**2014/15**

**Rhode Island Substance**

**Abuse**

**Prevention Act**

**Application**

**Table of Contents**

I. INTRODUCTION AND GENERAL REQUIREMENTS 3

II. APPLICANT INFORMATION 6

III. PROGRAM PLAN 7

IV. Outline 8

V. PROGRAM PLAN (cont.) 10

VI. COALITION ROLES AND RELATIONSHIPS TO SECTOR MEMBERS 11

VII. BUDGET INFORMATION AND BUDGET NARRATIVE 14

VIII. BUDGET AND BUDGET NARRATIVE 17

Implementation Grid E*xcel* *appendix I*

Budget Template *Excel appendix II*

Budget Itemization Sheet *Excel appendix III*

Data Collection and Reporting *Excel appendix IV*

Monthly Billing Invoice *Excel appendix* V

# INTRODUCTION AND GENERAL REQUIREMENTS

The program requirements describe all contractual services between the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) and the Municipality for RI Substance Abuse Prevention Act (RISAPA), Enforcing Underage Drinking Laws, and Youth Access to Tobacco programs. The required services and/or activities relate to: (1) the RISAPA Task Force, (2) local law enforcement or, (3) required collaborative efforts of the two entities. In order to qualify under the Rhode Island Substance Abuse Prevention Act (RISAPA), the municipality must formally identify an entity that will serve as the authorized municipal coalition (“task force”) under the terms of the RISAPA.

1. Program Requirements - each Task Force shall develop a program that addresses the following and includes six Center for Substance Abuse Prevention Strategies:
2. Prohibits the use of alcohol or tobacco products at any event, program, or activity sponsored or supported by the task force. The “no alcohol, no tobacco” policy must be in writing and posted in a visible location.
3. Performs contract services in conformance with the approved program service plan as entered onto PBPS. Soon to be up and available<https://riprev.kithost.net/riprevt2015> and accompanying budget and budget narrative attached here to and incorporated into this Agreement. Any changes to the approved program service plan must have prior written approval of the Department.
4. Collaborates with the contractor(s) providing student assistance services within the community. Collaboration will include, but not be limited to: using outcome data in developing prevention plans/initiatives and information sharing.
5. Incorporates community needs and resource assessment findings into the service plan submitted to the Department.
6. Prevention program needs to fit in one or more appropriate Institute of Medicine (IOM) categories: universal – prevention aims at preventing or delaying use of alcohol, tobacco, and other drugs in an entire population (national, local, community, school, neighborhood) selective – prevention targets at risk for substance abuse subgroup; indicated – prevention targets individuals engaged in high-risk behaviors to involve them in special programs
7. Activities need to fit within three or more CSAP strategies: information dissemination-provides knowledge and awareness: e.g. health fairs, media campaigns, brochure, resource directories, PSAs; education- two-way communication between educator/facilitator and participant: e.g. classroom, small group sessions, parenting/family classes, education programs for youth; alternatives- provides constructive and healthy activities that exclude alcohol, tobacco, and other drug use: e.g. drug-free social and recreational activities, community drop-in centers, mentoring programs, community service activities; environmental- establishes/changes community standards, codes, and attitudes: e.g. school drug policies, product pricing, social norms, technical assistance to maximize local enforcement; community-based process- aims to enhance the community to more effectively provide substance abuse prevention services: e.g. systemic planning, community team-building, multi-agency coordination/collaboration, community and volunteer training, assessing service and funding; problem identification & referral-identifies those who have indulged in illegal drug use to assess if their behavior can be reversed through education: e.g. student assistance programs, driving-while-intoxicated education programs, teen courts.
8. Reporting Requirements – each Task Force will submit an annual report that:
9. Reports on progress made toward achieving the objectives described in the previous program plan/application.

**Submission of Applications**

Applications are due by close of business on **June 9, 2014**. Electronic submission is requested Anna.PrzyjemskaMeehan@bhddh.ri.gov

 Please address questions about this application to:

Anna Przyjemska Meehan

Department of Behavioral Healthcare, Developmental Disabilities and Hospitals

Division of Behavioral Healthcare Services

14 Harrington Road- Barry Hall

Cranston, RI 02920

(401) 462-3408

# APPLICANT INFORMATION

|  |
| --- |
| Name of Applicant Organization [e.g. city of]:  |
| If Applicable: Organizational Unit |  |
| Street Address |  |
|  |  |
| City and Zip Code |  |
| Name of Applicant’s Representative |  |
| Title of Applicant’s Representative |  |
| E-mail Address of Applicant’s Representative |  |
| Phone Number of Applicant’s Representative |  |
|  |  |
|  |  |
|  |  |
| Contact for Information Involving This Application |
| Contact Title |  |
| Contact Address |  |
| Contact Address |  |
| Contact City, State, Zip Code |  |
| Contact Phone Number |  |
| Contact Email Address |  |
| Contact Fax Number |  |
|  |  |
| Is the contact for matters involving this application an employee of the applicant organization? | If no, please provide the name, address, phone number, and website of the organization employing the contact for matters involving this application |
| Is there a Memorandum of Understanding, Letter of Agreement, or contract between the applicant organization and the organization employing the contact for matters involving this application? If yes, please provide a copy of the agreement or contract with this application. If no, this application must be signed by the applicant’s authorized representative  |  |
|  |  |
|  |  |
| Name of Coalition | Municipalities and School Districts Served By Coalition |
|  |  |
|  |  |

# PROGRAM PLAN

RISAPA recipients are required to submit a Program Plan and Implementation Grid *(See Implementation Grid excel attachment: appendix I),* which addresses the community level needs and illustrates your municipality’s ability to develop a comprehensive substance abuse prevention program using evidence based strategies. This task and time line should cover the funding period from July 1, 2014 – June 30, 2015. Please insure that you have addressed explicit sequencing of strategies as applicable and appropriate to your community’s needs and capacity. Along with the Task and time line each recipient will be required to submit a written narrative describing and explaining each goal and objective along with the activities and evaluation component for each.

Please note that the Program Plan and Implementation Grid will become the basis for quarterly programmatic monitoring. You may request permission to revise your implementation plan/narrative and budget on a periodic basis as needed to accomplish your objectives.

RISAPA recipients are also required to submit an annual report on progress in achieving the objectives described in the previous Program Plan.

**Requirements for Coalitions:**

1. Provide: An Implementation plan/task and timeline detailing key activities *(use the template provided, See Implementation Grid excel attachment: appendix I)*
2. Requirements of the Program Plan *(see Program plan outline page 8)* will include the following:
* Identifies coalition capacity
* Identifies six CSAP strategies and IOM categories
* Identifies problems – objectives – activities – outcome measures
* Identifies how the program is an appropriate match for the population
* Demonstrates that the program to be implemented is evidence based
* Identifies the target population
* Identifies strategies to reduce youth access to tobacco products
* Identifies goals
* Identifies data collection strategies
* Describes how the program will be evaluated.

#  Outline

1. **Rules and Regulations for the Certification of Substance Abuse Prevention Organizations-** The Department promulgated prevention certification standards (April 2005, revised January 2006) to ensure that basic requirements for providing highest quality prevention services to all Rhode Islanders are met; to ensure that organizations providing prevention services promote the health and well-being of all who they serve; and to ensure that providers utilize an ethical code of conduct in accordance with national prevention certification criteria. These standards are intended to provide a framework for prevention program planning and service delivery. All Department funded providers are required to adhere to the Rules and Regulations Section 14.2 requires that individuals employed to provide prevention services shall meet the minimum standards for a Prevention Specialist.

By December 31, 2014 each coalition should have a staff person within their organization prevention certified.

* 1. Provide evidence that each staff person meets the requirement of 14.2 (Note: possession of APS certification is the minimum standard).
	2. For all employees not meeting the minimum standard please provide a detailed corrective action plan.
1. **Coalition Capacity: Each Task force will be required to:**
	1. Provide written statements for continued development of community and coalition capacity to address behavioral health issues in your community
	2. Provide a report on activities undertaken for continued development of community and coalition capacity to address behavioral health issues in your community.
2. **Program Plan: Each Task force will be required to:**
	1. Submit a written explanation describing the problems identified within their community. For each problem listed a problem indicator explaining why this is a problem in your community should be included accompanied by the strategies and activities you wish to accomplish around the specific problem. Be sure to include a written description detailing how each program being implemented is evidence based. Explain the target population and how each program/ task & activity is an appropriate match for the population you are serving. For each activity explain which CSAP strategies describes your prevention program/activity and which IOM category best describes the prevention audience.
	2. Submit a written report on how the Task Force addressed identified problems in its community and describe the implementation of evidence-based programs previously proposed for implementation.

**Youth Access to Tobacco Products**

***The youth access to tobacco provisions of the recently-issued FDA rules and regulations on tobacco do not change the requirements imposed on states by Section 1926 of the federal Public Health Act known as the “Synar Amendment.” This Amendment requires states to have in effect a law preventing the sale or distribution of tobacco products to youth under the age of eighteen and to enforce that law in a manner which can reasonably be expected to reduce the extent to which underage youth have access to such products. It requires states to conduct an annual survey of retail tobacco outlets to determine compliance with the law and to maintain a* violation rate under 20% as a condition for receipt of the Substance Abuse Prev*ention and Treatment Block Grant. The Amendment also requires states to conduct ongoing enforcement efforts and ancillary prevention strategies designed to reduce youth access to tobacco products.***

**Each Task Force will be required to:**

1. Describe the strategies that your coalition implemented during the previous contract period related to reducing youth access tobacco products. Please highlight successes and challenges to implementation.
2. Describe the strategies your coalition plans to implement during the contract period to reduce youth access to tobacco products within your community (regardless of funding source). A minimum of one paragraph on each strategy is required.

***Please note the Department of Health intents to issue RFP for mini grants designed to increase community capacity to implement comprehensive tobacco prevention strategies at the local level. If the coalition chooses to apply for DOH funding and selects a strategy targeting youth access to tobacco, the coalition can use the initiative to meet the contract requirements.***

**Please select from the following options (minimum one):**

1. Educating community leaders and advocating for local ordinances related to point of purchase restrictions.
* Local licensing/ permitting of tobacco outlets
* Ban on sale of all tobacco products to underage individuals including ENDS (Electronic Nicotine Delivery Systems)
* Ban on sale of loose cigarettes
* Requirement that all tobacco products be placed behind the counter (no self service displays)
* Ban on sale of tobacco related paraphernalia to minors
* Ban on pricing discounts: e.g. coupon redemption and multi pack discounts
* Ban on sale of non-cigarette flavored tobacco products
1. Conduct community event for World No Tobacco Day, Kick Butts Day or Great American Smoke Out if the event addresses youth access to tobacco.
2. Host events to educate community members about youth access to tobacco products particularly concentrating on novel products such as electronic nicotine delivery systems (ENDS), hookah, non-cigarette flavored products.
3. Tobacco retailer education
4. Conducting a media campaign to publicize the results of the annual Synar Survey and ongoing enforcement efforts.

# PROGRAM PLAN (cont.)

1. **Program Goals: Each Task Force will be required to:**
	1. Submit a written explanation describing the short-term, intermediate & long term goals for each problem identified within your community. Explain how your goals fit under IOM categories and define your CSAP strategy.
	2. Also submit a written explanation on progress/compliance on each goal and objective for the previous funding year, i.e, 2013.
2. **Reporting/ Data Collection:**
	1. The Department of BHDDH requires the use of the coalition module of PBPS for data collection & reporting. Each recipient will need to submit a written explanation on how they plan to report and collect data. You may choose to explain how you plan to use the (PBPS: https://riprev.kithost.net/riprevent2014) reporting tool as your data collection & reporting instrument.
3. **Evaluation:**
	1. Each recipient will need to identify and explain the following *(see section VII: Data collection and Reporting excel attachment: appendix IV)* and sample:
		1. How will your community evaluate the strategies and objectives outlined in your task and timeline?
		2. How did your community evaluate the strategies and objectives outlined in your task and timeline in the previous funding year?

# COALITION ROLES AND RELATIONSHIPS TO SECTOR MEMBERS

A coalition refers to a formal arrangement for collaboration between/among groups or sectors of the community, in which each group retains its own identity, but all agree to work together towards a common goal of a safe, healthy and drug-free community; RI Substance Abuse Prevention Task Forces are considered coalitions.

The coalition should demonstrate that it has substantial participation from volunteer leaders in the community. A representative of the community is defined as a coalition member if he/she participates in regularly scheduled coalition management and planning meetings and is an active participant and contributor to the coalition’s activities, events, and strategic planning. An individual who supports or sponsors the coalition or its activities is not necessarily the same as an active coalition member.

Coalition sector members leverage resources for change in the community through their professional and personal spheres of influence. For coalitions to harness the diverse resources of active community coalition members and work toward shared goals, it is essential that coalition members and staff understand their responsibilities and what is expected of them. Clear roles and responsibilities enable communication among coalition members and staff, as well as between the coalition and the larger community, in order to facilitate mobilization.

For a coalition to function smoothly and have the greatest possible impact in the community, clear organizational structures need to be in place. Essential steps for having clear roles are to:

* Create job descriptions for all roles developed by the coalition, such as those for members, committee chairs, coalition chair, and staff.
* Obtain members’ agreement on the expectations for active membership, such as the number of meetings to be attended annually.
* Develop a Coalition Involvement Agreement between the coalition and each of its members that establishes the minimum acceptable contribution to be considered an active coalition member.

**COALTION ROLES AND RELATIONSHIPS TO SECTOR MEMBERS (cont.)**

The membership of RISAPA task forces require that, at a minimum, include these representatives specified in Rhode Island General Laws 16.21.2. **If you are unable to engage specific sector members please give a written outreach correction plan**. The 12 required community sectors are:

1. Youth- a person 18 years of age or younger
2. Parent- mother/father/guardian/grandparent
3. Business (e.g., an individual actively involved in and connected to the local business community/business owner)
4. Media (e.g., a representative from a media outlet or other source where the community gets information)
5. School (e.g., principal/superintendent/board member)
6. Youth Serving Organization (e.g., Boys and Girls Club/4-H/YMCA)
7. Law Enforcement (e.g., Chief of Police)
8. Religious (e.g., Pastor/Rabbi/Imam)
9. Civic/Volunteer Groups (e.g., Lions Club/Kiwanis Club Officer/Fraternal Organizations)
10. Healthcare Professionals (e.g., Doctor/Nurse/Dentist/Mental Health Professional)
11. Locally Elected Official (e.g., City Council Member/Mayor/State Legislator)
12. Other Substance Abuse Organizations (e.g., Prevention/treatment provider or recovery organization)

Please fill in the empty cells in the table below and include the completed table in the application.

sector member table

| Sector | Individual Member Name | Organization Name | Summary of Contribution(s) |
| --- | --- | --- | --- |
| *youth (an individual 18* *or younger)* |  | *If the youth is not a member of an organization, write “*N/A*”* |  |
| *parent* |  | *If the parent is not a member of an organization, write “*N/A*”* |  |
| *business* |  |  |  |
| *media* |  |  |  |
| *school* |  |  |  |
| *youth-serving organization* |  |  |  |
| *law enforcement* |  |  |  |
| *religious or fraternal organization* |  |  |  |
| *civic or volunteer group* |  |  |  |
| *healthcare professional* |  |  |  |
| *State, local, or tribal governmental agency with expertise in the field of substance abuse*  |  |  |  |
| *other organization involved in reducing substance abuse* |  |  |  |

#

# BUDGET INFORMATION AND BUDGET NARRATIVE

***(See Excel Appendices II & III for Budget Template & Itemization sheet)***

**RISAPA Funding Restrictions**

1. RISAPA funds must be used for purposes supported by the program. Two budgets are required: one detailing Federal Block Grant dollar usage and second State General Revenue usage.
2. Use of RISAPA funds in excess of $500 for community events, e.g., Red Ribbon Day, “in the park” days, holiday events, etc. must be detailed and consistent with proposed goals and objectives.
3. You must demonstrate at least twenty percent (20%) of the cost of the proposed program will be contributed either in cash or in-kind by public or private resources within the municipality and or school district.

**Reporting Terms and Conditions**

1. Failure to submit any contractually specified program report with the information required, or failure to submit required information to the PBPS system, unless an extension request is formally submitted in writing and approved by the Department. Will result in monthly payment being held until required reports are received.
2. Extension requests must be in writing, and must describe reason(s) the reporting date cannot be made and must provide a date by which the submission will be made. The Task Force Chair, the Task Force Coordinator and the authorized Municipal Official who signed the contract, must sign all extension requests. Extensions approved by the Department will be communicated in writing.

**Financial Terms and Conditions**

1. Any planned program service activities, including any “mini-grants,” which were not contained in the approved Program Service Plan entered into PBPS. Expenditure(s) made without the Department’s prior written approval are subject to disallowance.
2. Any Budget line item reallocations in excess of ten (10.0) percent. The request must be submitted on a “revised budget” form and must be accompanied with a line item justification for the proposed changes. A full description of any proposed program(s)/activity (ies) changes must be included with the budget amendment request. Expenditure(s) made without the Department’s prior written approval are subject to disallowance.
3. Any equipment purchased with RISAPA funds must be used exclusively for the purpose of the RISAPA program. The Task Force must maintain an inventory of all equipment costing $500.00 or more acquired with RISAPA funds. At a minimum, the inventory must contain (a) item description, (b) serial number, (c) location of the item, and (d) initial cost.

BUDGET NARRATIVE TEMPLATE & EXAMPLES

The budget narrative is used to determine reasonableness and allow ability of costs for the RISAPA application. All of the proposed costs listed, whether supported by grant funds or match, must be reasonable, necessary to accomplish project objectives, allowable in accordance with state cost principles, auditable, and incurred during the project period. All figures must be rounded to the nearest dollar. *Please note that the information listed below each category listed are examples and not intended for direct use while you create your budget narrative.* ***Two budgets required: one for Federal dollar usage and second for State dollar usage.***

***\*\*\*Note: Please make sure to include all of the cost categories contained below as they are those which are found on your RISAPA budget form. (PLEASE USE TEMPLATE BELOW)***

**SALARIES/PERSONEL**

**(Note: The personnel line should only describe any RISAPA staff person who is paid directly by the municipality. Contractors such as IHD and RISAS are consultants and describe the personnel assigned in the Consultant and Contract Services line – in this case we would request that all contractor/consultant costs be itemized consistent with the format below).**

1. **RISAPA COORDINATOR—***XX—XX will oversee the operation of the RISAPA GRANT. In addition he/she will directly supervise work on all projects. XX will be involved in all activities and will be responsible for the PBPS reporting tool.*

*Here are some examples:*

*Annual salary= $40,040 $22 hr x 35 hrs per week x 52 weeks*

*Total charged to contract – $ 13,349 = 40% of total salary*

*Fringe Benefits calculated at FICA @ 0.765*

 *RIEC @ 8.2*

 *WC @ .02*

 *Pension @.03*

 *Health @ $1610 annual*

*Total Charged to contract -$3,106 = 40% of total fringe*

1. **Other Staff (IF APPLICABLE OTHERWISE RESPONSIBILITES WILL BE THAT OF THE RISPAP *COORDINATOR –****YY—YY**will also take a very active role in several activities described in this plan. YY will be required to attend all Coalition Meetings, concentrate on the implementation of the Mystery program, participate in all RISAPA trainings, work on developing policies, work towards attaining certification in Prevention, work on the sub-committees, assist in the planning of a town forum and other duties as assigned by the RISAPA COORDINATOR*

*Here are some examples:*

*Annual salary= $45,000 $21.64 hr x 40 hrs per week x 52 weeks*

*Total charged to contract – $39,150 = 87% of total salary*

# BUDGET AND BUDGET NARRATIVE

*Here are some examples:*

*Fringe Benefits calculated at FICA @ 0.765*

 *RIEC @ 8.2*

 *WC @ .02*

 *Pension @.03*

 *Health @ $1610 annual*

*Total Charged to contract -$6,807 = 87% of total fringe*

**CONSULTANT AND CONTRACT SERVICES**

**(Note: this line should include consultants or contractors including Fees).**

**Here are some examples:**

1. ***Whiz Kid Evaluation, Inc.*** *will provide independent, local process and outcomes evaluation of the RISAPA initiative as required under the contract at $16,000.*
2. ***CADCA*** *will provide training and technical assistance services related to the implementation of RISAPA as required under the contract at $\_\_\_\_\_\_\_.*
3. ***Big Mouth Communications Corporation*** *to air public education campaign during the year at $\_\_\_\_\_\_\_\_\_\_*

**TRAVEL**

* **Out of State**
1. *Hotel, per diem and air/ground transportation costs associated with attendance at the National Prevention Network Research conference for two staff at $1,200*
* **In-State/Local**
1. *Reimbursement for mileage associated with local travel and attendance at required meetings at 900 miles/year at .50/mile total of $450.*

**SPACE/PROPERTY RENT**

1. *½ cost of rental*

**POSTAGE/OFFICE & CONSUMABLE SUPPLIES**

1. *Office supplies at $50/month for total of $600*.

**PROFESSIONAL DEVELOPMENT**

1. *Trainings, education resources, etc*

**OTHER COSTS**

1. *Items not pertaining to any other cost category*

**COALITION ACTIVITIES**

1. *IE. Youth leadership trainings, vendor tools, etc*