STRATEGIC PREVENTION FRAMEWORK
PARTNERSHIP FOR SUCCESS
GRANT MANUAL

IDAH O OFFICE OF
DRUG POLICY
FY2020-FY2023
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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 use and misuse policy and prevention efforts by developing and implementing strategic action plans and collaborative partnerships to reduce drug use and related consequences.

VISION:
The Office of Drug Policy envisions a safe and healthy Idaho free from the devastating impacts of substance use on youths, families, and communities.

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 prevention work. Additionally, ODP will provide funds for training both through a contracted learning management system (LMS) for Project Coordinators (PC) at the PHDs and the Regional Behavioral Health Boards (RBHB) and for LE training. Both methods will facilitate learning through online modules. Finally, ODP will utilize PFS funds to contract for services for a 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 in Idaho, see Figure 1.
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 (NoA). 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 who are being funded through the PFS to deliver services, 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 misuse and do not include treatment or recovery services. Problem identification and referral strategies (detailed further on page 11) 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 encourages all PCs to obtain their Certified Prevention Specialist (CPS) credential. To access these courses, see Appendix D. The courses hosted on ODP’s LMS are required for PCs that do not have their CPS. 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 certifications outside of the 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.

**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 approved action plans. This subpopulation representative must be a member of the populations of interest and should also be a member of the RBHB, unless a person of that subpopulation is not represented on the RBHB or declines to review the action plan for cultural competence.

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 use prevention coalitions. For more information about prevention professionals in Idaho, visit odp.idaho.gov. It will be in the PC’s best interest to understand the strategies delivered by these agencies to avoid duplication of efforts. PCs cannot contract with current SABG funded providers, even if the classes they are facilitating do not include LifeSkills Training Program or Strengthening Families Program.

The purpose of the PFS is to broaden capacity for prevention; therefore, specific attention should be paid in order to prevent the duplication of efforts. As such, PHDs may not contract with providers who are currently implementing or have previously (within the past 5 years) implemented these services through the SABG. PCs should encourage newly trained partners in prevention to apply for SABG funds; however, PCs may contract with these agencies if applying to the SABG is not feasible.
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 days. Among those that reported drinking alcohol, nearly 15% reported drinking ten or more drinks within a couple of hours in the past thirty days. Various subpopulations are more at-risk for alcohol use and related consequences than others:
The prevalence of past 30-day alcohol use among underage youth is more common among:
- Those living in the northern (52.8%) and western (42.3%) part of the state;
- Hispanics (46.2%);
- Those living in rural counties (40.3%);
- Females (39.3%); and
- Those with one or more parents who have served time in the military (16.7%).

Veterans between the ages of 18 and 34 and aged 65 or older have significantly higher rates of binge drinking when compared to non-veterans.

Among Idaho youth, 22% of American Indians and Hispanics/Latinos reported riding with an alcohol-impaired driver in the past thirty days compared to 13% of White students.

Between 2014 and 2016, the alcohol-induced mortality rate among American Indians was 38 per population of 100,000 compared to 14 and 7 per 100,000 population among Whites and Hispanics, respectively.

Because nearly 73% of Idaho’s counties are considered rural, the most populated region of the state also has the highest percentage of veteran residents, females account for 49.9% of Idaho’s population, 44% of Hispanics in Idaho live in eastern Idaho, and there are significantly more American Indians in Idaho compared to the national average, all districts are considered high need communities.

To mirror Idaho’s needs, the proposed sub-recipient communities are the PHDs 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, LE 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 LE agencies to address marijuana and methamphetamine use among Idahoans aged 9 and older based on district-level data.

Between 2016 and 2017, over 7% of Idahoans aged 12 and older and over 9% of youth reported using marijuana in the past month in 2017. 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 easy.” Statewide, 10% of youth aged 12 to 18 that used marijuana in the past 30 days bought the marijuana they used in a dispensary; nearly 20% of those in the Northern Idaho received their marijuana this way. 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 state. Among adults, those living in District 1 were significantly more likely than those in District 7 to use marijuana.

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 risk. More than four times as many youths reported that weekly marijuana use carries no risk compared to weekly binge drinking.
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\%\textsuperscript{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)\textsuperscript{7}.

Law enforcement agencies are also overburdened by crime related to methamphetamine and consequences of meth 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 2008\textsuperscript{7}. Although only 0.9\% of Idahoans reported using meth in the past year\textsuperscript{10}, 34\% of drug/narcotic arrests in Idaho were meth-related\textsuperscript{7}, 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)\textsuperscript{7}. Adams County and Payette County, both in District 3, have the highest reliable rates, 5.1 and 4.0 per 1,000 population, respectively\textsuperscript{7}. 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 2017\textsuperscript{7}.

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 admissions\textsuperscript{11}. The rate of treatment admissions for meth as a primary substance of abuse increased by 52\% between 2014 and 2016\textsuperscript{11}.

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 specifically\textsuperscript{4}. 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 rate\textsuperscript{3}.

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.
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 16. PCs must make themselves available for site visits from the PFS Grant Director.
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 annual action plans and budgets be submitted annually. 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 LMS contractor, but they will be able to take full advantage of the training courses offered on the platform. PCs who do not have their CPS must take at least two (2) courses hosted on the LMS per quarter, as courses are available. PCs are encouraged to obtain the CPS credential.

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 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.

If strategies have been adapted for a particular subpopulation, PCs must consult with a representative from that population to ensure that they are implementing the strategy with cultural competence. 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 may 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. These costs may include flights, mileage, per diem, hotel, registration, or exam fees for the CPS. Car rental, tuition, and exam preparatory materials are not allowable. All funds, including those for training, are subject to approval.

PCs and other partners have the ability to access a variety of training opportunities supported by grant funds including:

ODP’s LMS
ODP has contracted with Tovuti to support an 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. All courses hosted on ODP’s LMS are required to be completed by the PCs without their CPS. PCs without their CPS will be required to complete two (2) courses per quarter, as courses are available. The Grant Director will create accounts for current PCs, but others will have the ability to self-register on the platform. To access the LMS, visit odplms.tovuti.io after August 1, 2019.

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, are available from a variety of PTTCs. To view training resources, visit pttcnetwork.org.

IN-STATE CONFERENCES AND WORKSHOPS
There are a variety of in-state training opportunities available including the Idaho Conference on Alcohol and Drug Dependency, The Northwest Alcohol Conference, Idaho Drug Symposium, and Boise State’s Prevention Training Institute.

OUT-OF-STATE CONFERENCES AND WORKSHOPS
There are a variety of relevant training opportunities available at the national-level including the Society for Prevention Research Annual Meeting; the National Cocaine, Meth & Stimulant Summit; the Community Anti-Drug Coalitions of American (CADCA) Mid-Year Training Institute; the National Prevention Network Conference; and the CADCA National Leadership Forum.

PCs must obtain explicit approval to attend trainings with PFS funds outside of the opportunities listed above. When requesting to attend a conference not included above, please include the agenda.

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 action plans are due to the Grant Director by April 30.

CENTERS FOR SUBSTANCE ABUSE PREVENTION STRATEGIES
All approved strategies fall into a set of prevention strategies divided into six categories developed by 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 Strategies 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 THE STRENGTHENING FAMILIES PROGRAM**

   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.

   SFP has been adapted to other minority cultures.

   It is required for each region to train facilitators for the SFP throughout the grant period as needed. PCs can contract with trained facilitators to implement SFP through the PFS; however, food cannot be purchased with funds and PCs cannot contract with organizations who have implemented the SFP with the SABG in the past five (5) years. PCs should encourage facilitating agencies to apply for SABG funds. It is the responsibility of the PC to ensure that facilitators are not supplanting funds. One mechanism to prevent supplanting is to develop a contract with specific terms prior to implementation.
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 with administrators in at least two schools in each region. Schools should be chosen based on some evidence of need, if available.

3) DISSEMINATE BE THE PARENTS MEDIA CAMPAIGN

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 Instagram account. There are several developed materials including:

DIGITAL
- Website, including regular blog posts
- Social media postings

PRINT MATERIALS
- Billboards
- Rack cards
- Posters
- Coffee sleeves
- Window clings
- Parent guides with 30-day challenges to help build engagement with their children
- Convo Cards: a card game to spark conversation between parents and their children

Some materials can be delivered to some subpopulations including billboards featuring Idaho minority youth and Spanish Convo Cards and rack cards. The materials and methods for dissemination will be determined during strategic planning and must be clearly detailed in the action plan. For more detail about the particular allowable strategies for Be The Parents, please consult the FY20 Be The Parents Usage Agreement in Appendix I.

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. Curriculum-based programming outside of SFP and LifeSkills Training are now allowable. 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 retailers

ALTERNATIVE ACTIVITIES:
- Community service activities
- Recreational activities
- Youth leadership activities

PROBLEM IDENTIFICATION AND REFERRAL:
- Student assistance programs
- Mental health screenings and referrals
- Tetrahydrocannabinol (THC) testing strips

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.

To achieve approval, when compiled, action plans must:
- Demonstrate a comprehensive array of strategies
- Show that strategies are implemented throughout the district or with particular 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 NoA for the total budget for this grant. 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
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-funded 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 is reimbursable up to $0.58 per mile. Mileage rates are subject to change based on the federal mileage rate.

EQUIPMENT
Permanent equipment may be charged to the grant only if the grantee can demonstrate that purchase will be less expensive than rental. Equipment purchases include installation and cannot be more than $5,000 per item. 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. Equipment cannot be used for new facility construction, facility expansion, or major alterations. Equipment purchased to be used exclusively by the PC must demonstrate how its use essential to job duties and/or benefits the broader community in prevention. Equipment purchases for alternative activities must be integral to substance abuse prevention and may not be gifted to program participants. PCs are expected to demonstrate good stewardship of public funds.

SUPPLIES
Supplies are typically used up within one year and have a one-time use. 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, payments to facilitators for SFP or LifeSkills Training (LST) programs, or other similar contractual services. 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. Grantees are responsible for following their organization’s procurement policies.

Contracting to conduct activities with prevention providers who have received SABG funds to conduct the same or similar services in the past 5 years is unallowable. The purpose of this grant is to increase capacity for prevention.

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

INDIRECT
Indirect costs may be applied to the grant per the agency’s policy.

Supervisor and support staff time plus indirect costs cannot exceed 20% of the total annual grant award.
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
- Equipment purchases not essential for regular job function and/or not tied to community prevention activities

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 June 21st of each fiscal year. Requests for reimbursements may be made through interagency billing.

Table 1. Reporting Deadlines

<table>
<thead>
<tr>
<th>Quarters</th>
<th>Months</th>
<th>Reporting Deadlines</th>
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<tbody>
<tr>
<td>Q1</td>
<td>July-September</td>
<td>October 15</td>
</tr>
<tr>
<td>Q2</td>
<td>October-December</td>
<td>January 15</td>
</tr>
<tr>
<td>Q3</td>
<td>January-March</td>
<td>April 15</td>
</tr>
<tr>
<td>Q4</td>
<td>April-June</td>
<td>June 21</td>
</tr>
</tbody>
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Note: If grantees have additional costs between Q4 due date and the end of the fiscal year, a final request for reimbursement may be submitted with those additional costs by July 15.

IMPLEMENTATION
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.

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.
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 through an Excel spreadsheet called the PFS Outcome Form developed by ODP that details information regarding activities conducted, populations reached, training needed and obtained, success, barriers, and future plans. Throughout the fiscal year, PCs will add information maintained in one cumulative file. Once per quarter (see Table 1 for due dates), PCs will send the PFS Outcome Form to the PFS Grant Director. PCs should begin a new PFS Outcome Form at the beginning of each fiscal year.

ADULT AND YOUTH CURRICULUM SURVEYS
In addition to the PFS Outcome Form, PCs will be required to ensure curriculum surveys are administered for all SFP and LST programs. The Senior Research Analyst at ODP will provide all surveys and instructions. Contact Alex Curd at alex.curd@odp.idaho.gov for more information.

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. Quarterly Progress Reports will be sent to the PCs and RBHB chairpersons on or before August 1, November 1, February 1, and May 1 and are intended to illustrate:

- Overview of services provided during that quarter
- Accomplishments to date
- Barriers noted
- Any technical assistance needed

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 report 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 (particulardly 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

REQUIRED 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 an Instagram account. There are several developed materials including: a website, social media accounts, short videos that feature Idaho youth engaging in activities, billboards, rack cards, posters, coffee sleeves, 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.

The PFS Grant Director will provide samples of Be the Parents materials to grantees annually. When implementing this strategy, all printed materials are required to be printed at a professional print shop. Modification, including cobranding, is not permitted. For more information on allowable usage of Be The Parents materials, see Appendix I.

PLANNING STEPS:
1) Review Be the Parents materials provided.
2) Determine which types of media 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) Disseminate campaign.

ITEMS YOU WILL NEED:
• Be the Parents materials supplied by ODP
• Be The Parents material files
• Dissemination plan
• Contacts to help with dissemination

STRENGTHENING FAMILIES PROGRAM

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 facilitators for the SFP. The Grant Director at ODP is available to help the districts schedule these trainings. The PFS cannot pay for food associated with the program. Grantees cannot contract with organizations who are already facilitating SFP through other funds, or organizations who have received SABG funding to implement SFP within the past five (5) years. Grantees should encourage newly trained facilitators to apply for SABG funds.

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 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 discuss the importance of policy. After the training, meet with stakeholders, including principals, school resource officers, counselors, nurses, teachers, and parents, to discuss potential 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

OPTIONAL STRATEGIES

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, 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

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 draft materials.
4) Send draft of materials to the PFS Grant Director for approval.
5) 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.
6) 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

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:
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 Disorder. Because the chemical structure of amphetamines and methamphetamine are so similar, and because the retail distribution of amphetamines has nearly tripled between 2006 and 2017, 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.

Grantees cannot contract with organizations who are already facilitating LST through other funds, or organizations who have received SABG funding to implement LST within the past five (5) years. Grantees should encourage newly trained facilitators to apply for SABG funds.

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-relationers to write an 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 alternative activities must be linked to substance use prevention. Appropriate alternative activities are those that decrease risk factors and/or increase protective factors for underage drinking and drug use. If events are one-time events, there should be considerable emphasis on substance abuse prevention.

Funds to support alternative activities may include staff time to oversee programming, facilities, transportation, speaker fees, and other costs integral to programming. Prizes, incentives, equipment to provide to participants, and other auxiliary equipment purchase or rentals not integral to prevention are not allowable. Grantees are encouraged to ask for community donations or review other funding source for those purchases.
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: REGIONS:
Problem Identification and Referral 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: REGIONS:
Problem Identification and Referral 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 ADHD. 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

DISTRIBUTE THC TESTING STRIPS TO SCHOOL RESOURCE OFFICERS, PARENTS, OR OTHER STAKEHOLDERS

CSAP STRATEGY: Problem Identification and Referral
REGIONS: Region 1, Region 3, Region 5

DESCRIPTION:
There are a variety of new devices in which youths have the ability to hide marijuana including stash compartments in clothing and backpacks and in vaping devices. Testing items can provide an opportunity for law enforcement, parents, or school administrators to intervene. Although other types are allowable for purchase, S2 Threat Detection Technologies’ Cannabis Test Kit has been used effectively in Idaho communities. These are presumptive tests and should not be used to determine the legitimacy or legality of the presence of residues.

PLANNING STEPS:
1) Review potential applications with stakeholders (e.g., parents, school resource officers, teachers, coaches, etc.)
2) Reach out to groups to determine interest
3) Develop a dissemination plan
4) Order materials. If using S2 Threat Technologies, contact Rob Stevenson at rob@s2detect.com
5) Disseminate materials

ITEMS YOU WILL NEED:
- THC testing kits
- Dissemination plan
- Relationships with stakeholders
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 existing locations such that have documented evidence of persistent drug use. The purpose of this activity is to decrease the allure of population locations for illegal activities. Areas to place lights must have persistent issues with underage drinking or drug use. Law enforcement must be included in the process when selecting areas. Adding lighting is not intended for new construction or to update existing lighting systems. Lighting budgets may not exceed $5,000.

PLANNING STEPS:
1) Identify specific locations to place lights. Brainstorm locations based on your law enforcement 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:

- Law enforcement data
- 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 of 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, Deterra 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 Deterra 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 Deterra 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
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.

Project Description:
_____________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________
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  Alternative Activities  Environmental  Problem Identification and 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:

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

You may use Appendix F to guide your estimates. If you are targeting a specific subpopulation, they should be represented accordingly.

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Responsible Person</th>
<th>Timeline</th>
<th>Location(s)</th>
</tr>
</thead>
</table>

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

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

32
APPENDIX C: BUDGET TEMPLATES

Please see your notice of award to determine your total budget for this grant. For a description of each budget category, see page 13.

**Mileage:**

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<th>To</th>
<th>From</th>
<th># Round Trip Miles</th>
<th>Total*</th>
<th>Justification/Description</th>
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*Multiply Estimated Round Trip Mileage by $0.58
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APPENDIX D: PREVENTION LEARNING MANAGEMENT SYSTEM

ODP contracted with Tovuti to develop a learning management system (LMS) to host courses that support the fulfillment of CPS requirements. The courses are available through ODP’s LMS. You can access the LMS after August 1, 2019 here: https://odplms.tovuti.io/

Two courses per quarter are required for Project Coordinators who do not hold their Certified Prevention Specialist credential, pending course availability. Other partners not receiving ODP funds may also utilize the LMS.

For questions, contact the PFS Grant Director.
APPENDIX E: 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 go about completing the training modules for the Ethics and Fundamentals of Prevention courses?

Both of the required courses are online and can be accessed through the instructions in Appendix D.

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.

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. Subpopulation representatives must be consulted in the planning process if strategies are targeting subpopulations to ensure cultural competence.

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

Action plans and budgets should be developed for each fiscal year and are due by April 30.
## APPENDIX F: DEMOGRAPHICS BY DISTRICT

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<th>District 1</th>
<th>District 2</th>
<th>District 3</th>
<th>District 4</th>
<th>District 5</th>
<th>District 6</th>
<th>District 7</th>
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<tbody>
<tr>
<td><strong>Total Population</strong></td>
<td>224,846</td>
<td>107,343</td>
<td>272,042</td>
<td>478,421</td>
<td>192,082</td>
<td>169,970</td>
<td>212,671</td>
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<td><strong>Sex</strong></td>
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<tr>
<td>Male</td>
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<td>Under 5</td>
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<td>5 to 9</td>
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<td>10 to 14</td>
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<td>15 to 19</td>
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<tr>
<td>35 to 44</td>
<td>11.8%</td>
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<td>12.3%</td>
<td>13.7%</td>
<td>12.0%</td>
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<td>65 to 74</td>
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<td>75 to 84</td>
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<td>3.6%</td>
<td>4.3%</td>
<td>4.2%</td>
<td>3.4%</td>
</tr>
<tr>
<td>85 or older</td>
<td>1.8%</td>
<td>2.1%</td>
<td>1.5%</td>
<td>1.5%</td>
<td>1.9%</td>
<td>1.5%</td>
<td>1.5%</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>94.2%</td>
<td>91.6%</td>
<td>88.0%</td>
<td>90.9%</td>
<td>93.2%</td>
<td>88.9%</td>
<td>90.9%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>0.4%</td>
<td>0.5%</td>
<td>0.4%</td>
<td>1.3%</td>
<td>0.4%</td>
<td>0.5%</td>
<td>0.4%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>1.6%</td>
<td>3.4%</td>
<td>1.1%</td>
<td>0.6%</td>
<td>0.8%</td>
<td>3.4%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Asian</td>
<td>0.7%</td>
<td>1.4%</td>
<td>0.8%</td>
<td>2.6%</td>
<td>1.1%</td>
<td>1.0%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>0.1%</td>
<td>0.1%</td>
<td>0.2%</td>
<td>0.2%</td>
<td>0.2%</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Some other race</td>
<td>0.5%</td>
<td>0.6%</td>
<td>6.5%</td>
<td>1.4%</td>
<td>2.7%</td>
<td>3.4%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Two or more races</td>
<td>2.6%</td>
<td>2.5%</td>
<td>3.1%</td>
<td>3.0%</td>
<td>1.6%</td>
<td>2.6%</td>
<td>2.5%</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>4.0%</td>
<td>3.8%</td>
<td>22.7%</td>
<td>8.2%</td>
<td>23.3%</td>
<td>11.4%</td>
<td>11.2%</td>
</tr>
<tr>
<td>Not Hispanic or Latino</td>
<td>96.0%</td>
<td>96.2%</td>
<td>77.3%</td>
<td>91.8%</td>
<td>76.7%</td>
<td>88.6%</td>
<td>88.8%</td>
</tr>
<tr>
<td><strong>Veterans</strong> (among civilian population &gt;18)</td>
<td>11.7%</td>
<td>10.3%</td>
<td>9.7%</td>
<td>9.8%</td>
<td>8.6%</td>
<td>7.9%</td>
<td>7.4%</td>
</tr>
<tr>
<td>Rural</td>
<td>33.2%</td>
<td>62.7%</td>
<td>13.5%</td>
<td>7.6%</td>
<td>100.0%</td>
<td>38.3%</td>
<td>35.2%</td>
</tr>
</tbody>
</table>

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

1 American Community Survey 5-Year Estimate (2012-2016), United States Census Bureau.
3 Bureau of Vital Records and Health Statistics; Division of Public Health (May 2018).
APPENDIX I: BE THE PARENTS USAGE AGREEMENT

Be The Parents Usage Agreement

This Be The Parents Usage Agreement (“Agreement”) is between the Idaho Office of Drug Policy (“ODP”), and (“Agency”). The Agreement is effective on July 1, 2019 and will expire June 30, 2020 or the date the Agency ceases activities as a recipient of the Partnerships for Success Grant, whichever comes first. The agreement may be renewed or amended annually. The parties agree as follows:

1. BE THE PARENTS ACTIVITIES

   The Agency is permitted to implement the following activities for the Be The Parents campaign:
   a. Purchase and dissemination of print materials
   b. Digital media buys on social media or web
   c. Billboard placement
   d. Publishing social media posts on the Agency’s accounts and sharing of Be The Parents social media posts on the Agency’s accounts.
   e. Other activities as approved in the annual action plan

   The agency is NOT permitted to implement the following activities for the Be the Parents campaign:
   f. Radio Media Buys
   g. Television Media Buys

   ODP will no longer provide these assets to the Agency. Any broadcast buys already paid and placed in FY19 that will run into FY20 may proceed as planned. However, when the buy concludes, the assets can no longer be used.

2. BE THE PARENTS LOGO USE

   The Agency is permitted to use any existing material, asset, or item containing the Be the Parents logo that was provided by ODP. The Agency is not authorized to apply the Be the Parents logo or reference the Be the Parents name to new materials or assets.

   The Agency must request and obtain the written consent of ODP to add the Be The Parents logo to any existing material, asset, or item that was not provided to the Agency by ODP.

   The Agency may request use of the logo through the process of submitting an annual plan or project adjustment request, and upon approval of the plan or project adjustment request the Agency may receive the appropriate logo file. The logo may be applied as approved for the period approved in the plan. Any application of the logo a) differing from what has been approved or b) after the period specified in the approved plan is not authorized.

3. BE THE PARENTS MATERIALS USE AND MODIFICATION

   The agency will receive a library of available materials from ODP once annually. The agency may utilize these materials for owned, paid, or shared media on the platform for which they were originally created. This Agreement applies to the use of Be the Parents Materials within the State of Idaho.

   a. Be The Parents materials may not be used or distributed beyond the Agreement period.
b. The Agency is not permitted to modify or edit existing Be The Parents materials unless for the purpose of re-sizing for a billboard.

c. The Agency is not permitted to request editing or modification of any Be The Parents materials unless the Agency identifies a spelling or grammatical error. ODP will coordinate editing for spelling or grammatical errors.

d. The Agency is not permitted to co-brand and may not add their logo or any other entity’s logo to Be The Parents materials or add their verbal identification to materials containing audio. The Be The Parents logo is the only logo that will be used on materials. Any media already paid and placed in FY19 that will run into FY20 does not need to be removed or taken down. However, when the buy concludes, co-branded materials must be removed or taken down and can no longer be used.

e. Duplication or recreation of Be the Parents materials with modified messaging, including translation, is not permitted. If there is a request for translation of print materials or graphics into Spanish, the request must be made to ODP through the annual action plan or project adjustment request.

4. BE THE PARENTS DIGITAL

Be The Parents digital channels include social media accounts, YouTube, and the website, betheparents.org.

The Agency is not permitted to access, modify or add any content or code on Be The Parents digital channels.

The Agency is not entitled to analytics from ODP digital channels. ODP will provide the Agency quarterly Google Analytics reports from betheparents.org in Excel format. Reports will include:

a. Acquisition report by source/medium
b. Site activity by geographic location

Be The Parents will post new content on Facebook and Instagram on a weekly basis and the Agency is encouraged to share those posts on the Agency’s organic account. ODP will only provide new social media graphics and videos, including those used for paid digital campaigns, to the Agency with the annual library referenced in paragraph 2.

ODP runs paid campaigns from the Be The Parents Facebook and YouTube accounts. Any Agency use of Be The Parents graphics or videos for paid campaigns on social media must use the Agency’s Facebook, Instagram, or YouTube accounts.

5. BE THE PARENTS PRINT COLLATERAL

ODP will be responsible for printing any Parent Guide Booklets or Conversation Cards and distributing to the Agency upon the Agency’s request. The Agency will be responsible for coordinating printing of all other materials provided by ODP.

6. OWNERSHIP OF BE THE PARENTS MATERIALS

The Agency acknowledges that ODP owns all rights in and to the Be the Parents materials provided to the Agency and agrees that it will not in any way dispute or do anything to impair the validity of ODP’s rights in the materials or its sole ownership and right to use and control the use of materials.

ODP reserves the right to reject plans to execute paid media buys, including billboard and digital, that conflict with statewide Be The Parents efforts. In future years, ODP will provide our annual plan to the Agency prior to Agency action plans being due in order to minimize any conflict or duplication of efforts.
This Agreement supersedes any and all agreements related to Be The Parents, either oral or written, between the parties hereto. Each party to this Agreement acknowledges that no representations, inducements, promises, or agreements, orally or otherwise, have been made by any party, which are not embodied herein, and that no other agreement, statement, or promise not contained in this Agreement shall be valid or binding. Any modification of this Agreement will be effective only if it is in writing signed by the parties to this Agreement.

This Agreement is effective on July 1, 2019:

Idaho Office of Drug Policy
304 N. 8th Street, Rm 455
Boise, ID 83720
208-854-3040

Agency Name
Address
City, State, Zip
Phone Number

Signature: ____________________________
Printed Name: _______________________
Designation: _________________________
Date: _______________________________
Email: ______________________________

Signature: ____________________________
Printed Name: _______________________
Designation: _________________________
Date: _______________________________
Email: ______________________________