IOWA DEPARTMENT OF PUBLIC HEALTH
BUREAU OF SUBSTANCE ABUSE

IPN Planning Guide

April 2021

IDPH
IOWA Department of PUBLIC HEALTH

Introduction

This guide provides details on the Planning step of the Strategic Prevention Framework for the Integrated Provider Network (IPN) grant. Planning involves the creation of a comprehensive strategic plan, which includes distinct services and outcomes aimed at meeting the substance misuse and problem gambling prevention needs of each county within the Service Area. During this phase, IPN contractors create a **logic model**, a **strategic plan**, an **action plan** and select IDPH approved evidence-based programs, policies, and practices. They also determine costs and resources needed for effective implementation.

This document also provides IPN contractors with a set of guidelines to help select the most appropriate and "best fit" prevention services for implementation to ensure a greater likelihood of success for each county in the awarded Service Area. By design, this document helps to select services that build upon what was learned through the Assessment step of the SPF. In addition, the intervening variables, underlying conditions and services address the priorities identified in the IPN Request for Proposal (RFP).

Coalition and community stakeholder involvement in the SPF and associated deliverables noted in this guide is an expectation. To ensure continuity and alignment of county prevention services focused on the IPN priority areas, IPN contractors should apply the information gathered from the Capacity step to avoid potential overlap or duplication at the local level.

IPN contractors cannot begin implementing services, included in the IPN Action Plan developed during the Planning step, until the Department has reviewed and approved all Planning deliverables.

For additional information on the Planning step, see the following resources:

A Guide to SAMHSA's Strategic Prevention Framework, Substance Abuse and Mental Health Services Administration (SAMHSA)

Planning Tools, South Southwest Prevention Technology Transfer Center

Strategic Planning Tool, Center for Strategic Prevention Support

IPN contractors will also support the National Standards for Culturally and Linguistically Appropriate Services in Heath and Heath Care (CLAS), see the following resources:

National CLAS Standards, U.S. Department of Health & Human Services

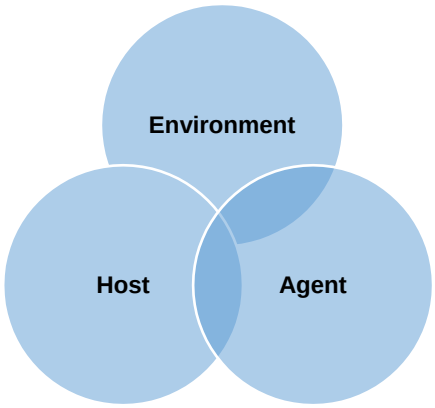
National CLAS Standards: Practical Applications for Prevention Training (recorded webinar)

Planning Step Components

Included in this section of the guide are models and best practice information that will support services through the Planning step of the IPN grant.

Public Health Model

The Public Health Model embraces a comprehensive approach to community change. Instead of focusing efforts on changing individuals, one at a time through prevention efforts, this model looks at changing the environment that surrounds those individuals.



As the model suggests, a specific substance misuse and/or problem gambling issue does not result from only one source. Rather, the model emphasizes the interaction of sometimes-subtle forces that shape the type and magnitude of problematic outcomes. The etiology of the specific problem can often be understood best from a public health perspective by isolating the relevant individual, agent, and environmental variables that are identified through the intervening variables and underlying conditions.

Social-Ecological Model

The social-ecological model is a multi-faceted public health model grounded in the understanding that to achieve sustainable changes in behavior, **prevention efforts must focus on the individuals within the population of focus at the different levels of influence surrounding them.**

Source:
https://www.cdc.gov/violenceprevention/publichealthissue/social-ecologicalmodel.html

The social-ecological model consists of four levels that a prevention effort should strive to impact. Each are listed below:

Individual level: This level encompasses the knowledge, attitudes, and skills of the individuals within the population of focus. This level can be influenced by individual-level services such as educational and skill-building programs.

Relationship level: This level includes the family, friends, and peers of the individuals within the population of focus. These persons have the ability to shape the behaviors of the individuals in the population of focus. This level can be influenced by enhancing social supports and social networks as well as changing group norms and rules.

Community/County level: This level includes the unique environments in which the individuals in the population of focus live and spend much of their time, such as schools, places of employment and worship, neighborhoods, sports teams, and volunteer groups. This level can be influenced by changes to rules, regulations, and policies within the different community organizations and structures.

Societal level: This level includes the larger, macro-level factors that influence the behaviors of the individuals in the population of focus, such as laws, policies, and social norms. This level can be influenced by changing state and local laws, policies, and practices, as well as other initiatives designed to change social norms among the population of focus as a whole, such as a media campaign.

Note: The Substance Abuse Prevention and Treatment (SAPT) Block Grant does not fund statewide alcohol, tobacco, other drug (ATOD) policy change.

Types of Prevention Services

Prevention services typically fall into environmental and individual categories. Each are explained below:

Environmental services focus on the broader physical, social, cultural, and institutional forces that contribute to problem behaviors. These services are found in the outer layers (or levels) of the social-ecological model.

Individual services target the knowledge, attitudes, and skills of individuals.

The social-ecological model promotes a multi-service approach targeting the individual, as well as the different levels of influence surrounding them. **IPN contractors are required to implement services that include both individual and environmental services.**

Fidelity

Fidelity is the degree of fit between the developer-defined components of a strategy, and its actual implementation in a given organizational or community setting. The program's elements are specified in a program manual, curriculum, or core components analysis. "Fidelity" is also called program "adherence" or "integrity" in some of the literature on this subject.

Most programs or funders will provide a fidelity guide or checklist to ensure adherence to the program components. Guidance on fidelity checks including timelines and processes will be provided in the IPN Selection & Implementation Guide, which will be made available on July 31, 2021.

Adaptation

Adaptation refers to adding or subtracting any of services components, altering those components, or changing the way a service is administered. To ensure a good outcome, it is important to implement prevention services with fidelity. IPN counties that wish to adapt a service need to request permission from IDPH before implementing any change.

Dosage and Frequency

Dosage for a service refers to how many, or what percent of the population of focus needs to receive the service in order for change on the priority or intervening variable to occur. The same dosage may not work for all services or similar populations. For most environmental approaches, **there is an expectation of engaging at least 50% of the population of focus.** The higher the dosage, the better the outcome.

Frequency for a service refers to how often the service should occur to see change. Some services have a noted frequency while others need additional research to determine the frequency. The Department prevention staff are available for technical assistance regarding dosage and frequency questions.

Theory of Change

A ***theory of change*** is a reasoned belief, based on assessment data and evaluation results, that a specific course of action will produce a desired degree of positive change. A Theory of Change statement focuses on describing how and why the desired change is expected to come about.

Intervening Variables and Underlying Conditions

Intervening Variables

Intervening variables may be known by other names such as risk factors, causal factors, or contributing factors. Intervening variables represent a group of factors that social scientists have identified as influencing the occurrence and magnitude of substance use and/or problem gambling consumption and consequences. The Strategic Prevention Framework is rooted in the idea that making changes to these variables at the county level will cause changes in substance use and/or problem gambling related problems. Review of assessment data will support selection of the intervening variables. These variables answer the question of “but why?” in the specific county.

Underlying Conditions

Underlying conditions are specific issues in a county that contribute to the problem. These factors provide the reasons an intervening variable exists in the particular county and offer the key link to identifying appropriate services. Current assessment data may be useful to determine the exact factor, or more assessment may be necessary if no data exists about an intervening variable that has been identified. Each intervening variable must have one or more underlying conditions. These conditions answer the question of “but why here?” in the specific county.

Selection Process

During the Planning step of the IPN grant, each IPN Contractor will need to decide what combination of intervening variables would be best to focus on to address the identified grant priority areas. Other mitigating factors should be considered like special community characteristics that influence the grant priority.

Selection of intervening variables and underlying conditions must be data driven. If anecdotal information or stories are identified during this SPF process, then those stories and anecdotes must be validated by local data at the county or community level. Ideally, these data would be gathered during the Assessment step of the SPF.

IPN Intervening Variables and Underlying Conditions

The intervening variables and underlying conditions listed below are to be utilized by IPN contractors in developing the required deliverables for the Planning step and were noted in the County Assessment Workbook as a part of the Assessment step. These variables and conditions are purposely listed in generic terms to allow the IPN counties within the Service Area to review, analyze, and collect additional data in order to determine direction. The services that align with each intervening variable will be available in the Selection & Implementation Guide on July 31, 2021.

Intervening Variables	Definition	Underlying Conditions	Data Source
Community Norms	Extent to which substance use/gambling is accepted, or perceived to be accepted	Perception of community problem Community acceptance	Iowa Youth Survey [Questions: F14, F16, & F18]
Individual Factors	Individuals' behaviors, beliefs and knowledge	Early initiation Perception of risk/harm Perceived risk of detection Perception of disapproval Favorable attitudes Knowledge	County-level surveys Iowa Youth Survey [Questions: B15, B41, C9, C11, C17, D5, D7, & D11]
Laws and Policies	County or community rules, policies, procedural guidelines, MOUs or codes of conduct	Local ordinances Campus policies Workplace policies School policies	Collection of ordinances or policies currently available
Promotion	Monetary costs of substance/gambling options, extent to which substances/gambling are promoted, and exposure to promotion	Sponsorships Variety/frequency of advertising Targeted promotion Product placement Location Glamorization in media Pricing	County-level surveys Point of Sale Data

Retail Availability	Extent to which substances and/or gambling options are available for purchase and within the county, and how easy it is to purchase	Retail outlet density Compliance with laws/regulations Product placement Retailer beverage service/training Third party purchase	Alcoholic Beverages Division [retail licenses & permits] Iowa Lottery [net sales by county] Iowa Racing and Gaming Association [retail locations]
Social Availability	Extent to which substance/gambling options can be obtained from friends, associates, family members, residences or other adults	Ease of obtaining Lack of knowledge of penalties	Iowa Youth Survey [Questions: G2, G3, & G8] [Questions: B22 & B25]

Evidence-Based Programs, Policies and Practices

What are evidence-based programs, policies and practices? In the substance misuse and/or problem gambling prevention field, evidence-based programs, policies, and practices (EBP) generally refer to prevention approaches that are validated by some form of documented evidence. What counts as "evidence" varies. Evidence often is defined as findings established through scientific research, but other methods of establishing evidence are considered valid as well. EBP stands in contrast to approaches that are based on tradition, convention, belief, or anecdotal evidence.

Who should be involved in the strategy selection process? The countywide coalition/subcommittee and any additional county stakeholders should all have input into the selection of the evidence-based programs, policies, and practices. Remember the principle that “people support what they help create.” Involving the coalition/subcommittee and county stakeholders in the selection process will help to ensure that everyone has bought into the ultimate goals of the county’s strategic plan for prevention.

Identifying “Good Fit” EBP Strategies

The best candidates for inclusion in the IPN Strategic Plan are EBPs in which the following components are supported.

Conceptual fit is the degree to which an EBP is a good match for the job that needs to be done; for example, a saw is a good match for the job of cutting a piece of wood—better than a hammer or screwdriver.

Practical fit is the degree to which an EBP is a good match for the people involved and the community overall; for example, a handsaw is a good match for someone who wants to cut wood but who cannot afford or comfortably operate a power saw.

Evidence of effectiveness is the proof that an EBP can (or cannot) do the job that needs to be done; for example, watching someone use a handsaw to cut through wood is evidence of that specific saw's effectiveness.

Ability to implement with fidelity includes the following components:

- A population of focus that is similar (in demographics and numbers) to the intended (or previously researched) population;
- Implementation of all elements or facets of the EBP, rather than picking and choosing just some of the elements to implement; (Note: IPN funds cannot be used to increase the dosage or frequency of a service already being implemented in the county)
- Implementation using a similar timeline and in a similar method to the documented evidence; and
- Similar data collection processes.

Cultural fit includes the following components:

- The population of focus is similar to the intended population of focus for the EBP through documented evaluation and research studies;
- The EBP is applicable and appropriate for culturally diverse populations in the county;
- The EBP takes into account the cultural beliefs and practices of the population of focus; and
- Supportive materials for the EBP are properly translated and/or appropriate for the population of focus.

High likelihood of sustainability includes the following components:

- Documented evaluation and research studies have demonstrated sustainable outcomes;
- County leaders and stakeholders believe the EBP is important and are committed to sustaining it; and
- The EBP can be sustained with little or no direct cost following implementation.

If the EBP being considered does not meet all the components of a "good fit," IPN contractors should consider what is missing and how these barriers or limitations could be overcome. To help determine whether an EBP is a good fit for each county in the Service Area, take each proposed EBP through the "test fit" process that is listed in Appendix 1.

For additional information, see the Selecting Best-fit Programs and Practices: Guidance for Substance Misuse Prevention Practitioners, SAMHSA.

IPN EBP Strategy Selection Process

This section provides an outline of the IPN EBP strategy selection process. This process helps ensure that the selected evidence-based programs, policies, and practices can be successfully implemented within each county of the awarded Service Area to attain population level change of the identified IPN priorities.

Two evidence-based strategy approval categories are listed below. If the selected EBP is not pre-approved, it will need to go through a more detailed approval process. The two Evidence-Based Strategy Approval Category:

1. **Pre-approved** for use through the IPN grant: Pre-approved EBPs consist of those services designed to affect the IPN priority issues, for which evidence of effectiveness is available. These EBPs have been recommended by federal agencies, national substance abuse prevention organizations, and/or are strongly supported by peer-reviewed literature. All pre-approved EBP's will be included in the IPN Selection & Implementation Guide on July 31, 2021.

2. **Not pre-approved**, but meets the requirements of one of the other definitions of evidence-based provided by Substance Abuse and Mental Health Services Administration (SAMHSA):

   Definition 1: The intervention is reported (with positive effects on the primary targeted outcome) in a peer-reviewed journal; or

   Definition 2: The intervention has documented effectiveness supported by other sources of information and the consensus judgment of informed experts based on the following guidelines:
   - The intervention is based on a theory of change that is documented in a clear logic or conceptual model;
   - The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature;
   - The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to scientific standards of evidence and with results that show a consistent pattern of credible and positive effects

If an IPN contractor identifies an EBP that falls into Definition 2, an IDPH Waiver Request Form found in Appendix 2, will need to be submitted. The request will be reviewed by the Evidence-Based Practice Review Team, which is a subcommittee of the IDPH Evidence-Based Practice Workgroup. IPN contractors should submit this form as soon as an additional EBP has been identified. Submission instructions are listed in the form. Allow at least two weeks for the review and response.

Deliverable Information and Instructions

This section describes each of the required deliverables in the Planning step. A general overview of the process is provided and then specific instructions are included for each deliverable. The deliverable templates are provided as three separate attachments as a part of this guide. The following guidelines should be adhered to when completing each deliverable.

- Utilize the coalition or a subcommittee in completion of the deliverables
- Deliverables are meant to serve as county resources and are considered **public documents**
- Avoid language that is blaming or shaming
- Do not revise the templates provided (e.g. change the format, font, move or remove pages)
- Answer all questions and in the order asked
- Abide by the page limit guidance

Logic Model

Prioritization in Prevention

Before movement can take place on the Planning step deliverables, IPN contractors must have an honest perspective of where they have come, where they are at, and where they are going. One way to do this is to utilize a prioritization process for IPN prevention priority areas. Over the past two years, IPN contractors have worked to assess the local substance misuse and problem gambling landscape. In addition, much time was spent building capacity to address local prevention efforts by engaging new stakeholders, analyzing potential overlap and duplication, and mapping out local prevention partners.

During the Planning step, IPN contractors will be reviewing all data related to the IPN prevention priorities in the County Assessment Workbook (CAW) that show the greatest need for service based on the data collected. During this step, IPN contractors will be prioritizing which prevention priorities need to be addressed and select the top three, per county, to focus on during the IPN grant.

The Planning step takes all the lessons learned and brings together a data driven process that has the highest likelihood of achieving positive outcomes throughout Iowa. In order to successfully move through the Planning step deliverables consider the following prioritization process as identified by the Prevention Technology Transfer Center (PTTC) Network:

- **Develop a data group.** For IPN contractors, this will most likely be the identified coalition/subcommittee that assisted with the Assessment and Capacity steps of the SPF;

- **Determine the method of prioritization. Examine the measures and data sources to include, what type of criteria to utilize, how the process will be determined, and what type of scoring strategy will be used.** Much of the guess work has been taken out as IPN contractors have utilized the Assessment and Capacity deliverables which will directly impact the decision making process;

- **Organize data into a matrix or spreadsheet that allows for comparison throughout the project.** The Planning deliverables will move data into actionable items in a way that will be organized and easily tracked;

- **Share the established prioritization process with the local coalition/subcommittee.** Prevention is more effective when it engages the community. Coalitions/subcommittees and local stakeholders should have an active voice in the work taking place;

- **Interpret results and determine feasibility by examining the following: magnitude, severity, time trends, and comparisons.** In summary, will the prevention services selected work. Will there be enough time, money, people, and resources to help see it through.

For more information regarding the PTTC developed prioritization steps visit, The Data Dive Episode 1 (Prioritization) Companion Document, funded by the Substance Abuse and Mental Health Services Administration

Overview

A logic model is a conceptual framework that broadly outlines a series of data-driven and logical steps that are used to identify and link problems, consequences, intervening variables and underlying conditions and then broadly plan a course of action. An outcome-based logic model describes relationships among multiple factors and components in a county and how they may

be used to achieve change in a desired outcome. It maps the identified problem in terms of the following components:

1. A clear definition of problem and related behaviors to be addressed;
2. Consumption and consequence data to highlight the priority to be addressed;
3. Intervening variables (why?) and underlying conditions (why here?) which have evidence of contributing to the problem;
4. Services (evidence based programs, policies, practices) that have evidence of effectiveness in impacting the intervening variables and underlying conditions and the priority; and
5. Evaluation methods to track and share results such as outcomes with coalitions and community stakeholders.

Instructions

Each county within the awarded Service Area will create three IPN Logic Models, based on Assessment findings, for the grant project period that connects all the priority, data, intervening variables, and underlying conditions as noted in the County Assessment Workbook. IPN contractors will utilize the template included as an attachment with this guide. See the instructions below for instructions on filling out the IPN Logic Model template.

IPN Prevention Priorities: Include the priorities identified for the IPN grant, which include:

- Alcohol (ages 25-65)
- Marijuana (ages 12-20)
- Methamphetamine (all ages)
- Prescription medication misuse/opioids (ages 65 and over)
- Problem gambling (ages 21 and over)
- Suicide (all ages)
- Tobacco (ages 12-20)

IPN contractors must include Problem Gambling as one of their three selected priorities in each of the counties in their awarded Service Area.

Theory of Change: Include a statement that is a strategic overview of the multiple activities required to produce the short-term outcomes that need to occur to achieve the identified long-term outcome. **A Theory of Change statement focuses on describing how and why the desired change is expected to come about.**

Substance Misuse and/or Problem Gambling Issues: Based on the three priority areas chosen, per county, include the appropriate consumption and consequence data that result from substance misuse and/or problem gambling identified during the County Assessment Workbook process as a part of the Assessment step. Include the data source and the year to support each problem identified.

Intervening Variables: These are the local conditions and environmental factors that have been identified as being related to and influencing the occurrence and magnitude of the priority. Include at least one (1) and no more than two (2) for each of the identified priorities as was noted in the County Assessment Workbook.

Underlying Conditions: These are the specific issues in a county that contribute to the problem. These factors provide the reasons an intervening variable exists in a particular

county and offer the key links to identifying appropriate strategies. Include at least one (1) and no more than two (2) per intervening variable identified as was noted in the County Assessment Workbook.

Services: An evidence-based program, policy or practice (EBP) that research had identified as being related to and able to influence the identified underlying conditions in the county. Include all services being implemented (both IDPH required and county selected). Additional details will be provided in the IDPH approved services within the Selection & Implementation Guide on July 31, 2021. Any services that were identified as a Definition 2 (page 10) service should be included as a placeholder during review by the IDPH Evidence-Based Practice Review Team.

Outcomes: SMART Outcomes need to be written in a format that is Specific, Measurable, Attainable, Realistic and Time-sensitive.

Long-Term Outcome: State the degree of change the project will seek related to each priority within the entire grant project period (from the date in which implementation begins to June 30, 2024). Each priority will have one long-term outcome, which includes one measure of change, a baseline and how the change will be measured. **The long-term outcome should focus on change connected to the priority section of the logic model.**

Mid-Range Outcome: State the degree of change the project will seek related to each priority mid-way through the date in which implementation begins to June 30, 2024. Each priority will have one mid-term outcome that includes one measure of change, baseline data and how the change will be measured. **The mid-term outcome should focus on change connected to the priority section of the logic model.**

Short-Term Outcome: State the degree of change the project will seek related to each strategy within FY22 (from the date in which implementation begins to June 30, 2022). Each strategy will have one short-term outcome and should include one measure of change, baseline data and how the change will be measured. **The short-term outcome should focus on change connected to the identified underlying conditions, intervening variables, and services sections of the logic model.**

Strategic Plan

Overview

The Strategic Plan is a narrative to describe and justify the approach the county is taking to address the priority. It is an extension of the logic model. In addition, the plan includes dosage, frequency and population of focus information. It summarizes the county capacity and cultural competence related to the implementation of the selected services. The plan clearly shows how the selected services were chosen through a thoughtful data-driven decision making process and how these services will address the identified priorities. Strategic plans are living documents and will be updated as needed.

IPN contractors will be responsible for developing one IPN Strategic Plan, which includes at least three (3) prevention priorities. The IPN Strategic Plans will be based on the developed IPN Logic Models.

Instructions
Each IPN contractor will submit one IPN Strategic Plan, per county, with details to support at least three selected prevention priority areas identified within the IPN Logic Model deliverable. The Strategic Plan will reflect the entire grant project period using the Strategic Plan template (included as an attachment with this guide). The template is divided into several sections and includes questions to answer and page limits for each section. Utilize the instructions below to fill out the Strategic Plan template:

- This document is meant to stand alone to describe the planning process. Provide enough detail in each section so that someone unfamiliar with the IPN grant could understand the project in each county in the IPN Service Area.
- This document is designed to be shared with coalitions/subcommittees, stakeholders, and community members as a way to increase understanding, engagement and collaboration. When discussing the scope of the problem and contributing factors in your county, avoid language that is blaming or shaming. Identify challenges and barriers that exist in a way that invites understanding, collaboration and a sense of shared outcomes.
- Utilize the headings in the template if recreating the template document. Subheadings are recommended to note additional information requested under each heading.

Action Plan

Overview
To support and further the Logic Model and Strategic Plan, a corresponding Action Plan needs to be developed. The value of a well-detailed Action Plan is that it provides the necessary steps and accountability to accomplish the strategies. By creating a clear and concise document, the Action Plan can be used as a tool to increase support when moving into implementation, as well as building a solid foundation for sustainability planning.

IPN contractors will be responsible for developing Action Plans for the three identified prevention priorities, per county, in the awarded Service Area. The three Prevention Action Plans will be based on the developed IPN Logic Models and IPN Strategic Plans.

Instructions
Each IPN contractor will be responsible for developing one IPN Action Plan for each of the three identified prevention priorities, per county, in the awarded Service Area for FY22 (from the date in which implementation begins to June 30, 2022). The Action Plan will focus on services to address all connected prevention priorities, intervening variables, and underlying conditions as noted in the Logic Model. Counties will utilize the template included as an attachment with this guide. See the instructions below for instructions on filling out each section of the action plan template.

County Name: Include the County name.

IPN Priority: Note the priority as identified in the Logic Model.

Intervening Variables/Underlying Conditions: State the key intervening variable/underlying condition from the Logic Model to be addressed (see page 12 for details).

Strategy: Include the identified service from the Logic Model that will be implemented. Repeat for each strategy in the Logic Model.

Population of Focus: Describe the direct population the strategy will focus upon as noted in the Strategic Plan.

Action Steps: Provide a numbered list of the key action steps that will need to occur in order to implement the service. A minimum of four action steps should be included per service.

Timeline: List the expected start and end date for each step. Timeframes should not only include the contract year but should note the timing for various services.

Location: List the specific location where the action step will occur. This may be countywide or it may be a specific city, town or section of the county.

Center for Substance Abuse Prevention: IPN contractors must use a variety of strategies to sufficiently meet the assessed needs through their awarded Service Area:

- **Information Dissemination:** This strategy provides awareness and knowledge on the nature and extent of alcohol, tobacco, and drug use/misuse/addiction, as well as problem gambling and the effects on individuals, families, and communities. It also offers awareness and knowledge of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two.
- **Education:** Education involved two-way communication and interaction between the educator/facilitator and the participants. Activities are intended to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g. of media messages), and systematic judgement abilities.
- **Alternatives:** This strategy provides consultation to groups that offer opportunities for populations of focus to participate in activities that exclude alcohol, other drugs, gambling, etc. The purpose is to discourage substance misuse, problem gambling, or other risky behaviors.
- **Problem Identification and Referral:** This strategy aims to identify individuals who have indulged in illegal or age-inappropriate use of tobacco or alcohol and individuals who have indulged in their first use of illicit drugs, as well as risky problem gambling. The goal is to assess if their behavior can be reversed through education. This strategy does not include any activity to determine whether a person needs treatment.
- **Community-Based Process:** This strategy aims at building community capacity in order to more effectively provide prevention and treatment services for substance use disorders and problem gambling. Activities include organizing, planning, enhancing the efficiency and effectiveness of services, inter-agency collaboration, coalition building, and networking.
- **Environmental:** Environmental strategies establish or change written and unwritten community standards, codes, ordinances, and attitudes, thereby influencing the incidence and prevalence of alcohol, tobacco, and other drugs misuse and/or problem gambling in the population.

It is important for all Center for Substance Abuse Prevention (CSAP) strategies to be woven into local prevention efforts. By working together, they create and sustain positive outcomes. Historically, the Alternatives and Problem Identification and Referral strategies are the most underutilized. IPN contractors will need to make certain these CSAP strategies are incorporated into their local prevention efforts.

Institute of Medicine: Categorize prevention interventions by population of focus. The definitions for these population classifications are:

- **Universal**: The general public or a whole population group that has not been identified based on individual risk.
- **Selective**: Individuals or a subgroup of the population whose risk of developing a disorder is significantly higher than average.
- **Indicated**: Individuals in high-risk environments who have minimal but detectable signs or symptoms foreshadowing disorder or have biological markers indicating predispositions for disorder but do not yet meet diagnostic levels.

Process Indicators: List the measures that will be used to monitor the extent to which each action step is occurring as planned.

Short-Term Outcome: State the degree of change the project will seek related to each service within FY22 (from the date in which implementation begins to June 30, 2022). Each service will have one short-term outcome and should include one measure of change, baseline data and how the change will be measured. The short-term outcome should focus on change connected to the services section of the logic model.

Persons Responsible: List the staff position, agency or the collaborator who will carry out the action step.

Additional IPN Action Plan Considerations

IPN contractors must conduct work and services at the local level that support the identified priorities listed in the IPN RFP. Contractors will create an Action Plan for the timeframe from the date in which implementation begins to June 30, 2022 using the Action Plan template provided by the Department (see attached).

If an IPN contractor would like to include Methamphetamine or Suicide as a priority in their Action Plan, they will need to contact Julie Hibben and Katie Bee via the Correspondence component of IowaGrants.gov to discuss further.

IPN contractors are required to select and implement an IDPH prevention media campaign that aligns with county needs. 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 (this does not have to

be consecutive), include appropriate dosage/frequency, reach the intended population of focus, and be listed as a Service under the appropriate prevention priority.

The following guidelines must be included within each submitted IPN Action Plan

IPN Contractors Serving Four or More Counties per Service Area	IPN Action Plan Expectations
Required number of IPN Action Plans	• One (1) IPN Action Plan per county that addresses three (3) priority areas. • IPN Action Plans must align with the Logic Model and Strategic Plan deliverables.
Priority Areas	• Selected priority areas must align with the data collected during the Assessment step. • Problem Gambling must be a provided service in each county.
IPN Action Plan Expectations	Each IPN Prevention Action Plan shall include the following: • One (1) Service per Prevention Priority identified; • At least four (4) Action Steps per Service; • One (1) Short-term and one (1) Mid-range outcome per Service; • Outcomes must be written in SMART format (Specific, Measurable, Attainable, Realistic, and Time Bound); • Include all Institute of Medicine (IOM) categories; • Include all Center for Substance Abuse Prevention (CSAP) strategies; • Include service across the lifespan that align with the identified age ranges listed in the IPN Prevention Action Plan template; • Include the appropriate dosage (the percentage of the population of focus engaged in a service) and frequency (how often the service occurs) for each service as noted in the Strategic Plan.
Services	• IPN contractors must select services to include from the IDPH approved list of EBPs identified in the Selection & Implementation Guide that will be provided on July 31, 2021. • A mix of individual and environmental services must be included within the Action Plans submitted for each county. While IDPH approved media campaigns are considered an environmental strategy, they cannot be the only environmental strategy utilized. • IPN contractors are required to select and implement two (2) IDPH media campaigns in two separate counties that aligns with county needs (see page 16 for details). *One media campaign per county identified.

IPN Contractors Serving One to Three Counties per Service Area	IPN Action Plan Expectations
Required number of IPN Action Plans	• One (1) IPN Action Plan per county that addresses three (3) priority areas. • IPN Action Plans must align with the Logic Model and Strategic Plan deliverables.
Priority Areas	• Selected priority areas must align with the data collected during the Assessment step. • Problem Gambling must be a provided service in each county.
IPN Action Plan Expectations	Each IPN Prevention Action Plan shall include the following: • Two (2) Services per Prevention Priority identified; • At least four (4) Action Steps per Service; • One (1) Short-term and one (1) Mid-range outcome per Strategy; • Outcomes must be written in SMART format (Specific, Measurable, Attainable, Realistic, and Time Bound); • Include all Institute of Medicine (IOM) categories; • Include all Center for Substance Abuse Prevention (CSAP) strategies; • Include service across the lifespan that align with the identified age ranges listed in the Action Plan template; • Address appropriate dosage (the percentage of the population of focus engaged in a service) and frequency (how often the service occurs) for each service.
Services	• IPN contractors must select services to include from the IDPH approved list of EBPs identified in the Selection & Implementation Guide that will be provided on July 31, 2021. • A mix of individual and environmental services must be included within the IPN Prevention Action Plans submitted for each county. While IDPH approved media campaigns are considered an environmental strategy, they cannot be the only environmental strategy utilized. • IPN contractors are required to select and implement one (1) IDPH media campaign that aligns with county needs (see page 16 for details). *One media campaign per county identified.

Helpful Hints

- Individual services do not have to occur in a school setting in light of COVID-19 impacts related to school resources/time/safety with outside visitors. IPN contractors should explore the use of virtual programming with schools and youth serving organizations.
- IPN contractors may submit an EBP Waiver Request form for review for evidence-based programming not included on the approved list to be provided on July 31, 2021.
- IPN contractors will be responsible for assuring the population of focus to be served aligns with the EBP-identified IOM category.
- IPN contractors are required to use the IDPH Prevention Survey instruments for pre/post surveying in all youth focused evidence-based, recurring services prevention programs.

Review Process

The IPN Logic Model, Strategic Plan and Action Plan are due on December 31, 2021. Submit each document via Iowagrants.gov correspondence to Julie Hibben and Katie Bee. IDPH IPN project staff will take one month to review the deliverables and will provide IPN Prevention Leads with feedback via correspondence on their plan.

If the plan is approved, the IPN contractor can move to the Implementation step and the current IPN Work Plan will end. If the plan is not approved, the IPN contractor will have three weeks to make revisions. IDPH IPN project staff will again have two weeks to review the deliverable/s and provide any feedback via correspondence.

If the plan is still not approved after a second review, the IPN contractor will have two weeks to make suggested changes and will then meet for an individual consultation with IDPH IPN project staff to address any outstanding areas of concern and next steps.

Due Date	Next Step
Initial submission December 31, 2021	If approved, IPN county moves on to implementation step. If not approved, IPN county revises document and resubmits on next due date.
Second submission February 18, 2022	If approved, IPN county moves on to implementation step. If not approved, IPN county revises document and resubmits on next due date.
Third submission March 18, 2022	Meet with IDPH IPN project staff to review document and plan next steps.

Sources

Sections of this guide were adapted from material developed by the following organizations/sources:

Community Prevention Initiative, Guide to Writing a Strategic Prevention Plan. Iowa Partnerships for Success Planning and Implementation Guide (2017).

Selecting Best-fit Programs and Practices: Guidance for Substance Misuse Prevention Practitioners, Substance Abuse and Mental Health Services Administration (September 2018).

Social-Ecological Model, Centers for Disease Control and Prevention (2007).

South Dakota Strategic Prevention Framework Community Coalition Strategic Planning Guidance (2015).

Substance Abuse and Mental Illness Prevention, Substance Abuse and Mental Health Services Administration (2018).

Substance Abuse Prevention and Treatment Block Grant, Substance Abuse and Mental Health Services Administration (April 2020)

The Data Dive, Prevention Technology Transfer Center Network, Substance Abuse and Mental Health Services Administration (2019).

Appendices

Strategy Test Fit Form

This form will help the county determine if the proposed strategy meets the "good fit" criteria. This form does not need to be submitted to IDPH.

What approval category does this strategy (EBP) fall under? (Place an x next to one of the following options)

☐ Pre-approved through the IPN grant
☐ Not pre-approved (an" IDPH Waiver Request Form" must also be completed for this Strategy. Form available in Appendix 2)

Who is the population of focus for this strategy?

Which of the intervening variable(s) will this strategy try to impact?

Which of the underlying condition(s) will this strategy try to impact?

Demonstrate that the county has the readiness and capacity to effectively implement this strategy. (Practical fit)

Will this strategy be implemented as intended in the county? (Ability to implement with fidelity)

☐ Yes, this strategy will be implemented as intended
☐ No, some changes will be made to how this strategy is implemented to better address the target population or the readiness/abilities of our community/coalition (discuss below)

Is this strategy culturally appropriate and culturally relevant for the target population? (Cultural fit)

☐ Yes, this strategy is culturally appropriate and relevant as intended
☐ Yes, but it has been modified it to make it more culturally appropriate and relevant for the county (discuss below)

What will be needed to sustain this strategy in the county beyond the SIPDO grant? (Sustainability)

☐ Additional funding
☐ Strong support from stakeholders
☐ Almost nothing, it should be sustainable on its own
☐ Other, please specify

IDPH Evidence-Based Practice Waiver Request Form (Appendix 1)

Guidelines for Requesting Use of an Evidence-Based Program, Practice, or Policy (EBP)

The Iowa Department of Public Health (IDPH), Bureau of Substance Abuse allows prevention contractors to submit a Waiver for the use of identified programs, practices, or policies not currently approved by IDPH.

Prior to completing the IDPH Evidence-Based Practice Waiver Request Form, prevention contractors must review all IDPH approved evidenced-based programs, practices, and policies to identify if a better fit is available. This review must take place in collaboration with community stakeholders to ensure community-level feedback and buy-in.

Before implementing a non-IDPH approved program, practice, or policy, complete the following form and submit to the IDPH Project Coordinator via the Correspondence component of IowaGrants.gov. The IDPH Evidence-Based Practice Review Team will review the request and the IDPH Project Coordinator will provide a response in a timely manner.

*Note: submission of an Evidence-Based Practice Waiver Request Form does not constitute approval. IDPH Prevention Contractors are encouraged to identify alternative prevention strategies to utilize in the event their request is denied.

Guidance to Completing the IDPH Evidence-Based Practice Waiver Request Form

IDPH Prevention Contractors must review and complete each identified item below when completing the IDPH Evidence- Based Practice Waiver Request Form. It is the responsibility of the IDPH Prevention Contractors to respond to each question in detail prior to submission.

- If the program is on a national registry or listed as a “Model” or highly-rated substance abuse prevention strategy, sites need to answer “Yes” to question 1, and provide a link to the documentation, and answer questions 7 - 11.
- If the answer to question 1 is “No,” but the program shows positive Alcohol, Tobacco, and Other Drug reduction outcomes in a peer-reviewed journal, sites need to answer “Yes” to question 2, and provide a link to the journal article(s), and answer questions 7 - 11. The following website may be helpful in finding such articles: http://scholar.google.com/.
- If a contractor answers “No” to both questions 1 and 2, the contractor must then be able to answer “Yes” to questions 3 - 5 and also answer questions 7 - 11.

Guidance to Complete Questions 3 – 11

3. The implementation of the program, practice, or policy must be grounded in a strong conceptual model. A logic model including the strategy should be submitted to demonstrate the outcome.
4. The implementation must be similar to other evidence-based programs, practices, or policies that are listed on a federal registry. This similarity should be documented and an explanation of why the EBP is not being used should be included (i.e., it was implemented and studied with Latino rural youth and this program will be implemented with urban youth who are primarily Caucasian).
5. If the program, practice, or policy has been implemented in the past with a consistent pattern of credible and positive effects, provide local data with a narrative to support this claim. Use data that most closely represents the agent of change and target of change that will be affected (i.e., middle school youth ages 10-14).
6. If there is a similar evidence-based program, practice or policy that is already approved in the EBP guidebook, provide the rationale for not selecting it. Why would the alternative strategy be a better fit? If questions 3 - 5 were not answered, provide a logic model including the strategy.
7. Provide the resources necessary, including any costs or training, to implement this program, practice, or policy
8. Identify and provide how barriers such as implementation fidelity, costs, training, capacity, stakeholder buy-in, etc., will be addressed.
9. How will the program, practice, or policy be successfully implemented in the county? Include resources needed and any action taken to secure stakeholder buy-in.
10. How will the process and outcomes of the program, practice, or policy be evaluated? How will they be tracked?
11. Consider whether this program, practice, or policy is sustainable and how it would be sustained after the grant ends. Describe how it would be sustained and who would be responsible.

EBP/Strategy Name: **Population of Focus:**	
Questions	**Supporting Evidence** **(summarize below, provide a detailed link, or provide an additional attachment)**
1. Is the program, practice, or policy listed as a "Model Program" or high-ranking substance abuse prevention program on a national list or registry of evidence-based interventions? Circle below: **Yes No**	
2. Is the program, practice, or policy reported (with positive effects on similar populations of focus) in peer-reviewed journals? Circle below: **Yes No** If yes, provide links or attach as a PDF.	
If #1 and #2 are answered "no", then #3 - #5 MUST be met.	
3. Is the program, practice, or policy based in solid theory documented in a logic or conceptual model? Circle below: **Yes No**	
4. Is the program, practice, or policy similar in content and structure to interventions	

that appear in registries or peer-reviewed literature. Circle below: **Yes No**	
5. Has the program, practice, or policy been effectively implemented in the past with a consistent pattern of credible and positive effects? (Strong local data may be used in this section). Circle below: **Yes No**	
The following questions must be answered in detail:	
6. Is there is a similar EBP that is already available on the IDPH approved list of programs, practices, and policies? If so, include the name of the similar EBP and provide the rational for not selecting this EBP.	
7. What resources are necessary to implement this program, practice, or policy? Include any costs and training.	
8. How will barriers such as fidelity, cost, training, capacity, stakeholder buy-in, etc. be addressed?	
9. How will you evaluate the process and outcomes of the program, practice, or policy?	
10. How will this program, practice, or policy be sustained after the grant ends?	

IDPH Prevention Contractor

Name/Title of Contractor:
Organization/Agency:
Name of IDPH Grant:
Date:
Contact Information (Phone & Email):

Reviewers Only

Name of Reviewer:
Approved Yes/No:
Reasoning/s:
Additional Information Requested: