

NORTH DAKOTA  
**SUBSTANCE USE PREVENTION  
(SUPTRS) BLOCK GRANT**

CONTRACT RESOURCE GUIDE



Behavioral Health  
HEALTH & HUMAN SERVICES

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### PURPOSE OF THIS GUIDE

This Contract Resource Guide offers background, resources, and tools for recipients of the 2023-2026 SUPTRS Block Grant Substance Use Prevention Community Funding. The information in this guide does not need to be submitted as a deliverable for the contract unless otherwise identified.

### INTRODUCTION

#### **BACKGROUND**

The North Dakota Substance Use Prevention Grant is federally funded through the federal Substance Use Prevention, Treatment and Recovery Services (SUPTRS) Block Grant, through the Substance Use and Mental Health Services Administration (SAMHSA). SAMHSA requires a minimum of 20% of the total award to be used for primary prevention strategies.

Prevention is a proactive approach; creating an environment that promotes the health and wellbeing of individuals and communities, which prevents problems before they occur. Research over the last two decades has shown that substance use disorders are both preventable and treatable. It is vital that prevention efforts are a component of the behavioral health systems and supports in communities and statewide, and prevention is most effective when stakeholders and community members work together to take action – emphasizing collaboration and community mobilization.

#### *Prevention works when it:*

- follows the Public Health Model, focusing on population-level change.
- follows a data-driven process to assess, plan, implement and evaluate outcomes, also known as the Strategic Prevention Framework (SPF).
- focuses on reducing risk factors, strengthening protective factors, and building resiliency of individuals, families, and communities.
- requires a multi-faceted approach, implementing a variety of evidence-based strategies working towards a common goal.
- is relevant to the community, including local conditions and diverse demographics.
- impacts individuals across the lifespan.

# 2023 – 2026 SUPTRS Prevention Block Grant

The goal of the North Dakota Substance Use Prevention Grant is to:

- Support community-level evidence-based substance use prevention implementation by:
  - Increasing capacity for implementing and sustaining prevention through Local Public Health Units and Tribes throughout the state.
  - Making positive change in data-driven priority areas including underage drinking, adult binge drinking, and other substance use/misuse as identified through data (excluding opioids and stimulants).

## Behavioral Health Division Strategic Goals

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

### WE WANT TO SEE:

- Individuals, families, communities, and businesses with positive behavioral health.
- Individuals struggling with behavioral health conditions achieve independence and live a self-directed life in recovery.

### WE ACHIEVE THIS BY:

- Supporting the full continuum of care
- Increasing access to community-based services
- Preventing criminal justice involvement

Our role is to provide policy leadership, regulate providers, administer programs, and provide training and technical assistance to meet the following goals:

PREVENTION AND PROMOTION	CHILDREN'S BEHAVIORAL HEALTH	ADULT ADDICTION	ADULT MENTAL HEALTH	COMMUNITY SUPPORTS
<p> Supporting the full continuum of care</p> <p>Increase implementation of effective prevention statewide<sup>2,3,10</sup></p> <p>Decrease underage drinking<sup>2</sup></p> <p>Decrease adult binge drinking and related consequences<sup>2</sup></p> <p>Decrease opioid misuse and overdose<sup>2</sup></p>	<p> Supporting the full continuum of care</p> <p>Partner with schools to support children's behavioral health across the continuum<sup>8</sup></p>	<p> Supporting the full continuum of care</p> <p>Develop and enhance recovery support services<sup>4</sup></p> <p>Develop early intervention capacity<sup>2,3</sup></p>	<p> Supporting the full continuum of care</p> <p>Develop and enhance recovery support services<sup>4</sup></p> <p>Develop early intervention capacity<sup>2,3</sup></p>	<p> Supporting the full continuum of care</p> <p>Develop and enhance recovery support services<sup>4</sup></p>
<p> Increase access to community-based services</p> <p>Promote mental health<sup>2</sup></p> <p>Decrease death by suicide<sup>2,3,4,5</sup></p>	<p> Increase access to community-based services</p> <p>Develop early intervention capacity<sup>2,3</sup></p> <p>Increase capacity for community-based services<sup>3,4,8,10</sup></p> <p>Improve access to quality services<sup>10</sup></p> <p>Improve family-driven services and supports<sup>5</sup></p>	<p> Increase access to community-based services</p> <p>Improve access to quality services<sup>10</sup></p> <p>Increase capacity for community-based services<sup>3,4,7,8</sup></p> <p>Stop shame and stigma surrounding addiction<sup>10</sup></p>	<p> Increase access to community-based services</p> <p>Increase capacity for community-based services<sup>3,4,7,8</sup></p> <p>Stop shame and stigma surrounding mental health<sup>10</sup></p>	<p> Increase access to community-based services</p> <p>Increase capacity for community-based services<sup>3,4,8,10,12</sup></p>
	<p> Prevent criminal justice involvement</p> <p>Develop diversion capacity and support children with behavioral health conditions in the justice system<sup>6</sup></p>			<p> Prevent criminal justice involvement</p> <p>Develop diversion capacity and support individuals with behavioral health conditions in the justice system<sup>6</sup></p>

The superscript numbers referenced behind each goal align with the ND Behavioral Health System Study 13 Recommendations.

### THE BHD PREVENTION TEAM

The North Dakota Behavioral Health Division (BHD) is a division of the Department of Health and Human Services (HHS) with the State of North Dakota and is responsible for administering the Substance Use Prevention Grant to Local Public Health Units (LPHUs) and Tribal Governments that apply.

The BHD Prevention Team consists of the following staff available to assist with various aspects of this grant, as well as other areas within the Division:

**Kali Bauer, Prevention Administrator**

[kalibauer@nd.gov](mailto:kalibauer@nd.gov)

Key Roles:

- SUPTRS Block Grant Management
- Monthly Reporting and Reimbursements
- Early Intervention Programming (MIP/DUI Seminar Instructor Certification)

**Tom Volk, Prevention Administrator**

[tmvolk@nd.gov](mailto:tmvolk@nd.gov)

Key Roles:

- Prevention Training and Technical Assistance
- Tobacco Synar Program & Compliance
- Forensic ID Scanners
- NDTip System

**Tori Nelson, Prevention Administrator**

[tknelson@nd.gov](mailto:tknelson@nd.gov)

Key Roles:

- Prevention Campaigns - Media and Materials
  - Speak Volumes
  - Not In My House
  - Opioids: Fill with Care
- Website Resources
  - Meeting Recording Links
  - Community & Tribal Prevention Online Resources

The Behavioral Health Division Prevention Team also includes:

**Leah Jangula, Administrative Assistant**

[ljangula@nd.gov](mailto:ljangula@nd.gov)

Key Roles:

- Resource Order Fulfillment & Inventory Oversight
- Narcan Distribution

**Amy Lies, Opioid Addiction Administrator**

[amlies@nd.gov](mailto:amlies@nd.gov)

Key Roles:

- State Opioid Response (SOR) Grant Management
- Opioid Settlement Committee Liaison

**Sara Kapp, Program Administrator**

[skapp@nd.gov](mailto:skapp@nd.gov)

Key Roles:

- Parents Lead Program Management

**Kayla Stastny, Education Program Administrator**

[kastastny@nd.gov](mailto:kastastny@nd.gov)

Key Roles:

- Behavioral Health School Grant Funding
- Kognito
- B-HERO

**James Knopik, Program Manager**

[jknopik@nd.gov](mailto:jknopik@nd.gov)

Key Roles:

- Addiction Program and Policy Manager
- Early Intervention Program and Policy Manager

**Laura Anderson, Policy Director**

[lauranderson@nd.gov](mailto:lauranderson@nd.gov)

Key Roles:

- Strategic Planning & Statewide Behavioral Health Prevention Infrastructure
- National Prevention Network Representative

### TIMELINE & IMPORTANT DATES:

The contract will run from October 1, 2023, through September 30, 2026. The contract period will be broken into four phases (timeframes may be modified).

#### Phase 1: Assessment Phase, October 1, 2023 – November 30, 2023

-Logic Model (first three columns) due on November 30th at 5:00pm (submit with November monthly report and request for reimbursement)

#### Phase 2: Planning Phase, December 1, 2023 – December 31, 2023

-Full Strategic Plan (including strategic plan outline, completed logic model, and action plans) due on December 31st at 5:00pm (submit with December monthly report and request for reimbursement)  
-Assessment and Planning Overview Meeting scheduled for Wednesday, January 10<sup>th</sup> at 10:00am via Teams

#### Phase 3: Implementation Phase, January 1, 2024 – July 31, 2026

-Monthly Reporting Form (MRF) and Request for Reimbursement (RFR) due each month on or before the 10<sup>th</sup> at 5:00pm  
-Optional Monthly Q&A Meetings scheduled for the first Tuesday of every month at 10:00am via Teams (*please see Page 40 for full schedule*)  
-Quarterly Presentation Meetings scheduled for the second Wednesday of each quarter at 10:00am via Teams (*please see Page 39 for full schedule*)

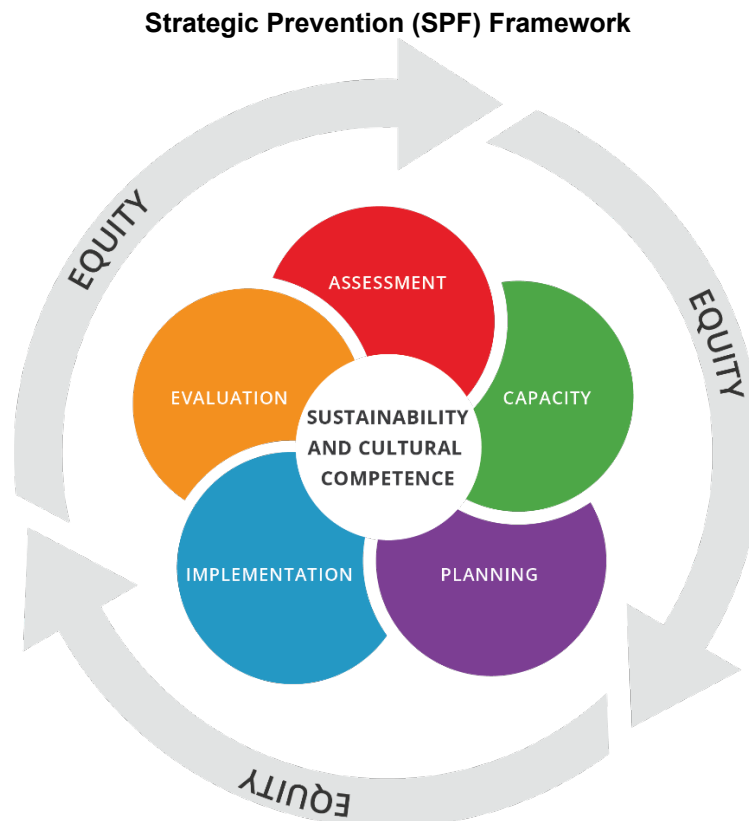
#### Phase 4: Evaluation Phase, August 1, 2026 – September 30, 2026

-Final Evaluation due on Wednesday, September 23<sup>rd</sup> at 5:00pm  
-Final Evaluation Overview Meeting scheduled for Wednesday, September 30<sup>th</sup> at 10:00am via Teams

## GETTING STARTED

### STRATEGIC PREVENTION FRAMEWORK (SPF)

SAMHSA's [Strategic Prevention Framework \(SPF\)](#) is a planning process for preventing substance use and misuse. The SPF offers prevention professionals a comprehensive process for effectively addressing the substance misuse and related behavioral health problems facing their communities. The effectiveness of the SPF begins with a clear understanding of community needs and involves community members in all stages of the planning process.



Source: [SAMHSA's Strategic Prevention Technical Assistance Center \(SPTAC\) 2023](#)

The SPF planning process has five distinctive features. The SPF is:

- **Data Driven:** Good decisions require data. The SPF is designed to help practitioners gather and use data to guide all prevention decisions—from identifying which substance misuse issues problems to address in their communities, to choosing the most appropriate ways to address those problems. Data also helps practitioners determine whether communities are making progress in meeting their prevention needs.



- **Dynamic:** Assessment is more than just a starting point. Practitioners will return to this step again and again: as the prevention needs of their communities' change, and as community capacity to address these needs evolve. Communities may also engage in activities related to multiple steps simultaneously. For example, practitioners may need to find and mobilize additional capacity to support implementation once an intervention is underway. For these reasons, the SPF is a circular, rather than a linear, model.
- **Focused on population-level change:** Effective prevention means implementing multiple strategies that address the constellation of risk and protective factors associated with substance misuse. In this way, we are more likely to create an environment that helps people support healthy decision-making.
- **Intended to guide prevention efforts for people of all ages:** Substance misuse prevention has traditionally focused on adolescent use. The SPF challenges prevention professionals to look at substance misuse among populations that are often overlooked but at significant risk, such as young adults ages 18 to 25 and adults aged 65 and older.
- **Reliant on a team approach:** Each step of the SPF requires—and greatly benefits from—the participation of community partners. The individuals and institutions you involve will change as your initiative evolves over time, but the need for prevention partners will remain constant.

### LOGIC MODEL:

A logic model is a visual tool that shows the logic, or rationale, behind a program or process. Like a roadmap, it tells you where you are, where you are going, and how you will get there. In the prevention field, planners often use logic models to:

- Visualize how the pieces of a prevention plan fit together.
- Provide explicit rationale for selecting prevention programs, policies, and practices to address substance use problems.

When used as part of applying the Strategic Prevention Framework (SPF), logic models show the relationship between the following elements and timeline:

- **ALL PHASES:** Capacity Development
  1. Self-Assessment
  2. Identify initial capacity, readiness, resources, and barriers during the Assessment Phase
  3. Continue to develop capacity, increase readiness, gather resources, and mitigate barriers throughout Planning, Implementation, and Evaluation phases
- **Assessment Phase:**
  1. Data Collection & Review
  2. Identify and Develop Problem Statements
  3. Prioritizing Intervening Variables and Local Conditions Statements
  4. Summary
- **Planning Phase:**
  1. Identify Goals
  2. Identify Objectives
  3. Writing Outcomes
  4. Identify Evidence-Based Strategies
  5. Describe Activities
  6. Finalize Strategic Plan
- **Implementation Phase:** Implement Action Plan
- **Evaluation Phase:** Evaluate Outcomes

# 2023 – 2026 SUPTRS Prevention Block Grant

INPUTS/RESOURCES SPF STEP 2							
<i>What resources are available? What barriers can you identify? Type your answer here...</i>							
PROBLEM STATEMENT			STRATEGIES	ACTIVITIES	OUTCOMES		
Problem	Intervening Variables	Local Conditions			Short-Term	Intermediate	Long-Term*
<b>What is the problem or issue in your community?</b>  <i>Type your answer here...</i>	<b>Why is it a problem in your community?</b>  <i>Type your answer here...</i>	<b>What does the problem specifically look like in your community/what is the behavior?</b>  <i>Type your answer here...</i>	<b>What is the one environmental change you can implement to impact your identified problem?</b>  <i>Type your answer here...</i>	<b>What are all the steps that must happen to implement the environmental change?</b>  <i>Type your answer here...</i>	<b>Measures the local condition – what are you doing to address the problem?</b>  <i>Type your answer here...</i>	<b>Measures the intervening variable – what you are doing to reduce access?</b>  <i>Type your answer here...</i>	<b>Measures the impact to the problem – are you seeing long-term behavior change?</b>  <i>Type your answer here...</i>

*\*The long-term outcomes are affected not by any single strategy, but by ALL strategies and activities*

*A fillable copy of the logic model template shown above can be found at the end of this guide.*  
**The logic model is a working document that is updated as you complete each phase.**

**CAPACITY**

It is important to have a thorough understanding and knowledge of the SPF process to develop a comprehensive approach to understanding and addressing substance misuse and related behavioral health problems facing communities, and to develop and sustain programs and practices that reduce behavioral health inequities. Capacity helps to build local resources and readiness to address prevention needs (*i.e. What do you have to work with? How can you facilitate the communication of prevention science?*).

A self-assessment can assist in determining areas where you can increase your own capacity. In the table below, rate the level of your (primary SUPTRS prevention grant coordinator) knowledge in each area listed by placing an "X" in the corresponding box:

	<b>1 – none</b>	<b>2 – very little</b>	<b>3 – somewhat</b>	<b>4 – proficient</b>
The Strategic Prevention Framework				
Substance abuse prevention				
Ensuring cultural competence in implementation				
Evidence-based prevention strategies				
Adaptation of strategies				
Action planning for implementation				
Ensuring sustainability in implementation				
Logic models				
Identification of indicators for evaluation				
Identification of data sources for evaluation				
Data collection for evaluation				
Data analysis				
Reporting evaluation data				
Planning process facilitation				
Structure of a comprehensive strategic plan				
Writing goals, objectives, and outcomes				
Prioritizing Strategy Selection				

Take some time to review the table above and identify areas where you excel and areas you need to build more knowledge. Reach out to the State Support Team to request assistance and/or review resources here: [www.hhs.nd.gov/behavioral-health/prevention](http://www.hhs.nd.gov/behavioral-health/prevention).

For the 2023-2026 contract period, you will be working with Growth Partners to continue to build off the capacity assessments completed in 2023. For more information on Growth Partners, please see Page 36.

### ASSESSMENT PHASE

To change a problem, you must first understand it. The data collected during the assessment will reveal what a community, state, tribe, or jurisdiction needs in order to prevent substance use and promote wellness.

A comprehensive needs assessment should:

- Create community consensus about the substance use problems in the community.
- Identify underlying factors that contribute to those problems.
- Identify and analyze environmental, social, and individual factors that contribute to the problems.
- Increase the likelihood that your coalition will select and implement policies and practices that will reduce substance use problems in the community.
- Establish baseline information to track progress.

For additional guidance on completing a more detailed assessment, BHD recommends utilizing the Community Assessment Workbook developed for the Partnership for Success (PFS) grant. A copy of this workbook is available upon request. The workbook contains more information on the following topics:

- how to involve stakeholders
- how to define demographics and provide information on community culture
- how to identify resources
- how to identify, collect, and review relevant data sources
- how to determine community readiness
- how to identify consequences and consumption
- and more

#### Step 1: Data Collection & Review

The assessment process involves gathering the following data:

- Nature and extent of substance use problems and related behaviors (this refers to substance use consequences and consumption, terms that may be more familiar).
- Risk and protective factors (intervening variables and local conditions) that influence substance use problems and related behaviors.
- Available resources and readiness of the community to address these problems.

Using data allows for a more objective decision-making process. The assessment should be able to answer the following questions about substance use:

- What problems and related behaviors are occurring?
- How often are the problems and related behaviors occurring?

- Where are these problems and related behaviors occurring?
- Which population groups experience more of these problems and related behaviors?

A health disparity is a difference in health that is “closely linked with social, economic, and/or environmental disadvantages.

Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

While substance abuse interventions usually don’t address these disadvantages directly, they often do address the factors that contribute to these disadvantages.

Some population groups are at greater risk than others, and thus experience disproportionate substance abuse problems. During the assessment process, you will need to collect data on these vulnerable populations, even if it is not readily available.

Since so much data is available, it is important to be strategic about the data you collect:

- **Purpose.** What is your rationale about how the data you want to collect relate to the substance use problems and to the work of your coalition? What will this data tell you about community substance use problems in your community and especially where (the settings) the problems occur?
- **Validity.** Does the indicator measure what it says it does? For example, to what extent do the number of DUI arrests measure the prevalence of drinking while driving as opposed to the aggressive enforcement of local laws by police?
- **Reliability.** Is the indicator reported the same way each year or are there variances that could affect totals and make data comparison impossible?
- **Availability.** Are the data available year to year and at the needed geographic level (neighborhood, city, county)?
- **Obtainability.** Can the data be collected easily? Will the agency that tracks the data release them?
- **Stability.** How long has the agency been collecting the data? It is most useful to use indicators that have been collected for at least five years to identify trends.
- **Cost.** Can data be provided at no cost, or will the agency charge a fee? Is the fee reasonable and affordable?
- **Relevance.** Does the coalition think that the indicator accurately represents a major aspect of the community’s substance use problem(s)?

Two main types of data are collected in conducting a community assessment:

- **Primary data** includes information that you collect and compile—such as counting the number of alcohol-related newspaper articles over a two-year period or the number of billboards in the community that advertise alcohol. It also may involve collecting data that are available but have not yet been compiled.
  - For example, you might want to know how many children are removed from their homes when parental substance abuse is a factor. Or you might want to know how many and what percent of police calls for service involve alcohol or other drugs. You will need cooperation from the child welfare agency or police department allowing you to compile this information from their records.
  
- **Archival/secondary data** already being collected and compiled by someone else (generally a local or state agency) on a regular basis and can be requested if you know where to look and how to ask.
  - For example:
    - 1) alcohol and other drugs-related arrests (from the local police department or state department of justice);
    - 2) alcohol and other drug treatment data (from the county or state);
    - 3) Licensed retail alcohol outlets and problem outlets (from the state or local agency that licenses alcohol outlets);
    - 4) Alcohol-involved traffic fatalities and injuries (from the state highway patrol); and
    - 5) Intravenous drug-related HIV/AIDS data (from the county or state health department).

**Some readily available data sources may include:**

- 2023 [North Dakota Data Booklet](#)
- 2022 [North Dakota Behavioral Health Epidemiological Profile](#)
- 2021 [North Dakota Youth Risk Behavior Survey \(YRBS\)](#)
- 2022 [North Dakota Survey of Young Adults](#)
- 2022 [North Dakota Community Readiness Survey](#)
- 2021 [North Dakota Attorney General Crime in North Dakota Report](#)
- 2020 [North Dakota Crash Summary](#)
- 2022 [North Dakota Behavioral Risk Factor Surveillance System \(BRFS\)](#)
- 2022 SAMHSA's [National Survey on Drug Use and Health \(NSDUH\)](#)

The most updated versions of each data source are featured on the North Dakota Department of Health and Human Services website at <https://www.hhs.nd.gov/behavioral-health/data>

### Step 2: Identify and Develop Problem Statements

You should have a pretty good idea of the consequences and consumption patterns in your community based on the information you have collected. Substance-related consequences are defined as the social, economic, and health problems associated with the use of alcohol and illicit drugs. In essence, consequences and related consumption patterns are your problem statements.

A problem statement is usually one or two sentences to explain the problem your efforts will address. **This is the first column in your Logic Model.** In general, a problem statement will outline the negative points of the current situation and explain why this matters.

Effective problem statements:

- Identify one issue or problem at a time.
- Avoid blame. (e.g. the problem is “young people in our neighborhood do not have enough positive activities” rather than “the kids in our town have nothing to do and are trouble makers.”)
- Avoid naming specific solutions. (e.g. the problem is not “we don’t have a youth center”– the problem may be “young people in our neighborhood are getting into trouble during after-school hours” for which a new youth center may be one element of an overall solution.)
- Are specific enough to be measurable.
- Reflect community concerns as heard during the assessment process.

### Step 3: Prioritizing Intervening Variables and Local Conditions Statements

#### INTERVENING VARIABLES AND LOCAL CONDITIONS

The goal is to understand the cause of the problem by addressing the source. The theory behind outcome-based prevention is that there are factors that “cause” substance-related consequences and consumption in communities. We call these factors intervening variables. By positively impacting intervening variables, we achieve population-level changes in substance consumption and consequences.

There are four main generic intervening variables that can be equally applied to almost any community: **retail availability, social availability, community norms, and enforcement.** You can better identify and address how a

root cause manifests itself in your community by asking “but why here?” Only those familiar with the local context can truly answer this question. It requires your community to examine the data and information gathered during the assessment process and helps identify what additional data is needed. If the underlying factors were the same in every community, there would be no need for

Intervening Variables = But Why?  
Local Conditions/ Contributing Factors =  
But Why Here?



local community coalitions. Asking “but why here?” will compel your coalition to select strategies and initiatives that get to the unique root causes of substance abuse in your community.

Local conditions must be:

- **Specific** – represents a behavior that occurs in the community – not an attitude or belief. (Not an intervening variable.) The local condition describes where, when, and on what occasions the behavior occurs.
- **Identifiable** – the behavior can be “seen” or observed by community members and occurs often enough to be measured in some way.
- **Actionable** – the behavior can be changed through the implementation of targeted strategies by the coalition and its community partners.

### PRIORITIZATION

Prioritizing intervening variables and local conditions is a crucial part of the SPF process. When prioritizing, it is important to consider these two areas: **Importance** and **Changeability**. Ultimately, you will want to select intervening variables and corresponding local conditions to address that are high in both importance and changeability.

Importance refers to how much an intervening variable and local condition impacts the substance abuse problem/priority in a community. When examining the data collected in this Community Assessment Workbook, ask yourself how important a particular intervening variable is in reducing the problem in your community. If the answer is “very important,” then this would be considered “high” *importance*; if it is not important, then it would be considered “low.”

When weighing the importance of intervening variables and local conditions, be sure to consider the following information as well:

- Will the intervening variable impact other behavioral health issues (i.e., shared risk and protective factors)? *For example, having a parent with a substance abuse problem is known to be a risk factor for underage drinking, as well as other behavioral health issues such as depression. Therefore, focusing on this risk factor will impact both youth substance abuse and the associated mental health issues.*
- Does the intervening variable directly impact the specific developmental stage of the population group that is experiencing the problem? *For example, if the problem is underage drinking among 18- to 20-year-olds, then the risk factor, parental monitoring around drinking behavior, would have less impact for this developmental stage than it would for a population group of 14- to 17-year-olds. Therefore, parental monitoring would be considered “low” importance.*

**Following prioritization of Intervening Variables and Local Conditions, Columns 2 and 3 of the Logic Model can be completed.**

### Step 4: Summary

Developing an overall summary of what the identified problem specifically looks like in your community should provide a critical analysis of the data, highlighting the most important community needs and trends that should be considered. This summary should provide an overview of how all the data collected fits together to tell a story. Describe common themes identified when multiple data collection sources were used and provide possible explanations for differences between data sources. It may also be helpful to identify areas where additional data collection may be needed to fully understand an issue. These identified details are called Local Conditions.

Some questions to ask include:

- Based on the data, what concerns are of greatest importance to the community? *(This could be described by identifying issues that have an impact on the largest number of residents or disproportional impacts on specific populations. Trend data may also indicate important increases in underage alcohol use or changes in risk behaviors.)*
- How frequently the problem or related behavior occurs.
- How many people are affected by the problem and the severity of its effects.
- Possible impact and/or consequences of addressing the problem/goal.
- How do the community's current policies, environmental attributes, and social norms encourage/hinder prevention efforts relate to these key areas?
- What additional community strengths/assets can be used to address concerns in this area?
- What barriers, challenges or areas of weaknesses will need to be addressed that were not previously indicated?

It's important to not work ahead any further into the Logic Model. Once these first three columns are filled out, you must submit your Logic Model to complete the Assessment Phase. To submit, you may attach documentation to your November 2023 Monthly Report by uploading it to the Summary page of the Qualtrics Monthly Reporting Form (see page 29 for more details) or, you may e-mail it to Kali Bauer at [kalibauer@nd.gov](mailto:kalibauer@nd.gov) by December 10<sup>th</sup>, 2023.

PLANNING PHASE

Strategic planning makes it possible to carry out the mission and vision of an organization or group in an effective, orderly way. It keeps the group on track, helps people develop and implement a prevention plan that is meaningful to their community, and outlines what everyone involved should be doing to move toward the group’s chosen goals. Moreover, the strategic plan will provide the tools for successfully recruiting the funding that will be needed to carry out future work.

The table below summarizes the various factors/terminology that are a part of each component of a comprehensive Strategic Plan. The four columns represent the four components of a comprehensive strategic plan. First, review each of the four columns from top to bottom. Then, examine how each component is connected by reviewing the rows from left to right.

Logic Model	Strategic Plan	Action Plans	Evaluation Plan
Problem Statement	Goal		
Intervening Variable	Objective		
Local Condition			
Strategy	Strategy	Strategy	
Activities (summary)		Activities (detail)	Process measures
Short-term outcome			Short-term outcome
Intermediate-term outcome			Intermediate-term outcome
Long-term outcome			Long-term outcome

The table is annotated with yellow arrows showing relationships: a vertical arrow on the left side connects 'Local Condition' to 'Strategy'; a horizontal arrow connects 'Strategy' to 'Activities (summary)'; a horizontal arrow connects 'Activities (summary)' to 'Short-term outcome'; a horizontal arrow connects 'Short-term outcome' to 'Intermediate-term outcome'; a horizontal arrow connects 'Intermediate-term outcome' to 'Long-term outcome'; a vertical arrow on the right side connects 'Process measures' to 'Short-term outcome'; a vertical arrow on the right side connects 'Short-term outcome' to 'Intermediate-term outcome'; a vertical arrow on the right side connects 'Intermediate-term outcome' to 'Long-term outcome'; a horizontal arrow connects 'Objective' to 'Short-term outcome'; a horizontal arrow connects 'Objective' to 'Intermediate-term outcome'; a horizontal arrow connects 'Objective' to 'Long-term outcome'.

Planning typically involves the following tasks:

1. Establish criteria, based on importance and changeability, for prioritizing intervening variables associated with the identified problems
2. Select prevention strategies that are evidence based, most likely to influence the identified intervening variables (conceptual fit), and feasible and relevant to the population the intervention will serve (practical fit).
3. Develop a comprehensive, logical, and data-driven plan that includes a logic model, strategies for addressing resource and readiness gaps, anticipated evaluation activities, and how issues of cultural competence have and will be addressed.

Keep in mind that good planning requires collaboration. Whether planning happens within a formal coalition or among a more informal group of partners, it cannot represent the thoughts and ideas of just one person. Decisions must reflect the ideas and input of individuals from various sectors within the community and, particularly, of the population group that the intervention will focus on.

### **CULTURAL COMPETENCY**

Practicing [cultural competence](#) throughout the planning process ensures that all members of a community are represented and included. It can also prevent wasteful spending on programs and services that a community can't or won't use. Every community and coalition's planning for cultural competence will also look different because each community is unique. As you build your strategic plan, ensure that efforts are sensitive to the diverse cultures in your community.

As you consider how to incorporate cultural competence into your strategic plan, ask: "***Does our organization...***

- Ensure broad community participation in planning process?
- Review and discuss our planning process with the community to increase understanding of planning?
- Encourage community members to see themselves in a multicultural perspective, and encourage skills building in cross-cultural interactions and communication?
- Have mutually acceptable goals and objectives identified?
- Consider programs and strategies that fit with:
  - Community culture
  - Existing prevention efforts
  - Past history
- Broaden work and action plans to reflect input and outreach by diverse populations, cultures, ethnicities, and age groups to include in data gathering?
- Incorporate the community in selection of strategies and seek methods to assure buy-in is present?

### **SUSTAINABILITY**

Good planning is also crucial to sustainability. It ensures the involvement and commitment of stakeholders beyond the initial funding period, establishes the organizational structure necessary to maintain program activities over time, and greatly increases the likelihood that expected outcomes will be achieved.

The sustainability of prevention outcomes is often seen as the culmination of project planning and implementation. However, that assumption will place your project at a disadvantage. Effective projects plan for sustainability from the very beginning, which means considering sustainability at this early planning stage is vital to the future success of your community prevention efforts. In fact, sustainability should be revisited and revised throughout the life of a project.

The ultimate goal is to sustain prevention outcomes, rather than specific programs or individual activities. Strategies that produce positive outcomes should be continued. Strategies that are

ineffective should not be sustained. Key activities involved in ensuring sustainability involve building support, showing results, and obtaining continuing funding. All of these activities require time, people, and ongoing planning and evaluation. The SPF emphasizes sustaining the prevention process itself, recognizing that prevention practitioners and coalitions will return to each step of the process, again and again, as communities face evolving problems.

### **1. Build Ownership Among Stakeholders**

Stakeholders represent a diverse group of people, who may include community members, state health department officials, other prevention professionals, and government officials. Involve them early on and find meaningful ways to keep them involved. Stakeholders who are involved in initial assessment activities are more likely to support prevention efforts that stem from the assessment.

### **2. Showing Results to Obtain Continuing Funding**

While data collection must be ongoing, the analysis and accurate interpretation of data represents a key step of the SPF. Even if your evaluation process reveals that you weren't able to meet all of your goals, this information is still valuable. Failures and challenges that emerge from the evaluation process allow you to see what worked and what didn't. This information will help you highlight problem areas in the project and where to make necessary changes. More importantly, this data can help you decide if the strategy or certain elements of your strategy should continue.

### **3. Track Outcomes and Communicate**

A well-designed and executed evaluation helps you determine which activities to keep and which to discontinue. Evaluating your outcomes can also help demonstrate the program's effectiveness, and sharing these outcomes with the community encourages members to spread the word about the program and may increase public interest, participation, and potentially funding.

### **4. Identify Program Champions**

Find people on your team and in the community willing to speak about and promote your prevention efforts. These champions will help represent your program in the media, and help you develop promotional materials for the public and to attract officials as supporters. Learn more about communication and education prevention approaches.

### **5. Invest in Capacity**

This investment begins with participation in all available training and technical assistance opportunities. Training and technical assistance can provide your organization with information on how to assess needs, build resources, and effectively plan and implement prevention programs as you move through your project. These

tools can also be used to create the systems necessary to continue prevention activities over time.

### 6. Identify Diverse Resources

You've assessed your human, financial, material, and technological resources in your initial assessment, but it's important to continue assessing available resources throughout the course of your project. The availability of resources can change and utilizing these resources can directly impact the sustainability of your project strategies over time.

One of the requirements of the SUPTRS Block Grant is to identify a community coalition or workgroup to serve as the local advisory board or committee to the community's prevention work. The information should include the coalition or workgroup's name, primary contact person and their role, and important contact information such as e-mail address and phone number.

#### Step 1: Identify Goal(s)

By now, you should have a pretty good idea of which consequences and consumption patterns are the most imperative in your community based on the information you have collected in the Assessment Phase. You summarized these consequence and consumption patterns to be a problem statement, which was entered into the first column of your Logic Model. One of the first steps to complete a strategic plan is to develop goals aligning with the problem statements you already developed.

Goals, in their most basic form, are broad general statements describing what the project or group wants to accomplish. In writing your goal(s), you are essentially reversing the language of your problem statement to reflect what you want to accomplish.

For example:

**Problem Statement:** High rate of underage drinking in North Dakota.

**Goal:** Reduce the rate of underage drinking in North Dakota.

#### Step 2: Identify Objectives

Just as problem statements and goals relate to consequences and consumption, objectives equate with intervening variables. They describe the intermediate steps that help accomplish broader goals. To write your objectives, change your high-importance, prioritized intervening variables into what you want to accomplish related to that specific intervening variable. Your objectives should

also follow the SMART model.

<b>Goal 1:</b>	
<b>Objective 1:</b>	
<b>Objective 2:</b>	
<b>Objective 3:</b>	

<b>Goal 1:</b>	
<b>Objective 1:</b>	
<b>Objective 2:</b>	
<b>Objective 3:</b>	

<b>Goal 1:</b>	
<b>Objective 1:</b>	
<b>Objective 2:</b>	
<b>Objective 3:</b>	

**Step 3: Writing Outcomes**

Outcomes specify the intended effect of the program in the target population or end result of a program. The outcome focuses on what your target population(s) will know or will be able to do as a result of your program/activity.

***Even though you will refer to columns 6, 7, and 8 of your Logic Model to identify your goals, this is a separate process from filling out these columns. This part of the Logic Model is where the outcomes are actually evaluated., so it's important not to jump ahead!***

When writing outcomes, it is best to follow the SMART model. SMART outcomes are:

- **Specific:** includes the “who”, “what”, and “where”. Use only one action verb to avoid issues with measuring success.
- **Measurable:** focuses on “how much” change is expected.
- **Achievable:** realistic given program resources and planned implementation.
- **Relevant:** relates directly to program/activity goals.
- **Time-bound:** focuses on “when” the objective will be achieved.

Long-Term Outcomes:

It is important to identify data and information that can be used over the next three to five years to measure the project’s impact on consequences and consumption (relating to your goal). These will be your long-term outcomes on your logic model and evaluation plan. Long-term outcomes are achieved only after the project has been in place for some time (e.g., changes in mortality, morbidity, quality of life). It could take years to reach your long-term outcomes. **The long-term outcomes link to the problem column in your logic model.**

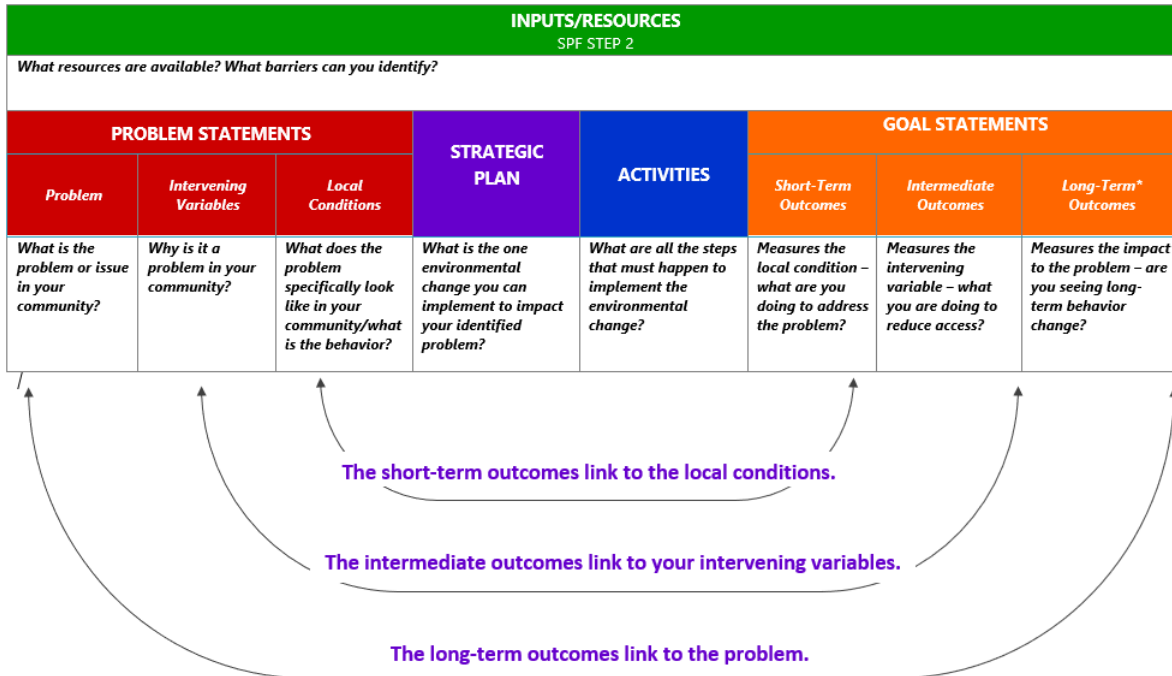
Intermediate Outcomes:

Intermediate outcomes are those interim results that provide a sense of progress toward reaching the long-term outcomes (e.g., changes in behavior, norms, and policy). **The intermediate outcomes link to your intervening variables column in your logic model.**

Short-Term Outcomes:

Short-term outcomes are the initial expected changes in your target population(s) after implementing certain strategies and activities (e.g., changes in knowledge, skills, and attitudes). **The short-term outcomes link to the local conditions column in your logic model.**





**Step 4: Identify Evidence-Based Strategies**

Sometimes people want to select strategies that are popular, that worked well in a different community, or that they are familiar with. However, it is more important that the strategy effectively addresses the priority substance use problem and associated intervening variables and local conditions, and it is a good fit for your broader community. When choosing appropriate strategies, it is important to select those that are:

1. **Effective** – the strategy has been evaluated and is backed by evidence
2. **Relevant** – the strategy addresses the local condition and related intervening variable
3. **Appropriate** – the strategy fits the community’s capacity, resources, and readiness

Identifying Best-Fit Strategies:

Because substance use problems are complex, multiple factors and conditions will be implicated, some more strongly than others. You are encouraged to identify a comprehensive set of strategies directed to the most significant intervening variables and related local conditions.

**Strategies are overarching environmental targets that require multiple levels of implementation, while activities are individual steps that work towards a broader-level strategy.**

**For more information on identifying “best fit” strategies, review:**  
<https://store.samhsa.gov/shin/content/SMA09-4205/SMA09-4205.pdf>

Some questions you will need to answer for each strategy are:

- What resources are needed to implement the strategy (coalition and community)?
- Who needs to be involved in implementing the strategy?
- Who needs to be knowledgeable on the strategy and how to implement it?
- Who can provide training on each strategy?
- What steps are involved for implementing each strategy?

### Step 4: Describe Activities

With all this information in mind, you will now develop an action plan for the Implementation Phase consisting of activities for each of the strategies you identified. An activity is a specific event or occurrence; therefore, action planning is creating the details of the work that needs to be done before that work is carried out, and then implementing the work.

The purpose of action planning is to pinpoint the specific activities required to achieve your project's outcomes. It addresses the question of "What do we have to do to meet our goal?"

A good action plan:

- Can help turn a vision into reality.
- Increases efficiency and accountability.
- Describes the way your coalition will meet its objectives through detailed action steps that describe how and when these steps will be taken.

Each activity should include the following information:

- What actions or changes will occur
- Who will carry out these changes
- When they will take place, and for how long
- What resources (i.e., money, staff) are needed to carry out these changes
- What communication is needed – who should know what?

*Your action plan is an expanded version of the Activities section of the Logic Model.*

## COMPREHENSIVE ACTION PLANNING

You can be more successful in achieving community-level change when your specific action steps are part of a comprehensive plan. Community Anti-Drug Coalitions of America, or CADCA, has created the Seven Strategies for Effective Community-Level Change as a way to assist with developing this comprehensive action plan. When creating your action plans, you will be using these seven CADCA strategies, which will ensure your action plans are comprehensive and will lead to success.

The CADCA Seven Strategies for Effective Community-Level Change include:

1. Providing Information
2. Enhancing Skills
3. Providing Support for Prevention Activities
4. Enhancing Access / Reducing Barriers
5. Changing Consequences (Incentives / Disincentives)
6. Changing Physical Design / Making Environmental Changes
7. Modifying / Changing / Developing Policies

BHD has identified a list of pre-approved activities based on the CADCA Seven Strategies that may be implemented, also known as [Attachment A - Activity Implementation Guidelines](#). You will often refer to this document throughout the Implementation Phase and with the Monthly Reporting and Reimbursement process, as it breaks down the amounts that can be reimbursed for implementing each activity.

Some activities on this list must be pre-approved by the State BHD Prevention Team and require additional documentation to further provide detail on the activity. These activities have planning templates that can be submitted:

- Alternative Activity Planning Template *(listed under Strategy 3. Providing Support)*
- Curriculum Planning Template *(listed under Strategy 3. Providing Support)*
- Evidence-Based Policy Planning Template *(listed under Strategy 7. Modifying/Changing/Implementing Policies)*
- General Planning Template *(can be utilized for any activity that doesn't fall under a pre-existing category or have a planning template listed above.)*
- Responsible Beverage Server Training Planning Template *(listed under Strategy 7. Modifying/Changing/Implementing Policies)*
- Screening and Brief Intervention Planning Template *(listed under Strategy 3. Providing Support)*
- Strengthening Prosecution and Adjudication Planning Template *(listed under Strategy 7. Modifying/Changing/Implementing Policies)*
- Training and Education Event Planning Template *(listed under 2. Enhancing Capacity or Skills)*

There is also opportunity to implement new, creative, and unique ideas that may not be listed in Attachment A or fall under an already existing pre-approval category listed above. To implement an activity that is not on this list, the activity must meet the following criteria:

1. Is the activity data-driven and evidence based?
2. What strategy does this activity correspond with?
3. How will this activity affect your problem statements?
4. What is the desired outcome of implementing this activity?

### PROCESS EVALUATION

While there are no specific outcomes for measuring strategy implementation (activities), process evaluation is equally important to the success of your project. Process evaluation is the continuous quality improvement process for your project; it is how you monitor the progress of your project, identify any necessary adjustments to implementation, and identify useful measurements for communicating with stakeholders. Process evaluation involves analyzing and documenting how strategies are implemented (by following through with identified activities).

Process evaluation answers the question: “Did we do what we said we would do?” and should help you determine the following:

- Were the interventions implemented as planned?
- Who participated and for how long?
- How is the strategy received by the community and stakeholders?
- What adaptations were made?
- Were the resources sufficient?
- What barriers were encountered?

Process measures can include the details connected to your activities. They also help keep yourself accountable to the activities on the action plan and to your community.

Examples of process measures include, but are not limited to:

- Number of physical or digital materials disseminated
- Number of people reached
- Number of program participants or attendees
- Number of meetings or events held

### Step 6: Finalize Strategic Plan

Strategic planning makes it possible to carry out the mission and vision of an organization or group in an effective, orderly way. It keeps the group on track, helps people develop and implement a prevention plan that is meaningful to their community, and outlines what everyone involved should be doing to move toward the group’s chosen goals.

There are multiple components of a comprehensive strategic plan, including:

- Strategic Plan Outline
- Logic Model
- Action Plans

## 2023 – 2026 SUPTRS Prevention Block Grant

Together, these documents all have a meaningful purpose for your project. Your strategic plan outline and/or logic model are the front-end/external documents that can be shared with stakeholders and used to broadly guide prevention efforts. The action plans and evaluation plan are the internal/administrative documents used to monitor detailed and ongoing implementation, ensure necessary adjustments are made, and measure effectiveness/outcomes.

Before completing the strategic plan, it is beneficial to complete a planning model (identified below), which depicts the decisions you have made at each step of the SPF and shows how each step relates to one another. It is used as a guide for writing your strategic plan outline.

<b>Problem Statement</b>	<b>Priority Goal or Expected Outcome</b>	<b>Objectives</b>	<b>Strategies</b>
What are the consumption and consequences for underage drinking?	What changes do you wish to see in consequences and consumption patterns for underage drinking?	What intervening variables contribute to the underage drinking consequences and consumption patterns you wish to change?	What strategies can positively impact the intervening variables and their related local conditions?

Your strategic plan must first identify your problem statement identified above, accompanied by supporting consequence and consumption data. Following the problem statement, your strategic plan will include the project goal, identified objectives, and prioritized strategies identified.

### Example Strategic Plan Outline:

**Problem Statement:** There is a high incidence of non-medical use of prescription drugs among youth and young adults in North Dakota.

- **Supporting Data:** 14.5 percent of North Dakota high school students reported using prescription drugs without a prescription one or more times during their lifetime (YRBS, 2015).
- **Supporting Data:** Overdose deaths in North Dakota increased from 20 deaths in 2013 to 61 deaths in 2015 (CDC/NCHS, National Vital Statistics System, Mortality).

**Goal 1:** Reduce non-medical use of prescription drugs among North Dakota youth and young adults.

**Objective 1.1:** Reduce social availability of prescription drugs

**Strategy 1.1.1:** Increase prescription drug take back locations.

**Strategy 1.1.2:** Implement media campaign to general public about safe medication storage

**Objective 2:** Increase perceived risk of harm from non-medical use of prescription drugs.

**Strategy 1.1.1:** Implement curriculum about prescription drug abuse in schools

## IMPLEMENTATION PHASE

During the Implementation phase, you put your plan to work! It is important to track and monitor process measures regularly in order to identify if a change of course is needed. The monthly reports required for these contracts may include some of these process measures as well as other state and federal reporting requirements.

### MONTHLY REPORTING

The BHD Prevention Team has implemented a new process for submitting the Monthly Reporting Forms (MRFs) and Request for Reimbursements (RFRs) in order to promote efficiency. ***Instead of submitting the MRFs and RFRs via e-mail, we will be utilizing an online tool called Qualtrics to submit these forms online.***


To track your activities throughout each month, we have updated the previously used Monthly Reporting Form Excel spreadsheet for you to use for your own records. A copy of the updated spreadsheet can be found [here](#).

**To ensure any e-mails from or related to Qualtrics are not flagged as spam or go to your junk folder, please add [noreply@qemailserver.com](mailto:noreply@qemailserver.com) to your list of approved or trusted contacts.**

The new Monthly Reporting Form is in a survey format, so each month when you are ready to input your information you will click a link to submit the following information. **This link will be e-mailed to both the primary and billing/reimbursement contact listed on the ITA and is a unique link for each grantee.**

Required Information: First Name, Last Name, Organization, and Reporting Period (month)

Restart Survey | Place Bookmark | Tools | Share Preview



**NORTH Dakota** | Behavioral Health  
Be Legendary. HEALTH & HUMAN SERVICES

Prevention Block Grant Monthly Reporting Form

First Name

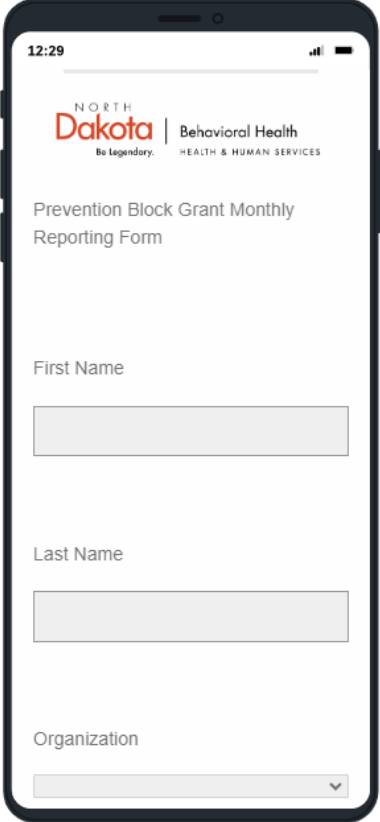
Last Name

Organization

Reporting Period

Next Section

Powered by Qualtrics



Parents Lead Section: A minimum of three (3) Parents Lead activities are required each month

- The reimbursement request for each Parents Lead activity will be \$500

- ☰
- Table of Contents
- Parents Lead**
- Section 1 - Information Dissemination
- Section 2 - Building Capacity and Skills
- Section 3 - Providing Support
- Section 4 - Enhancing Access/Reducing Barriers
- Section 5 - Changing Consequences
- Section 6 - Physical Design
- Section 7 - Environmental Changes or Modifying/Changing/Implementing Policies
- Summary

### Parents Lead - \$1,500/month

Implementation of at least three monthly activities listed in the Parents Lead Community Toolkit. (These activities can NOT be counted twice or duplicated throughout this reporting form.)

### Parents Lead - Activity #1

### Parents Lead Activity #1 - Reporting Data

Describe the activity. What was done? What was the topic? How does this support your strategy? What was the desired outcome of this activity? Please be as descriptive/detailed as possible.

# of total hours

# of people reached

# of participants

# of items handed out

Reimbursement Request



Sections 1 through 7: additional implemented activities to include the following information:

- a. Describe the activity. What was done? What was the topic? How does this support your strategy? What was the desired outcome of this activity? Please be as descriptive/detailed as possible.
- b. Corresponding process measure data *(if not applicable for that specific activity, please enter 0)*
  - i. # of total hours
  - ii. # of people reached
  - iii. # of participants
  - iv. # of items handed out
- c. Reimbursement amount requested *(please enter as a whole number without commas or dollar signs – i.e. \$1,200 would be entered as 1200)*
- d. Corresponding CSAP Code for each activity *(please see page 34 for more information)*

- Section 1 - Information Dissemination
- Section 2 - Building Capacity and Skills
- Section 3 - Providing Support
- Section 4 - Enhancing Access/Reducing Barriers
- Section 5 - Changing Consequences
- Section 6 - Physical Design
- Section 7 - Environmental Changes or Modifying/Changing/Implementing Policies
- Summary

Educational presentations, workshops or seminars or other presentations of data (e.g., public announcements, brochures, dissemination, billboards, community meetings, forums, web-based communication).

Information Dissemination - Activity #1

Eight or more customized social media posts/month (up to \$300/month) ▼

Information Dissemination Activity #1 - Reporting Data

Describe the activity. What was done? What was the topic? How does this support your strategy? What was the desired outcome of this activity? Please be as descriptive/detailed as possible.

8 "Did You Know?" posts to Facebook and Instagram (2 per week) about Speak Volumes to promote the Alculator. This effort supports the focus of reducing adult binge drinking by educating on safe and responsible alcohol consumption. The outcome is to encourage adults to use the Alculator when they are unsure of how much alcohol is in a beverage and to

# of total hours	<input style="width: 95%;" type="text" value="2"/>
# of people reached	<input style="width: 95%;" type="text" value="10000"/>
# of participants	<input style="width: 95%;" type="text" value="0"/>
# of items handed out	<input style="width: 95%;" type="text" value="0"/>
Reimbursement Requested	<input style="width: 95%;" type="text" value="1000"/>

Information Dissemination 1 CSAP Code

(03) Media campaigns ▼

Summary Section: upload Request for Reimbursement form and any additional supporting documentation (such as the Logic Model and Summary Statement, Strategic Plan Outline and Action Plans, or any alternative planning templates)

- Verification of total requested reimbursement amount is automatically added up at the end – please check that it matches your Request for Reimbursement Form)



- Table of Contents
- Parents Lead
- Section 1 - Information Dissemination
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- Section 5 - Changing Consequences
- Section 6 - Physical Design
- Section 7 - Environmental Changes or Modifying/Changing/Implementing Policies
- Summary**

Please Upload Your Request for Reimbursement (SFN 1763). Alternatively, you may e-mail it to kalibauer@nd.gov.

Drop files or click here to upload

Please Upload any supporting documentation, if applicable (i.e. planning templates). Alternatively, you may e-mail it to kalibauer@nd.gov.

Drop files or click here to upload

Reimbursement Requested Total

Info Dissemination 1	1000
<b>Total</b>	<b>1,000</b>

**Submit Form**

## 2023 – 2026 SUPTRS Prevention Block Grant

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You may use the menu (indicated by three small horizontal lines at the top left part of the page) to move between sections. **However, please note that this survey cannot be saved as “in-progress” or returned to later once it has been started.** We have updated the previously used [Monthly Reporting Excel spreadsheet](#) to be used to track activities until you are ready to submit your finalized MRF through the provided link.

If a correction to a submitted MRF or attached RFR needs to be made, please e-mail Kali Bauer at [kalibauer@nd.gov](mailto:kalibauer@nd.gov) to request a retake link.

Once the survey is fully submitted, you will receive a confirmation message with ability to download a PDF copy of your MRF for your records, as well as a confirmation e-mail.

The Primary and Billing/Reimbursement contacts for each grant recipient listed on the ITA will receive an e-mail from [noreply@gemailserver.com](mailto:noreply@gemailserver.com) that includes a unique link to submit the MRF – please save this e-mail and bookmark this link so you can return to it each month. You will also receive a confirmation e-mail after each report is successfully submitted with an option to download a PDF copy of your monthly report.

These e-mails are from an automated system within Qualtrics, so please ensure that you add the e-mail address to your contact list to ensure that these e-mails do not go to your junk folder.

As with any new process, there may be unforeseen issues or technical difficulties that arise. If you encounter any problems, please contact us so we can troubleshoot and correct these issues.

### **FEDERAL REPORTING REQUIREMENTS AND CSAP CODES:**

SAMHSA requires all state Block Grant recipients to submit federal reporting each year. Some of the information required by SAMHSA include metrics related to the activities implemented by community and tribal grantees, along with categorizing each activity according to the CSAP (Center for Substance Abuse Prevention) 6 Strategies.

For the 2023-2026 contract period, you will be required to translate all activities entered into your monthly report into its corresponding CSAP Code. A list of these codes can be found [here](#).

### About the CSAP 6 Strategies:

#### 1. Information Dissemination

- This strategy provides information about the nature of substance use and the effects on individuals, families, and communities (general prevention)
- This strategy also provides information on available prevention programs and services
- The dissemination of information is characterized by one-way communication from the source to the audience, with limited contact between the two

#### 2. Education

- This strategy provides information about activities aimed to affect critical life and social skills, including decision-making, refusal skills, and critical analysis
- Prevention education is characterized by two-way communication based on an interaction between the educator and the participants

#### 3. Alternatives

- This strategy provides for the participation of target populations in events that exclude alcohol and drug use during high-risk times through the provision of constructive and healthy activities

#### 4. Problem Identification and Referral

- This strategy aims to identify those who have indulged in substance misuse (but prior to a diagnosis of a substance use disorder) in order to assess if their behavior can be reversed through education

#### 5. Community Based Processes

- This strategy aims to enhance the ability of the community to provide substance use prevention services more effectively
- Activities in this strategy include organizing, planning, enhancing the efficiency and effectiveness of service implementation, building coalitions, networking, training, and continuing education of prevention professionals

#### 6. Environmental

- This strategy seeks to establish or change community standards and attitudes by influencing the incidence and prevalence of substance use in the general population
- This strategy focuses on changing policies, laws, practices, enforcement, governance, and restrictions

Ultimately, the CADCA 7 Strategies are used to guide our monthly activities and is categorized based on the type of activity itself (*what are you doing*), while the CSAP 6 Strategies focus on the topic of the activity (*what is it about?*).

**Some commonly used examples include:**

Activity under Attachment A	CSAP Code
Any activity under the Parents Lead section	3. Media campaigns
Any activity related to the Assessment, Planning, and Evaluation Phases, such as data collection and analysis, creation of a logic model or strategic plan, etc.	42. Systematic planning
Cultural-based events or activities such as cultural camps and cultural teachings incorporating prevention messaging for youth	22. Youth/adult leadership activities
Any activity related to promoting NDTip and Not In My House, working with retailers to implement Forensic ID Scanners, implementing policies or laws around Social Host, promoting implementation of local laws or ordinances on mandating Responsible Beverage Server Training, promoting restrictions on availability and distribution of alcohol, meeting with decision-makers to provide information surrounding both proposed and pre-existing laws and policies, and collaboration with law enforcement	52. Guidance and technical assistance on monitoring enforcement, governing availability, and distribution
Any activity involving working with a coalition, including both hosting and attending coalition meetings, taskforce or organization-specific meetings (including any general Q&A meetings with the BHD Prevention Team for the SUPTRS Block Grant)	43. Multi-agency coordination and collaboration/coalition
Hosting a booth at a conference or community event or hosting webinars where prevention information is provided to the community (one-way communication); or, Attending a conference, seminar/webinar, training, or other form of continuing education where information is being provided (one-way communication)	7. Health fairs and other health promotion
Hosting, attending, or promoting Responsible Beverage Server Training classes	17. Responsible beverage server training
Hosting community forums, townhall meetings, or other trainings provided to the general public (two-way communication); or, Attending an interactive or moderated webinar or training requiring participation (two-way communication)	41. Community and volunteer training

### REQUEST FOR REIMBURSEMENT

Each month you will be expected to submit a Request for Reimbursement (RFR) with your Monthly Reporting using the [SFN 1763](#).

When you click the link to the RFR on the State Forms website, please download a copy of the form and save it to your computer, and then open it in either Adobe Acrobat or Adobe Reader. If you try to fill out the form in your browser, not all of the cells will auto-sum and populate.

How to fill out an RFR:

- Top Section: fill out vendor name (this should match your contract), address, city, state, and zip code
- Left Column: description of service should be “2023-2026 SUPTRS Block Grant Prevention” (or something similar), HHS contract number must always be filled out, contract period should be 10/1/2023 – 9/30/2026, and billing period should be the month of the report (i.e. 10/1/2023 – 10/31/2023)
- Columns A through D: all amounts should go under the “Other” line
  - Column A: Total Expenditures previously claimed should match your records on what has already been requested for all previous months as the contract period progresses.
  - Column B: Expenditures claimed for this billing period (should be monthly)
  - Column C: (auto populates total from amounts entered into other columns to show progress)
  - Column D: Total Contract Award amount should be \$187,500 for LPHUs and \$240,000 for Tribes, and is filled out in the row labeled “Other”
- Reimbursement total should match monthly reporting. If activities exceed maximum allowable amount (\$8,000 for LPHUs, \$14,000 for Tribes), activities should be recorded as \$0.00 on monthly report.
- Right Column: sign and date (typed signature is acceptable)
- When you are ready to save your completed form, please save it as a PDF. The state fiscal department will not accept RFRs in any other format.
- Please submit your RFR when you complete your monthly reporting in Qualtrics – the option to upload the PDF as an attachment will be on the last page prior to clicking submit.

Additional Notes:

- RFRs for the Assessment, Planning, and Evaluation phases must still adhere to the maximum monthly allowable amount for reimbursements. Please submit separate RFRs for each month, rather than combining multiple months into one RFR.

# 2023 – 2026 SUPTRS Prevention Block Grant

## Example RFR:



**REQUEST FOR REIMBURSEMENT- DIRECT SERVICE**  
 DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 FINANCE  
 SFN 1763 (9-2022)

Clear Fields

(See reverse for instructions on completing this form).

Vendor/ Provider Name: Kali Bauer		
Address Line 1: 123 Reimbursement Way		
Line 2:		
City: Minot	State: ND	Zip Code: 58703

CONTRACT INFORMATION		Column A	Column B	Column C	Column D	Column E	Column F	Column G	PAYEE CERTIFICATION I hereby certify that this request accurately reflects expenditures for services rendered in accordance with an agreement between the vendor/provider organization or agency identified above and the Department of Health and Human Services, that matching fund requirements have been complied with and that such compliance is documented for audit purposes.  Is this the final reimbursement request for this contract? (Please check a box) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  A typed signature is legally binding and equivalent to a handwritten/electronic signature. Payee Signature: <i>Kali Ann Bauer</i> Date: 11/7/2023 Payee Telephone Number:		
Description of Service: 2023-2026 SUPTRS Block Grant Prevention	Expenditure Classification	Total Expenditures Previously Claimed	Expenditures Claimed This Billing Period	Cumulative Expenditures To Date Columns A & B	Total Contract Award (Including all Amendments)	Total Matching Expenditures (Including In-Kind, if Allowable) Previously Reported	Matching Expenditures (Including In-Kind, if Allowable) This Billing Period	Cumulative Matching Expenditures (Including In-Kind, if Allowable) to Date Columns E & F			
HHS Contract Number: 123-45678	Salaries & Fringe Benefit (Employees Only)										
	Travel										
	Consultation Services										
	Equipment										
	Supplies										
	Training										
	Other (List Separately)	\$5,000.00	\$5,000.00	\$10,000.00	\$187,500.00						
	Administration/Indirect Costs										
Contract Period: From: 10/1/2023 To: 9/30/2026	Sub-Total	\$5,000.00	\$5,000.00	\$10,000.00							
Billing Period: From: 10/1/2023 To: 10/31/2023	Less Advances/Program Income	( )	( )	( )							
	Totals	\$5,000.00		\$10,000.00	\$187,500.00						
HHS FINANCE USE ONLY:		Total Amount Requested for Reimbursement: (This billing period)			\$5,000.00	Program Income			Received To Date Expended To Date Remaining Balance		
REF LINE	Accounting Period Date	Speed Chart	Dept. ID	Account	Class	Fund	Project ID	Activity ID	Resource Type	Resource Category	TRANSACTION AMOUNT

**DEPARTMENT APPROVAL**  
 A typed signature is legally binding and equivalent to a handwritten/electronic signature.  
**Program Director**  
 By:  
 Date:

**Division Director**  
 By:  
 Date:

**Program Accountant**  
 By:  
 Date:

## 2023 – 2026 SUPTRS Prevention Block Grant

### Quarterly Presentations:

Every three months, we will meet virtually to share and learn about the activities completed during the Implementation Phase. Each grantee will be expected to submit and share a brief presentation including the following:

- Name of LPHU or Tribal Government and service area
- Priority Substance (i.e. adult binge drinking or underage drinking)
- Intervening Variables identified in Logic Model (i.e. high social access, high retail access, community norms, etc)
- Local Conditions identified in Logic Model
- Long Term Goal as it relates to the overall environmental strategy you are working towards to impact your local condition (i.e. policy, ordinance, protocol, systems change, etc)
- Describe some of the activities being implemented that are focused on this goal

These presentations may be in any format – PowerPoint, Canva Presentation, Word Document or PDF, etc. and grantees are encouraged to include and share photos of events, images of resources created, screenshots of digital posts, or any other visuals pertaining to the activities that have been implemented. All grantees will be required to e-mail their presentations prior to the start of each meeting. These meetings will be mandatory; however, if a grantee cannot attend a meeting, please notify Kali Bauer ahead of time. These meetings will also be recorded and posted on the BHD website under [Current Grantee Overview](#).

The schedule for the quarterly presentations will be as follows:

2024	2025	2026
Year 1 Quarter 1: <i>Assessment &amp; Planning Overview</i> Wednesday, January 10th @10:00am	Year 2 Quarter 1: Wednesday, January 15th @10:00am	Year 3 Quarter 1: Wednesday, January 14th @10:00am
Year 1 Quarter 2: Wednesday, April 10th @10:00am	Year 2 Quarter 2: Wednesday, April 9th @10:00am	Year 3 Quarter 2: Wednesday, April 8th @10:00am
Year 1 Quarter 3: Wednesday, July 10th @10:00am	Year 2 Quarter 3: Wednesday, July 9th @10:00am	Year 3 Quarter 3: Wednesday, July 8th @10:00am
Year 1 Quarter 4: Wednesday, October 9th @ 10:00am	Year 2 Quarter 4: Wednesday, October 8th @10:00am	Year 3 Quarter 4: <i>Evaluation Overview</i> Wednesday, September 30th @10:00am



## 2023 – 2026 SUPTRS Prevention Block Grant

*The first quarterly presentation meeting will be focused on reviewing each grantee’s Logic Model put together during the Assessment and Planning Phases.*

*The last quarterly presentation meeting will be focused on reviewing each grantee’s final evaluation put together during the Evaluation Phase.*

### Monthly Q&A Meetings

Every month, there will be an opportunity to attend a virtual Q&A meeting. These meetings will be informal and open to optional attendance, and will be recorded and posted on the BHD website under [Current Grantee Overview](#). BHD will provide regular general updates during these meetings as well as be available to answer any questions, concerns, or comments that may have come up.

These meetings will be scheduled for the first Tuesday of every month at 10:00am:

2023	2024	2025	2026
	January 2nd @ 10:00am	January 7th @ 10:00am	January 6th @ 10:00am
	February 6th @ 10:00am	February 4th @ 10:00am	February 3rd @ 10:00am
	March 5th @ 10:00am	March 4th @ 10:00am	March 3rd @ 10:00am
	April 2nd @ 10:00am	April 1st @ 10:00am	April 7th @ 10:00am
	May 7th @ 10:00am	May 6th @ 10:00am	May 5th @ 10:00am
	June 4th @ 10:00am	June 3rd @ 10:00am	June 2nd @ 10:00am
	July 2nd @ 10:00am	July 1st @ 10:00am	July 7th @ 10:00am
	August 6th @ 10:00am	August 5th @ 10:00am	August 4th @ 10:00am
	September 3rd @ 10:00am	September 2nd @ 10:00am	September 1st @ 10:00am
	October 1st @ 10:00am	October 7th @ 10:00am	
November 7th @ 10:00am	November 5th @ 10:00am	November 4th @ 10:00am	
December 5th @ 10:00am	December 3rd @ 10:00am	December 2nd @ 10:00am	

### EVALUATION PHASE

The final evaluation is due on September 23<sup>rd</sup>, 2026 at 5:00pm and should include the following:

- A detailed summary of progress made for the implemented strategy utilizing pre- and post- assessment data collected
- A clear summary of process measures (total people reached, number of resources disseminated, etc.), outcome measures based on identified priority areas,
- identification of communication points to share with local stakeholders,
- identified barriers to implementation for activities and possible solutions
- plans for sustaining outcomes

These measures are necessary in order to determine whether your prevention efforts have made an impact on your identified problem, or whether you have achieved your goal. To select measurements for your goal, you will need to know what data indicators were used when writing your problem statement.

### TRAINING & TECHNICAL ASSISTANCE

The BHD Prevention Team has partnered with several organizations to assist with various training and technical assistance tasks for the 2023-2026 grant cycle.

#### **GROWTH PARTNERS, LLC**

Growth Partners, LLC is a team of consultants and staff located in Lincoln, Nebraska that will be focusing on building capacity within each LPHU and Tribal Government participating in the SUPTRS Block Grant. They have several decades of experience directing, designing, and delivering outcome-driven assessment and training and technical assistance initiatives for prevention professionals.

Some of the areas in which they will assist the BHD Prevention Team include:

- Conducting pre- and post- capacity assessments/evaluations for each grantee to include the following:
  - Structured interviews with prevention professionals
  - Focus groups and structured interviews with key stakeholders
  - A community coalition or taskforce survey
- Complete individualized summary reports to include the following:
  - Capacity ratings for each grantee, key stakeholders, and the community, along with a detailed summary of key points as it relates to readiness and capacity to implement evidence-based prevention strategies
  - Identified TTA recommendations for each grantee, key stakeholders, and the community to increase effective implementation of evidence-based strategies, which includes a detailed list of activities each grantee could implement at a local level to increase key stakeholder capacity and community readiness to address substance use prevention
- Six (6) in-person, facilitated networking and learning events
- Two (2) facilitated Substance Abuse Prevention Skills Training (SAPST) events
- Fifteen (15) live recorded webinars
- Eight (8) regional in-person capacity building events to include community members and key stakeholders
- Five (5) Quarterly consultations with each grantee to assist with planning for regional and local prevention efforts
- One (1) statewide capacity building event, such as a prevention conference, as part of an overall capacity building plan with the goal to increase statewide capacity to support the local implementation of effective, data-driven prevention strategies aligned with the outcomes of the capacity assessments

- Training and customized materials on topics decided in consultation with state and community partners, including current brain research and development and the impact of substance abuse with the goal to increase capacity and readiness of the community to implement evidence-based prevention strategies. Materials shall include:
  - Ten, one-page, professional handouts summarizing evidence-based prevention practices for priority topics
  - 30 social media posts, which include imagery or videos
  - Four, one-page newspaper inserts
  - Six radio ad scripts

### PTTC

PTTC, or the Prevention Technology Transfer Center Network, is funded by SAMHSA as a resource for training and technical assistance services in the prevention field.

<https://pttcnetwork.org/>

Some of the resources offered by PTTC for community and tribal level prevention professionals include a Training Events Calendar with upcoming webinars on various topics implemented by the different regional centers. North Dakota grantees can take any of these offered trainings, even if offered by a PTTC center outside of our region.

Access the current calendar for training events here: <https://pttcnetwork.org/centers/global-pttc/training-and-events-calendar?center=28>

The BHD Prevention Team recommends signing up for each region's mailing list to receive e-mail alerts for upcoming training events. The links to each mailing list are:

- Mountain Plains PTTC: <https://pttcnetwork.org/centers/mountain-plains-pttc/connect-mountain-plains-pttc>
- Central East PTTC: <https://attcnetwork.us6.list-manage.com/subscribe?u=c994ebc25f5d0bc0f1ab0ef47&id=17bad8396e>
- Great Lakes PTTC: <https://explore.wisc.edu/LP=1208>
- Mid-America PTTC: <https://lp.constantcontactpages.com/su/B2LBdkF/maillinglist>
- New England PTTC: <https://pttcnetwork.us20.list-manage.com/subscribe?u=be51417996548b937bfdacad&id=8da3fac269>
- Northeast & Caribbean PTTC: <https://pttcnetwork.org/centers/northeast-caribbean-pttc/nec-subscription-page>
- Northwest PTTC: <https://pttcnetwork.us5.list->

## 2023 – 2026 SUPTRS Prevention Block Grant

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[manage.com/subscribe?u=a9fccbf973d79e9758a82536&id=164a5a395e](https://manage.com/subscribe?u=a9fccbf973d79e9758a82536&id=164a5a395e)

- Pacific Southwest PTTC: <https://pttcnetwork.us5.list-manage.com/subscribe?u=a9fccbf973d79e9758a82536&id=025d7fbe99>
- South Southwest PTTC: <https://lp.constantcontactpages.com/su/HFWdlGN/pttc6>
- Southeast PTTC: <https://lp.constantcontactpages.com/su/OalT5aj/SignUp>

## RESOURCES

### PREVENTION RESOURCE AND MEDIA CENTER

The Prevention Resource and Media Center has been migrated to a new website to streamline the process for ordering digital and printed materials for all BHD campaigns, including Parents Lead, Speak Volumes, and Not in My House.

<https://behavioralhealth.x-shops.com/>

All materials are free to order. Digital materials can be downloaded immediately, and physical or printed materials will be processed and shipped out based on the number of available items listed.

To request physical or printed materials not found on the website, pre-approval is required. Please e-mail [kalibauer@nd.gov](mailto:kalibauer@nd.gov) to submit your request.

SAMHSA has restrictions surrounding what types of items can be purchased with Block Grant funding. SAMHSA prohibits the purchase of "promotional items", which includes the following:

*Promotional items include but are not limited to clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags.*

*More information on SAMHSA's policy can be found here:*

<https://www.samhsa.gov/sites/default/files/grants/fy22-award-standard-terms-conditions.pdf>

HHS Policy on the Use of Appropriated Funds for Promotional Items: <https://www.hhs.gov/grants-contracts/contracts/contract-policies-regulations/spending-on-promotional-items/index.html>

### ADDITIONAL RESOURCES

The [Current Grantee Overview](#) website, part of the North Dakota Health and Human Services Behavioral Health website, has additional resources posted that include the following:

- BHD created specific resources, such as a list of commonly used acronyms
- Data sources
- Prevention resources from other states, such as toolkits and databases
- National resources, such as continuing education and trainings, publications, calendars, and products

To all 2023-2026 SUPTRS Block Grant recipients,

The North Dakota Behavioral Health Division thanks you for your hard work and dedication to bringing substance use prevention efforts to our communities.

We look forward to working with you all!