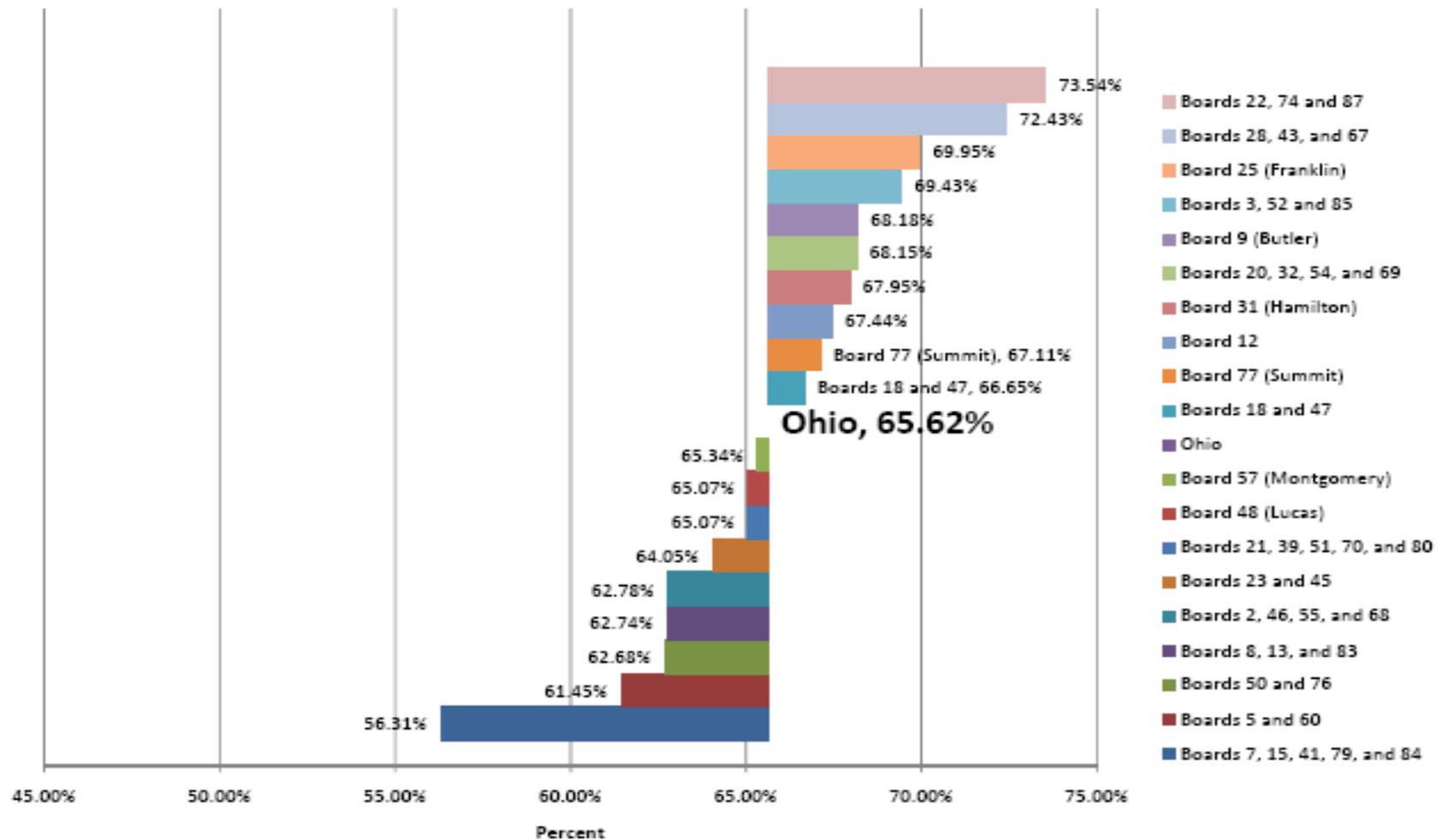


Appendix A

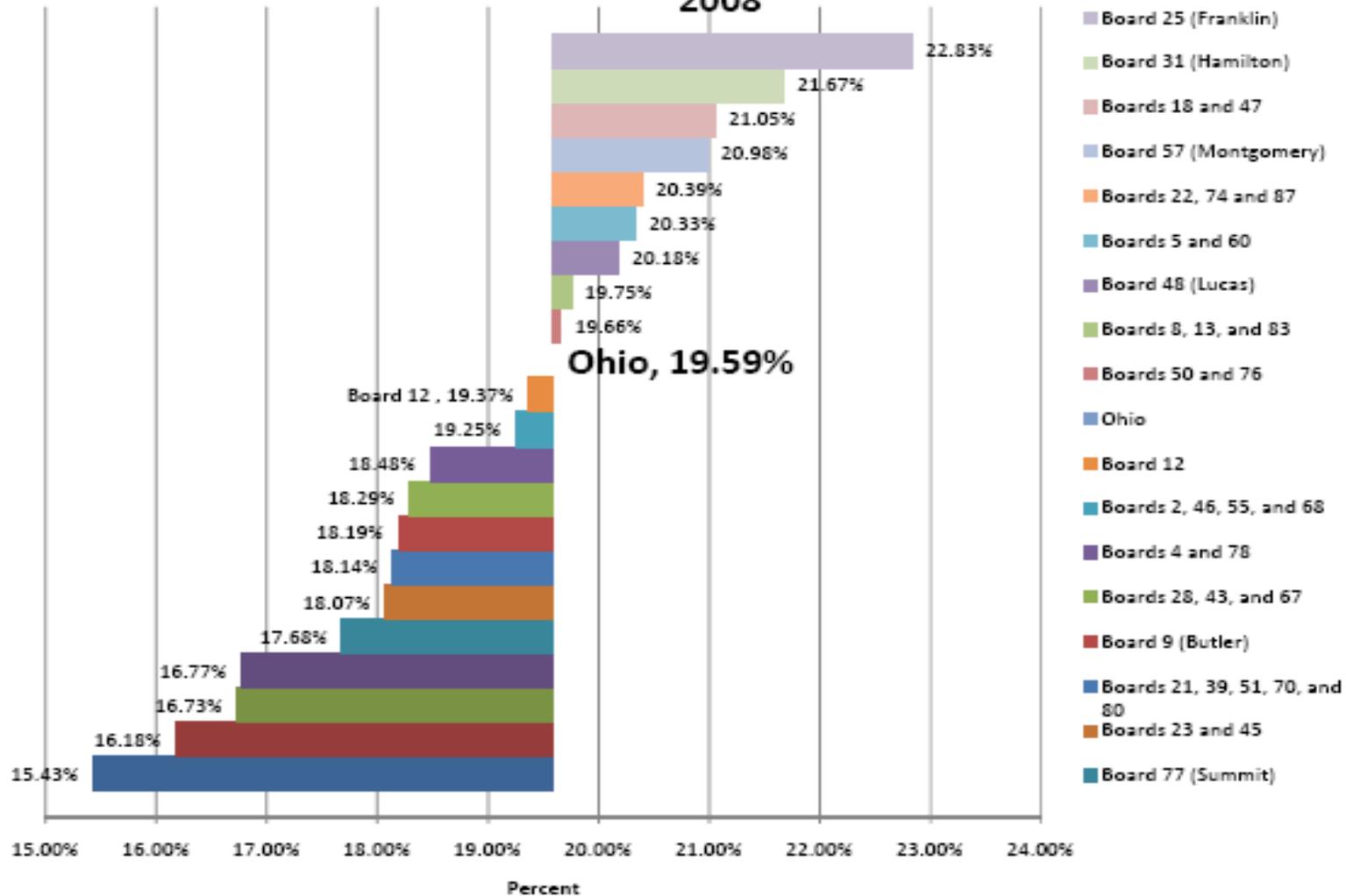
Risk Tables

Alcohol Use in Past Month among Persons Aged 18 to 25, 2006-2008

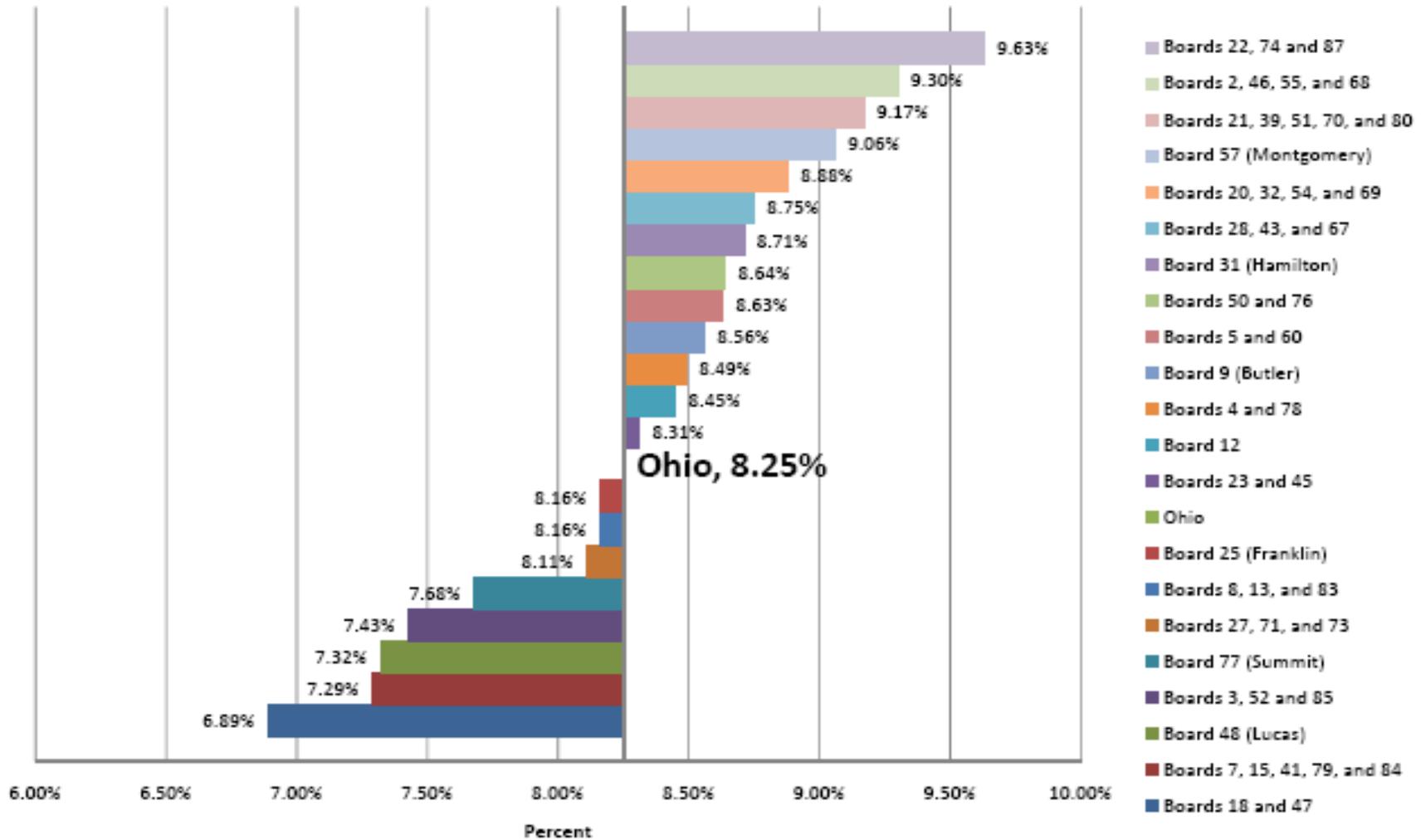


Note: Figures for Boards 4 and 78 were not reported due to low precision.

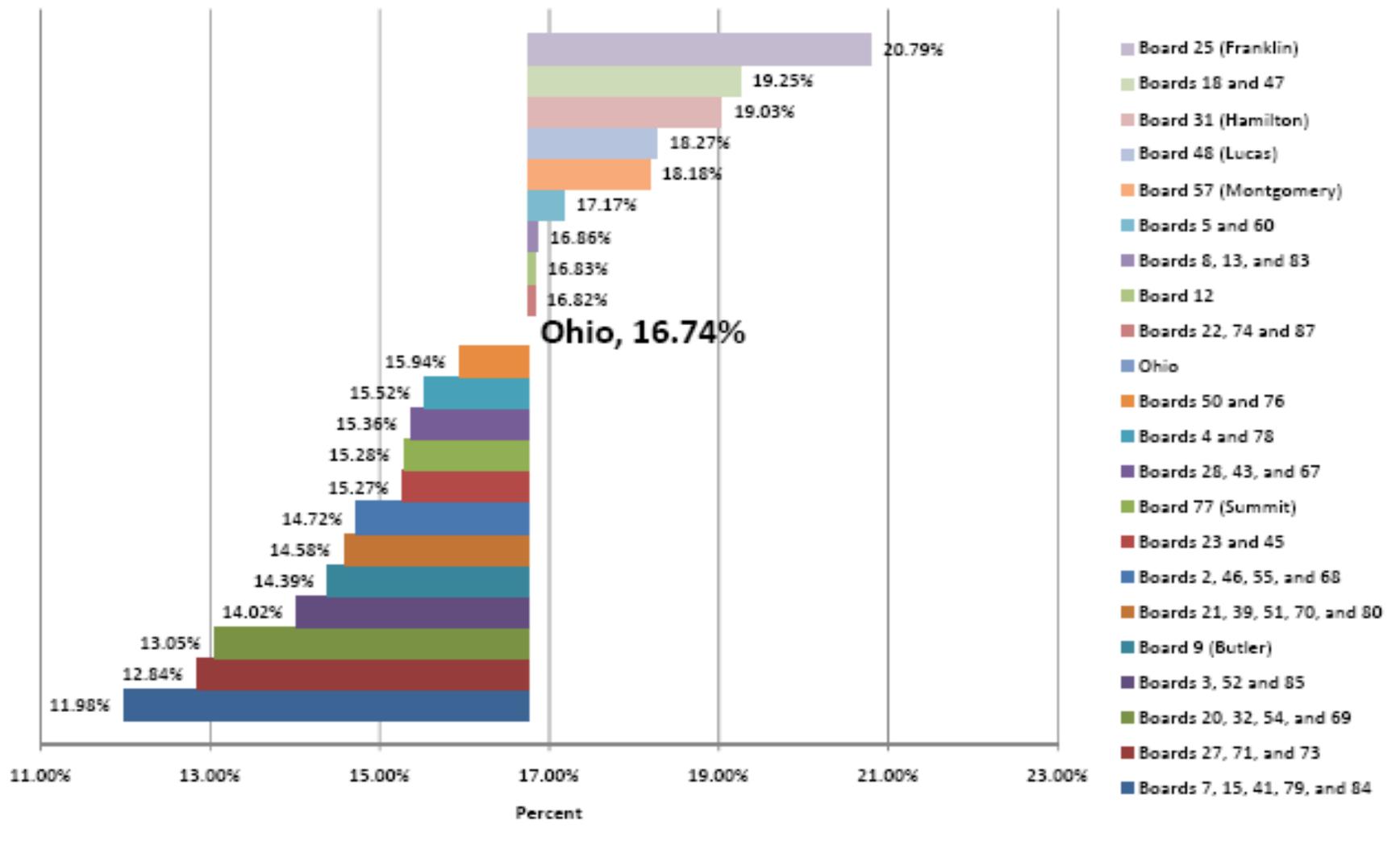
Illicit Drug Use in Past Month among Persons Aged 18 to 25, 2006 to 2008



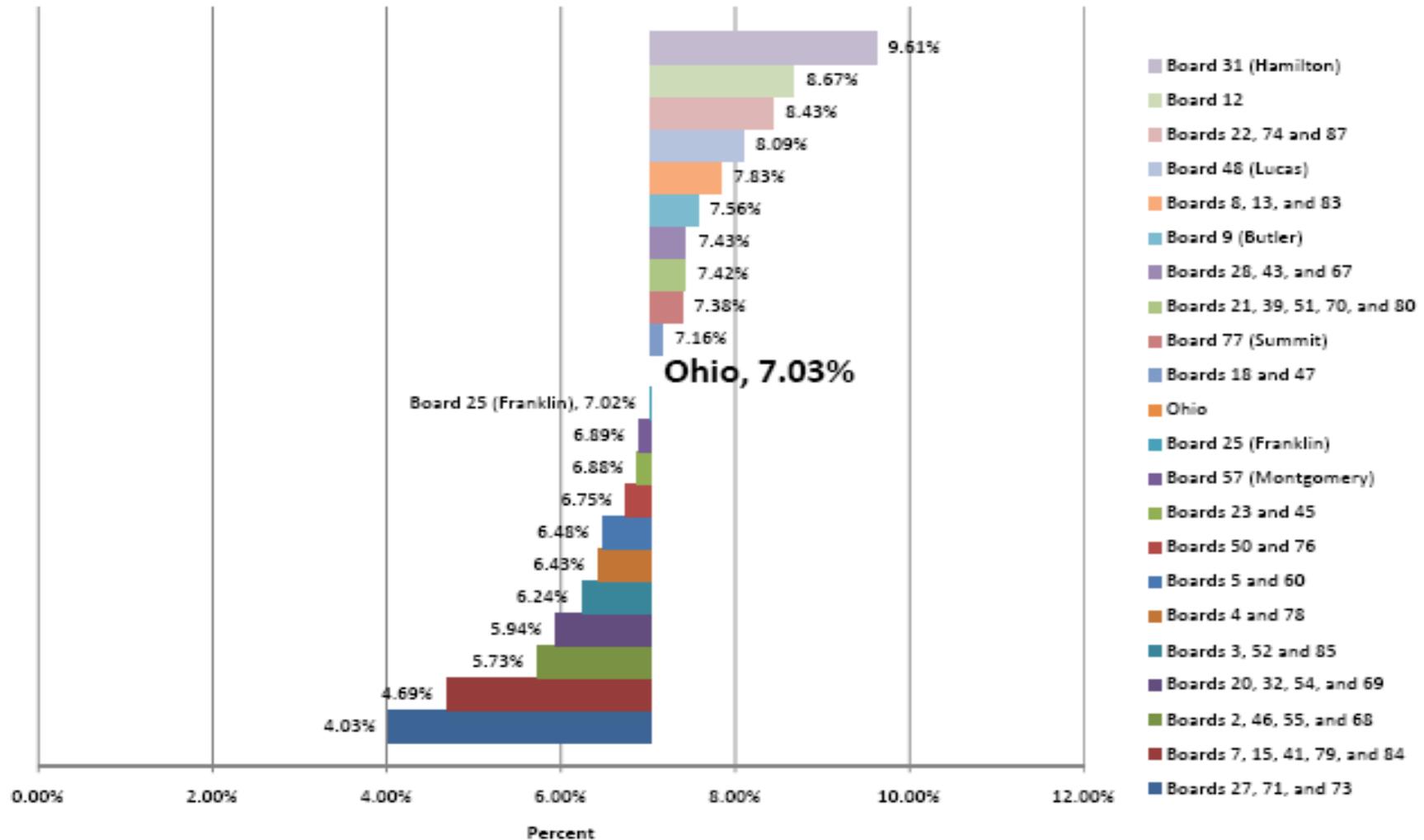
Illicit Drug Use Other than Marijuana in Past Month among Persons Aged 18 to 25, 2006-2008



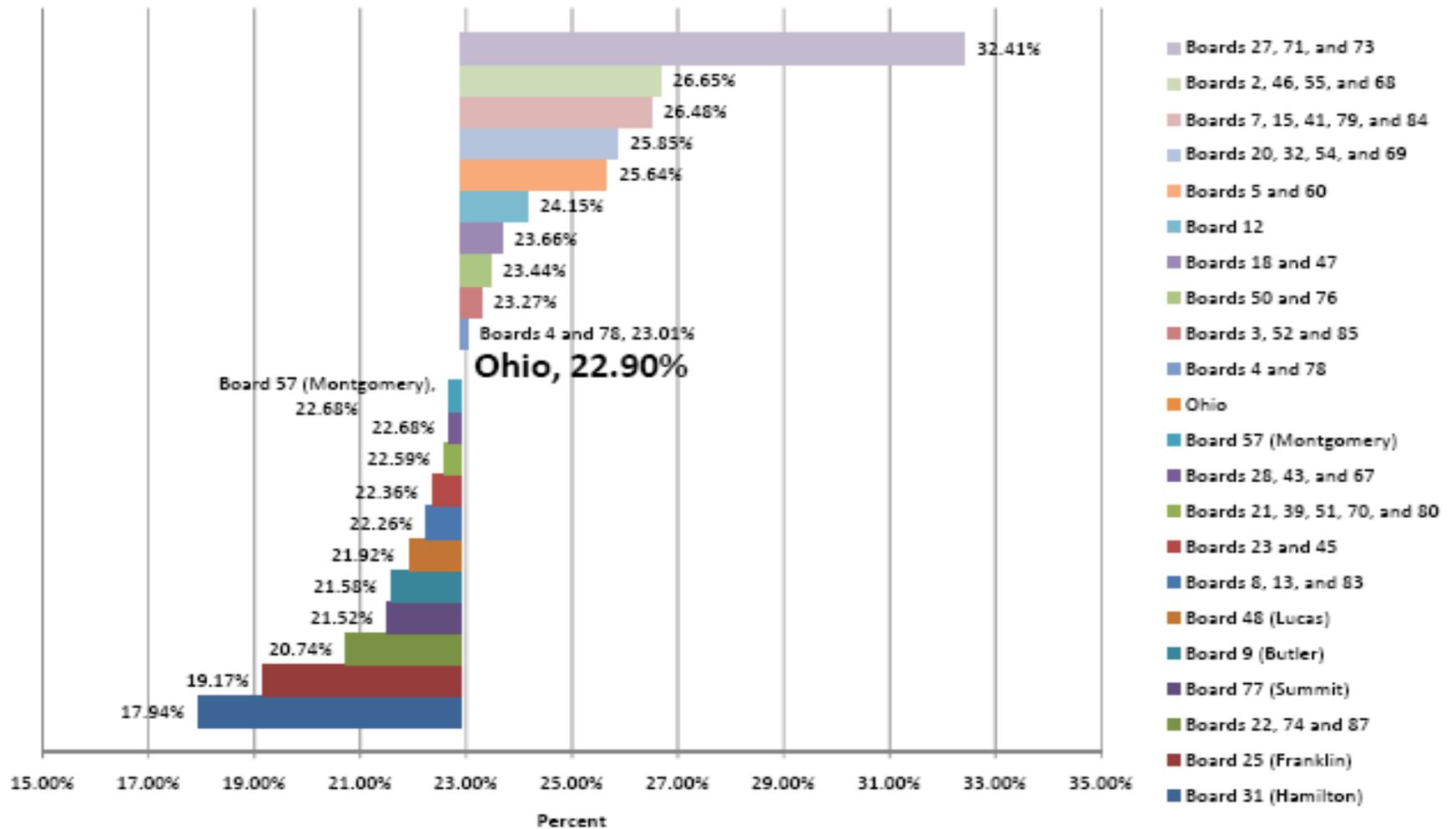
Marijuana Use in Past Month among Persons Aged 18 to 25, 2006 to 2008



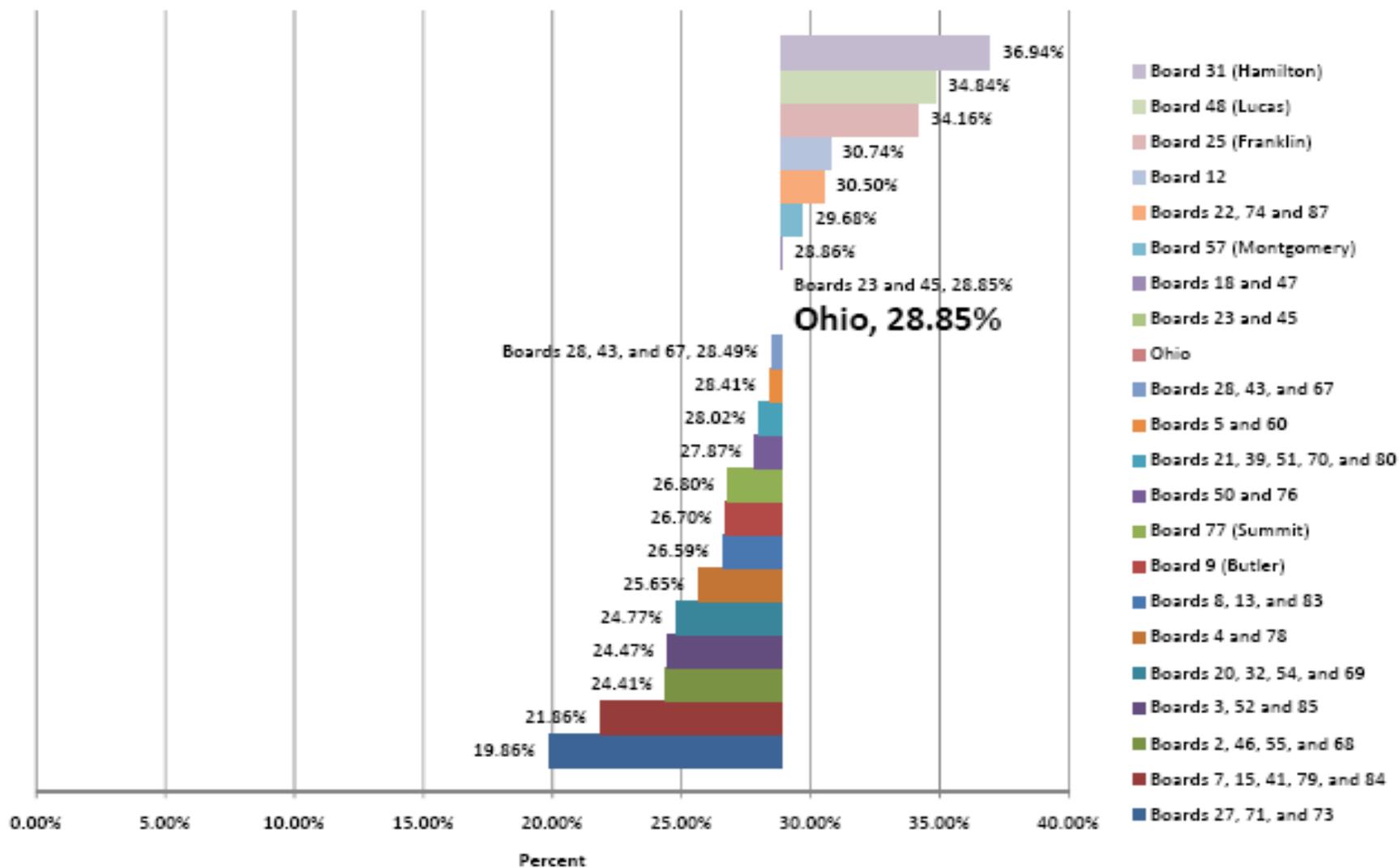
First Use of Marijuana among Persons Aged 18 to 25, 2006-2008



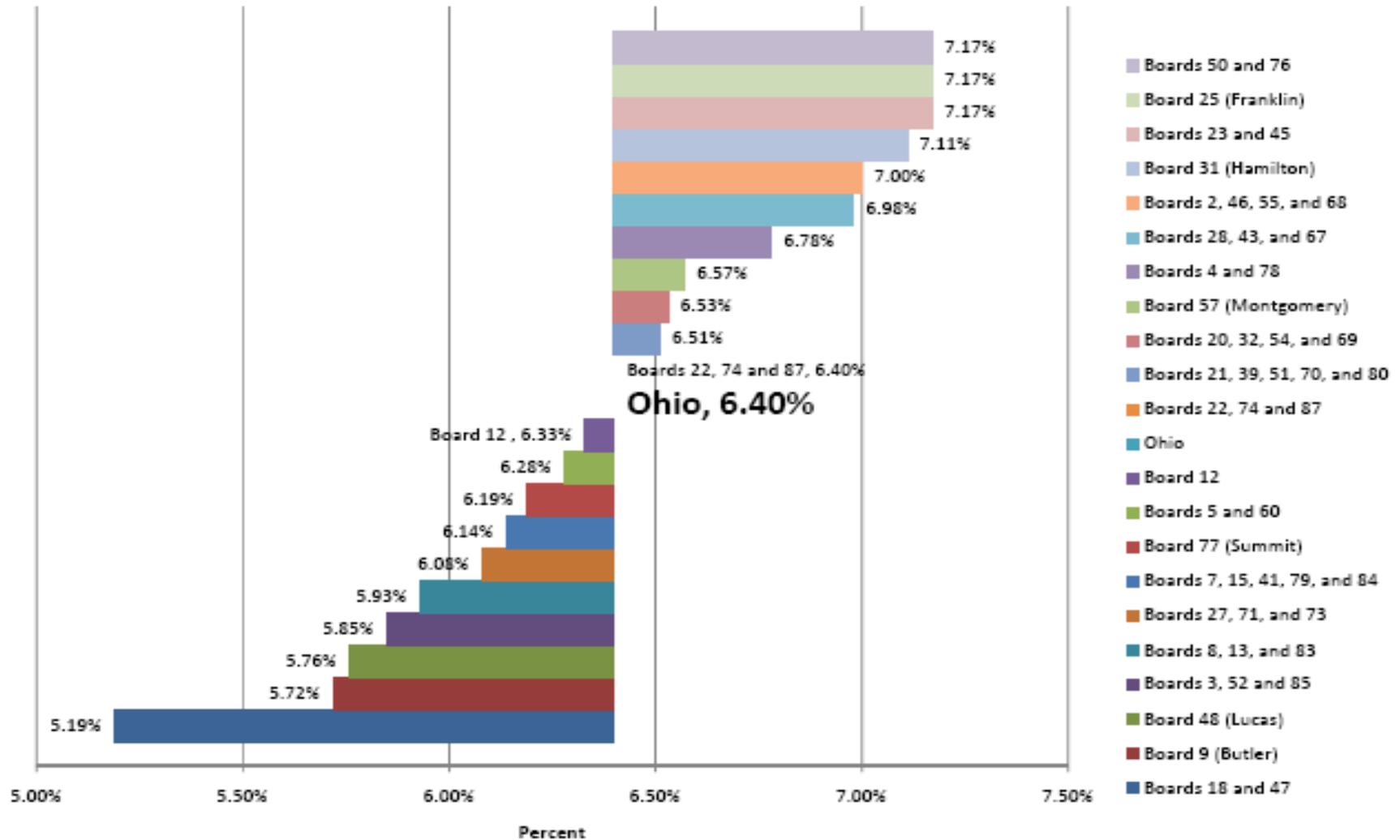
Perceptions of Great Risk of Smoking Marijuana Once a Month among Persons Aged 18 to 25, 2006-2008



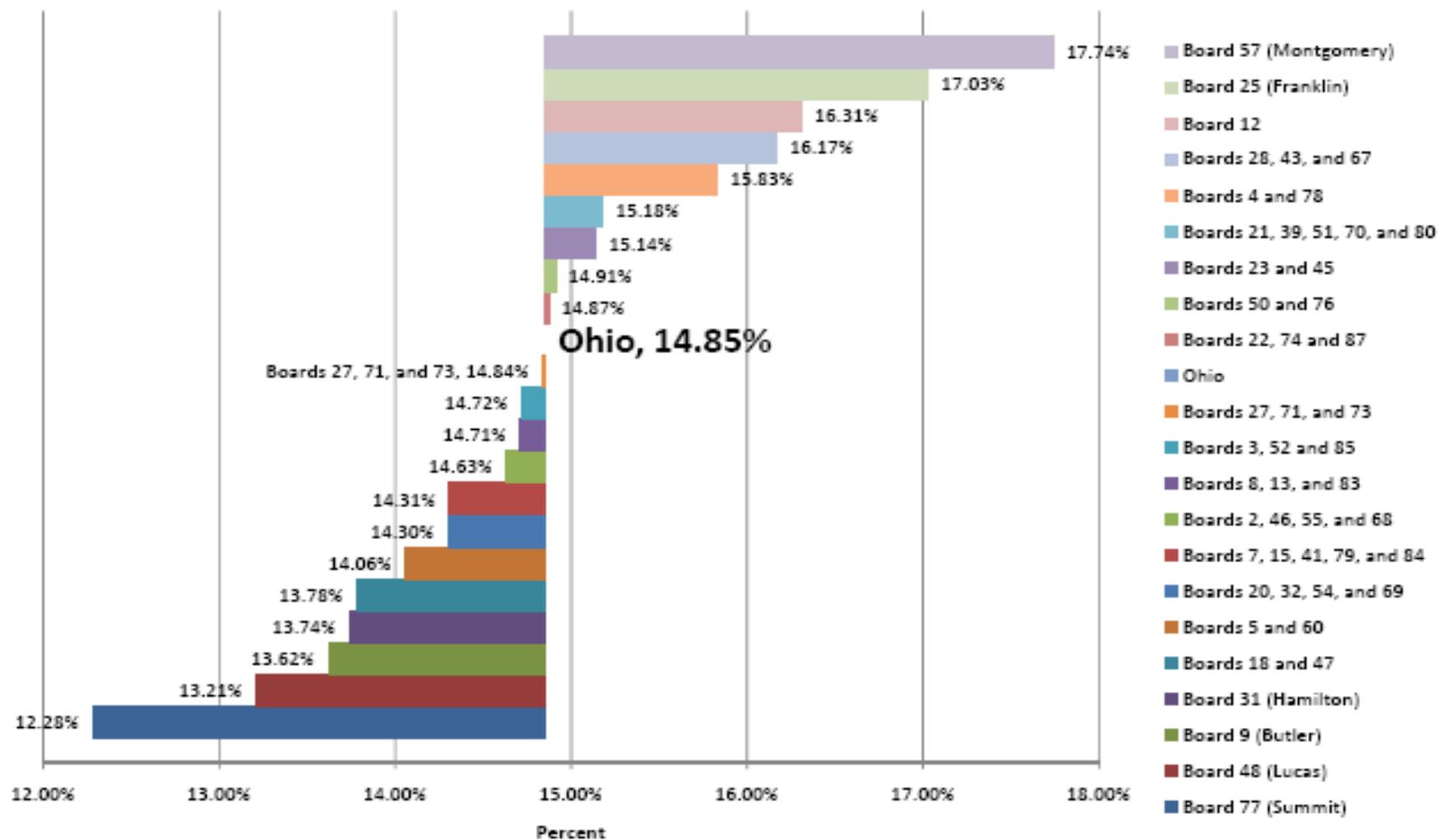
Marijuana Use in the Past Year among Persons Aged 18 to 25, 2006-2008



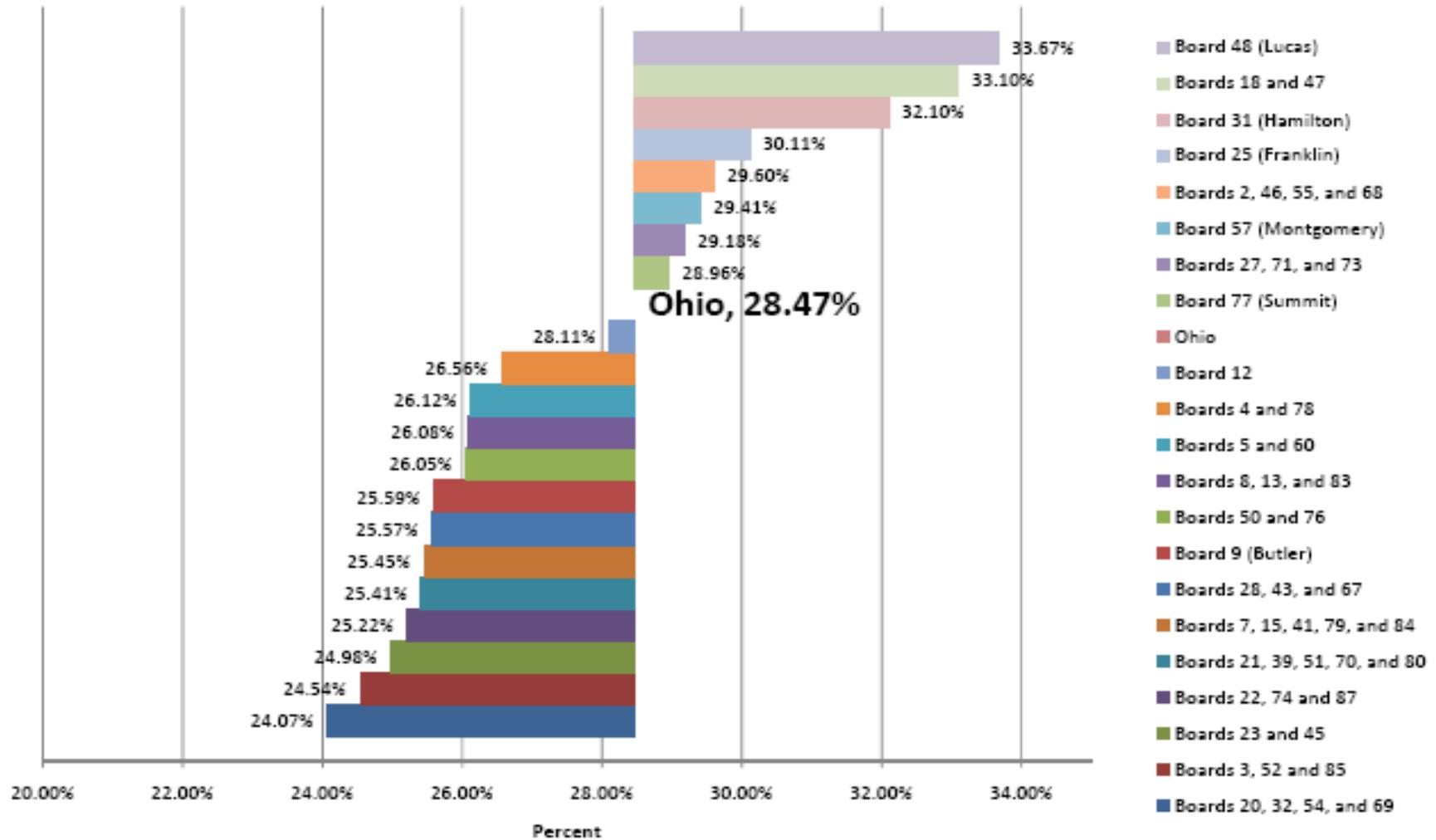
Cocaine Use in the Past Year among Persons Aged 18 to 25, 2006-2008

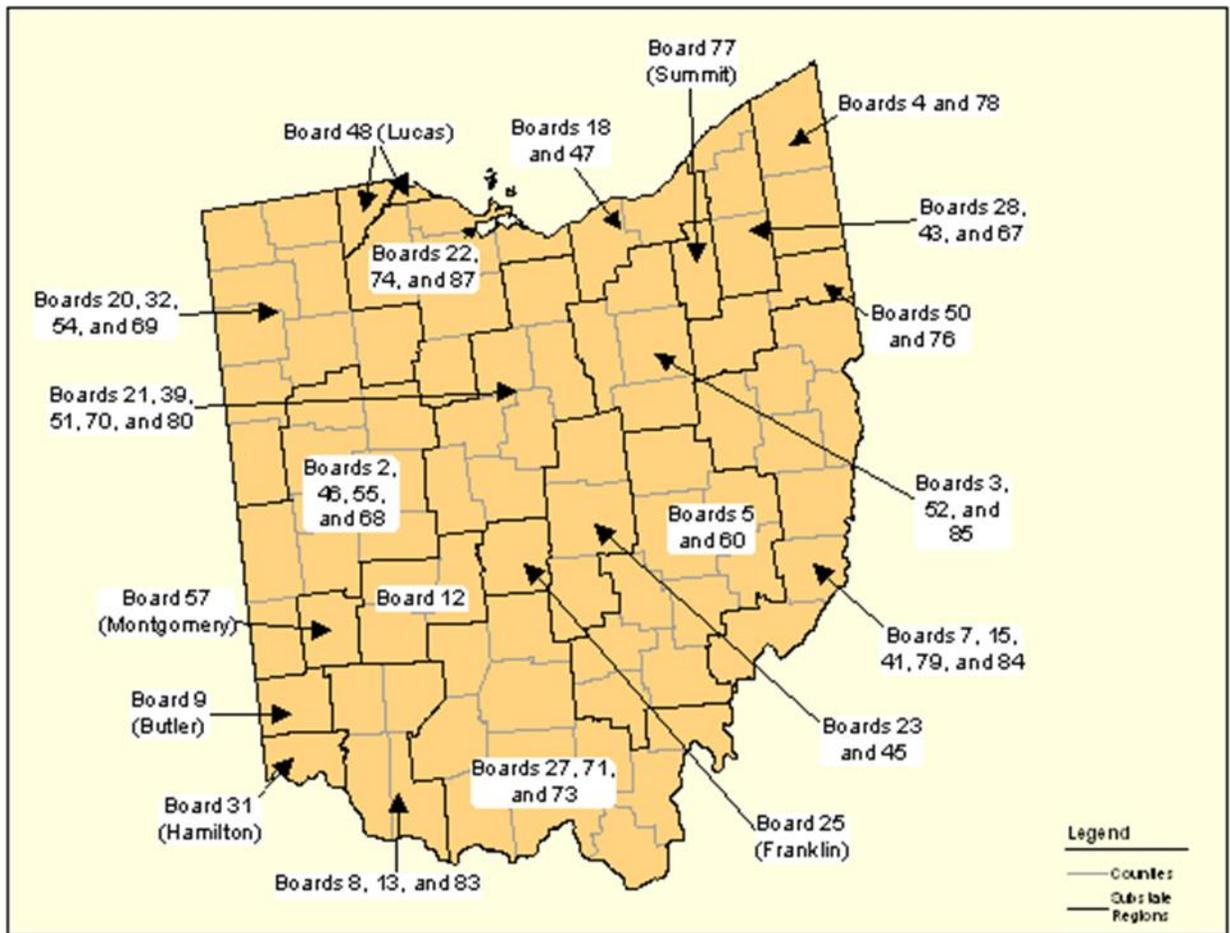


Nonmedical Use of Pain Relievers among Persons Aged 18 to 25, 2006 to 2008

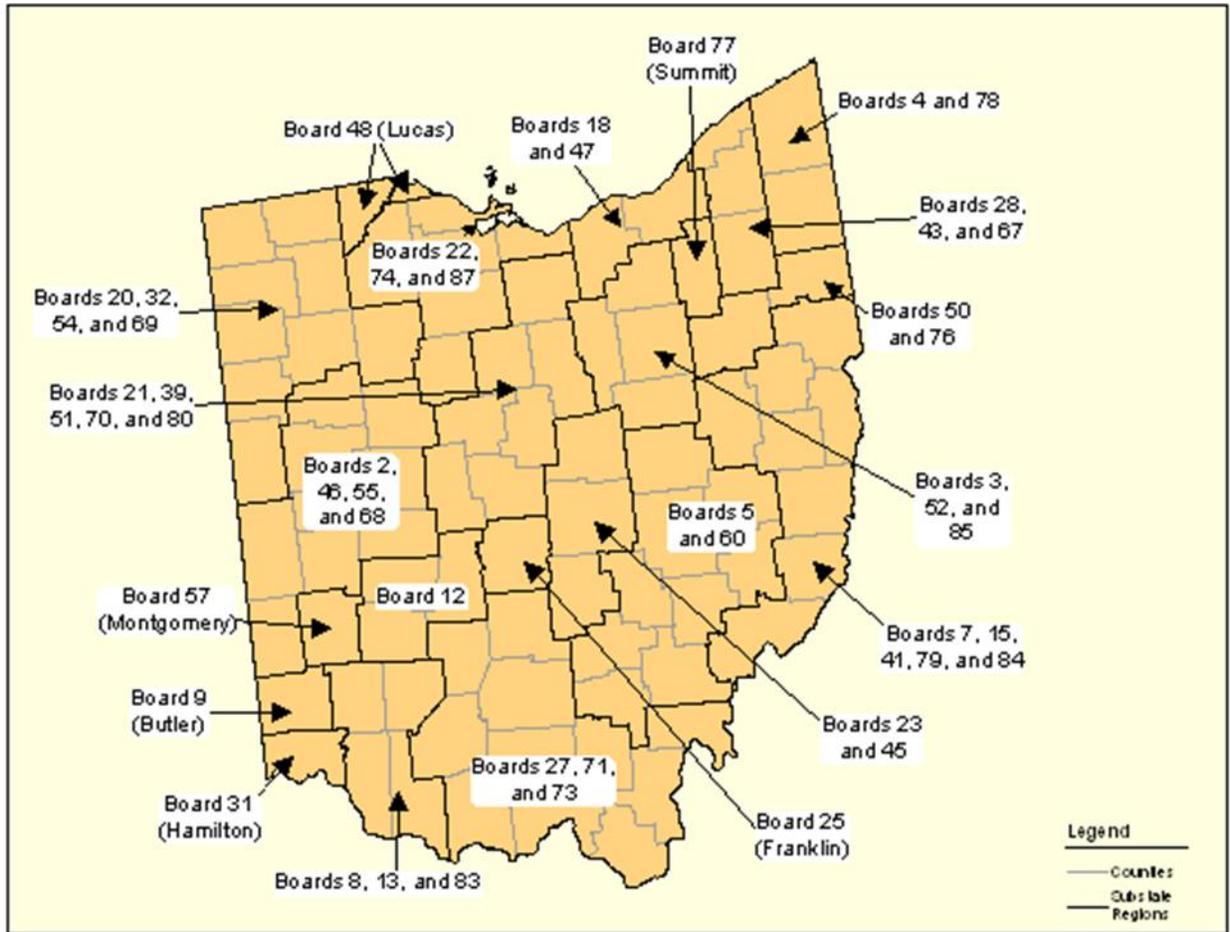


Perceptions of Risk of Binge Drinking among Persons Aged 18 to 25, 2006 to 2008





The map provided is from the NSDUH website. We would not be able to provide a map which matches the colors from the risk tables because in each risk table the region color changes. Regions are outlined using the dark black lines.



Appendix B

CEA

Ohio

Department of Alcohol &
Drug Addiction Services

SFY 2011

**STRATEGIC PREVENTION FRAMEWORK
STATE INCENTIVE GRANT
GUIDANCE FOR APPLICANTS**

Ted Strickland, Governor

Angela Cornelius Dawson, Director

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- Community Wheel Diagram
- SPF SIG Goals
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- Risk Tables
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**Ohio Department of Alcohol and Drug Addiction Services (ODADAS)
SFY 2011 Strategic Prevention Framework (SPF) Guidance for Applicants**

Mission Statement

To provide statewide leadership in establishing a high-quality addiction prevention, treatment and recovery services system of care that is effective, accessible and valued by all Ohioans.

Introduction

The Strategic Prevention Framework (SPF) is a planning process comprised of five phases set forth by the Substance Abuse and Mental Health Services Administration (SAMHSA) to assist communities in building a solid foundation for delivering and sustaining effective substance abuse prevention. The SPF is built on a community-based risk and protective factors approach to prevention and a series of guiding principles that can be utilized at the federal, State/tribal and community levels.

The SPF requires States and communities to systematically:

1. Assess their prevention needs based on epidemiological data,
2. Build their prevention capacity,
3. Develop a strategic plan,
4. Implement effective community prevention programs, policies and practices
5. Evaluate their efforts for outcomes.

Cultural competence and sustainability are at the center of the Strategic Prevention Framework because they are integral to each step of the framework.

Ohio has defined Cultural Competence as a continuous learning process that builds knowledge, awareness, skills and capacity to identify, understand and respect the unique beliefs, values, customs, languages, abilities and traditions of all Ohioans in order to develop policies to promote effective programs and services.

Purpose for Guidance for Applicants (GFA)

Ohio's Strategic Prevention Framework (SPF) Initiative will enhance the capacity of the state and counties to build a sustainable, culturally and linguistically competent infrastructure that will focus on delaying the onset of alcohol use, reducing underage drinking, and reducing alcohol related problems. The purpose of these funds is to implement the SPF planning process to focus on building a sustainable, culturally and linguistically competent AOD prevention infrastructure at the state and community levels that:

- decreases the number of 18-25 year olds engaged in high risk use of alcohol
- decreases the number of 18-25 year olds engaged in the use of illicit drugs
- decreases the number of 18-25 year olds misusing prescription medications

These funds will focus on planning and population level change through the implementation of environmental strategies.

Availability of funds

For SFY 2011, the Department will invest SPF SIG funds in the amount of \$1,816,642 to fund 10-15 sub-recipient communities. Sub recipient grant applications for the remainder of SFY 2011, are expected to range between \$25,000 and \$37,500. Full year grant applications

ODADAS SFY 2011 Strategic Prevention Framework Guidance for Applicants

beginning SFY 2012, are expected to range between \$100,000. and \$150,000. Continuation will be based on the availability of funding, submission of an acceptable continuation application, program compliance and overall program performance.

Eligible Applicants

Applications will be accepted from Alcohol Drug Addiction and Mental Health Services/Alcohol and Drug Addiction Services Boards. (ADAMHS/ADAS) ADAMHS/ADAS Boards will be expected to identify a primary partner coalition with whom to submit the application.

ADAMHS/ADAS Boards are encouraged to partner with an existing federally funded Drug Free Community Coalition (DFCC) if feasible for this project. If a federally funded DFCC exists in the Board area and is not chosen as a partner, the Board must provide rationale for their selection.

Restrictions

Grant funds may not be used for: cash payments to recipients of services, vehicle purchase, capital improvement, construction, professional or credentialing fees, licenses, fines, penalties or to supplant existing funds for staff or programs. Vehicle lease is permissible when pre-approval is received from ODADAS prior to signing the lease agreement.

Special Instructions

Sub-recipients will utilize SPF principles and guidelines to develop a comprehensive plan for an infrastructure that supports the implementation of the most effective, culturally and linguistically competent, and sustainable alcohol and other drug prevention programs, policies, and strategies. It is the expectation that sub-recipients will work with existing AOD Community Coalitions or with AOD prevention providers to develop a new AOD Community Coalition to engage community sectors in the SPF process.

Each of the sub-recipient communities will convene a local planning team comprised of 5-7 representatives from the 12 sectors of the community wheel (Appendix F) to attend a five day training. This group will serve as the nucleus of the community planning team and will recruit additional community team members as the planning process moves forward. This group must include a ADAMHS/ADAS Board representative and an AOD prevention professional. This five day training will provide basic information on each step of the SPF to build an understanding of the process to prepare the group to engage members. *(Applicants are required to account for the cost of the team's attendance in their SFY 2011 budget).*

It is the expectation of the Department that all invoices provided through the SPF-SIG will be submitted monthly to Boards and Boards will utilize an expenditure reimbursement process that provides reimbursement to providers within 30 days of receipt. All applicants will follow ODADAS programmatic and fiscal reporting procedures outlined in the SPF SIG Notice of Award documentation.

Budget Special Instructions

Applicants must include both the Budget Expenditure Form and Budget Narrative Form. These documents may be accessed by going to www.odadas.ohio.gov "Services," "Fiscal" followed by "Grant Guidance," and select "SFY 2011 Guidance for Applicants and Documentation." Based on project needs, applicants are required to provide a detailed projected line item budget for the 4 month period in SFY 2011, March 1, 2011- June 30, 2011, and for SFY 2012. Applicants are also required to provide a projected total amount required for SFY 2013 and SFY 2014 to complete the SPF project.

ODADAS SFY 2011 Strategic Prevention Framework Guidance for Applicants

Applicants must include in the budget for each year: \$15,000 for community evaluation and \$12,000 for community training. These funds will be included as a part of the grant award, but will be held, by ODADAS, for payment directly to the Evaluation and Training contractors.

SPF-SIG sub-recipient applicants must also build into their SFY 2011 budget costs for the local planning team to attend a five day training in Columbus. This should include, travel, lodging and meals and cannot exceed the state rate. *Travel, meals and lodging rates can not exceed the state of Ohio rates as set forth by the Ohio Office of Budget and Management in the Ohio Administrative Rule 126-1-02. For State Fiscal Year 2011, personal automobile mileage is 50 cents per mile. Reimbursement rates for lodging within the Continental United States will be as set by the federal General Service Administration (GSA). Maximum rates for lodging and per diems for meals and incidentals are set by location. These rates are available at www.gsa.gov/perdiem. Overnight lodging may be reimbursed only when staff is traveling on official business and is either: (a) At a location greater than forty-five miles of both the staff residence and headquarters, or (b) At a location greater than thirty miles of both the staff's residence and headquarters for conference purposes. If lodging is at the conference site or a hotel identified in the conference registration materials as one of the conference hotels, it may be reimbursed at actual cost, provided such cost is reasonable as determined by the head of the agency. Reimbursement for meals is authorized only when overnight lodging is required. If conference event includes or provides a meal, the staff shall not be reimbursed for that same meal in the per diem rate. If rates change, ODADAS will provide notification to the Board and Agency.*

Applicants have the option to include additional funds in the contract line item in the budget for stipends for community members that are attending the training that may have to be away from their job for five days.

SPF SIG Grant Application Process

The requested information must be submitted in the order given. Applications are to be stapled or clipped in the upper left-hand corner. Do not permanently bind or put the application in a folder. Do not include organizational tabs, dividers or separation sheets. Applications should be no smaller than 12-point type font, single-spaced and single-sided. Number each page of the application in the top right hand corner.

Send Application to:

Ohio Department of Alcohol and Drug Addiction Services
Community Funding Unit
280 North High Street, 12th Floor,
Columbus, Ohio 43215-2550

Sub-recipient applicants are required to submit all SPF SIG application requirements including the ODADAS SPF SIG Face Sheet, by the submission deadline, **TBA**. Because this is a competitive process, technical assistance will not be provided directly. You may submit your questions via phone or e-mail and a list of Frequently Asked Questions will be generated and posted on the SPF SIG application site in the document library section.

Once sub-recipient grantees are selected and the Prevention Services Plan is approved by ODADAS a Notice of Award will be released. At this time awardees will input their application into a web based system. All required reporting will be done through a web based system.

Prevention Services Plan

SPF SIG Goals

Identify the Goal(s) selected for the project to address. Each applicant may select a maximum of two substances to address with this project.

Program Abstract

The program abstract should present a concise summary of how applicant intends to implement the SPF process. Please include a description of what the coalition expects to accomplish as well as the total amount of funding being sought for the initial four month period. Please note that this narrative should be specific to the SPF process, not reflective of the coalition activities as a whole. Applicant should also include information related to their history of serving the selected population.

Target Population

“Community” for this project can be defined as: county, township, city, neighborhood, school district, university, etc. Please define your community and describe the population the project is designed to serve, how this population was selected and evidence of knowledge of the intended audience. Describe how staff will ensure services are culturally and linguistically relevant. Ten percent of the target population must include an under-represented sub-target not typically served within your identified target group. An example of this could be: Target Population: Miami University college students; Sub-target: Somali students. This section must also include a description of the typically under-represented population and evidence of knowledge of this sub-target audience and how it will be addressed.

Statement of Need

Discuss your community need for this project utilizing SEOW data, risk tables or other data/information you feel assists in identifying community needs. Please make sure that all data is specifically related to your identified community. Address challenges related to community readiness and gaps in the data available regarding the project goals.

Coalition Capacity

Describe the capacity of the coalition to achieve the proposed outcomes. Identify membership and staff committed to project. Coalition membership must include at least 7 of the twelve sectors of the community along with an AOD prevention provider, an ADMAHS/ADAS Board representative, at least one representative from the 18-25 year old target population, and if an Ohio Army National Guard Armory or an Ohio Air National Guard Base is in the ADAMHS/ADAS Board area a National Guard representative.

Discuss the current capacity of the coalition to collect and analyze data. Also include plans for community readiness survey implementation, including; which tool the project intends to use (community readiness tool examples are included in the enclosures), the process for implementation, the analysis of the results and the use of results in informing the development/refinement of project strategies. Lastly, please discuss the likelihood of the project's success in reaching the goals and objectives for the target population.

Implementation Plan

Discuss how you will implement the SPF process. Please address all phases and overlying areas.

ODADAS SFY 2011 Strategic Prevention Framework Guidance for Applicants

Sustainability Plan

Discuss how you will sustain the utilization of the SPF process beyond this grant period. Please include each phase of the SPF process in this discussion.

ADAMHS/ADAS Board Requirements

Each ADAMHS/ADAS Board must complete the following:

Prevention Data Collection- each Board is expected to have/develop a working Prevention Data Committee to be sustained beyond the SPF grant. Discuss who will participate on the committee and how the work of the committee will support the SPF process.

Sustainability- Discuss how the Board will contribute to the sustainability of the utilization of the SPF process beyond the grant period.

Contribution to Project- Discuss the Board's direct involvement in the coalition and support of the coalition efforts.

Community Plan- How does the SPF process impact/compliment the Community Plan for your Board area.

Assurances- the Executive Director or designee must login and check the Assurances, this is considered an electronic signature and must be completed before submitting Prevention Service Plan to ODADAS.

Review and Receipt Schedule

To be considered for funding, applicants must complete and submit an original and 3 copies of the application to ODADAS by 5:00 P.M. on **TBA**. *Any application submitted after 5:00 P.M. on **TBA** will not be accepted and therefore not reviewed for funding consideration.*

Grant Application Review

All SPF SIG grant applications will be reviewed by ODADAS staff for completeness and guideline compliance. The PSP Budget Plan will be reviewed by ODADAS Regional Prevention Coordinators and the Grants Coordinators. All components of the PSP will be reviewed. Once the sub-recipients are selected and the PSP Budget Plan receives final approval from the ODADAS Director, a Notice of Award will be released to the selected sub-recipients. (A scoring template for the GFA will be provided at the Bidders conference.) In addition to the standard grant review, applications will be scored on the following five priority measures to strengthen the selection of SPF-SIG grantees: Capacity to Collect Data, Level of Risk, Inclusion of Under-Represented Populations, Capacity to be Successful and Sustainability

SPF SIG Grant Guidance for Applicants (GFA) Bidder's Conference

The ODADAS Grants Administration Unit and the Division of Prevention Services will provide SPF SIG GFA Bidders Conference **TBA**. This session will provide information regarding the grant application and reporting requirement process. Participants should review the SPF SIG GFA and come prepared to ask questions. The session will last approximately 4 hours depending on the number of questions. Up to three participants from each applicant Board area may attend: an ADAMHS/ADAS Board representative and a coalition representative are suggested. If you plan to attend the Bidder's conference, please email Johanna Burgess-Pickett,

ODADAS SFY 2011 Strategic Prevention Framework Guidance for Applicants

Grants Coordinator, at jburgess-pickett@ada.ohio.gov with the following information by **TBA** : contact name, agency name, address, phone number, and email address.

** Attendance is not required for applicant eligibility.

Reporting Requirements

As authorized in Ohio Revised Code Section 3793.12, ODADAS will collect information and data from grantees. The information and data are outlined in the SPF SIG Reporting Requirements, which will be distributed with all the Notice of Awards. These Reporting Requirements will be available on the ODADAS website. SPF SIG Reporting requirements, such as expenditure reports and quarterly program summary reports, will be reviewed by ODADAS staff. Failure to comply with reporting requirements shall result in further action by ODADAS.

Once the application is submitted, the web based system will provide the grantees the ability to meet all programmatic and fiscal reporting requirements electronically. Additionally, grantees will be able to prepare standardized reports and extract data for customized reports.

Non-Compliance/Accountability

Effective August 18, 2008 per Ohio Administrative Code 3793:6-1-01, the Ohio Department of Alcohol and Drug Addiction Services may withhold from a board or an alcohol and drug addiction program as defined in section 3793.01(A)(5) of the revised code all or part of the state and federal funds allocated or granted by the department for a specific program for any of the following:

- (1) Failure of the program to comply with rules adopted by the Ohio department of alcohol and drug addiction services,
- (2) Failure of the program to comply with provisions of state or federal law, including federal regulations.

If a program is in violation of any of the provisions in 3793:6-1-01(A) of the administrative code, the Department shall identify the areas of the program's noncompliance and the action necessary to achieve compliance and shall offer technical assistance to the program and the board to assist the program to achieve compliance. If compliance is still not achieved after technical assistance has been provided, the Department shall give the program written notice by certified mail, return receipt requested, if it intends to withhold funds. The program is entitled to a hearing if it requests it within thirty days of the time of the mailing of the notice. Please see OAC 3793:6-1-01 for additional information

Assurances

The Assurances are federal and/or state requirements that must be adhered to by the applicant. The Executive Director or designee must read, sign and date the following Conditions and Assurances and agree to comply with the terms herein.

1. ODADAS SFY 2011 SPF SIG Conditions and Assurances
2. Age Discrimination Act of 1975
3. Title VI Civil Rights Assurance
4. Section 504 Rehabilitation Act of 1973 Assurance
5. Certification of Suspension and Debarment
6. Environmental Tobacco Smoke Certification

Ohio Department of Alcohol and Drug Addiction Services
Grant-Funded Agency Conditions and Assurances - State Fiscal Year 2011
Strategic Prevention Framework Assurances

General Requirements

1. The governmental agency or nonprofit corporation applying hereunder possesses the legal authority to apply for and receive the grant; and in the case of a nonprofit corporation, a resolution, motion or similar action has been duly adopted or passed by the board authorizing the submission of this application and directing and authorizing the person identified as Program Director as the representative of the applicant to act in connection, and provide such additional information as may be required.
2. Funds granted as a result of this State Fiscal Year 2011 Guidance for Applicants are to be used for the purpose set forth herein, and will be administered in accordance with the reporting requirements accompanied with the ODADAS Notice of Award.
3. Fees or other income derived from the services will be credited as program income to the program. Grantees will follow OMB Circular A-110 for requirements concerning program income. In the event of termination of the program, unexpended grant funds are subject to recovery by ODADAS. Program income accrued under the award must be accounted for in accordance with (45 CFR 74.24) or 45 CFR 92.25) as applicable. Program income must be reported on the Financial Status Report, Standard Form 269 (long form).
4. Availability of other funds budgeted for this program must be documented. The documentation must demonstrate any required in-kind or cash match.
5. Grant funds will not be used to: provide cash payments to recipients of services, purchase vehicles, supplant existing funds for staff or programs, cover capital improvement, construction, professional or credentialing fees, licenses or fines or penalties. Vehicle lease is permissible when pre-approval is received from ODADAS prior to signing the lease agreement.
6. Food purchases are permissible for program participants if the purchase is justified in relation to the program plan and outcomes in the applicant's budget narrative.
7. The purpose of these funds is to provide financial assistance to programs for the planning and delivery of alcohol and other drug prevention services/activities. Any use of funds for equipment, furniture or computer software must be justified in terms of the relationship of the equipment, furniture or computer software to the program or activity. Justification to purchase equipment, furniture, computer software must be submitted to ODADAS for prior approval and include consideration of how the equipment, furniture or computer software will be used, why the purchase is necessary, what alternatives were considered, how the cost was determined and why the program considers the cost reasonable. Funds cannot be expended for equipment, furniture or computer software until approved by the Department.
8. Equipment, furniture or computer software purchased under a grant are the property of ODADAS. A list of equipment, furniture and computer software, including serial

numbers, must be submitted to the Department's Grants Administration Unit and the local Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board or Alcohol and Drug Addiction Services (ADAS) Board. In the event the funds are terminated, the local ADAMHS/ADAS Board will inventory the purchased equipment, furniture or computer software and present a plan for its disposition to ODADAS. If the equipment, furniture or computer software has been purchased and used by a direct funded agency, the agency must submit a plan directly to ODADAS for disposition.

9. Failure to comply with the terms specified in this application will be regarded as basis for termination by the grantor upon a 30 day written notice.
10. Coalition membership must include at least 7 of the twelve sectors of the community wheel along with an AOD prevention provider, an ADMAHS/ADAS Board representative, at least one representative from the 18-25 year old target population, and if the ADAMHS/ADAS Board area has an Ohio Army National Guard Armory or Ohio Air National Guard Base a National Guard representative.
11. Each ADAMHS/ADAS Board is expected to have a working Prevention Data Committee to be sustained beyond the SPF grant.
12. It is the expectation of the Department that all invoices provided through the SPF-SIG will be submitted monthly to Boards and Boards will utilize an expenditure reimbursement process that provides reimbursement to providers within 30 days of receipt.
13. Prevention services will be managed/supervised in accordance with the requirements set forth in the Ohio Administrative Code section 3793:5-1-05(G) of the prevention certification standards.
14. Within any publication or public announcement each local recipient must identify the "Ohio Department of Alcohol and Drug Addiction Services" as a funder of the program. Per (45 CFR 74.36 and 45 CFR 92.34) and the HHS Grants Policy Statement, any copyrighted or copyrightable works developed under this cooperative agreement/grant shall be subject to a royalty-free nonexclusive and irrevocable license to the government to reproduce, publish, or other wise use them and to authorize others to do so for the Federal Government purposes. Income earned from any copyrightable work developed under this grant must be used as program income. Materials may not be copyrighted without prior written approval from ODADAS.
15. Travel, meals and lodging rates can not exceed the state of Ohio rates as set forth by the Ohio Office of Budget and Management in the Ohio Administrative Rule 126-1-02. For State Fiscal Year 2011, personal automobile mileage is 50 cents per mile. Reimbursement rates for lodging within the Continental United States will be as set by the federal General Service Administration (GSA). Maximum rates for lodging and per diems for meals and incidentals are set by location. These rates are available at www.gsa.gov/perdiem. Overnight lodging may be reimbursed only when staff is traveling on official business and is either: (a) At a location greater than forty-five miles of both the staff residence and headquarters, or (b) At a location greater than thirty miles of both the staff's residence and headquarters for conference purposes. If lodging is at

the conference site or a hotel identified in the conference registration materials as one of the conference hotels, it may be reimbursed at actual cost, provided such cost is reasonable as determined by the head of the agency. Reimbursement for meals is authorized only when overnight lodging is required. If conference event includes or provides a meal, the staff shall not be reimbursed for that same meal in the per diem rate. If rates change, ODADAS will provide notification to the Board and Agency.

16. The program agrees to comply with ADAMHS/ADAS Board and ODADAS administrative reporting requirements, for example, but not limited to 837 Claims, Quarterly Program Summary and year end reporting in addition to data collection, measurements, surveys or evaluation required by CSAP for the SPF SIG project.
17. Programmatic and fiscal requirements issued with the ODADAS Notice of Award to be submitted to the Department must be accompanied by a face sheet signed by the ADAMHS/ADAS Board Executive Director and the Coalition Director.
18. The agency agrees to have an annual audit performed by an independent certified public accountant and agency shall furnish such audit to the Board within 30 days after the receipt of the auditor's report. A separate audit for this grant is not necessary if the audit includes accountability and contract compliance as they relate to this grant. The agency agrees that it will be subject to additional sub-recipient monitoring by ODADAS.
19. Funds granted as a result of this application shall not be used for alcohol, tobacco or other drug treatment/rehabilitation and/or clinical assessments to determine a person's need for alcohol or other drug treatment. None of the federal funds provided under this award shall be used to carry out any program for distributing sterile needles or syringes for the hypodermic injection of any illegal drug.
20. The prevention program shall address risk and protective factors, at least one SPF-SIG Goal and identify prevention strategies and services being delivered as a part of this grant.
21. The Implementing Agency is responsible for informing ODADAS when there is a change to the agency's contact information provided on the SFY 2011 ODADAS Prevention Face Sheet. Future official communications from ODADAS may occur exclusively using email, therefore, it is imperative for the agency to ensure this information is accurate.
22. In SFY 2011, all ODADAS SPF-SIG grantees will submit their application requirements in paper format and once awarded will input data into a web based system.
23. Effective August 18, 2008 per Ohio Administrative Code 3793:6-1-01, the Ohio Department of Alcohol and Drug Addiction Services may withhold from a board or an alcohol and drug addiction program as defined in section 3793.01(A)(5) of the revised code all or part of the state and federal funds allocated or granted by the department for a specific program for any of the following:
 - (1) Failure of the program to comply with rules adopted by the Ohio department of alcohol and drug addiction services,
 - (2) Failure of the program to comply with provisions of state or federal law, including

federal regulations.

If a program is in violation of any of the provisions in 3793:6-1-01(A) of the administrative code, the Department shall identify the areas of the program's noncompliance and the action necessary to achieve compliance and shall offer technical assistance to the program and the board to assist the program to achieve compliance. If compliance is still not achieved after technical assistance has been provided, the Department shall give the program written notice by certified mail, return receipt requested, if it intends to withhold funds. The program is entitled to a hearing if it requests it within thirty days of the time of the mailing of the notice. Please see OAC 3793:6-1-01 for additional information.

Specific Requirements

Programs funded with Federal Strategic Prevention Framework State Incentive Grant Funds will follow and adhere to SPF–SIG Grant-funded contract assurances issued through the contract between the agency and the ADAMHS/ADAS Board or between ODADAS and direct funded agencies. In addition, programs funded with the SPF-SIG Grant Funds must adhere to the following:

- a. No part of any appropriation contained in this Act shall be used, other than for formal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress, except in presentation to the Congress itself or any State legislature.

- b. No part of any appropriation contained in this Act shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.

The signatures below indicate awareness and acceptance of the ODADAS Conditions and Assurances placed upon this application.

ADAMHS/ADAS Board Executive Director

Date

Implementing Agency Executive Director

Date

**ASSURANCE OF COMPLIANCE WITH THE DEPARTMENT OF
HEALTH AND HUMAN SERVICES REGULATION UNDER
THE AGE DISCRIMINATION ACT OF 1975**

_____ (hereinafter called the "Recipient") Name and Recipient (type or print) (HEREBY AGREES THAT) it will comply with the Age Discrimination Act of 1975 (42 U.S. 61010 et seq.), and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91) issued pursuant to that Act, to the end that, in accordance with the Age Discrimination Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under, any program or activity for which the Recipient receives Federal financial assistance from the Department; and (HEREBY GIVES ASSURANCE THAT) it will immediately take any measure necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Recipient by the Department, this Assurance shall obligate the Recipient, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this Assurance shall obligate the Recipient for the period during which it retains ownership of possession of the property. In all cases, this Assurance shall obligate the Recipient for the period during which the Federal financial assistance is extended to it by the Department.

(THIS ASSURANCE) is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Recipient by the Department, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The Recipient recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance and that the United States will have the right to enforce this Assurance through lawful means. This Assurance is binding on the Recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the Recipient.

Date _____

Recipient (type or print)

By _____
Signature and Title of Authorized Official

Applicants mailing address
HHS6802/96

**ASSURANCE OF COMPLIANCE WITH THE DEPARTMENT OF
HEALTH AND HUMAN SERVICES REGULATION UNDER
TITLE VI OF THE CIVIL RIGHTS ACT OF 1964**

_____ (hereinafter called the
"Applicant")

Name of Applicant (type or print)

HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80) issued pursuant to that title, to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this Assurance shall obligate the Applicant, or in the case of any transfer of such property, and transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this Assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this Assurance shall obligate the Applicant for the period during which the Federal financial assistance is extended to it by the Department.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Applicant by the Department, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The Applicant recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance, and that the United States shall have the right to seek judicial enforcement of this Assurance. This Assurance is binding on the Applicant, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the Applicant.

Date _____

Applicant (Type or Print)

Applicants mailing address
HHS-441 (Rev12/82)2/96

By _____
Signature and Title of Authorized Official

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
ASSURANCE OF COMPLIANCE WITH SECTION 504 OF THE
REHABILITATION ACT OF 1973, AS AMENDED**

The undersigned (hereinafter called the "recipient") HEREBY AGREES THAT it will comply with Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), all requirements imposed by the applicable HHS regulation (45 C.F.R. Part 84), and all guidelines and interpretations issued pursuant thereto.

Pursuant to §84.5(a) of the regulation [45 C.F.R. 85.5(a)], the recipient gives this Assurance in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts (except procurement contracts and contracts of insurance or guaranty), property, discounts, or other Federal financial assistance extended by the Department of Health and Human Services after the date of this Assurance, including payments or other assistance made after such date on applications for Federal financial assistance that were approved before such date. The recipient recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance and that the United States will have the right to enforce this Assurance through lawful means. This Assurance is binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the recipient.

This Assurance obligates the recipient for the period during which Federal financial assistance is extended to it by the Department of Health and Human Services or, where the assistance is in the form of real or personal property, for the period provided for in §84.5(b) of the regulation [45 C.F.R. 84.5(b)].

The recipient: [Check (a) or (b)]

- a. () employs fewer than fifteen persons;
- b. () employs fifteen or more persons and, pursuant to §85.7(a) of the regulation [45 C.F.R. 84.7(a)], has designated the following person(s) to coordinate its efforts to comply with the HHS regulations:

Name of Designee(s)

Name of Recipient (Type or Print)

Street Address or P.O. Box

(IRS) Employer Identification Number

City, State Zip

I certify that the above information is complete and correct to the best of my knowledge.

Date

Signature and Title of Authorized Official

If there has been a change in the name or ownership within the last year, please PRINT the former name below:

HHS-641 (Rev 12/82)2/96

ODADAS SFY 2011 Strategic Prevention Framework Guidance for Applicants

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

(a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency; (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default. Should the applicant not be able to provide this certification, an explanation as to why should be placed after this page in the application package. The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment and Suspension", in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity. By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any sub-awards which contain provisions for children's services and that all sub-recipients shall certify accordingly.

Signature and Title of Authorized Official Date

ODADAS SFY 2011 Strategic Prevention Framework Guidance for Applicants

Enclosures

The following are enclosure forms to the SPF-SIG Guidance for Applicants. These forms do not need to be returned with the grant application:

- ODADAS Contacts
- Prevention Continuum of Care- Strategy/Service Taxonomy
- Community Wheel Diagram
- SPF SIG Goals
- Community Readiness Tools for Use in Prevention
- Risk Tables
- SPF SIG Face Sheet

ODADAS SFY 2011 Strategic Prevention Framework Guidance for Applicants

ODADAS DIVISION OF PREVENTION SERVICES GRANTS CONTACTS

| | | | |
|----------------------------------|------------------|--|----------------|
| SPF SIG Administrator | Dawn Thomas | thomas@ada.ohio.gov | (614) 644-8327 |
| Northeast Region | Karen Kimbrough | kimbrough@ada.ohio.gov | (614) 752-8355 |
| Central Region | Mack Sanders | sanders@ada.ohio.gov | (614) 466-4827 |
| Southeast Region | Melinda Norman | mnorman@ada.ohio.gov | (614) 644-8318 |
| Northwest Region | Shemane Marsh | smarsh@ada.ohio.gov | (614) 466-9021 |
| Southwest Region | Valerie Connolly | vconnolly@ada.ohio.gov | (614) 466-0124 |

ODADAS DIVISION OF FISCAL SERVICES CONTACT FOR PREVENTION GRANTS

Grants Coordinator Johanna Burgess-Pickett jburgesspickett@ada.ohio.gov
Phone (614) 728-8190
Division of Fiscal Services Fax Number (614) 387-7956

ODADAS SFY 2011 Strategic Prevention Framework Guidance for Applicants

Prevention Continuum of Care - Strategy/Service Taxonomy

| DEFINITION – PREVENTION | PREVENTION STRATEGIES & DEFINITIONS | Direct Services Interventions that directly serve the customer and allow for two-way interaction at that instance. | Indirect Services Interventions that indirectly serve the customer and are typically one-way communication and do not allow for interaction. |
|--|---|--|--|
| <p>is a proactive multifaceted, multi - community sector process involving a continuum of <i>culturally appropriate</i> prevention services which empowers individuals, families and communities to meet the challenges of life events and transitions by creating and reinforcing conditions that impact physical, social, emotional, spiritual, and cognitive well-being and promote safe and healthy behaviors and lifestyles. AOD prevention is a planned sequence of activities that, through the practice and application of evidence based prevention principles, policies, practices, strategies and programs, is intended to inform, educate, develop skills, alter risk behaviors, affect environmental factors and/or provide referrals to other services.</p> <p>Prevention Service Categories by Population Served:</p> <ul style="list-style-type: none"> • Universal Prevention Services: Services target everyone regardless of level of risk before there is an indication of an AOD problem; • Selected Prevention Services: Services target persons or groups that can be identified as "at risk" for developing an AOD problem; • Indicated Prevention Services: Services target individuals identified as | <p><u>Information Dissemination</u> is an AOD prevention strategy that focuses on building awareness and knowledge of the nature and extent of alcohol and other drug use, abuse and addiction and the effects on individuals, families and communities, as well as the dissemination of information about prevention, treatment and recovery support services, programs and resources. This strategy is characterized by one-way communication from source to audience, with limited contact between the two.</p> | <p><input type="checkbox"/> <u>AOD Information Sharing:</u></p> <ul style="list-style-type: none"> – <u>Speaking Engagements</u>- A wide range of prevention activities intended to impart information about AOD use/abuse issues to general and/or targeted audiences. This is typically a one-time presentation to a customer. – <u>Staffed Information Booths</u>- Generally, a school or community-focused gathering that offers the opportunity to disseminate materials and information on AOD prevention and health related issues. Ex: Health Fair – <u>AOD Information/Resource lines</u>- Specific/ designated Hotline intended to provide information about AOD use/abuse prevention and treatment resources and services only. (This does not include an agency’s main phone line or general information and referral or crisis line) | <p><input type="checkbox"/> <u>Material Distribution</u></p> <ul style="list-style-type: none"> – Billboards – PSA’s – Newsletters – Brochures – Other Publications – Resource Directories – Tool Kits – Clearinghouse – Press Release – TV/Radio Spot – Curricula Development |
| | <p><u>Alternatives</u> are AOD prevention strategies that focus on providing opportunities for positive behavior support as a means of reducing risk taking behavior, and reinforcing protective factors. Alternative programs include a wide range of social, recreational, cultural and community service/volunteer activities that appeal to youth and adults.</p> | <p><input type="checkbox"/> <u>Social and Recreational AOD Prevention Services</u> Social, recreational and creative arts activities for youth and adults that are identified and promoted as AOD Free activities/events.</p> <ul style="list-style-type: none"> – Youth-Led Prevention – Youth and Adult Leadership Activities – Youth group activities – Community Service/Service Learning Activities – Cultural Programs/Events. – Community Events. – Community Drop-In Center Activities | |

ODADAS SFY 2011 Strategic Prevention Framework Guidance for Applicants

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|--|---|--|---|
| <p>experiencing problem behavior related to alcohol and other drug use to prevent the progression of the problem. These services do not include clinical</p> <p>The term Alcohol and Other Drugs [AOD] includes, but is not limited to the following drugs of abuse - alcohol, tobacco, illicit drugs, inhalants, prescription and over-the-counter medications.</p> <p>Culturally appropriate means the service delivery systems respond to the needs of the community being served as defined by the community and demonstrated through:</p> <ul style="list-style-type: none"> • needs assessment activities • capacity development efforts • policy • strategy and prevention practice implementation • program implementation • evaluation • quality improvement and sustainability activities <p>Evidence Based Prevention Practice means-</p> <ul style="list-style-type: none"> • Prevention policies, strategies, programs and practices are consistent with prevention principles found through research to be fundamental in the delivery of prevention services. • Prevention policies, strategies, programs and practices have been identified through research to be | <p>Education is an AOD prevention strategy that focuses on the delivery of services to target audiences with the intent of affecting knowledge, attitude and/or behavior. Education involves two-way communication and is distinguished from information dissemination by the fact that interaction between educator/facilitator and participants is the basis of the activities. Activities affect critical life and social skills including decision making, refusal skills, critical analysis and systematic judgment abilities.</p> <p>Community-Based Process is an AOD prevention strategy that focuses on enhancing the ability of the community to provide prevention services through organizing, training, planning, interagency collaboration, coalition building and/or networking.</p> | <p><input type="checkbox"/> Facilitated Instruction</p> <ul style="list-style-type: none"> – Classroom, Small Group or One on One Instruction, – Parenting and Family Education/Skills Training – Peer Leader and Peer Educator Programs – Education Programs for Youth/Adult Groups – Educational Support Groups – Cultural Program – Trainings/Workshops/Conferences: Prevention training and education offered to external professionals, students, workforce and /or the general public. – Mentoring program: education, training or activity led by staff for Mentees, Mentors or both. <p><input type="checkbox"/> Community Enhancement Services</p> <ul style="list-style-type: none"> – Community and Volunteer Training – Capacity Building Activities – Multi-Agency Coordination and Collaboration – Community Team Building – Coalition Building – Focus Groups | <p><input type="checkbox"/> Assessing Community Need</p> <ul style="list-style-type: none"> – Needs Assessment Surveys |

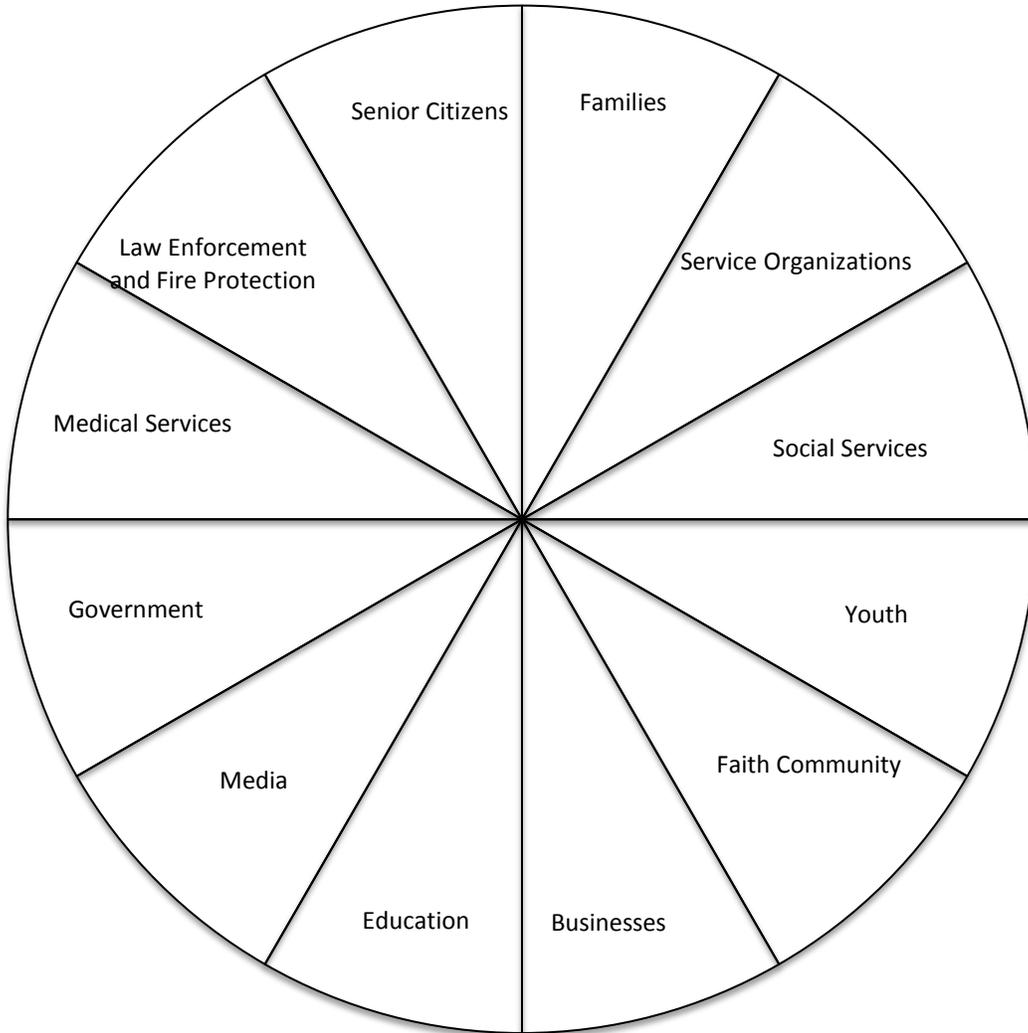
ODADAS SFY 2011 Strategic Prevention Framework Guidance for Applicants

| DEFINITION – PREVENTION | PREVENTION STRATEGIES & DEFINITIONS | Direct Services Interventions that directly serve the customer and allow for two-way interaction at that instance. | Indirect Services Interventions that indirectly serve the customer and are typically one-way communication and do not allow for interaction. |
|--|---|---|---|
| <p>effective.</p> <p>Practice Based Evidence -</p> <ul style="list-style-type: none"> The service delivery system utilizes evaluation of its policies, strategies, programs and practices to determine effectiveness. The service delivery system utilizes evaluation results to make appropriate adjustments to service delivery policies, strategies, programs and practices to improve outcomes. | <p><u>Environmental</u> prevention is an AOD prevention strategy that represents a broad range of activities geared toward modifying systems in order to mainstream prevention through policy and law. The environmental strategy establishes or changes written and unwritten community standards, codes and attitudes, thereby influencing incidence and prevalence of alcohol and other drug use/abuse in the general population.</p> | <p><input type="checkbox"/> Community Change: Mobilization, Capacity and/or Sustainability</p> <ul style="list-style-type: none"> <u>Consultation to Communities</u>- Intended to maximize the development of and/or local enforcement of procedures governing the availability and distribution and abuse of AOD. <u>Regulating Youth Access Activities</u>- Activities intended to prevent the sale of tobacco products and alcohol to minors. (compliance checks) <u>Interventions Addressing Location, Restrictions on Access and Density of Retail Outlets</u>- Programs that outline strategies to control the growth and location of alcohol outlets in a community by addressing the local zoning authorities and the liquor licensing authority. May include activities focused on closing problem alcohol and tobacco outlets and/or reforming sales practices_(meetings and testimonies) <u>Server/Seller Oriented Activities</u>- Community action strategies that encourage local bars, restaurants and/or other alcohol providers to train alcohol servers in techniques that discourage intoxication and drinking and driving. (meetings and trainings) <u>Advocacy Activities</u>- (face to face) | <p><input type="checkbox"/> Community Change:</p> <ul style="list-style-type: none"> Campaigns PSA’s Billboards Web campaigns Articles Social Norm Change Establish and Review of School Policies. The Review and Modification of Advertising Practices. Product Pricing Strategies- Establishing AOD-Free Policies- Change Program, Policy or Practice ie: Environmental Codes, Ordinances, Regulations and Legislation. Environmental Scan |

ODADAS SFY 2011 Strategic Prevention Framework Guidance for Applicants

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|-------------------------|--|---|--|
| | <p><u>Problem Identification and Referral</u> is an AOD prevention strategy that refers to intervention oriented prevention services that primarily targets indicated populations to address the earliest indications of an AOD problem. Services by this strategy focus on preventing the progression of the problem. This strategy does not include clinical assessment and/or treatment</p> <p>*Note: Screening means to gather information in order to make an informed decision in regards to the individual’s appropriateness for PIR services, referral to other services and/or to refer the individual on for further assessment services.</p> | <p><input type="checkbox"/> <i>Intervention, Brief Screening and Referral Services</i></p> <ul style="list-style-type: none"> – Drug-Free Workplace Programs/EAP Programs – Student Assistance Program Services. – Support Groups. – Consumer Advocacy and Linkage – Risk Reduction Activities | |

Community Wheel Diagram



ODADAS Strategic Prevention Framework Goals and NOMs Targets

The goals for the SPF SIG are as follows:

| ODADAS SPF SIG Goals | NOMs Targets |
|---|--|
| 1. Decrease the number of 18-25 year olds engaged in high risk use of alcohol | *30-day substance use. *Age of first use. |
| 2. Decrease the number of 18-25 year olds engaged in the use of illicit drugs | *Perception of disapproval/attitude. |
| 3. Decrease the number of 18-25 year olds misusing prescription medications | *Perceived risk/harm of use. |

Community Readiness

Introduction: Community readiness has been identified as one of the first steps that needs to be taken to effectively create change. Often, strategies are implemented in a community who isn't ready for such strategies, leading to fail efforts. By gauging the readiness of the community, capacity can be built to increase readiness and strategies can be identified that fit the community's current stage and ultimately lead to community buy in and change.

Definition: The capacity of a community to implement programs, policies and other changes that are designed to reduce the likelihood of substance use.

How is Community Readiness Determined?

1. Identify the issue
2. Define the community
3. Conducts key respondent interviews
4. Score interviews to determine level of readiness
5. Develop strategies based on level of readiness and conduct workshops and trainings.

Community Readiness Assessment

There are several examples of assessments available. These include:

1. CSAP: *Prevention Platform*
2. Community Partner Institute: Community Prevention Readiness Index
3. Tri-ethnic Center: Community readiness model
4. Goodman and Wandersman: Community Key Leader Survey
5. Minnesota Institute of Public Health: Community Readiness Survey

ODADAS SFY 2011 Strategic Prevention Framework Guidance for Applicants

Community Readiness Continued...

Stages of Readiness Although there are several instruments available to measure community readiness, all of them have common stages. Below are the stages of community readiness identified through the scoring process of the community readiness assessment.

| Stage and Name | |
|--|--|
| 1.Community Tolerance / No Knowledge | Substance abuse is generally not recognized by the community or leaders as a problem. "It's just the way things are" is the common attitude. Community norms may encourage or tolerate the behavior in social context. Substance abuse may be attributed to certain age, sex, racial or class groups. |
| 2.Denial | There is some recognition by at least some members of the community that behavior is a problem, but little or no recognition that it is a local problem. Attitudes may include "It's not my problem" or "We can't do anything about it". |
| 3.Vague Awareness | There is a general feeling among some in the community that there is a local problem and that something ought to be done, but there is little motivation to do anything. Knowledge about the problem is limited. No identifiable leadership exists or leadership is not encouraged. |
| 4.Preplanning | There is clear recognition by many that there is a local problem and something needs to be done. There is general information about local problems and some discussion. There may be leaders and a committee to address the problem, but no real planning or clear idea of how to progress. |
| 5.Preparation | The community has begun planning and is focused on practical details. There is general information about local problems and about the pros and cons of prevention programs, but this information may not be based on formally collected data. Leadership is active and energetic. Decisions are being made and resources (time, money, people, etc.) are being sought and allocated. |
| 6.Initiation | Data are collected that justify a prevention program. Decisions may be based on stereotypes rather than data. Action has just begun. Staff is being trained. Leaders are enthusiastic as few problems or limitations have occurred. |
| 7.Institutionalization / Stabilization | Several planned efforts are underway and supported by community decision makers. Programs and activities are seen as stable and staff is trained and experienced. Few see the need for change or expansion. Evaluation may be limited, although some data are routinely gathered. |
| 8.Confirmation / expansion | Efforts and activities are in place and community members are participating. Programs have been evaluated and modified. Leaders support expanding funding and program scope. Data are regularly collected and used to drive planning. |
| 9.Professionalization | The community has detailed, sophisticated knowledge of prevalence and risk and protective factors. Universal, selected and indicated efforts are in place for a variety of focus populations. Staff is well trained and experienced. Effective evaluation is routine and used to modify activities, community involvement is high. |

Community Readiness Continued...

Strategies to Increase Readiness Below are suggested strategies to move communities from a lower stage to a higher one. It is important to keep in mind that it is not suggested that communities should try to skip stages. For example, if you find your community is in stage 1, do not try to force it into stage 5. Change must happen through preparation and process, not coercion.

Stage 1: Community Tolerance / No Knowledge

Strategies:

- Small Group and one on one discussions with community leaders to identify perceived benefits of substance abuse and how norms reinforce use
- Small group and one on one discussions with community leaders on the health, psychological, and social costs of substance abuse

Stage 2: Denial

Strategies:

- Educational outreach programs to community leaders and community leaders and community groups interested in sponsoring local programs focusing on the health, psychological and social costs of substance abuse
- Use of local incidents in one on one discussions and educational outreach programs that illustrate harmful consequences of substance abuse.

Stage: 3 Vague Awareness

Strategies

- Educational outreach programs on national and State prevalence rates of substance abuse and prevalence rates in communities with similar characteristics, including use of local incidents that illustrate harmful consequences of substance use.
- Local media campaigns that emphasize consequences of substance abuse

Stage:4 Preplanning

Strategies

- Educational outreach programs to community leaders and sponsorship groups that communicate the prevalence rates and correlates or cause of substance abuse
- Educational outreach programs that introduce the concept of prevention and illustrate specific prevention programs adopted by communities with similar profiles.
- Local media campaigns emphasizing the consequences of substance abuse and ways of reducing demand for illicit substances through prevention programming

Stage 5: Preparation

Strategies

- Educational outreach programs open to the general public on specific types of prevention programs, their goals and how they can be implemented
- Educational outreach programs for community leaders and local sponsorship groups on prevention programs, goals, staff requirements and other startup aspects of programming
- Local media campaign describing the benefits of prevention programs for reducing consequences of substance abuse.

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Stage 6: Initiation

Strategies

- In-service educational training for program staff (paid and volunteer) on the consequences, correlates and causes of substance abuse and the nature of the problem in the local community
- Publicity efforts associated with the kickoff of the program
- A special meeting with community leaders and local sponsorship groups to provide an update and review of initial program activities

Stage 7: Institutionalization / Stabilization

Strategies

- In-service educational programs on the evaluation process, new trends in substance abuse, and new initiatives in prevention programming with trainers either brought in from the outside or with staff members sent to programs sponsored by professional societies
- Periodic review meetings and special recognition events for local supporters of the prevention program
- Local publicity efforts associated with review meetings and recognition events

Stage 8: Confirmation / Expansion

Strategies

- In-service educational programs on the evaluation process, new trends in substance abuse, and new initiatives in prevention programming with trainers either brought in from the outside or with staff members sent to programs sponsored by professional societies
- Periodic review meetings and special recognition events for local supporters of the prevention program
- Presentation of results of research and evaluation activities of the prevention program to the public through local media and public meetings

Stage 9: Professionalization

Strategies

- Continued in-service training of staff
- Continued assessment of new drug-related problems and reassessment of targeted groups within the community
- Continued evaluation of program effort
- Continued update on program activities and results provided to the community leaders and local sponsorship groups and periodic stories through local media and public meetings

*****The Community Readiness Tools and Resources compiled and created by: Paula Feathers. Southwest Center for Applied Prevention Technologies***

| Resources | | | |
|--|--|---|--|
| Tool | Dimensions covered | Where is data collected? | Instrument considerations |
| CSAP <i>Prevention Platform</i> | Based on Strategic Prevention Framework: <ul style="list-style-type: none"> • Assessment • Capacity • Planning • Implementation • Evaluation | <ul style="list-style-type: none"> • Coalitions • Leadership • Organizations (No minimum or maximum # indicated) | <ul style="list-style-type: none"> • Prevention Platform is under constant reconstruction • Survey seems to be geared to an organization opposed to a community • Verbiage would need to be adapted if given to non-Preventionists |
| | | | # of questions: 50 Implementation training: no |
| Community Partner Institute <i>Community Prevention Readiness Index</i> | <ul style="list-style-type: none"> • Conceptual Clarity • Policy Development • Strategic planning • Networking • Evaluation • State/Local Collaboration • Technical Assistance • Funding Commitment • Program Models • Data • Leadership • Educational support | <ul style="list-style-type: none"> • Individuals in the community • Coalitions • Leadership • Organizations (No minimum or maximum # indicated) | <ul style="list-style-type: none"> • Questions may need to be added under each dimension • Sample “Questions to Enrich Consideration” of dimensions available • Questions can be adapted from representatives from all areas of the community • Tabulation of scoring appears to be relatively easy • You can get an overall picture from survey as well as by dimension |
| | | | # of Questions: 12 (more can be added) Implementation training: no |
| Tri-ethnic Center <i>Community Readiness Model</i> | <ul style="list-style-type: none"> • Existing Prevention Efforts • Community Knowledge of Prevention Efforts • Leadership • community Climate • Knowledge about the Problem • Resources for Prevention | <ul style="list-style-type: none"> • Identify 4 to 6 individuals in community who are connected to the issue • Try to find people who represent different segments of community | <ul style="list-style-type: none"> • Issue specific- In the initial phase of the SPF SIG implementation, will an issue be identified? • May have difficulties at county level b/c community needs to be well defined • Time: 6 interviews- 1 hour Scoring approx 30 hours • 3 people need for entire process • you can get an overall picture from survey as well as by dimension |
| | | | # of Questions: 35 Implementation training: Available |

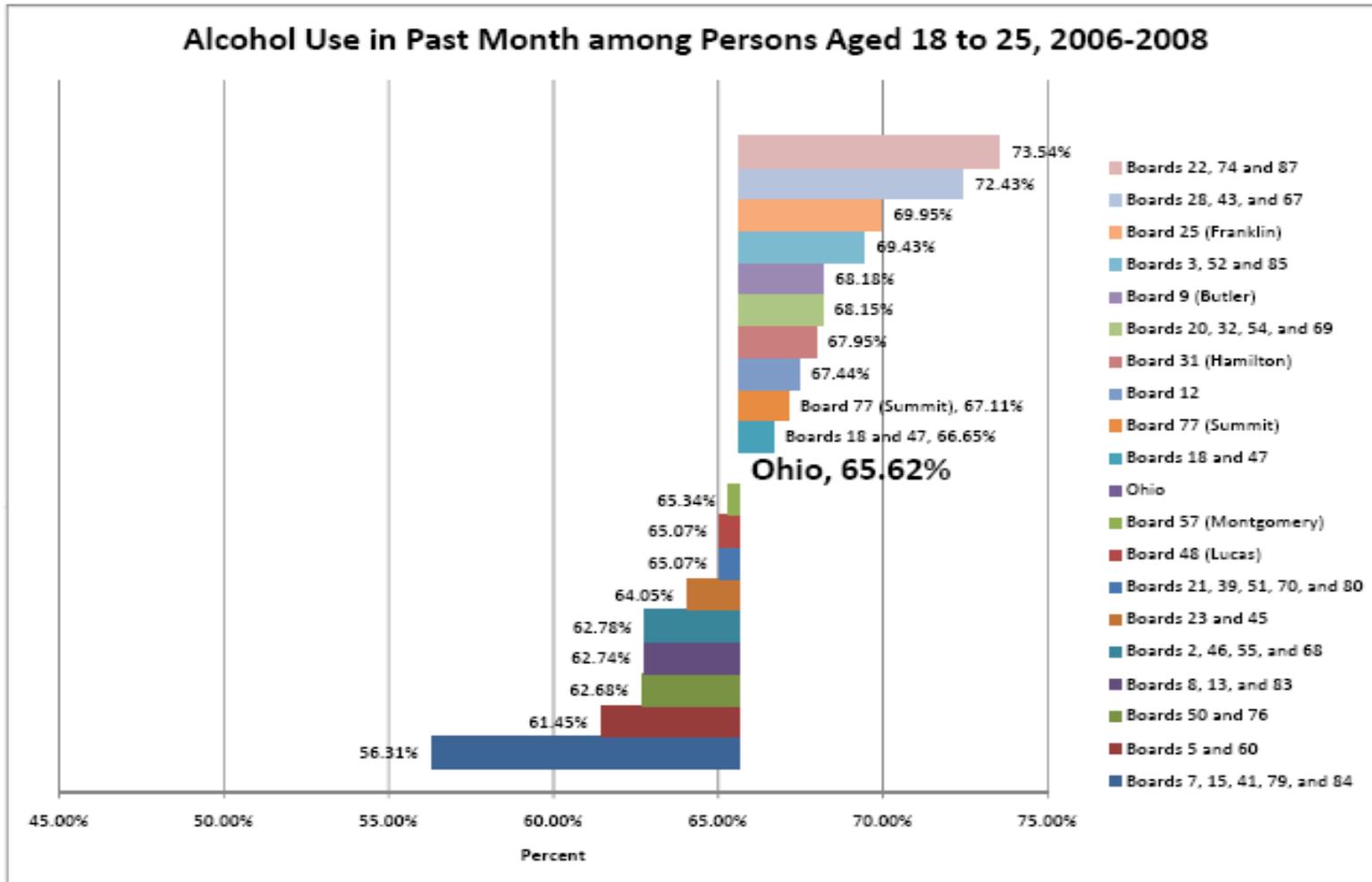
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Resources

Community readiness assessment tools, continued...

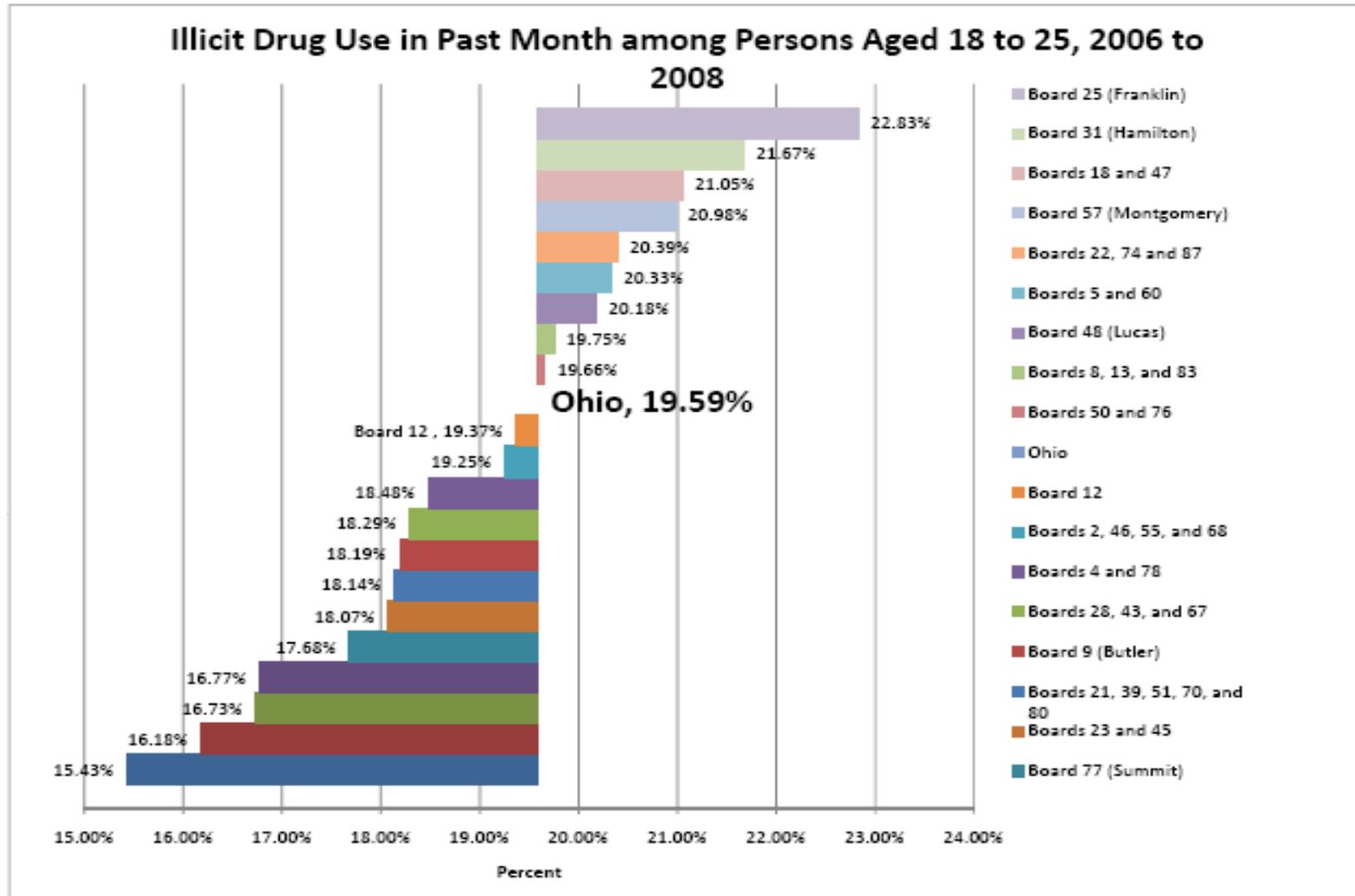
| Tool | Dimensions covered | Where is data collected? | Instrument considerations |
|---|--|---|---|
| Goodman and Wandersman <i>Community Key Leader Survey</i> | <ul style="list-style-type: none"> • Awareness • Concern • Action across community levels | <ul style="list-style-type: none"> • “Key Leaders” (No maximum # indicated) | <ul style="list-style-type: none"> • Key leaders are the only source data is collected from, may not give an accurate picture of community readiness • Questions are asked about leader’s organization and personal opinion |
| | | | # of Questions: 48 Implementation training: No |
| Minnesota Institute of Public Health <i>Community Readiness Survey</i> www.miph.org | <ul style="list-style-type: none"> • Perception of ATOD problem within the community • Permissiveness of attitudes toward ATOD use • Support for ATOD Policy and Prevention • Perception of Community Commitment | <ul style="list-style-type: none"> • Scientific random sample of 600 adults in the community | <ul style="list-style-type: none"> • Costs \$4,900. Covers all survey components from start to finish • 4-6 weeks to complete • Survey is meant to be implemented at the community level, county level implementation must meet certain prescribed criteria. |
| | | | # of Questions: 52 Must be implemented through the Minnesota Institute of Public Health |

ODADAS SFY 2011 Strategic Prevention Framework Guidance for Applicants

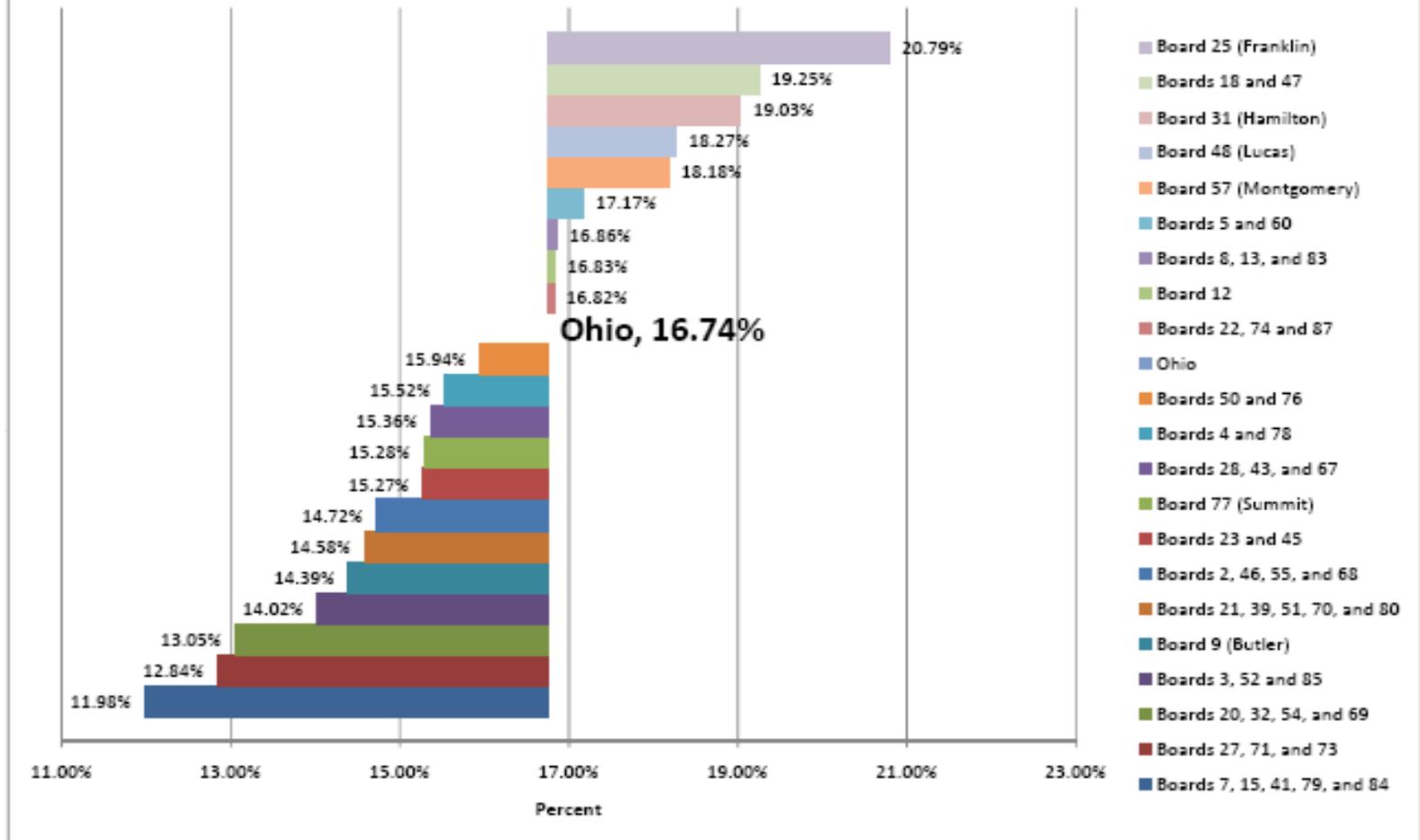


Note: Figures for Boards 4 and 78 were not reported due to low precision.

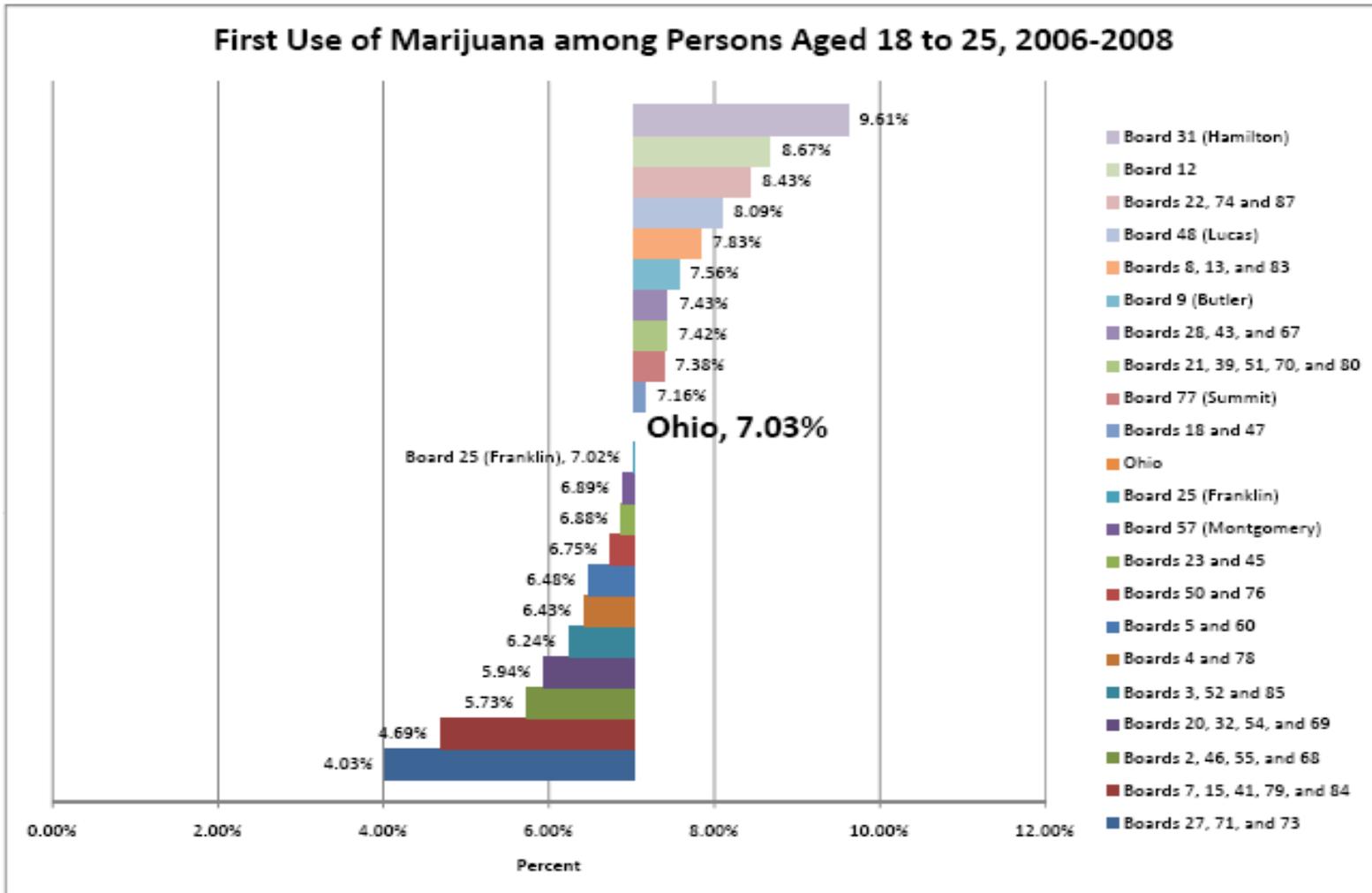
ODADAS SFY 2011 Strategic Prevention Framework Guidance for Applicants



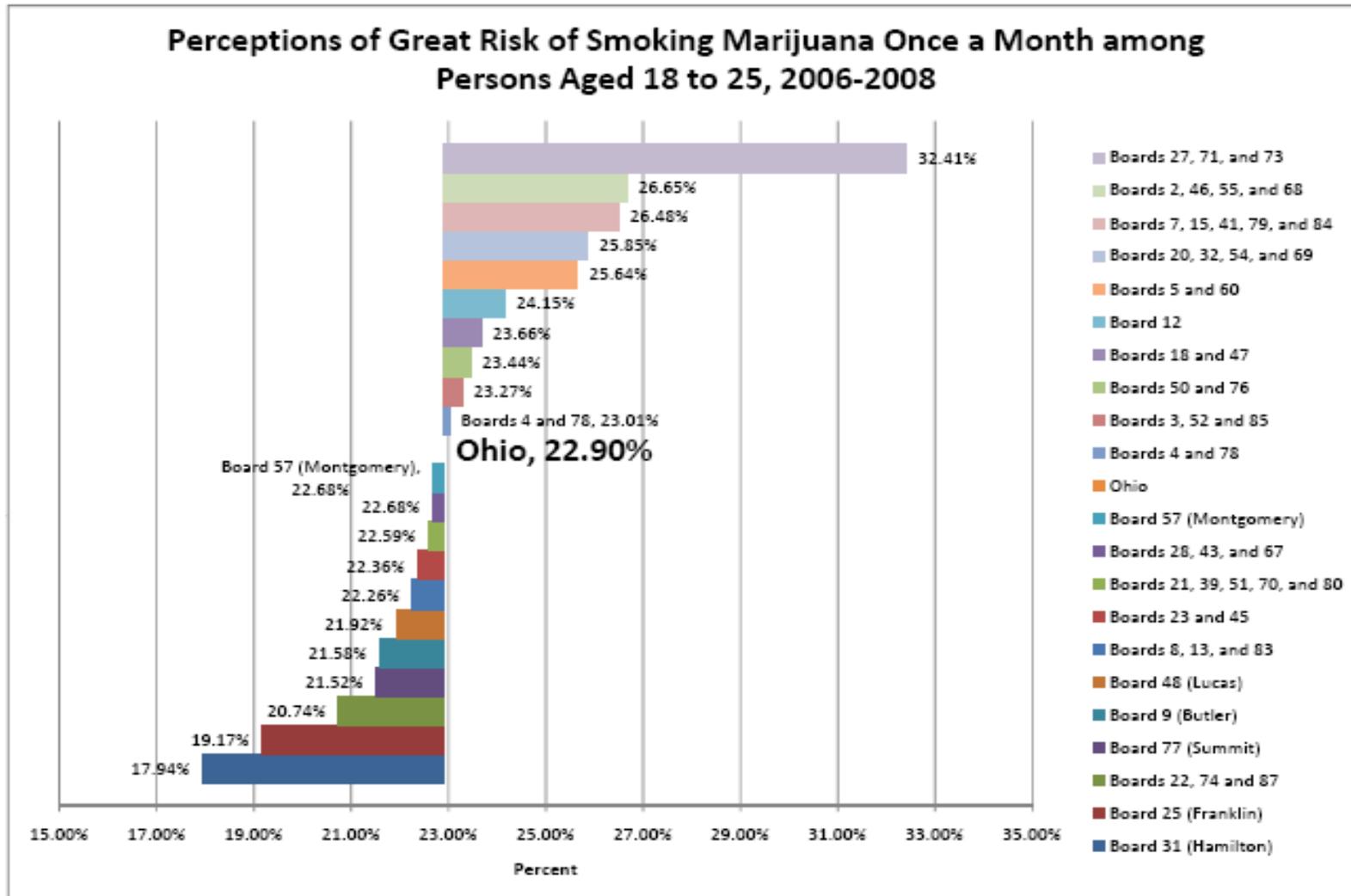
Marijuana Use in Past Month among Persons Aged 18 to 25, 2006 to 2008

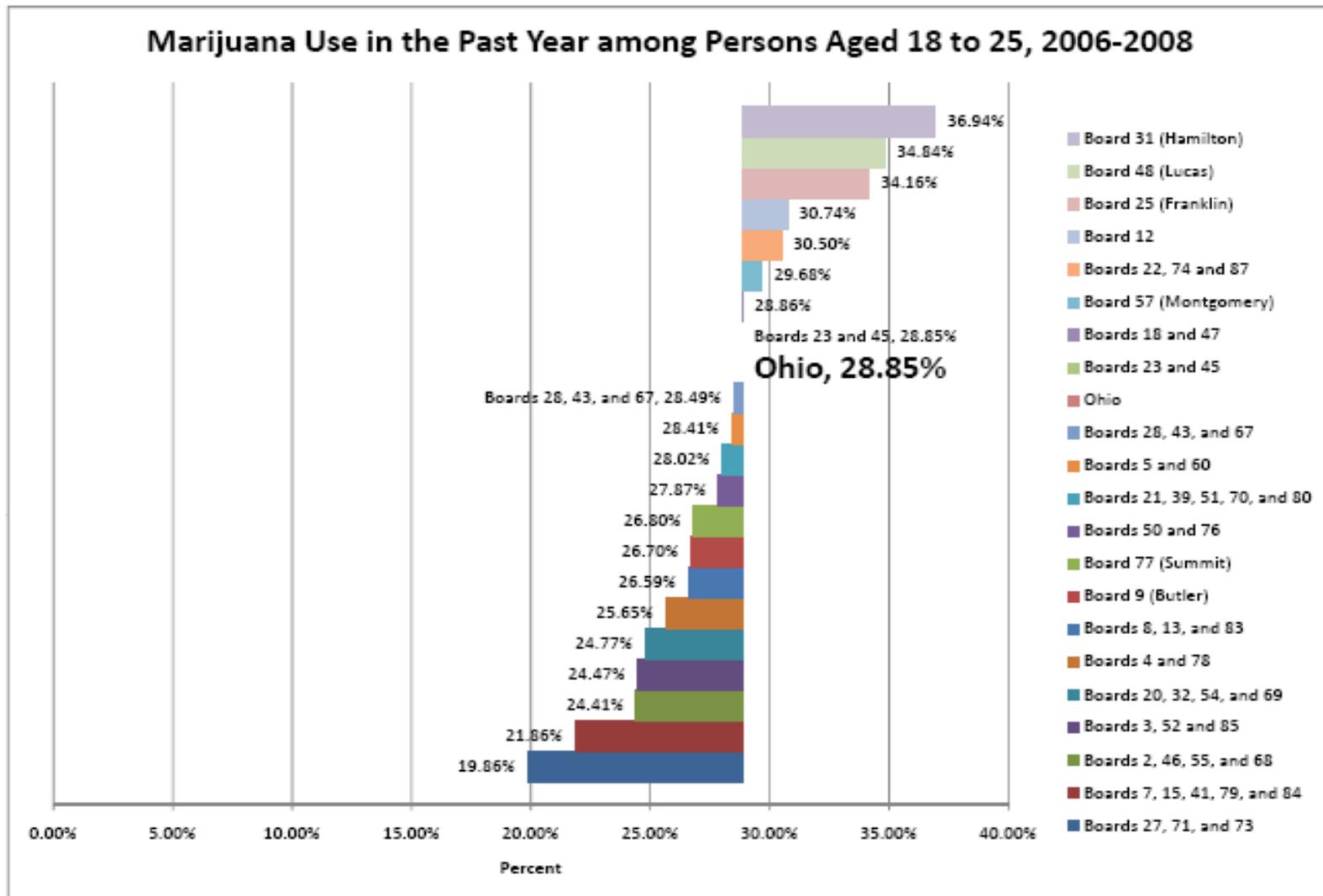


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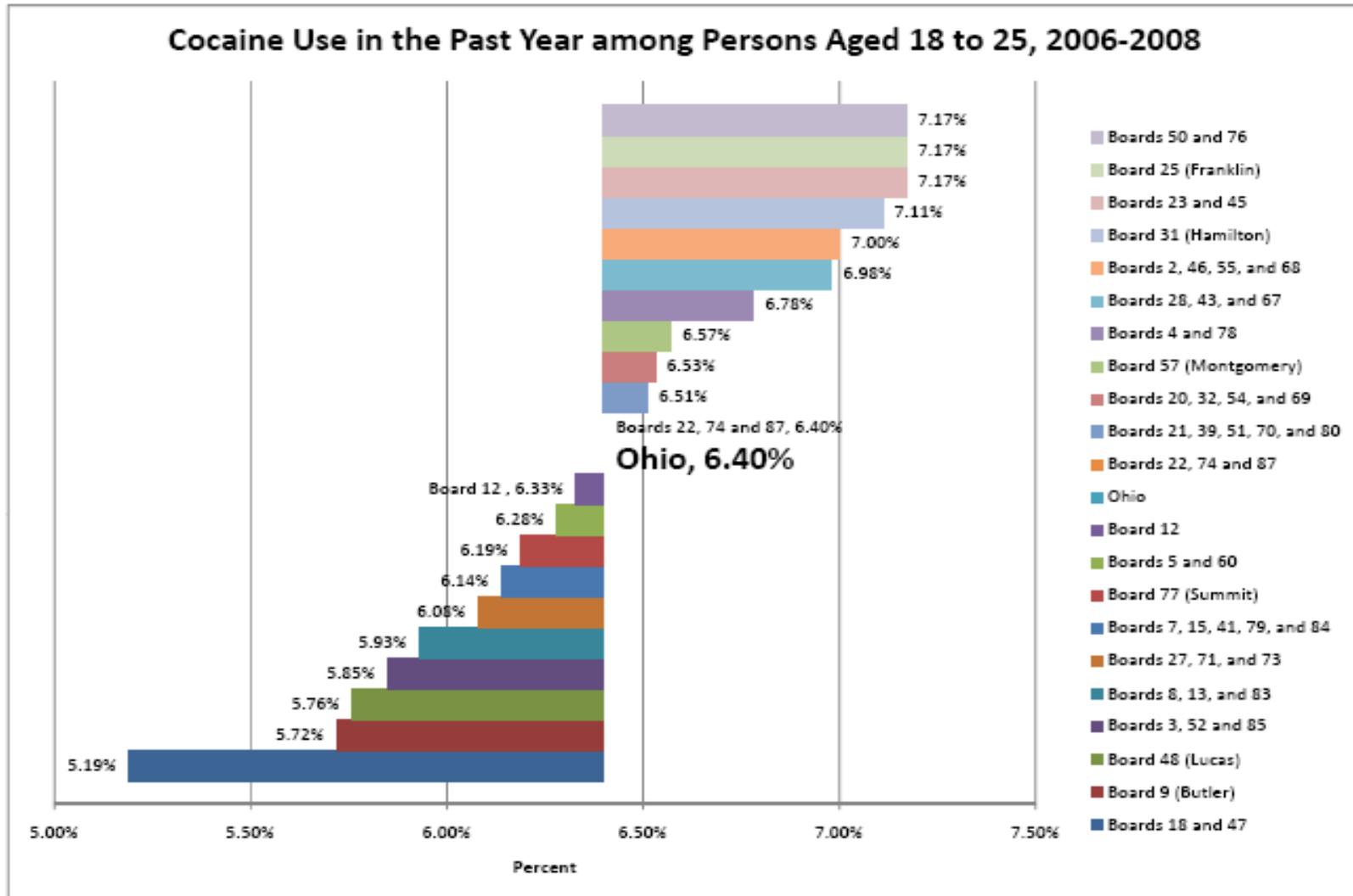


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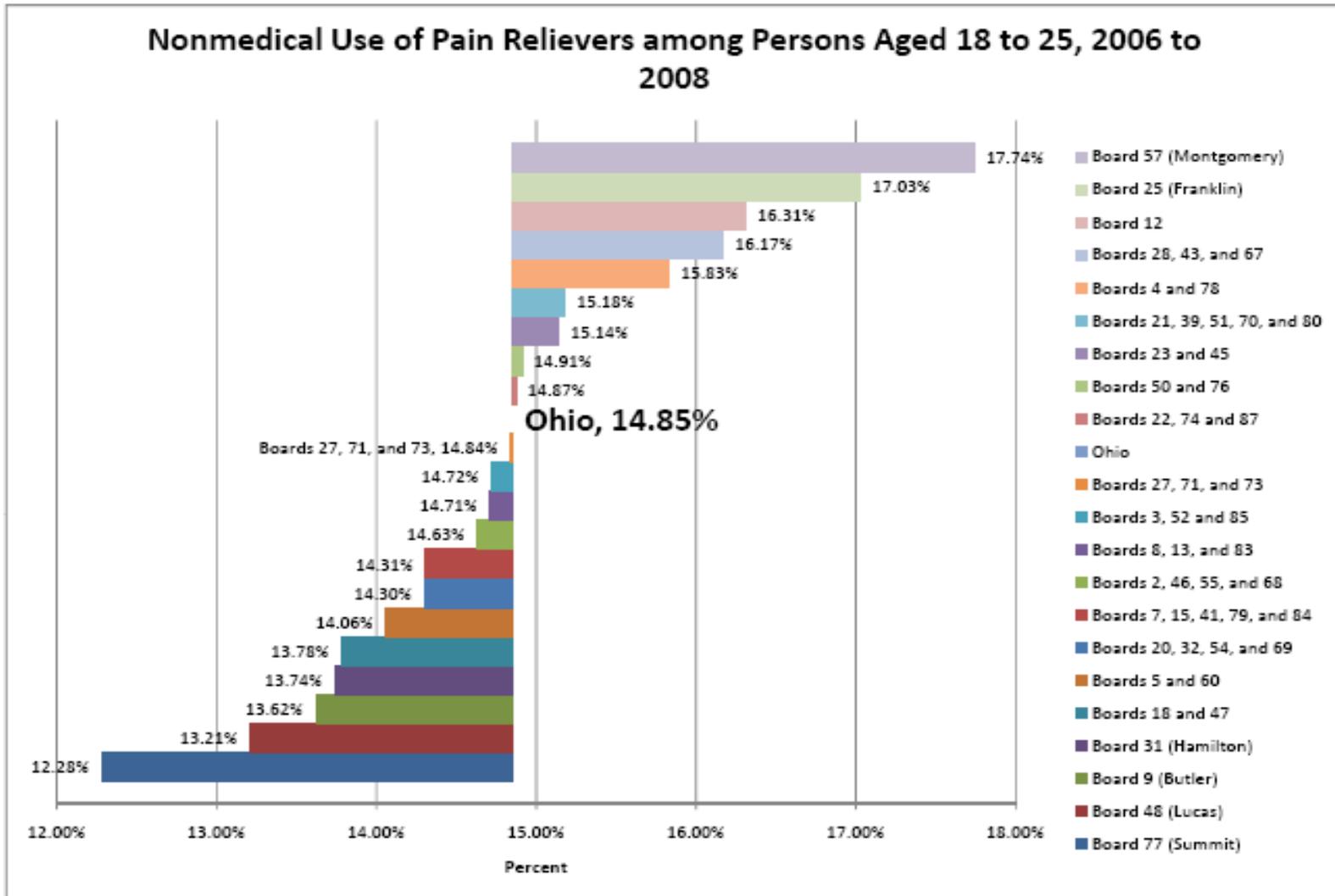




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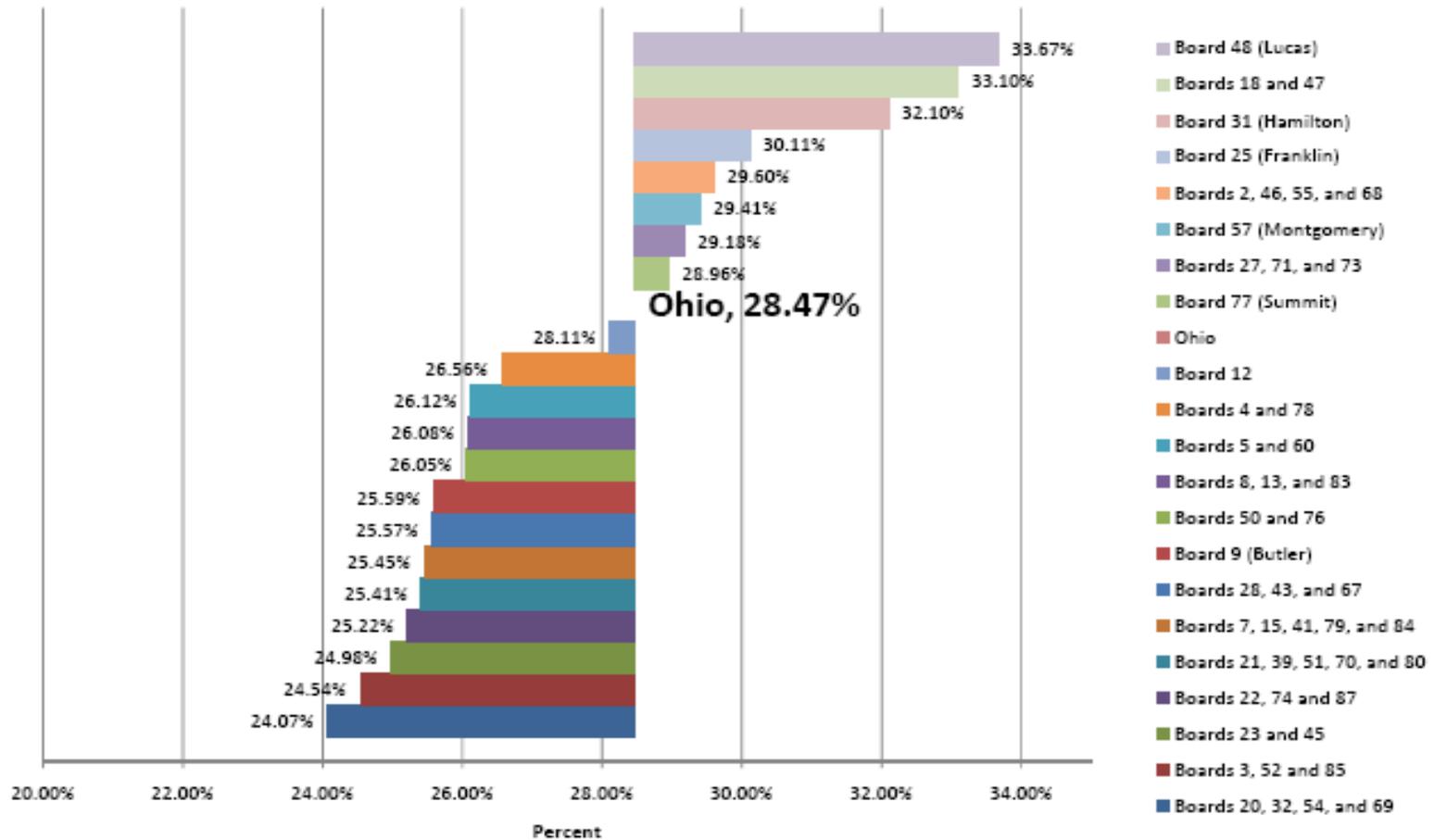


ODADAS SFY 2011 Strategic Prevention Framework Guidance for Applicants



ODADAS SFY 2011 Strategic Prevention Framework Guidance for Applicants

Perceptions of Risk of Binge Drinking among Persons Aged 18 to 25, 2006 to 2008



**SFY 2011 ODADAS SPF SIG
GRANT APPLICATION FACE SHEET**

Face sheet type: check one
Original [] Revision []* Report []**

*Check Revision when submitting a Face Sheet to ODADAS for an application, program, or budget revision.

**Check Report when submitting semi-annual reports.

Total ODADAS Funds Requested: \$ _____

Grant Period: _____ to _____

Program Title: _____

| ADAMHS/ADAS BOARD INFORMATION | |
|------------------------------------|--|
| ADAMHS/ADAS Board Name | |
| Executive Director | |
| Mailing Address | |
| City, State Zip Code | |
| Telephone Number/ Fax Number | |
| Executive Director's Email Address | |
| Fiscal Officer's Name | |
| Fiscal Officer's Phone Number | |
| Fiscal Officer's Email | |
| Federal Tax ID Number | |
| IMPLEMENTING AGENCY INFORMATION | |
| Implementing Agency Name | |
| Executive Director | |
| Mailing Address | |
| City, State Zip Code | |
| Telephone Number/Fax Number | |
| Executive Director's Email Address | |
| Fiscal Officer's Name | |
| Fiscal Officer's Phone Number | |
| Fiscal Officer's Email | |
| Federal Tax ID Number | |

ADAMHS/ADAS Board Executive Director

Date

Implementing Agency Executive Director

Appendix C

Timeline

YEAR 2 - TIMELINE

| MILESTONES | KEY ACTIVITY | RESPONSIBLE | MONTH | | | | | | | | | | | | | |
|--|---|---|-------|---|---|---|---|---|---|---|---|----|----|----|---|---|
| | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | | |
| | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | | |
| Submission of State Strategic Plan to CSAP | Complete writing of plan and GFA. Received SPF-SIG Committee Approval to submit to CSAP | ODADAS Project Staff and SPF-SIG Committee | | | | | | X | | | | | | | | |
| Guidance For Applicants to ADAMHS/ADAS Boards | Distribute GFA to eligible applicants. | ODADAS Project Staff | | | | | | | X | | | | | | | |
| Sub Recipient Applications Due to State | Sub Recipient applicants complete and submit applications | Sub Recipient Applicants | | | | | | | | X | | | | | | |
| Notice of Awards to Sub Recipients | Application review and selections. Sub Recipients sent NOA's | ODADAS Project Staff | | | | | | | | | X | | | | | |
| Community Needs Assessment, Strategic Plan development and submission to State | Sub-recipients develop and submit strategic plan | ADAMHS/ADAS Bds, community teams | | | | | | | | | | X | X | X | | |
| SPF EBP Workgroup | Workgroup meetings | R. Satterfield, Project Dir. ODADAS Project Staff, Trainers | | | | | | | | | | | | | | X |
| Strategic plan review | SPF EBP workgroup reviews strategic plans | SPF EBP Workgroup ODADAS Project Staff | | | | | | | | | | | | | | X |
| SPF SIG Advisory Council | Update on progress provided | R. Satterfield, Project Dir. Project Coordinator | X | X | X | X | X | X | X | | | | X | | | X |
| Evaluation and Sustainability | Evaluators and sub-recipients develop and implement evaluation and sustainability processes | Evaluators, ODADAS Project Staff, community teams | | | | | | | | | | X | X | X | X | X |
| Technical Assistance and Training | Ongoing technical assistance | ODADAS Project Staff, Evaluators and Trainers | | | | | | | | | X | X | X | X | X | X |
| Update Epi Profiles | Ongoing updates of epi data | ODADAS Project Staff, SEOW | | | X | | | | | | | | X | | | |
| Progress reports | Submission of quarterly reports | ODADAS Project Staff, Evaluators | | | X | | | X | | | X | | | | | X |
| Semi annual reporting | Required reporting requirements | ODADAS Project Staff, Evaluators | | | | | X | | | | | | | X | | |

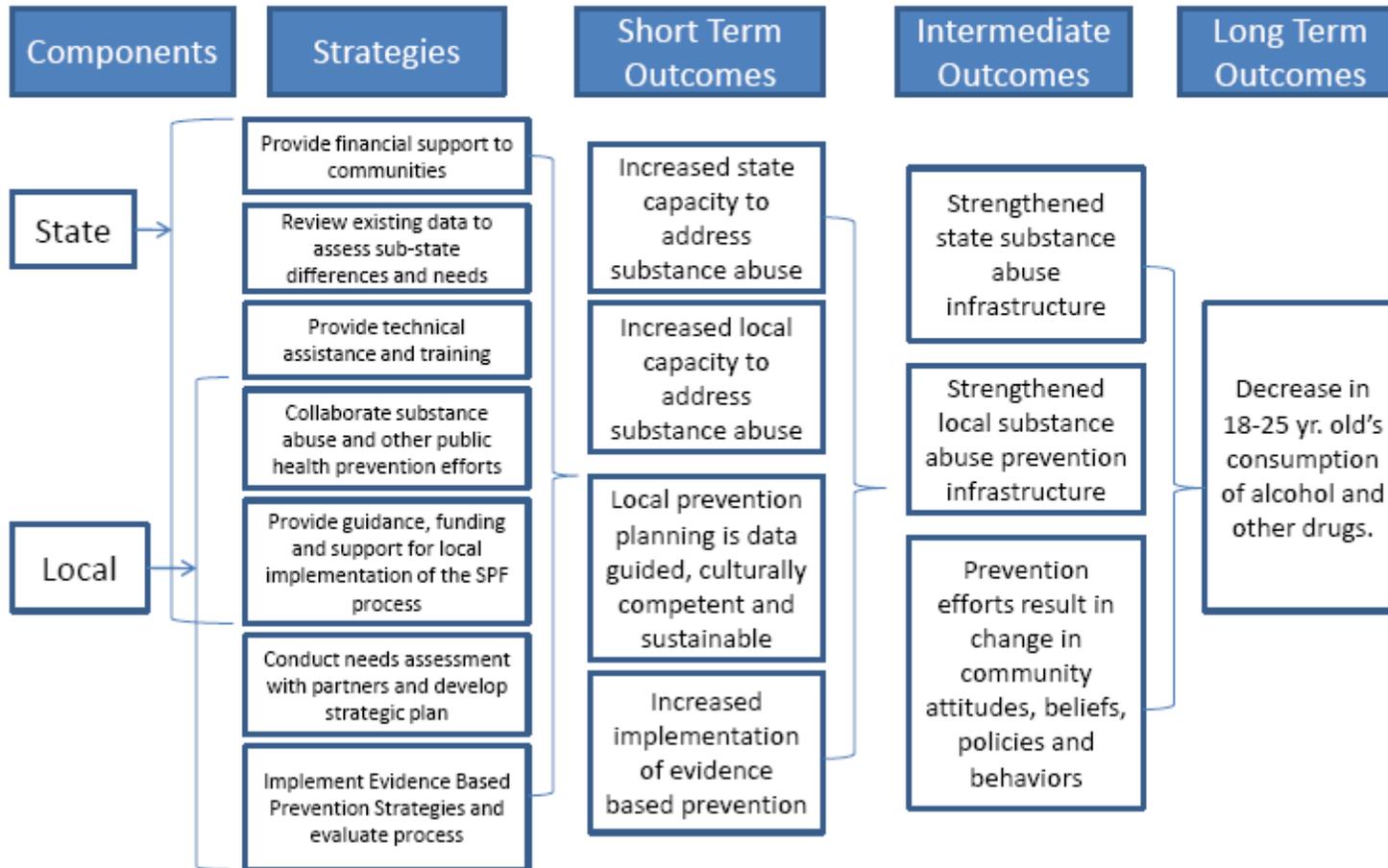
YEARS 3-5 - TIMELINE

| MILESTONES | KEY ACTIVITY | RESPONSIBLE | YEARS 3-5 QUARTERS | | | | | | | | | | | | | | | |
|--------------------------|--|---|-----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 1 | | | | 2 | | | | 3 | | | | 4 | | | |
| | | | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| SPF Advisory Council | Update on progress provided | R. Satterfield, Project Dir. | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| SPF EBP Workgroup | Ongoing workgroup meetings | R. Satterfield, Project Dir., ODADAS Project Staff, Trainers and Evaluators | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| State level outcomes | Submission state level outcomes | ODADAS Project Staff, Evaluators | | | | X | | | | | | | | | | | | X |
| Community level outcomes | Submission comm. level outcomes | Evaluators and community teams | | | | X | | | | | | | | | | | | X |
| Sustainability | Ongoing development and implementation of sustainability process | Local prevention providers, ODADAS Project Staff | | X | | X | | X | | X | | X | | X | | X | | X |
| Technical Assistance | Ongoing technical assistance | ODADAS Project Staff, Evaluators and Trainers | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Update Epi Profiles | Ongoing update of epi data | ODADAS Project Staff, SEOW | | | | X | | | | X | | | | X | | | | X |
| Progress Reports | Submission of quarterly reports | Evaluators, ODADAS Project Staff, community teams. | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Semi Annual reporting | Required reporting requirements | ODADAS Project Staff, Evaluators | | X | | X | | X | | X | | X | | X | | X | | X |

Appendix D

Logic Model

Ohio Strategic Prevention Framework (SPF) Logic Model



SPF SIG Ohio Community Logic Model

Decreasing 18-25 yr. old consumption



| Substance Use | Intervening Variables | Strategies (Examples) |
|---|--|--|
| Underage Binge Drinking | Easy <u>Access</u> to Alcohol for youth | Enforce underage retail sales laws |
| Young Adult Binge Drinking | Low <u>Enforcement</u> of alcohol laws | Social Event Monitoring and Enforcement |
| Young Adult Use of Illicit Drugs | Low <u>Perceived Risk</u> of alcohol use | Enforce Underage Drinking and Social Hosting Laws |
| Young Adult Misuse of Prescription Medication | <u>Social Norms</u> accepting and/or encouraging drinking | Policy Development |
| | <u>Promotion</u> of alcohol use | Media Advocacy to Increase Community Concern about Underage Drinking Alcohol Misuse and Other Drug Abuse |
| | <u>Access</u> to illicit drugs | Media Advocacy to Change Community Behavior Regarding Prescription Storage, Use and Disposal |
| | <u>Access</u> to prescription medication | |
| | Low <u>Perceived Risk</u> for prescription medication misuse | |

Appendix E

Readiness Tools

Community Readiness

Introduction: Community readiness has been identified as one of the first steps that needs to be taken to effectively create change. Often, strategies are implemented in a community who isn't ready for such strategies, leading to fail efforts. By gauging the readiness of the community, capacity can be built to increase readiness and strategies can be identified that fit the community's current stage and ultimately lead to community buy in and change.

Definition: The capacity of a community to implement programs, policies and other changes that are designed to reduce the likelihood of substance use.

How is Community Readiness Determined?

1. Identify the issue
2. Define the community
3. Conducts key respondent interviews
4. Score interviews to determine level of readiness
5. Develop strategies based on level of readiness and conduct workshops and trainings.

Community Readiness Assessment

There are several examples of assessments available. These include:

1. CSAP: *Prevention Platform*
2. Community Partner Institute: Community Prevention Readiness Index
3. Tri-ethnic Center: Community readiness model
4. Goodman and Wandersman: Community Key Leader Survey
5. Minnesota Institute of Public Health: Community Readiness Survey

Community Readiness Continued...

Stages of Readiness Although there are several instruments available to measure community readiness, all of them have common stages. Below are the stages of community readiness identified through the scoring process of the community readiness assessment.

| Stage and Name | |
|---|--|
| 1. Community Tolerance / No Knowledge | Substance abuse is generally not recognized by the community or leaders as a problem. "It's just the way things are" is the common attitude. Community norms may encourage or tolerate the behavior in social context. Substance abuse may be attributed to certain age, sex, racial or class groups. |
| 2. Denial | There is some recognition by at least some members of the community that behavior is a problem, but little or no recognition that it is a local problem. Attitudes may include "It's not my problem" or "We can't do anything about it". |
| 3. Vague Awareness | There is a general feeling among some in the community that there is a local problem and that something ought to be done, but there is little motivation to do anything. Knowledge about the problem is limited. No identifiable leadership exists or leadership is not encouraged. |
| 4. Preplanning | There is clear recognition by many that there is a local problem and something needs to be done. There is general information about local problems and some discussion. There may be leaders and a committee to address the problem, but no real planning or clear idea of how to progress. |
| 5. Preparation | The community has begun planning and is focused on practical details. There is general information about local problems and about the pros and cons of prevention programs, but this information may not be based on formally collected data. Leadership is active and energetic. Decisions are being made and resources (time, money, people, etc.) are being sought and allocated. |
| 6. Initiation | Data are collected that justify a prevention program. Decisions may be based on stereotypes rather than data. Action has just begun. Staff is being trained. Leaders are enthusiastic as few problems or limitations have occurred. |
| 7. Institutionalization / Stabilization | Several planned efforts are underway and supported by community decision makers. Programs and activities are seen as stable and staff is trained and experienced. Few see the need for change or expansion. Evaluation may be limited, although some data are routinely gathered. |
| 8. Confirmation / expansion | Efforts and activities are in place and community members are participating. Programs have been evaluated and modified. Leaders support expanding funding and program scope. Data are regularly collected and used to drive planning. |
| 9. Professionalization | The community has detailed, sophisticated knowledge of prevalence and risk and protective factors. Universal, selected and indicated efforts are in place for a variety of focus populations. Staff is well trained and experienced. Effective evaluation is routine and used to modify activities, community involvement is high. |

Community Readiness Continued...

Strategies to Increase Readiness Below are suggested strategies to move communities from a lower stage to a higher one. It is important to keep in mind that it is not suggested that communities should try to skip stages. For example, if you find your community is in stage 1, do not try to force it into stage 5. Change must happen through preparation and process, not coercion.

Stage 1: Community Tolerance / No Knowledge

Strategies:

- Small Group and one on one discussions with community leaders to identify perceived benefits of substance abuse and how norms reinforce use
- Small group and one on one discussions with community leaders on the health, psychological, and social costs of substance abuse

Stage 2: Denial

Strategies:

- Educational outreach programs to community leaders and community leaders and community groups interested in sponsoring local programs focusing on the health, psychological and social costs of substance abuse
- Use of local incidents in one on one discussions and educational outreach programs that illustrate harmful consequences of substance abuse.

Stage: 3 Vague Awareness

Strategies

- Educational outreach programs on national and State prevalence rates of substance abuse and prevalence rates in communities with similar characteristics, including use of local incidents that illustrate harmful consequences of substance use.
- Local media campaigns that emphasize consequences of substance abuse

Stage:4 Preplanning

Strategies

- Educational outreach programs to community leaders and sponsorship groups that communicate the prevalence rates and correlates or cause of substance abuse
- Educational outreach programs that introduce the concept of prevention and illustrate specific prevention programs adopted by communities with similar profiles.
- Local media campaigns emphasizing the consequences of substance abuse and ways of reducing demand for illicit substances through prevention programming

Stage 5: Preparation

Strategies

- Educational outreach programs open to the general public on specific types of prevention programs, their goals and how they can be implemented
- Educational outreach programs for community leaders and local sponsorship groups on prevention programs, goals, staff requirements and other startup aspects of programming
- Local media campaign describing the benefits of prevention programs for reducing consequences of substance abuse.

Stage 6: Initiation

Strategies

- In-service educational training for program staff (paid and volunteer) on the consequences, correlates and causes of substance abuse and the nature of the problem in the local community
- Publicity efforts associated with the kickoff of the program
- A special meeting with community leaders and local sponsorship groups to provide an update and review of initial program activities

Stage 7: Institutionalization / Stabilization

Strategies

- In-service educational programs on the evaluation process, new trends in substance abuse, and new initiatives in prevention programming with trainers either brought in from the outside or with staff members sent to programs sponsored by professional societies
- Periodic review meetings and special recognition events for local supporters of the prevention program
- Local publicity efforts associated with review meetings and recognition events

Stage 8: Confirmation / Expansion

Strategies

- In-service educational programs on the evaluation process, new trends in substance abuse, and new initiatives in prevention programming with trainers either brought in from the outside or with staff members sent to programs sponsored by professional societies
- Periodic review meetings and special recognition events for local supporters of the prevention program
- Presentation of results of research and evaluation activities of the prevention program to the public through local media and public meetings

Stage 9: Professionalization

Strategies

- Continued in-service training of staff
- Continued assessment of new drug-related problems and reassessment of targeted groups within the community
- Continued evaluation of program effort
- Continued update on program activities and results provided to the community leaders and local sponsorship groups and periodic stories through local media and public meetings

*****The Community Readiness Tools and Resources compiled and created by: Paula Feathers.
Southwest Center for Applied Prevention Technologies***

| Resources | | | |
|--|--|---|--|
| Tool | Dimensions covered | Where is data collected? | Instrument considerations |
| CSAP <i>Prevention Platform</i> | Based on Strategic Prevention Framework: <ul style="list-style-type: none"> • Assessment • Capacity • Planning • Implementation • Evaluation | <ul style="list-style-type: none"> • Coalitions • Leadership • Organizations (No minimum or maximum # indicated) | <ul style="list-style-type: none"> • Prevention Platform is under constant reconstruction • Survey seems to be geared to an organization opposed to a community • Verbiage would need to be adapted if given to non-Preventionists |
| | | | # of questions: 50 Implementation training: no |
| Community Partner Institute <i>Community Prevention Readiness Index</i> | <ul style="list-style-type: none"> • Conceptual Clarity • Policy Development • Strategic planning • Networking • Evaluation • State/Local Collaboration • Technical Assistance • Funding Commitment • Program Models • Data • Leadership • Educational support | <ul style="list-style-type: none"> • Individuals in the community • Coalitions • Leadership • Organizations (No minimum or maximum # indicated) | <ul style="list-style-type: none"> • Questions may need to be added under each dimension • Sample “Questions to Enrich Consideration” of dimensions available • Questions can be adapted from representatives from all areas of the community • Tabulation of scoring appears to be relatively easy • You can get an overall picture from survey as well as by dimension |
| | | | # of Questions: 12 (more can be added) Implementation training: no |
| Tri-ethnic Center <i>Community Readiness Model</i> | <ul style="list-style-type: none"> • Existing Prevention Efforts • Community Knowledge of Prevention Efforts • Leadership • community Climate • Knowledge about the Problem • Resources for Prevention | <ul style="list-style-type: none"> • Identify 4 to 6 individuals in community who are connected to the issue • Try to find people who represent different segments of community | <ul style="list-style-type: none"> • Issue specific- In the initial phase of the SPF SIG implementation, will an issue be identified? • May have difficulties at county level b/c community needs to be well defined • Time: 6 interviews- 1 hour Scoring approx 30 hours • 3 people need for entire process • you can get an overall picture from survey as well as by dimension |
| | | | # of Questions: 35 Implementation training: Available |

Resources

Community readiness assessment tools, continued...

| Tool | Dimensions covered | Where is data collected? | Instrument considerations |
|---|--|---|---|
| Goodman and Wandersman <i>Community Key Leader Survey</i> | <ul style="list-style-type: none"> • Awareness • Concern • Action across community levels | <ul style="list-style-type: none"> • “Key Leaders” (No maximum # indicated) | <ul style="list-style-type: none"> • Key leaders are the only source data is collected from, may not give an accurate picture of community readiness • Questions are asked about leader’s organization and personal opinion |
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| | | | # of Questions: 52 Must be implemented through the Minnesota Institute of Public Health |

Appendix F

Community Wheel

Community Wheel Diagram

