E-Cigarette, Marijuana, & Other Drug Prevention Grant Application

UTAH ASSOCIATION of LOCAL HEALTH DEPARTMENTS

San Juan Public Health
Vital Records • WIC • Environment

Applicant Information	
Timeline	The enclosed application is for Fiscal Year 2022 (July 1, 2021 - June 30, 2022). Applications will be accepted up to **July 19, 2021 by 8:00 AM Mountain Standard Time**. Grant applicants will be notified if funding is approved by July 18, 2021.
Organization Name	
Organization Address	*Address* *City* *Zip*
Contact Information	*Email Address* *Phone* *Organizational Representative* *Title*
Organizational Type	❏ <u>Coalition:</u> *a coalition of community organizations focused on substance abuse and prevention* ❏ <u>Local Government Agency:</u> *a local government agency, including a law enforcement agency, for a program that is focused on substance abuse and prevention* ❏ <u>Education:</u> *a local education agency as defined in Section 53J-1-301*
Organizational Description	*Provide a brief description of the agency applying for funding. Include any experience or expertise the agency has with the population they intend to serve.*
Proposal Summary	*Provide a brief overview of your project/proposal using two to four sentences.*
Amount Requested No more than $80,000	$

(Cover Page)

Introduction

Thank you for considering the Electronic Cigarette, Marijuana, and Other Drug Prevention Grant Program. The purpose of this grant program is to "address root causes and factors associated with the use of electronic cigarettes, marijuana, and other drugs by addressing one or more risk or protective factors identified in the Utah Student Health and Risk Prevention Statewide (SHARP) Survey" (Utah Code § 26A-1-129).

INFORMATION TO INCLUDE IN GRANT PROPOSAL

Applicants are expected to complete all information requested in this application. Failure to leave out any of these components may result in rejection of the application. Please use this document as a template to complete each section.

1. Application Cover Page
2. Community Description
3. Statement of the Problem
4. Selected Intervention
5. Action Plan and Evaluation Plan
6. Budget Form

Section 1: Application Cover Page

The above form from the Utah Association of Local Health Departments serves as the cover sheet to the grant proposal. Please complete the form in its entirety.

Section 2: Community Description

Define the community you propose to serve. Applicants may use various geographic boundaries including neighborhoods, census tracts, zip codes, and school districts, as well as townships to define their community. Applicants should be realistic about the size and population of the area in which they have the ability to create change. For example, choosing a community that is too large may be problematic due to inclusion of neighborhoods that have significantly different problems to be addressed.

In accordance with Utah Code § 26A-1-129, an applicant must submit an application to the local health department that has jurisdiction over the area in which the applicant is proposing use of grant funds.

Section 3: Statement of the Problem

Describe the current youth substance use problems in your community you plan to address.

● Include local data from the Student Health and Risk Prevention (SHARP) survey to justify your proposal.

Describe the risk and/or protective factors you plan to address that contribute to and/or address this problem. For more background information on risk and protective factors, see Appendix A.

● Include local data from the Student Health and Risk Prevention (SHARP) survey on the risk/protective factors you plan to address.

Section 4: Selected Intervention(s)

Utah Code § 26A-1-129 states that funding shall be provided for "a program or purpose that is: (i) evidence-based; or (ii) a promising practice as defined by the United States Centers for Disease Control and Prevention." Describe and substantiate how your program or purpose is rooted in evidence or a promising practice. See Appendix B for resources on identifying an evidence-based program or promising practice.

Section 5: Action Plan & Evaluation

Applicants need to develop and be prepared to implement a comprehensive 12-Month Action Plan. The Action Plan should foster community-level change by including a combination of goals, objectives, strategies, and activities. Provide a detailed 12-Month Action Plan using the table on the following page. Be sure to include the following in your plan:

1. List the Risk and/or Protective Factor(s) that will be addressed in your intervention.

2. Create one or more goals to indicate how your intervention will impact the identified risk and/or protective factor(s).

3. List activities (task or steps) that need to be carried out in order to reach your goal(s).

4. Your action plan should directly correlate with one or more of the Seven Strategies for Community-Level Change from Community Anti-Drug Coalitions of America (CADCA). Identify which of these strategies (listed below) align with each activity listed. For more information on these strategies, see Appendix C.

    a. Disseminate information/education

    b. Enhance individual life skills

    c. Provide activities that reduce risk factors or enhance protective factors

    d. Enhance community/participant access or reducing barriers to programs and strategies

    e. Changing consequences by addressing incentives or disincentives

    f. Implement environmental strategies to reduce risk factors and increase protective factors

    g. Support modification to policies or the implementation of new policies

5. List who is responsible for each activity, and by when the activity is expected to be accomplished.

6. Create SMART objectives (Specific, Measurable, Attainable, Realistic, Time-bound) to describe the expected outcome of the activity; See Appendix D for assistance.

7. Provide an evaluation plan that will help you measure your objectives.

FY22 ACTION PLAN					
Risk & Protective Factors Addressed	(Example: *Risk Factor: favorable attitudes towards drug use)*				
Goal(s)	(Example: *Promote and enhance the school-based Botvin LST prevention programs.)*				
Activity	**Strategy(ies) for Community-Level Change**	**Who is responsible?**	**By When?**	**What outcome will result from your activity?**	
(Example: *Provide Teacher Trainings* *Track implementation efforts & provide Teacher Incentives for teaching Botvins)*	(Example: *Providing information, building skills)*	(Example: *Grant Coordinator, School Counselor)*	(Example: *Summer 2021* *June 2022)*	**Process Objective**	(Example: *Fremont Middle School will implement Botvin Life Skills to all 7th and 8th Grade students in the school year 2020-2021*).
				Short-term Objective	(Example - *Favorable attitudes towards drug use will decrease by 2% from 2019 to 2021*)
				Long-term Objective	(Example - *30 day alcohol use among students in grades 8-12 will decrease by 2%*).
Evaluation Plan: How will you measure progress of your intervention?	(Example: *Track the number of teachers trained. Collect monthly reports from each school teacher trained.)*				

SECTION 6 - BUDGET FORM

Please complete the following budget template according to your 12-month Action Plan.

Category of Funding	Justification	Funding Amount
Personnel Salary		$
Fringe Benefits		$
Travel (in/out of state)		$
Supplies		$
Equipment		$
Subcontractors		$
Media Outreach		$
Other		$
Total Amount Requested		$

The budget justification column is used to determine reasonableness and allowability of costs. All of the proposed costs listed must be reasonable, and necessary to accomplish project objectives, allowable in accordance with applicable Federal Cost Principles, auditable, and incurred during the project period.

Proposed budgets must not exceed $100,000 in total costs in any year of the proposed project. Annual continuation awards will depend on the availability of funds, recipient progress in meeting project goals and objectives, timely submission of the required data and reports, and compliance with all grant award Terms and Conditions.

Reporting Project Progress

Grant recipients will report to the local health department four times over the year of funding. Reports are due the 15th of each month (October, January, April, and July). The grant recipient shall report the following:
1. Provide accounting for the expenditure of grant funds
2. Describe measurable outcomes as a result of the expenditures
3. Describe the impact and effectiveness of programs and activities funded through the grant
4. Indicate the amount of grant funds remaining on the date that the report is submitted

After a grant recipient expends all funds awarded to the recipient under the grant program, the grant recipient shall submit a final report to the local health department. On or before September 1 of each year, each local health department shall submit the reports to the Association of Local Health Departments, who in collaboration with the Department of Health, submit a report to the Health and Utah State Legislature Human Services Interim Committee.

Appendix A - Risk and Protective Factors Overview

The following excerpt is borrowed from Community Anti-Drug Coalitions of America (CADCA):

> Extensive national research, spanning over fifty years, has demonstrated a strong association between specific social conditions, personal characteristics, experiences and the involvement in unhealthy behavior. This research has identified these influences as Risk and Protective Factors.
>
> Risk factors are characteristics within the individual or conditions in the family, school or community that increase the likelihood someone will engage in unhealthy behavior such as: the use of alcohol, tobacco and other drugs, violence, suicide, or early sexual activity. The more risk factors present in a child's life, the greater the likelihood problems will develop in adolescence.
>
> Protective factors are characteristics within the individual or conditions in the family, school or community that help someone cope successfully with life challenges. When people can successfully negotiate their problems and deal with pre-existing risk factors, they are less likely to engage in unhealthy behavior. Protective factors are instrumental in healthy development; they build resiliency, skills and connections (CADCA, 2011).

Full article (PDF) here: [Risk and Protective Factors for Adolescent Substance Use (and other Problem Behavior)](#)

Additional information about risk and protective factors:

[Understanding Risk and Protective Factors: Their Use in Selecting Potential Targets and Promising Strategies for Intervention](#), The Community Toolbox (2021).

[Risk and Protective Factors](#), Substance Abuse and Mental Health Services Administration (SAMHSA)

Appendix B - Resources for Evidence-Based Programs and Promising Practices

Evidence-based means that a program, policy, or other strategy has been rigorously tested and demonstrated to be *effective* in preventing health problems based upon the best-available research evidence, rather than upon personal belief or anecdotal evidence (Health Policy Institute of Ohio, 2013). Programs that have been shown to be effective through less rigorous evaluation methods are often referred to as "promising practice." Strong proposals will cite the research that demonstrates why the program or practice is evidence-based or promising.

Why evidence-based? Resources are finite. Prioritizing resources towards a program or initiative that is already proven to work ensures those resources are used wisely and that relevant evidence is considered when decisions are made about funding.

If you are unsure of where to start in identifying an evidence-based program or promising practice, here are some top resources to help narrow your search. Community fit and practicality of the program are important factors to consider.

- **Substance Abuse and Mental Health Services Administration (SAMHSA)**
  Implement an Evidence-Based Program - Includes a link to Utah's own registry of approved prevention programs
  Resource Guide (PDF): Reducing Vaping Among Youth and Young Adults
  Resource Guide (PDF): Substance Misuse Prevention for Young Adults

- **Blueprints for Healthy Youth Development:** www.blueprintsprograms.org/
  Identifies youth violence, delinquency, and drug prevention and intervention programs that meet a strict scientific standard of program effectiveness. This database allows you to search by risk and protective factors, outcomes, and target audience.

- **The Community Guide:** www.thecommunityguide.org/
  Collection of evidence-based findings of the Community Preventive Services Task Force (CPSTF). This database allows you to search by topic, audience, or strategy. Below are some recommended topic searches:
  Tobacco: www.thecommunityguide.org/topic/tobacco
  Adolescent Health: www.thecommunityguide.org/topic/adolescent-health

- **What Works Clearinghouse**: https://ies.ed.gov/ncee/wwc/FWW
  This database has an education focus and may be most useful for applicants looking for proven prevention tools in school settings.

- **Results First Clearinghouse Database:** www.pewtrusts.org/
  This social policy program database compiles key information from nine national clearinghouses, including the effectiveness rating they assigned to each program.

Appendix C - Seven Strategies for Community-Level Change (CADCA's National Coalition Institute, 2021)

Community Anti-Drug Coalitions of America (CADCA)'s Seven Strategies for Creating Effective Community Change provides a menu of action steps to include in your comprehensive action plan. Note that the first three strategies focus primarily on individuals while the latter four focus on systems and policies.

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

2. **Enhancing Skills** – Workshops, seminars or other activities designed to increase the skills of participants, members and staff needed to achieve population level outcomes (e.g., training, technical assistance, distance learning, strategic planning retreats, curricula development)

3. **Providing Support** – Creating opportunities to support people to participate in activities that reduce risk or enhance protection (e.g., providing alternative activities, mentoring, referrals, support groups or clubs).

4. **Enhancing Access/Reducing Barriers**- Improving systems and processes to increase the ease, ability and opportunity to utilize those systems and services (e.g., assuring healthcare, childcare, transportation, housing, justice, education, safety, special needs, cultural and language sensitivity).

5. **Changing Consequences (Incentives/Disincentives)** – Increasing or decreasing the probability of a specific behavior that reduces risk or enhances protection by altering the consequences for performing that behavior (e.g., increasing public recognition for deserved behavior, individual and business rewards, taxes, citations, fines, revocations/loss of privileges).

6. **Physical Design** – Changing the physical design or structure of the environment to reduce risk or enhance protection (e.g., parks, landscapes, signage, lighting, outlet density).

7. **Modifying/Changing Policies** – Formal change in written procedures, by-laws, proclamations, rules or laws with written documentation and/or voting procedures (e.g., workplace initiatives, law enforcement procedures and practices, public policy actions, systems change within government, communities and organizations).

For more information, read Strategic Prevention Framework (SPF) and Environmental Strategies (CADCA, n.d.)

A coalition in Wolcott, CT provides real-life examples of using each of the seven CADA strategies:
https://www.wolcottcasa.org/action.html

Appendix D – Developing Measurable Objectives

To be able to effectively evaluate your project, it is critical that you develop measurable objectives. This appendix provides information on developing objectives and provides examples.

Objectives describe the results to be achieved and the manner in which they will be achieved. Multiple objectives are generally needed to address a single goal. Well-written objectives help set program priorities and targets for progress and accountability. It is recommended you avoid verbs that may have vague meanings to describe the intended outcomes, like "understand" or "know" because it may prove difficult to measure them. Instead, use verbs that document action, such as: "By the end of 2018, 75% of program participants will be placed in permanent housing." In order to be effective, objectives should be clear and leave no room for interpretation. **SMART** is a helpful acronym for developing objectives that are **specific**, **measurable**, **achievable**, **realistic**, and **timebound**.

S: Specific – Includes the "who" and "what" of program activities. Use only one action verb to avoid issues with measuring success. For example, "Outreach workers will administer the HIV risk assessment tool to at least 100 injection drug users in the population of focus" is a more specific objective than "Outreach workers will use their skills to reach out to drug users on the street."

M: Measurable – Outlines how much change is expected. It must be possible to count or otherwise quantify an activity or its results. It also means the source of and mechanism for collecting measurement data can be identified and that collection of the data is feasible for your program. A baseline measurement is required to document change (e.g., to measure the percentage of increase or decrease). If you plan to use a specific measurement instrument, it is recommended you incorporate its use into the objective. Example: By 9/18/21 increase by 10 percent the number of 8th, 9th, and 10th-grade students who disapprove of marijuana use as measured by the annual school youth survey.

A: Achievable – Objectives should be attainable within a given time frame and with available program resources. For example, "The new part-time nutritionist will meet with seven teenage mothers each week to design a complete dietary plan" is a more achievable objective than "Teenage mothers will learn about proper nutrition."

R: Realistic – Objectives should be within the scope of the project and propose reasonable programmatic steps that can be implemented within a specific time frame. For example, "Two ex-gang members will make one school presentation each week for two months to raise community awareness about the presence of gangs" is a more realistic objective than "Gang-related violence in the community will be eliminated."

T: Time-bound – Provide a time frame indicating when the objective will be measured or time by when the objective will be met. For example, "Five new peer educators will be recruited by the second quarter of the first funding year" is a better objective than "New peer educators will be hired."

E-CIGARETTE, MARIJUANA, & OTHER DRUG PREVENTION GRANT
APPLICATION REVIEWER SCORE SHEET & CRITERIA

The proposal will be scored out of 140 points. Reviewers will score on a scale of 0 - "total points possible" for each section. Described below is what should be included in each section for full points. Each proposal will be reviewed in-depth by the review committee. *Please be aware this criteria may be changed or modified at any time.*

Applicant:	Points Possible	Points Awarded
SECTION 1: APPLICATION COVER PAGE	**5**	
Applicant provides a brief description of the agency applying for funding. Includes any experience or expertise the agency has with the population they intend to serve.	2	
Applicant provides a brief description of the proposal.	2	
All parts of the Application Cover Page are complete.	1	
SECTION 2: COMMUNITY DESCRIPTION	**15**	
The section clearly defines the target community.	5	
The applicant selects a realistic community size in which the project can affect change.	5	
The target community lives, learns, and/or plays in the health jurisdiction presiding over the grant application.	5	
SECTION 3: STATEMENT OF THE PROBLEM	**20**	
Youth substance abuse problem is clearly described.	5	
Relevant, local SHARP data is used to describe the youth substance problem.	5	
Risk and/or protective factors are clearly outlined.	5	
Selected risk and/or protective factors are identified with accurate local SHARP data.	5	

SECTION 4: SELECTED INTERVENTION(S)	**10**	
Section clearly describes how the proposed program or purpose is evidence-based or a promising practice.	5	
Section cites one or more vetted sources to demonstrate the intervention has been effective in other communities.	5	
SECTION 5: ACTION PLAN & EVALUATION	**35**	
Applicant utilizes the provided Action Plan table.	2	
Risk and/or Protective Factor(s) to be addressed are listed.	3	
Risk and/or Protective Factor(s) align with the Statement of the Problem and SHARP data.	5	
Goals are clearly written and indicate how intervention will impact the identified Risk and/or Protective factor(s).	5	
Objectives are clearly written to describe the expected outcome of the activity.	5	
Objectives are SMART (Specific, Measurable, Attainable, Realistic, Time-bound).	5	
Strategies, activities, or aims are identified using a variety of CADCA's Seven Strategies for Community Level Change), including: ● Disseminate information/education ● Enhance individual life skills ● Provide activities that reduce risk factors or enhance protective factors ● Enhance community access or reducing barriers to programs and strategies ● Changing consequences by addressing incentives or disincentives ● Implement environmental strategies to reduce risk factors and increase protective factors ● Support modification to policies or the implementation of new policies	5	
A brief evaluation plan is provided to demonstrate how the applicant will measure progress, goals, and objectives.	5	
SECTION 6: BUDGET FORM	**20**	
Budget form is organized, complete, and accurate.	5	
Budget justification is clear and meets all requirements and considerations. Budget does not exceed $100,000.	10	
All of the proposed costs listed are reasonable and necessary to accomplish project objectives.	5	

GENERAL CONSIDERATIONS	**30**	
Organization type is one of the following: coalition, local government agency, or a local education agency as defined in Section 53J-1-301.	10	
Applicant utilized the provided template.	2	

The proposal illustrates that the agency has the capacity to carry out the project.	3	
The proposal is high-quality and well-written, including good grammar, spelling, and punctuation.	5	
Prior grantees only: Grantee possesses positive history in meeting original award requirements, including, but not limited to, the following considerations: adhering to the contractor guidelines and agreements, remaining within budget, submitting required reporting in a timely manner, communicating as needed with grant coordinator, and demonstrating a strong effort to obtain goals and objectives.	10	
Final comments:	135 Total Points Available	Final Score