Created by the NC Prevention State Audit Team July 2019

Abstract

The NC Prevention Provider Audit Guide serves as a manual for Prevention Providers who receive SAPBG funding. The manual will assist providers with documenting the process and progress of their prevention work within the statewide approve strategies. The guide informs providers of the needed documentation to be uploaded and entered into the Statewide ECCO Reporting System. The use of this guide will help providers connect action plans to impact within the community and satisfy the statewide annual audit requirements.

nc pREVENTION pROVIDE aUDIT gUIDE

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**Action Plan and ECCO Reporting Guidance Tool**

The below tool includes a list of approved documentation to show completion/progress on the best practice steps for each strategy within Youth Prevention Education, Synar, and Environmental strategies. These will be the primary information used for the state audit, along with agency interviews. \***NOTE: This tool is directly connected to the approved State Strategy Guide and ECCO reporting system. Once a provider chooses strategies, use this tool for identifying the documentation/process data required for input into each corresponding best practice step (action step). This tool will help a provider meet the requirements for the state audit. A provider must have access to ECCO to input data online. Access can be requested through the TTA Center:** [**http://ncpreventiontta.org/**](http://ncpreventiontta.org/)**. The ECCO system portal can be located via TTA Center link.**

# DIRECTIONS and REQUIREMENTS:

1. A provider must complete an action plan for each Environmental (including any Synar) and Prevention Education strategy. The “Best Practice Steps” listed in the State Strategy Guide (https://ncpreventiontta.zendesk.com/hc/en-us/articles/360021848831-Strategy-Guidance) are the primary action steps listed in Part E of ECCO and detailed below in the audit guidance. **A provider may add extra action steps for each chosen strategy. Steps should assist providers in creating a meaningful action plan that can be used by staff to accomplish strategy completion. Descriptions of work completed for each step is imperative to the audit in order to show progress within a strategy. These descriptions will be listed in Part E of ECCO under the “Actions Taken” column beside each completed Action Step.**
2. To Use the Guide below:
   1. Find the Agency’s *Strategies* and Identify the *Best Practice Steps*.
   2. After identifying *best practice steps*, view the column to the **Right** of each step for the associated documentation examples for **BRIEFCASE**, if any, that should be collected/uploaded (not all steps have associated documentation to upload). **NOTE**: There may be more than 1 documentation suggestion, but a provider **DOES NOT** need to upload them all. **Where “Minutes” is listed, 1 example will suffice.** Providers can upload other documentation that better justifies completion of a step.
   3. **The** **far-Right column** of each Best *Practice Step* lists appropriate ECCO process questions/numbers to be completed in the **Process Data section** of ECCO for each strategy. \**Not all questions listed are required for each step, but multiple acceptable sources are provided. Agencies should choose the BEST process questions to justify the completion of a step. Process questions are required if connected and relevant to a strategy.*

**EXAMPLE**: If the tools shows to enter information for process questions related to *enforcement*, but you are not doing *enforcement* at that step, then you do not need to enter this information.

1. Providers **MUST** put a description and summary for each step completed/in progress in the “Actions Taken” listed beside the step. \**These will be used within the audit to help reviewers understand the work completed and progress on a strategy.*
2. Once a step is completed, a provider **MUST** mark completed in Part E on that step.
3. A provider can use the same BRIEFCASE documentation to prove multiple steps within a *strategy*. A provider should tag uploaded documents to all related strategy(ies) (i.e. minutes for multiple strategies) **\*Note: Put the step(s) completed in the title of the upload**
4. Additionally, if the same process entry numbers are associated with multiple steps of a *strategy*, users would only add them once per month without duplications. **ADD process numbers in the month in which the action/best practice step is marked complete in Part E.**
5. For questions as to documentation that must be required and entered, contact the Division of MH/DD/SAS.

**NOTE:** Master Reach is NOT noted in this guide but is noted in the Master Grid/Intervention Profile Form (located in Resources at ncpreventiontta.org). Where there are numbers associated with people reached, (i.e. Retailers contacted, individuals from meetings, youth recruited, etc.) those numbers will be reported in the REACH/Demographic sections from Process data each month. Remember do not duplicate numbers (for example, if you are meeting monthly about a policy with the same group of people, you will only count them one time for the first meeting and then only count any additional individuals who weren’t in the original count each additional month).

**Appendix A includes screenshots from ECCO to assist users with the guide.**

**Terminology:**

1. Best Practice Steps: Required Action Steps from the State guidance per strategy (also referred to as action steps in ECCO)
2. Action Steps: The terminology of ECCO in Part E for the Action Plan, including required best practice steps and additional steps included per strategy by providers
3. Actions Taken: The section for descriptions of work in progress or completed per action step.
4. Strategy: Allowable State intervention
5. Intervention: The ECCO term for allowable state strategies
6. Auditor and Reviewer are equivalent terms
7. Environmental Strategies: The overall Intervention category required by the state
8. Prevention Education: Intervention Category
9. Synar: A specific State required environmental strategy
10. Communication campaigns: A specific environmental strategy
11. Process Eval (Evaluation): In this guide, process eval is the term to describe process questions required for each intervention in the Process & Report section in ECCO under Process Data.

|  |  |  |  |
| --- | --- | --- | --- |
| **THIS SECTION INCLUDES PREVENTION EDUCATION** | | | |
| Youth Prevention Education or Parent Family Education | | | |
| **Best Practice Step** | **Action Plan Information to UPDATE semi-annually:** | | |
|  | **Documentation to upload in BRIEFCASE** | | **ECCO Process Data Entry or Part B** |
| The prevention provider must receive approval for each curriculum | Attach an email or document of approval for any YPE or PFE curriculum not on the approved list | | Part B: List the curricula used and locations of use |
| Each prevention provider delivering the program has completed Youth Prevention Education (YPE) training | Attach a certificate or proof of completion | | N/A |
| Each prevention provider delivering the program has met required developer training requirements, as necessary | Attach a certificate or proof of completion of any mandatory developer training | | N/A |
| The prevention provider must deliver an education program with:   * 1. The prescribed # of required core curriculum sessions   2. The core curriculum implemented in the appropriate setting as recommended by the program developer   3. All sessions at least 30 minutes long   4. All sessions delivered no more than two times per week for all programs | 1. Prevention Upload schedule with time into BRIEFCASE (one example per curricula-not one per class) 2. Upload schedule with time into BRIEFCASE | | 1. Enter session #s in Process Evaluation for each YPE or PFE completed 2. Enter setting location in Part B   FOR EACH CURRICULUM:  Reach for curricula will be in the *Participant reach* section.  Complete *reach* for program |
| **THE NEXT SECTION PERTAINS TO SYNAR STRATEGIES (THESE ARE ALSO CONSIDERED ENVIRONMENTAL STRATEGIES)** | | | |
| Synar: Community Mobilization and Education | | | |
| **Best Practice Step** | | **Action Plan Information to include semi-annually:** | |
|  | | **Documentation to upload in BRIEFCASE** | **ECCO Process Data Entry or Part B** |
| Prevention providers will identify and determine the level of interest and involvement of community partners who share the goal of reducing youth access to tobacco products. If no readiness exists, count as community-based processes work until support is in place. | | Minutes from meetings with community partners **(1 Example will suffice)** | Complete Synar #7. Identification of Community Partners and #7.1, #7.2 |
| Prevention providers will engage in planning with partnering agencies (to develop strategies to reduce access to tobacco) in their service area(s). Note: prevention providers cannot pay for tobacco enforcement activities). | | Plan uploaded | Complete #8, #8.1, #8.2. Community Leadership |
| Prevention providers will provide information on youth access (i.e. laws, penalties) to policy makers, community leaders, youth and civic groups to educate and actively involve them in efforts to reduce youth access to tobacco products). | | Upload any created presentation for material presented | Complete Synar # 9, #9.1-#9.4. Community Education |
| Synar: Merchant Education | | | |
| **Best Practice Step** | | **Action Plan Information to include semi-annually:** | |
|  | | **Documentation to upload in BRIEFCASE** | **ECCO Process Data Entry or Part B** |
| Prevention providers will determine the number and location of all tobacco retail outlets including over-the-counter and vending machines in the area(s) served using DMH provided lists. | | N/A | Complete Synar #10. Merchant Education-Identification of Tobacco Retail Outlets and #11. Number of Additional Retail Outlets Identified |
| Prevention providers will ensure the person who talks to merchants (adult volunteers, staff or youth etc.) is knowledgeable and well versed in youth access laws and Red Flag materials. | | N/A | N/A |
| Prevention providers will contact tobacco retail outlets in their area(s) to ensure they have received specific information (i.e. Red Flag Merchant Education packet) on their responsibilities and the penalties for violation of state and federal youth access laws. | | Merchant visit forms or downloaded spreadsheet from merchant tracker | Complete Synar #10. Merchant Education-Merchant Education |
| Prevention providers, if applicable, will partner with community youth groups to visit tobacco retail outlets in their area(s) to provide information and materials (i.e. brochures, signs) on state youth access law. | | Active roster of youth group participants | Complete Synar #10. Merchant Education-Community Youth Group Partnership Complete Synar #12. What youth groups |
| On the day of the visit, prevention providers and/or volunteers will wait for an opportunity to speak to the most responsible person on duty (suggested visit hours are between 10 am-2 pm). | | N/A | N/A |
| Prevention providers and/or volunteers will introduce themselves and state the purpose for the visit (to educate about youth access laws and to offer free Red Flag materials). | | N/A | N/A |
| Prevention providers and/or volunteers will conduct a brief 1-3 minute conversation with the employee (or manager, if available) about the following information:  •NC state law sign posting (if not immediately visible)  •Reminder that NC law makes it illegal to sell, give or distribute electronic or e-cigarettes to anyone under the age of 18  •Checking ID for anyone purchasing tobacco products that appears to be under the age of 27.  When checking for an ID:  Ask for a valid form of identification such as a driver’s license, state ID card, military ID or passport  Ensure the picture matches and birth date states they are over the age of 18.  Promote the free, online ALE training available (and give the person the Be A Responsible Seller/Server [BARS] training information) | | N/A | Complete Synar #10 Merchant Education  Complete Synar Merchant Tracker |
| Prevention providers and/or volunteers will encourage the Manager/Assistant Manager/Owner, if available, to:   * Ensure tobacco products are not easily accessible and/or available to youth * Educate themselves on state and federal tobacco laws * Establish policies and procedures for selling tobacco products and encourage every employee to read and sign the policies before they start selling tobacco products * Offer routine employee training in order to help employees comply with the NC law that includes detecting fake IDs, refusing sales to minors and penalties for violating the law | | N/A | Describe Visit in Actions Taken section of Action plan |
| Prevention providers and/or volunteers will consider reporting violations as necessary to the ALE or FDA. Issues of concern/violations include stores selling loosies, no state signs posted, tobacco products by the cash register etc. | | N/A | Description in Actions Taken section of the Action Plan |
| Prevention providers will update the merchant list for retailers visited, change in business status, outcome of the visit etc. | | N/A | Complete in Merchant Tracker |
| Prevention providers will visit retailers on a periodic basis to promote relationship building and ongoing prevention efforts and to encourage ongoing adherence to youth tobacco access laws | | N/A | Complete Merchant Tracker and Synar #10 Merchant Education |
| Synar: Law Enforcement Related Activities | | | |
| **Best Practice Step** | | **Action Plan Information to include semi-annually:** | |
|  | | **Documentation to upload in BRIEFCASE** | **ECCO Process Data Entry or Part B** |
| **Planning** | |  |  |
| Prevention providers will contact officers from their local police or sheriffs’ departments to promote increased enforcement of youth access laws | | Meeting agendas **(1 Example will suffice)** | Complete Synar #13. Promoted Local Law Enforcement #13.1, #13.2 |
| If applicable, prevention providers will assist in the recruitment of male and female 16 to 17 year-old youth who appear their age (and should not misrepresent their age at any time). | | Recruitment Tool | Complete Synar #13, #13.1, #13.2 |
| If applicable, prevention providers will assist in age testing efforts by having 15 adults guess the ages of the youth being used in the inspection to calculate an average age of appearance. All youth must appear to be under eighteen to participate. | | Age Testing Methods/Schedule | Describe in Actions Taken of Action Plan |
| If applicable, prevention providers will ensure the youth will be dressed for inspections in the same way they were dressed when they went through the age estimation procedure to assure that no one could say that they looked younger or older than their stated age. | | N/A | N/A |
| If applicable, prevention providers will assist with the maintenance of a secure file including, but not limited to: Copy of birth certificate, NC State-issued photo identification card/Driver’s License, Parental Consent form and medical release, Emergency contact information and Headshot of youth inspector | | N/A | N/A |
| If applicable, prevention providers will assist in training adult chaperone/monitor(s) and youth inspectors in Tobacco Inspection protocols. | | Training Agenda | Synar # 13 |
| If applicable, prevention providers will assist with inspection route planning using the retailer list provided by DMH and will coordinate/designate and communicate a location for the youth and law enforcement officer to meet at least 48 hours in advance of the check. | | Meeting Minutes | N/A |
| **Implementation** | |  |  |
| Prevention providers will assist local law enforcement/ALE officers in the implementation of tobacco compliance checks and retailer training by participating in **ANY of the following tasks (note: block grant funds may not be used for actual enforcement activities)**   * Updated DMH provided list of all retail tobacco outlets * **Recruitment and age testing of youth for an enforcement operation (REQUIRED)** * Serving as an adult observer or monitor during an enforcement operation * Provision of incentives for clerks who don’t sell tobacco products to minors during enforcement operations * Provision of refreshments and/or incentives to youth * Assisting in coordination and recruitment of store employees to participate in retailer trainings conducted by law enforcement officers. Retailers cited for violations of the youth access to tobacco law (s) will be recruited to attend the training. | | Upload marketing materials **(1 Example will suffice)**  AND  Agenda from retailer training **(1 Example will suffice)**  AND  List of recurring violators (i.e. signage, sales) | Complete Synar #14. Assisted in Implementation of Tobacco Compliance Checks and Retailer Training  Complete #14.1 |
| Prevention providers and team (adult chaperone/monitor, youth and law enforcement) will assist and/or proceed to the first store location. Upon arriving at each location, if possible, the driver will attempt to park in a location that is not visible to the clerk so as not to alert the clerk to the occurrence of a compliance check inspection. | | N/A | N/A |
| Prevention providers and/or the adult chaperone/monitor should discuss a plan including who will enter and in what order, what type of product to purchase, what location to purchase from and any potential security issues. | | Plan for Visit | N/A |
| Prevention providers and/or the adult chaperone/monitor will determine the safety of the location in consultation with the youth and law enforcement officer. A signal for aborting the location due to safety concerns should be established ahead of time. | | N/A | N/A |
| Prevention providers and/or the adult chaperone/monitor will ensure the youth has funds for a tobacco purchase (small bills) and verify the youth has his or her ID. | | N/A | N/A |
| Prevention providers and/or the chaperone/monitor will determine if his or her presence in the store will compromise the inspection and the location is deemed adequately safe, the youth will enter the store alone and attempt to purchase a tobacco product (e.g., smokeless tobacco or cigarettes) while the chaperone/monitors the door. | | N/A | N/A |
| The prevention provider and/or chaperone/monitor shall maintain a clear and unobstructed view of the minor at all times while they are in the store in the event the prevention provider and/or chaperone/monitor is not able to go into the store with the youth. | | N/A | Describe visit in Actions Taken Section |
| The prevention provider and/or chaperone/monitor will enter the store if the youth does not emerge within a reasonable time to have attempted to purchase a regulated tobacco product (5 minutes). | | N/A | N/A |
| If the prevention provider and/or adult chaperone/monitor presence in the store will not compromise the inspection, the chaperone/monitor and the youth will enter the store in the most natural way possible. | | N/A | N/A |
| The prevention provider and/or chaperone/monitor will instruct youth to carry money needed to pay for the tobacco product and will first try to purchase from a self-service display. If this is unavailable, a single pack of cigarettes or other tobacco product will be requested at your agency’s discretion. After the purchase attempt, the youth will exit the establishment with or without the tobacco product. | | N/A | N/A |
| If a tobacco product was purchased, the youth will immediately hand over the purchased tobacco product and receipt (if applicable) to the adult chaperone/monitor or law enforcement officer. The compilation of tobacco products will be at the discretion of the law enforcement officer. The law enforcement officer will proceed inside of the store to enforce General Statute 14-313b which allows the law enforcement officer to issue citation to the clerk for selling tobacco to a minor. | | N/A | N/A |
| The prevention provider and/or chaperone/monitor will ask and ensure the young adult inspector to complete a N.C. Tobacco Retail Outlet Inspection Form immediately in its entirety following each attempted inspection. | | N/A | N/A |
| All tobacco products will be destroyed per the procedures of the local law enforcement agency. | | N/A | N/A |
| Synar: Media and Public Relations | | | |
| **Best Practice Step** | | **Action Plan Information to include semi-annually:** | |
|  | | **Documentation to upload in BRIEFCASE** | **ECCO Process Data Entry or Part B** |
| Prevention providers will collaborate with community partners to include news stories, letters to the editor etc. to increase awareness of youth access to tobacco products and penalties and to publicize compliance inspection results. | | Example of a news story/letter (media example) **(1 Example will suffice)** | Complete Synar #15. Collaborated with Community Partners and #15.1-#15.6 |
| Prevention providers will collaborate with community/youth organizations to conduct a Merchant Pledge campaign and publicize results to recognize merchants and clerks who have pledged not to sell tobacco products to minors. | | Example of the pledge  AND  example of publicity | Complete Synar #16. Collaborated with Community/Youth Organizations and #16.1, #16.2 |

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| --- | --- | --- |
| **THE NEXT SECTIONS PERTAIN TO ENVIRONMENTAL STRATEGIES AND ENVIRONMENTAL PROCESS ENTRY** | | |
| Communication Campaigns **(Social Norms/Support for Prevention)** | | |
| **Best Practice Step** | **Action Plan Information to include semi-annually:** | |
|  | **Documentation to upload in BRIEFCASE** | **ECCO Process Data Entry or Part B** |
| Planning: \***Note: All planning steps must be completed prior to moving to the Implementation stage, it could take up to a year to complete Planning steps.**   1. Prevention providers have support and/or participation from those community sectors that are responsible for providing access to the target audience. 2. Prevention providers have collected baseline survey data from the target audience. (Note: data must be collected at least once every 3 years to assist in the refinement of campaign messages and measure progress toward the achievement of objectives) 3. Prevention providers have created at least one objective using the baseline data collected from the target audience. Each objective should specify the direction of change (increase or decrease), specify focus of change, identify the specific target audience, and be measurable from the data sources. 4. Prevention providers have created campaign materials that do not include moral or fear appeals (ex. Images intended to scare or shock viewers, such as mock crashes, etc. 5. Prevention providers have collected feedback about campaign messages and materials from a representative sample of the target audience. | 1. Meeting Minutes with a list of partners with discussion about planning a communication campaign **(1 Example will suffice)** 2. Survey data that shows the need for a campaign (list the data noted from needs assessment: This data should be from use/perception data) 3. Action plans with objectives listed 4. Upload created campaign materials that meet guidelines; 5. Upload survey results or feedback responses to materials, include the # of feedback responses. (This could be results from focus groups, intercept surveys etc. Really anything that shows you tested your materials with your primary audience) | 1. #22: # of new organizations/agencies engaged with   #23-What type of new organizations/agencies  2. N/A  3. #26-What is the target of the campaign, #27-What type of policy are you working to implement, modify or enforce  4. #28-Was the campaign locally developed  5. #25 How did you engage target audience |
| Implementation:   1. Prevention providers have created/disseminated campaign materials using a minimum of two message distribution sources (e.g. posters and newsletters, journals, etc.) 2. Prevention providers have distributed messages through sources that are popular and credible with the target population. 3. Prevention providers have released campaign materials at least once every six weeks. 4. Prevention providers have distributed messages using supplemental methods (e.g. contests, promotional materials etc.) at least once every 3 months. | 1. Upload example of campaign materials from two sources AND/OR media schedule 2. List the credible sources used; (use Process data sections to complete for each media source used) 3. Upload campaign schedule (projected and completed) 4. Upload campaign examples **(1 Example will suffice)** | 1. #29-Campaign Name 2. #30-Were new materials developed 3. N/A 4. Complete the Process sections underneath the media sources used. (I.e. Radio PSAs if used complete #32a-f) |

# PRESCRIPTION DRUG STRATEGIES

|  |  |  |
| --- | --- | --- |
| Lockbox Distribution/Cabinet Installation/Chemical medication disposal | | |
| **Best Practice Step** | **Action Plan Information to include semi-annually:** | |
|  | **Documentation to upload in BRIEFCASE** | **ECCO Process Data Entry or Part B** |
| Planning:   1. Prevention providers will build community support and begin to plan strategies with coalitions or partners for integrating lockboxes, medication disposal kits, or cabinet installations within the community 2. Prevention providers will identify and determine the level of interest and involvement of community members, parents, home builders, landlords, habitat for humanity or other partners who share the goal of reducing access to opioids and upholding safe disposal practices.  If no readiness exists, count as community-based processes work until support is in place. 3. Prevention providers will meet with community members, partners, landlords or others to determine the avenues and timeline for distribution of lockboxes and medication disposal kits/demonstrations. 4. Prevention providers will work to plan distribution of kits, lockboxes and medication disposal demonstrations. Prevention providers will work to plan for cabinet installations. | 1. Meeting Minutes to show partners and discussion about plans**(1 Example will suffice)** 2. Meeting minutes AND/OR readiness assessment with partners to determine when plans for this intervention can be started **(1 Example will suffice)** 3. & 4. Meeting minutes discussing timelines and locations AND include distribution plans **(1 Example will suffice)** | 1. **If only working with partners on the strategy through meetings then complete** #13:Number of new orgs/agencies engaged to review, enact, or modify policies   #14 What type of orgs/agencies  and/or #16: Number of policy makers contacted  #15 What type of policies did you work to review, enact, or modify   1. N/A 2. # for reach from meetings 3. #55 to describe plans for cabinet installation and chemical disposal |
| Implementation:   1. Prevention providers will work with partners to install cabinets and lockboxes. 2. Prevention providers will distribute lockboxes and medication disposal kits. 3. Prevention providers will provide kits with medication disposal demonstrations and assist with institutionalizing lockbox and proper disposal use within agencies, communities, and homes. | 1. Written plan for distribution and dates 2. Marketing materials for demonstrations AND/OR schedule for demonstrations AND/OR meeting minutes with groups about institutionalizing use **(1 Example will suffice)** | **Answer #55** to describe efforts/plans for cabinet installation and chemical disposal.  Answer #55-# cabinets installed, description of locations AND/OR # of policies created/modified  In **Part B** provide Locations of demonstrations  **If only working with partners on the strategy through meetings then complete**  #13:Number of new orgs/agencies engaged to review, enact, or modify policies  #14 What type of orgs/agencies  **If working on policies, then complete:**  #15 What type of policies did you work to review, enact, or modify (include dates)  AND/OR #16: Number of policy makers contacted  #17 Was the policy review, enactment, modification completed?  **Complete #52** for number lockboxes distributed |
| Medicine Take Back Events/Permanent Medication Drop Box | | |
| **Best Practice Step** | **Action Plan Information to include semi-annually:** | |
|  | **Documentation to upload in BRIEFCASE** | **ECCO Process Data Entry or Part B** |
| Planning:   1. Prevention providers will identify and determine the level of interest and involvement of law enforcement and healthcare providers who share the goal of reducing access to opioids and proper disposal of medications.  If no readiness exists, count as community-based processes work until support is in place. 2. Prevention providers will meet with law enforcement and pharmacies to determine the need and logistics for medication take-back events and permanent medication drop boxes. 3. Prevention providers will work to plan take-back events and the acquisition of drop box locations and funds. | 1. Upload Minutes showing discussion about this intervention, including a list of partners **(1 Example will suffice)** 2. Meeting Minutes showing need and/or logistics **(1 Example will suffice)** 3. Meeting Minutes showing planning **(1 Example will suffice)**   AND/OR  Upload a plan created for the intervention | 1. **If training partners on strategy:** Complete #9-12   #9: Number of new training groups started  #10: what were the formats of training  #11: for which new groups did training commence  **If only working with partners on the strategy through meetings then complete**  #13: Number of new orgs/agencies engaged to review, enact, or modify policies  #14: What type of orgs/agencies  #16 if Policy makers are involved |
| Implementation:   1. Prevention providers will coordinate and implement take-back events. 2. Prevention providers will acquire new drop box locations. 3. Prevention providers will increase usage of current drop box locations through media and other community efforts. 4. Prevention providers will work through the necessary channels (boards, councils, healthcare professionals) to institutionalize drop box policies. | 1. Upload a plan   AND/OR  marketing material for the event can be uploaded  AND/OR  flyer example for events   1. N/A 2. Upload media examples   AND/OR  other tools to increase usage   1. Meeting minutes discussing institutionalizing policies   **(1 Example will suffice)** | 1. Complete #53: Number of drug “Take Back Events”, #54a: # of participants during “Take Back”,   # 54b: Pounds of medication collected   1. In Part B add location for takeback events;   Process Data Complete  #50a: Number of drop boxes #50b: location/setting for drop box  #51: Provide info on reach of drop box,  #51a: estimated new reach  #52 number of drug lock boxes/medicine safes distributed   1. N/A 2. **If working on policies, complete:**   #15 What type of policies did you work to review, enact, or modify (include dates), # of policies  AND/OR #16: Number of policy makers contacted  #17 Was the policy review, enactment, modification completed? |
| PDMP Policy Change/Registration/Utilization | | |
| **Best Practice Step** | **Action Plan Information to include semi-annually:** | |
|  | **Documentation to upload in BRIEFCASE** | **ECCO Process Data Entry or Part B** |
| Planning:   1. Prevention providers will become familiar with the laws, policies, and standards by which local healthcare providers and emergency departments are currently operating or required by law to operate (this could include becoming familiar with the STOP Act). 2. Prevention providers will use data from the CSRS to identify the rates for registration and use within their communities/counties of concern. This will help in identifying the need. 3. Prevention providers should draft a message/elevator pitch for healthcare professionals in order to build capacity and support to work collaboratively (if partners do not already exist within the community). 4. Prevention providers will identify and determine the level of interest and involvement of prescribers who share the goal of reducing access to opioids and upholding safe prescribing practices.  If no readiness exists, count as community-based processes work until support is in place. 5. Prevention providers will meet with healthcare providers to discuss ways to strengthen safe prescribing practices and the importance of CSRS utilization and strong policies. 6. Prevention providers will work to plan with healthcare providers how to encourage registration/use of the CSRS and/or how to modify/implement policies. | 1. N/A 2. Assessment data noted from the CSRS 3. Elevator Pitch 4. Minutes from meetings with prescribers **(1 Example will suffice)** 5. Minutes from meetings with healthcare providers about ways to strengthen practices **(1 Example will suffice)** 6. Minutes from planning meetings with healthcare providers **(1 Example will suffice)**   AND  upload a plan created | 1. N/A 2. N/A (community-based process needs assessment) 3. N/A 4. **If training partners on strategy:** Complete #9-12   #9: Number of new training groups started  #10: What were the formats of training  #11: For which new groups did training commence  #12: Training topic;  **If only working with partners on the strategy through meetings then complete** #13:Number of new orgs/agencies engaged to review, enact, or modify policies  #14 What type of orgs/agencies  **If working on policies, complete:**  #15 What type of policies did you work to review, enact, or modify (include dates)  and/or #16: Number of policy makers contacted  #17 Was the policy review, enactment, modification completed?   1. Same as #4 2. Same and # 4 |
| Implementation:   1. Prevention providers will work to increase use of the CSRS system and encourage registration by connecting with local providers. 2. Prevention providers will work to draft modifications or new policies with healthcare providers. 3. Prevention providers will work through the necessary channels (boards, councils, healthcare professionals) to institutionalize modifications or new policies. | 1. An example of a tool (e-mails, meeting minutes, flyer, etc.) used to encourage CSRS registration 2. Upload copies of policies/drafts 3. Meeting minutes about institutionalizing policies/modifications **(1 Example will suffice)** | 1. Answer #55 with the numbers of providers using the CSRS system 2. #15 What type of policies did you work to review, enact, or modify (include dates)   and/or #16: Number of policy makers contacted  #17 Was the policy review, enactment, modification completed?   1. If working on Enforcement:   #18 Number of new orgs/agencies engaged to support enforcement  #19: What type of new orgs/agencies  #20 Which of the following type of policies did you support enforcement  #21: How did you support enforcement of this policy? |
| Safer Prescriber Training | | |
| **Best Practice Step** | **Action Plan Information to include semi-annually:** | |
|  | **Documentation to upload in BRIEFCASE** | **ECCO Process Data Entry or Part B** |
| .     Planning:   1. Prevention providers will identify and determine the level of interest and involvement of prescribers who share the goal of reducing access to opioids and upholding safe prescribing practices.  If no readiness exists, count as community-based processes work until support is in place. 2. Prevention providers will coordinate with state experts and partners within the community to determine dates and topics for prescriber trainings within the community. 3. Prevention providers will plan logistics and recruit healthcare prescribers to attend the training. | 1. Meeting minutes about interest **(1 Example will suffice)**   AND/OR feedback responses to survey noting interest level AND/OR training agenda   1. Meeting minutes/summary of discussion with experts **(1 Example will suffice)** 2. Plan for training; Example of recruitment tool (an e-mail, flyer, letter, etc) | **If training partners on strategy:** Complete #9-12  #9: Number of new training groups started  #10: What were the formats of training  #11: For which new groups did training commence  #12: Training topic; |
| Implementation:  Prevention providers will hold one or more prescriber training(s) within the community/service area | Training agenda  AND/OR training marketing materials AND/OR training schedule | Complete #9-12 for training |

# YOUTH ENVIRONMENTAL MANAGEMENT STRATEGIES

|  |  |  |
| --- | --- | --- |
| **Youth Environmental Management Strategies** | | |
| **Best Practice Step** | **Action Plan Information to include semi-annually:** | |
|  | **Documentation to upload in BRIEFCASE** | **ECCO Process Data Entry or Part B** |
| .     Planning:   1. The prevention provider will work with schools and/or other community partners to garner support for and to recruit youth to attend youth-focused meetings and events 2. The prevention provider may facilitate or assist the school and/or other community partners to facilitate youth group meetings will a focus around planning and choosing ATOD prevention strategies using local data to determine priorities and an action plan for each activity implemented 3. The prevention provider may facilitate or assist the school and/or other community partners to train youth group members in topics including, but not limited to: ATOD specific information, leadership skills and skills pertaining to planned ATOD activities | 1. meeting minutes with community partners; **(1 Example will suffice)**   AND/OR  recruitment materials **(1 Example will suffice)**  AND/OR  Marketing materials **(1 Example will suffice)**   1. Meeting agendas **(1 Example will suffice)**   AND/OR action plans   1. Training agenda | 1. N/A 2. Complete #55 about describing this effort including the # of youth recruited; # of youth group meetings, # of youth who attended meetings 3. **If training partners on strategy:** Complete #9-12   #9: Number of new training groups started  #10: What were the formats of training  #11: For which new groups did training commence  #12: Training topic; |
| Implementation:   1. The prevention provider will work with youth, schools and/or other community partners to implement selected strategies | Submit action plans for individual strategies chosen | Use # 55 to describe efforts and number of strategies, including the # of ATOD prevention efforts  Complete the questions related to the specific strategies chosen (i.e. communication campaigns, complete #22-30) |

# ALCOHOL EDUCATION/ENFORCEMENT STRATEGIES

|  |  |  |
| --- | --- | --- |
| Support for Alcohol Compliance Checks | | |
| **Best Practice Step** | **Action Plan Information to include semi-annually:** | |
|  | **Documentation to upload ECCO Part C** | **ECCO Process Data Entry or Part B** |
| .     Planning:   1. Prevention providers will engage/partner with local organizations/agencies responsible for conducting compliance checks to assess readiness/support. If no readiness exists, count as community-based processes work until support is in place. 2. Prevention providers will engage in planning with partnering agencies (i.e. with local law enforcement to ensure youth/public safety, parental release for youth volunteers, incentives for youth volunteers, age testing, sharing of data regarding retailer violations (see evaluation information below) etc. Note: prevention providers cannot pay for enforcement activities). 3. Prevention providers will assist and/or recruit youth volunteers (to participate in compliance checks) as necessary. 4. Prevention providers will participate in compliance check training in conjunction with local law enforcement and youth volunteers as necessary if on-site (as adult observers or to help with youth volunteers). | 1. Meeting minutes about compliance checks; feedback from partner survey about readiness/interest to do compliance checks/training agenda if any **(1 Example will suffice)** 2. Plan uploaded/meeting minutes **(1 Example will suffice)** 3. marketing tools/strategy for youth recruitment 4. training agenda | 1. #9-12 if training to build readiness 2. Complete #15 with description of work; Complete # 55 with an explanation of these efforts 3. Complete # 55 including the number of youth recruited/# of youth assisting #15 description of work 4. **If training partners on strategy:** Complete #9-12   #9: Number of new training groups started  #10: What were the formats of training  #11: For which new groups did training commence  #12: Training topic  **#55:** # of compliance check trainings,  **PART B:** Dates/locations,  **#55:** Description of # of youth recruited and efforts |
| Implementation:   1. Law enforcement will visit retailers routinely, targeted to locations and time of day/year based on data (e.g. citizen complaints, law enforcement information, school events etc.) 2. Prevention providers will follow-up with Merchant Education materials as needed after each round of compliance checks is completed (i.e. thank you for not selling, signage or information about server/seller trainings etc.) | 1.Upload schedule for checks  2. Summary of follow-ups AND upload a follow-up example (thank you note, sign, etc.) | 1. Complete # 55 with the number of compliance checks completed 2. **If working on enforcement:**   #18 Number of new orgs/agencies engaged to support enforcement  #19: What type of new orgs/agencies  #20 Which of the following type of policies did you support enforcement  #21: How did you support enforcement of this policy?  Complete #55 with the # of merchant education follow-ups after compliance checks, results of those follow-up visits, summarize follow-up AND/OR materials provided during follow-up |
| Alcohol Purchase Surveys | | |
| **Best Practice Step** | **Action Plan Information to include semi-annually:** | |
|  | **Documentation to upload in BRIEFCASE** | **ECCO Process Data Entry or Part B** |
| .     Planning:   1. Prevention providers will partner with local law enforcement and/or other coalitions, collaborative and groups to create purchase survey protocols, including, but not limited to: type of purchase, type of alcohol, safety procedures, insurance/liability, age testing/verification and survey logistics etc. 2. Prevention providers will create and/or obtain a listing of all alcohol retail outlets in the service area(s). 3. Prevention providers will plan and develop purchase survey training and data collection materials including, but not limited to: data forms and consent forms 4. Prevention providers will recruit adult and young adult (21 and over) volunteers. Adults will act as drivers and observers for purchase survey and young adults will purchase alcohol. 5. Prevention providers will validate the appearance and age of young adults (to assure they appear young looking, approximately 18-19 years) via age testing procedures 6. Prevention providers will train and/or assist local law enforcement and/or other coalition/collaborative/groups to train adult and young adult volunteers on purchase survey protocols, data collection and safety concerns | 1. Upload the protocols completed AND meeting minutes **(1 Example will suffice)** 2. Upload of list of outlets 3. Upload plan AND/OR training agenda 4. N/A 5. Upload age test procedure 6. training agenda uploaded | 1. Complete # 55 with the # of outlets   4) #55 List # of adult volunteers  6) **If training partners on strategy:** Complete #9-12  #9: Number of new training groups started  #10: What were the formats of training  #11: For which new groups did training commence  #12: Training topic |
| Implementation:   1. Prevention providers will assign and/or assist local law enforcement and/or other coalition/collaborative/groups to assign teams of volunteers to alcohol retail outlets. 2. Prevention providers will visit and/or assist local law enforcement and/or other coalition/collaborative/groups to visit alcohol retail outlets. Prevention providers may be on-site to act as adult observers as necessary 3. Prevention providers will debrief the alcohol purchase survey with local law enforcement and/or other coalition/collaborative/groups as necessary 4. Prevention providers will analyze or assist local law enforcement and/or other coalition/collaborative/groups to analyze purchase survey data, including: date/time of purchase survey, location/type of outlet, age and other characteristics of buyer, type of alcohol requested, location of alcohol in outlets, age/gender of clerk, attempted purchase outcome, in store observations etc. | 1. Volunteer Assignment plan 2. Uploaded schedule   OR  Plan for purchase surveys   1. Meeting minutes from debrief of surveys **(1 Example will suffice)** 2. Summary of analysis of surveys AND/OR   meeting minutes **(1 Example will suffice)** | **2.** Complete # 55 with # of outlets visited; # of surveys conducted; # of purchase/no sales  4. **If working on Enforcement:**  #18 Number of new orgs/agencies engaged to support enforcement  #19: What type of new orgs/agencies  #20 Which of the following type of policies did you support enforcement  #21: How did you support enforcement of this policy? |
| Responsible Alcohol Sales Training (RAST) and Be a Responsible Server (BARS) | | |
| **Best Practice Step** | **Action Plan Information to include semi-annually:** | |
|  | **Documentation to upload in BRIEFCASE** | **ECCO Process Data Entry or Part B** |
| .     Planning:   1. Prevention providers will engage/partner with local law enforcement, ALE officers and/or other local organizations/agencies responsible for planning/implementing Responsible Beverage Server (RBS) training to assess readiness/support. If no readiness exists, count as community-based processes work until support is in place. 2. Prevention providers will assist local law enforcement, ALE officers and/or other local organizations/agencies in planning a training that includes, but is not limited to: understanding state, local laws and consequences for selling to minors or other intoxicated patrons, checking identification, recognizing fake IDs, and identifying and refusing sales to underage youth and intoxicated customers. Plans will consider cost and plans for more than one training offered per year to train businesses who have staff turnover. 3. Prevention providers will partner with local law enforcement, ALE officers and/or other local organizations/agencies to provide logistical support (i.e. securing space, refreshments, copying materials etc.) and promotion of trainings. 4. Prevention providers will partner with local law enforcement, ALE officers and/or other local organizations/agencies to coordinate and recruit managers and store employees to participate in retailer trainings conducted by law enforcement officers. Retailers cited for violations will be an emphasis in recruiting efforts. | 1. Meeting minutes AND/OR summary of discussion AND/OR feedback survey to determine interest/readiness **(1 Example will suffice)** 2. Minutes of planning meetings **(1 Example will suffice)** 3. Recruitment tools/strategies used **(1 Example will suffice)** | 1. N/A 2. N/A 3. N/A 4. N/A |
| Implementation:   1. Prevention providers will partner with local law enforcement, ALE officers and/or other local organizations/agencies to conduct Responsible Beverage Server (RBS) training. Prevention providers may assist with training day duties that include but are not limited to: registration/handing out certificates, refreshments and training-day logistics as necessary 2. Prevention partners will partner with local law enforcement, ALE officers and/or other local organizations/agencies to follow-up and encourage retail store managers to receive RBS training, have policies in place for responsible serving/selling practices and have a monitoring system to ensure all retail employees are adhering to responsible serving/selling practices | 1. Training agendas **(1 Example will suffice)** 2. Example of a follow-up with retailers about policies and practices (e-mail, call summary, etc.) | **If training partners on strategy:** Complete #9-12  #9: Number of new training groups started  #10: What were the formats of training  #11: For which new groups did training commence  #12: Training topic  Complete #55 with a summary of the efforts; # of follow-ups made, # of policies created, # of recruits for the training  complete #13-21 for policy work and enforcement of policy if applicable |

# “SMALL P” STRATEGIES

|  |  |  |
| --- | --- | --- |
| Safe Homes | | |
| **Best Practice Step** | **Action Plan Information to include semi-annually:** | |
|  | **Documentation to upload in BRIEFCASE** | **ECCO Process Data Entry or Part B** |
| .     Planning:   1. The prevention provider will create a list of local schools in the catchment area and schedule meetings to garner support for Safe Homes pledges. 2. The prevention provider will engage/partner with local organizations and/or schools to promote and recruit parents/guardians for Safe Homes pledges. | 1. Meeting Minutes with schools **(1 Example will suffice)**   AND/OR  schedule   1. Describe recruitment methods   AND/OR  meeting minutes **(1 Example will suffice)** | 1. #13-14 for new agencies/orgs 2. #55 with an explanation of pledges 3. Complete # 55 with an explanation of pledges |
| Implementation:   1. The prevention provider will engage/partner with local organizations and/or schools to obtain signatures for Safe Homes pledges. Consider one or more events to encourage sign-up at times that occur before critical events such as Homecoming, Prom, Graduation, school holidays and summer months | 1. Marketing materials for events AND   copy of the pledge | 1. Complete #55 with the # of pledges and events with a description of activities |
| Safe Stores | | |
| **Best Practice Step** | **Action Plan Information to include semi-annually:** | |
|  | **Documentation to upload in BRIEFCASE** | **ECCO Process Data Entry or Part B** |
| .     Planning:   1. The prevention provider will create a list of local businesses who sell alcohol, tobacco and/or dispense prescription drugs and schedule visits with store managers or decision makers to garner support for Safe Stores pledges. 2. The prevention provider will engage/partner with local organizations and/or businesses to promote and recruit businesses for Safe Stores pledges. Businesses agreeing to pledges will commit to having employees check for proper IDs for all people appearing younger than 27, business will provide or send all employees to a Responsible Beverage Service training or similar store approved training and creating, revising or enforcing (existing) selling policies with consequences for violations. Optional activities include having businesses volunteer to participate in purchase surveys and/or compliance checks. (*Review best practice steps for RBS training, purchase surveys and compliance checks for more information about prevention provider’s role)* | 1. List of outlets; 2. Summary of recruitment tools; AND/OR Summary of visits with managers; AND/OR summary of discussion with managers   **(1 Example will suffice)** | 1. N/A 2. #13-14 for new outlets |
| Implementation:   1. The prevention provider will engage/partner with local organizations and/or businesses to obtain signatures for Safe Stores pledges. Consider several outreach events to encourage sign-up at times that occur before critical events such as Homecoming, Prom, Graduation, school holidays and summer months 2. The prevention engage/partner with local organizations/media to publicize which businesses have signed the Safe Stores pledges 3. The prevention provider will engage/partner with local organizations to assist businesses, as necessary, in promoting and/or registering employees for RBS training, providing information about responsible selling policies and/or conducting purchase surveys and/or encouraging local law enforcement or ALE officers to conduct compliance checks | 1. Outreach plan   AND  Safe Store Pledge   1. Example of media used; AND/OR media schedule for recognition AND/OR summary of visits **(1 Example will suffice)** 2. List of employees registering for training; AND/OR meeting minutes **(1 Example will suffice)** | 1. Complete # 55 with an explanation of efforts, # of pledges, # of outreach events 2. Complete #55 with a summary of media sources and # of businesses publicized 3. Complete information for other strategies (i.e. policy creation policy enforcement, RBS Training, etc) |

# “BIG P” STRATEGIES

|  |  |  |
| --- | --- | --- |
| Establish, Review or Change School ATOD Policies | | |
| **Best Practice Step** | **Action Plan Information to include semi-annually:** | |
|  | **Documentation to upload in BRIEFCASE** | **ECCO Process Data Entry or Part B** |
| .     Planning:   1. The prevention provider will research existing policies, if any, and identify policies that need to be changed/modified to achieve the objective 2. The prevention provider will engage/partner with schools and other community partners responsible for establishing or changing school policies | 1. N/A 2. Meetings with partners to discuss policy **(1 Example will suffice)** | 1. #55 # and type of policies reviewed 2. Complete #13: Number of new orgs/agencies engaged #14: What type of new orgs/agencies engaged |
| Implementation  When reviewing, establishing or changing school policies, consider that a comprehensive school policy should:   * 1. Clearly define the population to which the policy applies (students, staff and/or visitors   2. Clearly define where the policy applies (school building, grounds, vehicles on grounds, school-sponsored, off campus events such as athletic events and field trips)   3. Clearly define what substances are prohibited and what constitutes “use” and/or “possession”   4. Communicate the policy to all affected populations (e.g. students, staff, visitors, parents) on a regular basis-at minimum annually   5. Schedule a periodic review of the policy (at least every two years)   6. Clearly state consequences of first and subsequent policy violations that include opportunities for intervention and/or treatment as alternatives to suspension/expulsion   7. When implementing intervention as a consequence of policy violation, ensure the following:      1. Substance abuse assessment is completed by someone with training to complete an assessment      2. Ensure confidentiality for those who are assessed and participate in substance misuse intervention      3. One-to-one counseling is provided rather than group counseling if education rather than treatment is the intervention goal   8. Incorporate provisions for prevention, intervention, treatment and return to use prevention | 1. Meeting minutes about reviewing, creating, modifying policy **(1 Example will suffice)**   AND  Upload the policy | **If working on policies, complete:**  #15 What type of policies did you work to review, enact, or modify (include dates and # of policies)  AND/OR #16: Number of policy makers contacted  #17 Was the policy review, enactment, modification completed?  **If working on enforcement of the policy/protocols then complete:**  #18 Number of new orgs/agencies engaged to support enforcement  #19: What type of new orgs/agencies  #20 Which of the following type of policies did you support enforcement  #21: How did you support enforcement of this policy? (include the # of violations of this policy) |
| Modify Alcohol/Tobacco Advertising Policies | | |
| **Best Practice Step** | **Action Plan Information to include semi-annually:** | |
|  | **Documentation to upload in BRIEFCASE** | **ECCO Process Data Entry or Part B** |
| .     Planning:   1. Prevention providers will engage/partner with local law enforcement, business/civic groups, policy makers and/or other local organizations/agencies responsible for planning/implementing alcohol/tobacco advertising policies to assess readiness/support. If no readiness exists, count as community-based processes work 2. Prevention providers will partner with youth and/or other local organizations to create a list of tobacco and alcohol retailers and conduct environmental scans to determine the landscape of potential advertising issues at tobacco and alcohol retailers. 3. Prevention providers will assist local law enforcement, business/civic groups, policy makers and/or other local organizations/agencies in choosing and developing written protocols/procedures (and consequences for violations) for alcohol/tobacco advertising policies based on local data (i.e. the environmental scan) including, but not limited to: prohibiting alcohol advertising within close proximity (500 ft. or less) to youth oriented locations including schools, playgrounds and churches; limiting the amount of alcohol/tobacco advertising inside and outside of windows (with a certain percentage limit); limits on promotional items to anyone 21 years or older (such as giveaways as a result for winning a contest at fairs and/or community events); prohibiting the distributing of promotional materials at commercial or civic events to anyone under 21 years old 4. Prevention providers will assist local law enforcement, business/civic groups and/or other local organizations/agencies in advocating for and receiving support for the written protocols/procedures for alcohol/tobacco advertising policies from appropriate city/local governance. Efforts should describe pros/cons, potential limitations and identification of strategies to address those that may not support the policy | 1. Meeting Minutes about intent/readiness; AND/OR summary from feedback survey about readiness; AND/OR summary of discussion with partners about readiness **(1 Example will suffice)** 2. List of alcohol/tobacco retailers for environmental scans 3. Documentation showing discussion about protocols, procedures, policies **(1 Example will suffice)** 4. Documentation about advocating for support, pros/cons, policy details; AND/OR Advocacy/support plan uploaded **(1 Example will suffice)** | 1. Complete #13: number of new orgs/agencies-14: Type of new orgs/agencies for new partners and # 16 for any new policy makers 2. Complete information in Community-based process about # of environmental scans conducted (# of youth involved will be counted in master reach) 3. N/A 4. #55: Enter the # and type of policies/protocols/rocedure reviewed |
| Implementation   1. Prevention providers will assist local law enforcement, business/civic groups, policy makers and/or other local organizations/agencies in monitoring the enforcement of policies and report violations of alcohol/tobacco advertising policies by conducting environmental scans and/or other surveying activities as necessary | 1. Written procedures of each policy; written protocols;   AND/OR  advertising example **(1 Example will suffice)** | **If working on policies, complete:**  #15 What type of policies did you work to review, enact, or modify (include dates and # of policies, # of procedures/protocols created)  AND/OR #16: Number of policy makers contacted  #17 Was the policy review, enactment, modification completed?  **If working on enforcement of the policy/protocols then complete:**  #18 Number of new orgs/agencies engaged to support enforcement  #19: What type of new orgs/agencies  #20 Which of the following type of policies did you support enforcement  #21: How did you support enforcement of this policy? including # of businesses/retailers who violated policies |
| Product Pricing Strategies | | |
| **Best Practice Step** | **Action Plan Information to include semi-annually:** | |
|  | **Documentation to upload in BRIEFCASE** | **ECCO Process Data Entry or Part B** |
| .     Planning:   1. Prevention providers will engage/partner with local law enforcement, business/civic groups, policy makers and/or other local organizations/agencies responsible for product pricing strategies to assess readiness/support. If no readiness exists, count as community-based processes work 2. Prevention providers will partner with youth and/or other local organizations to create a list of tobacco and alcohol retailers and conduct environmental scans to determine the landscape of product pricing issues at tobacco and alcohol retailers. 3. Prevention providers will assist local law enforcement, business/civic groups, policy makers and/or other local organizations/agencies in choosing and developing written protocols/procedures for product pricing strategies (and consequences for violations) based on local data (i.e. environmental scans) including, but not limited to: banning price discounting (e.g. 2 for 1, drink specials, Happy Hours, Ladies night, special price hours, multi-pack options for tobacco etc.), banning redemption and/or distribution of coupons, establishing mitigation fees (e.g. to clean up litter, cover cessation services etc.) 4. Prevention providers will assist local law enforcement, business/civic groups and/or other local organizations/agencies in advocating for and receiving support for the written protocols/procedures for product pricing strategies from appropriate city/local governance. Efforts should describe pros/cons, potential limitations and identification of strategies to address those that may not support the policy | 1. Meetings with partners, AND/OR summary of discussion about intent/readiness, AND/OR summary of feedback survey to gauge readiness **(1 Example will suffice)** 2. N/A 3. Upload protocols/procedures 4. Advocacy/support plan uploaded | 1. #13: Number of new orgs/agencies-#14: Type of new orgs/agencies, #18: Number of new orgs/agencies for enforcement-#19 Type of new orgs/agencies for enforcement if any  **2.** Under Community-based process add the number of environmental scans  **AND** #55 Summary of # of youth/agencies involved; # of environmental scans conducted; # of tobacco/alcohol retailers, # of retailers with product pricing issues  3. **If working on policies, complete:**  #15 What type of policies did you work to review, enact, or modify (include dates)  AND/OR #16: Number of policy makers contacted  #17 Was the policy review, enactment, modification completed?  **If working on enforcement of the policy/protocols then complete:**  #18 Number of new orgs/agencies engaged to support enforcement  #19: What type of new orgs/agencies  #20 Which of the following type of policies did you support enforcement  #21: How did you support enforcement of this policy?  4. N/A |
| Implementation:   1. Prevention providers will assist local law enforcement, business/civic groups and/or other local organizations/agencies in monitoring the enforcement of policies and report violations of product pricing by conducting environmental scans and/or other surveying activities as necessary | 1. Example of policy/protocol created | 1. Complete 15-17 (seen above), including the # of policies/protocols/ procedures created and #21 with the # of violations of those policies |
| Festival/Event Restriction | | |
| **Best Practice Step** | **Action Plan Information to include semi-annually:** | |
|  | **Documentation to upload in BRIEFCASE** | **ECCO Process Data Entry or Part B** |
| 1. Prevention providers will engage/partner with local law enforcement, business/civic groups and/or other local organizations/agencies responsible for planning/implementing Festival/Event restrictions to assess readiness/support. Evidence of no readiness could be strong business or political groups opposing alcohol restrictions at community events. If no readiness exists, count as community-based processes work (consider gathering information about any problems associated with specific events by contacting local police, facility managers, security personnel, event coordinators and business and property owners near the event) until support is in place. 2. Prevention providers will assist local law enforcement, business/civic groups and/or other local organizations/agencies in choosing and developing written protocols/procedures for festival/event restrictions (and consequences for violations) including, but not limited to: restricting and/or limiting alcohol/tobacco at youth-oriented and family events; prohibiting alcohol sales at specific venues popular with young people; designating alcohol-free days or periods of time within longer events such as community fairs; establishing restricted alcohol sections at special events where young people are not permitted to enter; prohibiting participants from bringing alcohol into events; requiring responsible beverage service management policies and training for staff at each event; security considerations such as how to handle intoxicated drinkers, banning alcohol consumption in parking lots and monitoring parking lots; limiting cup size, using cups for alcohol beverages that are different than non-alcoholic cups, limiting the number of servings per person/per purchase to one or two at a time, stop selling alcohol at least one hour prior to closing; 3. Prevention providers will assist local law enforcement, business/civic groups and/or other local organizations/agencies in advocating for and receiving support for the written protocols/procedures for festival/event restrictions from appropriate city/local governance. Efforts should describe pros/cons, potential limitations and identification of ways to address those that may not support the policy | 1. Meeting minutes with partners to discuss readiness and events/festivals, AND/OR feedback survey about readiness, AND/OR summary of discussion with partners **(1 Example will suffice)** 2. Meeting Minutes about protocols/policies **(1 Example will suffice)** 3. Advocacy/Support Plan | 1. Complete #13-14 if new organizations are involved; #9-12 if training 2. #15-17 policy work, including the number of protocols   #55 Number of planning meetings   1. N/A |
| Implementation:   1. Prevention providers will assist local law enforcement, business/civic groups and/or other local organizations/agencies in festival/event setup including, but not limited to: set up of non-drinking areas, posting alcohol restriction or warning posters; providing registration and logistical support for responsible beverage service training for servers and sellers prior to the event 2. Prevention providers will assist local law enforcement, business/civic groups and/or other local organizations/agencies in festival/event participation/staffing as necessary 3. Prevention providers will collect information from local law enforcement facility managers, security personnel, event coordinators and business and property owners near the event concerning any problems associated with specific events including, but not limited to: intoxicated patrons, fighting/assaults, noise disturbances, litter/trash on property, traffic and parking issues, property damage or vandalism and public urination for documentation about the nature/extent of issues (and for comparison over time and use in planning each similar event) | 1. Examples of protocols/procedures/policies modified/created **(1 Example will suffice)** 2. N/A 3. Summary of concerns and violations AND the follow-up process **(1 Example will suffice)** | 1. Complete #55 with specific details as to the # of festivals/events involved 2. Complete #55 Summary of festival and # of people who attended   **If working on policies/protocols, complete:**  #15 What type of policies did you work to review, enact, or modify (include dates and number)  AND/OR #16: Number of policy makers contacted  #17 Was the policy review, enactment, modification completed?  **If working on enforcement of the policy/protocols then complete:**  #18 Number of new orgs/agencies engaged to support enforcement  #19: What type of new orgs/agencies  #20 Which of the following type of policies did you support enforcement  #21: How did you support enforcement of this policy?  include the # of violations of the policy/protocols |
| Establishing, reviewing, or changing community and/or workplace ATOD policies | | |
| **Best Practice Step** | **Action Plan Information to include semi-annually:** | |
|  | **Documentation to upload in BRIEFCASE** | **ECCO Process Data Entry or Part B** |
| 1. The prevention provider will engage/partner with communities and/or workplaces responsible for establishing or changing community and/or workplace policies 2. The prevention provider will research existing policies, if any, and/or identify policies that need to be changed/modified to achieve the objective based on local data 3. Prevention providers will assist communities and/or workplaces in choosing and developing written protocols/procedures with consequences for violations 4. Prevention providers will assist communities as necessary in advocating for and receiving support for the written protocols/procedures for community ATOD policies from appropriate city/local governance as necessary. Efforts should describe pros/cons, potential limitations and identification of strategies to address those that may not support the policy | 1. Meeting Minutes **(1 Example will suffice)** 2. N/A 3. Meeting minutes **(1 Example will suffice)**;   AND Written policies/protocols/procedures   1. Advocacy/Support plan uploaded | 1. Complete #13-14 for new agencies and partners and policies/protocols 2. #55 Enter the # of policies researched/identified 3. N/A 4. N/A |
| Implementation:   1. Prevention providers will assist communities and/or workplace in reviewing and/or monitoring the enforcement of policies and report violations as necessary | 1. Summary of policies/ protocols/ procedures created, modified, enforced | **If working on policies, complete:**  #15 What type of policies did you work to review, enact, or modify (include dates)  AND/OR #16: Number of policy makers contacted  #17 Was the policy review, enactment, modification completed?  **If working on enforcement of the policy/protocols then complete:**  #18 Number of new orgs/agencies engaged to support enforcement  #19: What type of new orgs/agencies  #20 Which of the following type of policies did you support enforcement  #21: How did you support enforcement of this policy?  Include the number of violations of the policy |

# STRATEGY PROGESS CHART

It is expected that prevention providers will make adequate progress within and across interventions each year. *We recognize that outside factors may impede intervention progress, but it is expected that overall, prevention providers will meet progress standards for at least two thirds of the total interventions they are implementing per agency (including Environmental AND Prevention Education).*

For example, if an agency is conducting Youth Prevention Education, Safer Prescriber Training, Synar Merchant Education and Lock Your Meds, and documents/reports having completed all merchant education and Lock Your Meds planning and implementation steps, BUT HAS NOT completed 1 safer prescriber training and HAS COMPLETED at least one 15-week class of Life Skills in FY20, the provider will have met the two thirds criteria.

We recognize these progress standards are being communicated for the first time as part of the FY19 audit process.  Pending feedback from the pilot audit process, these standards will be communicated to all providers/LMEs in FY20 as a standard for guiding work as assessing adequate progress in FY20.

During the FY19 pilot audit, we consider the following as adequate progress for each educational and/or environmental intervention:

|  |  |  |
| --- | --- | --- |
| **Strategy** | **Adequate Progress by June 30, 2019 AT A MINIMUM includes:** | **Progress Guidance/Suggestions for Interview for challenges or compliance** |
| Youth Prevention Education | Planning and Implementation Steps for at least one YPE or PFE completed | Planning steps should take no longer than 6 months if a school relationship exists. At least 1 curricula should be implemented within a year |
| Synar: Community Mobilization and Education (in conjunction with Merchant Education and/or law enforcement related activities | -Planning and Implementation Steps for at least one Synar Community Education effort completed  AND/OR  -All Planning steps completed for Tobacco Purchase Surveys | Can be completed within 6 months to a year |
| Synar: Merchant Education | All Planning and Implementation steps completed | Can be completed within 1 month to a year |
| Synar: Law Enforcement Related Activities | All Planning steps (1-7) completed for Law Enforcement Related activities | May take between 1-3 years to complete, planning could take 1-2 years if no readiness or relationship exists with law enforcement |
| Synar: Media and Public Relations | All Planning steps completed for Media and Public Relations | Could be completed within a year |
| Communication Campaigns | Planning Steps 1-5 completed | Planning could take up to 9 months, Completion could take up to 2 years |
| Lockbox Distribution/Cabinet Installation/Chemical medication disposal | All Planning and Implementation Steps completed for at least one distribution/installation/disposal event | At least 1 Lockbox distribution and chemical medication disposal could be completed within 1 month to a year depending on the action plan and timeline for providers. These could be ongoing.  Cabinet installation could take 1-3 years if relationships and readiness do not exist. Planning for cabinet installation could take a year if policy work is involved. Local Family cabinet installation could be a quicker process. These could be ongoing. |
| Medicine Take Back Events/Permanent Medication Drop Box | All Planning and Implementation Steps completed for at least one distribution/installation/disposal/take back event | At least 1 medicine take back event could be implemented within 6 months-year. Planning for 1 medicine take back should not take a full year. These could be ongoing.  Permanent Medication drop box could be a longer than a year strategy depending on securing resources to purchase the drop box and monitor. Planning for drop boxes could last a year or 2 if partners and resources are being leveraged and plans are made for locations and monitoring. |
| PDMP Policy Change/Registration Utilization | All Planning and Implementation Steps completed for at least one registration/utilization effort  Policy change: All planning steps (1-6) completed | PDMP Policy Change could be a 1-3 year process with planning taking 1-2.5 years depending on partners and readiness to create/modify policy. Registration Utilization can occur within 1 year if new providers are connected with the system. |
| Safer Prescriber Training | All Planning and Implementation Steps completed for at least one prescriber training | This strategy (at least 1 training) can be completed within 1 year. These could be annually. |
| Youth Environmental Management Strategies | All planning steps completed with one youth groop | This strategy can be started within 1-2 years and action plans can be developed within a year of working with youth groups. Strategy work by youth groups will take longer. This could be an ongoing strategy with new youth groups. |
| Support for Alcohol Compliance Checks | All planning steps completed | This strategy could take 1-3 years if relationships aren’t developed with law enforcement. Planning could take 6 months-1 year |
| Alcohol Purchase Surveys | All planning steps completed | This strategy could be completed with at least 1 retailer within 1 year |
| Responsible Alcohol Sales Training (RAST) and Be A Responsible Server (BARS) | All planning and implementation steps completed for at least one training | One training can be completed within 1 year. |
| Safe Homes (done in conjunction with other environmental strategies) | All planning and implementation steps completed for at least one Sign up pledge time | This can be completed with 3-6 months with planning taking 1-3 months. This can be ongoing. |
| Safe Stores | All planning steps completed | This can be started within a year and continually improved and expanded. |
| Establish, Review or Change School ATOD Policies | All planning steps completed | This could take 1-3 years to complete. Planning could take up to 2-2.5 years as readiness must be built and policies approved through various channels. Could be ongoing in various school districts/schools are involved with multiple policies. |
| Modify Alcohol/Tobacco Advertising Policies | All planning steps completed | This could take 1-3 years depending on capacity and depth of policy/advertising change |
| Product Pricing Strategies | All planning steps completed | This could take up to 3 years or more if pricing needs to go beyond local jurisdiction |
| Festival/Event Restriction | All planning steps completed | This could take up to 3 years to complete if readiness does not exist. If after 3 years no movement is made on a festival/event, advice would be to focus resources on a more achievable strategy while working to build capacity and readiness. |
| Establishing, reviewing or changing community and/or workplace ATOD policies | All planning steps completed | This could occur within 1 year or take up to 3 with some agency protocols. |

\*It is important to note that the completion of strategies directly connects to the capacity, including both readiness and resources within the community. If agencies are not progressing within a strategy, guidance might be needed to build capacity or identify a more attainable strategy.

\*Note these progress standards are intended to define *a reasonable rate of progress*; however, it is recognized that outside factors may impede intervention progress.  As such, providers will be provided an opportunity describe any barriers that prevented adequate progress via interview.

# COMPLIANCE GUIDELINES

**PILOT Specific Guidelines:**

During the pilot audit, all action recommended is intended to be educational rather than punitive in nature.  As needed for any strategy/intervention not meeting adequate progress, the interviewer/reviewer will make a recommendation for either:

* technical assistance in overcoming barriers to making adequate progress OR
* discontinuation of the intervention (depending upon the likelihood of overcoming the barriers and/or the degree to which barriers can be controlled by the prevention provider during the next fiscal year)

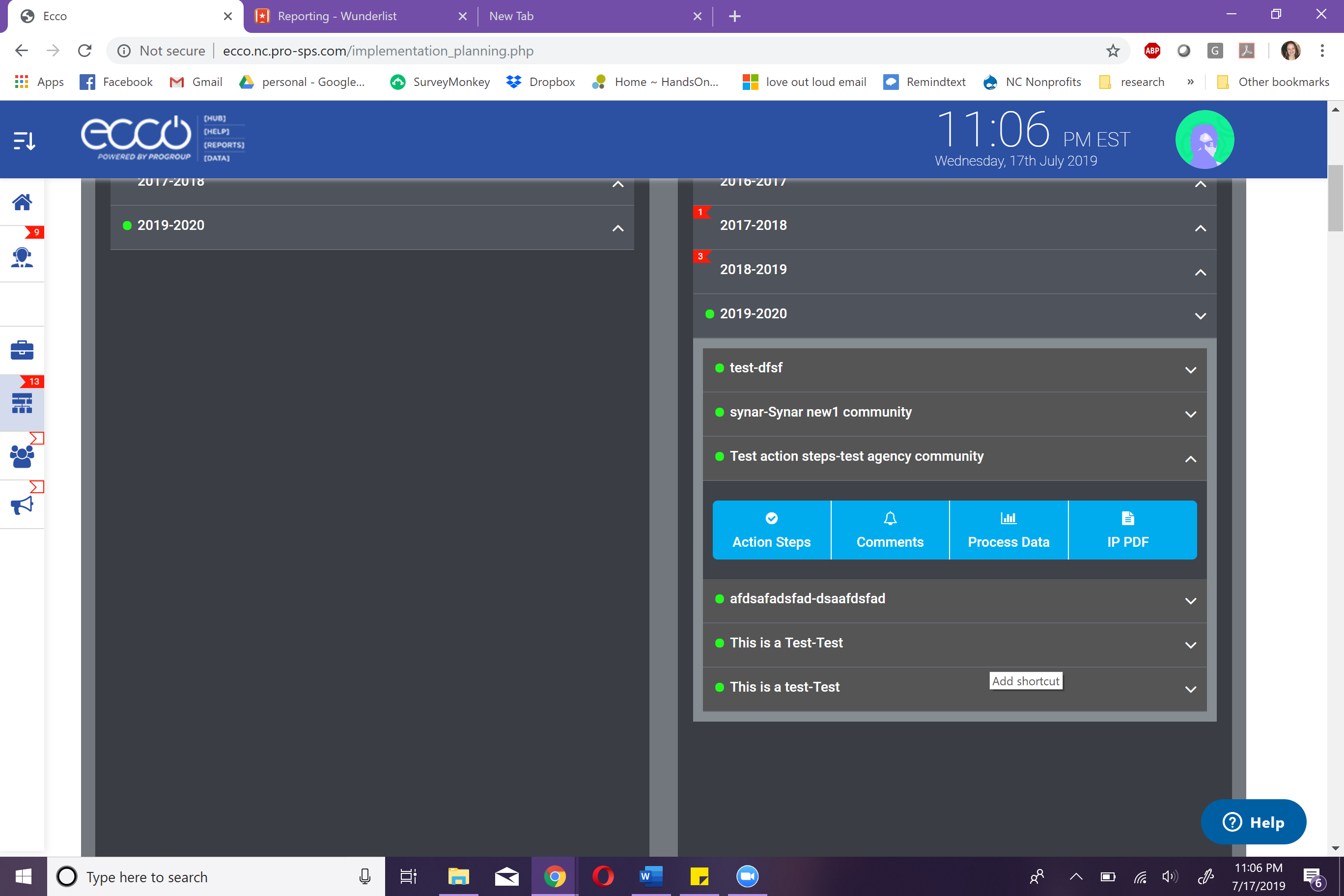
**FY20 Guidelines:**

During FY20, the interviewer/reviewer will make recommendations for:

* discontinuation of the intervention (depending upon the likelihood of overcoming the barriers and/or the degree to which barriers can be controlled by the prevention provider) OR
* technical assistance in overcoming barriers to making adequate progress OR
* a corrective action plan (depending upon the likelihood of overcoming the barriers and/or the degree to which barriers were out of control of the prevention provider)

\*Consideration will be given if the prevention provider proactively seeks out assistance in addressing challenges during FY20. As such, if this 2/3 across intervention and prevention education progress standard is not met, and the prevention provider did not proactively reach out to the state or its statewide partners for help addressing challenges from July 1-December 31, 2019, a plan of corrective action may be written.

# APPENDIX A: ECCO SCREENSHOTS

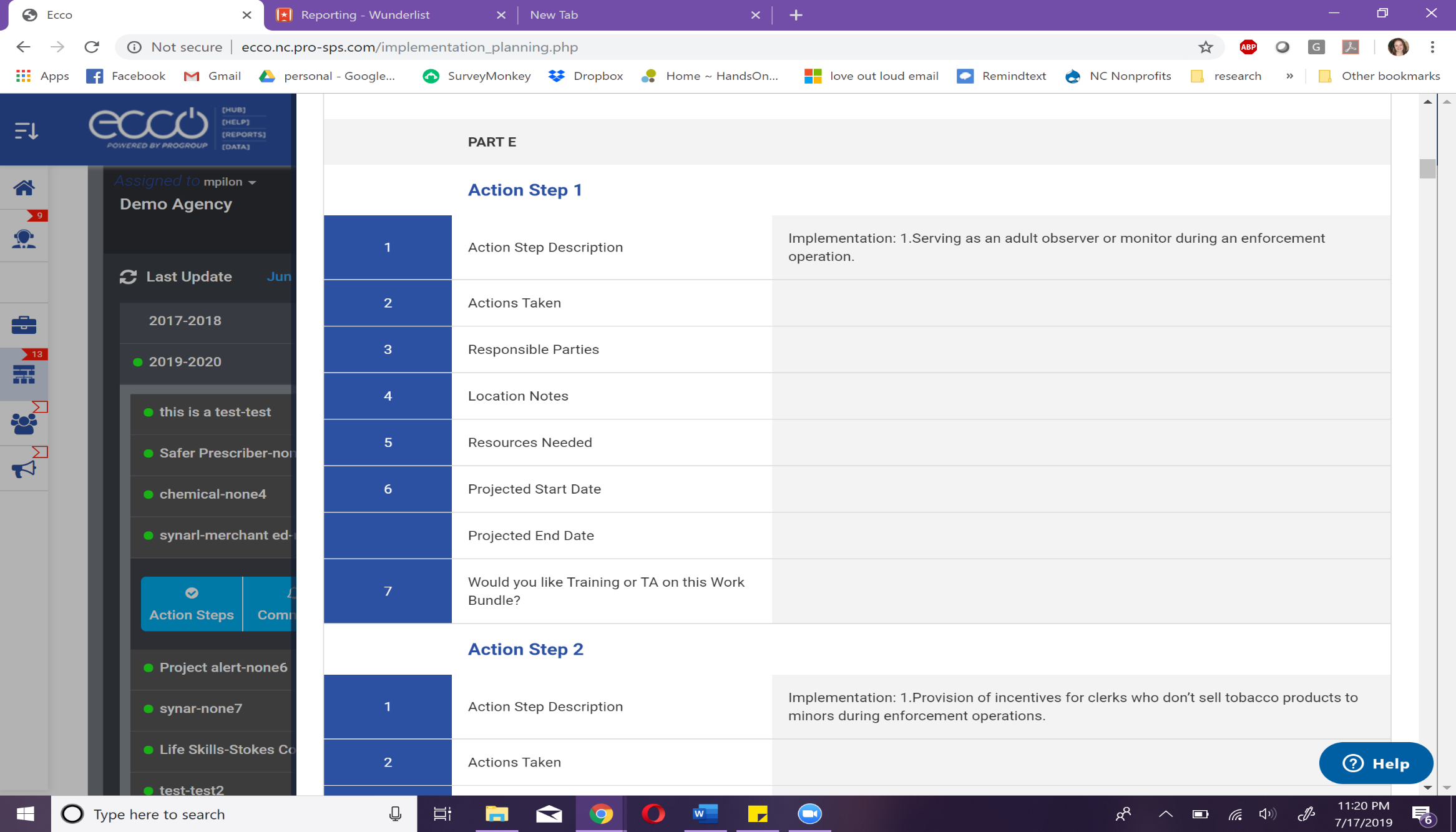


Screenshot 1: Location of Reporting Sections

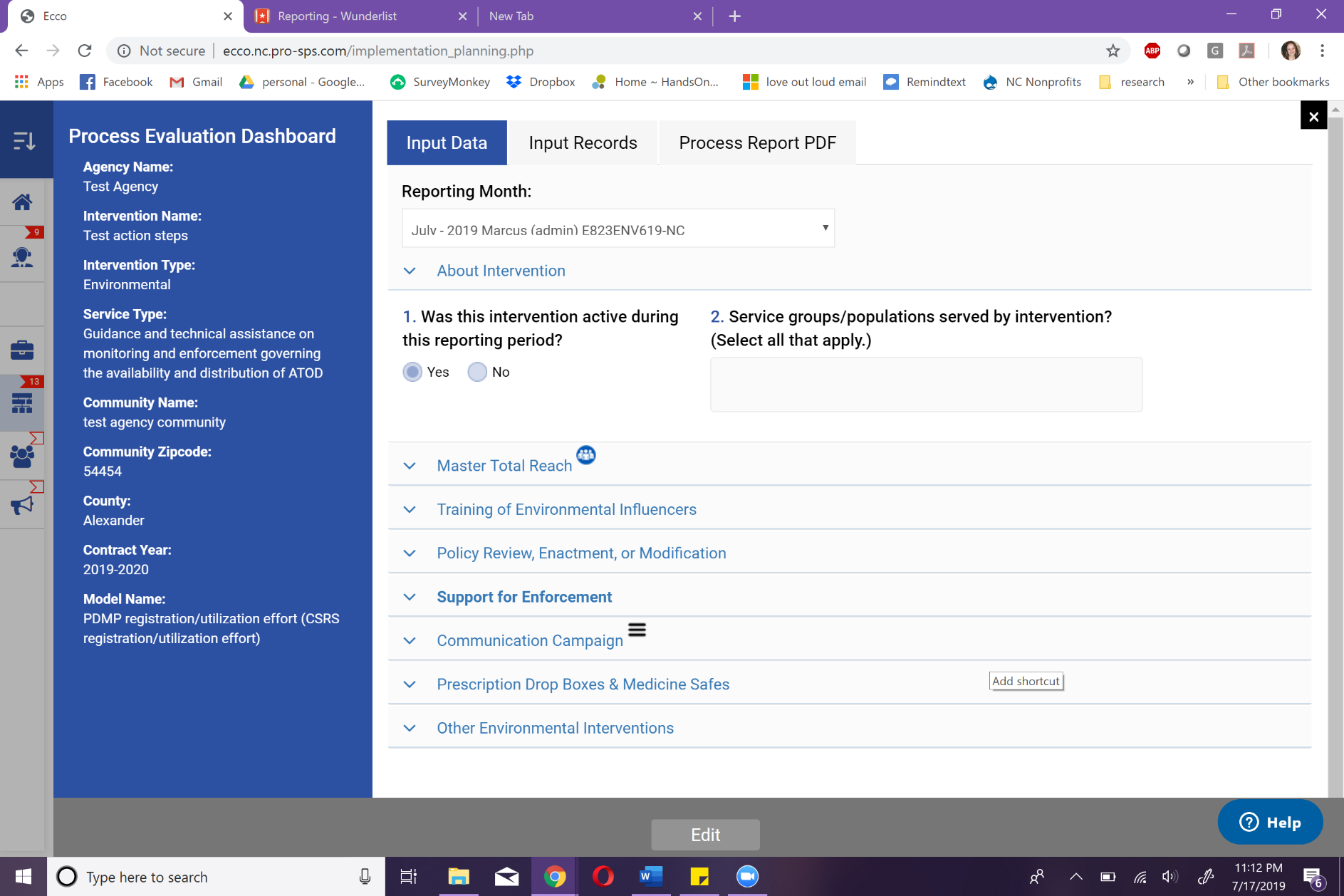
Part E: Action Steps: Also located here is “Actions Taken” column for descriptors for audit work

Process Data: This Section houses the process questions associated with the strategy/intervention.

IP PDF: Location where you can view Parts A-E for an intervention to check work and use for printable action plans. \*NOTE: This will be used by reviewers to look at the various sections in ECCO.

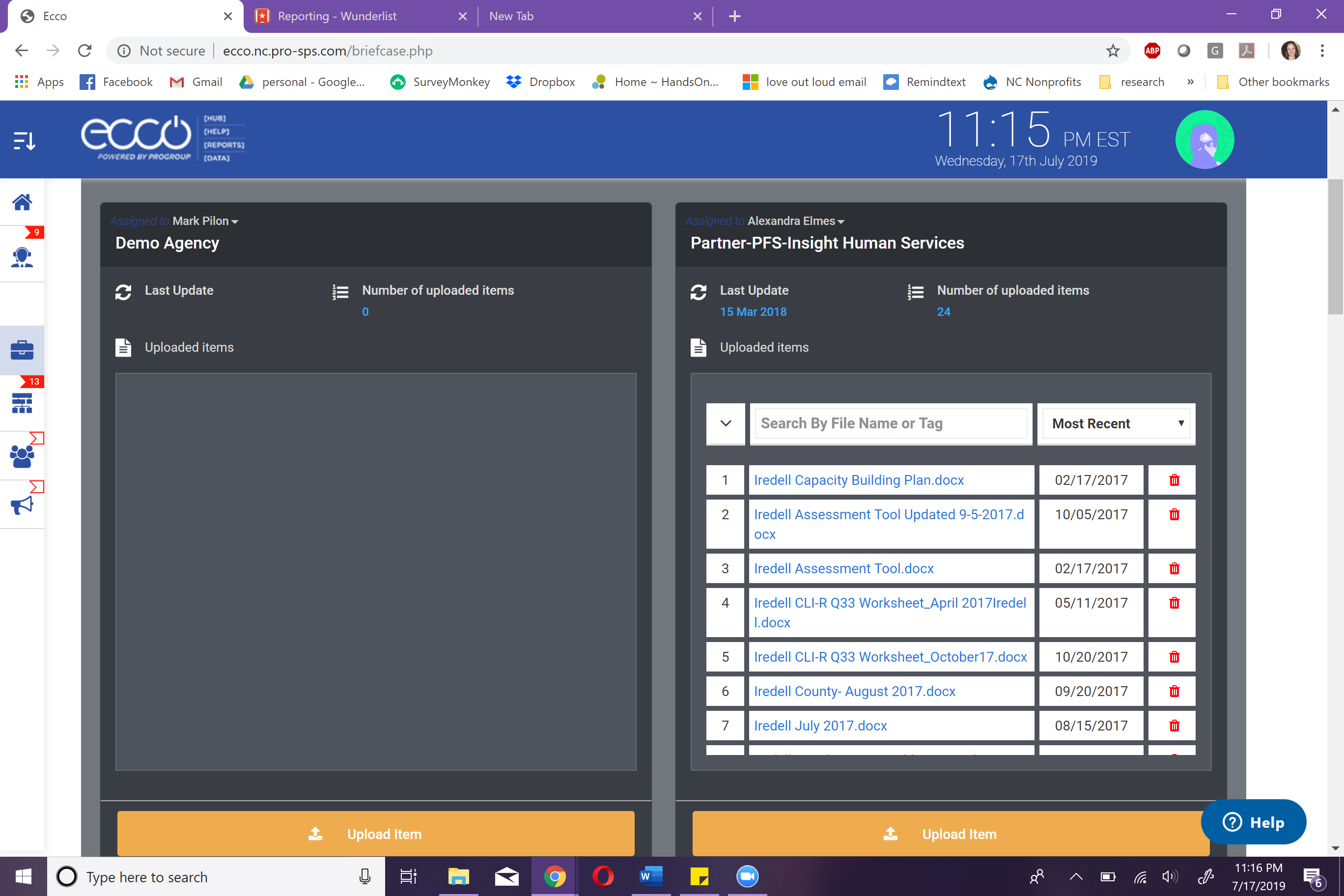


Screenshot 2: This shows the IP PDF. In it you will note that the action steps will be listed in the description, and the “Actions Taken” section is the portion to be completed by the users. This section will need to hold relevant information to explain the progress/completion of a step. The dates will also help users to show progress and completion. The reviewers will use this PDF to conduct most of the desk audit as it shows a summary of work completed.



Screenshot 3: Process Data Dashboard.

Once a user clicks the “Process Data” link shown in Screenshot 1, then they are brought to this dashboard. The dashboard above is for Environmental strategies. The process numbers located in the **far-right** column of the audit guide table correspond to the questions that can be found within this dashboard. \*The Reporting Month shows the current month when first logged in, the user must choose the appropriate month to add process data. Process data should be added per month it is completed, to show progress. A reviewer will be able to see if data is completed by two methods: 1. Noting a name identifier beside the month in the drop down OR 2. By choosing the Input Records Tab which will show all months in which data was entered. The Process Report PDF will be used by reviewers for the desk audit.

Screenshot 4: This is the Briefcase Dashboard, where a user will upload recommended documentation from the provider audit guide table. Reviewers will also use this dashboard to conduct the audit. Users will be able to link their uploads to interventions by “tagging” the interventions.