

STATE OF IOWA DEPARTMENT OF
Health AND **Human**
SERVICES

Integrated Provider Network

Prevention Services Orientation Guide

August 2023

Information included in this document is current as of July 1, 2023 and is subject to change by Iowa HHS (Agency). IPN contractors will continue to provide primary prevention services selected during the Planning step through the Implementation and Evaluation steps of the Strategic Prevention Framework. In addition, IPN contractors will explore ways to sustain established IPN prevention services following the conclusion of the project period.

Instructions

This guidance document will assist IPN contractors with prevention services through the end of the Iowa HHS Integrated Provider Network (IPN) grant. This guidance document along with additional grant information will be shared during the **IPN Prevention Services Overview Webinar** that will occur on July 31, 2023, from 9:00-10:00 am. To participate, register at the following link. Once registered, the access information for the meeting will be emailed to you:

<https://us02web.zoom.us/meeting/register/tZEkd-quqD0qH9ORpurFp8jXL5MPtHh7gPeH>

Also included in this document are instructions on the following:

- SFY24 Prevention Action Plan
- SFY24 Iowa Grants Components
- SFY24 Youth Surveying
- Prevention Specialist Certification
- Prevention Staffing Requirements
- Coalition Engagement
- Strategic Prevention Framework | Implementation Step
- Strategic Prevention Framework | Evaluation Step
- Use of Fidelity Checklists
- Guidance for Media Articles
- Iowa HHS Approved Media Campaigns
- Subcontracts
- Data Entry
- Allocated Staff Time and CSAP Strategies
- Prevention Training Logs
- IPN Grant Closeout Processes

If an IPN contractor has any questions about SFY24 IPN grant expectations, direct those questions to Julie Hibben and Katie Bee by contacting the IPN Help Desk at ipn@idph.iowa.gov.

Integrated Provider Network Prevention Services

Year 5 | July 1, 2023 – June 30, 2024

SFY24 PREVENTION ACTION PLAN

IPN contractors will update the FY23 Action Plan for the timeframe of July 1, 2023–June 30, 2024, for each county in their IPN Service Area. The SFY24 Action Plan is a continuation of each IPN contractor's approved SFY23 Action Plan which are based on the previously developed IPN Logic Models and IPN Strategic Plans.

IPN contractors will revise and resubmit the SFY24 Action Plan to Julie Hibben and Katie Bee via IowaGrants correspondence by Friday, October 6, 2023. Revisions should be submitted using “track changes” to clearly show any changes to the SFY24 Action Plan. Examples of changes may include but are not limited to the following:

- Date of services
- Action step details (e.g. locations, number of contacts, types of service, partners engaged, etc.)
- CSAP strategies
- Dosage/frequency
- Indicators
- Institute of Medicine categories
- Short-Term Outcomes

In the event a new strategy or service is requested, IPN contractors must follow the IPN Prevention Planning Step Deliverable Revision Guidance that was provided via the IPN Help Desk to Prevention Leads in February 2023.

SFY24 IOWA GRANTS COMPONENTS

IPN contractors will need to revise their SFY24 substance abuse and problem gambling prevention Budget Justification Forms to support costs that directly align with approved services offered from July 1, 2023–June 30, 2024. A separate SFY24 Budget Justification Form will be made available in the current IowaGrants site soon.

If a prevention staff position is vacant, then indicate To Be Hired (i.e. TBH) within the salary/fringe line item to clearly show the position is currently vacant.

IPN contractors will need to review the Personnel component in IowaGrants to ensure the prevention staff names and positions listed are current. If a position is currently vacant, the component can simply read To Be Hired (i.e. TBH) to clearly show the position is not filled. If updates are needed, then IPN contractors can notify Julie Hibben and Katie Bee via IowaGrants correspondence to request for the Personnel component to be renegotiated.

SFY24 YOUTH SURVEYING

Through the IPN grant, the Iowa HHS Prevention survey will not be administered during SFY24 (July 1, 2023 – June 2024). Guidance on other youth surveying including developer-created surveys or other youths will be provided by Iowa HHS pending leadership approval.

Adult surveying is permitted.

PREVENTION SPECIALIST CERTIFICATION

IPN contractors will upload a copy of the Prevention Specialist Certification for all current staff within the Personnel component of IowaGrants.gov.

Per the IPN Request for Proposal (RFP), all direct service prevention staff and prevention supervisors will be required to obtain their Prevention Specialist Certification within 18 months of the IPN Grant start date.

For prevention staff not yet hired, certification processes should be started during the final contract year of the IPN grant.

PREVENTION STAFFING REQUIREMENTS

Staff providing prevention services must have the appropriate qualifications, experience, degrees, certifications, or licenses required of their position and the services provided and must meet all regulatory requirements. Prevention services must be provided by staff persons qualified to provide that service. A contractor must assure staffing and staff qualifications are sufficient to implement prevention services as outlined in the IPN RFP. No single staff person may exceed 1.0 FTE.

Per IPN RFP requirements, IPN contractors are required to have:

- **Prevention Services Lead**
 - Minimum of three years' experience in the field of substance abuse or problem gambling prevention services; minimum of Bachelor's Degree.
- **Prevention Services Data/QI Lead**
 - Minimum of three years' experience in the field of data collection and reporting or quality improvement; minimum of Associate's Degree in data related or human services field.

Contractors with staff that do not have the required levels of experience for the Prevention Lead and/or Data/QI Lead roles per the IPN RFP can submit an IPN Exception Request through the IPN Help Desk but must include responses to the following questions in the request documentation:

- Describe the knowledge/experience this person has in substance abuse and/or problem gambling prevention as well as supervision/data requirements.
- Explain how the skills this person has will transfer into the work required in the IPN prevention project.
- Provide the supervision process (overseen by a Certified Prevention Specialist per IPN RFP requirements) the agency will provide to ensure the new Prevention Lead/Data Lead has support.

- Provide a specific training plan for the new Prevention Lead/Data Lead including:
 - General orientation to the IPN project
 - Onboarding to the fields of substance abuse and problem gambling prevention
 - Prevention Lead Only: Ensure attendance at the Substance Abuse Prevention Skills Training within one year and Prevention Ethics within three months per the IPN RFP requirements

Once submitted, the Agency will review the IPN Exception Request and if approved, the plan must be implemented by the contractor to ensure prevention services are supported.

As a reminder, the IPN Project Team is able to provide additional technical assistance on the Strategic Prevention Framework or other IPN specific requirements, if needed. The Agency would also encourage new hires to participate in Capacity Coaching as a resource. Details about coaching services can be found [here](#).

COALITION ENGAGEMENT

Contractors will continue to engage the prevention-focused coalition they collaborated with beginning in 2019 in each county in the service area that aligns with the approved strategies identified in the SFY24 Action Plan.

IPN contractors are encouraged to continue collaborating with the coalitions each Tobacco Use Prevention and Control Community Partnership contractor works with and attend those coalition meetings in each county in the service area.

In the event a coalition has dissolved, has not been identified, or does not align with the definition and/or functions of a community coalition, then contact Julie Hibben and Katie Bee on or before September 29, 2023, via the correspondence component to schedule a technical assistance call to discuss this further.

- There should be at least one coalition engaged in each county in the service area.
- It is ideal if each coalition serves the county, not solely one community in the county.
- These coalitions will be engaged in assisting the contracted agency with each step of the Strategic Prevention Framework process.
- IPN contractors should continue to update the Capacity Workbook that was submitted and initially approved in SFY21. The Capacity Workbook is a fluid document that should be updated in collaboration with the identified county coalition and community stakeholder group that is being worked with.

STRATEGIC PREVENTION FRAMEWORK | IMPLEMENTATION STEP

IPN contractors will continue with the **Implementation Step** of the Strategic Prevention Framework in Year 5 of the grant. This step leads to effective community-based prevention as it brings together the findings from the Assessment, Capacity and Planning steps. This is done by:

- Using local data to drive decisions;
- Building and sustaining local partnerships through capacity; and
- Developing strong prevention plans based on local data that serve the lifespan.

IPN contractors are required to utilize approved strategies that are listed in the [Iowa HHS Evidence-Based Programs, Practices, and Policies Selection and Implementation Guide](#) (EBP Guide) to best support primary prevention services. Implementation puts the Logic Models, Strategic Plans and Action Plans into motion.

The Implementation Step will take place throughout the duration of the project (July 1, 2022, through June 30, 2024).

STRATEGIC PREVENTION FRAMEWORK | EVALUATION STEP

IPN contractors will work on the **Evaluation Step** of the Strategic Prevention Framework in Year 5 of the grant. This step leads to effective community-based prevention as it closely examines the effectiveness of prevention services and allows contractors and community partners to identify measurable success. Evaluation also allows contractors to identify if changes are needed in prevention service delivery. This is done by:

- Reviewing outcomes to identify possible changes in behavior;
- Identify what prevention services are effective and which may need to be revised; and
- Articulate the benefits of primary prevention services and the need for continued services.

USE OF FIDELITY CHECKLISTS

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), “Fidelity refers to the degree to which a program is implemented as its original developer intended. Programs or practices that are implemented with complete fidelity are most likely to be effective.”

Using a Fidelity Checklist is one way to help the county coalition/s and community partners ensure that the project is on track to reach the intended outcomes.

Fidelity checklists may be found in the EBP Guide for all Iowa HHS approved strategies for the IPN grant and reflect the core component of each strategy. Core components are considered foundational services to implement a strategy. Additional services can be added to the strategy as long as they align with research and expectations.

Checklists should be used by the IPN Prevention Specialists, IPN Prevention Lead, county coalition/s and community partners to ensure strategy expectations are being met. IPN Prevention Specialists will need to work with the county coalition/s and community partners to decide how to collect the data needed to complete these checklists.

Fidelity checks must be conducted throughout each contract year. Fidelity data can be collected through surveys or interviews with those implementing the program, through partners who act as impartial observers, or from participants (Note: youth surveying is not permitted during SFY24). Data can be collected before, during or after each implementation, or a combination of the three. A plan for who will be responsible for collecting and reporting this information should be agreed upon before implementation begins.

The Agency will review fidelity checklists during IPN site visits or other times throughout the project. Fidelity checklists are a guide to ensure the components of each strategy are included in the approved SFY24 Action Plan and successful outcomes are achieved. Completed checklists should be dated and kept on file at the contracted agency.

GUIDANCE FOR MEDIA ARTICLES

All media articles (press releases, letters to the editor, newsletter articles, etc.) regarding IPN strategies or the IPN project need to utilize the following process:

Contractors must acknowledge Iowa HHS and SABG funding on websites, materials, campaigns, and other communications or platforms that reference Integrated Provider Network services, using the following citation:

“[Contractor] is part of the Integrated Provider Network Grant, with services funded by the Iowa Department of Health and Human Services and the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.”

The Agency does not need to review/approve media articles but contractors should keep copies of all submitted and published articles on file as documentation that will be reviewed during IPN site visits.

Media Campaigns include but are not limited to: billboards, radio ads, digital banner ads, newspaper ads, etc.

Media campaigns are an important tool used to support and promote the work of the identified evidence-based programs, policies, or practices. Media campaigns should strategically reach the identified population of focus and compliment the direct work that is taking place within the awarded service area to achieve the desired outcome

IPN contractors are required to select and implement an Iowa HHS prevention media campaign that aligns with county needs as approved during the Planning Step. A minimum of three separate and distinct media platforms (agency or coalition websites/social media pages cannot be counted as one of the three platforms) must be used for media campaigns. Agencies will be responsible for funding all media campaign activities with IPN prevention funds and may not rely on community stakeholders to solely disseminate or incur those costs.

Media campaign activities must run throughout the year, at least nine months (this does not have to be consecutive), include appropriate dosage/frequency, reach the intended population of focus and be listed as a strategy with the work plan.

All Department approved media campaigns can be found on the [Your Life Iowa Media Center](#).

IOWA HHS APPROVED MEDIA CAMPAIGNS

IPN funded prevention contractors are required to select an Agency approved media campaign which should be reflected in the SFY24 IPN Action Plan. The Agency has established a variety of media campaigns that include the following topics: alcohol, tobacco, marijuana, methamphetamine, prescription medication/opioids, problem gambling, and tobacco. Details regarding these options are included in the Your Life Iowa Media Center.

Items provided in the YLI Media Center should only be used or published in the medium/mode that they were created. Because they are not licensed for use outside of the medium/mode in which they were created.

SUBCONTRACTS

Any services that fall under the “Description of Work and Services” in the contract, is \$2,000 or over, and the contractor would like to subcontract to another organization/business needs to have a subcontract document reviewed and approved by the Agency. Even if an IPN contractor has an existing contact with an organization/business they would like to provide subcontracted services, the Agency still requires a subcontract for services that fall into the above categories.

Subcontracted services also include services that support media campaign dissemination such as billboard placement, radio and television advertisements, social media advertising, etc.

IPN contractors must submit draft subcontract plans to Julie Hibben and Katie Bee via the correspondence component of IowaGrants.gov **on or before September 29, 2023**, for any subcontracted service taking place in SFY24.

DATA ENTRY

IPN contractors are responsible for entering all direct service hours for prevention into the Agency identified data collection system. **Direct service hours must be entered on or before the 15th of every month following the month of service.**

No youth surveying will be completed in SFY24; therefore, no pre/post surveys will be collected or entered in the REDCap Prevention System.

ALLOCATED STAFF TIME & CSAP STRATEGIES

IPN contractors are expected to provide prevention services utilizing each of the Center for Substance Abuse Prevention (CSAP) Strategies within their Service Area, which include the following.

- Alternative Activities
- Community-Based Process
- Education

- Environmental
- Information Dissemination
- Problem Identification & Referral

SFY24 Action Plans should include all CSAP strategies within the service area. While the Education strategy is not required to be implemented in each county of the service area, IPN contractors are encouraged to include the five additional strategies within each counties SFY24 Action Plan.

IPN Prevention Leads will be expected to monitor their team’s CSAP allocation on a regular basis.

While there are no pre-determined number of direct service hours identified within the Request for Proposal, IPN contractors are encouraged to consider establishing a level of effort standard for their prevention team members.

Direct service is the actual face-to-face (or virtual) interaction within the community where prevention knowledge is transferred. Direct service must directly align with the approved services/strategies listed in the SFY24 Action Plan. Direct service allows IPN contractors to apply, achieve and sustain effective prevention services.

IPN contractors are encouraged to refer to the REDCap User Manual to view available Activity Codes and examples of direct service.

While there are no set number of direct services hours to achieve, IPN contractors are still responsible for providing both indirect and direct service hours that will lead to positive community change within their awarded Service Area.

For historical reference, prior to the IPN grant, a 1.0 full-time equivalent (FTE) funded staff member was responsible for completing 768 direct service hours per fiscal year. This equated to approximately 64 direct service hours per month, or approximately 15 direct service hours per week.

PREVENTION TRAINING LOGS

Prevention staff must complete the IPN Training Logs (see attached) to accurately document trainings that have been fully completed. The IPN Training Log must be completed on a bi-annual basis (twice per year) and submitted in a PDF format to Julie Hibben and Katie Bee, via the Correspondence section of IowaGrants.gov.

The IPN Training Log must be turned in by **January 15, 2024**, for trainings that have been attended from July 1, 2023, through December 31, 2023. The IPN Training Log must be turned in by **June 30, 2024**, for trainings that have been attended from January 1, 2024, through June 30, 2024.

GRANT CLOSE OUT PROCESSES

Use this information as a guide to close out the IPN grant that ends on June 30, 2024.

EVALUATION

- All prevention services must be entered into the REDCap Prevention System by June 14, 2024.
- All prevention service data revisions requested by the Agency must be completely addressed by June 26, 2024.
- Retain all Prevention Surveys collected and those entered into the REDCap Prevention System for five years (see Records and Documentation section below).

PROGRESS REPORTS

- Complete the final Progress Report form in IowaGrants.gov no later than July 26, 2024.

FINANCIAL

- Submit final claim by July 15, 2024.

RECORDS AND DOCUMENTATION

Retain all accounting and financial records, programmatic records, supporting documents, statistical records and other records reasonably considered as pertinent to the contract, for a period of five (5) years from the day the Contractor submits its final expenditure report. If any litigation, claim, negotiation, audit or other action involving the records has been started before the expiration of the five (5) year period, the records must be retained until completion of the action and resolution of all issues which arise from it, or until the end of the regular five (5) year period, whichever is later. Client records which are non-medical must be maintained for a period of five (5) years.

Maintain the confidentiality of all records of the project in accordance with state and federal laws, rules, and regulations and the terms of section 9 of these general conditions.