

# **Vermont Regional Prevention Partnerships (RPP) Guidance Document**

**September 2016**

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## **INTRODUCTION**

The Vermont Department of Health (VDH) was awarded the 5-year “Strategic Prevention Framework - Partnership for Success III Grant,” here after referred to as the “Regional Prevention Partnerships” (RPP), from the US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) in October 2015.

This RPP Guidance Document and RPP Tool Document provides a roadmap for Vermont Department of Health (VDH) and grantee staff to utilize the Strategic Prevention Framework (SPF) process with the key partners in their district or region to increase capacity, reduce underage and binge drinking, prescription drug misuse and abuse, and reduce marijuana use. The RPP grant will continue the work of the SPF grant which ended in 2011 and the Partnership for Success (PFS) grant that ended in June 2016.

### **REGIONAL PREVENTION PARTNERSHIPS (RPP) GRANT**

SAMHSA has approved the following goals and objectives for Vermont’s RPP grant:

#### **Goal 1: Increase state, regional and community capacity to prevent underage and binge drinking, prescription drug misuse, and marijuana use by implementing a targeted regional approach.**

- Continue funding districts previously funded by PFS grant for at least one year (FY2017)
- Provide step down funding for districts previously funded by PFS grant for at least one year (FY2018)
- Fund six new districts for 5 years
- Facilitate assessment, capacity building, planning, implementation, and evaluation
- Examine health disparities in region as feasible based on socioeconomic status, race/ethnicity, gender, sexual orientation, and veteran’s status

#### **Goal 2: Reduce underage and binge drinking among persons aged 12 to 20.**

- Implement evidence based strategies addressing regional needs and risk/protective factors identified in assessments of local data and resources
- Support mass media campaigns generated by VDH
- Outreach to media outlets and conduct other community mobilizing efforts
- Support data collection for evaluation

#### **Goal 3: Reduce prescription drug misuse and abuse among persons aged 12 to 25.**

##### **Objectives:**

- Implement evidence based strategies addressing regional needs and risk/protective factors identified in assessments of local data and resources
- Support mass media campaigns generated by VDH
- Outreach to media outlets and conduct other community mobilizing efforts
- Support data collection for evaluation

#### **Goal 4: Reduce marijuana use among persons aged 12 to 25.**

- Implement evidence based strategies addressing regional needs and risk/protective factors identified in assessments of local data and resources
- Support mass media campaigns generated by VDH
- Outreach to media outlets and conduct other community mobilizing efforts\
- Support data collection for evaluation

## **BACKGROUND**

### **REGIONAL PREVENTION PARTNERSHIPS: Improving Regional Prevention Infrastructure**

The Regional Prevention Partnerships (RPP) grant will utilize the Strategic Prevention Framework, a public health planning process, to carry out the grant goals and objectives. The Office of Local Health (OLH) will support a lead agency in convening a process to develop a district wide strategic plan to address alcohol, prescription drug misuse and abuse, and marijuana use. The six additional district office catchment areas to receive up to \$130,000/year for five years are: Bennington, Middlebury, Newport, St. Albans, St. Johnsbury and Springfield. One community-based organization will be identified by the local OLH District Office to serve as the lead agency and fiscal agent for the project. The six high-need district offices that were funded through PFS will continue to coordinate implementation of the PFS grant objectives through RPP funding—with the addition of marijuana reduction objectives. Therefore, in the first year, RPP funding will be used in all 12 health districts to support the appropriate steps of the Strategic Prevention Framework: assess, build capacity, plan, implement, and evaluate.

The Strategic Prevention Framework or SPF process comprises five essential steps which are: assessment, capacity building, strategic planning, implementation and evaluation. Cultural competency and sustainability are addressed within each step of the SPF.



### **STRATEGIC PREVENTION FRAMEWORK (SPF):**

The Strategic Prevention Framework (SPF) is essentially a public health planning model that prevention professionals use as a comprehensive guide to assess, build capacity, plan, implement and evaluate prevention efforts. This comprehensive process ensures that limited resources are directed in the most effective manner possible. The five steps of the SPF are summarized below—each also describing how the two lynchpins, cultural competence and sustainability, fit into each step.

## **1. Assessment: What is the problem and how can I learn more?**

The assessment phase of the SPF helps community stakeholders assess community needs, resources, and readiness to address substance abuse. This phase is a data-driven process that helps ensure that community needs are identified and prioritized—this process creates the foundation for the planning process.

An assessment of epidemiology data has been completed on a statewide level for the RPP grant by the State Epidemiological Work Group (SEOW). This statewide assessment of data informed the development of state logic models and the menu of strategies available for RPP funding.

Local communities will need to identify which risk factors are most prevalent in their region, the existing resources available locally to address these risk factors, and the readiness of the community to address substance abuse.

### **How does Cultural Competency fit into the Assessment Step?**

Cultural competency during the assessment step should include but not be limited to, accessing and review of data specific to age, socioeconomic, gender and racial identify, IF available, and outreach to any subpopulations such as military families, disability and immigrant communities. The CADCA Cultural Competence Primer, “Incorporating Cultural Competence into Your Comprehensive Plan,” (CADCA, 2007 <http://www.cadca.org/sites/default/files/resource/files/culturalcompetence.pdf>) specifies that a community assessment should include a list of key institutions that serve diverse populations and to identify their role in reducing substance abuse rates. Incorporating organizations with direct, historic links to diverse populations is another strategy to assess data that may otherwise not be available.

### **How does Sustainability fit into the Assessment Step?**

While collecting and analyzing data for the assessment phase, groups should consider the sustainability of the systems used to collect the data. Examples of incorporating sustainability into the assessment include developing relationships (formal if possible) with the partners administering data to be able collect it again in the future, documenting their steps for future use, sharing these results with others whenever possible, and generally ensuring that the assessment is replicable for evaluation or the next project.

## **2. Capacity Building: What do I have to work with?**

Capacity building involves: (1) improving a community’s readiness to address the substance use problem and its risk or protective factors identified in the assessment and (2) increasing the resources that are available to do substance abuse prevention. For the RPP, we are looking to build the capacity of the region’s communities. As such, we will be measuring a community’s capacity by tracking what partners collaborating on the RPP, what new partners have become involved in the collaboration and in what capacity the partners are working together (networking, cooperation, coordination or collaboration). Increasing resources and improving readiness often go hand-in-hand. In many cases, building resource capacity also contributes to greater community readiness. For example, when key stakeholders are engaged in solving problems, they often mobilize other community members, thereby preparing more people in the community to take action.

### **How does Cultural Competency fit into the Capacity Building Step?**

Building capacity means establishing and maintaining relationships with organizations and institutions especially those that represent diverse populations. On a regular basis, review the diversity wheel below (Marilyn Loden, 1996) and identify any missing partners and/or populations; if a partner or population has

been identified as missing, plan an outreach effort to include them as applicable. The inner and outer circles represent different levels of diversity dimensions with both of equal importance. The inner circle represents primary dimensions of diversity with the outer circle representing secondary dimensions.



### **How does Sustainability fit into the Capacity Building Step?**

While building community readiness and resources it is important to be thinking ahead to how these efforts will be sustained after current funding ends. Sustainability can take many forms including building relationships with organizations and individuals who are likely to carry on the work even without funding. This may be in the form of volunteers or organizations whose mission aligns closely with the work or building relationships with and skills of community partners and members that will help secure future funding.

### **3. Planning: What should I do and how should I do it?**

Planning is a process of developing a logical sequence of strategies and steps leading to community-level outcomes that move a community closer to achieving their vision for healthier communities. During the assessment and capacity building phases, your region will identify needs, resources, gaps, and partners. Your region also will prioritize risk / protective factors (intervening variables) and use these to help select appropriate optional strategies. During the planning phase, your region will use the logic model and other planning tools to construct your regional strategic plan to best address your local needs. Planning increases the effectiveness of prevention efforts by ensuring that the most appropriate programs and strategies are selected for the targeted community.

### **How does Cultural Competency fit into the Planning Step?**

Cultural Competence of a community wide comprehensive approach does not just happen. Concrete steps are needed to ensure that cultural competence and diversity within a community must be considered at each step of the planning process and interwoven throughout the plan. For example, if the aim of your logic model is to reduce substance abuse among youth, then steps should be outlined for how you will outreach and involve youth from diverse backgrounds as full participants in the development of your plan.

### **How does Sustainability fit into the Planning Step?**

Developing a plan for sustaining your efforts is vital and involved identifying where you are going and spells out strategies and associated resource needs and how long you need to sustain them. Sustainability may be incorporated into the planning process by careful consideration of the types of approaches and strategies available for implementation and the identification of those approaches and strategies that may readily sustain themselves from those that will require ongoing resources.

### **4. Implementation: How can I put my plan into action?**

In Step 4, prevention staff are now ready to implement the plan with the various programs and strategies. During this step, you will become aware of factors that may influence the implementation of your plan. A sampling of factors that may influence implementation include: staff recruitment, training, program evaluation, program support, and/or stakeholder support.

Implementation of evidence-based strategies must adhere to the fidelity steps indicated for the program. If fidelity is not maintained, the effectiveness of the program could be reduced. Therefore, any changes to an evidence based strategy must be pre-approved by the RPP Program Manager and PIRE Evaluator.

To successfully implement the strategies in the regional plan with fidelity, each region should develop a Work Plan / Action Plan that clearly delineates:

1. The key activities/fidelity steps you expect to accomplish
2. The person/agency responsible for completing the task

ADAP has generated RPP Planning Tools for each strategy/activity on the RPP Strategy Menu. These RPP Planning Tools clearly indicate all the key activities (<http://healthvermont.gov/adap/grantees/Grantees.aspx>)

### **How does Cultural Competency fit into the Implementation Step?**

CADCA has identified from research, seven essential approaches for creating community change. Each approach encourages inclusion of cultural competency considerations. For example:

- Providing Information – ensuring all printed materials consider the community’s linguistic difference, average reading level and how different groups are portrayed in the materials and determining how to distribute the materials to reach the largest number of community members. Also consider dissemination of publications and advertising through non-mainstream media and through a variety of channels (e.g. church bulletins, cultural newsletters, etc.).
- Enhancing skills – develop an educational plan to improve competencies required for effective cross-cultural work for those involved in planning and implementing strategies.
- Providing support – Provide child care, transportation, translation or other support needed.
- Enhancing access/reducing barriers – in rural Vermont, transportation is typically a barrier and if no public transportation exists, you will need to access the community where they are which may mean partnering with a local Parent Child Center, housing project, local cultural center, local church, etc. ...
- Changing consequences (incentives/disincentives) – positive acknowledgement of strategy impact and the people involved in positive change or involvement
- Physical design – Work to place alcohol signage and products not accessible to youth (e.g. Point of Sale Environmental Change)



- Modifying/changing policies – Review policies and ordinances to assess if they are culturally competent and represent diverse communities<sup>1</sup>.

At each stage of implementation, preventionists should examine who is involved, who should be but is not currently; and what steps can we take to make sure they are able to participate in the future. As interventions are selected to meet the needs of your community, the specifics of how and where these seven approaches factor in will be identified as woven into the work plans (work plans will be submitted after the strategic plan is approved).

### **How does Sustainability fit into the Implementation Step?**

Sustainability may be incorporated into Implementation by careful consideration of potential opportunities to institutionalize practices and assessment of modifications/changes that support implemented strategies and activities lasting beyond the grant period. For example, one question to ask of community partners and members at each meeting is how the impact of the work can be sustained.

### **5. Evaluation: Is my plan succeeding?**

Evaluation is the systematic collection and analysis of information about program activities, characteristics, and outcomes. The evaluation step of the Strategic Prevention Framework (SPF) is not just about collecting information, but using that information to improve the effectiveness of a prevention program. After evaluation, planners may decide whether or not to continue the program.

Vermont Department of Health has contracted with Pacific Institute for Research and Evaluation (PIRE) to conduct the statewide evaluation of the RPP, which includes coordination of data collection from regional grantees. As the evaluator for Vermont's Partnership for Success grant, PIRE has developed a web-based data collection tool called the Community Grants Reporting System (CGRS) which will be updated to include the regions and interventions for the RPP. PIRE will provide training to all grantees on the use of CGRS. PIRE will also provide guidance to grantees on entering required data into the Community Level Instrument (CLI), which is a data collection system developed by the cross-site (national) evaluation team called PEP-C. The CLI is required by all states receiving these funds from SAMHSA.

The following will be required evaluation activities:

1. Supervisory Unions (SU) in your district/county must participate in the YRBS
  - a. If you have a SU not participating, please contact RPP Program Manager and/or PIRE Evaluator as soon as this is determined
2. Quarterly data entry into the Community Grants Reporting System (CGRS) to include updates on progress, successes and challenges for each intervention, training, and/or technical assistance needs, quantitative data on interventions and implementation fidelity
3. Twice yearly data entry into the Community Level Instrument (CLI) for the cross-site evaluation
4. All evidence-based strategies must be evaluated using the data outlined in the Planning Tool documents (see RPP Planning Tools Section of <http://healthvermont.gov/adap/grantees/Grantees.aspx>)

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<sup>1</sup> Adapted from: <http://www.cadca.org/sites/default/files/files/spfandenvironmentalstrategies.pdf>

### **How does Cultural Competency fit into the Evaluation Step?**

Cultural competency can be included into the Evaluation step by considering the qualifications of the person or people involved in the evaluation through asking questions such as:

- How much experience does the person have working with culturally diverse groups?
- How will the person incorporate cultural competence into the evaluation and how will the communications be designed to include diverse communities?

In terms of collecting data, a review of questions, reading level, language and content is essential to ensure all data collection tools are culturally relevant and sensitive.

### **How does Sustainability fit into the Evaluation Step?**

Evaluation is essential to sustainability by determining which parts of the intervention were most successful and thus which ones are worthy of continuation. Evaluation can also help inform future efforts of the work and support future funding proposals—many funders require evidence of effectiveness.

## **6. Cultural Competency & Sustainability: Guiding Principles**

As mentioned previously, Cultural Competency and Sustainability are considered the lynchpins or guiding principles of the SPF process. Every step of the SPF requires consideration of both elements. Cultural Competency, the ability to interact effectively with people of different cultures, helps to ensure the needs of all community members are addressed. Sustainability focuses on ensuring long term prevention outcomes by building stakeholder support for your program, showing and sharing results, and obtaining steady funding.

Health Resources and Services Administration (HRSA) has developed standards to help that were utilized during the SPF SIG. A helpful website to help orient more to cultural competency is HRSA's Health Communication page (<http://www.hrsa.gov/culturalcompetence/index.html>).

Robin Rieske, CPS, Prevention Consultant, developed a companion piece to the HRSA Standards to serve as an assessment for individual coalitions to identify where they fit within each section of the standards. Even though the focus of this grant is district-wide and not coalition specific, the "How do we know cultural competence when we see it?" tool (See RPP Tools Document), provides basic questions to ask for each layer or domain of the standards. As your district meets to develop a strategic plan to address the goals of the RPP grant, many of the questions asked under each domain can apply directly to the development of a community-wide plan. This tool is not required but highly recommended to review and share with others as you work together to craft a strategic plan to address alcohol, prescription drug misuse and abuse, and marijuana use. Finally, cultural competency will be one of the foci of RPP professional development opportunities that grantees are required to attend (and that sub-recipients are invited to attend).

Sustainability has been built into the RPP process as much as possible. This grant, by its regional approach and design, requires coordination and collaboration between community partners. Strong partnerships are critical to the success of the environmental strategies required for evidence-based strategy implementation to address alcohol and marijuana use as well as the activities to address prescription drug misuse and abuse. One of the first trainings in the RPP professional development series will focus on sustainability—the intention is to help create solid foundation for new grantees to focus on sustainability throughout their RPP grants and for continuation grantees to have additional training to help solidify sustainability in their final periods of prevention work under RPP.

**RISK & PROTECTIVE FACTORS: Identification of Statewide Intervening Variables**

Through the support of the Strategic Prevention Enhancement grant, PIRE produced statewide literature reviews/logic models for prevention of underage drinking; binge drinking, prescription drug misuse and abuse, and illicit drug use in Vermont (see Appendix A). The models identify risk and protective factors (also referred to as intervening variables) connected with future substance abuse, along with evidence-based strategies that can be used to address them. The logic models were used as a base from which the intervention menus for the PFS and RPP were developed. The logic models were developed in coordination with our Evidence-Based Work Groups (EBWG) through a comprehensive review of the literature, including federally-sponsored registries for specific examples of evidence-based practices and programs.

In addition to the strength of relationship ratings derived from the literature, input from ADAP prevention staff members was used to identify those intervening variables that are of high priority in Vermont. The top five priority intervening variables are displayed in the table below and are identified as such in the logic models.

<b>Underage Drinking</b>	<b>Binge Drinking</b>
1. Retail availability	1. Retail availability
2. Community norms	2. Social availability
3. Social availability	3. Alcohol promotion
4. Family norms and influences	4. Normative beliefs
5. Perceived negative legal consequences for providing alcohol to minors	5. Community norms/Active coping and social support/College norms and influences (tied)

Regarding prescription drug misuse and abuse, there is currently little research evidence regarding the effectiveness of specific interventions and practices on the prevention of prescription drug misuse and abuse, but many have strong theoretical support. Vermont’s Prescription Drug Abuse Workgroup published recommendations for the prevention of prescription drug abuse in Vermont which can be found at the following link ([http://healthvermont.gov/adap/documents/Rx\\_workgroup\\_final\\_recommendations\\_122011.pdf](http://healthvermont.gov/adap/documents/Rx_workgroup_final_recommendations_122011.pdf)). The work group recommendations were included in the logic model and serve as the primary sources for the development of a list of activities communities will be required to select from for the PFS grant.

With marijuana use, similar to prescription drug misuse and abuse, the body of evidence regarding effectiveness of prevention efforts is not as robust as underage drinking and binge drinking evidence. Again, reliance on theoretical support is necessary. Our Evidence-Based Work Group (EBWG) reviewed the existing literature on intervening variables and highlighted the following risk and protective factors statewide:

<b>Marijuana</b>
1. Access
2. Perceived Risk—Health/School Failure
3. Parental Monitoring
4. Perceived Risk—Legal
5. Peer Norms

### **STRATEGIES: How Were the Interventions Selected?**

For *underage and binge drinking*, the logic models were originally reviewed to identify a core menu for implementation for PFS communities. In addition to the priority rankings assigned to the risk and protective factors connected with each strategy, the staff and the Evidence-Based Work Group (EBWG) used the following criteria for the selection of interventions and supporting activities;

- 1) strength of evidence
- 2) ability to achieve population-level change
- 3) sustainability
- 4) cost effectiveness
- 5) impact on multiple risk and protective factors

Additional criteria that were also considered, but given less weight include impact on multiple health/mental health outcomes, fit with health reform efforts, and feasibility of implementation.

ADAP staff and the EBWG met with partner agencies in October 2012, including representatives from the Department of Liquor Control, Vermont State Police, Teen Alcohol Safety Program, Governor's Highway Safety Program, and the Department of Education. At that meeting, the logic model was reviewed and partners identified which environmental strategies are currently in place and being implemented statewide and of those, which could use additional community-level support. Following this meeting, the EBWG and ADAP staff met to review which strategies to include on a menu of options for PFS community-level implementation. The EBWG was reconvened in April 2016 to review any updates in the literature or statewide changes in program implementation. From this process, the new RPP menu was updated.

Strategies were included on the menu if they were not already being implemented with adequate resources statewide by a partner agency, if they had been empirically shown to impact drinking related behaviors at the population level, and if they are feasible to implement in Vermont communities. Additional complementary or support strategies were included if they were recommended by partner agencies, if they have been shown to affect one or more intervening variable(s), or have theoretical support for their effectiveness in addressing drinking related behaviors.

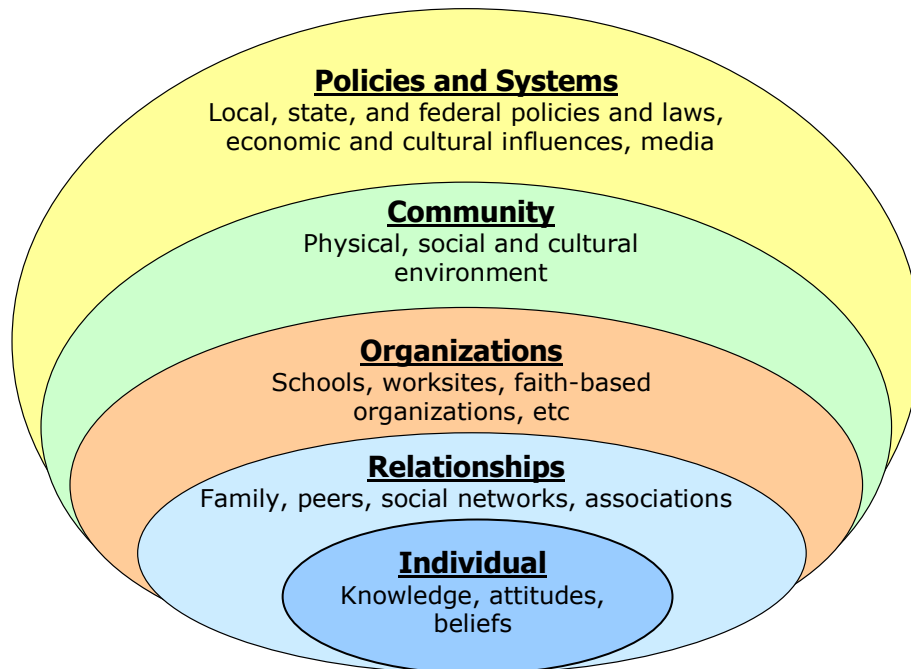
Intervention and activity options for prescription drug misuse and abuse were chosen primarily from the Vermont Prescription Drug Abuse Workgroup Recommendations with priority given for those activities that support policy/system, community, and organization levels within the Vermont Prevention Model.

Strategies and activities for reducing marijuana use were identified and reviewed by the EBWG convened in April 2016. At this time, there existed much uncertainty about the legalization of marijuana within Vermont and thus any subsequent regulation. The EBWG therefore focused primarily on some pro-active local policy interventions and the few evidence based strategies for the prevention of marijuana related to the prioritized risk factors/intervening variables.

## **COMPREHENSIVE APPROACH: The Vermont Prevention Model**

The prevention research literature supports the implementation of a comprehensive mix of evidence-based strategies as the best approach to prevent behaviors with negative impacts on health. As such, the Vermont Prevention Model (below) was used to organize the strategies on the menu, as it reflects the various levels of a comprehensive approach to prevention. For the PFS and RPP grants, strategies and activities from the policies/systems and community levels of the model have been prioritized because of their ability to contribute to population-level change and for the higher probability of being sustained. To assist communities in selecting optional strategies that match with high priority risk and protective factors (intervening variables), a grid that shows which risk factors are addressed by most strategies on the menu can be found in Appendix B for alcohol, prescription drugs, marijuana, and multiple substances. Additionally, a table with information on the key features and components of each of these strategies (including approximate costs) is included in Appendix C.

### Vermont Prevention Model



Adapted from: McElroy KR, Bibeau D, Steckler A, Glanz K. An ecological perspective on health promotion programs. Health Education Quarterly 15:351-377, 1988.

**NEXT STEPS NEW GRANTEES:**  
**Bennington, Middlebury, Newport, Rutland, St Albans, & St Johnsbury**

- For Bennington, Middlebury, Newport, Rutland, St Albans, and St Johnsbury Districts please continue below.
- For Barre, Brattleboro, Burlington, Morrisville, and White River Junction Districts, please continue on page 22
- For Springfield District, please continue on page 25

**NEW GRANTEE START UP:**

The lead agencies will need to identify how they will manage the core activities for which the lead agencies are responsible:

- Financial Management
  - Generate Appropriate Budget and Budget Narrative that Supports the Regional Strategic Plan
  - Ensure Compliance with VDH and Federal Requirements
  - Track RPP Expenses
  - Generate and Monitor Sub-Recipient Agreements
- Coordination and Planning
  - Convene community partners
  - Complete Required Assessments
  - Generate a Regional Strategic Plan
  - Review Strategy Planning Tools
  - Complete of Grant Period Work Plan Templates
  - Letter of Commitment with Community Partners
  - Coordinate and Monitor Programmatic Elements of the Regional Strategic Plan
- Training
  - Ensure Required Staff and Sub-Recipient Staff Attend Required RPP Trainings
- Reporting
  - Ensure Required Data Collection of Sub-Recipients
  - Coordinate and Submit All Reporting Requirements

A sample job description is provided in Tools Document for a RPP Coordinator with 0.5 full time equivalent (FTE) or 20 hour/week level of effort. This sample is only provided as a guide. These core activities can be combined with programmatic job duties, if appropriate, so that lead agencies can support a full time equivalent.

**The lead agency will need to submit job description(s) and/or sub-recipient agreements for coordination activities to [AHS.VDHADAPGrants@vermont.gov](mailto:AHS.VDHADAPGrants@vermont.gov), District Director and RPP Program Manager:**

- Job description(s) and/or a sub-recipient agreement that demonstrates how each of these core functions will be completed (must include minimum qualifications, level of effort, and salary/cost)
- Resumes of current staff expected to be funded with the RPP grant

**Once the job description(s) and/or a sub-recipient agreement are approved by VDH, the lead agency can hire, allocate funding for current staff, or execute the coordination sub-recipient agreement. Other sub-recipient agreements cannot be executed until the regional plan & budget have been approved.**

### **Strategic Prevention Framework (SPF):**

The lead agency, with support and direction from the OLH District Office, will take the community through the first steps of the Strategic Prevention Framework (SPF): Assessment, Capacity Building, and Planning. The required assessments and the regional strategic plan are the expected deliverables.

### **ASSESSMENT**

The assessment phase of the SPF helps community stakeholders assess community needs, resources, and readiness to address substance abuse. This phase is a data-driven process that helps ensure that community needs are identified and prioritized—this process creates the foundation for the planning process.

Local communities will need to identify which risk factors are most prevalent in their region, the existing resources available locally to address these risk factors, and the readiness of the community to address substance abuse.

### ***KEY TASKS:***

1. The lead agency and OLH District Office will identify key community stakeholders to be involved in the assessment, capacity and planning of the RPP.
  - a. Any regions with a Boys and Girls Club must invite the Boys and Girls Club to their community meetings.
2. The lead agency, with support and direction from the OLH District Office, will facilitate a process with this convened group of community stakeholders to complete the following tasks:
  - a. Define the community
    - i. The intent of RPP is that the funding will support prevention efforts across the health district as defined by VDH. Thusly, communities are strongly encouraged to start the assessment process including all towns within the health district
    - ii. However, the assessment process allows community stakeholders to redefine this geographic scope based on need, available resources, and readiness as well as significant cultural or natural boundaries that may influence the ability to deliver prevention services.
    - iii. The OLH District Office must approve the defined community for RPP purposes.

- iv. If the defined area extends outside of the VDH health district, RPP Program Manager must approve this before completing the regional plan.
- b. Review RPP Data Profiles provided for the counties contained within the defined community (<http://healthvermont.gov/research/>)
  - i. OLH staff may have access to a more up to date RPP Data Profile
- c. Conduct Community Scan for Alcohol (See RPP Tools Document) focusing on:
  - i. Alcohol Outlets Per Capita
  - ii. Alcohol Sold/Available On Campus (optional for communities with colleges)
  - iii. Alcohol Compliance Checks
    - 1. Number of Compliance Checks Conducted in Past Period (Department of Liquor Control Data)
    - 2. Number/Location of Failed Compliance Checks (DLC Data)
  - iv. Alcohol Promotion
    - 1. Percent of Retailers with External Alcohol Advertising (Countertools Data)
    - 2. Percent of Retailers with Internal Alcohol Advertising (Countertools Data)
- d. Conduct Community Scan for Prescription Drugs (See RPP Tools Document)
  - i. Number/Identification of Pharmacies
  - ii. Number/Identification of Pharmacies with Drug Take Back Programs
  - iii. Number of Permanent Prescription Drug Drop Boxes
- e. Conduct Community Scan for Marijuana (See RPP Tools Document)
  - i. Number of Retail Outlets Selling Marijuana Paraphernalia (e.g. Head Shops Glass Blowing Shops, Vape Shops, and may include Convenience Stores/Gas Stations,)
- f. Conduct School Scan (See RPP Tools Document; Need to only include middle schools and high schools)
  - i. Number/Identification of Schools with A Higher Percentage of Students Eligible for Free/Reduce School Lunch than State Average (42.5% in 2015)
  - ii. Number/Identification of Schools with a Student Assistance Professional (SAP)
  - iii. Number/Identification of Schools Offering Screening and Referral (mental health/substance abuse)
  - iv. Number/Identification of Schools with ADAP School Based Grant
  - v. Number/Identification of Schools with active Gay Straight Alliance/Queer Straight Alliance (GSA/QSA) Groups
  - vi. Number/Identification of Schools that Offered Drug Impairment Training for Education Professionals (DITEP) within the past two years
  - vii. Number/Identification of Schools that Offered Youth Mental Health First Aid within the past two years
- g. Conduct Law Enforcement Scan
  - i. Number of municipalities with local law enforcement agencies
  - ii. Number of Drug Recognition Experts (DRE) available to all law enforcement agencies (local and state) within the health district



- h. Review results of community scans and identify clearly the nature and extent of the needs in different geographic locations, community populations and subpopulations, including those defined by age, gender, race/ethnicity, sexual orientation, or other demographics characteristics if applicable

In addition to the RPP District Profiles provided by VDH, the community may decide to collect local data to better understand the problem of alcohol use, prescription drug misuse, and marijuana use. This may include collecting information to better understand the populations affected, looking at the conditions that put the community at risk and identifying the conditions that can protect against those factors.

In addition to the state and district wide assessment, local data might include the following:

- Blueprint statistics
- law enforcement surveys or interviews
- focus groups
- hospital community needs assessment
- key stakeholder and community member interviews
- faith community interviews
- school data
- diversion data
- mapping that can identify areas of concern, such as high alcohol outlet density or areas of low enforcement of existing laws

### **CAPACITY:**

Assessing and building capacity—both resources and readiness—is instrumental to the success of prevention efforts.

### **KEY TASKS:**

- a. Complete an inventory of existing resources--including anticipated funding available over the next 3 years (See RPP Tool Document). The RPP Tool Document contains two suggested variations of an inventory tool you can choose to use, or develop your own tool, or utilize an existing one if available.
- b. Regional Capacity Building—These activities will be supporting activities in the regional plan. These activities will be ongoing for the entirety of the RPP grant period. For more details about building regional capacity, please see the corresponding RPP Planning Tool: [http://healthvermont.gov/adap/grantees/documents/Regional\\_capacity\\_building.pdf](http://healthvermont.gov/adap/grantees/documents/Regional_capacity_building.pdf)

### **ADDITIONAL RESOURCES:**

#### **Engaging Stakeholders and Forming Partnerships**

Stakeholders are often in high demand and will need to select where to focus their work. It is therefore extremely useful to identify the “WIFM” (*What’s In It For Me*) for each of the stakeholders you want to engage

so that they can see the value and benefit to their own work and interests. Stakeholders can have many different levels of involvement including information sharing, networking, cooperation, or coordination and collaboration. It is expected and acceptable that the level of involvement of stakeholders will change at varying stages of the project.

Stakeholders are the people and organizations in the community who are:

- Invested in promoting health and well-being
- Something to gain or lose by your prevention or promotion efforts

Think about the following sectors for potential stakeholders for the RPP initiative:

Mental Health	Blueprint/Primary Care	Suicide Prevention
Local Businesses	Young Adults – workplace, college	Tobacco Control
School safety & health	Highway Safety	Law Enforcement
Violence Prevention	League of City & Towns	Pharmacists
Media	Colleges	Target Population
Treatment	Recovery	Maternal/Child Health
LGBTQ Organizations	Military Organizations	

Identify opportunities to collaborate with stakeholders by asking to join their work and describe what support you may provide to inform their work. The use of data to identify overlapping interests, goals, objectives and agendas may be beneficial in cultivating engagement. In addition to many formal groups that exist, many informal partnerships exist in a community, such as a task force, or interagency group. It is important to identify both formal and informal connections and collaborations in the community as champions for prevention. Opportunities for collaboration may be found in unexpected places, such as the local media, the legislature, and faith or business communities.

### **Increasing Community Awareness**

Building awareness within a community often involves educating stakeholders and community members about the issue. This process is important, as increasing awareness of an issue:

- Creates opportunities to identify and discuss the need for prevention and health promotion
- Allows for the engagement of potential partners, old and new
- Facilitates increased readiness of partners and the community as a whole to address the issues
- Ensures that the cultures in a community are ~~is~~ considered in both the assessment and planning stages
- Ensures prevention endeavors are ~~is~~ sustained over time

Here is some information you might want to share when educating stakeholders and others (keeping in mind that not everyone will need or want the same information):

- General knowledge about the issues as well as local-specific information
- General knowledge about prevention as well as local-specific efforts
- Relevant data and implications
- Linkages to resources

## **PLANNING:**

Regional planning is the step that ties together the information from the assessment and capacity assessment into a coordinate prevention plan.

### ***KEY TASKS:***

- a. Prioritize Intervening Variables (Risk and Protective Factors)
  - i. Although Vermont has identified a list of allowable interventions and optional supporting activities, a community may need to further prioritize their local intervening variables—particularly in selecting optional strategies from the RPP Menu. Optional criteria that may be used to prioritize intervention variables include:
    1. Changeability – how easily can this problem be changed?
    2. Time – can this intervening variable be addressed in the five year grant timeframe?
    3. Resources Available – do you have enough resources over the next five years to address the intervening variables?
  - ii. Utilizing the need statements developed in Assessment Section H and, if appropriate, your prioritized intervening variables, identify possible interventions from RPP Strategies Menu
  - iii. Selected strategies should be clearly linked to the needs statement identifying Intervening Variables (Risk/Protective Factors) whenever possible. The RPP Logic Models must be completed for all strategies.
  - iv. The Assessment of Fit form (See RPP Tools Document) helps to determine if the strategy is a good fit for your region and assesses intervention reach, community support, available resources, etc. This optional may be used to help prioritize strategies

### ***REGIONAL PLAN:***

All documents should be double-spaced, single-sided, and text in Times New Roman, size 12 font. The strategic plan is limited to 5 pages; the logic model, “fit” tool, budget and narrative do not count towards the 5 page limit. The following components are required:

Please note: *This is NOT a competitive award and therefore questions are encouraged and technical assistance is available from VDH as you develop the plan.*

1. **Cover page**, to include
  - Name of local VDH District Office
  - Name and contact information (phone and email) of a person to contact in case of questions
  - Date the plan is submitted
2. **Narrative**, to include
  - Describe how the strategies were selected and contribute to a comprehensive approach in the district/region
  - Describe how capacity will be built in the district
  - Describe how cultural competency will be addressed in each step of the Strategic Prevention Framework

- Describe the plan to sustain the interventions and outcomes achieved across the district
  - Describe how the target population will be reached across the district and IF specific communities or subpopulations are being targeted, in the plan, please explain how that will demonstrate population level outcomes
  - Describe how the Lead Agency will manage the grant specific to staffing, fiscal management, implementation, evaluation and coordination
  - Evaluation Agreement – provide a statement assuring that the minimal evaluation requirements will be completed and the Lead Agency and its subcontractors agree to work cooperatively with the VDH Evaluation Contractor and agree to complete additional evaluation requirements as they become known
3. **RPP Logic Models**
- Please complete a logic model for the alcohol strategies
  - Please complete a logic model ONLY for the optional prescription drug strategies
  - No logic model is required for the REQUIRED prescription drug activities
  - Please complete a logic model for the marijuana strategies
  - Please complete a logic model for the multiple substance strategies
4. **RPP Regional Strategic Plan Template**
5. **RPP Letter of Commitment Template**
6. **RPP Budget and RPP Budget Narrative Documents**
- Any expenses over \$500, including sub-recipient agreements, must be itemized
  - Please separate out hourly salaries and fringe rates
  - Include components of the fringe rate (e.g. FICA, health benefits, leave time, etc.)

***SUBMISSION OF THE PLAN:***

Upon completion of the Strategic Plan, please submit one electronic copy to [AHS.VDHADAPGrants@vermont.gov](mailto:AHS.VDHADAPGrants@vermont.gov) with copies to Justin Barton-Caplin ([Justin.barton-caplin@vermont.gov](mailto:Justin.barton-caplin@vermont.gov)) and the corresponding District Director. As soon as the plan is received and reviewed, a grant will be processed and upon the successful completion of the grant, implementation can begin.

To ensure the integrity of VDH's RPP application to the federal government, all plans will need to be reviewed and officially "approved;" however because this is not a competitive process and the strategic plan will be developed jointly with the community and district office staff, as well as any assistance requested from central office, it is anticipated that plans will be accepted within a reasonable amount of time.

## **IMPLEMENTATION**

Just do it (with fidelity)!

Lead agencies will be primarily responsible for initiating sub-recipient agreements with any community partners who signed the Letter of Commitment template. As RPP funds are federal dollars, these sub-recipient agreements must meet the federal sub-recipient requirement for the type of organization. For most lead agencies, the Uniform Guidance applies ([http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200\\_main\\_02.tpl](http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl)). If you have any questions about these requirements, please contact the RPP Program Manager.

### **KEY TASKS:**

- a. Once strategic plan & budget have been approved, complete RPP Work Plan Template for Grant Period
- b. Initiate sub-recipient agreements based on approved strategic plan
  - a. Sub-recipient agreements issued by the lead agency must meet federal guidelines for the specific type of organization that the lead agency is designated as (e.g. non-profit, hospital, etc)
  - b. Sub-recipient agreements should include appropriate performance measures and language discussed required data collection (based on the strategies / activities conducted by the sub-recipient)
  - c. Lead agencies should also collect the resumes of sub-recipient staff completing RPP activities
  - d. Lead agencies should also require sub-recipients to report quarterly expenses based on the similar categories found in the RPP Budget documents
- c. Submit requests for regional plan and/or budget revisions to District Director and RPP Program Manager as necessary

## **EVALUATION**

Evaluation is a requirement of this grant. Evaluation information will be used by both VDH and our federal partners to improve the successfulness of our prevention efforts.

### **KEY TASKS:**

- a. Provide contact information of staff person completing reports to RPP Program Manager & PIRE Evaluator
- b. Attend CGRS Webinar
- c. Collect NOMS Data using NOMS Data Collection Form for appropriate strategies
- d. Collected required data as indicated in the RPP Planning Tool for each strategy (<http://healthvermont.gov/adap/grantees/Grantees.aspx>)
- e. Submit required reporting in a timely fashion

**CONTINUE TO PAGE 28 FOR STRATEGIES / INTERVENTIONS**

## **NEXT STEPS PFS-RPP CONTINUATION DISTRICTS: Barre, Brattleboro, Burlington, Morrisville, & White River Junction**

For Districts transitioning from PFS funding to RPP Funding, the following process will be used to update your Regional Plans.

Regional PFS-RPP Teams should complete the following activities:

- Review RPP Data Profiles and other local data
- Review RPP Strategy Menu & Strategy-Intervening Variable Crosswalk Document
- Review PFS Implementation Successes/Challenges
- Convene a meeting of community stakeholders and PFS sub-recipients to address the following questions for the Strategic Plan Update Narrative [NOTE: For regions with a Boys and Girls Club, the Boys and Girls Club leadership must be invited to your community process]
- Complete RPP Logic Models for any new strategies not implemented under PFS (this would include all marijuana strategies)
- Complete the PFS-RPP Continuation Plan Template
- Complete Budget and Budget Narrative Documents

### **ASSESSMENT:**

#### **PFS-RPP Update Questions:**

1. Please briefly describe your process for updating your PFS-RPP Strategic Plan. Please include the stakeholders who were involved.
2. Please describe how you used the RPP Data Profile in your process. Did your process identify any data in the RPP Data Profile, 2015 YRBS data, and/or other local data that influenced any changes in your strategic plan? If so, please explain.
3. A. Please provide the number of supervisory unions and the number of schools contain any of the grades 6-12 (i.e. middle and high schools) in your catchment area.  
B. Please provide the number of these schools with Gay/Queer Straight Alliances.  
C. Please provide the number of these schools with Student Assistance Professionals (SAPs).  
D. Please provide the number of these schools offering screening and referral services for substance abuse and mental health.  
E. Please describe if/how this information was used in your planning process.
4. Please identify and describe any significant changes in regional resources that influenced the update of your regional plan.
5. In reviewing your current strategies implemented under PFS, did you decide to discontinue any strategies under RPP? If so, please provide a brief justification.
6. Did you make any changes to which towns you'll target with specific strategies? If so, please provide a brief justification for each strategy affected (Do not include a justification for any towns affected by discontinuing a strategy as described in Question #5)
7. Did you include any optional strategies from the RPP Menu that are different than the FY2016 PFS strategies? If so, please complete a logic model template for each goal with new optional strategies.

8. Are there strategies from the PFS Menu that are not on the RPP Menu that you would like to continue? If so, please provide a sentence or two explaining the importance of continuing this strategy.
9. Please describe in detail specific activities related to sustainability and the ability to continue any of the PFS-RPP work when federal funding is no longer available.

### **CAPACITY:**

Assessing and building capacity—both resources and readiness—is instrumental to the success of prevention efforts.

#### ***KEY TASKS:***

- a. Regional Capacity Building—These activities will be supporting activities in the regional plan. These activities will be ongoing for the entirety of the RPP grant period. For more details about building regional capacity, please see the corresponding RPP Planning Tool:  
[http://healthvermont.gov/adap/grantees/documents/Regional\\_capacity\\_building.pdf](http://healthvermont.gov/adap/grantees/documents/Regional_capacity_building.pdf)

### **PLANNING:**

Regional planning is the step that ties together the information from the assessment and capacity assessment into a coordinate prevention plan.

#### ***KEY TASKS:***

- a. Complete RPP Logic Models for any new strategies not implemented under PFS (this would include all marijuana strategies)
- b. Complete the PFS-RPP Continuation Plan Template
- c. Complete RPP Budget and RPP Budget Narrative Documents

### **IMPLEMENTATION**

Just do it (with fidelity)!

Lead agencies will be primarily responsible for initiating sub-recipient agreements with any community partners who signed the Letter of Commitment template. As RPP funds are federal dollars, these sub-recipient agreements must meet the federal sub-recipient requirement for the type of organization. For most lead agencies, the Uniform Guidance applies ([http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200\\_main\\_02.tpl](http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl)). If you have any questions about these requirements, please contact the RPP Program Manager.

**KEY TASKS:**

- d. Once strategic plan & budget have been approved, complete RPP Work Plan Template for Grant Period
- e. Initiate sub-recipient agreements based on approved strategic plan
  - a. Sub-recipient agreements issued by the lead agency must meet federal guidelines for the specific type of organization that the lead agency is designated as (e.g. non-profit, hospital, etc)
  - b. Sub-recipient agreements should include appropriate performance measures and language discussed required data collection (based on the strategies / activities conducted by the sub-recipient)
  - c. Lead agencies should also collect the resumes of sub-recipient staff completing RPP activities
  - d. Lead agencies should also require sub-recipients to report quarterly expenses based on the similar categories found in the RPP Budget documents
- f. Submit requests for regional plan and/or budget revisions to District Director and RPP Program Manager as necessary

**EVALUATION**

Evaluation is a requirement of this grant. Evaluation information will be used by both VDH and our federal partners to improve the successfulness of our prevention efforts.

**KEY TASKS:**

- f. Provide contact information of staff person completing reports to RPP Program Manager & PIRE Evaluator
- g. Attend CGRS Webinar
- h. Collect NOMS Data using NOMS Data Collection Form for appropriate strategies
- i. Collected required data as indicated in the RPP Planning Tool for each strategy (<http://healthvermont.gov/adap/grantees/Grantees.aspx>)
- j. Submit required reporting in a timely fashion

**CONTINUE TO PAGE 28 FOR STRATEGIES / INTERVENTIONS**



## **NEXT STEPS SPRINGFIELD DISTRICT:**

Given the unique situation in Windsor County and high levels of collaboration with the White River Junction District RPP Grantees, the Springfield District will have an abbreviated assessment process for this first year. However, a more complete assessment will be required in year two.

The Springfield District should complete the following activities which are similar to those required for PFS-RPP Continuation Districts:

### **ASSESSMENT:**

#### ***KEY TASKS:***

##### **YEAR 1:**

- a. Define the community for the entire RPP grant
- b. Review RPP Data Profiles and other local data
- c. Review RPP Strategy Menu & Strategy-Intervening Variable Crosswalk Document
- d. Convene a meeting of community stakeholders and PFS-RPP sub-recipients and potential sub-recipients to address the following questions for the Year One Strategic Plan Narrative [NOTE: For regions with a Boys and Girls Club, the Boys and Girls Club leadership must be invited to your community process]

##### **YEAR 2:**

- a. Follow a process that is similar to the New Grantee Start Up process (more details will be delineated in collaboration with the Springfield OLH and Lead Agency at a future date)

### **CAPACITY:**

Assessing and building capacity—both resources and readiness—is instrumental to the success of prevention efforts.

#### ***KEY TASKS:***

- a. Regional Capacity Building—These activities will be supporting activities in the regional plan. These activities will be ongoing for the entirety of the RPP grant period. For more details about building regional capacity, please see the corresponding RPP Planning Tool:  
[http://healthvermont.gov/adap/grantees/documents/Regional\\_capacity\\_building.pdf](http://healthvermont.gov/adap/grantees/documents/Regional_capacity_building.pdf)

## **PLANNING:**

Regional planning is the step that ties together the information from the assessment and capacity assessment into a coordinate prevention plan.

### ***KEY TASKS:***

- a. Answer Year One Plan Questions
- b. Complete RPP Logic Models for all strategies
- c. Complete the RPP Regional Strategic Plan Template
- d. Complete RPP Budget and RPP Budget Narrative Documents

### **Year One Plan Questions:**

1. Please provide a list of towns you expect to serve at some point in the five years of RPP funding (please include towns that will not have prevention activities in the year one plan).
2. Please briefly describe your process for developing your year one plan. Please include the stakeholders who were involved.
3. Please describe how you used the RPP Data Profile in your process. Did your process identify any data in the RPP Data Profile, 2015 YRBS data, and/or other local data that influenced your strategic plan? If so, please explain.
4. A. Please provide the number of supervisory unions and the number of schools contain any of the grades 6-12 (i.e. middle and high schools) in your catchment area.  
B. Please provide the number of these schools with Gay/Queer Straight Alliances.  
C. Please provide the number of these schools with Student Assistance Professionals (SAPs).  
D. Please provide the number of these schools offering screening and referral services for substance abuse and mental health.  
E. Please describe if/how this information was used in your planning process.
5. Please describe your process for making funding allocations (taking into account your close partnership with the WRJ District RPP Grantee.)
6. Are there strategies from the PFS Menu (and have been previously funded in Windsor County) that are not on the RPP Menu that you would like fund in Windsor County under RPP? If so, please provide a sentence or two explaining the importance of continuing this strategy.

## **IMPLEMENTATION**

Just do it (with fidelity)!

Lead agencies will be primarily responsible for initiating sub-recipient agreements with any community partners who signed the Letter of Commitment template. As RPP funds are federal dollars, these sub-recipient agreements must meet the federal sub-recipient requirement for the type of organization. For most lead agencies, the Uniform Guidance applies ([http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200\\_main\\_02.tpl](http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl)). If you have any questions about these requirements, please contact the RPP Program Manager.

**KEY TASKS:**

- g. Once strategic plan & budget have been approved, complete RPP Work Plan Template for Grant Period
- h. Initiate sub-recipient agreements based on approved strategic plan
  - a. Sub-recipient agreements issued by the lead agency must meet federal guidelines for the specific type of organization that the lead agency is designated as (e.g. non-profit, hospital, etc)
  - b. Sub-recipient agreements should include appropriate performance measures and language discussed required data collection (based on the strategies / activities conducted by the sub-recipient)
  - c. Lead agencies should also collect the resumes of sub-recipient staff completing RPP activities
  - d. Lead agencies should also require sub-recipients to report quarterly expenses based on the similar categories found in the RPP Budget documents
- i. Submit requests for regional plan and/or budget revisions to District Director and RPP Program Manager as necessary

**EVALUATION**

Evaluation is a requirement of this grant. Evaluation information will be used by both VDH and our federal partners to improve the successfulness of our prevention efforts.

**KEY TASKS:**

- k. Provide contact information of staff person completing reports to RPP Program Manager & PIRE Evaluator
- l. Attend CGRS Webinar
- m. Collect NOMS Data using NOMS Data Collection Form for appropriate strategies
- n. Collected required data as indicated in the RPP Planning Tool for each strategy (<http://healthvermont.gov/adap/grantees/Grantees.aspx>)
- o. Submit required reporting in a timely fashion

**CONTINUE TO PAGE 28 FOR STRATEGIES / INTERVENTIONS**

## **RPP STRATEGY / INTERVENTION MENU**

### **Strategies for the Prevention of Underage Drinking and Binge Drinking Among 12-20 Year Olds Prescription Drug Misuse and Abuse Among 12-25 Year Olds Marijuana Use Among 12-25 Year Olds**

RPP grantees will choose from the following “menu” of interventions. The list was developed using available evidence of effectiveness, with the assistance of the Pacific Institute for Research and Evaluation (PIRE), and with input from the State Epidemiological Outcomes Workgroup (SEOW), ADAP Prevention staff, key partner agencies, Evidence-Based Practice Workgroup, and the evaluation results of Vermont’s SPF SIG. Interventions with population-level effects have been favored over interventions with smaller target population effects in order to increase the impact on community and state-level outcomes.

This list is organized by the levels in Vermont’s Prevention Model. A comprehensive prevention approach includes interventions and/or activities from each of these levels. **For this grant, communities are REQUIRED to implement specific interventions and activities from the policies/systems, community, and organizations levels. Interventions and activities can also be selected from the other levels of the model if a community identifies a need and can justify how these activities will enhance their comprehensive approach and contribute to population-level change.** The risk and protective factors that are addressed by each intervention or activity are delineated in the RPP Strategy-Intervening Variable Table (See Appendix B)

**NOTE:** Proposals for strategies/interventions not listed on the "menu" of strategies/interventions must be considered for fit and feasibility within the region using the SPF process prior to submission to the RPP Program Manager. The RPP grantee will involve local stakeholders and the Office of local Health (OLH) during consideration for fit and feasibility prior to submission of a proposal.

## RPP Strategy/Activity Menu Revised 2018

POLICY & SYSTEMS: Local, State and Federal Policies and Laws, Economic & Cultural Influences, Media		
Underage & Binge Drinking	Prescription Drugs	Marijuana
<p><b>REQUIRED:</b></p> <ul style="list-style-type: none"> <li>• <b>Local policy enhancements</b> Specific policy focus to be determined by regional assessment. Some <i>examples</i> include:                             <ul style="list-style-type: none"> <li>⇒ Restrict alcohol outlet density / location / hours of operation</li> <li>⇒ Restrict alcohol in public places and/or at community events</li> <li>⇒ Restrict advertising/promotion</li> <li>⇒ Language in regional or town plans establishing principles related to alcohol outlets, consumption on public property, etc.</li> <li>⇒ Social Host Liability Enhancements</li> <li>⇒ Local options tax on alcoholic beverages</li> <li>⇒ Establish and/or work with town health and wellness committees</li> <li>⇒ Work with non-regulatory agencies to make voluntary changes</li> </ul> </li> <li>• <b>Support DLC and/or Local Retailers' efforts to prevent underage drinking. Select one or more of the following strategies:</b> <ul style="list-style-type: none"> <li>○ Support Responsible Beverage Service (RBS) Trainings provided by DLC</li> <li>○ Retailer recognition for passing compliance checks</li> <li>○ Sticker Shock</li> <li>○ False/Fraudulent ID Enforcement Checks</li> </ul> </li> </ul>		<p><b>REQUIRED:</b></p> <ul style="list-style-type: none"> <li>• <b>Local policy enhancements</b> Specific policy focus to be determined by regional assessment. Some <i>examples</i> include:                             <ul style="list-style-type: none"> <li>⇒ Restrict location / hours of operation of retailers selling products prohibited to minors</li> <li>⇒ Restrict advertising/promotion</li> <li>⇒ Language in regional or town plans establishing principles related to marijuana use</li> <li>⇒ Establish and/or work with town health and wellness committees</li> <li>⇒ Work with non-regulatory agencies to make voluntary changes</li> <li>⇒ Work with landlords on lease agreements</li> <li>⇒ Develop second hand smoke policies inclusive of tobacco and marijuana (examples: colleges, multi-unit housing, etc.)</li> <li>⇒ Update "no tobacco/smoking" signage to include marijuana information</li> </ul> </li> </ul>
<p><b>REQUIRED:</b></p> <ul style="list-style-type: none"> <li>• <b>Enhance local law enforcement efforts. A grantee must attend a law enforcement agency meeting and/or have law enforcement agency representation at RPP stakeholder meetings at least quarterly <u>AND</u> selection of other suggested key activities which may include but are not limited to:</b> <ul style="list-style-type: none"> <li>○ Promotion, funding, and/or logistical support of sobriety checkpoints</li> <li>○ Promotion, funding, and/or logistical support of saturation/party patrols</li> <li>○ Collaboration with LEA on drug takeback days</li> </ul> </li> </ul>		

## RPP Strategy/Activity Menu Revised 2018

COMMUNITY: Physical, Social & Cultural Environments		
Underage & Binge Drinking	Prescription Drugs	Marijuana
	<p><b>REQUIRED:</b></p> <ul style="list-style-type: none"> <li>Education and outreach to community (including prescribers and pharmacists) on Rx drug misuse, proper storage, and safe disposal of unused prescription drugs</li> </ul> <p><b>OPTIONAL:</b></p> <ul style="list-style-type: none"> <li>Expand Safe Prescription Drug Disposal Options</li> </ul>	<p><b>REQUIRED:</b></p> <ul style="list-style-type: none"> <li>Education and outreach to community on youth marijuana use prevention Specific key activities to be determined by regional assessment. Some <i>examples</i> include:                             <ul style="list-style-type: none"> <li>⇒ Gathering stakeholders to plan and host a community dialogue</li> <li>⇒ Outreach to landlords regarding the provisions in Act No. 86, An Act Relating to Eliminating Penalties for Possession of Limited Amounts of Marijuana by adults 21 years of age or older</li> <li>⇒ Outreach to community following existing resources and guidance provided by ADAP using resources</li> <li>⇒ Promotion of materials developed by the State as requested</li> </ul> </li> </ul>
<p><b>REQUIRED:</b></p> <ul style="list-style-type: none"> <li>Regional Capacity Building (including community mobilization, promotion of statewide communications campaigns &amp; media advocacy)</li> </ul>		
ORGANIZATIONS: Schools, worksites, colleges, faith-based organizations, etc.		
Underage & Binge Drinking	Prescription Drugs	Marijuana
<p><b>OPTIONAL:</b></p> <ul style="list-style-type: none"> <li>AlcoholEdu (schools or colleges only)</li> <li>eCheckUp (schools, colleges, or worksites only)</li> </ul>		<p><b>OPTIONAL:</b></p> <ul style="list-style-type: none"> <li>Marijuana eCheckUp (schools, colleges, or worksites only)</li> </ul>
<p><b>OPTIONAL:</b></p> <ul style="list-style-type: none"> <li>Support Training of School or Youth Serving Organizational Staff in Youth Mental Health First Aid or Drug Impairment Training for Educational Professionals (DITEP)</li> <li>Support one or more of the following at a local school (check first to see if ADAP’s School Based Substance Abuse Services (SBSAS) grant already supports the program)                             <ul style="list-style-type: none"> <li>○ Evidence-based Programs / Classroom Curricula - one or more from the following: ATLAS, Life Skills, Caring School Community, Project ALERT, Project Northland, PROSPER, Michigan Model</li> <li>○ Advise and train peer leadership/youth empowerment groups (example: Above the Influence)</li> <li>○ Establishment of Gay/Queer Straight Alliance (GSA or QSA)</li> </ul> </li> </ul>		

## RPP Strategy/Activity Menu Revised 2018

RELATIONSHIPS: Family, Peers, social networks, associations		
Underage & Binge Drinking	Prescription Drugs	Marijuana
OPTIONAL: • Family Matters		
OPTIONAL: • Guiding Good Choices • Nurturing Parenting Program • Strengthening Families Program (10-14)		
INDIVIDUAL: Knowledge, attitudes, beliefs		
Underage & Binge Drinking	Prescription Drugs	Marijuana
OPTIONAL: • Screening and referral to substance abuse and mental health services in schools <b>not</b> funded by School-Based Substance Abuse Services grants • Mentoring		

**NOTE: Refer to strategy planning tools for additional details.**