deadlines*

Quarters	Months	Reporting Deadlines
Q1	July-September	October 15
Q2	October-December	January 15
Q3	January-March	April 15
Q4	April-June	July 15

IMPLEMENTATION

PROJECT ADJUSTMENT REQUEST

Thorough planning reduces the likelihood of issues during implementation; however, once action plans and associated budgets are approved by the PFS Grant Director, there may be a need for adjustments in the future. To do this, PCs will be required to fill out a [Project Adjustment Request](#) online. The Grant Director will review that request within five business days of receipt. Any funds spent in anticipation of a project adjustment prior to approval will not be reimbursed to the grantee.

In addition to potential modifications in the action plans or budget, ODP will be available as a resource for training and technical assistance throughout the grant period. The LMS will be available to PCs and other prevention partners, and PCs may contact the PFS Grant Director with implementation questions.

Programs must be implemented with fidelity in order to have the intended impact and outcomes.

EVALUATION

PFS OUTCOME FORM

As previously mentioned, ODP has a contracted state-level evaluator that will determine whether the PFS is achieving desired outcomes. For the evaluator to obtain the data needed to make these determinations, PCs must submit data quarterly using the PFS Outcomes Form.

ADULT AND YOUTH CURRICULUM SURVEYS

In addition to the PFS Outcome Form, PCs will be required to ensure surveys are administered for all curriculum-based programs. The ODP Research Analyst will provide all surveys and instructions.

EVALUATION REPORTS

From a combination of data including the PFS Outcome Forms, statewide administrative and survey data, and interviews with grantees, ODP’s evaluation contractor will develop two relevant evaluation reports for grantees including:

QUARTERLY PROGRESS REPORTS

Data from the PFS Outcome Forms will be compiled and analyzed to develop Quarterly Progress Reports. ODP will send Quarterly Progress Reports to PCs and RBHBs.

The PFS Grant Director will review this information to determine if grantees are implementing activities as written in action plans and if there are resources that can be provided to satisfy any technical assistance needs. These quarterly progress reports will also enlighten all partners in the region to the progress of grant-funded activities.

ANNUAL GRANTEE EVALUATION REPORTS

At the end of each fiscal year, each grantee will receive an individual evaluation report. The Annual Grantee Evaluation Reports will be sent to PCs and RBHBs and are intended to summarize:

- Accomplishments
- Populations served (particularly the proportion of subpopulations served)
- Capacity
- Readiness and infrastructure
- Outcomes

Annual Grantee Evaluation Reports will demonstrate whether grantees are growing capacity for prevention services in the region, preventing underage drinking and/or drug use, and reducing the behavioral health disparities among subpopulations.

APPENDIX A: MENU OF STRATEGIES

DISSEMINATE *BE THE PARENTS* CAMPAIGN MATERIALS

CSAP STRATEGY:

Information Dissemination

REGIONS:

All

DESCRIPTION:

Be the Parents is a multimedia campaign designed to equip parents and caregivers with strategies and resources to help prevent their children from drinking alcohol. Through the [website](#), parents have access to educational materials regarding the effects of alcohol on the developing brain, information about how to talk to their children about underage drinking, information about how to help children find their passion, and links to local resources and professional help. To engage parents, the campaign maintains several social media accounts, including a [Facebook](#) page and a [Twitter](#) account. There are several developed materials including: a website, social media accounts, newsletters, short videos that feature Idaho youth engaging in activities, radio public service announcements, television public service announcements, billboards, rack cards, posters, window clings, parent guides with 30-day challenges to help build engagement with their children, and Convo Cards which a card game that is used to spark conversation between parents and their children.

When implementing this strategy, all printed materials are required to be printed at a professional print shop or ordered directly from ODP at <https://prevention.odp.idaho.gov/order-resource-materials/>. Although materials ordered from ODP's website will be available while supplies last for free, printing additional materials such as Convo Cards or Parent Guides may incur cost. Contact the PFS Grant Director for questions. Modification, including cobranding, is not permitted.

PLANNING STEPS:

- 1) Review *Be the Parents* materials provided and available to order online.
- 2) Determine which types of media (billboards, transit ads or newspaper) will be most effective in your region.
- 3) Write a dissemination plan to detail the best methods for distribution to reach the target audience.
- 4) If using printed materials, contact local print shops to determine best rates.
- 5) Print or order printed materials.

ITEMS YOU WILL NEED:

- *Be the Parents* materials supplied by ODP
- [Be the Parents order form](#)
- Contact information to purchase billboards
- Dissemination plan

SOCIAL NORMS MARKETING CAMPAIGN

CSAP STRATEGY:

Information Dissemination

REGIONS:

All

DESCRIPTION:

Social norms marketing is based on the concept that an individual's behavior is influenced by their perception of what is "normal." For example, if students believe the majority of their peers drink alcohol, then they are more likely to drink alcohol because that's a normal thing to do. Social norms marketing can lead students to act in a more positive way by creating an environment in which they strive to emulate what they believe is typical of their peers. A sample message may look like this: "_% of (School Name) students choose to be alcohol-free." Social

norms messaging is usually disseminated in newspaper ads, flyers, posters, electronic media, and informational signage.

PLANNING STEPS:

- 1) Review your [Idaho Healthy Youth Survey 2017](#) results. The social norms approach is a data-driven process. Use survey data to provide information for your social norms message.
- 2) Identify sample campaign messages. Research existing campaigns and ask your student stakeholders to determine which campaign messages resonate with them and why. Have them help customize the message to your school and goals.
- 3) Create your materials. Engage students to help create posters, flyers, mailers, classroom presentations, screen savers, window/mirror clings, and/or messaging for morning announcements. Take advantage of key times and events (e.g., Red Ribbon Week in October, the holidays, spring vacation, and prom/graduation season) to raise awareness and promote positive social norms and behaviors.
- 4) Display materials around your campus. Have students hang the posters and flyers, set up booths during lunch and breaks, and promote your message during morning announcements.

ITEMS YOU WILL NEED:

- Data
- Media development, including messages and graphics
- Involvement of stakeholders, including students
- Dissemination plan

STRENGTHENING FAMILIES PROGRAM OR EVIDENCE-BASED PARENT/FAMILY MANAGEMENT CLASS

CSAP STRATEGY:
Education

REGIONS:
All

DESCRIPTION:

[Strengthening Families Program](#) (SFP) is a family-based program that has been shown to improve parenting skills and family relationships, reduce problem behaviors, reduce delinquency and substance use in children, and improve social competencies and school performance. It is a recognized evidence-based program that has been rigorously studied over the course of several decades. In Idaho, prevention providers have been implementing SFP for several years. Using submitted survey data from these grantees, providers in Idaho saw a large and significant improvement in consistent discipline, inductive reasoning, anger management, involving children in family activities, substance use rules and consequences, and negative and positive parent-child affective quality. The program also significantly improved drug health impact perceptions of parents.

If this strategy will be adapted to other subpopulations, the grantees should consider cultural modifications appropriate for the target population while maintaining fidelity. These modifications should reflect sensitivity to the degree of influence of specific cultural family risk and protective factors; level of acculturation, identity, and lifestyle preferences; differential family member acculturation leading to family conflict; family migration and relocation history; levels of trauma, loss, and possible posttraumatic stress disorder (PTSD) related to war experiences or relocation; family work and financial stressors; language preferences and impediments due to English as a second language; and level of literacy in native language.

It is required for each region to train at least two facilitators for the SFP. The Grant Director at ODP is available to help the districts schedule these trainings.

PLANNING STEPS:

- 1) Visit www.strengtheningfamiliesprogram.org to familiarize yourself with the program.
- 2) Recruit individuals who are interested in delivering the program.
- 3) Contact the program developer to schedule trainings for facilitators. The PFS Grant Director can help facilitate this process.
- 4) Confirm training sites and dates.
- 5) Develop a method of referral for the program and the target audience.
- 6) Advertise the program. Send emails and flyers to parents and include information in parent newsletters and school social media. Provide an overview of the topic, why parents should attend, and 3 to 4 bullet points about what they'll learn. Include event details.
- 7) Implement the program and monitor fidelity. Implementing parenting education curricula with fidelity, as it was intended by developers, assures program quality, program effectiveness, and positive outcomes. The flexibility for adaptation will depend on the program. If you have questions about a program's fidelity measures or adaptability, contact the program developer.

ITEMS YOU WILL NEED:

- Classroom time
- Program facilitators
- Facilitator training
- Target population
- Program materials and supplies (facilitator manuals, participant workbooks, etc.)

DRUG IMPAIRMENT TRAINING FOR EDUCATION PROFESSIONALS

CSAP STRATEGY:

Education

REGIONS:

All

DESCRIPTION:

The Drug Impairment Training for Educational Professionals (DITEP) helps school resource officers, counselors, teachers, and other staff identify impaired youth. Being able to recognize the signs and symptoms of alcohol and/or other drug impairment in students can 1) prevent an impaired student from driving away from campus and 2) serve as an intervention tool in order to provide resources and refer on to treatment if necessary. DITEP is a one- or two-day training. Day one is for anyone (affiliated with the school) interested in general drug education and policies. Day two is best suited for those who will actually conduct the hands-on evaluation, such as school nurses and school resource officers.

PLANNING STEPS:

- 1) Schedule a training by contacting Sgt. Chris Glenn of the Idaho State Police at (208) 884-7212. ISP conducts DITEP training at no cost.
- 2) Secure space and presentation equipment.
- 3) Advertise training to school staff. Recruit staff members such as counselors, teachers, and school resource officers. Training a variety of staff members increases the likelihood that an impaired student will be noticed.
- 4) Meet with stakeholders to write a policy. After the training, meet with stakeholders, including principals, school resource officers, counselors, nurses, teachers, and parents, to define protocols that will be followed when an impaired student is identified.

ITEMS YOU WILL NEED:

- Idaho State Police DITEP certified instructor
- School staff
- Meeting space, computer, TV/video screen

- Written protocol to address students deemed to be impaired

PARENT LUNCH-AND-LEARNS

CSAP STRATEGY:
Information Dissemination

REGIONS:
All

DESCRIPTION:

Lunch-and-learn events provide opportunities to discuss helpful topics related to underage drinking or other drug use. When well-designed, these events guide parents or other stakeholders through a structured agenda with ample time allotted for discussion.

PLANNING STEPS:

- 1) Establish a place and time for your event. Pick a location that will accommodate your participants comfortably as they eat and interact. Your venue could also be virtual. Consider conducting your lunch-and-learn event online as a webinar for those who cannot attend in person.
- 2) Plan the presentation. Create an agenda that begins with an introduction of the topic and why it's important.
- 3) Provide relevant examples from your school. (Don't forget to prepare an introduction of your presenter(s).)
- 4) Market your event. Send emails, post flyers, and use other communications to improve attendance. Provide an overview of the topic, why parents should attend, and 3 to 4 bullet points about what they'll learn. Include event details.
- 5) Plan your menu. Decide whether you'll provide food or whether participants should bring their own lunch and refreshments. If you are providing food, you must have a sponsor cover these costs above the allowable limit of \$2.50 per person. Have participants RSVP so you have a reliable headcount and can accommodate dietary restrictions.
- 6) Secure needed supplies. Gather a computer and TV/video screen, flip chart, markers, adhesive notes, paper, pens, sign-in sheets, etc.
- 7) Provide tangible takeaways. Consider what handouts, practical tips, and tools you can give participants (e.g., BeTheParents.org Convo Cards).
- 8) Follow up. Send parents a note of thanks for attending, a summary of the questions and answers from the session, an event evaluation, or a resource guide with a copy of the presentation materials.

ITEMS YOU WILL NEED:

- Venue and supplies
- Presenter(s)
- Marketing plan
- Tangible takeaways
- Lunch sponsor

TOWN HALL MEETINGS

CSAP STRATEGY:
Information Dissemination

REGIONS:
All

DESCRIPTION:

Gathering the community via town hall meetings is an effective way to provide information to a large but intimate group of people. Town halls allow for greater collaboration and discussion on topics that impact the community. For the purposes of the PFS grant, all topics should be related to preventing underage drinking, marijuana use, or methamphetamine use, depending on your region.

PLANNING STEPS:

Effective July 1, 2020

- 1) Based on your priority substances, determine which topics would both generate interest and be useful in your region's prevention goals.
- 2) Find one or more experts that can speak on the topic.
- 3) Estimate the number of people that will attend.
- 4) Determine a location.
- 5) Find out if streaming is available at that location.
- 6) Set up a means for registration. This will allow you to determine how much advertising needs to occur with the topic.
- 7) Advertise your event.
- 8) Make any reasonable accommodations for people to attend.
- 9) Hold your event.

ITEMS YOU WILL NEED:

- Access to high quality, local speakers
- Space
- Online registration platform
- Effective means to disseminate information for your event

STICKER SHOCK CAMPAIGN

CSAP STRATEGY:

Information Dissemination

REGIONS:

All

DESCRIPTION:

Sticker Shock community awareness campaigns alert adults 21 and older—who potentially could purchase alcohol for minors—about the consequences they could face if they serve alcohol to minors. With the cooperation of local alcohol retail outlets, youth and community members place stickers on store bags (or packs of alcohol) to remind clerks and those purchasing the alcohol about the laws surrounding providing alcohol to minors.

PLANNING STEPS:

- 1) Recruit youth. This activity is perfect for community service hours, youth leadership activities, or team building. Implement with organizations like the Police Activities League, Boys & Girls Club, Scouts, YMCA, 4-H, faith groups, youth athletic teams, school service clubs, or student government.
- 2) Connect with alcohol retailers in your community. Explain the project goals, describe the event you have planned, and show examples of the sticker. Ask how many liquor bags the store would typically use during your campaign period to determine the number of stickers you need.
- 3) Plan your event. Establish a date, time, and place to put the stickers on the bags. Have the stickers designed and printed and gather the liquor store bags ahead of the event.
- 4) Invite community leaders to join you. Invite local government officials, law enforcement agencies, and other community stakeholders to attend.
- 5) Develop a media plan. Create a media information packet that includes a news release, fact sheets, the event description, and a sample sticker. Send out media advisories in advance of the event date to local newspapers, radio and television stations, newspaper supplements, community bulletin boards, and other appropriate media sources.
- 6) Hold the event. Meet and greet all participants, facilitate introductions, apply the stickers, and have fun and take pictures!
- 7) Drop the bags off at the participating outlets.

ITEMS YOU WILL NEED:

- Adult facilitators

- Interested youth
- Project materials (stickers, store bags)
- Partnership with local alcohol retailers

CHRONIC STATE VIEWING EVENTS

CSAP STRATEGY:

Information Dissemination

REGIONS:

Region 1, Region 3, Region 5

DESCRIPTION:

Chronic State is a documentary developed by DrugFree Idaho (DFI), a substance abuse prevention coalition in Boise, on the effects of retail marijuana legalization in other states and how the normalization of drug use has impacted those communities thus far. The documentary features recent footage and expert testimonials. The documentary can be found here for free: <https://vimeo.com/280127474>.

PLANNING STEPS:

- 1) Review the documentary
- 2) Determine a location for the showing
- 3) Identify your target audience
- 4) Develop a process for registration
- 5) Advertise your event to your target audience
- 6) Hold your event

ITEMS YOU WILL NEED:

- The link to the documentary
- Access to a registration platform
- Ability to advertise the event
- Audience
- Location

PRESCRIBER EDUCATION ON PRESCRIPTION STIMULANT USE

CSAP STRATEGY:

Information Dissemination

REGIONS:

Region 1, Region 2, Region 3, Region 4, Region 6

DESCRIPTION:

There may be a potential for individuals misusing amphetamine prescriptions to be at risk for later or simultaneous methamphetamine use. Additionally, the odds of methamphetamine use are higher among youth with Attention Deficit Hyperactivity Disorder¹⁴. Because the chemical structure of amphetamines and methamphetamine are so similar, and because the retail distribution of amphetamines has nearly tripled between 2006 and 2017¹³, prescriber education may be warranted.

PLANNING STEPS:

- 1) Find an expert that can speak to the effects of overprescribing stimulants or stimulant diversion.
- 2) Develop a toolkit for resources for prescribers.
- 3) Schedule meetings with prescribers.

ITEMS YOU WILL NEED:

- Materials that show the increase burden of stimulant prescribing
- Resources for prescribers

- Credible health educators, prescribers, or other professionals that can provide information

LIFESKILLS TRAINING PROGRAM

CSAP STRATEGY:

Education

REGIONS:

All

DESCRIPTION:

[LifeSkills Training](#) (LST) is a classroom-based universal prevention program designed to prevent adolescent tobacco, alcohol, marijuana use, and violence. LST contains 30 sessions to be taught over three years (15, 10, and 5 sessions). Three major program components teach students: (1) personal self-management skills, (2) social skills, and (3) information and resistance skills specifically related to drug use.

LST is a recognized evidence-based program that has been rigorously studied over the course of several decades. In Idaho, prevention providers have been implementing LST for several years. Using submitted survey data from these grantees, providers in Idaho significant improvement in anti-drug knowledge and attitudes and significantly less problem behaviors among participants.

If this strategy will be adapted to other subpopulations, the grantees should consider cultural modifications appropriate for the target population while maintaining fidelity. These modifications should reflect sensitivity to the degree of influence of specific cultural family risk and protective factors; level of acculturation, identity, and lifestyle preferences; differential family member acculturation leading to family conflict; family migration and relocation history; levels of trauma, loss, and possible posttraumatic stress disorder (PTSD) related to war experiences or relocation; family work and financial stressors; language preferences and impediments due to English as a second language; and level of literacy in native language.

PLANNING STEPS:

- 1) Visit www.lifeskillstraining.com to familiarize yourself with the curriculum.
- 2) Recruit and train program facilitators. Contact the program developer to schedule trainings for facilitators.
- 3) Schedule classroom time.
- 4) Implement the program and monitor fidelity. Implementing student education curricula with fidelity, as it was intended by developers, assures program quality, effectiveness, and positive outcomes. The flexibility for adaptation will depend on the program. If you have questions about a program's fidelity measures or adaptability, contact the program developer.

ITEMS YOU WILL NEED:

- Classroom time
- Program facilitators
- Facilitator training
- Target population
- Program materials and supplies (facilitator manuals, participant workbooks, etc.)

RESPONSIBLE BEVERAGE SERVICE TRAINING

CSAP STRATEGY:

Education

REGIONS:

All

DESCRIPTION:

Responsible Beverage Service (RBS) training educates servers and merchants about their legal responsibilities to eliminate sales to minors and intoxicated individuals. Topics include laws and penalties, the importance of avoiding sales to minors to protect the health and well-being of the entire community, proper management

techniques, recognizing fake IDs, and ways to refuse a sale safely and comfortably. This education is especially effective when used in conjunction with compliance checks. Special young adult server training includes tips for young people who may feel intimidated by their friends or by older, intoxicated customers. Topics include avoiding confrontation, resisting peer pressure, management skills, and responsible alcohol service.

PLANNING STEPS:

- 1) Establish business owner buy-in. Schedule a meeting with business owners of grocery stores, convenience stores, restaurants, or other alcohol outlets to explain to them the importance of responsible beverage service and penalties for serving minors and overserving.
- 2) Call Alcohol Beverage Control, part of Idaho State Police, to set up RBS training. You can reach them at (208) 884-7060.
- 3) Invite all employees or alcohol outlets to attend.
- 4) Encourage alcohol-relaters to write a RBS policy.

ITEMS YOU WILL NEED:

- Business owner buy-in
- Audience
- Alcohol Beverage Control training personnel

COMMUNITY SERVICE ACTIVITIES, RECREATIONAL ACTIVITIES, OR YOUTH LEADERSHIP ACTIVITIES

CSAP STRATEGY:

Alternative Activities

REGIONS:

All

DESCRIPTION:

Offering students a variety of attractive, alcohol-free activities helps them understand that alcohol is not a necessary component for fun. Additionally, the hours between 3 p.m. and 6 p.m., when students are out of school and before parents come home, is considered a high-risk time for alcohol and other drug use. Providing alternative activities after school helps limit the risk.

The best alternative activities promote skill building or group bonding. Participation in alternative activities may also provide youth with opportunities to contribute to their community. Community activities help youth feel connected to the community at large and see how their actions, such as underage drinking, can negatively impact others.

All activities provided with grant funds must include an education component addressing substance misuse and prevention. The length and depth of this component will depend on the activity length and depth of the activity. Example: Afterschool program taking place all school year, at least once a week for 30 minutes. Four hour service project, 15-20 minute discussion.

EXAMPLES:

- Community service: community or campus cleanup or beautification and volunteer projects such as food drives
- Recreational: community, cultural, and faith-based school events; community center activities; sporting activities; sober graduation and prom events; open gym; summer camp; and outdoor wilderness activities
- Youth leadership: youth groups, Friday Night Live chapter activities, youth development activities, skill development activities, and recognition events

PLANNING STEPS:

- 1) Decide on an activity. Facilitate a brainstorming session with youth, parents, and community members.
- 2) Consider transportation and venue and event capacity.
- 3) Identify resources. Recruit and train personnel such as activity leads and chaperones.
- 4) Promote and publicize the events. Let students, parents, and community members know about your program via email, flyers, and social media. Implement your activity.

ITEMS YOU WILL NEED:

- Stakeholder involvement to determine the what, when, and where of alternative activities
- Program materials and supplies
- Adult supervision
- Location/facilities and transportation

STUDENT ASSISTANCE PROGRAMS

CSAP STRATEGY:

Problem Identification and Referral

REGIONS:

All

DESCRIPTION:

A Student Assistance Program (SAP) is an evidence-based framework that can help identify K-12 students who are engaging in risky behaviors and refer them to appropriate programming. SAPs help school personnel recognize and address factors that pose a barrier to a student's success related to alcohol, tobacco, other drugs, and mental health. The primary goal is to help students overcome these barriers so they can achieve, advance, and remain in school. SAPs assist students and their families minimize risk factors and increase protective factors that will positively influence their academic, social, and emotional well-being.

PLANNING STEPS:

- 1) Reach out of school personnel to determine interest.
- 2) Convene a meeting with stakeholders such as the principal, school counselors, school resource officers, nurses, and teachers to research and plan integration of SAP principles.
- 3) Encourage schools to write a standardized policy to identify student who have learning barriers related to alcohol and drugs.
- 4) Make a list of appropriate referral services and resources.
- 5) Create a customized evidence-based intervention plan for students identified as needing assistance.
- 6) Use appropriate SAP services and service delivery model to tailor the intervention to the individual.

ITEMS YOU WILL NEED:

- Interested school personnel
- A tool or standardized way to assess students once they've been identified
- Drug and alcohol education/treatment resources
- School counselor
- Appropriate referral locations

MENTAL HEALTH SCREENINGS AND REFERRALS

CSAP STRATEGY:

Problem Identification and Referral

REGIONS:

All

DESCRIPTION:

There are many shared risk and protective factors between mental health and substance use and abuse and the odds of using methamphetamine were higher for youth with any psychiatric disorder or ADHD¹⁴. Contracting with professionals to conduct mental health screenings using validated screening tools and referring to treatment may allow for the prevention of substance use and abuse later in life.

PLANNING STEPS:

- 1) Find an appropriate professional to conduct screenings.
- 2) Ensure that the professionals are using appropriate clinical protocol.
- 3) Determine a time and location for screenings that allow for the largest utilization for the target population.
- 4) Develop a list of appropriate locations and programs for referrals and ensure that those locations have adequate capacity.

ITEMS YOU WILL NEED:

- Trained professional
- List of referral agencies with openings
- Appropriate venue

ADD SIGNAGE

CSAP STRATEGY:

Environmental

REGIONS:

All

DESCRIPTION:

Signs placed in parking lots, nearby parks, and other areas let people know that drinking alcohol is not tolerated on the property. Additionally, adding information about legal consequences might help raise awareness about the issue.

PLANNING STEPS:

- 1) Partner with your city for help in developing signage. City departments, like Parks and Recreation, will already have city-approved signage templates. Many may even be able to handle the printing for you.
- 2) Use a simple and concise message. These types of signs are typically red and white, with warnings such as:
 - ALCOHOLIC BEVERAGES PROHIBITED
 - NO DRINKING ALLOWED ON THESE PREMISES
 - WARNING: It's a criminal offense to consume alcohol in this area
- 3) Identify specific locations to place signs. Based on your data and what you and other stakeholders know about your community, you will probably have several ideas. Begin with one location and partner with law enforcement to increase presence at that location, if resources are available. Once students identify that the signs actually mean enforcement, expand your signage to additional areas.

ITEMS YOU WILL NEED:

- A simple and concise message
- City partnership
- Specific locations to place signs
- Partnerships with other entities, such as law enforcement agencies

ADD LIGHTING

CSAP STRATEGY:

Environmental

REGIONS:

All

DESCRIPTION:

Lights can be placed in school parking lots, parks, event centers, or other areas to decrease the allure of popular locations for illegal activity.

PLANNING STEPS:

- 1) Identify specific locations to place lights. Brainstorm locations based on your data and what you and others know about your community.
- 2) Encourage feedback on locations from homeowners or users of the given space. Adding lights that shine into windows or otherwise impact neighborhood aesthetics should be avoided. Some neighbors may encourage lighting if it impacts illegal activity. In any case, it's best to solicit comments from area residents and business owners.
- 3) Check with the city to determine lighting regulations. Some communities have lighting restrictions or may have restrictions on the style of the lights.
- 4) Determine appropriate lighting apparatus. As most city governments purchase lights for parks and other areas, they may be able to offer information about reputable lighting manufacturers and installation contractors.
- 5) Install lighting. If funds are available, add lighting to all areas of interest in a relatively short timeframe. Doing so will create a burden to users to attempt to find another locale.

ITEMS YOU WILL NEED:

- Specific locations to place lights
- Appropriate lighting apparatuses
- Partnerships with other entities

INSTALL CAMERAS

CSAP STRATEGY:

Environmental

REGIONS:

All

DESCRIPTION:

Cameras can act as both a deterrence and enforcement strategy to prevent and identify those using alcohol or other drugs on public property. These can be especially effective on school grounds.

PLANNING STEPS:

- 1) Identify specific locations to place cameras. Based on your data and what you and other stakeholders know about your school, you will probably have several ideas. Ensure that proposed sites are not near restrooms, locker rooms, or any other location in which students might undress.
- 2) Purchase cameras and contract for installation.
- 3) If cameras are installed in schools, encourage the administration to write a clear policy to establish consequences for students caught using alcohol or drugs. Writing policy provides standardized consequences for all students, unchanged by auxiliary factors such as administration turnover. Various stakeholders, including school resource officers, principals, parents, teachers, counselors, and school nurses should be consulted in policy development. Referring students to treatment programs and evidence-based student assistance programs or family-based programs is encouraged.
- 4) If cameras are installed in schools, encourage school administration to inform students and parents of the camera policy. For cameras to act as a deterrence, it is important for students and parents to recognize the new policy and its consequences. Providing information to parents can prompt a discussion with their child related to the consequences of underage alcohol use, especially on school property.

ITEMS YOU WILL NEED:

- Relationship with school administration
- Specific locations to place cameras
- Cameras
- Installation services

DISTRIBUTE DRUG DEACTIVATION POUCHES WITH SPECIFIC REFERENCES TO STIMULANTS

CSAP STRATEGY:

Environmental

REGIONS:

Region 1, Region 2, Region 3, Region 4, Region 6

DESCRIPTION:

Drug deactivation pouches are used to properly dispose of medications. Although other types are allowable for purchase, Detera Drug Deactivation pouches have been used effectively in Idaho communities. They work by simply placing unused medications into the bag and adding water; the carbon core within the bags renders the medications inert and the user can simply seal the bag and toss it in the trash. The Detera pouches are made from biodegradable materials that actively break down in the presence of microbes, making them ideal for the landfill. Medications, including opioids, stimulants, or other controlled substances in the form of pills, liquids, or patches can be disposed of in Detera pouches. Along with disseminating pouches, it is important for associated messaging to specifically address prescription stimulant disposal to be funded by this grant.

PLANNING STEPS:

- 1) Determine the best location to disseminate bags (e.g., pharmacies, emergency departments, hospice, community events, etc.).
- 2) Contact Verde Technologies and/or other companies to get pricing and set up your order.
- 3) Develop educational materials that specifically address prescription stimulant disposal.
- 4) Order and disseminate pouches and educational materials.

ITEMS YOU WILL NEED:

- Drug deactivation pouches
- Dissemination plan
- Relationships with stakeholders

This list is not all encompassing and other evidence-based activities may be proposed for approval using the approved processes.

APPENDIX B: ACTION PLAN TEMPLATE

Please fill out one action plan per strategy in your district with as much detail as possible. At least one of your action plans must specifically target each subpopulation in your district. If this action plan is one that addresses your subpopulation you MUST consult a representative from this subpopulation during strategic planning. Once completed, your packet of action plans MUST have a comprehensive array of strategies; be implemented in areas throughout the region or with particular attention to areas with no current funding for substance abuse prevention; and have at least one strategy specifically address each subpopulation.

Region: 1 2 3 4 5 6 7

Priority Substance(s) Pertaining to this Strategy: All Alcohol Marijuana Methamphetamine

Is one of your priority subpopulations addressed with this action plan? Yes No

If so, which one (please see Figure 2 for your subpopulations)? American Indians/Alaska Natives Hispanics/Latinos Veterans Rural

If so, who is your designated subpopulation representative? _____

Strategy: _____

CSAP Category: Information Dissemination Education Community-Based Processes Alternative Activities Environmental Problem Identification & Referral

IOM Category: Universal Indirect Universal Direct Selective Indicated

What is the estimated number of anticipated participants reached, served, or trained: _____

Please estimate the number of anticipated participants reached, served, or trained by the categories below:

Total	Two or More Races	White	Black/ African Americans	American Indians/ Alaska Natives	Asians	Native Hawaiians/ Pacific Islanders	Other Race	Hispanics/ Latinos	Non-Hispanics/ Latinos	Males	Females	Veterans	Rural Idahoans

You may use Appendix E to guide your estimates.

Action Steps	Responsible Person	Partners Involved	Timeline	Location(s) / County / City

If this strategy is being adapted for a subpopulation in your region, discuss considerations or adaptations:

APPENDIX C: BUDGET TEMPLATES

Program budgets will be submitted using the provided Excel workbook.

APPENDIX D: FREQUENTLY ASKED QUESTIONS

Are we required to coordinate with law enforcement with their PFS grant?

The Office of Drug Policy is simultaneously releasing one-year grants for law enforcement agencies. These awards will be available to law enforcement annually until FY2023. Allowable activities include interdiction, shoulder tap operations, compliance checks, party patrols, and presentations on underage drinking, marijuana use, and methamphetamine use. These grants are separate from the grants that fund the public health departments and the Regional Behavioral Health Boards. Although it may be a good idea to understand other prevention strategies occurring in one's region, coordination with law enforcement is not required.

How do I track hours to be eligible for the Certified Prevention Specialist credential?

It will be the responsibility of the Project Coordinators to track their progress with the Certified Prevention Specialist credential. Although some training will be available through the Office of Drug Policy, it is likely that additional training will be needed. Check with the [Idaho Board of Alcohol/Drug Counselor Certification](#) to determine whether courses will satisfy the designated domains for the CPS. In terms of tracking hours of experience supervised by a CPS, all hours worked will count.

Are there alternatives to the Certified Prevention Specialist that would satisfy the requirement?

Yes. Currently, ODP will accept the Certified Health Education Specialist credential in place of the CPS. Please direct any alternative certifications to ODP for approval.

What will the strategic planning process look like in my region?

Because each region and relationship between the Project Coordinator and the Regional Behavioral Health Board is different, the structure of the strategic planning will differ. The only requirement is that each action plan and budget be drafted and approved by both parties.

Do action plans reflect this fiscal year or the whole grant period?

Action plans should be developed for the fiscal year and updated and revised each year after. Because it is likely that action steps may change and unforeseen issues may occur, it will be important for PCs to continue to consult their RBHBs. Planning this way will also make budgeting easier as well, as PCs will receive a consistent amount per year.

APPENDIX E: DEMOGRAPHICS BY DISTRICT

		District 1	District 2	District 3	District 4	District 5	District 6	District 7
Total Population		224,846	107,343	272,042	478,421	192,082	169,970	212,671
Sex	Male	49.6%	51.0%	49.6%	50.3%	50.1%	50.1%	50.4%
	Female	50.4%	49.0%	50.4%	49.7%	49.9%	49.9%	49.6%
Age	Under 5	5.7%	5.5%	7.4%	6.1%	7.6%	7.7%	8.6%
	5 to 9	6.4%	5.3%	8.0%	7.0%	8.4%	8.2%	8.3%
	10 to 14	6.5%	5.6%	8.3%	7.3%	8.0%	8.2%	8.3%
	15 to 19	6.2%	7.7%	7.6%	6.7%	6.9%	7.6%	8.0%
	20 to 24	5.4%	10.3%	6.2%	6.3%	6.0%	6.6%	8.9%
	25 to 34	11.3%	12.2%	12.4%	14.2%	12.7%	13.2%	13.5%
	35 to 44	11.8%	10.2%	12.3%	13.7%	12.0%	12.0%	11.5%
	45 to 54	12.8%	11.5%	11.9%	13.1%	11.6%	10.7%	10.3%
	55 to 59	7.1%	6.9%	5.9%	6.4%	6.4%	6.0%	5.3%
	60 to 64	7.9%	6.7%	5.5%	5.8%	5.6%	5.9%	5.3%
	65 to 74	11.6%	10.5%	8.8%	8.3%	8.5%	8.2%	7.1%
	75 to 84	5.4%	5.6%	4.2%	3.6%	4.3%	4.2%	3.4%
	85 or older	1.8%	2.1%	1.5%	1.5%	1.9%	1.5%	1.5%
Race	White	94.2%	91.6%	88.0%	90.9%	93.2%	88.9%	90.9%
	Black/African American	0.4%	0.5%	0.4%	1.3%	0.4%	0.5%	0.4%
	American Indian/Alaska Native	1.6%	3.4%	1.1%	0.6%	0.8%	3.4%	0.3%
	Asian	0.7%	1.4%	0.8%	2.6%	1.1%	1.0%	0.7%
	Native Hawaiian/Pacific Islander	0.1%	0.1%	0.2%	0.2%	0.2%	0.1%	0.1%
	Some other race	0.5%	0.6%	6.5%	1.4%	2.7%	3.4%	5.0%
	Two or more races	2.6%	2.5%	3.1%	3.0%	1.6%	2.6%	2.5%
Ethnicity	Hispanic or Latino	4.0%	3.8%	22.7%	8.2%	23.3%	11.4%	11.2%
	Not Hispanic or Latino	96.0%	96.2%	77.3%	91.8%	76.7%	88.6%	88.8%
Veterans (among civilian population >18)		11.7%	10.3%	9.7%	9.8%	8.6%	7.9%	7.4%
Rural		33.2%	62.7%	13.5%	7.6%	100.0%	38.3%	35.2%

Sources: American Community Survey 5-Year Estimates, 2013-2017, USDA County Rural Definitions

APPENDIX F: LIST OF ACRONYMS

CPS:	Certified Prevention Specialist
CSAP:	Center for Substance Abuse Prevention
FY:	Fiscal Year
IOM:	Institute of Medicine
LMS:	Learning Management System
LST:	LifeSkills Training
ODP:	Office of Drug Policy
PC:	Project Coordinator
PFS:	Partnership for Success
POST:	Peace Officers Standards and Training
RBHB:	Regional Behavioral Health Board
SABG:	Substance Abuse Block Grant
SAMHSA:	Substance Abuse and Mental Health Services Administration
SFP:	Strengthening Families Program
SPF:	Strategic Prevention Framework
SPF SIG:	Strategic Prevention Framework State Incentive Grant

APPENDIX G: REFERENCES

- ¹ American Community Survey 5-Year Estimate (2012-2016), United States Census Bureau.
- ² Bureau of Vital Records and Health Statistics; Division of Public Health, Behavioral Risk Factor Surveillance System, 2011-2017 (November 2018).
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- ⁵ Idaho Department of Health and Welfare, Division of Public Health, Bureau of Vital Records and Health Statistics, Behavioral Risk Factor Surveillance System, 2011-2017 (November 2018).
- ⁶ 2017 Idaho Youth Risk Behavior Survey: A Healthy Look at Idaho Youth, Idaho Department of Education (2017).
- ⁷ Idaho State Police, Idaho Statistical Analysis Center, National Incidence-Based Reporting System, 2007-2016.
- ⁸ Office of Drug Policy, Idaho Healthy Youth Survey, 2017.
- ⁹ Rural Idaho Since the Recession, Idaho At A Glance, Vol., No. 2. University of Idaho, McClure Center for Public Policy Research (2015).
- ¹⁰ SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002-2016.
- ¹¹ Substance Abuse Prevention Needs Assessment, 2017, State Epidemiological Outcomes Workgroup, Office of Drug Policy, March 2018.
- ¹² Turner, W. (2000). Cultural considerations in family-based primary prevention programs in drug abuse. *Journal of Primary Prevention*, 21 (3), 285-303.
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- ¹⁴ Yen, C. & Chong, M. (2006). Comorbid psychiatric disorders, sex, and methamphetamine use in adolescents: A case-control study. *Comprehensive Psychiatry*, 47, 215-220. doi: 10.1016/j.comppsy.2005.07.006