

Committee Agenda

**Monday, December 16, 2013, Garden Level Room EW 42
Idaho State Capitol Building**

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|--------------------------|--|
| 8:00am – 8:10am | Roll Call, Minutes, Co-Chairmen Remarks
<i>Senator Patti Anne Lodge, Co-chair; Rep. Fred Wood, Acting Co-chair</i> |
| 8:10am – 9:00am | History of the Master Settlement Agreement, Use of the Millennium Funds, and Overview
<i>Brett DeLange, Deputy Attorney General, Consumer Protection Division
Jared Tatro, Budget & Policy Analyst, Legislative Services Office</i> |
| 9:00am – 9:25am | Idaho Academy of Family Physicians: TAR WARS Program
<i>Neva Santos, Executive Director</i> |
| 9:25am – 9:50am | American Lung Association: Prevent Tobacco Use Among Youth
Teens Against Tobacco Program (TATU);
Support Teens Against Nicotine Dependency Program (STAND);
Not on Tobacco Program (N-O-T)
<i>Jan M. Flynn, Idaho State Director</i> |
| 9:50am – 10:15am | Department of Juvenile Corrections: Youth Prevention and Cessation Programs
<i>Sharon Harrigfeld, DJC Director</i> |
| 10:15am – 10:30am | Break |
| 10:30am – 10:55am | Idaho State University: Prescription for Progress
<i>Rex Force, PharmD, Associate Dean, Clinical Research</i> |
| 10:55am – 11:20am | Supportive Housing & Innovative Partnerships, Inc. (SHIP):
Pharmacist Phil – Rx Awareness
<i>Melanie Curtis, Executive Director</i> |
| 11:20am – 11:45am | Boys and Girls Clubs: Youth Empowerment Project
<i>Jon Evans, Fiscal Agent; Partner Organization, Lewis Clark Valley</i> |
| 11:45am – 12:10pm | Idaho State Police: Minors Access to Tobacco Compliance Checks
<i>Colonel Ralph Powell, ISP Director</i> |
| 12:10pm – 1:00pm | Lunch (in committee room) |

1:00pm – 1:25pm	Public Health Districts: Tobacco Cessation <i>Lora Whalen, Director PHD 1; Jaimie Harding Program Manager PHD 4; Mitch Kiester, Program Manager PHD 3</i>
1:25pm – 1:50pm	Idaho Drug Free Youth: i2i Substance Abuse Prevention Program <i>Greg Sommers, Executive Director</i>
1:50pm – 2:15pm	Boise State University, Idaho Regional Alcohol Drug Awareness Resources (RADAR) Center: Substance Abuse Prevention & Addiction Treatment Resources <i>Teri Carrigan, RADAR Center Director</i>
2:15pm – 2:40pm	Department of Health & Welfare: Project Filter <i>Ivie Smart, Program Manager</i>
2:40pm – 2:55pm	Break
2:55pm – 3:20pm	American Cancer Society, Cancer Action Network (ACS CAN): Women's Health Check (on behalf of Dept. of Health & Welfare) <i>Stacey Katseanes Satterlee, Idaho Director, Government Relations</i>
3:20pm – 3:45pm	Canyon Springs High School: Project Prevention <i>Monica White, Principal</i>
3:45pm – 4:10pm	Idaho Meth Project: Meth Prevention Campaign <i>Gina Heideman, Executive Director</i>
4:10pm – 4:35pm	Department of Correction: Community-Based Substance Abuse Treatment Services for Offenders <i>Brent Reinke, IDOC Director</i>
4:35pm – 4:50pm	Submit Scores
4:50pm	Adjournment

Idaho's Tobacco Master Settlement Agreement

Office of the Attorney General
Lawrence G. Wasden

Attorney General

December 16, 2013

Tobacco Master Settlement Agreement History

- In 1994, Mississippi sued the tobacco industry. Numerous States followed suit.
- Idaho filed suit in 1997, alleging consumer protection and antitrust violations.
- The Tobacco Master Settlement Agreement (“MSA”) was executed in November 1998.

The “Master” Settlement Agreement

- The MSA is a series of 52 separate agreements, each with the same provisions applicable to 52 “Settling States” and some 45 tobacco companies.
- Idaho’s MSA was reviewed and approved by the Idaho state district court handling our tobacco litigation.

The Parties to the MSA

- One side of the MSA are the “Settling States,” of which Idaho is one.
- The “Settling States” include 46 States, D.C., Puerto Rico, and 4 other US Territories .
- Four other States, (MN, FL, TX and MS), sued the tobacco industry, too, but they settled separately from the MSA. They are called the “Previously Settled States” or “PSS.”

The Parties to the MSA

The other side to the MSA are “Participating Manufacturers” of which there are two types:

- OPMs – Original Participating Manufacturers
 - Companies originally sued by the States
 - Negotiated the MSA with the States
 - 3 Companies: Phillip Morris, RJ Reynolds, Lorillard).
- SPMs – Subsequent Participating Manufacturers
 - Joined the MSA after its original execution
 - Over 40 such companies.

The Master Settlement Agreement: The Bargain

- Under the MSA, the Participating Manufacturers agree:
 - To limit substantially the advertising, promotion, marketing or packaging of cigarettes, including no longer targeting tobacco product advertising or marketing to children under 18 years old.
 - To cease material misrepresentations of fact regarding the health consequences of smoking.
 - To make payments to the States in perpetuity. In 1998, payments' estimated present value was \$206 billion.

The Master Settlement Agreement: The Bargain (cont.)

■ The Settling States Agree:

- To release the Participating Manufacturers from specified claims that the States (but not individuals) had and might have in the future for costs arising out of tobacco related illnesses.

MSA Payments

- For 2008- 2017, States receive their payment from two different funds.
- These payments are calculated by what the MSA calls the “Independent Auditor” (which is PriceWaterhouseCooper), aggregated into one deposit, which is then electronically wired to each State.
- Idaho’s MSA payment is due 4/15 each year.

Adjustments to Annual Payments

- Idaho's MSA payments vary each year because they are subject to yearly adjustments:
 - Inflation Adjustment (upward)
 - Volume Adjustment (downward)
 - Previously Settled States Adjustment (downward)
 - Non-Participating Manufacturer ("NPM") Adjustment (downward).

Adjustments to Annual Payments (cont.)

- Inflation, Volume and Previously Settled States Adjustments are either fixed or are straightforward calculations set forth in the MSA. All States share alike in these three adjustments.
- NPM Adjustment is not straightforward but is complicated in its application and enforcement. Some States are and some States are not subject to this adjustment in a given year.

Effect of Inflation, Volume and PSS Adjustments on 2013 Payment

■ Base or original amount		\$	9,000,000,000
• Plus Inflation Adj.	+	\$	4,897,997,099
• Less Volume Adj.	–	\$	6,590,737,342
• Less PSS Adj.	–	\$	808,670,079
			<hr/>
■ Adj. base amount		\$	6,498,589,678

(Above amounts, as calculated by the Independent Auditor, include all payments and are the national totals for all the Settling States collectively)

Idaho's MSA Payment

- After the national base payments are calculated, providing for all adjustments, each State's payment is calculated by multiplying the national adjusted base payment amounts by each State's respective "allocated shares."
- Multiplying Idaho's allocated shares to the 2013 adjusted base amounts equals \$28,305,513, which is what Idaho was supposed to receive April 15, 2013.

Idaho's MSA Payment (cont'd)

- After the MSA was executed, the Legislature created the “Idaho Millennium Fund” (Millennium Fund), into which Idaho's MSA payments are deposited. Once a year, 5 percent of the net value of the Millennium Fund is deposited into the “Idaho Millennium Income Fund” for appropriation.

Idaho's MSA Payment (cont'd)

- In 2006, the Idaho Constitution was amended to create the Idaho Millennium Permanent Endowment Fund, which now receives 80 percent of Idaho's MSA payments. The other 20 percent of Idaho's MSA Payments continue to be deposited in the Millennium Fund.
- Like the Millennium Fund, once a year five percent of the net value of the Millennium Endowment Fund is deposited in the Millennium Income Fund for appropriation.

Idaho's MSA Payment (cont'd)

- Idaho received \$24,896,448 in April 2013.
- Yearly, Idaho receives less than what it should receive. This is because some tobacco companies fail to pay and others put amounts in what is called a “Disputed Payments Account.”
- Every year, a number of tobacco companies seek to zero out Idaho's MSA payment, primarily based on the argument that the MSA's “NPM Adjustment” should apply to reduce or eliminate Idaho's payment.

Idaho's MSA Payment (cont'd)

- Before discussing the NPM Adjustment, it is important to point out three things:
- FIRST, the MSA does NOT put any restrictions on a State as to HOW it may spend its MSA payments. How these moneys are spent is up to the Legislature and its appropriation powers.
- SECOND, to date, Idaho has received \$354,832,529 in MSA moneys.
- THIRD, Idaho's MSA payments do not sunset.

NPM Adjustment

- Next year, a number of States will see their MSA payments reduced by hundreds of millions of dollars due to what the MSA calls the “NPM Adjustment.”
- NPMs stand for non-participating manufacturers. NPMS are companies that are not signatories to the MSA.
- Where applicable, the NPM Adjustment operates to reduce or even eliminate an affected State’s MSA payment.

NPM Adjustment (cont.)

- NPM Adjustment is essentially 3 X the “Market Share Loss” that the PMs experience vis-à-vis the NPMs in a given year. That sum is multiplied to the year’s base amount.
- Thus, in 2003, the market share loss was calculated to be 6%. This figure multiplied by three equals 18%, which, when multiplied by the MSA’s adjusted base amount of \$6.4 billion, equals an NPM Adjustment for the year of \$1.2 billion.

NPM Adjustment (cont.)

- The NPM Adjustment applies to reduce each State's MSA payment UNLESS that State has in effect a "Qualifying Statute" and
- The State in question "diligently enforced" its Qualifying Statute during the year.
- This "Diligent Enforcement" provision then operates as a safe harbor from application of an NPM Adjustment.

NPM Adjustment (cont.)

- Idaho has enacted a Qualifying Statute, which is the Idaho Tobacco Master Settlement Agreement Act (MSA Act).
- The Idaho MSA Act requires NPMs to escrow funds with regard to their taxed cigarette sales in Idaho.
- Thus, whether the NPM Adjustment applies to Idaho in any given year depends upon whether Idaho has “diligently enforced” its MSA Act.

NPM Adjustment (cont.)

- Idaho was ordered to a three-judge multi-state arbitration panel to decide whether it diligently enforced the Idaho MSA Act with respect to the 2003 NPM Adjustment.
- The Office of the Attorney General represented Idaho.
- This was massive litigation, involving almost 100 parties, millions of items of information, thousands of hours of effort and hundreds of thousands of dollars of OAG expense.

NPM Adjustment (cont.)

- In the end, Idaho prevailed—the tobacco companies conceded that Idaho had diligently enforced its Idaho MSA Act in 2003.
- A number of other States tried their cases before the Arbitration Panel and were found to have diligently enforced their Qualifying Statutes, too, but six States were found not to have diligently enforced their Qualifying Statutes.
- The NPM Adjustment will thus be applied to reduce these States' next MSA payments.

MSA Payments—Future

- As I noted, the NPM Adjustment litigation that just ended only resolved the issue for 2003.
- Tobacco companies have already said they intend to reduce or seek to zero out Idaho's MSA payment for the 2004 NPM Adjustment and forward.
- The 2004 NPM Adjustment arbitration is now getting ready to start.
- We are thus faced with a massive undertaking all over again.

MSA Payments—Future

- The Office of the Attorney General is preparing to defend State's MSA payments again.
- Extremely time intensive and expensive.
- The 2003 NPM Adjustment Arbitration put significant pressure on our office's budget and resources in the form of expert fees and arbitration expenses.

MILLENNIUM FUNDS INVESTMENT INFORMATION

MILLENNIUM FUND

The Millennium Fund is invested in the IDLE fund within the State Treasurer's Office, which are liquid, as the Millennium Fund can be appropriated by the Legislature.

Market Value as of September 30, 2013: \$14,708,007.72

Millennium Fund Distributions

July 2008 Distributed	\$3,222,069.03	July 2012 Distributed	\$3,700,511.33
July 2009 Distributed	\$3,247,393.01	July 2013 Distributed	\$791,804.41
July 2010 Distributed	\$3,467,580.88	July 2014 Will Distribute	\$586,630.75
July 2011 Distributed	\$3,627,697.71		

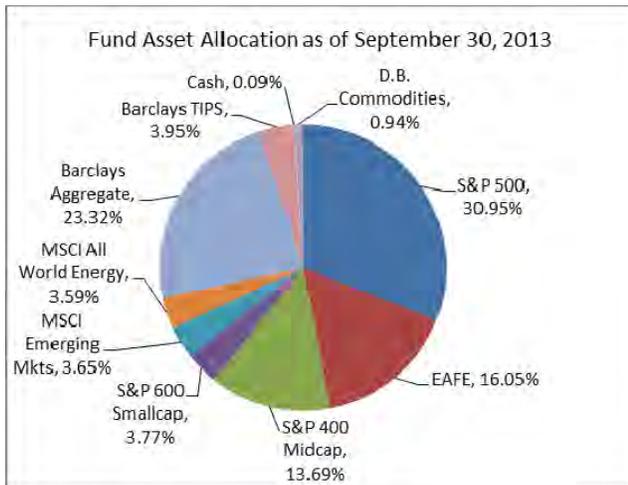
MILLENNIUM PERMANENT ENDOWMENT FUND

PERFORMANCE COMPARISON – PERIODS ENDING SEPTEMBER 30, 2013

	LAST <u>1 QTR</u>	LAST <u>2 QTRS</u>	LAST <u>3 QTRS</u>	LAST <u>1 YEAR</u>	LAST <u>2 YEARS</u>	LAST <u>3 YEARS</u>	LAST <u>4 YEARS</u>	LAST <u>5 YEARS</u>
Millennium Permanent Endowment Fund	5.42%	5.12%	11.38%	13.35%	16.53%	10.99%	10.30%	8.15%
Composite Index	5.26%	4.78%	11.06%	12.79%	16.01%	10.70%	10.30%	8.10%
TUCS Median Public Fund > \$1 Billion	4.87%	5.17%	10.39%	12.78%	14.32%	10.28%	10.40%	8.02%

Note: Returns for MPEF are shown net of investment management fees. Other comparisons are shown gross of fees. MPEF total fees were 0.12% annually as of September 30, 2013.

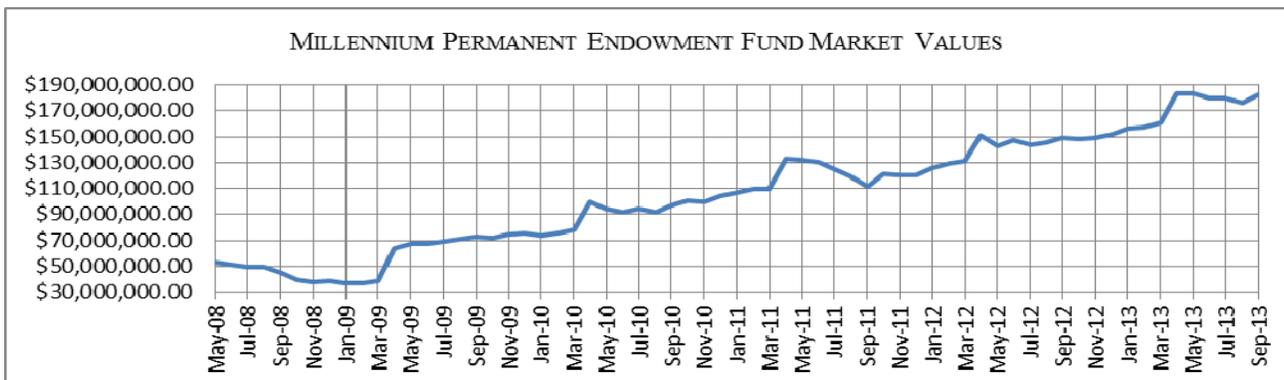
ASSET ALLOCATION



MPEF DISTRIBUTIONS

July 2008 Distributed	\$474,558.60
July 2009 Distributed	\$1,729,865.70
July 2010 Distributed	\$2,374,788.13
July 2011 Distributed	\$3,950,036.65
July 2012 Distributed	\$5,457,980.34
July 2013 Distributed	\$6,446,586.36
July 2014 Will Distribute	\$7,948,570.61

MILLENNIUM PERMANENT ENDOWMENT FUND MARKET VALUES



Idaho Millennium Fund Analysis

Analyst: Tatro

Fiscal Year	Beginning Market Value	Settlement Deposits	Transfers to Other Funds	Transfers to Endowment Fund (0545)	Interest & Earnings	Transfers to Income Fund (0499)	Ending Market Value
2000	0	29,728,524	0	0	495,789	(386,959)	29,837,354
2001	29,837,354	22,751,124	0	0	966,577	(1,729,535)	51,825,520
2002	51,825,520	26,602,063	(19,335,604)	0	(7,327,501)	(2,438,933)	49,325,545
2003	49,325,545	26,653,835	(70,311,509)	0	(724,805)	(4,943,065)	0
2004	0	22,818,949	0	0	(61,929)	0	22,757,020
2005	22,757,020	23,151,453	0	0	621,571	(1,941,119)	44,588,925
2006	44,588,925	21,253,142	0	0	2,138,244	(284,669)	67,695,642
2007	67,695,642	4,605,075	0	(10,000,000)	3,418,332	(1,360,348)	64,358,701
2008	64,358,701	5,700,682	0	0	2,840,943	(2,533,638)	70,366,688
2009	70,366,688	6,192,903	0	0	1,200,821	(3,553,869)	74,206,543
2010	74,206,543	5,197,914	0	0	809,811	(3,247,393)	76,966,875
2011	76,966,875	4,888,897	(4,898,000)	0	1,098,409	(3,467,581)	74,588,601
2012	74,588,601	4,984,445	(63,088,100)	0	1,298,662	(3,627,698)	14,155,910
2013	14,155,910	4,982,479	0	0	54,362	(3,700,511)	15,492,239
2014	15,492,239	5,000,000	0	0	128,675	(791,804)	19,829,110
2015 *	19,829,110	5,000,000	0	0	203,733	(586,631)	24,446,212
2016 *	24,446,212	5,000,000	0	0	247,969	(800,371)	28,893,809
2017 *	28,893,809	5,000,000	0	0	290,343	(1,029,930)	33,154,223
2018 *	33,154,223	5,000,000	0	0	832,861	(1,251,294)	37,735,790
2019 *	37,735,790	5,000,000	0	0	943,359	(1,463,342)	42,215,808
2020 *	42,215,808	5,000,000	0	0	1,051,183	(1,679,609)	46,587,382
2021 *	46,587,382	5,000,000	0	0	1,156,133	(1,901,066)	50,842,449
2022 *	50,842,449	5,000,000	0	0	1,258,272	(2,117,163)	54,983,559
2023 *	54,983,559	5,000,000	0	0	1,357,676	(2,327,500)	59,013,734
2024 *	59,013,734	5,000,000	0	0	1,454,416	(2,532,204)	62,935,946
2025 *	62,935,946	5,000,000	0	0	1,548,565	(2,731,425)	66,753,085
TOTAL		269,511,486	(157,633,213)	(10,000,000)		(52,427,657)	

SETTLEMENT DEPOSITS. The State Treasurer's Office projects tobacco settlement cash receipts of around \$25 million per year from FY 2012 through FY 2025. Of that amount, \$20 million is to be deposited into the Millennium Permanent Endowment Fund (0545) and \$5 million into the Millennium Fund (0540), per Idaho Code.

INTEREST & EARNINGS. Return assumptions for FY 2013 through FY 2017 have been adjusted down to 1%, then increased to 2.5% thereafter.

The Idaho Millennium Fund consists of twenty percent of moneys received each year by the state of Idaho on and after January 1, 2007, pursuant to the master settlement agreement entered into between tobacco product manufacturers and the state, and any other moneys that may be appropriated or otherwise directed to the fund.

Each year, the State Treasurer is to distribute five percent of the fund's average monthly fair market value for the first twelve months of the preceding twenty-four months, to the Idaho Millennium Income Fund, providing that the distribution does not exceed the fund's fair market value on the first business day of July. The balance in this fund is never to exceed \$100 million and any amount in excess is to be transferred to the permanent endowment fund.

Idaho Millennium Endowment Fund Analysis

Analyst: Tatro

Fiscal Year	Beginning Market Value	Settlement Deposits	Transfers from Millennium Fund (0540)	Interest & Earnings	Transfers to Income Fund (0499)	Ending Market Value
2000	0	0	0	0	0	0
2001	0	0	0	0	0	0
2002	0	0	0	0	0	0
2003	0	0	0	0	0	0
2004	0	0	0	0	0	0
2005	0	0	0	0	0	0
2006	0	0	0	0	0	0
2007	0	17,640,532	10,000,000	454,070	0	28,094,602
2008	28,094,602	22,802,728	0	2,296	0	50,899,626
2009	50,899,626	24,771,612	0	(8,181,051)	(474,559)	67,015,628
2010	67,015,628	20,791,657	0	5,530,576	(1,729,866)	91,607,995
2011	91,607,995	19,555,587	0	21,399,579	(2,374,778)	130,188,383
2012	130,188,383	19,937,780	161,000	1,043,075	(3,950,037)	147,380,201
2013	147,380,201	19,929,915	0	17,887,327	(5,457,980)	179,739,463
2014	179,739,463	20,000,000	0	18,056,905	(6,446,586)	211,349,781
2015 *	211,349,781	20,000,000	0	12,796,343	(7,948,571)	236,197,554
2016 *	236,197,554	20,000,000	0	14,233,603	(9,493,638)	260,937,518
2017 *	260,937,518	20,000,000	0	15,681,489	(10,758,604)	285,860,404
2018 *	285,860,404	20,000,000	0	17,144,436	(11,962,309)	311,042,531
2019 *	311,042,531	20,000,000	0	18,622,824	(13,174,914)	336,490,442
2020 *	336,490,442	20,000,000	0	20,116,827	(14,400,132)	362,207,136
2021 *	362,207,136	20,000,000	0	21,626,610	(15,638,282)	388,195,464
2022 *	388,195,464	20,000,000	0	23,152,340	(16,889,509)	414,458,295
2023 *	414,458,295	20,000,000	0	24,694,186	(18,153,952)	440,998,529
2024 *	440,998,529	20,000,000	0	26,252,318	(19,431,751)	467,819,095
2025 *	467,819,095	20,000,000	0	27,826,907	(20,723,047)	494,922,955
TOTAL		385,429,811	10,161,000	278,340,659	(179,008,516)	

SETTLEMENT DEPOSITS. The State Treasurer's Office projects tobacco settlement cash receipts of around \$25 million per year from FY 2012 through FY 2025. Of that amount, \$20 million is to be deposited into the Millennium Permanent Endowment Fund (0545) and \$5 million into the Millennium Fund (0540), per Idaho Code.

INTEREST & EARNINGS. Projected earnings assume a 6.0% return on investment from FY 2013 forward.

The *Idaho Millennium Permanent Endowment Fund* consists of eighty percent of moneys received each year by the state of Idaho on and after January 1, 2007, pursuant to the master settlement agreement entered into between tobacco product manufacturers and the state, and any other moneys that may be appropriated or otherwise directed to the fund.

Each year, the State Treasurer is to distribute five percent of the fund's average monthly fair market value for the first twelve months of the preceding twenty-four months, to the Idaho Millennium Income Fund, providing that the distribution does not exceed the fund's fair market value on the first business day of July.

Idaho Millennium Fund

Applicant Summaries

Analyst: Tatro

FY 2015 BEGINNING CASH BALANCE		\$0
5% REVENUE DISTRIBUTIONS TO INCOME FUND		
1. July 1, 2013: Millennium Permanent Endowment Fund (0545)	\$7,948,600	
2. July 1, 2013: Idaho Millennium Fund (0540)	\$586,600	
TOTAL DISTRIBUTIONS TO MILLENNIUM INCOME FUND		\$8,535,200
LESS: Investment Management Consulting Fees		(\$80,000)
TOTAL REVENUE AVAILABLE FOR FY 2015		\$8,455,200

APPLICANT

1. Idaho Academy of Family Physicians	\$70,400	
<i>Tar Wars Program</i>		
2. American Lung Association	\$159,000	
<i>Prevent Tobacco Use Among Youth</i>		
3. Department of Juvenile Corrections	\$1,088,600	
<i>Youth Prevention and Cessation</i>		
4. Idaho State University	\$798,000	
<i>Prescription Monitoring</i>		
5. Supportive Housing & Innovative Partnerships (SHIP)	\$160,100	
<i>Pharmacist Phil - Rx Awareness</i>		
6. Boys & Girls Club	\$328,800	
<i>Youth Empowerment Project</i>		
7. Idaho State Police	\$94,000	
<i>Prevention of Minors' Access to Tobacco Products</i>		
8. Public Health Districts	\$750,000	
<i>Tobacco Cessation Programs</i>		
9. Idaho Drug Free Youth	\$179,800	
<i>Parent & Teen Prevention Education Program</i>		
10. Boise State University (RADAR Center)	\$65,000	
<i>Provide Substance Abuse Materials</i>		
11. Department of Health & Welfare	\$2,500,000	
<i>Project Filter Tobacco Cessation Services</i>		
12. American Cancer Society/Department of Health & Welfare	\$325,000	
<i>Idaho Women's Health Check</i>		
13. Canyon Springs High School, Caldwell	\$142,000	
<i>Implement Intensive Intervention Program</i>		
14. Idaho Meth Project	\$264,000	
<i>Meth Prevention & Public Awareness Campaign</i>		
15. Department of Correction	\$1,859,200	
<i>Community-Based Substance Abuse Treatment Services</i>		
TOTAL APPLICANT REQUESTS		\$8,783,900
FY 2015 ENDING BALANCE (Revenue less Applicant Requests)		(\$328,700)



IDAHO ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR IDAHO

777 N. RAYMOND, SUITE 100 BOISE, IDAHO 83704 • PHONE (208) 323-1156 • FAX (208) 323-9661

October 16, 2013

Jated Tatro, Budget & Policy Analyst
Legislative Services Office
State Capitol, Suite C420
PO Box 83720
Boise, Idaho 83720-0054

Dear Mr. Tatro;

Attached you will find the Millennium Fund Grant Application for the Idaho Academy of Family Physicians' sponsored *Tar Wars* program.

The Idaho Academy of Family Physicians (IAFP) was founded in 1948 and is an affiliate of the American Academy of Family Physicians (AAFP). The IAFP is the state organization for Idaho family doctors and is the largest medical specialty organization in Idaho. The mission of the IAFP is to: *Promote access to high quality primary care for Idaho citizens; Support the initiatives that improve the health of Idaho citizens...* The mission of the AAFP is to *improve the health of patients, families, and communities by serving the needs of members with professionalism and creativity.*

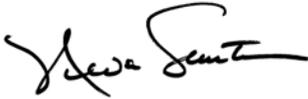
The IAFP coordinates the *Tar Wars* program in Idaho. The *Tar Wars* program is owned and operated by the AAFP so the IAFP is appropriate as the managing organization. *Tar Wars* was developed by a family physician, Dr. Jeff Cain, from Colorado 25 years ago. The AAFP purchased the program for \$1.00 after the program grew to a capacity that couldn't be maintained by Dr. Cain and his staff.

The *Tar Wars* program is active in all 50 states and 16 countries. The program has been a part of tobacco prevention in Idaho for 21 years and has grown significantly over that period of time. The IAFP is uniquely positioned to provide the *Tar Wars* program because of our relationships with our family physician members and other health care partners. We continue to create relationships with other healthcare providers (i.e.: dentists, nurses, nurse practitioners, physician assistants and others) to improve the program delivery. The involvement of additional healthcare

professionals has allowed the *Tar Wars* program to be delivered in remote areas of the state that would not otherwise receive the benefit of tobacco prevention program.

Please accept our Millennium Fund Grant Application for consideration for FY 2015. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Neva Santos". The signature is fluid and cursive, with the first name "Neva" and last name "Santos" clearly distinguishable.

Neva Santos, CAE
Executive Director

Attachment

Presentation

FY 2015



Tar Wars



A tobacco-free education program for kids from
the American Academy of Family Physicians

Tar Wars Tobacco-Free Education Program

- **Tar Wars Overview**
- **Why/Need**
- **How Tar Wars Works**
- **Success**
- **Accountability**
- **Outcomes**
- **Wrap Up**

Tar Wars Is . . .

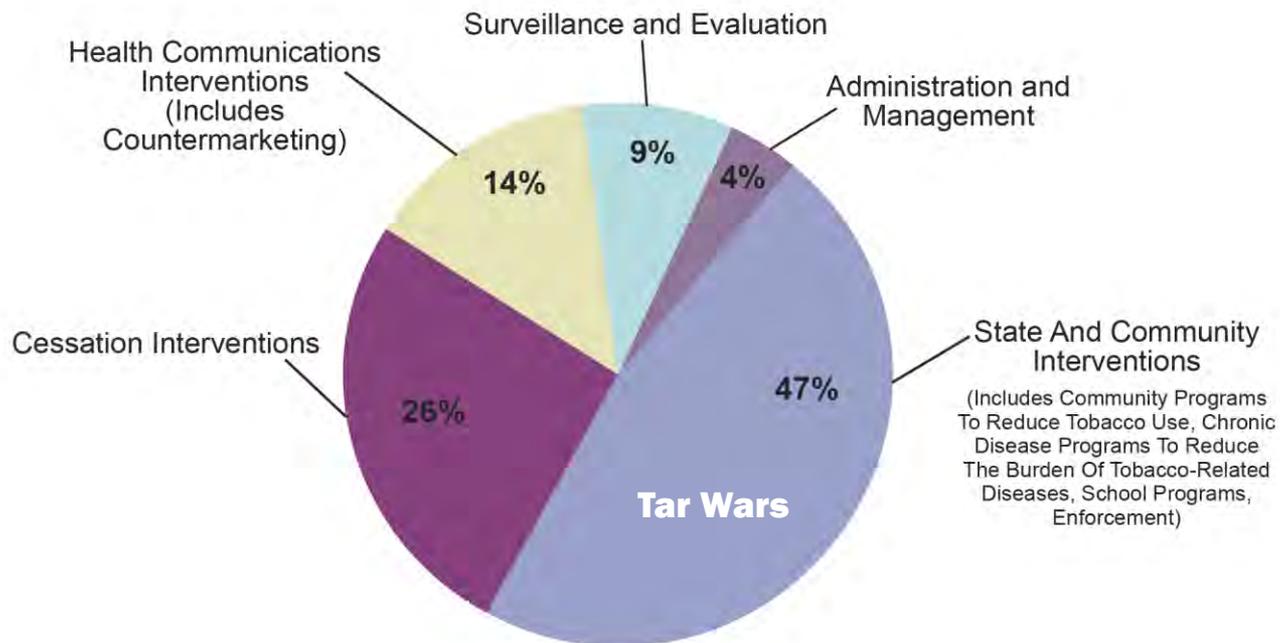
- **A school-based tobacco-free education program and follow-up poster contest for 5th grade students, designed to reduce tobacco use among youth.**
- **The only youth tobacco education program offered at this time by a medical specialty organization in the U.S.**
- **Owned and operated by the American Academy of Family Physicians and coordinated in Idaho by the Idaho Academy of Family Physicians for over 20 years.**

Tar Wars Is . . .

- **Implemented in classrooms by volunteers.**
- **One component of a comprehensive tobacco prevention curriculum.**
- **Designed to help reduce tobacco use among students as part of the “State and Community Interventions” recommended by CDC.**

Tar Wars, part of a comprehensive tobacco control program

Tar Wars is a school based program designed to reduce tobacco use among students as part of the State and Community Interventions recommended by CDC.



Why Tar Wars?

Surgeon General's 2012 Report on Tobacco:

- **Every day, more than 3,500 children in the US try their first cigarette. Of those 1000 children become new regular, daily smokers.**
- **One of the most serious health effects of tobacco use is NICOTINE ADDICTION, which prolongs tobacco use and can lead to severe health consequences.**

Why Tar Wars?

- **The tobacco industry spends more than \$13.1 billion each year to promote use of their products. Much of that marketing directly reaches and influences children.**
- **More than 600,000 middle school students smoke tobacco.**
- **New tobacco products undermine the gain in the progress made against youth smoking.**

Why Tar Wars?



Hollywood personality **Leonardo DiCaprio**



TV personality **Jenny McCarthy** for blu eCigs

“U.S. Preventive Services Task Force” Primary Care Interventions to Prevent Tobacco Use in Children and Adolescents

2013 Recommendation Statement: The U.S. Preventive Services Task Force (USPSTF) have issued final recommendations that physicians provide interventions, including education or brief counseling, to prevent the initiation of tobacco use by school-aged children and adolescents.

According to USPSTF Co-vice Chair Michael LeFevre, M.D., M.S.P.H., evidence shows there are intervention programs, such as the AAFP's Tar Wars program, that family physicians can implement to reduce the number of adolescents who become regular smokers.

Mass media campaigns, on the basis of strong evidence of their effectiveness in reducing tobacco use in adolescents when combined with increases in tobacco prices, school-based education, and other community education programs.

Surgeon Generals Report 2012

“The evidence is sufficient to conclude that school-based programs with evidence of effectiveness, containing specific components, can produce at least short-term effects and reduce the prevalence of tobacco use among school-aged youth.”

CDC Winnable Battles: Progress

CDC studies of school programs to prevent cigarette use among middle- and high-school students showed that every dollar invested in school tobacco prevention programs saves almost \$20 in medical care costs.

<http://www.cdc.gov/winnablebattles/targets/index.html>

The Tar Wars Program

- **It's clear, *prevention efforts MUST focus on young adults.* Approximately 90% of all tobacco users start by age 18.**
- **TAR WARS was developed to help stem this epidemic.**

The Tar Wars Program

- **Educate and motivate students to be tobacco-free showing them the tobacco industry's marketing tricks to lure young tobacco users.**
- **Teaches students about the short-term health effects and the image-based consequences of tobacco use.**
- **Provides students with tools to make positive decisions regarding their health.**

The Tar Wars Program

- **Promotes personal responsibility for a student's well being.**
- **Mobilizes family physicians, dentists, other health care professionals and citizens to become proactive in their community's health education.**

How Tar Wars Works...

- **Introduce the Tar Wars Program to all Idaho Elementary schools and identify those interested.**
- **Match participating schools with local volunteer presenters.**
- **Develop and publish Idaho specific Program Guides, resources and PowerPoint presentations.**

How Tar Wars Works...

- **Provide schools and presenters with resources and program information.**
- **Follow up on progress and success of presentations.**
- **Gather and record evaluations from schools and presenters.**

THE 2013 NATIONAL TAR WARS POSTER CONTEST IN WASHINGTON, DC



Acting U.S. Surgeon General Rear Admiral Boris Lushniak, M.D., M.P.H., speaks with students during the Tar Wars 25th anniversary celebration in Washington, D.C.

THE 2013 NATIONAL TAR WARS POSTER CONTEST IN WASHINGTON, DC

“Dr. Lushniak said that the best way to keep people of all ages from becoming dependent on tobacco is to make sure they never start using it in the first place.”

“After 50 years of work, it is your age group we are most concerned about, Lushniak told the students. For every person that dies, I have two young people starting to smoke. So, if we can stop people from picking up a cigarette between 14 and 26 ... we can have an incredible impact on this country.”

<http://www.aafp.org/news-now/inside-aafp/20130718tarwarswinners.html>

Who Presents Tar Wars in Idaho?

2012/2013 VOLUNTEER PRESENTERS:

33	Family Physicians
11	Dentists
7	Physician Assistants
5	Nurse Practitioners
8	Health Educators
3	Medical Students
8	Family Medicine Residents
3	Respiratory Therapists
2	Nursing Students
8	Dental Hygiene Students

Who Presents Tar Wars in Idaho?

COMMUNITY PARTNERS:

Boise Family Medicine Residency
Central District Health
Clearwater Valley Hospital & Clinics-Orofino, ID
Eastern Idaho Public Health
ISU Department of Dental Hygiene
ISU Family Medicine Residency
North Central District Health
Panhandle District Health
South Central Public Health
Southeastern Idaho Public Health
Southwest District Health
St. Luke's MSTI
St. Mary's Hospital & Clinics-Cottonwood, ID
Syringa Hospital & Clinics-Grangeville, ID
WWAMI-Idaho Tracker Medical Students-Boise
WWAMI-Medical Students-Moscow

Who Presents Tar Wars in Idaho?

2012/2013 School Year

Total Presenters - 107

Total School Districts - 68

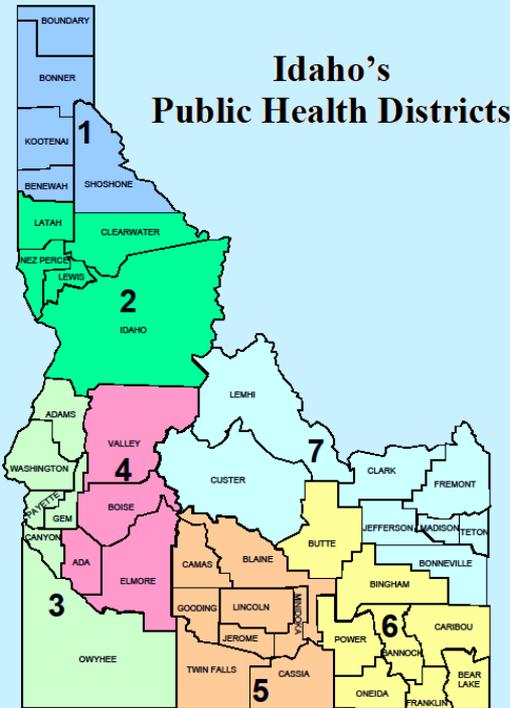
Total Schools Visited - 191

Number of Classrooms - 473

Total Students Reached - 13,240

In-Kind Presenter Value: \$41,200.00

Participating Health Districts



Health District 1 14 Schools

Health District 2 23 Schools

Health District 3 42 Schools

Health District 4 48 Schools

Health District 5 22 Schools

Health District 6 24 Schools

Health District 7 14 Schools

COMMUNITY PARTNER ST. LUKE'S MSTI

- **How *Tar Wars* helps St. Luke's Health System/MSTI meet its goals.**
- **How *Tar Wars* is received in the community.**
- **The strengths and effectiveness of the *Tar Wars* Program.**

Success Measures

- **Active in all 50 states.**
- **2013/14 school year we expect to reach almost 200 Idaho schools and over 13,000 Idaho students.**
- **Proven to be effective in increasing students' knowledge of and attitudes toward tobacco use and advertising.**
- **Cost-effective – because we use volunteers to spread the message.**

Success Measures

A note from a parent:

My name is Elizabeth Barton and I live in Genesee, ID. My son, Cameron Barton, won the Tar Wars poster contest at the school level for Genesee Elementary School. As his parent, I could not be more proud or more happy that he has such a positive view on staying tobacco free. I appreciate what the program has done to raise awareness at this age.

I am so thankful the Tar Wars program exists. I volunteer regularly at Genesee School and know this program helps to make an impact with the students. I've been very impressed with the professionalism and effectiveness of the program.

Thank you!

Elizabeth Barton

The Tar Wars Program

- **A volunteer structured program,**
- **It's cost-effective,**
- **We provide a very valuable message to a large number of Idaho students.**

Valuable Lesson

In just one hour,

Children are educated on the harmful effects of tobacco, the financial burden of tobacco and the deceiving nature of tobacco advertising.

Accountability

- **The Idaho Academy of Family Physicians will be the fund manager.**
- **Run by a board of directors comprised of family physicians from all over Idaho.**
- **Strict funding accountability measures and policies are in place.**
- **The IAFP has a history of fiscal responsibility.**

Tar Wars Outcomes

At the conclusion of the project, students receiving the Tar Wars Program instruction will:

- Have increased their knowledge of short-term health effects and image-based consequences of tobacco use.**
- Have an understanding of the financial impact of using tobacco and ways money could be better spent.**

Tar Wars Outcomes

At the conclusion of the project, students receiving the Tar Wars Program instruction will:

- Be able to identify reasons why people use tobacco.**
- Have the ability to explain how tobacco advertising, tobacco use in movies, and the tobacco industry markets their products to children.**

Conclusion

Tar Wars has been effective for 25 years and is supported by;

- **CDC best practices,**
- **The 2012 Surgeon General's Report,**
- **The 2013 U.S. Preventive Services Task Force recommendations,**
- **Our many valuable partners,**
- **Idaho elementary schools,**
- **Volunteers,**
- **Family Physicians,**
- **And Idaho parents**



Tar Wars



A tobacco-free education program for kids from
the American Academy of Family Physicians

Thank You

Peggy Drzayich, Tar Wars Coordinator Idtarwars@aol.com

Neva Santos, Executive Director IAFP Idahoafp@aol.com



AMERICAN ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA



IDAHO ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR IDAHO

Application

FY 2015



Millennium Fund Grant Proposal

For the Period July 1, 2014 through June 30, 2015

IDAHO TAR WARS PROGRAM

I. Grant Applicant

Full Legal Organization Name

Address

City

State

Zip Code

Website

Idaho Academy of Family Physicians

777 N. Raymond Street

Boise

Idaho

83704

www.idahofamilyphysicians.org

Executive Director

Name

Title

Phone

Email Address

Neva Santos, CAE

Executive Director

(208) 323-1156

Idahoafp@aol.com

Alternate Contact Person

Name

Title

Phone

Email Address

Peggy Drzayich

Idaho Tar Wars Coordinator

(208) 484-3119

Idtarwars@aol.com

Organizational Description: *The Idaho Academy of Family Physicians is a nonprofit membership association on behalf of the family physicians of Idaho. One of the important objectives of the organization is to assist our members in improving the health of patients, families and communities.*

II. Grant Proposal Summary

Meets One or More of the Following Criteria:

(Indicate Yes Where Applicable)

1. Tobacco Cessation or Prevention
2. Substance Abuse Cessation or Prevention
3. Tobacco or Substance Abuse Treatment

Yes, prevention

Purpose of Grant:

The grant will augment the successful tobacco prevention program, Tar Wars, and help to maintain its goal of teaching children how to make positive decisions regarding their health. The key to that objective is mobilizing family physicians and other health care professionals to take an active part in their community's health education. The grant funding will allow the volunteer Tar Wars presenters to continue to provide this important message to our impressionable children during a critical time in youth development. Tar Wars is currently presented in over half of Idaho's elementary schools, reaching over 12,000 Idaho students each year. The funding will be used to recruit additional volunteers and partners, linking them to interested classrooms in their local communities, and provide the necessary materials to implement the program. The funds will utilize the expertise of a program coordinator to orchestrate presentations, develop and dispense program material, conduct a survey of past Tar Wars participants, coordinate the Tar Wars poster contest, assess the success of the program through evaluations and develop a program video.

Grant Amount Requested: \$70,400

III. Proposed Budget

Expenditure Category	Millennium Fund	Other Fund IAFP	In-Kind Contribution	Project Total
Personnel				
Salaries -IAFP Exec		5,000		5,000
Volunteer Presenters' Time			41,200	41,200
Total Personnel	-	5,000	41,200	46,200
Operating				
Travel	1,135			1,135
Rent	1,200			1,200
Utilities, Internet, phone & fax	2,000			2,000
Calendar Project (design & printing)	5,300			5,300
Program Guide (design & printing)	3,655			3,655
Office Supplies	1,325			1,325
Contracts - coordinator	45,000			45,000
Poster winner expenses to DC	2,150			2,150
Coordinator's Conference	2,654			2,654
Mailing expenses	1,735			1,735
Poster Contest & Prizes	361			361
Printing Expenses (letters, envelopes)	285			285
Research (Participant survey)	1,300			1,300
Video Production	2,300			2,300
Web Site Hosting and Maintenance	-		800	800
Total Operating	70,400	-	800	71,200
Capital Outlay				
Office furnishings			800	800
Computers (2)			2,300	2,300

Budget Notes:

The Tar Wars Program Coordinator is on contract with the Idaho Academy of Family Physicians (IAFP) and does not receive employee benefits from the IAFP so is compensated to cover taxes and benefits. Travel expenses include travel to the National Tar Wars Coordinator conference in Washington, DC for 2 participants. The calendar project includes layout, design and printing for 1600 Idaho specific Tar Wars calendars. The program guide expenses include program layout, design and printing of 300 guides and supporting material (tobacco industry marketing examples, handouts, evaluation, contest instructions, and parent information). The winner of the state poster contest, along with a parent or guardian, is provided a trip to Washington, DC to represent Idaho at the National Poster Contest. Idaho has produced 2 national poster winners in the 25 years of the program. The Tar Wars Coordinator's Conference expenses include registration for the conference and three night's expenses for hotel and per diem in Washington, DC for 2 attendees. Research details include surveying participants of the Tar War both pre and post presentation. The research will be coordinated with the Center for Health Policy at Boise State University and will be IRB approved in the hopes of publishing the results. The actual study will not begin until academic year 2015/16 because of the information gathering

needed prior to initiation of the project. The means to create a video of a Tar Wars presentation will help provide much needed training and education. The plan is to develop the video and provide it to Lili (Libraries Linking Idaho), presenters and educators for their use.

IV. Statement of Need

The information and statistics below are gathered from the Surgeon General's 2012 Report on Tobacco which is used by the Centers for Disease Control (CDC) when developing best practices:

- Each day, more than 3,500 children in the United States try their first cigarette;
- 1,000 children become new regular, daily smokers;
- About one third of all youth smokers will eventually die prematurely from smoking-caused disease;
- Children who smoke may immediately experience increased heartbeat and blood pressure, respiratory problems, reduced immune function, increased illness, tooth decay, gum disease, and precancerous gene mutations;
- More than 600,000 middle school students smoke tobacco;
- Tobacco use by youth and young adults causes both immediate and long-term damage;
- One of the most serious health effects of tobacco use is nicotine addiction, which prolongs tobacco use and can lead to severe health consequences;
- Every day, more than 1200 people in America die due to smoking related issues;
- Use of multiple tobacco products - including cigarettes, cigars, and smokeless tobacco-is common among young people;
- The tobacco industry spends more than \$13.1 billion each year to promote use of their products. Much of that marketing directly reaches and influences children;
- ***Prevention efforts must focus on young adults, nearly 9 out of 10 smokers started by age 18.***

Tar Wars is uniquely positioned among tobacco-free education programs geared to youth and has been successful in achieving its desired outcome of increasing students' understanding of the short-term, image-based consequences of tobacco use and the deceptive tactics found in tobacco advertising. Research on the effectiveness of the AAFP-supported program has been conducted and evaluation results have been published. Since its inception in 1988, the Tar Wars Program has touched over 9 million children worldwide. It is the only youth tobacco education program offered at this time by a medical specialty organization in the United States. Tar Wars is owned and supported by the AAFP nationally and the IAFP locally, but the dedicated resources are limited. Idaho ranks high among the states in the number of volunteer presenters and the number of schools participating in the Tar Wars program. Over the past 20 years, the program has grown to include involvement of over half of Idaho's elementary schools and has reached more than 12,000 Idaho students each year, with more requests continuing to come in. Grant funding is imperative to the continued success and growth of the Tar Wars Program and would enable Idaho to continue to set the standard for excellence and success in educating our youth about the importance of making healthy lifestyle choices.

The implementation of comprehensive, sustained, multi-component programs can cut youth tobacco use in half in 6 years. Prevention is critical. Successful multi-component programs prevent young people from starting to use tobacco in the first place and more than pay for themselves in lives and health care dollars saved.

Reference: 2012 Surgeon General's Report—Preventing Tobacco Use Among Youth and Young Adults (2012). Quotes Retrieved November 1, 2013, from the CDC Web site
<http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/exec-summary.pdf>

V. Project Design

Tar Wars is a tobacco-free education program for fourth- and fifth-grade students. In Idaho, the program focuses on fifth grade students but will incorporate fourth grade when the need arises.

The program is designed to teach children about the short-term health effects and image-based consequences of tobacco use, and about being tobacco free by providing them tools to make positive decisions regarding their health and promote personal responsibility for their well being.

The program is implemented in classrooms by volunteers. It utilizes a community-based approach to mobilize family physicians, educators, and other health care professionals to take an active part in their community's health education and encourages overall community support for tobacco-free education. Information is tracked from year to year in an extensive database that is managed by the state coordinator.

Goals:

At the conclusion of the project, students receiving the Tar Wars Program instruction will:

- Have increased their knowledge of short-term health effects and image-based consequences of tobacco use
- Have an understanding of the financial impact cost of using tobacco and ways money could be better spent
- Be able to identify reasons why people use tobacco
- Have the ability to explain how tobacco advertising, tobacco use in movies, and the tobacco industry markets their products to children

The Tar Wars program coordinator enlists volunteers to provide a 45 minute to 60 minute tobacco-free presentation to fifth grade students in Idaho. Volunteers include family physicians, dentists, nurses, health specialists, nurse practitioners, medical students and physician assistants. The presentation incorporates the immediate effects of tobacco use, financial factors, advertisements, health aspects, image and emerging products. Implementing the Tar Wars program requires enthusiastic volunteers and the support of participating educators. The program coordinator recruits Idaho schools and volunteers to teach the program in the classroom rather than in a large group setting. The individual classroom model allows for better interaction and involvement of the students.

As stated above, prevention efforts must focus on young adults, nearly 9 out of 10 smokers started by age 18. The Tar Wars program focuses on key factors of a comprehensive program to prevent young people from starting to use tobacco. The program incorporates the short-term effects of tobacco use in the age appropriate program. Presenters deliver an interactive lesson on the immediate effects of tobacco use, i.e. bad breath, smelly clothes, yellow teeth to mention a few. The financial aspects of tobacco use are an important part of the program. Students are asked to calculate the cost of tobacco use over a week, a month, a year and then a lifetime. At the end of this activity, students understand the financial implications of long-term tobacco use. The next activity focuses on the health aspects of tobacco use by having the students simulate the breathing difficulties of a smoker. The students breathe through a straw while running in place and then discuss the difficulty in getting air into their lungs. The next activity incorporates the reasons people use tobacco. The

students are asked to convey why they think people begin or continue using tobacco products. The presenter discusses the perception of image, weight loss, peer pressure, relaxation, looking grown up and advertising. The presenter discusses refusal skills with the students and what to say to their peers or adults about using tobacco. The next activity allows the students to think critically about tobacco advertising and marketing. By the end of this activity, students will have discussed marketing through movies/television and the Internet; flavored, emerging and smokeless products; what's in a cigarette and second-hand smoke.

Several of the key elements of the program fulfill the **Common Core Concepts of Health Education** requirements for 5th grade students.

Standard 1: Comprehend Core Concepts

Core Concepts of Health Education for Grades 3-5 are defined below:

Alcohol, Tobacco & Other Drugs

The use of alcohol, tobacco, and other drugs has major implications in the lifelong health of individuals.

Implications include the effects, influences, prevention and treatment of the use of alcohol, tobacco products, and other types of drugs on the body.

Prevention & Control of Disease

Individuals can have a considerable measure of control over their own health, including the risks of contracting most illnesses. Health-related choices and decisions regarding prevention of communicable and non-communicable diseases can include recognizing risk factors, identifying methods of contraction and transmission, as well as the prevention and treatment of disease including HIV. Information should be factual, medically accurate, objective and developmentally appropriate

Following the presentation, the students are invited to participate in a poster contest allowing them to reinforce what they have learned by sharing it through artful expression. Each school may submit one poster for the statewide contest. On average, 45 to 55 posters are submitted from schools all over Idaho each year. The winner of the state contest is awarded a trip with one escort to Washington, DC to represent Idaho in the National Tar Wars Poster Contest. The two runners-up receive gift cards. The top three schools receive cash awards for the teachers to use to purchase supplies for their classroom. With the artwork of the students, the Tar Wars program develops a colorful calendar and sends them to presenters, legislators, the Governor, teachers, school administrators and IAFP members.

The objective of the Tar Wars program is to create an avenue, access, resources and an opportunity for local health care providers to connect with their community schools to deliver a tobacco prevention message to 5th grade students.

If funded, the program would develop a video of the Tar Wars presentation to share with the Lili Web site (Linking Libraries in Idaho). We have enlisted the assistance of Boise State University to help survey students post Tar Wars presentation. The survey will study the effects of the program on student attitudes around tobacco use.

VI. Grant Management

The Idaho Academy of Family Physicians (IAFP) was founded in 1948 and is an affiliate of the American Academy of Family Physicians. The mission of the IAFP is to: *Promote access to high quality primary care for Idaho citizens; Support the initiatives that improve the health of Idaho citizens; ...* The mission of the American Academy of Family Physicians is to *improve the health of patients, families, and communities by serving the needs of members with professionalism and creativity.*

The Tar Wars program is owned and operated by the American Academy of Family Physicians so the IAFP is appropriate as the grantee for this funding. The IAFP Executive Director will be responsible for the grant and is skilled in grant management and has fulfilled the requirements of several grants including two from the Millennium Fund. The IAFP has successfully coordinated the Tar Wars program in Idaho for more than 20 years and is an organization with an annual budget of more than \$250,000. The association is governed by a board of directors compiled of Idaho family physicians from all areas of the state. The executive director is certified by the American Society of Association Executives. The current Tar Wars coordinator has been in this position for ten years and is dedicated to the success and growth of the program. Much effort has gone into fostering partners who are committed to the Tar Wars mission. **The community partners involved in the Tar Wars program include;** all 7 Idaho Health Districts; Hospitals- including key nursing staff from MSTI; Medical and Dental training programs; first, third and fourth year WWAMI medical students and both family medicine residency programs. These organizations provide a strong base of volunteer presenters to teach the one hour Tar Wars lessons. They are committed to promoting community health and they view Tar Wars as an excellent vehicle to further their tobacco prevention and education efforts.

VII. Evaluation Plan

Goals - to provide the tobacco prevention message to all areas of Idaho in more than 190 schools around the state. Provide program materials to all volunteer participants and schools and reach more than 12,000 youth. Assist volunteers with information to cover Core Concepts of Health Education by teaching them important decision making and refusal skills.

Outcomes – Increase the number of presentations in Idaho. Reach at least 12,000 students statewide. The Tar Wars program has grown more than 300% in the past 15 years.

Process over grant period – During the grant period the Tar Wars program will facilitate presentations in over 200 Idaho elementary schools,

- **Evaluation questions** will include; *How effective do you think the Tar Wars program is in motivating students to be tobacco-free? Do you have any suggestions for improving the program or the materials you received?*
- **How stakeholders are involved in the evaluation process** – Schools and presenters are asked to complete an evaluation form after the presentation. We are more successful in receiving school evaluations than presenters but feel the educators are more likely to provide valuable feedback to the program.
- **How we use the information to improve outcomes** - We have taken several of the comments made by presenters and educators and incorporated them into the program.

VIII. Sustainability

The program has been in place in Idaho for 21 years and nationally celebrated its 25th anniversary this year. The Tar Wars Program has been sustained through the support of the Idaho Academy of Family Physicians, volunteer participation from health care providers in all areas of the state and donations and grants from a variety of organizations. Tar Wars has only received funding from the Millennium Fund twice but because of the growth and popularity of the program, we are seeking funds from the Millennium Fund again to help provide the program to interested participating schools. Over the past 15 years, the Tar Wars program has grown 300%. We have approximately 50% of all elementary schools in Idaho requesting and participating in the program.

The program's popularity is increasing because educators discovered the benefits of bringing health care providers (experts) into the classroom to discuss the hazards of tobacco use and valuable refusal skills. The sustainability of the program has been proven by the strength of our volunteer presenters and the interest of educators to spread the tobacco prevention message. Last year, the program reached 440 classrooms in 189 schools delivering the message to just under 12,000 students. The presentations are delivered by volunteer presenters and it is estimated that the cost to pay the almost 100 volunteers would be conservatively \$41,200.

In-Kind Contributions of Volunteers:

440 classroom presentations for 1 hour @80.00 per hour = \$35,200

100 presenters prep and travel time @ 45 minutes = 75 hours @ \$80.00 per hour = \$6,000

Total in-kind contribution from volunteer presenters = \$41,200



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1412 W Idaho Street
Suite 100
Boise ID 83702
Phone: (208) 345-5864
Fax: (208) 345-5896

www.lungidaho.org

October 15, 2013

Jared Tatro
Idaho Legislative Services Office
Millennium Fund Committee
700 W. Jefferson Street
Boise ID 83720

Dear Mr. Tatro,

We appreciate the opportunity to submit our proposal to the Millennium Fund for a grant to support our youth tobacco prevention, engagement, and cessation programs in Idaho in Fiscal Year 2015. Please find attached our report on our Millennium Fund grant achievements for Fiscal Year 2013, our application for Fiscal Year 2015, and an Addendum containing additional information.

Credible and evidence-based smoking cessation programs are a vital component in effective tobacco control. However, it makes abundant sense to prevent the use of tobacco in the first place, especially among vulnerable ages and populations. The American Lung Association has been in the forefront of the fight against the tobacco epidemic since the 1960's, and offers high-quality programs to help teens and younger children understand the health risks of tobacco, identify and resist the allure of negative peer pressure and marketing, become advocates for a tobacco – free lifestyle, and to help those who already smoke to quit.

We propose to continue and to expand a three-pronged approach to preventing tobacco use among Idaho youth statewide: Teens Against Tobacco Use (TATU), a peer-education prevention program; Support Teens Against Nicotine Dependency (STAND), a youth engagement and advocacy program; and Not-On-Tobacco (N-O-T), a quit-smoking program designed specifically for youth under 18.

In today's fast-changing environment where youth are confronted not only with cigarettes and chew but also a proliferating array of items such as electronic cigarettes, candy-flavored little cigars and tobacco products that closely resemble mints or toothpicks, it is more important than ever to offer teens and children the knowledge and skills they need to make decisions that can literally save their health and their lives.

The vision of the Lung Association is a world free of lung disease: central to that mission is the goal of a generation of Americans who are tobacco free. We are grateful to the Millennium Fund Committee for its consideration and we look forward to working toward this goal in Idaho.

Respectfully yours,



Jan M. Flynn,
Idaho State Director
(208) 345-2216
jflynn@lungmpacific.org

800-LUNG-USA
(800-586-4872)

Presentation

FY 2015



**AMERICAN
LUNG
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OF THE MOUNTAIN PACIFIC

Serving Alaska, Hawaii, Idaho, Montana,
Oregon, Washington and Wyoming

Youth Tobacco Prevention and Cessation

Proposal to Millennium Fund Committee Fiscal Year 2015



Smoking Cessation

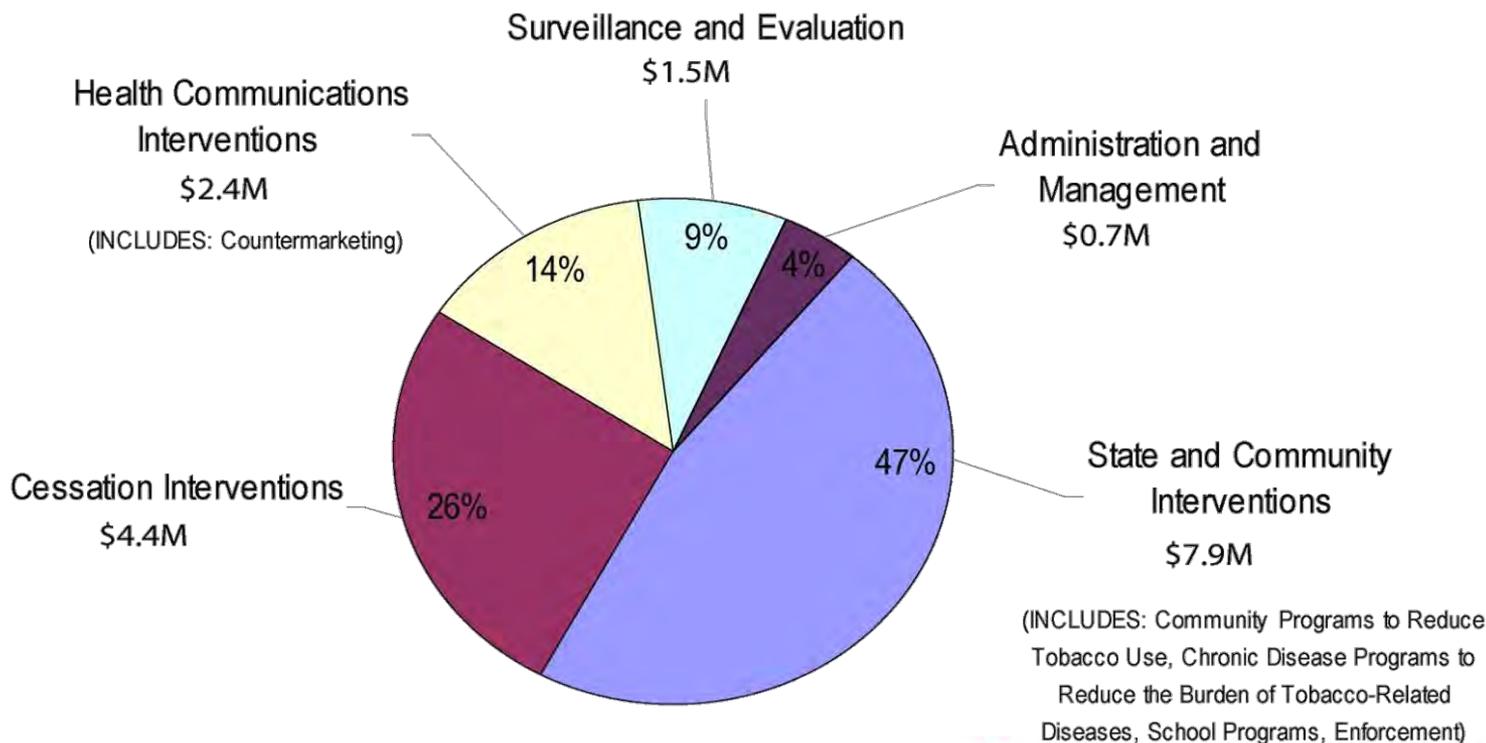
N-O-T
NOT ON TOBACCO



AMERICAN LUNG ASSOCIATION.
Fighting for Air

TATU, STAND, & N-O-T: part of a comprehensive tobacco control program

School & community-based programs designed to reduce tobacco use among students as part of the State and Community Interventions recommended by CDC.





Peer-Based Prevention Education





Youth Engagement



Smoking Cessation

N-O-T
NOT ON TOBACCO

Youth Tobacco Cessation



FY 2013 Project Outputs

TATU

591 teens trained; 8,052 youth reached

– *Goals: 500 teens trained; 8,000 youth reached*

STAND

Awarded five grants of \$1,000 with training, support, oversight of completion of projects

N-O-T

Conducted free adult facilitator training in each of three state regions

FY2013 Summary of Expenditures

Year Total	FY2011 T Expense Category
60,624	Salary & benefits
18,167	Contract program facilitators (2)
17,776	Occupancy & administration
7,000	STAND grants, TATU Project Awards
6,709	Program Supplies
5,548	Staff & volunteer travel
3,424	STAND youth training workshop
402	Web hosting, staff & volunteer development
1,050	Postage, printing, duplicating, publications
120,700	Grant Total

Youth Tobacco Use in Idaho

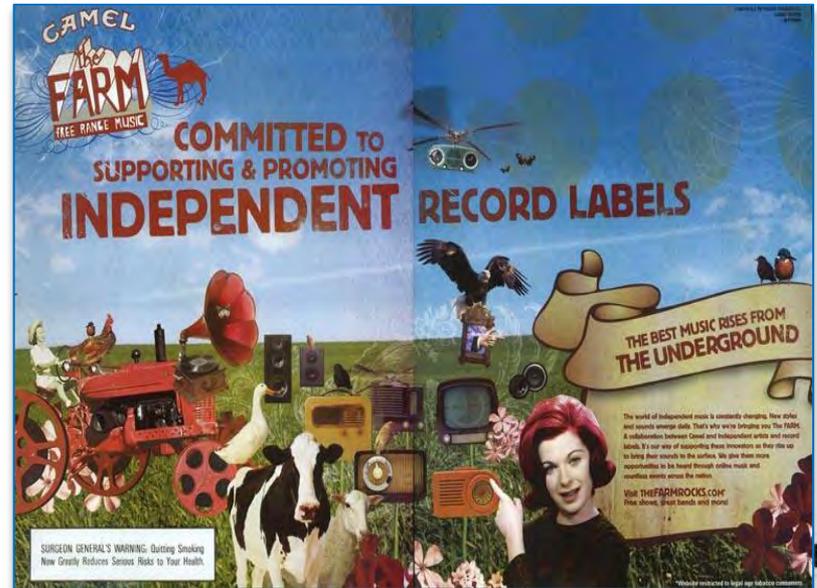
- High school students who smoke: **14.3%** (US rate: **18.1%**)
- Male HS students who use smokeless tobacco: **14.5%** (US rate: **12.8%**)
- Kids under 18 who become new daily smokers each year: **1,200**
- Packs of cigarettes bought or smoked by kids each year: **3.3 million**
- Deaths in Idaho from smoking, yearly: **1,500**
- Kids under 18 living Idaho who will die prematurely from smoking: **24,000**

» Campaign for Tobacco Free Kids, Idaho Fact Sheet 2013



Why Do Kids Smoke?

- Multiple reasons, including:
 - Susceptibility
 - Social Norms
 - Tobacco Industry Targeting



Getting Around the Rules: Little Cigars

- Can be nearly identical to cigarettes in size, shape, and filter
- Are exempt from FDA restrictions on flavoring and packaging
- Low priced



Oral Tobacco

- Male high school students use chew at a higher rate than national average
 - National rate = 12.8%
 - Idaho rate = 14.5%



E-Cigarettes

- CDC survey: e-cigarette use doubled among middle-school students in one year (2011 – 2012)
 - A significant number had never used regular cigarettes



New Product, Same Old Tricks

WHY QUIT? SWITCH TO BLU

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 **AMERICAN LUNG ASSOCIATION.**
Fighting for Air

Proposal for FY 2015

TATU: Train a minimum of 700 Idaho teens: TATU Teen Teachers will reach a minimum of 10,400 younger youth

Increase outreach to rural and underserved populations

Reach a minimum of 30 school districts, 20 of which fit the definition of rural



Proposal for FY 2015

STAND: Invite youth groups throughout Idaho to apply for one of seven \$1,000 grants to conduct community awareness and policy change projects

- Conduct youth conference and training workshop, provide technical assistance, track progress and expenses



Proposal for FY 2015

- **N-O-T**, a gold standard smoking cessation program developed specifically for smokers under age 18
 - Voluntary and alternative-to-suspension components
 - Conduct one adult facilitator training in each of three regions: northern Idaho, eastern Idaho, Treasure Valley
 - Provide ongoing technical assistance



FY2015 Proposal Budget Summary

Year Total	FY2013 Expense Category
57,827	Salary & benefits
42,280	Contract program facilitators (1)
21,000	Occupancy & administration
9,000	STAND grants, TATU Project Awards
11,135	Program Supplies
8,250	Staff & volunteer travel
910	Web hosting, media
5,100	STAND youth training workshop & speaker fees
1,200	Training, conferences, staff and volunteer development
2,340	Postage, printing, duplicating, publications
159,042	Total Funding Request from Millennium Fund

Proposal for FY 2015

Overall program costs
\$205,623

Amount requested from Millennium Fund
\$159,042

Thank you for the opportunity to continue our youth tobacco control programs.

Credo

We will breathe easier when the air in every American community is clean and healthy.

We will breathe easier when people are free from the addictive grip of tobacco and the debilitating effects of lung disease.

We will breathe easier when the air in our public spaces and workplaces is clear of secondhand smoke.

We will breathe easier when children no longer battle airborne poisons or fear an asthma attack.

Until then, we are fighting for air.

Application

FY 2015



Millennium Fund Grant Proposal

For the Period July 1, 2014 through June 30, 2015

Youth Tobacco Prevention, Engagement, and Cessation

I. Grant Applicant

Full Legal Organization Name

American Lung Association of the Mountain Pacific (serving Idaho)

Address
City
State
Zip Code
Website

1412 W. Idaho Street, #100
Boise
Idaho
83702
www.lungidaho.org

Executive Director

Name
Title
Phone
Email Address

Jan M. Flynn
Idaho State Director
(208) 345-2216
jflynn@lungmtpacific.org

Alternate Contact Person

Name
Title
Phone
Email Address

Kera Goold
Idaho Lung Health Manager
(208) 345-2209
kgoold@lungmtpacific.org

Organizational Description: The American Lung Association was established in the early years of the 20th Century and is the leading organization working to save lives by improving lung health and preventing lung disease through education, advocacy and research. We are part of a seven-state region, the American Lung Association of the Mountain Pacific, operating as a 501(c)3 chartered association of the national Lung Association. We have led the fight for healthy lungs and healthy air for the people of Idaho for more than 105 years (please see the Addendum for a roster of our regional Board of Directors and our Idaho Leadership Council). The Lung Association has been a leader in the fight against the tobacco epidemic since the 1960's. In addition to leading advocacy for policy changes such as comprehensive clean indoor air policies and FDA oversight of tobacco products, we have developed gold standard programs to help prevent youth smoking and to assist smokers in quitting, including these for which we are requesting funding: Teens Against Tobacco Use (TATU); Support Teens Against Nicotine Dependency (STAND); and Not-On-Tobacco (N-O-T).

II. Grant Proposal Summary

Meets One or More of the Following Criteria:

(Indicate Yes Where Applicable)

1. Tobacco Cessation or Prevention - **Yes**
2. Substance Abuse Cessation or Prevention
3. Tobacco or Substance Abuse Treatment

Purpose of Grant: Our goal is to reduce the burden of tobacco on Idaho by preventing its use among youth. To do this we plan to: provide education designed to prevent tobacco and nicotine initiation among youth (TATU); engage teens as citizen-leaders to work for increased community awareness of tobacco's harms and improved tobacco control policies (STAND); and increase access to smoking cessation services tailored specifically for teens under age 18 (N-O-T).

Grant Amount Requested: \$159,042

III. Proposed Budget

Expenditure Category	Staff Time	Millennium Fund	Other Fund Sources	In-Kind Contribution	Project Total
Personnel					
Salaries		40,537	6,081	24,226	70,844
Benefits		17,290	2,075		19,365
Total Personnel	1.0 FTE *	57,827	8,156	24,226	90,209
Operating					
Community Contractors		42,280			42,280
Project awards, STAND grants		9,000			9,000
Postage and Printing		2,340	702		3,042
Program Supplies		11,135			11,135
Youth Workshop (STAND)		3,600			3,600
Speaker Fees		1,500			1,500
Travel: staff and volunteer		8,250	2,360		10,610
Occupancy/administration		21,000	10,377		31,377
Conferences, training		1,200	550		1,750
Media, Advertising, Website		910	210		1,120
Total Operating		101,215	14,199	-	115,414
Transfer Payments					
Intergovernmental Transfers					-
Direct Client Services					-
Local Contractors					-
Other					-
Total Transfer Payments		-	-	-	-
GRAND TOTAL		159,042	22,355	24,226	205,623

Budget Notes:

*Please see Addendum for description of each staff member's roles and responsibilities and time allotted to fulfill grant targets.

IV. Statement of Need

Tobacco use cuts short more lives in Idaho every year than car accidents, murder, suicide, illegal drug overdose, alcohol abuse, and AIDS combined. Tobacco addiction begins early: at least 88% of adult daily smokers began using nicotine before they were 18 years old, and the average age of tobacco use initiation in Idaho is 12 years. Tobacco remains the single greatest cause of preventable death in Idaho:

an estimated 23,000 youth under 18 now living in the state will die prematurely as a result of tobacco use. While we have been fighting – and making progress – against cigarette use among kids since the 1960's, the proliferation of new and alternative products presents the threat of new generations addicted to nicotine.

In this environment, it is more critical than ever that teens and youth – particularly those who are in more vulnerable or higher risk population groups – have access to information and the opportunity to develop critical thinking and refusal skills that can save their lives and their health. Youth respond well to credible prevention messages delivered by those they trust most – their peers and role models. They also can become a powerful force to combat the spread of nicotine addiction when given the opportunity to put their talents, energy and voice to work for positive change. Of those teens who have already become smokers, the great majority – at least 70% - indicate that they wish they could quit or wish they had never started. These teens benefit by access to a quit smoking program that is designed with their unique emotional, social, physiological and developmental needs in mind. The American Lung Association has invested years of research, innovation and experience in developing youth tobacco prevention, advocacy, and cessation programs to effectively respond to these challenges. Support from the Millennium Fund will allow us to continue, to expand, and to constantly improve these programs and over the long term to reduce the burden of tobacco use that is borne by all Idaho residents.

V. Project Design

We propose to continue and/or expand three programs that we currently implement in Idaho: Teens Against Tobacco Use (TATU); Support Teens Against Nicotine Dependency (STAND); and Not-On-Tobacco (N-O-T). Please see Addendum for a description of each program. Following are program goals for Fiscal Year 2015:

TATU:

- Train a minimum of 700 Idaho teens in grades 8 – 12 as TATU Teen Teachers
- TATU Teen Teachers will reach a minimum of 10,400 youth with tobacco prevention presentations and activities
- TATU will reach a minimum of 30 school districts, with a minimum of 20 fitting the designation of rural as defined in SB 1165, with a focus on outreach to underserved and higher-risk populations including Native American and Hispanic

STAND:

- Invite youth groups throughout Idaho to apply for one of seven \$1,000 grants to conduct community awareness and policy change projects
- Conduct a youth conference and training workshop for youth representatives and adult advisors from each grant recipient group
- Provide technical assistance, support, and track grant-funded progress and expenses
- Recipient groups will successfully complete and report on their grant-funded projects

N-O-T:

- Identify training venues in state to provide optimal access for school and community counselors, coaches, teachers, Student Resource Officers, and other adults who work with youth
- Promote training opportunities among target population
- Conduct three one-day training workshops including program curriculum and materials
- Provide ongoing technical assistance and support to N-O-T facilitators

- Facilitators will be equipped to lead cessation classes for youth in their schools or communities

VI. Grant Management

Lung Association staff with a combined 27 years of training and experience in implementing and managing the proposed programs will conduct day-to-day grant management. This will include training and observation of contract program facilitators, conducting program trainings and workshops, providing technical assistance and oversight to mini-grant recipients, collection and tabulation of evaluation survey data, and tracking, recording, and reviewing grant expenses. Progress toward targets will be reviewed on a monthly and quarterly basis. Accounting of grant revenues and expenses and reconciling of monthly financial reports will be overseen by the regional Chief Financial Officer. The Regional Director of Health Initiatives will also conduct quarterly review of progress toward grant targets and will provide input on program and evaluation design and fidelity. The Regional Director of Advocacy will provide input and technical support to Idaho staff with regard to best practices for youth engagement in the STAND program. Please see the addendum for a breakdown of staff positions, responsibilities, and staff time allotted to this proposal. We will also draw on the experience, knowledge base and resources of our regional and national organization to ensure effective program delivery and appropriate grant management.

VII. Evaluation Plan

All programs in this proposal are designed with a protocol for ongoing evaluation, employing participant survey forms. Primary questions are designed to determine whether program recipients increased their knowledge about tobacco and its related health effects, if they found the information presented to be credible and trustworthy, and how the information presented is likely to affect their choice as to whether or not to use tobacco.

All TATU adult facilitators are required to collect survey data from teens who participate in training, from classroom students receiving presentations and teachers in whose classrooms presentations are held, with data submitted to ALA. The formal program evaluation which we implemented in 2009 in conjunction with the Center for Health Policy at Boise State University established that classroom students gained knowledge about tobacco's harms and desired beliefs regarding making the choice to be tobacco-free following a TATU classroom presentation, and that more than 92% reported that TATU teen teachers gave them good reasons not to use tobacco. STAND participants complete evaluations both at the conclusion of the training workshop and at the conclusion of their grant funded activities, with results used to further refine and improve the program. N-O-T adult facilitators complete surveys following training and are required to collect and submit survey data from all youth participants in the program.

VIII. Sustainability

A core value of the American Lung Association is to provide good stewardship of our donors' and funders' resources, and we have over 100 years of experience in doing so. As part of the nationwide ALA, we will continue to have access to updated materials, marketing strategies, research, evaluation, and national guidance for our programs. We are supported through corporate and private donations, foundations, grants, and special events, along with significant value provided by in-kind volunteers.

We provide TATU and STAND as a free service to schools and community groups, and we propose to offer N-O-T facilitator training free of charge. While demand for these programs in Idaho schools continues to grow, the limitations on their resources mean that it is unlikely these programs will become self-supporting. The intent of the Master Settlement is to help future generations remain tobacco free as well as to assist those who are current tobacco users to quit. Millennium Fund support for our programs in FY15 will enable us to continue building the momentum and impact of these programs, and is vital to sustaining them in Idaho.

Addendum

FY 2015

**American Lung Association: Youth Tobacco Prevention, Engagement, and Cessation
Millennium Fund Grant Proposal
For the Period July 1, 2014 through June 30, 2015
ADDENDUM**

Board of Directors and Idaho Leadership Council Rosters

Our regional Board of Directors is comprised of community leaders, business leaders and medical professionals who meet regularly to provide governance and organizational leadership. They include:

- Mike Fenello (Idaho), CEO and Board Member, St. Luke's McCall
- Donald Lojek (Idaho), attorney
- Ted Zurcher, Board Chair (Oregon), marketing manager, Intel Corporation
- Martha J. (Patty) Ginsburg, Chair Elect (Alaska), consultant and writer
- John Coefield, Immediate Past Chair (Montana), retired meteorologist
- Virginia Hall (Oregon), past chair of ALA Oregon
- Robert Merchant, M.D. (Montana), Billing Clinic Pulmonary, Critical Care & Sleep Medicine
- Tad Seder, Board Secretary (Washington), Assistant Chief, Civil Division, Snohomish County Prosecuting Attorney's Office
- Sterling Yee, Treasurer (Hawaii), business consultant

Our Idaho ALA Leadership Council is comprised of community leaders who help extend awareness about lung health and expand our programmatic reach. They include:

- Eugene Ritti, attorney, OfficeMax Inc.: Leadership Council Chair
- Eric Doherty, Clinical Liaison, Vibra Hospital of Boise
- Heidi Low, Strategic Consultant
- Robert Low, attorney, Holland & Hart
- David W. Knotts, attorney, Carey Perkins LLC
- Susan Olson, CLM: Executive Director, Hawley Troxell Ennis & Hawley
- Nellie Rae Shroder, Event Manager and Consultant

Staff Roles, Responsibilities, and Apportioned Time (for Budget Notes and Grant Management):

The staff members with responsibilities for managing the grant and whose time is directly apportioned to it will be:

- (ISD) Idaho State Director (.3FTE): Oversight of the grant and oversees the Lung Health Managers. Ensures that grant funded programs meet their stated deliverables, on time and within budget. Establishes measures for progress toward grant goals and reviews with Lung Health Managers on at least a quarterly basis. Maintains oversight of all grant-related contracts. Participates in or observes program activities to ensure program fidelity. Certified trainer in TATU and N-O-T. Monthly oversight of Lung Health Manager 1 in reporting on grant expenses to Chief Financial Officer. Reports to President and CEO.
- (LHM 1) Lung Health Manager 1, Boise (.6FTE): primary responsibility for day-to-day operations with respect to grant: trains and oversees independent contractor program facilitators;

coordinates with schools, organizations, and program facilitators to promote and schedule grant activities; coordinates with community partner organizations; manages interns and volunteers; conducts TATU teen trainings and oversees presentations; conducts oversight and tracks progress and expenses of STAND grant recipients; coordinates STAND training workshop and year-end conference; schedules, promotes, and conducts N-O-T facilitator trainings. Master Trainer in TATU and N-O-T. Ensures collection of evaluation data. Tracks grant expenses on monthly basis. Reports to Idaho State Director.

- (LHM 2) Lung Health Manager 2, North Idaho (.1FTE): in coordination with Lung Health Manager 1, conducts TATU teen trainings, oversees presentations and collects evaluation data within targeted region; observes and oversees North/North Central independent contract program facilitator; provides technical assistance to STAND recipient groups in targeted region; promotes and supports N-O-T facilitator training in targeted region. Master Trainer in TATU and Certified Trainer in N-O-T. Reports to Regional Director, Health Initiatives generally and to Idaho State Director for grant activities.

Independent contract program facilitators: individuals with experience in working with youth and in educational and/or community settings who implement TATU in North Idaho and in Southwest to Southeast Idaho. All staff, contractors, and interns or key volunteers with a direct role in implementing youth programs are required to pass an Idaho State Police background check, successfully complete program training, and be non-smokers.

Regional staff with a role in overseeing grant management and ensuring successful implementation whose time is not directly apportioned to the grant include:

- Chief Financial Officer: requires and compiles reports of all expenses, including personnel, related to grant; ensures grant revenues and expenses are correctly tracked in accordance with generally accepted accounting principles; prepares monthly and year-end financial statements
- Regional Director, Health Initiatives: works with Idaho State Director and national Lung Association health education staff to ensure programs meet and maintain practice standards; assists, supports, and reviews program evaluation and innovation
- Regional Director, Advocacy and Communications: Provides technical support to Idaho staff with respect to implementation of STAND program. Supports promotion of grant activities including trainings and workshops as needed.

Description of Proposed Programs:

TATU: Teens Against Tobacco Use is an American Lung Association school-based prevention program that has trained more than 4,200 teens to reach more than 83,000 individuals in Idaho since 2004. Idaho Lung Association staff train adult program facilitators and work with them to conduct TATU teen trainings in high school, junior high and community settings. During each one-day training, TATU teens are given the knowledge base, skills, and demonstration techniques to craft creative and engaging presentations for younger students, typically in grades 4 through 7.

TATU classroom presentations last approximately 45 minutes and include a variety of hands-on activities that teach children the threat that tobacco poses to their health, prosperity, and longevity, along with awareness of how marketing, movies, social media, and peer pressure work to influence them, and how they can make independent decisions that are in their own best interests. Young students are given an opportunity to learn life-saving facts and to practice refusal skills in a fun and non-threatening setting, and they respond well to the teens who they regard as role models. TATU educational outreach may also take the form of health fairs and community awareness activities. The Lung Association provides coordination and technical support to implement TATU presentations, conducts observations to ensure program fidelity and integrity, and disseminates and collects evaluation survey forms at each training and presentation to support program evaluation. Particular effort is made to reach underserved and disparate populations that have proportionately higher rates of tobacco use: the program includes customized manuals for both Latino and Native American communities. We have historically experienced high demand for TATU in rural areas and small towns, where there are typically both higher need and less access to tobacco prevention resources, and we propose to engage with a minimum of 20 school districts that fit the definition of "rural" in the 2014-2015 school year.

STAND: To effectively counter the messages of an industry that spends over \$100,000 per day in Idaho to sell its addictive products, multiple approaches must be brought to bear. The Centers for Disease Control cites youth advocacy and engagement programs as a best practice tobacco prevention method. STAND has fostered leadership and civic involvement in twenty youth groups throughout Idaho in the three years we have conducted the program. With Lung Association training, technical support, and resources provided through \$1,000 mini-grants, these teens have conducted projects to raise awareness in their communities of the consequences of tobacco use while working with and influencing decision makers to make positive policy changes. From advocating for smokefree parks in Meridian to working with city councils in Post Falls, Coeur d'Alene and Hayden to pass Idaho's first ordinances prohibiting the sale of electronic cigarettes to minors, to persuading the management of Soldier Mountain Ski Resort to designate smoke-free areas at the resort, these young citizen-leaders have made impressive achievements since the program's inception in 2010, and continue to do so. Last year STAND projects included a tobacco use prevention event at Big Al's in Meridian conducted by the Meridian Mayor's Youth Advisory Council, which had teens from all over the Treasure Valley attending and signing a tobacco-free pledge banner, and Valley High School's group in Hazelton using their grant money to provide smokefree parks signage in their community. In FY15, we propose to offer seven STAND grants of \$1,000 each to youth groups throughout the state, along with a training workshop, ongoing technical support and an end-of-year conference to share results. Grant applications and project reports will be evaluated by a grants committee comprised of Lung Association staff, tobacco control community partners, and former youth tobacco control advocates.

N-O-T: Many teens who are daily smokers report that they wish they had never started and express a desire to quit. Yet programs that are designed for adult smokers often don't fit the social, emotional, and developmental needs of young people. N-O-T is a gold-standard smoking cessation program for smokers under the age of 18 that was developed by the American Lung Association to address their specific needs. In FY15, we propose to offer no-cost N-O-T facilitator training to equip adults working with youth to

lead cessation classes for teens who want to quit. Designed primarily as a volunteer program, N-O-T also includes a component that can be used as an alternative to suspension, making it adaptable to the needs of schools and communities. We experience continuing interest and demand for this program, including from Ada and Madison Counties juvenile corrections agencies.

Annual Report

FY 2013



Millennium Fund Annual Report

For the Period July 1, 2012 through June 30, 2013

Youth Tobacco Prevention, Engagement and Cessation

Organizational Contact Information:

Full Legal Organization Name

American Lung Association of the Mountain Pacific (serving Idaho)

Address
City
State
Zip Code
Website

1412 W. Idaho Street #100
Boise
Idaho
83702
www.lungidaho.org

Executive Director

Name
Title
Phone
Email Address

Jan M. Flynn
Idaho State Director
(208) 345-2216
jflynn@lungmtpacific.org

Alternate Contact Person

Name
Title
Phone
Email Address

Kera Goold
Lung Health Manager, Idaho
(208) 345-2209
kgoold@lungmtpacific.org

Millennium Fund Grant Award

\$120,700

Report Date

October 18, 2013

Project Goals: The overarching goal of our programs funded through this grant is to reduce the burden of tobacco in Idaho by preventing youth from initiating its use, engaging youth as advocates for a tobacco-free lifestyle, and increasing access to a cessation program tailored specifically for smokers under age 18. Nicotine is a highly addictive substance, and evidence shows that the younger a person is when its use is initiated, the more likely he or she is to become addicted and the more difficulty he or she is likely to have in quitting.

Rationale or Justification for Project: Sophisticated marketing and peer pressure have long made tobacco an alluring and dangerous threat to youth. Increasingly, teens and youth are also confronted by a host of new or "alternative" products, which are being marketed using many of the same techniques that are no longer allowed for cigarettes. Young people need and deserve high-quality prevention education. They also benefit from an opportunity to engage as youth advocates for a tobacco and nicotine-free lifestyle. Those who already smoke and want to quit need cessation support that is appropriate to their specific needs.

Project Summary: The American Lung Association utilized a three-pronged approach to address prevention and cessation of tobacco use in youth. Our programs provide youth positive health messaging

from their peers, an opportunity to speak out on the dangers of tobacco use within their community, and the option to receive evidence-based help quitting smoking for those already addicted. The three programs implemented were: **Teens Against Tobacco Use (TATU)**; **Support Teens Against Nicotine Dependency (STAND)**, and **Not-On-Tobacco (N-O-T)**.

Geographic Area Covered: Our programs had statewide reach. TATU Teen Teacher groups were active in 30 high schools and conducted presentations in 55 elementary and middle schools throughout the state, with approximately 30% of schools in rural districts. Our five STAND groups came from distinct state regions: Ada, Gem, Jerome, Kootenai and Washington Counties., The three N-O-T adult facilitator trainings were conducted in Coeur d'Alene, Idaho Falls, and Boise in response to demand and to provide access to as many prospective facilitator candidates as possible.

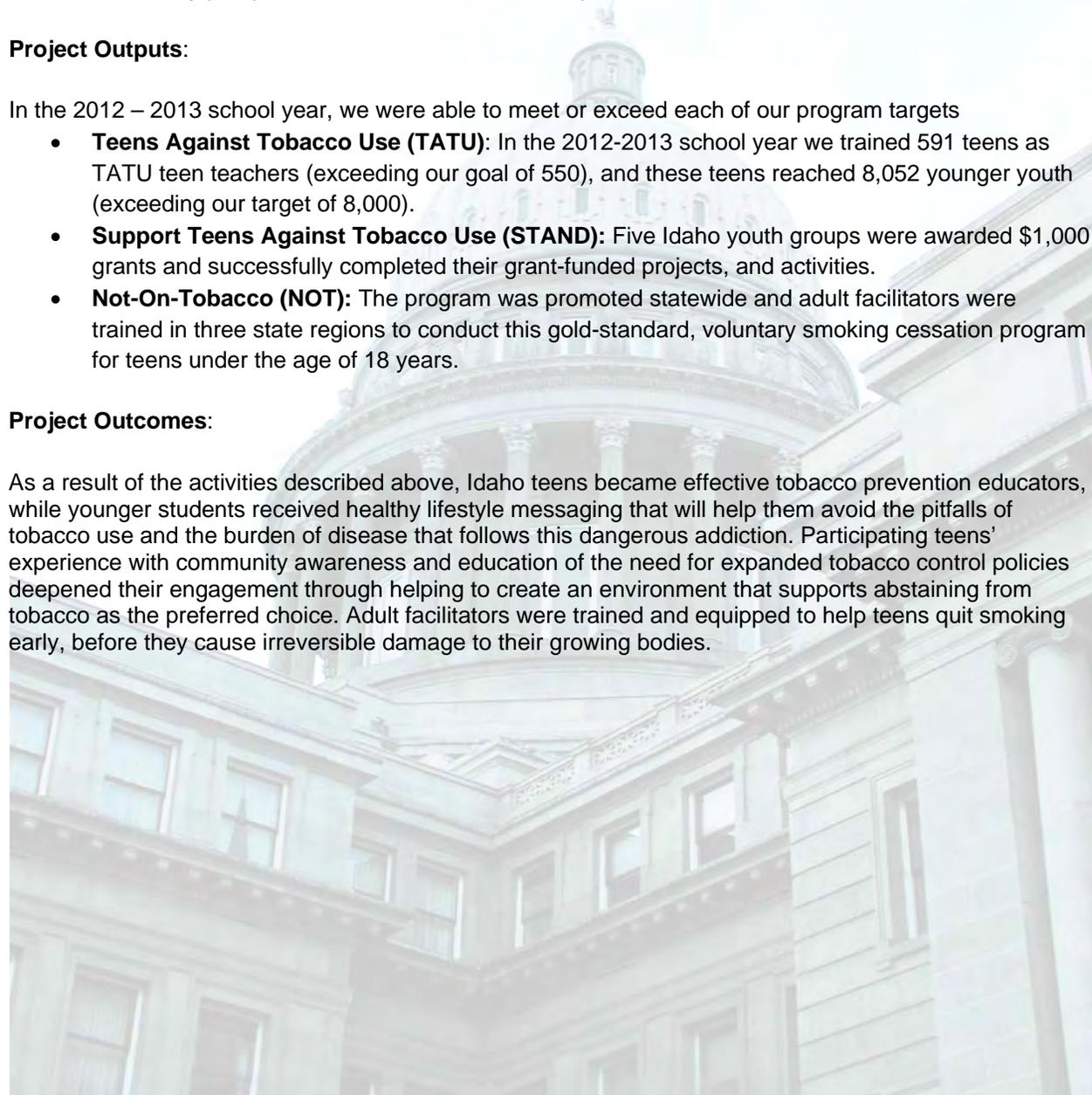
Project Outputs:

In the 2012 – 2013 school year, we were able to meet or exceed each of our program targets

- **Teens Against Tobacco Use (TATU):** In the 2012-2013 school year we trained 591 teens as TATU teen teachers (exceeding our goal of 550), and these teens reached 8,052 younger youth (exceeding our target of 8,000).
- **Support Teens Against Tobacco Use (STAND):** Five Idaho youth groups were awarded \$1,000 grants and successfully completed their grant-funded projects, and activities.
- **Not-On-Tobacco (NOT):** The program was promoted statewide and adult facilitators were trained in three state regions to conduct this gold-standard, voluntary smoking cessation program for teens under the age of 18 years.

Project Outcomes:

As a result of the activities described above, Idaho teens became effective tobacco prevention educators, while younger students received healthy lifestyle messaging that will help them avoid the pitfalls of tobacco use and the burden of disease that follows this dangerous addiction. Participating teens' experience with community awareness and education of the need for expanded tobacco control policies deepened their engagement through helping to create an environment that supports abstaining from tobacco as the preferred choice. Adult facilitators were trained and equipped to help teens quit smoking early, before they cause irreversible damage to their growing bodies.



Financial Statement:

Millennium Fund Grant	120,700	
Total Revenue		120,700

Expenses

Personnel	60,624	
Community Contractor, Professional Fees	18,167	
Occupancy and Administration	17,776	
Supplies	8,891	
Equipment Rental & Maintenance	23	
Postage and Shipping	232	
Printing & Duplication	795	
Staff and Volunteer Travel	5,548	
Youth Workshop, conferences and meetings	3,424	
Staff & Volunteer Development	220	
STAND youth grants	5,000	
Total Expenses		120,700
Dollar Variance		0
Percent Variance		0.0%

Budget Notes:

Staff time apportioned as follows:

- Idaho State Director .30FTE
- Lung Health Manager(Idaho) .55FTE
- Tobacco Control Manager .10FTE

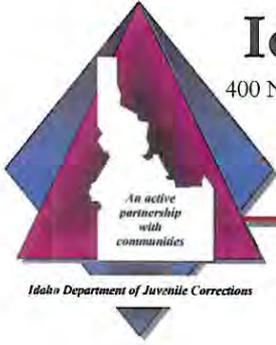
Other funding sources covered the following:

- \$7,472 of personnel costs for project/staff oversight and management
- \$7,955 of overhead and administrative expense

Volunteer contributions are estimated at:

- 824 hours of training and other volunteer time
- \$24,226 of program work throughout the year

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Idaho Department of Juvenile Corrections

400 N. 10th Street, 2nd Floor P.O. Box 83720 Boise, ID 83720-0285 Phone: (208) 334-5100 Fax: (208) 334-5120

Telecommunications Relay Service (TRS) 1 800 377-3529

C.L. "BUTCH" OTTER
Governor

SHARON HARRIGFIELD
Director

October 18, 2013

Joint Millennium Fund Committee
Room C305, State Capitol
Boise, ID 83720

Dear Millennium Fund Committee Members:

It is an honor to submit a proposal for the 2015 Millennium Fund Grant. The Idaho Department of Juvenile Corrections is partnering with the Idaho Supreme Court to administer programs previously overseen by the Court. The attached application describes a strategy to comprehensively address issues of juvenile offenders at risk of tobacco and substance abuse. This strategy not only builds on partnerships between courts, counties, tribes, and the department, it also supports implementation of evidence-based best practices.

The comprehensive approach we are proposing engages important partners in the juvenile justice system including law enforcement, schools, courts, probation, and community-based organizations. The project enhances the continuum of care for juvenile offenders by addressing the needs of juveniles who commit a status or other offense but who do not require intensive treatment for substance abuse issues as identified through the Global Appraisal of Individual Needs (GAIN), the state's standardized assessment tool. It is critical that these juveniles receive an appropriate intervention program as described in this grant to intervene before their behavior cycles into a substance use disorder that requires a more costly outpatient or residential program.

The mission of the Idaho Department of Juvenile Corrections is to develop productive citizens in partnership with communities through juvenile crime prevention, education, rehabilitation and reintegration. Given the fact that 95% of juvenile offenders are under county jurisdiction, our partnerships and support for community-based solutions is paramount to an effective juvenile justice system.

Thank you for your consideration of our proposal. We look forward to working with you to prevent and reduce impacts that smoking and substance use exact on our youth, families and communities.

Sincerely,

Sharon Harrigfeld
Director

An active partnership with communities

Presentation

FY 2015

Idaho Department of Juvenile Corrections

Responsible Actions and Decisions by Youth
R.E.A.D.Y.

FY 2014 MILLENNIUM FUND REQUEST

Presented by Sharon Harrigfeld, Alan Miller, and Judge Varin

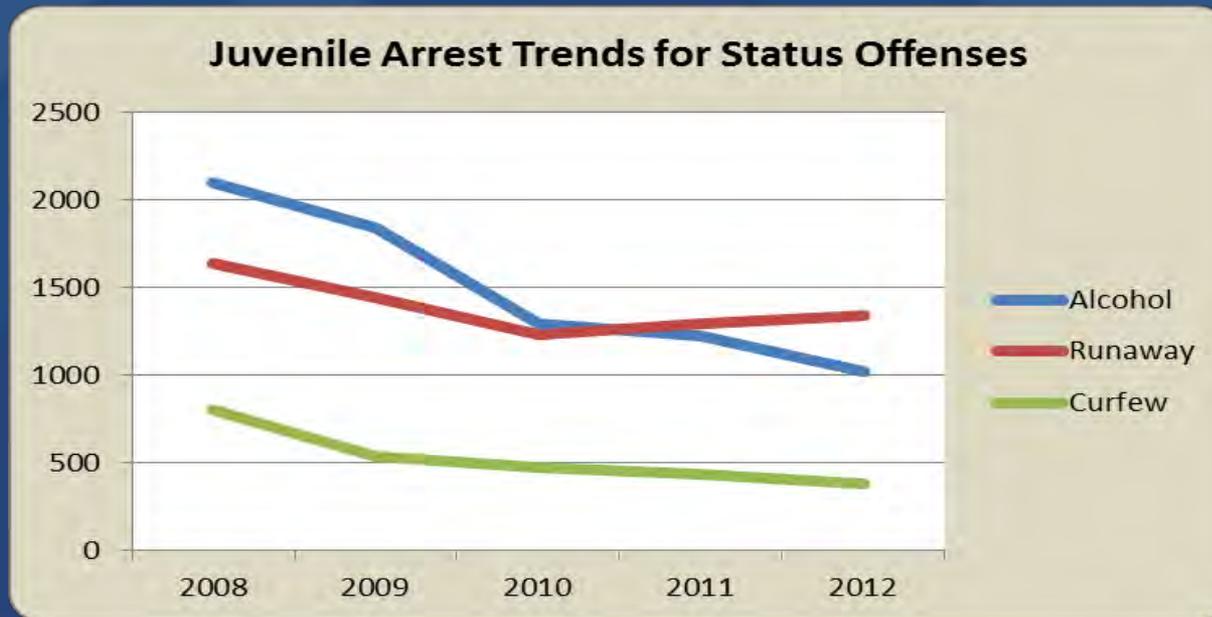
FY 2014 Millennium Fund Request

OVERVIEW

- The Problem
- Early Intervention
- Partnership
- Budget

The Problem: Status Offenders

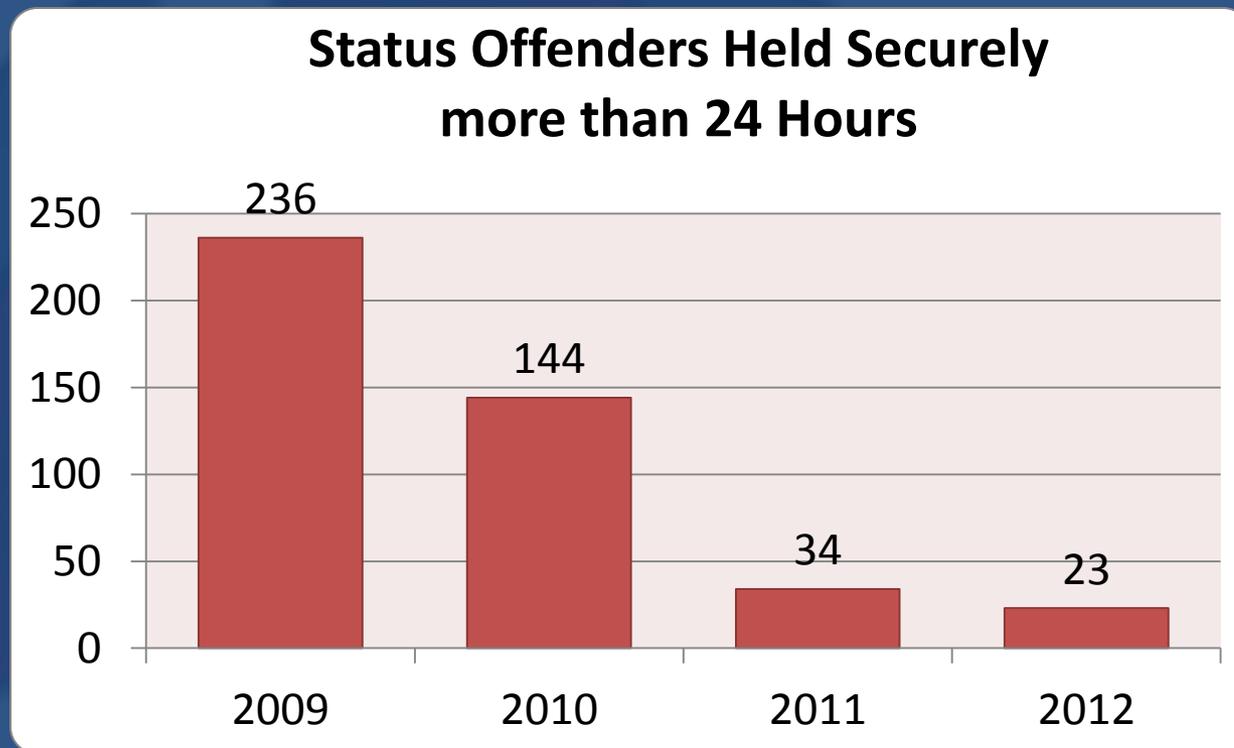
Arrests for status offenders in 2012: 2,741



* Arrests for curfew violations can include loitering and/or vagrancy

The Problem: Status Offenders

How much is too much?



Why Early Intervention?

Characteristics of youth in custody	County Detention FY 2012	IDJC Custody FY 2013
Substance Abuse Disorder	11%	60%
Mental Health Disorder	29%	70%
Co-occurring Disorders	30%	39%

Over 73% of youth identified with substance use or mental health issues in county detention facilities had been previously diagnosed prior to placement in detention.

Why the Millennium Fund?

- What is the need for resources?
 - People who begin drinking before the age of 15 are four times more likely to develop alcohol dependence sometime in their lives, compared to those who have their first drink at age 21 or older.
 - 80% percent of adult smokers begin smoking before the age of 18.
 - Smoking was strongly associated with adverse childhood experiences as noted in Adverse Childhood Experiences (ACE) studies.
 - Research indicates responsible decision making skills decreases the use of tobacco, alcohol, and other drugs used by youth.

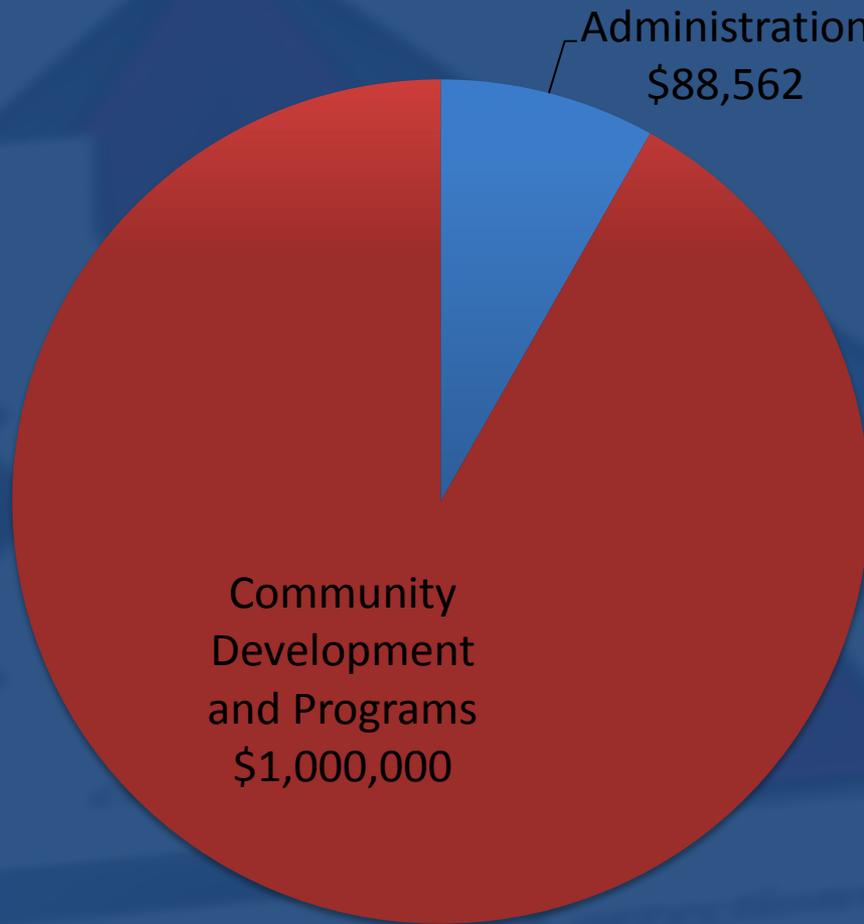
Partnerships



Structure

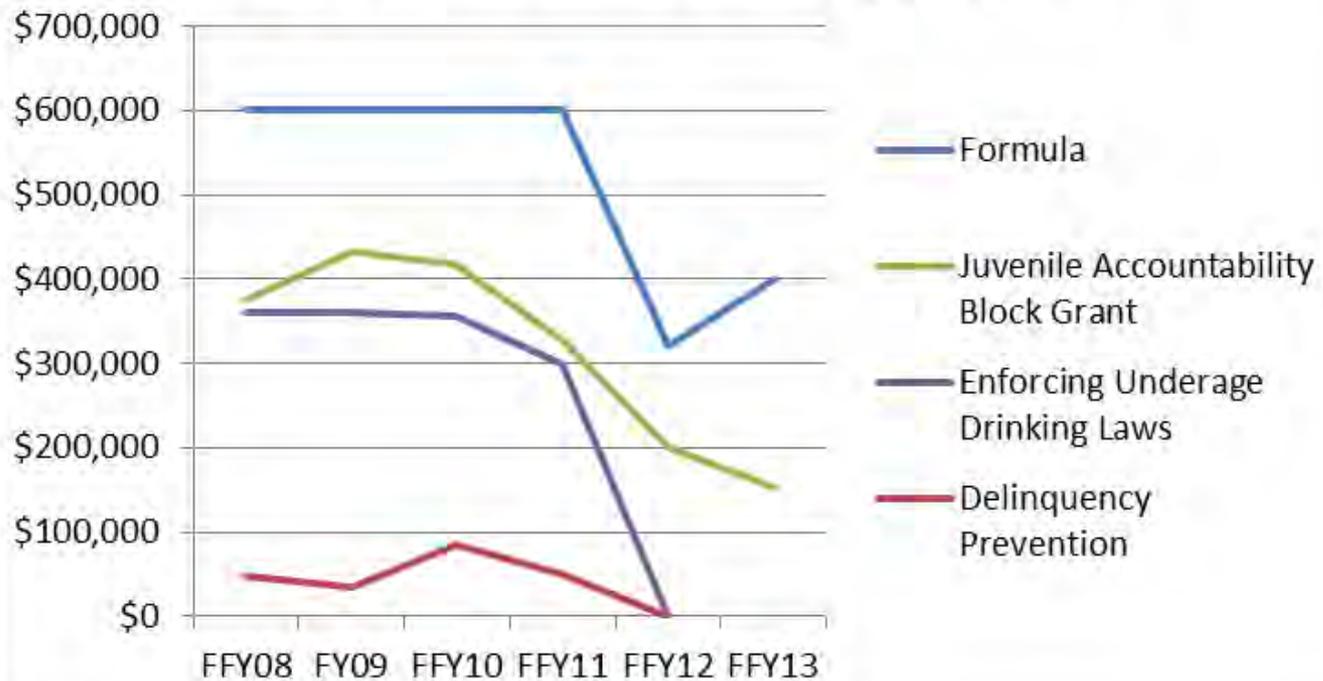


Budget



Administration

Federal Juvenile Justice Grant Appropriations



Operating Costs

Dedicated to Educating and Supporting Community Involvement



Consultants

Idaho Juvenile Justice Commission

15-33 members appointed by the Governor

7 District Councils, 9 -15 members

1 Tribal Council, 2 members from each Tribe



Conclusion

- Support local management and statewide accountability
- Implement Evidence-based programming
- Leverage partnerships
- Serve urban and rural communities
- Fill gaps in the continuum of care
- Address issues at the earliest stage with the least restrictive and most cost effective methods
- Prevent and reduce tobacco and substance abuse

Application

FY 2015



Millennium Fund Grant Proposal

For the Period July 1, 2014 through June 30, 2015

REsponsible Actions and Decisions by Youth (READY)

I. Grant Applicant

Full Legal Organization Name

Address
City
State
Zip Code
Website

Idaho Department of Juvenile Corrections

PO Box 83720
Boise
ID
83720-0285
www.idjc.idaho.gov

Executive Director

Name
Title
Phone
Email Address

Sharon Harrigfeld
Director
334-5100
Sharon.harrigfeld@idjc.idaho.gov

Alternate Contact Person

Name
Title
Phone
Email Address

Alan Miller
Grants Supervisor
577-5442
Alanf.miller@idjc.idaho.gov

Organizational Description:

The Idaho Department of Juvenile Corrections (IDJC) was created in 1995 with the passing of the Juvenile Corrections Act. IDJC is responsible for administration of secure facilities, coordination of resources, provision of technical assistance to counties, and maintenance of a statewide tracking system. IDJC passes over 35% of its annual budget to counties for juvenile justice purposes. More than 95% of the juvenile offenders in Idaho are under county jurisdiction.

II. Grant Proposal Summary

Meets One or More of the Following Criteria:

(Indicate Yes Where Applicable)

- | | |
|--|-----|
| 1. Tobacco Cessation or Prevention | YES |
| 2. Substance Abuse Cessation or Prevention | YES |
| 3. Tobacco or Substance Abuse Treatment | |

Purpose of Grant:

To prevent and reduce use of tobacco and other substances by youth through the engagement and leadership of judges and local juvenile justice councils. The Councils and Courts will collaborate to identify and implement evidence-based interventions for juveniles committing tobacco, substance abuse, and status offenses (offenses due to age, for instance: truancy, runaway, etc.).

Grant Amount Requested: \$1,088,562

III. Proposed Budget

Expenditure Category	Staff Time	Millennium Fund	Other Fund Sources	In-Kind Contribution	Project Total
Personnel					
Salaries	1.20	55,028			55,028
Benefits		26,214			26,214
Total Personnel	0.00	81,242	-	-	81,242
Operating					
Travel		30,000			30,000
Rent					-
Utilities					-
Insurance					-
Communications					-
Materials & Supplies		10,000			10,000
Contracts					-
Consultants		70,000			70,000
Employee Development		10,000			10,000
Miscellaneous		7,320			7,320
Total Operating		127,320	-	-	127,320
Transfer Payments					
Intergovernmental Transfers		30,000			30,000
Direct Client Services					-
Local Contractors		850,000			850,000
Other					-
Total Transfer Payments		880,000	-	-	880,000
GRAND TOTAL		1,088,562	-	-	1,088,562

Budget Notes:

Personnel – One Full-time Grants Officer and 20% Grants Supervisor
 Travel – IDJC staff and county personnel to monitor facilities and provide technical assistance
 Materials & Supplies – educational materials for jails, detention centers, and law enforcement
 Consultants – Funds for meeting expenses for Juvenile Justice Commission (\$30,000), Seven District Councils @\$2,857 each (\$20,000) and a Tribal Council (\$20,000)
 Employee Development – Training for juvenile justice professionals and law enforcement
 Miscellaneous – IDJC operating expenses @ \$6,100 per FTE
 Intergovernmental Transfers – Boise State University Center for Health Policy for evaluation
 Local Contractors – Courts, counties, schools, non-profits for program implementation (\$450,000 to continue court programs; \$400,000 for restorative justice programs).

See attachment A for further description of budget line items.

IV. Statement of Need

In 2012, over 69% of youth booked into juvenile detention facilities who were screened by clinicians had a mental health problem, substance abuse problem, or both. Furthermore, 73% of these youth had been diagnosed with a mental health or substance abuse problem before coming to the detention facility.¹ Similar results were observed in four previous years of the Detention Clinician Program administered by IDJC. This data reveals that substance abuse and mental health issues affecting youth are known before their behavior leads to confinement in a detention facility. Many youth experience both conditions simultaneously, often referred to as co-occurring disorders.

Research indicates individuals with attention and emotional dysfunctions continue to smoke at high rates while overall usage declines.² The phenomenon of self-medication may explain the prevalence of youth entering the juvenile justice system with co-occurring mental health and substance abuse issues.

The continuum of care for juveniles in regard to tobacco use and substance abuse starts with prevention programs and strategies that serve youth in the community at large such as those administered through the Office of Drug Policy. Juveniles that come to the attention of the juvenile justice system require individualized responses. Juveniles who are assessed through use of the state's standardized substance abuse assessment tool (GAIN) as needing an outpatient or residential treatment program can access this level of care through the substance use disorder (SUD) funding administered by IDJC. This proposal targets those youth who have come to the attention of the juvenile justice system due to some type of offense but assessment scores do not warrant treatment with the IDJC SUD program. Judges and practitioners in Idaho report a critical gap in services for low level offenders who have used or are at risk of substance abuse. This proposal intends to fill that gap.

Addressing the issues of youth committing status offenses, or other low level offenses, through the use of secure confinement can often lead to negative outcomes and further involvement in the juvenile justice system.³ The Juvenile Justice and Delinquency Prevention Act of 1974 (JJDP Act) includes a protection for youth committing status offenses to restrict secure confinement based on the notion that these youth are not criminal thinkers but are affected by complex familial, health, and community dynamics. Over the past ten years the average number of status offenders held in secure confinement in Idaho in violation of the JJDP Act was over 76 per year. Additionally, an average of over 233 status offenders were placed in secure confinement after violating a valid court order. Outreach, education, and monitoring are essential to ensure juveniles charged with status offenses are held appropriately when necessary.

Inappropriate handling of low risk juvenile offenders can lead to traumatic or adverse experiences for those youth. The Center for Disease Control studies on Adverse Childhood Experiences exposed clear links between adverse experiences and substance abuse.⁴ The same was noted for smoking.⁵

Youth entering the juvenile justice system who have committed tobacco violations, substance abuse, or status offenses require specialized treatment to help them develop into responsible citizens. Early intervention through accurate assessment and effective programming is the basis of this proposal.

¹ McDonald, T. W., Begic, S., & Howard, E. K. M. (2012). *Year Five Assessment of the Idaho Department of Juvenile Corrections' Clinical Services Program*. Boise, ID: Center for Health Policy, Boise State University

² Gehricke, J.-G., Loughlin, S., Whale, C., et. al. (2007). Smoking to self-medicate attentional and emotional dysfunctions. *Nicotine & Tobacco Research Volume 9, Supplement 4*.

³ Source: Frazier, C.E. and Cochran, J.K. (1986) Detention of Juveniles: Its Effects on Subsequent Juvenile Court Processing and Decisions. *Youth and Society*, Vol. 17, No. 3, March 1986, p. 286-305 (N=9,317; p=.05)

⁴ Dube SR, Miller JW, Brown DW, Giles WH, Felitti VJ, Dong M, Anda RF. Adverse childhood experiences and the association with ever using alcohol and initiating alcohol use during adolescence. *Journal of Adolescent Health* 2006;38(4):444.e1-444.e10.

⁵ Anda RF, Croft JB, Felitti VJ, Nordenberg D, Giles WH, Williamson DF, Giovino GA. Adverse childhood experiences and smoking during adolescence and adulthood. *Journal of the American Medical Association* 999;282:1652-1658.

V. Project Design

The Idaho Department of Juvenile Corrections intends to partner with the Idaho Supreme Court and the Idaho Juvenile Justice Commission to continue implementing several effective strategies. This project seeks to encourage communities, when appropriate, to intervene when a youthful offender engages in tobacco use, substance abuse, or status offenses. The Court, Commission, and IDJC recognize a partnership between the three organizations with IDJC serving to administer grant activities is the most effective means to comprehensively address the needs of these offenders.

The goals of the REsponsible Actions and Decisions by Youth (READY) Program include:

Goal 1: Prevent and reduce tobacco and substance use by juvenile status offenders.

OBJECTIVES:

1. Develop responsible decision-making and refusal skills in youth served.
2. Support at least 8 evidence-based restorative justice projects focused on status offenders.
3. Achieve a 90% program completion rate for youth served.
4. Document a reduction in risk for tobacco, and/or substance use for 80% of juveniles served.

Goal 2: Enhance collaboration within the juvenile justice system to address status offenses.

OBJECTIVES:

1. Establish District and Tribal Councils as the oversight bodies for status offender services.
2. Support judicial leadership by allocating funds specifically for court programs.
3. Encourage membership on Councils by Trial Court Administrators and Magistrate Judges.
4. Develop and implement District and Tribal Juvenile Justice Council Action Plans.
5. Support the Juvenile Justice Commission to develop and oversee a state juvenile justice plan based on common themes of Council Action Plans.

Goal 3: Ensure juveniles charged with status offenses do not increase risk of future substance abuse due to involvement in the juvenile justice system.

OBJECTIVES:

1. Ensure protections of the Juvenile Justice and Delinquency Prevention of 1974, as amended.
2. Provide training and technical assistance to law enforcement, juvenile detention, and adult jail staff on best practices.
3. Monitor arrest and booking logs to identify instances of secure confinement of status offenders.
4. Partner with agencies to develop alternatives to secure confinement.

ACTIVITIES

The READY program will build on years of successful management of Millennium Funds by the Idaho Supreme Court. READY also leverages a well-established planning and administering structure through the Idaho Juvenile Justice Commission, District and Tribal Juvenile Justice Councils, and the Idaho Department of Juvenile Corrections.

The READY program is able to ensure standards of excellence by providing local decision-making coupled with technical support. Programs and approaches that will be implemented in the READY program include:

1. Court Programs
 - a. Youth Courts
 - b. Tobacco / Alcohol Diversion Programs
2. Restorative Justice Practices
 - a. Community-based Programs
 - b. Core Protections for System Involved Youth

Court programs formerly administered by the Idaho Supreme Court will continue based on the proposals submitted to the Administrative Office of the Courts. These proposals include youth courts, tobacco and alcohol diversion programs and status offender services.

Restorative Justice Practices provide a foundation for youth to develop responsible decision-making skills and strengthen their resolve to engage refusal skills to avoid future tobacco, alcohol, and substance use. Specific programming will be determined at a local level but will include approaches such as:

Restorative Conferencing
Family Group Conferencing

Victim Services
Circle Programs

Restorative Justice Programming will be led by the Idaho Juvenile Justice Commission and District and Tribal Juvenile Justice Councils. The Commission and Councils have a long history of strategic planning and improving the juvenile justice system.

The Idaho Juvenile Justice Commission is comprised of approximately 25 members appointed by the Governor. The Commission incorporates a broad range of perspectives by maintaining diversity among the membership. A District Juvenile Justice Council exists in each of the seven judicial districts within Idaho and an eighth Council exists for Tribal governments. Councils are comprised of approximately 15 members and each Council Chair is appointed as a full voting member of the Commission.

Councils use a data-driven planning process to identify trends, discover gaps in the system, and establish priorities for system improvement. Council Action Plans are submitted to the Juvenile Justice Commission to inform a statewide plan for juvenile justice system improvement.

IDJC will publish a grant announcement based on the priorities identified by the Commission and Councils requesting organizations to propose restorative justice practices addressing the needs of status offenders. Applications are approved through a competitive and objective process including peer review by the Councils and Commission.

The approach described in this proposal directly supports IDJC's longstanding philosophy of raising youth in communities rather than in institutions. It also coincides with best practices in juvenile justice where offenders remain in the community to develop and practice responsible decision-making skills.

Research consistently shows secure confinement of status offenders has negative outcomes in terms of public safety, crime deterrence, and development of youth. Not only does secure confinement infringe on the liberty of youth who have not committed a criminal offense, it also provides opportunity for the exposure of low risk status offending youth to higher risk criminal offending youth. The risk principle is well documented and improper treatment of low risk youth in the juvenile justice system can actually increase their likelihood of re-offense.⁶

In order to comprehensively address status offenses, the juvenile justice system must ensure it does not harm juveniles. The READY program includes a component intended to Do No Harm by training and supporting officials in the justice system and monitoring the care and handling of juvenile offenders.

IDJC will provide training and technical assistance to law enforcement, detention, probation, and jail staff on best practices for handling juvenile status offenders. IDJC staff will also visit facilities to provide onsite assistance. There are currently 147 facilities within the state where status offenders could be held. IDJC will visit at least a third of these each year. Finally, IDJC will collect and analyze data from facilities to report to partners for planning purposes.

⁶ Lowenkamp, C., Latessa, E., Understanding the Risk Principle: How and Why Correctional Interventions Can Harm Low-Risk Offenders, 2004.

VI. Grant Management

The Idaho Department of Juvenile Corrections will administer this program through its Grants Bureau. Grants managed by IDJC include programs of the Department of Justice, Office of Juvenile Justice and Delinquency Prevention (OJJDP) such as: Title II State Formula Grant and the Juvenile Accountability Block Grant. The Juvenile Justice Commission serves as the State Advisory Board for OJJDP grant programs and has over 20 years of history managing state plans and grant funds. The Commission and Department work in partnership to provide resources to local communities.

IDJC employs a structured process for solicitation, review, award, management, and evaluation of grant funded projects. The Grants Bureau supports sub-grantee organizations and collects financial and performance data quarterly. The Fiscal Bureau provides oversight of financial expenditures and ensures segregation of duties. IDJC has experienced no findings in annual audits for several years and strives to maintain absolute integrity with funds entrusted to it.

IDJC will work in partnership with the Administrative Office of the Court to ensure a smooth transition in the administration of programs previously funded through their office using Millennium Funds. The Court and IDJC have a lengthy history of cooperation, collaboration, and partnership.

VII. Evaluation Plan

IDJC intends to affect behaviors of youth who commit status offenses reducing their likelihood of tobacco, alcohol, or substance use. The Department will engage a comprehensive approach to evaluation to review the processes used as well as the outcomes for youth.

IDJC will partner with the Boise State University Center for Health Policy to evaluate activities of the READY project to identify effective approaches and attributes of various program designs. IDJC has an extensive history of evaluation projects with the Center for Health Policy including investigations into Attitudes and Perceptions of Underage Drinking; Clinical Services in Detention Facilities; Substance Use Disorder Services; and Disproportionate Minority Contact.

The first year of this project will include establishing effective data collection and analysis strategy. All partners including funded programs will collaborate to delineate data elements and implement consistent collection techniques. Data will then be analyzed by the Center for Health Policy to identify program impact.

VIII. Sustainability

IDJC approaches sustainability on a number of levels. The first aspect of sustainability for IDJC is to solicit and support evidence-informed programs. Using techniques proven to be effective allow sub-grantees to focus on implementation and model fidelity with the expectation desired results will be realized.

Programs must be supported locally to be sustained. Thus, the second step IDJC will manage for sustainability in this project is to assist program managers identifying, collecting, and reporting relevant data to stakeholders.

Finally, IDJC will support projects through a five year cycle to allow time for critical sustainability elements including: startup, program refinement, data collection, positive impacts, and funding solicitation.

Addendum

FY 2015

Idaho Millennium Fund Grant Proposal
Attachment A
Budget Narrative
Idaho Department of Juvenile Corrections

\$81,242 Personnel. *This funding includes a full time Grants/Contracts Officer to oversee and coordinate sub-grant activities. Personnel costs also include 20% of a Full Time Equivalent (FTE) for a Grant/Contracts Management Supervisor to develop and manage the strategic plan.*

\$30,000 Travel. *This funding will allow the Grants Officer and other stakeholders to travel to facilities and review conditions for holding juvenile offenders. This activity is critical to ensure status offenders are not held in secure confinement. Travel funds are also budgeted to provide onsite training and technical assistance to facility administrators. There are 147 facilities in Idaho where juveniles can be held securely. IDJC intends to visit at least a third of these each year. IDJC Staff are joined by partners such as County Commissioners, Detention Administrators, Jail Commanders and others during onsite visits. This approach supports sharing of best practices. Travel may also be incurred to support participation in training and/or strategic planning to ensure participation from organizations and individuals in rural areas.*

\$10,000 Materials and Supplies. *This funding is budgeted to provide educational materials to agencies and organizations regarding the protections for youth in custody. Educational items could include informative calendars, videos or messaging materials such as pens, note pads, etc. Items such as magnets may also be purchased to allow facilities to temporarily install curtains over windows for "sight" separation of juveniles from adults.*

\$70,000 Consultants. *This funding is intended to support meetings of the Idaho Juvenile Justice Commission and District and Tribal Juvenile Justice Councils. The Commission and Councils direct and oversee granting activities. The Commission meets four times per year and Councils meet at least bi-monthly. The Commission will be budgeted \$30,000. The Commission budget includes funding to support a Youth Committee. Youth members comprise at least 20% of the overall Commission membership to ensure the voice of youth is included in plans and programs. Each District Council (7) will have a budget of \$2,857(\$20,000 total). The Tribal Council will have \$20,000. The Tribal Council requires a higher budget than District Councils due to the travel requirements to bring all Tribes together for meetings.*

\$10,000 Employee Development. *This funding is intended to support training for juvenile justice partners including law enforcement, probation, detention, corrections, and private providers. Training is essential to appropriately meet the needs of status offenders and reduce their likelihood to use tobacco or other substances. Partners in the juvenile justice system must be informed of best practices for identification, assessment, treatment, and handling of status offenders in order to provide effective intervention.*

\$7,320 Other. *IDJC allocates general administrative expenses on a per Full Time Equivalent basis. This line item includes rent, utilities, phone, insurance, etc. The calculation is \$6,100 per FTE.*

\$30,000 Intergovernmental Transfers. *This line item provides funding to support development and implementation of an evaluation plan. This funding will support the Boise State University, Center for Health Policy to design an effective evaluation plan and train practitioners on data elements, collection, and reporting.*

\$850,000 Local Contractors. *This line item includes funding for court programs based on requests to the Idaho Supreme Court and funding for evidence-informed programming planned and overseen by Juvenile Justice Councils. Each of the eight Councils will manage \$50,000 apiece for programming based on local needs. Court programs include youth court, alcohol and tobacco diversion, and status offender services in the amount of \$450,000.*

\$1,088,562 Grant Amount Requested



*Carolyn Peterson, Coeur d' Alene
Chair*

*Denise Blevins, Moscow
Chair, Grants Committee
Chair, Ethics Committee*

*Amanda Brown, Mountain Home
Youth Member*

Stacy Brown, Bonner's Ferry

Hon. Darrell Bolz, Caldwell

*Susan Delyea, Boise
Youth Member*

Kyle Fisher, Jerome

*Fernando Flores, Caldwell
Youth Member*

Tina Freckleton, Caldwell

*Kailamai Hansen, Coeur d' Alene
Youth Member*

Dale Kleinert, Boise

*Samantha Lahman, Kamiah
Youth Member*

Nancy Lopez, Idaho Falls

Lorin Nielsen, Pocatello

*Chelsi Nygaard, Potlatch
Youth Member*

Chris Palmer, Boise

Randy Prescott, Franklin

*Andy Rodriguez, Nampa
Chair, DMC Committee*

*Anna Rodriguez, Nampa
Youth Member*

Lisa Taylor, Lewiston

*Hon. Thomas J. Ryan, Murphy
Chair, Bylaws Committee*

*Bill Thompson, Moscow
Vice Chair*

Bev Wilder, St Anthony

IDAHO JUVENILE JUSTICE COMMISSION

October 17, 2013

Joint Millennium Fund Committee
Room C305, State Capitol
Boise, ID 83720

Dear Millennium Fund Committee Members:

The Idaho Juvenile Justice Commission is pleased to be a partner with the Idaho Supreme Court and the Idaho Department of Juvenile Corrections to enhance early intervention strategies targeting youth cited with tobacco, substance abuse, and status offenses.

The Commission has been integral in many improvements to the juvenile justice system including removal of juveniles from adult jails, de-institutionalization of status offenders, reduction of disproportionate minority contact, and sight and sound separation of juvenile and adult offenders.

The proposal drafted by the Idaho Department of Juvenile Corrections for your consideration will strengthen relationships between juvenile justice partners including courts, probation, detention, corrections, schools, and community-based organizations.

In my career as an administrator of a juvenile diversion program, I can tell you there is a critical gap in services for juveniles with tobacco and substance abuse issues who don't rise to a level requiring intensive outpatient or residential treatment. Counties and courts need options for these youth to prevent further involvement with the system.

The Commission has been a champion of restorative justice practices since the inception of the Idaho Juvenile Corrections Act. Approaches such as restorative conferencing and family group conferencing have enormous potential for youthful offenders. These approaches hold youth directly accountable to their victims and community for their behaviors.

Thank you for your consideration of the proposal from the Idaho Department of Juvenile Corrections. The Commission wholeheartedly supports this proposal and looks forward to pursuing the goals of the project to help strengthen Idaho youth and families.

Sincerely,

Carolyn Peterson
Chairman

c/o Department of Juvenile Corrections
954 West Jefferson / PO Box 83720
Boise ID 83720-0285

THE STATE OF IDAHO
SUPREME COURT



PATRICIA TOBIAS
ADMINISTRATIVE DIRECTOR OF THE COURTS

451 W. STATE STREET
P.O. BOX 83720
BOISE, IDAHO 83720-0101
(208) 334-2246
FAX (208) 947-7590
EMAIL: ptobias@idcourts.net

October 17, 2013

Sen. Patti Anne Lodge, Co-chair
Sen. Dan Johnson
Sen. Fred Martin
Sen. Elliot Werk
Sen. Dan Schmidt

Rep. Stephen Hartgen, Co-chair
Rep. Fred Wood
Rep. Robert Anderst
Rep. John Rusche
Rep. Phylis King

Re: Idaho Department of Juvenile Corrections Proposal

Dear Joint Millennium Fund Committee,

It is my privilege to write this letter of support for the Idaho Department of Juvenile Corrections (IDJC) 2015 Millennium Fund Grant Proposal (Proposal) for Status Offender Services. Since FY2001, the Joint Millennium Fund Committee has granted funds annually to the Supreme Court for youth courts, status offender services, and more recently, alcohol and drug diversion courts.

This Proposal transitions the past efforts of the Court to administer these important intervention programs to the Department, relying on the ability of the Department to coordinate efforts to fill critical gaps in services for status offenders. The Proposal seeks to continue funding for programs currently administered by the Court at their current levels. These programs have provided critical tools to magistrate judges and local communities to intervene when youth violate Idaho's laws prohibiting status offenses and illegal use of alcohol and tobacco.

The judges have complete confidence in this Proposal and appreciate the Department's commitment to seek judicial involvement as part of continuing the successes of existing programs. Additionally, the Proposal provides significant opportunities for strengthening restorative justice practices statewide through the leadership of the Idaho Juvenile Justice Commission and the District and Tribal Juvenile Justice Councils.

Thank you for your long support of Juvenile Intervention efforts and this new approach to strengthen services across the state.

Very truly yours,

A handwritten signature in cursive script, appearing to read "Patricia Tobias".

Patricia Tobias
Administrative Director of the Courts

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Idaho State UNIVERSITY

Office of Research
921 S. 8th Avenue, Stop 8130 • Pocatello, Idaho 83209-8130

October 17, 2013

Jared Tatro, Budget & Policy Analyst, jtatro@iso.idaho.gov
Margaret Major, Sr. Administrative Assistant, mmajor@iso.idaho.gov

Dear Mr. Tatro and Ms. Major,

Enclosed please find an application from Idaho State University for an FY15 Millennium Fund grant. This project addresses the "Substance abuse cessation or prevention" topic, and is titled "Prescription for Progress: Development of a Collaborative Tool Kit to Address Prescription Drug Abuse".

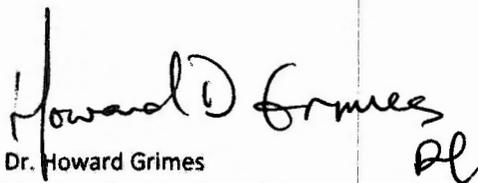
Prescription drug abuse is a well-known and growing problem. Possible solutions to this complex issue are multifactorial and interdisciplinary. Organizations addressing this problem elsewhere have advocated for education of prescribers, pharmacists, and the public; improved use of state prescription monitoring programs; and developing partnerships with key stakeholders. We are requesting funds for a data-driven, community-based campaign to educate prescribers and pharmacists through a hands-on tool kit to reduce prescription drug abuse across Idaho.

Idaho State University (ISU) is a multi-campus educational, research, and health care delivery institution and is the lead state institution for health professions. The Idaho Center for Health Research (ICHR) within the ISU Division of Health Sciences will lead this collaborative project. Key partners include the seven Idaho Public Health Districts; physicians, nurses, and pharmacists; the Idaho Boards of Pharmacy, Nursing, Dentistry, and Medicine; Department of Health & Welfare; Idaho Hospital Association; health systems; mental health and substance abuse professionals; patients/advocates; professional organizations; and representatives from the Idaho legislature among others.

Our project team leadership is uniquely qualified to carry out this innovative project. The project director, Rex W. Force, PharmD, is the Associate Dean for Clinical Research in the ISU Division of Health Sciences and Professor of Family Medicine and Pharmacy Practice. As an academic pharmacist, he has taught safe prescribing to family medicine residents for nearly 20 years. Dr. Force also leads the ICHR, which has considerable expertise in project management, grant administration, and community partner engagement.

We look forward to presenting this proposal to the Joint Millennium Fund Committee at its meeting on Monday, December 16, 2013.

Sincerely,



Dr. Howard Grimes
Vice President for Research and Economic
Development



Rex W. Force, PharmD
Associate Dean for Clinical Research, Division of Health
Sciences

Presentation

FY 2015

PRESCRIPTION FOR PROGRESS: DEVELOPMENT OF A COLLABORATIVE TOOL KIT TO ADDRESS PRESCRIPTION DRUG ABUSE

REX W. FORCE, BS(PHARM), PHARM D
ASSOCIATE DEAN FOR CLINICAL RESEARCH
DIVISION OF HEALTH SCIENCES
IDAHO STATE UNIVERSITY

JOINT MILLENNIUM FUND GRANT COMMITTEE
DECEMBER 16, 2013

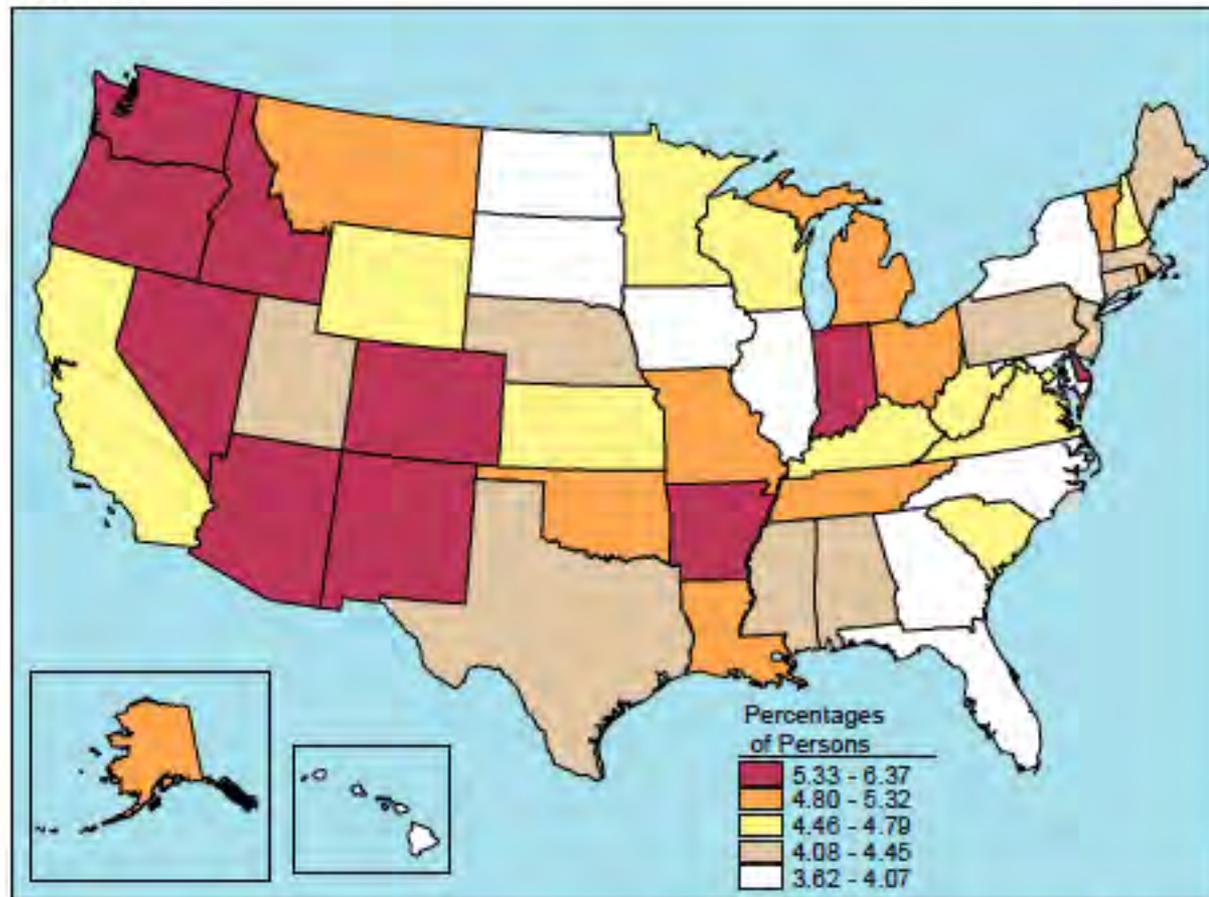
PRESCRIPTION FOR PROGRESS

- Idaho State University is requesting \$798,000 to help address the problem of prescription drug abuse in Idaho.
- This grant would support a data-driven, community-based campaign to educate prescribers and pharmacists through the development of practice tool kit.
- The request includes:
 - \$79,200 for personnel costs
 - \$718,800 for operating expenditures
 - Including \$506,600 for contract work with each of the 7 Public Health Districts
 - \$133,000 for indirect costs as required in all Board of Education grant applications.



NOT IN MY TOWN....? WE'RE #4

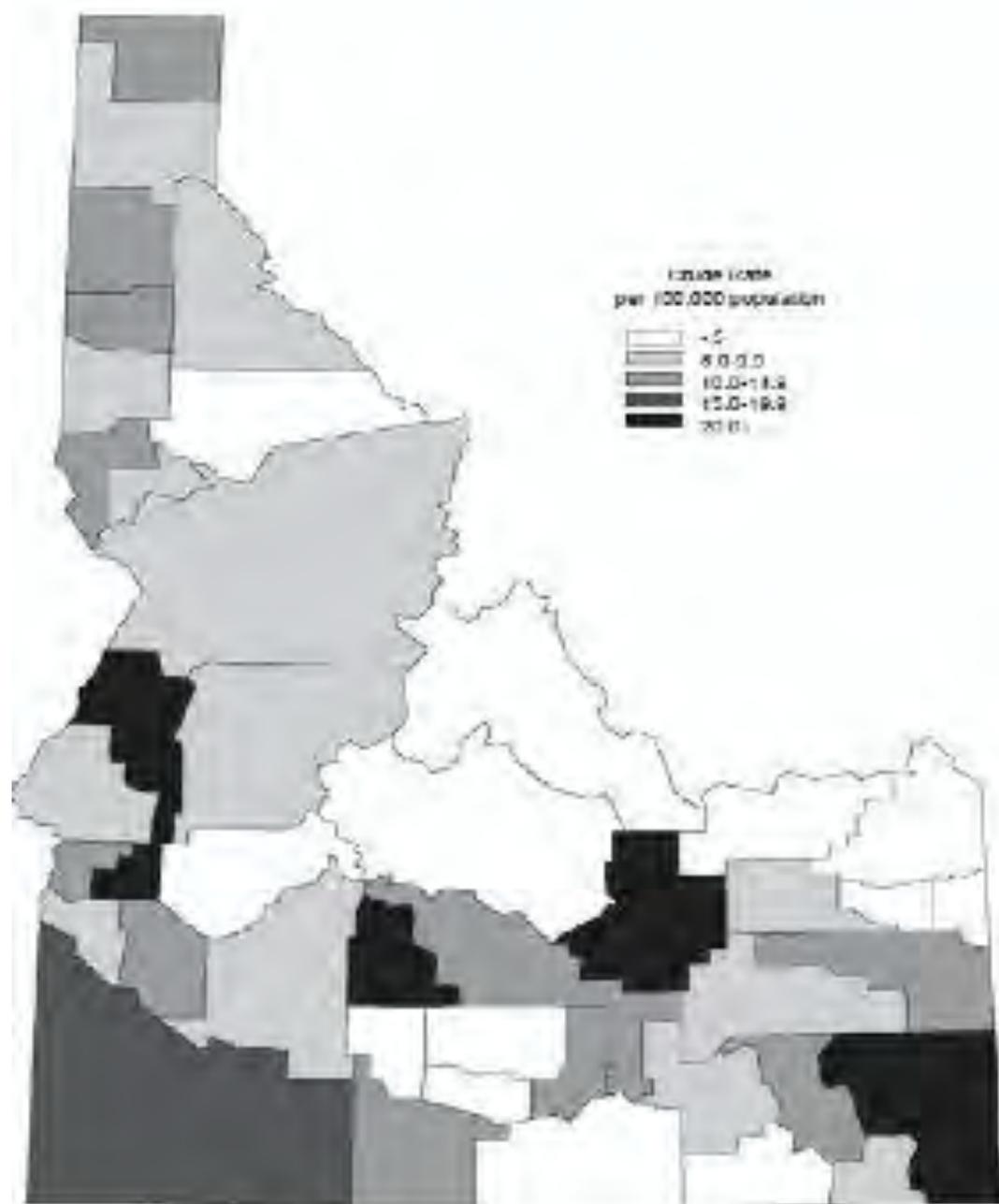
Figure 8a *Nonmedical Use of Pain Relievers in the Past Year among Persons Aged 12 or Older, by State: Percentages, Annual Averages Based on 2010 and 2011 NSDUHs*



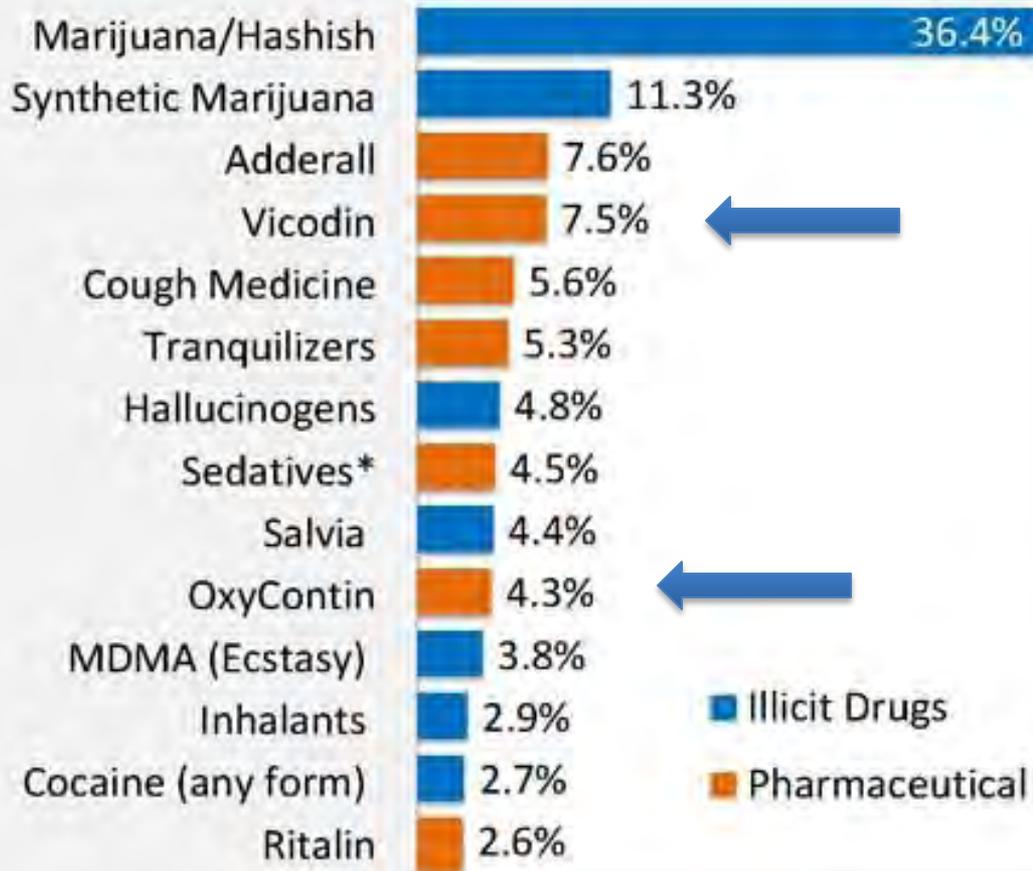
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, NSDUH, 2010 (Revised March 2012) and 2011.

THE PROBLEM

- The US accounts for 5% of world's population and 80% of prescription opioid use; 99% of world's hydrocodone use
- Hydrocodone has been #1 drug dispensed in the US since 2002
- Idaho is routinely in the US top 5 of per capita hydrocodone use
- 80% of new heroin users used prescription opioids in the month prior

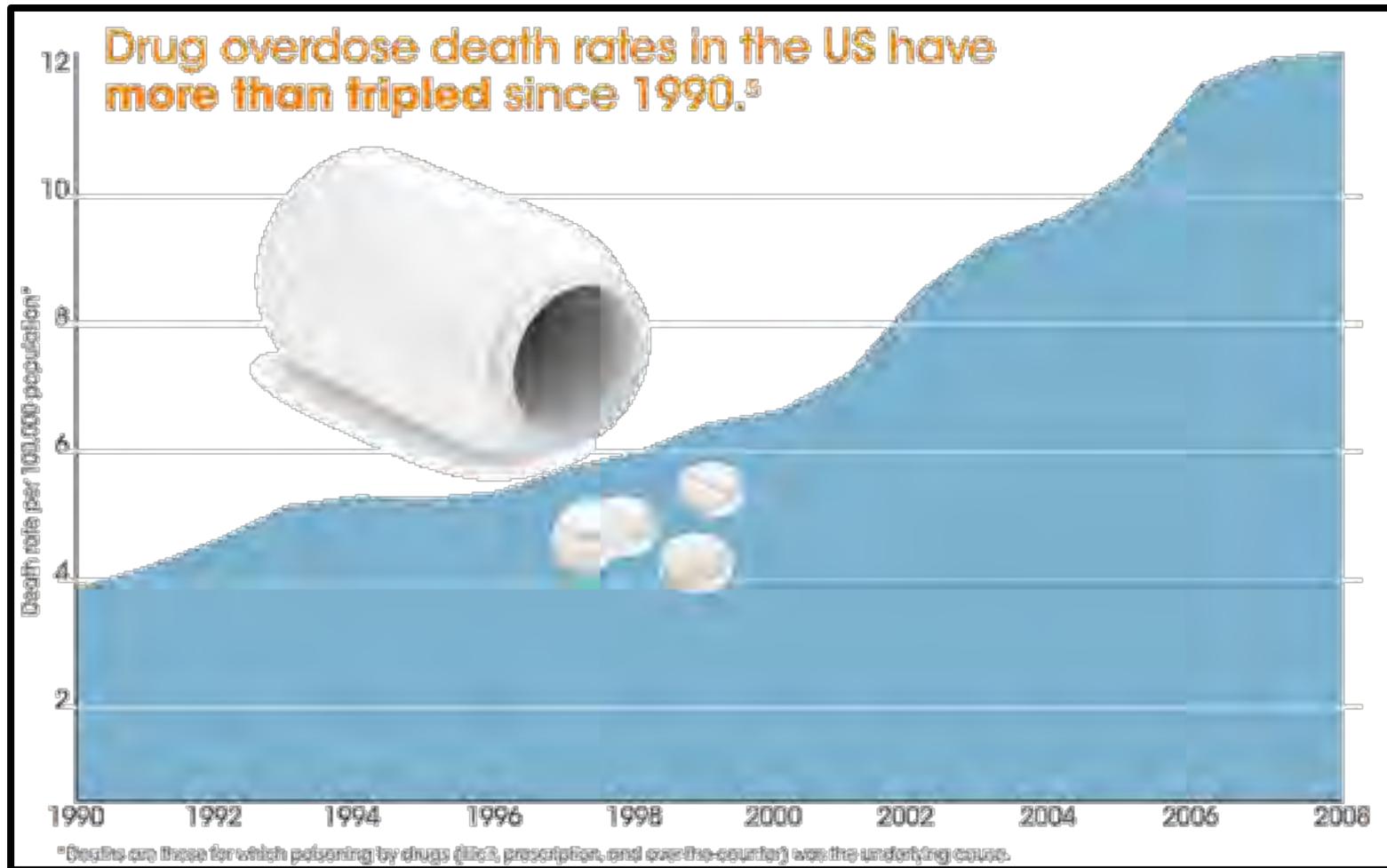


Past-Year Use of Illicit Drugs and Pharmaceuticals among 12th Graders



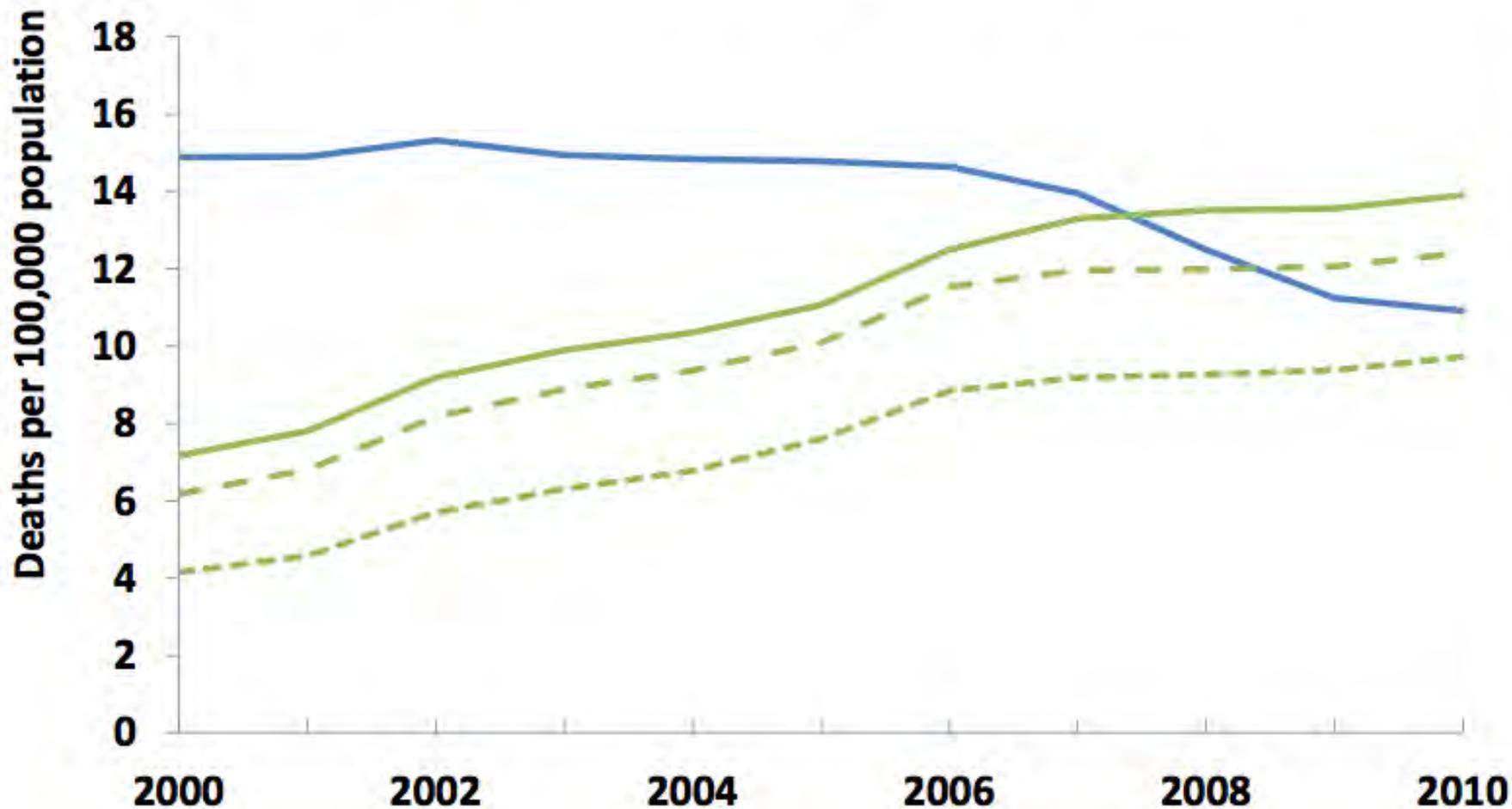
SOURCE: University of Michigan, 2012 Monitoring the Future Study

SCOPE OF PROBLEM

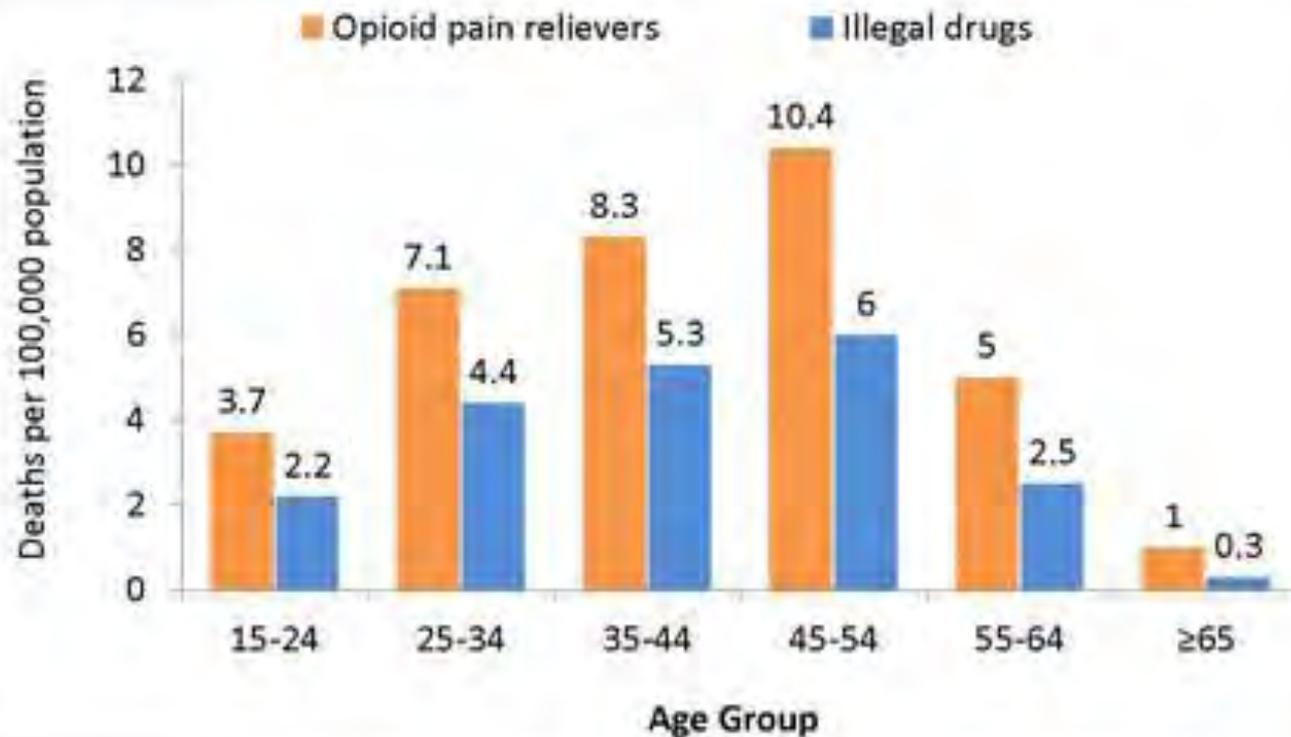


Motor vehicle traffic, poisoning, drug poisoning, and unintentional drug poisoning death rates: United States, 1999 – 2010

— Motor vehicle traffic — All Poisoning - - Drug poisoning - - Unintentional drug poisoning



Deaths from Opioid Pain Relievers Exceed Those from All Illegal Drugs



Source: CDC, Morbidity and Mortality Weekly Report, 60(43): 1489, 2011.

Only 20% of deaths occur in hospital/ED, 60% at home

SCOPE OF PROBLEM

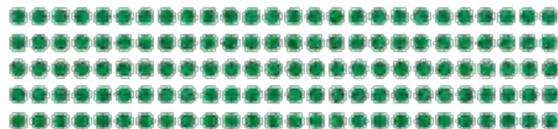
For every **1** death there are...



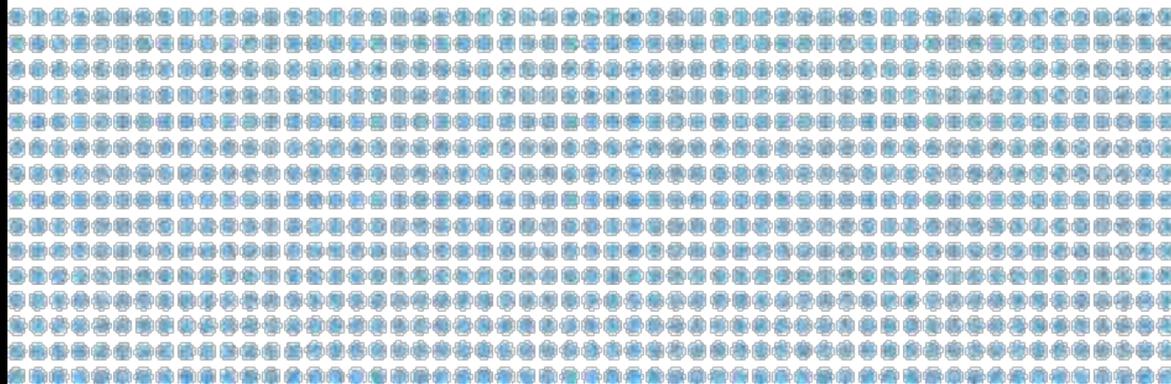
10 treatment admissions for abuse⁹



32 emergency dept visits for misuse or abuse⁶



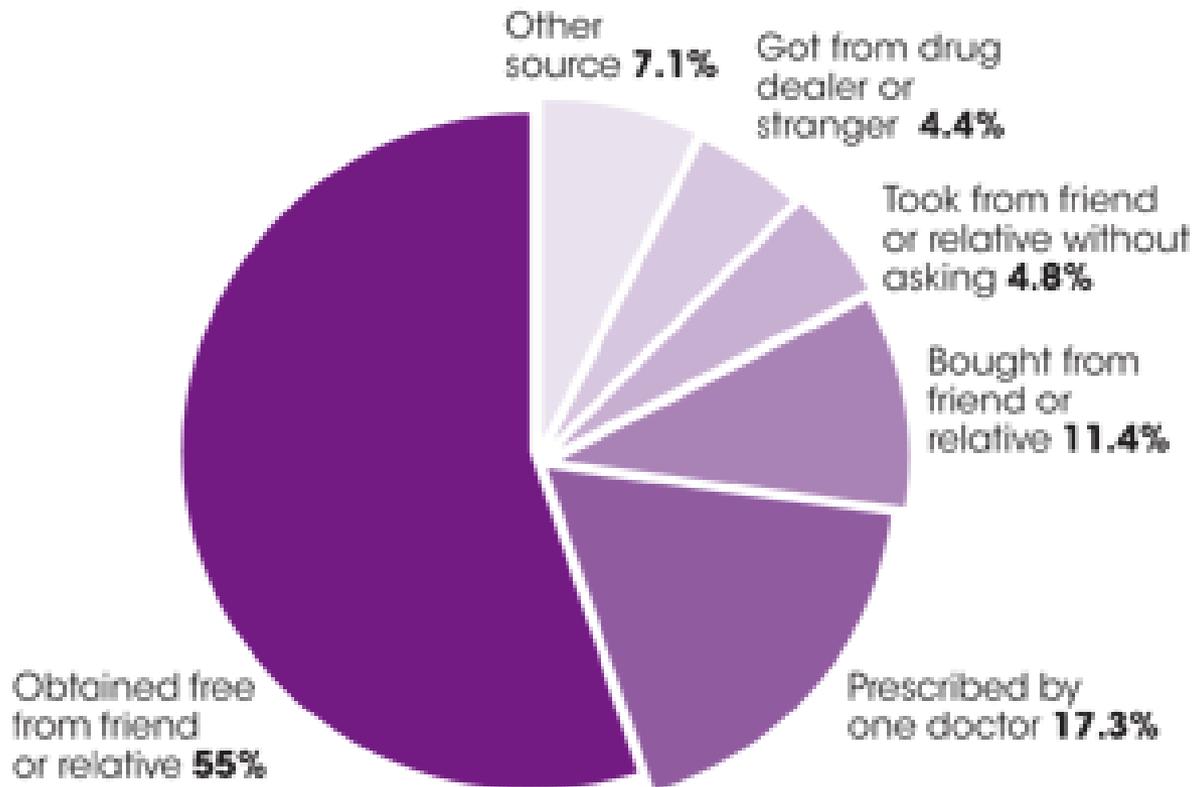
130 people who abuse or are dependent⁷



825
nonmedical
users⁷

SCOPE OF PROBLEM

People who abuse prescription painkillers get drugs from a variety of sources⁷



SCOPE OF PROBLEM

- Cost of prescription drug abuse (including opioids like OxyContin, Vicodin, Norco, and Lortab): ***\$53 billion***
 - Opioid abusers cost \$16,000/year
 - Legit users of opioids: \$1,800/year
- **Additional costs:**
 - Children at risk
 - Lost worker productivity
 - Increases in health care and Medicaid costs
 - Escalation of crime to support the habit
 - Destruction of families
 - Decreased life expectancy



HOW DID WE GET HERE?

- Many years of inadequate treatment of pain – continues today
- Little evidence of optimal use of pain medicines
- Reduced patient satisfaction – pain as a vital sign
- (Illegal) promotional efforts to assess and use opioids
 - Oxycontin introduced in 1996
 - 2007 Purdue Pharma fined \$600,000,000 for misleading claims about risk of dependence and addiction
- 70% of abused opioids were prescribed (to someone)

WHOSE PROBLEM IS THIS?

- Law enforcement
- Behavioral Health/Substance Abuse Professionals
- Public Health
- Prescribers
- Pharmacists
- Patients
- Societal

PRESCRIBING AND DISPENSING GUIDELINES

- State mandated – Idaho BoM has adopted guidelines for management of pain
 - Evaluation
 - Treatment plan
 - Informed consent and agreement for treatment
 - Periodic review
 - Consultation, if necessary
 - Accurate medical records
 - Compliance with controlled substance laws/regulations

<http://bom.idaho.gov/BOMPortal/BOM/FAQ/Controlled%20Substances%20&%20Treatment%20of%20Pain%20Policy.pdf>

PHARMACIST RESPONSIBILITIES

- Verify legit Rx for legit indication
 - Maintenance of addiction is not legit
- Keep records
- Proper ID
- Check PMP, some pharmacy policies mandate this for oxycodone, hydromorphone, methadone
- Communicate with provider
- Educate patients

DYING FOR RELIEF | A TIMES INVESTIGATION

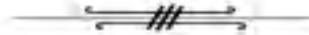
Legal drugs, deadly outcomes

BY SCOTT GLOVER, LISA GIRION. VIDEO AND PHOTOS BY LIZ O. BAYLEN

November 11, 2012

Prescription overdoses kill more people than heroin and cocaine.

An L.A. Times review of coroners' records finds that drugs prescribed by a small number of doctors caused or contributed to a disproportionate number of deaths.



Legal drugs, deadly outcomes

November 11, 2012



Reckless prescribing, patients endangered

December 9, 2012



Rogue pharmacists feed addiction

December 20, 2012



Reckless doctors go unchecked

December 30, 2012



Walgreen to Pay \$80 Million Fine in D.E.A. Inquiry

By BARRY MEIER

Published: June 14, 2012

O.C. parents sue doctor after sons overdose on prescription drugs

Riley Russo and Ryan Winter, both 20, died after abusing the powerful narcotic Opana and the anti-anxiety drug Xanax. The physician, Lisa Tseng, has now been linked to 10 overdose deaths.

July 09, 2011 | By Lisa Girion, Los Angeles Times



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1

The parents of two young Orange County men who died of overdoses filed lawsuits Friday alleging that a Rowland Heights physician acted like a drug dealer in selling prescriptions to their sons.

The cases bring to 10 the number of drug deaths linked to the practice Lisa Tseng operates in a mini-mall near the 60 Freeway. A Times investigation last year identified eight former patients who died after overdosing on the types of drugs Tseng prescribed.

[Go to your Portfolio »](#)

Under the agreement, Walgreen committed to establish better internal controls. It acknowledged that practices at a distribution facility and some of its pharmacies in Florida did not meet standards.

OUR PROPOSED PROGRAM

- State-wide, community-based
- Best evidence & best practice
- Data driven
- Measured outcomes

PROJECT GOALS

- ① Develop and disseminate best practices by improving prescriber knowledge about pain medications and how to manage patients seeking prescription drugs of abuse;
- ② Identify referral and community resources for pain management and substance abuse treatment;
- ③ Better coordinate care plans and communication between pharmacists and prescribers;
- ④ Utilize data from the Board of Pharmacy's prescription drug monitoring program (PDMP) to frame educational efforts and measure effectiveness of the program;
- ⑤ Work with pharmacists to better standardize workflows related to potential drugs of abuse at the time of dispensing;
- ⑥ Develop and disseminate patient education materials for prescribers and pharmacists

DELIVERY OF TOOL KITS

- Teams of health educator, pharmacists, physicians in each Public Health District
- Community assessment
- Needs assessment of specific practice
- Targeted delivery of tools and resources
 - Counter-detailing techniques

TOOLS & RESOURCES

- Prescription monitoring programs – Bd of Pharmacy
- Pain agreements/management plans
- Risk stratification/pt. selection
- Prescriber & pharmacist education – treatment principles, titration, rotation, AE management
- Monitoring – lock-in programs, urine testing
- Difficult conversations
- Patient education
- Substance abuse treatment resources

OUTCOMES MEASURED

- ① Determine satisfaction of partners and collaborators with the planning and educational program development process
- ② Capture number of prescribers and pharmacists who receive educational intervention—our target is 189 educational sessions state-wide
- ③ Determine prescribers' and pharmacists' perceptions of the barriers to appropriate care of patients seeking pain management
- ④ Determine prescriber and pharmacist knowledge pre/post educational intervention
- ⑤ Measure utilization of Board of Pharmacy for PDMP pre/post program
- ⑥ Measure prescription volume trends of providers and pharmacies pre/post educational intervention
- ⑦ Develop statistical algorithm for identifying high risk PDA patterns where educational interventions could be targeted
- ⑧ Collaborate with state and district health officials to determine if there are reductions in emergency department visits for prescription drug overdose and deaths from prescription drug overdose

TIMELINE

- July-September 2014
 - Form community teams
 - Perform community needs assessments
 - Assemble educational materials and best practices
 - Develop assessment tools
- October 2014-June 2015
 - Deliver 190 educational interventions across the state
 - Measure outcomes

FROM THE FRONT LINES

“Most of the patients who have died from prescription drug overdose are 20 to 40 years old, in the prime of life. I suspect that almost everyone has an acquaintance, friend, or family member whose life has been impacted by prescription drug abuse. Ironically, the addiction and subsequent abuse often originates with a valid and painful medical condition being managed by a competent and well-meaning physician.”

Tad Cowley, MD
St. Luke's Emergency Physician

Q & A



Application

FY 2015



Millennium Fund Grant Proposal

For the Period July 1, 2014 through June 30, 2015

Prescription for Progress: Development of a Collaborative Tool Kit to Address Prescription Drug Abuse

I. Grant Applicant

Full Legal Organization Name

Address
City
State
Zip Code
Website

Idaho State University

921 S. 8th Avenue, Stop 8046
Pocatello
ID
83209-8046
www.isu.edu

Executive Director

Name
Title
Phone
Email Address

Rex W. Force, PharmD
Associate Dean for Clinical Research
208-282-3836
force@fmed.isu.edu

Alternate Contact Person

Name
Title
Phone
Email Address

Dave Harris
Executive Director, Research Dev. and Support
208-282-5824
sponprog@isu.edu

Organizational Description: Idaho State University (ISU) is a multi-campus educational, research, and health care delivery institution and is the lead state institution for health professions. The Idaho Center for Health Research within the ISU Division of Health Sciences will lead this collaborative project. Key partners include representatives from the seven Idaho public health districts (IPHD) across the state. The IPHD are charged with providing services to Idaho's citizens including health education, prenatal and child clinics and immunizations, environmental health, food safety, and family planning services among others.

II. Grant Proposal Summary

Meets One or More of the Following Criteria: *(Indicate Yes Where Applicable)*

- | | |
|--|-----|
| 1. Tobacco Cessation or Prevention | |
| 2. Substance Abuse Cessation or Prevention | YES |
| 3. Tobacco or Substance Abuse Treatment | |

Purpose of Grant: Prescription drug abuse is a well-known and growing problem in the state of Idaho. The Division of Health Sciences at ISU is presenting this application to the Millennium Fund Committee to help address this health problem in Idaho. This grant would support a data-driven, community-based campaign to educate prescribers and pharmacists through a hands-on tool kit. Our goals are to: 1) Develop and disseminate best practices by improving prescriber knowledge about pain medications and how to manage patients seeking prescription drugs of abuse; 2) Identify referral and community resources for pain management and substance abuse treatment; 3) Better coordinate care plans and communication between pharmacists and prescribers; 4) Utilize data from the Board of Pharmacy's prescription drug monitoring program (PDMP) to frame educational efforts and measure effectiveness of the program; 5) Work with pharmacists to better standardize workflows related to potential drugs of abuse

at the time of dispensing; 6) Develop and disseminate patient education materials for prescribers and pharmacists. Developing a consistent, evidence-based approach with a practical tool kit for managing the use of commonly abused prescription drugs in the community, especially narcotic pain (opioid) medications, is highly desirable. We are requesting funds for this collaborative project to create consistent care management strategies for reducing prescription drug abuse in Idaho.

Grant Amount Requested: \$797,979

III. Proposed Budget

Expenditure Category	Staff Time	Millennium Fund	Other Fund Sources	In-Kind Contribution	Project Total
Personnel					
Salaries		58,804			58,804
Benefits		20,357			20,357
Total Personnel	0.90	79,161	-	-	79,161
Operating					
Travel - Instate travel to Meridian		3,798			3,798
Travel - Professional meeting/training		13,242			13,242
Communications		2,820			2,820
Materials & supplies		2,400			2,400
Publication/marketing/website develop.		12,500			12,500
Meeting supplies, parking, copies		6,615			6,615
Contracts - 7 public health districts		506,646			506,646
Miscellaneous - speaker honoraria		37,800			37,800
Indirect costs at 20% of TDC		132,997			132,997
Total Operating		718,818	-	-	718,818
Transfer Payments					
Intergovernmental Transfers					-
Direct Client Services					-
Local Contractors					-
Other					-
Total Transfer Payments		-	-	-	-
GRAND TOTAL		797,979	-	-	797,979

Budget Notes: Personnel funds will be used to support project-related salary and fringe benefits. Fringe benefit costs are based on ISU and subcontractor rates. Travel funds will support project meetings along with travel to professional meetings or trainings relevant to the project. Contractual arrangements will be made with 7 IPHD to assist with the scope of work outlined below. Materials and supplies, telecommunication, and printing/marketing items will be needed to carry out the goals of the proposed project. Meeting supplies, food, beverage, and parking permits will also be needed for quarterly half-day planning meetings with project partners. Idaho State University meeting rooms and videoconferencing facilities will be utilized for meetings at no cost. Speaker incentives will be used to compensate participation of prescribers and pharmacists involved in the educational process. Indirect charges are based on ISU's state rate of 20% of total direct charges.

IV. Statement of Need

Prescription drug abuse, driven primarily by increases in the use of opioid pain medications such as OxyContin, Vicodin, Norco, and Lortab, is at epidemic proportions across the U.S., and Idaho is no exception. In 2011 Idaho was ranked 4th highest in the nonmedical use of prescription medications in the past year among persons aged 12 or older. In a recent national study, prescription medications were found to be the second most-abused category of drugs (after only marijuana). While retail pharmacies dispensed 174 million prescriptions for opioids in the year 2000, the number had risen to 257 million by 2009. This 48% increase in opioid use over 9 years reflects a parallel and disturbing trend toward increasing death rates associated with the abuse of prescription drugs. **The number of overdose deaths due to prescription drug abuse exceeds those deaths from cocaine, heroin, and methamphetamine combined**, and overdose is now the number one cause of accidental death in the U.S., recently passing automobile accidents. Although tragic, deaths from prescription drug abuse represent only the tip of the iceberg. **For every prescription opioid overdose death, there are 10 treatment admissions for abuse, 32 emergency department visits for misuse or abuse, 130 people who abuse or are dependent, and 825 non-medical users.** Between 2004 and 2008, emergency department (ED) visits due to non-medical use of opioid analgesics increased by 111% nationally, or over 25% per year. In 2010 alone there were 4.9 million drug-related ED visits, reflecting a 115% increase from 2004-2010. Of note, 30.7% of prescription drug abusers (PDA) report that they receive their medications from a physician, not from illicit or "street" sources. Additionally, prescription drug abuse leads to heroin use; nearly 80% of new heroin users report using prescription drugs in the month prior to initiating heroin use. The costs to society are so high that ignoring this epidemic will ensure ever increasing financial and health costs to the citizens of Idaho.

Prescription drug abuse represents a significant and costly problem that afflicts all socioeconomic groups. Current national estimates of the cost of prescription drug abuse are at least \$53 billion. These costs reflect lost productivity, increases in health care costs, and escalation of crime to support the habit. Annual health care costs for opioid abuse are estimated to average \$16,000 per person, as compared with non-abusive prescription opioid users whose average health care costs are \$1,800 per person. Prescription drug abusers tend to be over-represented in uninsured and Medicaid populations and in rural areas. In fact, rural teens are more likely to abuse prescription drugs and rural PDA are twice as likely to overdose than their urban counterparts.

Nationally, 16 million individuals abused prescription drugs in 2010, including nearly 2 million teenagers. Individuals abusing prescription medications often develop sophisticated techniques to acquire these medications by using multiple, independent prescribers to unwittingly provide prescriptions in support of their habit, with each prescription being filled at a different pharmacy. It is difficult for prescribers to determine the legitimacy of requests for pain medication since pain is such a subjective syndrome. Thus, PDA capitalize upon availability and independence of prescribers and pharmacies. Clearly, one goal of identifying potential PDA is to decrease the amount of prescription opioids being obtained for diversion to nonmedical uses. Prescribers and pharmacists in Idaho do have a way to determine if a patient has been prescribed potential drugs of abuse from another provider through the Idaho Board of Pharmacy's PDMP. These data include the frequency and types of medications dispensed. However, not all prescribers and pharmacists have signed up for access to the program.

The National Prescription Drug Abuse Prevention Plan has four primary elements: education, monitoring, proper disposal, and enforcement. This Millennium Fund grant proposal addresses the first two elements by pairing data with an educational effort designed for prescribers and pharmacists to develop collaborative and cooperative care pathways to better coordinate the prescribing and dispensing of prescription drugs of abuse. We will provide prescribers and pharmacists with a means of properly managing potential PDA through a tool kit to help ensure individuals receive appropriate, evidence-based treatments that can help end abuse and properly manage pain syndromes. This project has been vetted with the State of Idaho Office of Drug Policy and is viewed as complementary rather than duplicative to the Office's current intervention strategies.

This project will have two interrelated focus areas: 1) development of a data warehouse to fuel educational efforts to combat prescription drug abuse across the state; and 2) development and implementation of an educational program (including a tool kit) for prescribers and pharmacists administered through Idaho's public health departments. The ultimate goal is to coordinate efforts across the state of Idaho to help stem the tide of prescription medication abuse.

V. Project Design

Both the National Governors' Association and the Robert Wood Johnson Foundation have recommended that prescription drug abuse intervention programs include education about responsible prescribing, building partnerships among key stakeholders, improving the use of prescription drug monitoring programs (PDMP), and enhancing public education. In addition to prescription tracking, a proper care pathway is needed to identify and manage potential PDA. These tasks can only be accomplished through the collaboration of prescribers and pharmacists across the health care system. In our project, we propose to develop an effective tool kit to address the six goals listed above: improve prescriber knowledge, identify referral and community resources, improve communication between pharmacists and prescribers, use data from the PDMP to measure effectiveness, improve pharmacist dispensing workflow, and disseminate patient education materials.

A Millennium Fund Grant Award for the proposed project would enable the project team to develop an integrated care management strategy for prescribers and pharmacists using Idaho PDMP data. We will gather stakeholders and additional partners and develop a consensus-driven, evidence-based, coordinated care pathway that is agreeable to all the partners and in the best interest of patients. In the first 3 months (Jul-Sep 2014), the project team will use a modified Delphi process that involves (1) problem identification and researching best practice methods and evidence; (2) selection of stakeholders such as health care providers, community resources, Idaho Office of Drug Policy, patients, and advocates; (3) rounds of consensus development; (4) reporting of findings; and (5) dissemination and implementation plans. This is an iterative process to refine the group's priorities and define the educational content of the program. In addition, we anticipate that the stakeholder coalition will provide guidance to provider peers and health care facilities on ways to leverage existing resources to promote these new activities. The vested interest of all stakeholders involved should enhance the effectiveness of the educational program and materials developed and delivered.

Starting in October, the group will work with the IPHD to identify opportunities to deliver educational presentations at provider offices, hospitals, pharmacies, and other health care locales. The IPHD will perform community needs assessments and round table events to help determine which interventional techniques may be most effective in each community. We will endeavor to obtain continuing education certification for prescribers and pharmacists to assist with professional re-licensure. The budget allows for 3 presentations per IPHD per month over the 9-month implementation period. During these meetings, a team including a health education professional, physician, and pharmacist will perform a brief needs assessment and then review the desired best practices and resources available to prescribers and pharmacists for managing chronic pain, and identifying and managing PDA. In addition, use of the PDMP website, community resources and referral connections for substance abuse treatment, patient education materials, and ways to enhance care coordination between prescriber offices and pharmacies will be integrated into the educational program in order to create a patient-centered care model. In the final 3 months (Apr-Jun 2015), project outcomes will be evaluated as discussed below. The desired outcome measures include the following:

1. Adoption of best practices in prescribing drugs of abuse by Idaho prescribers with resultant decreases in the quantity of prescriptions
2. Increased use of the Board of Pharmacy PDMP
3. Adoption of best practices in dispensing drugs of abuse by Idaho pharmacists
4. Appropriate, targeted messaging/education provided to patients regarding prescription drugs of abuse
5. Reduced nonmedical use of prescription drugs of abuse by Idahoans
6. Reduced number of emergency department visits, hospital admissions, and deaths associated with prescription drugs of abuse

VI. Grant Management

Idaho State University (ISU) is a multi-campus educational, research, and health care delivery institution and is the lead state institution for health professions, serving 13,000 students in more than 280 graduate and undergraduate programs of study. Faculty within the Division of Health Sciences (DHS) at this Carnegie-classified Research-High university engage in a broad range of research and teaching in the health professions including pharmacy, nursing, medical and dental residencies, rehabilitative and communication sciences, physician assistant, and public health among others. The DHS also operates a University Clinics system whose 12 health clinics provide specialty services to the community with over 41,000 patient contacts annually. ISU is located in Pocatello (main campus) and in Meridian (Health Science Center) as well as several satellite locations. The Idaho Center for Health Research (ICHR), a research support unit within the DHS, will lead this collaborative project. The ICHR is led by the Associate Dean for Clinical Research and staffed in part by members of the ISU Institute of Rural Health (IRH) with expertise in project management, public health, health professions training, rural health services research, and participatory research. The IRH has a 23-year history of successfully managing federal, state, and private grants at ISU and brings that expertise to the ICHR and this project.

The Project Director (Rex Force, PharmD, Associate Dean for Clinical Research, 0.1 FTE on project) will oversee all activities of the grant in collaboration with a Grant Project Coordinator (Beth Garner, MEd, 0.15 FTE), Research Administrator (Cyndy Kelchner, PhD, 0.15 FTE), Research Associate (financial) (Jana Bodily-Roan, MPA, 0.05 FTE), and Administrative Assistant (Donna Parker, 0.1 FTE). The data center will be directed by Vaughn Culbertson, PharmD (0.1 FTE) and Matt Cummins, BS (data manager 0.15 FTE). Unpaid collaborators within ISU include ISU-Meridian faculty in pharmacy (Catherine Oliphant, PharmD and Roger Hefflinger, PharmD) and biostatistical support from Rick Tivis, MPH. The 7 Idaho public health districts (IPHD) will each dedicate 0.5 FTE of health educator time to develop, promote, coordinate, and deliver the educational efforts of the programs, as well as time for their community health director (0.05 FTE), district director (0.1 FTE), and administrative support (0.03 FTE) on the project.

Representatives from the IPHD and ISU as well as other key stakeholders will perform project oversight and guidance. Existing project partners include (1) Dr. Tad Cowley, St. Luke's Boise Emergency Department Medical Director; (2) Dr. Eric Kraska, emergency department physician at St. Alphonsus Regional Medical Center; (3) Bonnie Carns, MSN of OnDemand Solutions, a practice management company of Emergency Medicine of Idaho; (4) Mark Johnston, RPh, Idaho Board of Pharmacy; (5) Idaho Representative Sue Chew (D-Dist.17); (6) Dieter Zimmer, Doctors Group Insurance; and others including much of the project team listed above. Additional collaborators will be invited from stakeholder groups across the state. These may include (but are not limited to) representatives from physician groups, Idaho Department of Health & Welfare, Office of Drug Policy, State Boards of Pharmacy, Medicine, Nursing, and Dentistry, Idaho Hospital Association, health systems, mental health and substance abuse professionals, patients/advocates, professional organizations (i.e. Idaho Medical Association), and representatives from the Idaho legislature.

VII. Evaluation Plan

1. Determine satisfaction of partners and collaborators with the planning and educational program development process
 - a. Develop survey tool
 - b. Administer in September 2014 after program development
2. Capture number of prescribers and pharmacists who receive educational intervention—our target is 189 educational sessions state-wide
 - a. Number of continuing education certificate issued
3. Determine prescribers' and pharmacists' perceptions of the barriers to appropriate care of patients seeking pain management

- a. Develop survey tool
 - b. Administer at educational program and community round-tables
4. Determine prescriber and pharmacist knowledge pre/post educational intervention
 - a. Develop survey tool
 - b. Administer after program delivery
5. Measure utilization of Board of Pharmacy for PDMP pre/post program
 - a. Number of new prescribers and pharmacists who sign up for PDMP
 - b. Number of prescriber queries of PDMP pre/post educational intervention
 - c. Measure prescriber and pharmacist satisfaction with PDMP
6. Measure prescription volume trends of providers and pharmacies pre/post educational intervention
 - a. Number of patients receiving pain medications from multiple prescribers and pharmacies
 - b. Number of patients with dose decrease pre/post educational intervention
 - c. Perform trend analyses of pain medication utilization pre/post educational intervention
7. Develop statistical algorithm for identifying high risk PDA patterns where educational interventions could be targeted
8. Collaborate with state and district health officials to determine if there are reductions in emergency department visits for prescription drug overdose and deaths from prescription drug overdose

VIII. Sustainability

While the planning and implementation process as outlined in this proposal will be completed with the one year of funding requested, additional resources may be needed to continue these efforts across the state. Project partners anticipate that the ongoing cost of the program will be recovered by the health care system in terms of savings that arise from reduced emergency department, office visits, and substance abuse treatment as well as reduced societal costs associated with prescription drug abuse. The ongoing implementation of the programs outlined in the educational effort will require additional monies in the future. Our working group will be tasked with identifying and developing other resources to sustain the project.

As described in this application, the abuse and misuse of prescription medications is of epidemic proportions in Idaho and across the country. It costs Idaho taxpayers, businesses, health insurers, and providers much in wasted dollars, work hours, and citizen health. The price tag for this proposal represents \$640 for each death caused by prescription drugs from 2000-2009; a small price to pay for solutions to a problem with great societal costs. Prescription drug abuse causes immediate and ongoing destruction of the family unit that defies measurement in monetary terms, putting at risk not only the current workforce of the state, but the future opportunities for our children and all Idahoans.



Addendum

FY 2015



Public Health
Prevent. Promote. Protect.

Idaho Public Health Districts

IDAHO ASSOCIATION OF PUBLIC HEALTH DISTRICT DIRECTORS

October 15, 2013

Dear Committee Members,

This correspondence serves to formally support a Millennium Grant application to address the prescription drug abuse problem in our state. As you know, prescription drug abuse is reaching epidemic proportions in the US and in Idaho. Deaths from this problem now exceed automobile accidents as the #1 cause of accidental death in the United States.

The Division of Health Sciences at Idaho State University is the lead organization for this application, and all seven of the Public Health Districts support this data-driven, community-based campaign to educate prescribers and pharmacists. We strongly agree with the goals of this proposal, which are to:

1. Develop and disseminate best practices by improving prescriber knowledge about pain medications and managing patients seeking prescription drugs of abuse;
2. Identify referral and community resources for pain management and substance abuse treatment;
3. Better coordinate care plans and communication between pharmacists and prescribers;
4. Utilize data from the Board of Pharmacy's prescription monitoring program to frame educational efforts and measure effectiveness of the program;
5. Work with pharmacists to better standardize workflows related to potential drugs of abuse at the time of dispensing;
6. Develop patient education materials for prescribers and pharmacists.

The Public Health Districts have a great deal of experience working with providers in our local communities, and are well positioned to support the educational components of this initiative. We look forward to working with ISU and other partners in addressing this growing public health concern.

Thank you for your consideration. If you should have any questions or comments, please do not hesitate to contact me.

Sincerely,

Carol Moehrle, Chair

Idaho Association of Public Health District Directors

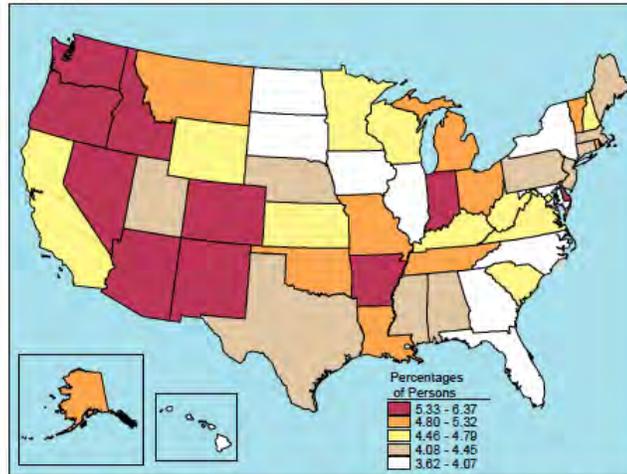
PRESCRIPTION FOR PROGRESS

2015 JOINT MILLENNIUM FUND GRANT APPLICATION

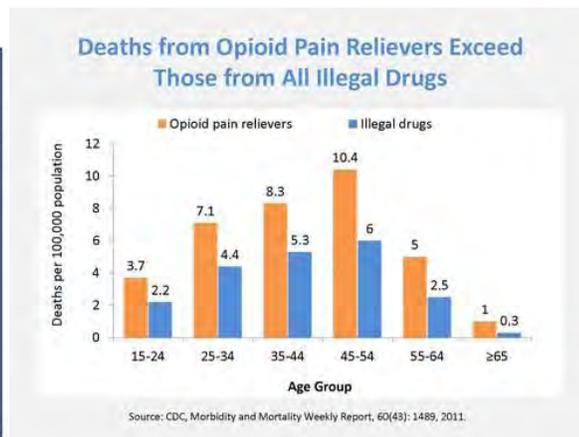
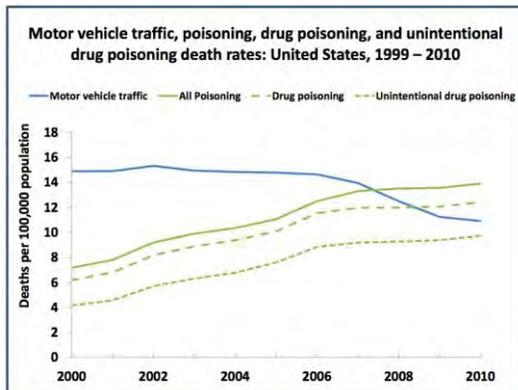
THE PROBLEM

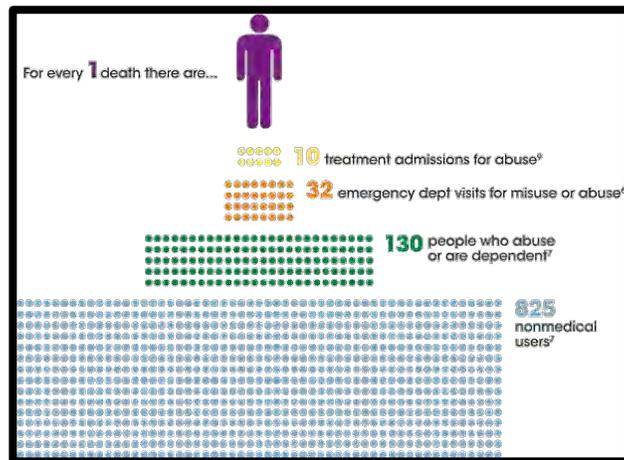
- The US accounts for 5% of world's population and 80% of prescription opioid (narcotic pain killer) use; 99% of world's hydrocodone use
- Hydrocodone (Vicodin, Lortab) has been #1 drug dispensed in the US since 2002
- Idaho is routinely in the US top 5 of per capita hydrocodone use
- Other prescription opioids include oxycodone (Oxycontin) and hydromorphone (Dilaudid)
- 80% of new heroin users used prescription opioids in the month prior
- Nearly 1,500 Idahoans have died since 2000

Figure 8a *Nonmedical Use of Pain Relievers in the Past Year among Persons Aged 12 or Older, by State: Percentages, Annual Averages Based on 2010 and 2011 NSDUHs*



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, NSDUH, 2010 (Revised March 2012) and 2011.





HOW DID WE GET HERE?

- Many years of inadequate treatment of pain – continues today
- Little evidence of the opioids' effectiveness for pain management
Better only than placebo
- (Illegal) promotional efforts to assess and use opioids
Oxycontin introduced in 1996
2007 Purdue Pharma fined \$600,000,000 for misleading claims about risk of dependence and addiction
Up to 1/3 of people taking chronic opioids meet criteria for opioid use disorder
- 70% of abused opioids were prescribed (to someone)
- ? Reduced patient satisfaction – pain as a vital sign

A PRESCRIPTION FOR PROGRESS: POSSIBLE SOLUTIONS

The Division of Health Sciences at ISU and the Idaho Public Health Districts are presenting an application to the Millennium Fund Committee to help address prescription drug abuse in Idaho.

This grant would support a data-driven, community-based campaign to educate prescribers and pharmacists through a hands-on tool kit.

Our goals are to:

- 1) Develop and disseminate best practices by improving prescriber knowledge about pain medications and how to manage patients seeking prescription drugs of abuse;
- 2) Identify referral and community resources for pain management and substance abuse treatment;
- 3) Better coordinate care plans and communication between pharmacists and prescribers;
- 4) Utilize data from the Board of Pharmacy's prescription drug monitoring

program (PDMP) to frame educational efforts and measure effectiveness of the program;

5) Work with pharmacists to better standardize workflows related to potential drugs of abuse at the time of dispensing;

6) Develop and disseminate patient education materials for prescribers and pharmacists.

Project Activities:

The project team will review the desired best practices and resources available to prescribers and pharmacists for managing chronic pain, and identifying and managing prescription drug abusers. In addition, use of the prescription drug monitoring program (PDMP) website, community resources and referral connections for substance abuse treatment, patient education materials, and ways to enhance care coordination between prescriber offices and pharmacies will be integrated into the educational program in order to create a patient-centered care model. The desired outcome measures include the following:

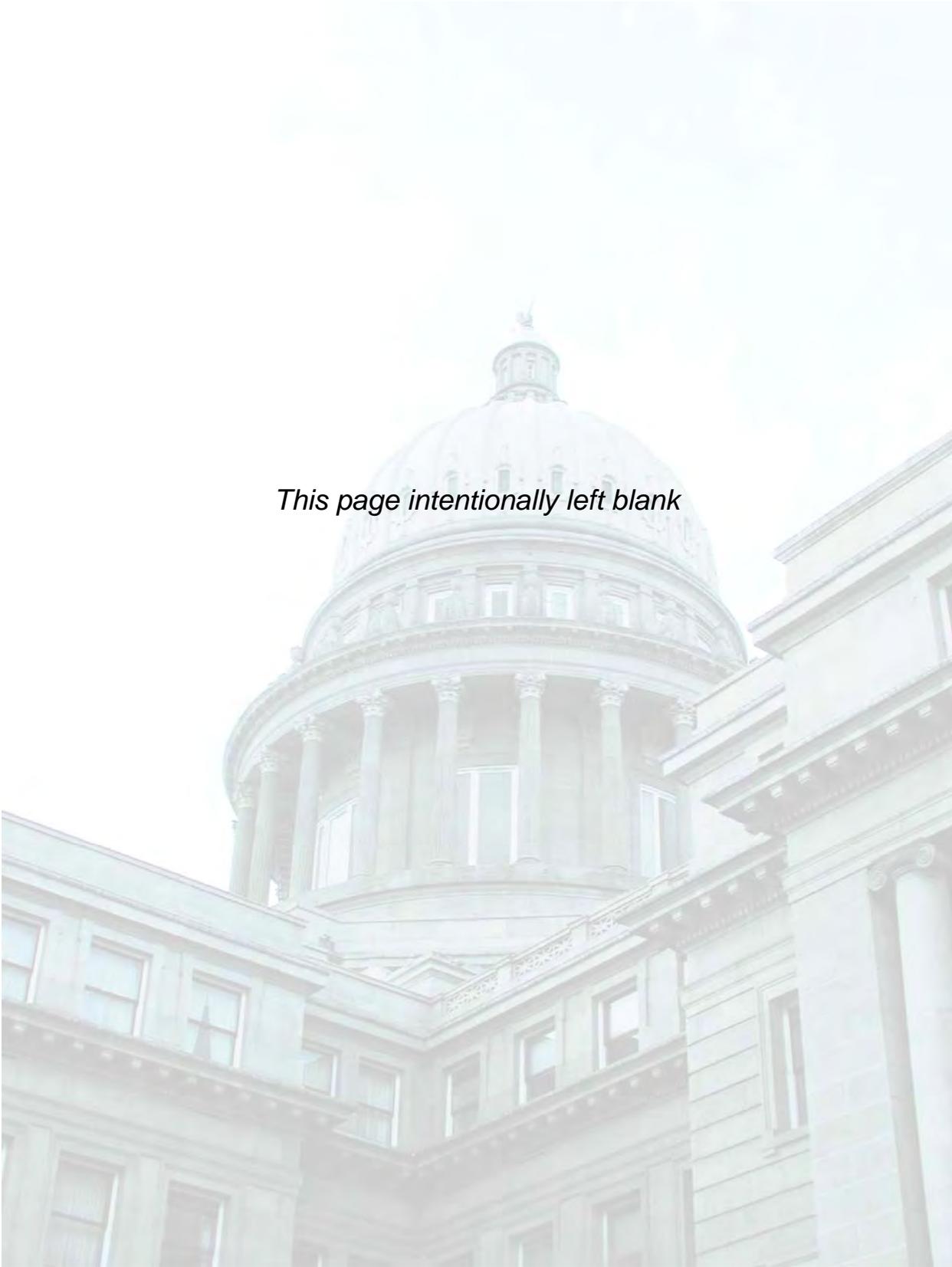
- 1) Adoption of best practices in prescribing drugs of abuse by Idaho prescribers with resultant decreases in the quantity of prescriptions
- 2) Increased use of the Board of Pharmacy PDMP
- 3) Adoption of best practices in dispensing drugs of abuse by Idaho pharmacists
- 4) Appropriate, targeted messaging/education provided to patients regarding prescription drugs of abuse
- 5) Reduced nonmedical use of prescription drugs of abuse by Idahoans
- 6) Reduced number of emergency department visits, hospital admissions, and deaths associated with prescription drugs of abuse

Project Evaluation Metrics:

1. Determine satisfaction of partners and collaborators with the planning and educational program development process
 - a. Develop survey tool
 - b. Administer in September 2014 after program development
2. Capture number of prescribers and pharmacists who receive educational intervention—our target is 189 educational sessions state-wide
 - a. Number of continuing education certificate issued
3. Determine prescribers' and pharmacists' perceptions of the barriers to appropriate care of patients seeking pain management
 - a. Develop survey tool
 - b. Administer at educational program and community round-tables
4. Determine prescriber and pharmacist knowledge pre/post educational intervention
 - a. Develop survey tool
 - b. Administer after program delivery
5. Measure utilization of Board of Pharmacy for PDMP pre/post program

- a. Number of new prescribers and pharmacists who sign up for PDMP
 - b. Number of prescriber queries of PDMP pre/post educational intervention
 - c. Measure prescriber and pharmacist satisfaction with PDMP
6. Measure prescription volume trends of providers and pharmacies pre/post educational intervention
 - a. Number of patients receiving pain medications from multiple prescribers and pharmacies
 - b. Number of patients with dose decrease pre/post educational intervention
 - c. Perform trend analyses of pain medication utilization pre/post educational intervention
7. Develop statistical algorithm for identifying high risk PDA patterns where educational interventions could be targeted
8. Collaborate with state and district health officials to determine if there are reductions in emergency department visits for prescription drug overdose and deaths from prescription drug overdose

Project Contact: Rex W. Force, PharmD, Associate Dean for Clinical Research,
Division of Health Sciences, Idaho State University. Email: force@fmed.isu.edu,
phone: 208-282-4177.



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October 18, 2013

Connect the Pieces

PO Box 8803, Boise, ID 83703 * 208-407-0455



Patti Ann Lodge and Stephen Hartgen, Co-Chairmen
Idaho Millennium Fund Committee
Room C305, State Capitol
Boise, ID 83720

RE: Millennium Fund Application

Honorable Co-Chairmen:

Supportive Housing and Innovative Partnerships, Inc. (SHIP), an Idaho non-profit organization is pleased to present your committee with an innovative approach to educating children aged 5 through 8 years old about prescription drug safety to prevent future prescription drug misuse or abuse.

SHIP has served person in recovery from substance abuse disorders since it began in 2001. We provide safe and sober housing, job training and green jobs through our social venture called Second Chance Building Materials Centers (Boise and Nampa) in which we employ persons in recovery who often have criminal histories. SHIP updated its mission in January of 2012 to include work on a campaign to educate the community about the dangers of the misuse and abuse of prescription drugs in our communities. This proposal is to use technology as a way to engage children in learning about prescription safety and using their interest in engaging parents through a mobile application that is accessible through smartphones, tablets and desk top computers. SHIP has created a Superhero named Pharmacist Phil who educates children about prescription drug safety. Our use of a pharmacist as a superhero is due to the fact that pharmacists are much more accessible to the general public and can easily answer questions regarding drug interactions and other questions about safety.

Our fiscal year ended on September 30, 2013 and our annual report is currently being developed. I will be happy to provide it as soon as it is complete.

Sincerely,

Melanie Curtis, MSW
Executive Director



A Project of Supportive Housing and Innovative Partnerships, Inc.

Presentation

FY 2015

The Amazing Adventures of Pharmacist Phil



Play Now to
Connect the Pieces!



**A Modern Superhero Teaching
Children and Their Parents
About Prescription Drug Safety**

Supportive Housing and Innovative Partnerships, Inc.

Connect the Pieces:

- Connect the Pieces is a project of Supportive Housing and Innovative Partnerships, Inc., an Idaho based non-profit with 12 years of work with persons who are in recovery from substance use disorders. The project provides education to prevent and reduce non-medical use of prescription drugs. We provide safe and sober housing, job training and green jobs.

A Prevention Project





Connect The Pieces

to Prevent Prescription Drug Abuse

- Our vision is to open the dialog and develop workable solutions in partnership with prescribers, pharmacists, law enforcement agencies, state and local government, businesses, churches, schools and families about how each group can work collaborative to prevent prescription drug abuse.
- This project focuses on schools including Counselors, Nurses, Teachers and School Resource Officers.

Why Pharmacist Phil?



- Pharmacists are the most accessible medical professional to answer questions regarding drug interactions and drug safety. One can just stop by or call their local pharmacy for answers.
- It is important that trusted doctors, dentists, nurses and pharmacists, counselors, teachers and SRO's participate in educating patients about the dangers of prescription medications.

Why Pharmacist Phil?



- The Amazing Adventures of Pharmacist Phil creates a fun and easy way to start the conversation about prescription drug safety.
- The first game targets children in grades K – 3rd before children are generally exposed to the misuse and abuse of prescription drugs by their peers.
- Subsequent games will target older children and help teach refusal skills and how to help if your friend is struggling with substance misuse and abuse.

Changing Behaviors

- Since 70% of people that are using prescription drugs non-medically get them from friends and relatives this is a strategy to curb the flow of prescription drugs from unknowing and unwilling suppliers, households in our communities.
- The game attracts children and sets expectations of what should be happening in their home. The game then engages parents/guardians by providing concrete actions that can be taken to stop the supply of prescription drugs from their household through the Connect the Pieces Pledge.
- Children at this age love to remind parents and grandparents of the “rules” they have learned. We want to create the change that we have all seen with the requirement to wear seat belts and to wear bike helmets.

How It Works

- The teacher, counselor or SRO hands out the postcard with a QR code or URL that will take child to the game.
- Child plays the 4 mini-games with the following learning objectives
 - Lock Up Your Meds
 - Take as Prescribed
 - Use only one Pharmacy
 - Dispose of medication properly



Safety

Before I give you this medicine it is very important that you remember these rules...

1. Only take medicine that is prescribed to you.
2. Always check the label to make sure you are taking the correct dose.
3. Medicine should only be taken with adult supervision.
4. Never share your medication with others, even if they are sick.



No Sharing



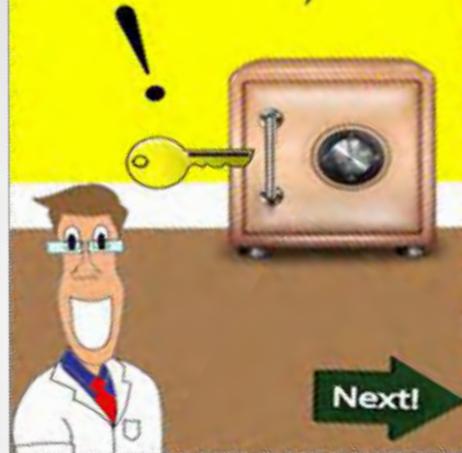
2x



Matches Left: 8
Score: 982

Storage

Put the medicine in a place that can be locked up, so we know they are safe!



Disposal



Building Trust with your Pharmacist

Oh Dear! Those robots are attacking my pharmacy! How will I get my medicine? I only trust my pharmacist. He knows me and the medicine that I need. What can we do?



Next!

How It Works, cont.

- The child then takes the Connect the Pieces pledge with his/her parents. The pledge gives parents concrete action items that can be done in their own home to reduce the access to prescription drugs stop from the parents from becoming an “unknowing supplier”.
- The parent completes a short questionnaire to establish a baseline for behaviors in the home.
- The parent is sent a Pharmacist Phil certificate with the child’s name which makes perfect refrigerator art!

Certificate



How It Works!

The child is emailed (via parent's email) a Pharmacist Phil Side Kick card. This card may be redeemed at participating schools, medical, dental practices, pharmacies and other interested businesses with a Pharmacist Phil branded toy to reinforce the lessons learned.



Follow up surveys will be sent out to determine the level of behavioral change that has occurred within each responding home so that that we can determine outcomes. Responses will be encouraged by their response giving the family access to new levels of the game. Our goal is to add levels to the game that can only be accessed if the parent responds to the follow up survey.

Introducing Pharmacist Phil



A New Innovative Approach to Educating Younger Children

- Children are attracted to smartphones and tablets and video games.
- The knowledge that they can earn a prize by playing a video game will encourage them to play and then in turn they will encourage mom and dad to take the pledge to secure the Side Kick Card which is redeemed for prizes. One can only receive this card if they take the pledge and complete the survey.

- This program builds on the wonderful work that the Idaho Office on Drug Policy is doing with their Lock Up Your Meds Idaho campaign. While their program targets parents, pre-teens and teens, this project targets younger children ages 5 to 8 prior to the time children begin to be exposed to non-medical use of prescriptions by their peers at about the age of 12 to 14 years.

Other Connect the Pieces Partnerships in Development

- Connect the Pieces is currently working with Correctional Industries to develop Pharmacist Phil branded locking medication safes.
- The product is adapted from the locking med safes SHIP made from wood in our former woodworking shop. This type of production was too costly.
- This partnership will benefit both Connect the Pieces, the State of Idaho, and Idaho families. These safes will be marketed with other Pharmacist Phil branded products.

A Word from Gary Raney Ada County Sheriff



The Amazing Adventures of Pharmacist Phil



Play Now to
Connect the Pieces!



*In loving memory of
Mike Campbell*

*Gone too soon but forever
loved and not forgotten.*

Application

FY 2015



Millennium Fund Grant Proposal

For the Period July 1, 2014 through June 30, 2015

The Amazing Adventures of Pharmacist Phil: Modern Superhero Serving Idaho Children

I. Grant Applicant

Full Legal Organization Name

Address
City
State
Zip Code
Website

Supportive Housing and Innovative Partnerships, Inc.

1423 West Grove Street
Boise
ID
83702
www.ConnectThePieces.org

Executive Director

Name
Title
Phone
Email Address

Melanie Curtis
Executive Director
208-407-0455
mcurtis@secondchanceboise.org

Alternate Contact Person

Name
Title
Phone
Email Address

Ben Quick
Web Developer
208-841-3941
benquick@gmail.com

Organizational Description: Supportive Housing and Innovative Partnerships, Inc. (SHIP) is a local non-profit organization that works to solve issues in the Treasure Valley related to substance abuse. We were founded in 2001 to provide safe and sober housing for persons in early recovery from substance abuse. We recently expanded our mission to include prevention work in response to loss of the Executive Director's son to a prescription drug overdose in November of 2011. We began a campaign called "Connect the Pieces to Prevent Prescription Drug Abuse". Our vision of the Connect the Pieces campaign is to open the dialog and develop workable solutions in partnerships with prescribers, pharmacists, law enforcement, state and local government, businesses, churches, schools and families and friends about how each group can work collaboratively prevent prescription drug abuse.

Meets One or More of the Following Criteria:

(Indicate Yes Where Applicable)

1. Tobacco Cessation or Prevention
2. Substance Abuse Cessation or Prevention
3. Tobacco or Substance Abuse Treatment

Prevention for children in K -3rd and their parents

Idaho Millennium Funds will be used to promote prescription drug safety through *The Amazing Adventures of Pharmacist Phil*[™], a free mobile application that is accessible on smartphones, tables and desktop computers. The game can be viewed at www.ConnectThePieces.org/game. Pharmacist Phil is a modern superhero dedicated to teaching children in kindergarten through 3rd grade about prescription drug safety prior to the time children are most often exposed to nonmedical use of prescription drugs by

their peers. Our mobile application and supporting materials provide an easy way for medical providers, pharmacists, teachers and counselors to start the conversation about prescription drug safety in a fun way that attracts children and then engages parents through a pledge taken with children. The pledge gives parents concrete actions that they can take in their own home to reduce access to prescription drugs. Studies show that 70% of the persons who misuse prescription drugs get them from friends and relatives. We strive to educate parents to reduce this supply of medications that become misused and contribute to the increase in addiction, crime and even death of Idahoans.

Grant Amount Requested: \$ 160,100

III. Proposed Budget

Expenditure Category	Staff Time	Millennium Fund	Other Fund Sources	In-Kind Contribution	Project Total
Personnel	.50 FTE	-			
Salaries			30,250		30,250
Benefits			9,357		9,357
Total Personnel	0.00	-	39,607	-	39,607
Operating					
Travel		7,500	2,500		10,000
Rent		1,200	4,800		6,000
Utilities		-	-		-
Insurance			1,000		1,000
Communications		98,000	540		98,540
Materials & Supplies		48,400			48,400
Contracts					-
Consultants		5,000	2,000		7,000
Employee Development					-
Miscellaneous					-
Total Operating		160,100	10,840	-	170,940
Transfer Payments					
Intergovernmental Transfers					-
Direct Client Services					-
Local Contractors					-
Other					-
Total Transfer Payments		-	-	-	-
GRAND TOTAL		160,100	50,447	-	210,547

Budget Notes:

Travel costs are for travel throughout the state to work with communities to promote prescription drug safety education through the use of Pharmacist Phil.

Communication cost are for the development and air time required to have PSA's aired in various television markets throughout Idaho for a 3 month period.

Materials and supplies are for the Pharmacist Phil marketing materials to be distributed to schools and non-profits serving children aged 5 to 8 years old. These materials will include Idaho Millennium Fund logo if desired. This would provide 20,000 postcards with the QR code and the URL to access the game as well as Idaho specific information about prescription drug abuse. These funds would also provide 20,000 game brochures that can be sent out to parents and 11X17 posters for elementary schools throughout Idaho.

Funds requested for Consultants is for the independent web designer to add additional functions to the site such as the behavioral survey done and 6 months and 12 months to determine the effectiveness of the program through reported behavioral changes.

IV. Statement of Need

Connect the Pieces is a project of Supportive Housing and Innovative Partnerships (SHIP), a local nonprofit dedicated to preventing prescription drug misuse and abuse. SHIP also provides safe and sober housing, recovery support services, job training and green jobs for persons in recovery. The first game developed targets children in grades K- 3rd. We plan to develop additional mobile applications for older children at the appropriate developmental levels to prevent prescription drug use as children get older and are exposed to misuse by their peers.

The message that prescription drugs can be very dangerous and even deadly if misused also needs to come from trusted medical professionals as parents and teens are lulled into thinking prescribed drugs are safe because they are prescribed by a doctor and filled by a pharmacist. Education is critical to reducing the epidemic. According to a recent study by Partnership at Drugfree.org and Met Life found the following:

- One in 6 parents believe that using prescription drugs to get high is safer than using street drugs. Twenty-seven percent of teens mistakenly believe that misusing or abusing prescription drugs is safer than using street drugs.
- More than half of teens indicate that it is easy to get prescription drugs from their parents' medicine cabinets. About half of parents say anyone can access their medicine cabinet.
- One in five parents report that they have given their teen a prescription drug that was **not** prescribed to them.
- Teens reported that only 16 percent said they discussed the misuse of prescription pain relievers with their parents. In comparison, 81 percent of teens say they have discussed the risks of marijuana, 80 percent have discussed alcohol and nearly 30 percent have discussed cocaine.

According to the Idaho Office on Drug Policy one in five Idaho students report taking a prescription drug without a physician's prescription at least once during their lifetime (Idaho Youth Risk Behavior Survey, 2011). In 2010, an Idaho citizen died every 45 hours because of drug induced death caused by illicit, over-the-counter or prescription drugs, a number that has increased 250% since 2000 (Idaho Vital Statistics, 2010). This rise is greatly attributed to the increase in prescription drug abuse.

V. Project Design

The Amazing Adventures of Pharmacist Phil™ provides medical professionals, teachers and counselors with an easy way to start the discussion about prescription drug safety. The trusted medical provider or educator hands out a colorful postcard with Pharmacist Phil that has a QR code and the URL that takes the child or adult directly to the game. The medical provider or educator encourages the child to play the

game. The game is designed to capture children's attention through a video game that teaches four important learning objectives 1) proper disposal of unused medications, 2) take prescriptions only as prescribed, 3) lock up your medications and 4) use only one pharmacy. Once the 4 mini-games are played, the parent(s) is then encouraged to take the Connect the Pieces Pledge with their child. The pledge provides action items that the parent can do in their own home to greatly reduce the risks of becoming an "unwilling" drug supplier. Once the pledge is taken the game collects a small amount of data from the parent to determine baseline behavioral data, geographical region, preferred pharmacy, and preferred health care system. Pharmacist Phil will be featured on IODP's website. The evaluation will include a preliminary baseline data about current behaviors as a part of the game, a midpoint questionnaire at 6 months and a final survey at 12 months to determine if the appropriate behavioral changes have occurred, i.e., locking up medications and disposing of unused medications properly.

After the baseline survey is completed, the program then emails the parent a colorful 8 ½ X 11 Pharmacist Phil certificate with the child's name on it. The certificate congratulates the child for learning about prescription drug safety. The parent is also emailed a Pharmacist Phil Side Kick Card that may be redeemed for a Pharmacist Phil branded toy from sponsoring pharmacies, medical practices and other interested businesses. Sponsorships will be marketed and sold to medical and dental practices, pharmacies and other businesses or churches interested in working to prevent prescription drug abuse. The sponsors will receive Pharmacist Phil branded toys that will be given to the children when they bring in their Pharmacist Phil Side Kick card that demonstrates they have played the game and have learned about prescription safety.

The game also provides a fun way to spread the messages to their friends and relatives. Partnership and teamwork are also critical components of this program. This epidemic will take a collaborative effort from all components of the community including but not limited to parents, health services, civic organizations, law enforcement, media, government, schools, businesses and churches to create the societal change to necessary to reduce the devastation of this epidemic. We can start the work here with health services, educators and parents! Our goal is to educate both parents and children to reduce the number of the percentage of prescription drugs that are available in the community for misuse or abuse. We also want to reduce overdose deaths due to the misuse and abuse of prescription drugs.

VI. Grant Management

Melanie Curtis, MSW, the Executive Director and Founder earned her master's degree in social work from the University of Denver and has 23 years of post-graduate and program development experience. She has 18 years of housing and homelessness experience. She also has twelve years of experience working with persons in recovery from substance abuse and/or mental illnesses. The following highlights Melanie's experience in grant management. Approximately 50% of Melanie's time will be spent working on Connect the Pieces and Pharmacist Phil.

Supportive Housing and Innovative Partnerships (SHIP) provides safe and sober housing, green jobs and training and long term community support for persons in recovery from substance abuse and mental health issues. Supportive Housing and Innovative Partnerships currently has 9 houses in the Boise area. Four of these houses are exclusively for homeless veterans funded by the Veterans Administration (1 HCHV and 3 GPD). We have two additional houses funded by the US Department of Housing and Urban Development for persons who have been chronically homeless. Our remaining three houses are funded by a mixture of State of Idaho Substance Use Disorder funding, Idaho Department of Correction transition funds and private pay.

SHIP, DBA, Second Chance Building Materials Center (SCBMC) is an employment program for SHIP residents. SCBMC accepts donated building materials that have been diverted from that landfill and still have a useful life. We sell these products to the general public and the revenue is utilized to help fund

our rehabilitation programs and paid employment. We have two locations, one in Boise and a new store in Nampa that we opened on July 19, 2013.

Programs funded by U. S. Department of Housing and Urban Development:

Previously responsible for the overall administration of special needs housing programs for Boise City Ada County Housing Authority and Idaho Housing and Finance Association under the Stewart B. McKinney Act.

Programs funded by U. S. Department of Health and Human Services:

Melanie was responsible for all phases of implementation of the Idaho Child Care Program (ICCP) for Ada, Boise, Elmore and Valley counties, under a contract between the Idaho Department of Health and Welfare (IDHW) and Mountain States Group. (1992-1995). ICCP is a child care assistance program comprised of three federal child care programs.

- 1) Child Care and Development Block Grant
- 2) At-Risk Child Care Program
- 3) Job Opportunities and Basic Skills

Prevention Programs

SHIP has developed a campaign called Connect the Pieces to Prevent Prescription Drug Abuse to bring together the medical community, law enforcement, Federal, state and local government, business, churches, schools and families to work towards a solution to the current epidemic of prescription misuse, abuse and to stop overdose deaths in our community. We have developed and distributed educational materials. We have recently developed a mobile application/ video game to teach children in K – 3rd grade about prescription drug safety called The Amazing Adventures of Pharmacist Phil. The children's participation then engages their parents into taking a pledge which consists of action items that can help reduce access to prescription drugs for persons seeking the drug for misuse. Studies show that 70% of the people that misuse prescription drugs get them from friends and relatives.

VII. Evaluation Plan

Our expected results are as follows:

- 1) To serve 5000 Idaho children through this game. There is an estimated 16,343 children in Idaho between the ages of 5 to 8 years of age. We want to reach children before they are exposed to prescription drug misuse by their peers usually around the age of 12 or 13 years. We will reach these numbers through a variety of collaborations and television PSA.
- 1) To increase the number of households that has children to play the game to lock up prescription and over-the-counter medications to reduce access to addictive medications by 20% during the first year of the program.
- 2) To increase the number of households playing the game that properly disposes of unused or expired medications by 20% during the first year of the program.

3) To develop a partnership with Correctional Industries to make Pharmacist Phil branded locking medicine boxes for sale throughout the United States and sell at least 150 locking medicine boxes during the program year.

The specific objectives are:

- 1) Upgrades to the website will include links to participating sponsors so that parents and children know where they can redeem their Pharmacist Phil Side Kick card. An e-commerce component will be added to facilitate the purchase of sponsorships, Pharmacist Phil Locking Med Boxes, as well as Pharmacist Phil branded giveaways for children with Pharmacist Phil Side Kick Cards.
- 2) To sell at least 20 Bronze level sponsorships to medical and dental practices and pharmacies in Idaho. This program provides prescribers with an easy and fun way to get the word out to patients who are being prescribed medication and their children through Pharmacist Phil in year one.
- 3) To reach at least 5000 Idaho children between the ages of 5 years through 8 years through sponsors, schools, churches and media coverage.
- 4) To develop a partnership with Correctional Industries to develop a Pharmacist Phil branded locking med box for sale through e-commerce on the Connect the Pieces website, sponsors and other promotional activities. SHIP is currently working with Tom Fisher of Correctional Industries to develop this partnership.
- 5) To honor the work of health care systems, prescribers, pharmacists, pharmacies and educators for their work to promote prescription drug safety through the promotion of Pharmacist Phil to children and parents awards will be presented at our Annual Connect the Pieces Gala. The third Annual Gala is scheduled for April 19th, 2014 at the Riverside Hotel in Boise.

VIII. Sustainability

The project will continue after the Idaho Millennium funding cycle. The program will become self-sustaining through the sales of sponsorships, the use of Pharmacist Phil's likeness via a Certification Mark License Agreement, sponsorship packages and the sales of branded Pharmacist Phil rewards to medical, dental professional, pharmacies and other interested businesses. Revenue will also be generated through sales of Correctional Industries Pharmacist Phil branded locking med boxes. Funds will also be raised through the annual Connect the Pieces Gala and Auction which is scheduled for April 19, 2014 at the Riverside Hotel in Boise, ID. United Way of the Treasure Valley has agreed to assist SHIP in convening a group of hospitals, health professionals and other related business to introduce The Amazing Adventures of Pharmacist Phil. We have also asked to be on the Prescription Drug Abuse Work Group's agenda to prepare a presentation for the members of that group with include the State Boards of Pharmacy, Medicine, Dentistry and Nursing, the Idaho Medical Association, Idaho Dental Association, Idaho Office of Drug Policy and many other groups.

This program provides prescriber and pharmacists with a low cost and effective way to provide prescription drug safety education and to reinforce the learning objectives with a reward for the children.

The program and marketing materials in English and Spanish will made available to Idaho elementary schools through this grant free of charge.



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**BOYS & GIRLS CLUBS
OF IDAHO ALLIANCE**

October 18, 2013

Joint Millennium Fund Committee
Room C305, State Capitol
Boise, ID 83720

To Whom It May Concern:

The Boys & Girls Clubs in Idaho, representing over 19,000 at-risk youth in 10 communities across the state, are pleased to submit a Millennium Fund grant proposal for our Youth Empowerment Project.

The Youth Empowerment Project is a comprehensive, multi-faceted approach to reducing the likelihood of current or future abuse of alcohol, tobacco and other drugs by at-risk youth, ages 6-18, served by Boys & Girls Clubs in Idaho. With a focus on building self-esteem, instilling good character and citizenship, improving academic skills, and developing positive relationships, the Youth Empowerment Project offers a holistic youth development service delivery system, versus a single strategy approach to prevention of at-risk behaviors.

The Boys & Girls Clubs in Idaho have nearly a 70 year history of positively changing the lives of thousands of young people. We believe that every child deserves a great future! Clubs work every day to provide a world-class Club experience that assures success is within the reach of every young person who enters our doors, with all members on track to achieve our priority outcomes: ***Academic Success, Good Character and Citizenship and Healthy lifestyles.***

We are excited about the prospect of partnering with the State of Idaho on this important initiative and look forward to an opportunity to share more information about the Youth Empowerment Project.

Sincerely,

Colleen Braga

Colleen Braga
Executive Director
Boys & Girls Clubs of Ada County
(208) 376-4960 colleen@adaclubs.org

Presentation

FY 2015

YOUTH EMPOWERMENT PROJECT

GREAT FUTURES START **HERE.**



**BOYS & GIRLS CLUBS
OF AMERICA**





**YOUTH EMPOWERMENT PROJECT
ADDRESSES TWO MILLENNIUM FUND CRITERIA:**

- Tobacco Cessation or Prevention
- Substance Abuse Cessation or Prevention

GREAT FUTURES START HERE.

BOYS & GIRLS CLUBS ARE EFFECTIVE AT PREVENTING RISKY BEHAVIOR

We offer a holistic youth development service
delivery versus a single strategy
approach to prevention.



GREAT FUTURES START HERE.

YOUTH EMPOWERMENT PROJECT ASSUMPTIONS

Assumption 1:

A young person's success is built upon positive self-esteem. Children who have positive feelings about themselves are empowered to say “no” to risky behaviors because of their own internal value system.



GREAT FUTURES START HERE.



YOUTH EMPOWERMENT PROJECT ASSUMPTIONS

Assumption 2:

Having good **academic skills** and an **appropriate academic support** system are essential in building and maintaining healthy self-esteem.

GREAT FUTURES START HERE.

YOUTH EMPOWERMENT PROJECT ASSUMPTIONS

Assumption 3:

Youth who are regularly involved in **out-of-school enrichment activities** perform better in school, develop greater social skills and have higher self-esteem.



GREAT FUTURES START HERE.

YOUTH EMPOWERMENT PROJECT DESIGN

Improve self-esteem through achieving greater outcomes in:

- Academic Success
- Healthy Lifestyles,
- Character & Citizenship

GREAT FUTURES START HERE.



YOUTH EMPOWERMENT PROJECT DESIGN

Academic Success:

PROJECT LEARN PROGRAM

Project Learn engages young people in learning, encourages them to succeed in school and helps them become lifelong learners. Participants receive the following benefits:

- Individualized, structured learning experience
- Practical application of skills taught in the classroom
- Remedial support as needed
- Improved self-esteem
- Improved grades in school
- Improved behavior

GREAT FUTURES START HERE.



YOUTH EMPOWERMENT PROJECT DESIGN

Healthy Lifestyles:

SMART MOVES PROGRAM

SMART Moves reduces the risk of becoming involved with alcohol, tobacco and other drugs by enhancing the skills to identify and resist peer, social and media pressures and by improving the life skills to make decisions, cope with stress and communicate effectively. The program provides essential and accurate information about alcohol, tobacco and other drugs. It also builds communication among parents and their children regarding alcohol, tobacco and other drugs.

GREAT FUTURES START HERE.



YOUTH EMPOWERMENT PROJECT DESIGN

Character & Citizenship

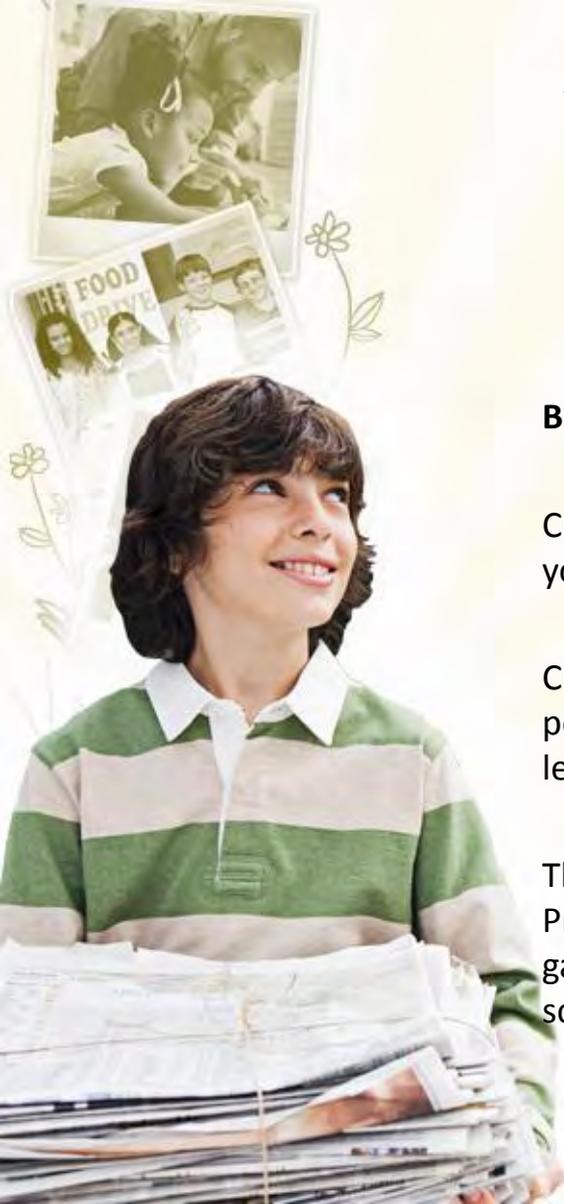
BOYS & GIRLS CLUBS YOUTH DEVELOPMENT PROGRAM

Club programs are administered by adult role models who help guide and mentor youth.

Club programs focus on instilling good character and citizenship. The club focuses on personal responsibility, honesty, integrity, accountability, goal-setting, expectations, leadership, community service and making positive choices

The Club utilizes programs as a tool to build relationships and to explore new talents. Programs include: technology, performing arts, teen activities, leadership clubs, game room, sports, arts & crafts, gym activities, field trips, outdoor recreation, science & nature, cultural awareness, nutrition, etc.

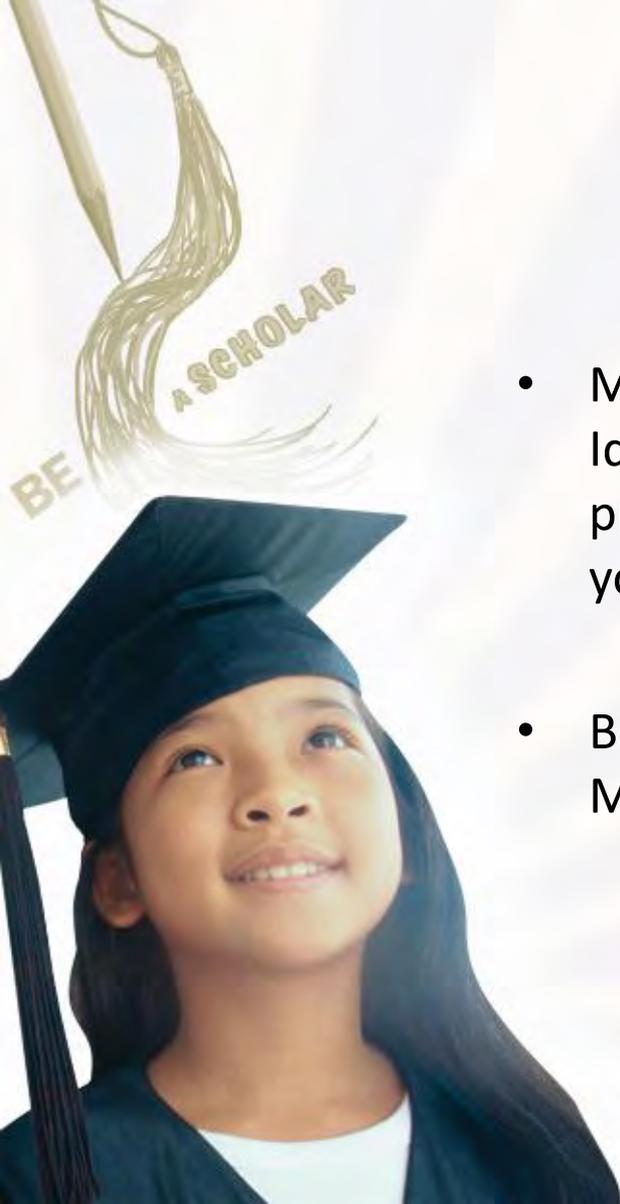
GREAT FUTURES START HERE.



YOUTH EMPOWERMENT PROJECT – USE OF MILLENNIUM FUNDS

- Millennium Funds will provide a minimum of 1,000 Idaho youth a full year of Youth Empowerment Project programs and services. (Estimated cost to serve one youth for a **full year** in this program: \$656)
- Boys & Girls Clubs will provide a 50% match to Millennium Fund Dollars

GREAT FUTURES START HERE.



YOUTH EMPOWERMENT PROJECT EVALUATION

- General attendance of program participants will be tracked.
- Participation in key programs in the areas of Academic Success, Healthy Lifestyles and Character & Citizenship will be tracked
- A minimum of 500 Youth Empowerment Project members will participate in the National Youth Online Survey



GREAT FUTURES START HERE.

YOUTH EMPOWERMENT PROJECT ANTICIPATED RESULTS

90% of Middle and High School Youth will report they have abstained from tobacco and cigarettes in the past 12 months

90% of Middle and High School Youth will report they have abstained from alcohol use in the past 12 months

90% of Middle and High School Youth will report they have abstained from drug use in the past 12 months.

90% of Middle and High School Youth will report that they have stayed out the Juvenile Justice System for the past year.

95% of all youth surveyed will be on grade level for their age.

95% of all youth surveyed will report that they plan to complete high school

85% of all youth surveyed will report that they plan to attend college

GREAT FUTURES START HERE.



Thank you!

GREAT FUTURES START [HERE.](#)



**BOYS & GIRLS CLUBS
OF AMERICA**



Application

FY 2015



Millennium Fund Grant Proposal

For the Period July 1, 2014 through June 30, 2015

Boys & Girls Clubs of Idaho - Youth Empowerment Project

I. Grant Applicant

Full Legal Organization Name

Boys & Girls Clubs of Idaho Alliance

Address

1021 Burrell Avenue

City

Lewiston

State

ID

Zip Code

83501

Website

Executive Director

Name

Jon Evans (Boys & Girls Clubs of Lewis Clark Valley)

Title

Partner Organization / Fiscal Agent

Phone

(208) 746-2301 x 204

Email Address

jevans@poweroftheclub.org

Alternate Contact Person

Name

Colleen Braga (Boys & Girls Clubs of Ada County)

Title

Partner Organization

Phone

(208) 639-3161

Email Address

Colleen@adaclubs.org

Organizational Description:

Our Mission: To enable all young people, especially those who need us most, to reach their full potential as productive, caring, responsible citizens.

Our Vision: We believe that every child deserves a great future! Clubs are working to provide a world-class Club Experience that assures success is within reach of every young person who enters our doors, with all members on track to achieve our priority outcomes:

- **Academic Success** – Graduating from high school ready for college, trade school, military, or employment
- **Good Character & Citizenship** – Being an engaged citizen who is involved in the community, registering to vote, and modeling strong character
- **Healthy Lifestyles** – Adopting a healthy diet, practicing healthy lifestyle choices, and making a lifelong commitment to fitness

The Boys & Girls Clubs in Idaho serve more than 19,000 youth statewide and have a long history of working with most vulnerable youth in our state. In fact, over 88% of our youth are identified as high-risk. Boys & Girls Club programs in Idaho capitalize on nearly seventy years of experience working with youth in our state, and over 150 years of service to youth nationally. We offer time-tested, outcome driven youth development programs that reduce risk factors and improve resiliency among low-income, high-risk children and teens. We offer positive choice activities nearly every weekday of the year during the hours that police call the "danger zone" – the hours between 3 p.m. and 6 p.m. where kids are more likely to use drugs, alcohol, and engage in risky behaviors.

There are six Boys & Girls Club organizations in Idaho serving the following 10 communities:

1945	Lewiston	Boys & Girls Clubs in the State of Idaho •19,237 unduplicated youth served in 2012 •10 Boys & Girls Club locations in Idaho •Average daily attendance of 1,841 •84% of income from private sector. •\$5.2 million combined operating budget
1994	Twin Falls	
1997	Garden City	
1998	Lapwai	
1998	Mountain Home	
2000	Nampa	
2003	Buhl	
2003	Meridian	
2007	Post Falls/CDA	
2009	Kuna	

II. Grant Proposal Summary

Meets One or More of the Following Criteria:	<i>(Indicate Yes Where Applicable)</i>
1. Tobacco Cessation or Prevention	Yes
2. Substance Abuse Cessation or Prevention	Yes
3. Tobacco or Substance Abuse Treatment	

Purpose of Grant:

To provide the Youth Empowerment Project to a minimum of 1,000 youth who attend our clubs in Idaho. The Youth Empowerment Project is a **comprehensive, multi-faceted approach** to improving the overall health and wellbeing of at-risk youth ages 6 through 18. Through a holistic approach to youth development, participants learn skills and develop habits that reduce the likelihood tobacco, alcohol and drug abuse, decrease obesity rates, increase academic achievement and decrease the likelihood of incarceration. The power of the Youth Empowerment Project is that it offers a service delivery system versus as single strategy approach to addressing some of the most serious problems facing kids today.

The annual financial burden to Idaho taxpayers for healthcare costs related to obesity and the abuse of tobacco, alcohol and drugs is staggering. The cost to incarcerate a youth for just one year is estimated at \$50,000. Conversely, an investment in the Boys & Girls Club of just \$656 per youth provides a full year of powerful programs and activities, positive peer relationships and mentoring by caring adult role models, with an end result of healthier kids on path to great futures.

Grant Amount Requested: \$200,000



III. Proposed Budget

Expenditure Category	Staff Time	Millennium Fund	Other Fund Sources	In-Kind Contribution	Project Total
Personnel					
Salaries		234,000	234,000		468,000
Benefits		46,800	46,800		93,600
Total Personnel	0.00	280,800	280,800	-	561,600
Operating					
Travel		3,000	3,000		6,000
Rent					-
Utilities					-
Insurance					-
Communications					-
Materials & Supplies		25,000	25,000		50,000
Contracts					-
Consultants					-
Employee Development		18,000	18,000		36,000
Miscellaneous		2,000	2,000		4,000
Total Operating		48,000	48,000	-	96,000
Transfer Payments					
Intergovernmental Transfers					-
Direct Client Services					-
Local Contractors					-
Other					-
Total Transfer Payments		-	-	-	-
GRAND TOTAL		328,800	328,800	-	657,600

Budget Notes:

Each Boys & Girls Club organization in the state has committed to funding 50% of this project. This program will require 9 full-time Program Directors (one per organization - average salary-\$32k) and 9 part time youth development staff (average \$20K). The Program Directors will be in charge of the overall program to assist with the planning, supervision and the evaluation of the project. Additionally, each Clubhouse will have a part-time youth development staff to implement various program components, which will be supplemented with adult volunteers and community partners, etc. The budget also includes funding for staff training and development as well as materials and supplies to run a multi-faceted, enriching Boys & Girls Club program,

The Boys & Girls Clubs in Idaho are committed to this program and have committed to match up to \$328,800 in partnership with the State of Idaho.

IV. Statement of Need

At no time in our nation's history has the social agenda involving our youth been more important or urgent. Issues such as: 1) lack of educational achievement; 2) abuse of tobacco, alcohol and drugs; 3) youth violence and crime; and 4) escalating youth obesity rates are serious problems that, unaddressed, will affect the very future of our country.

In Idaho:

- **There were 10,654 juvenile arrests in 2012. Over half (56.1%) of juvenile crimes occurred between 3 p.m. and 6 p.m. (1)**
- **80,316 of Idaho Children and teens live at the poverty level. (1)**
- **47% of Idaho children live in low-income families. This is above the national average. (2)**
- **34% of Idaho's youth are growing up in single parent families. (2)**

- **Only one in ten high school seniors will go on to graduate from College. (3)**
- **67% of children are unable to read at grade level by the 4th grade. (1)**

(1) Stats from Children's Defense Fund (January 2012)
 (2) National Center for Children in Poverty (2011)
 (3) Don't fail Idaho (J.A. & Kathryn Albertson Foundation)

A recent survey conducted by the SAMHSA (Substance Abuse and Mental Health Administration) revealed the following alarming statistics as they pertain to alcohol, tobacco, and drugs:

- **Of all the juvenile offenses and arrests in Idaho, 11% were related to drugs.**
- **One in seven high school students in Idaho smoke.**
- **71 percent of Teens involved in the Idaho Department of Corrections are assessed as having drug and/or alcohol problems.**
- **Approximately 12,000 (9.2 percent) adolescents in Idaho used an illicit drug in the past month; 8,000 (6.3 percent) used marijuana, and 6,000 (4.7 percent) used an illicit drug other than marijuana.**
- **16.6 percent of adolescents (21,000) in Idaho used alcohol in the past month, and 11.1 percent (14,000) engaged in binge drinking.**
- **Nearly 25 percent of Idaho teens use tobacco products and according to the latest Youth Risk Behavior Survey, current marijuana use (17.1%) is higher than current cigarette use (15.8%).**

Facility Data: National Survey of Substance Abuse Treatment Services (N-SSATS)–2006 is available at: <http://www.dasis.samhsa.gov> and PreventionIdaho.net

The Boys & Girls Club's **Youth Empowerment Project** is a *comprehensive, multi-faceted approach* to reducing the likelihood of abuse of alcohol, tobacco and other drugs by at-risk youth, ages 6 through 18, who are served by Boys & Girls Clubs in Idaho. With a focus on building self-esteem, instilling good character and citizenship, improving academic skills, and developing positive relationships, the Youth Empowerment Project offers a holistic youth development service delivery system versus a single strategy approach to prevention.

The Youth Empowerment Project is based on three underlying assumptions. First, a young person's future success is built on positive self-esteem. Second, in order to support healthy self-esteem, students need good basic academic skills and an appropriate support system to succeed in school. Third, all the influences which impact a child's life need to be included in the youth development plan. There are no quick fix solutions.

Studies have shown that youth who abuse alcohol, tobacco and drugs usually have low self-esteem. Through participation in Boys & Girls Club programs, participants will increase their self-esteem. Children who have positive feelings about themselves are empowered to say "no" to drugs because of their own internal value system. Through Boys & Girls Club programs, the participants will learn to set realistic goals, to say "no" to peer pressure, and learn resilient behaviors that will reduce the risk of becoming involved with alcohol, tobacco and other drugs.

Academic support is a critical component of the Youth Empowerment Project. The risk factors of low academic achievement increase the potential for risky behaviors. Conversely, success or improvement in school has been shown to increase the self-esteem of high risk youth. Numerous studies have concluded that youth who value academic achievement are less likely to engage in problematic behaviors.

Also important to note is the demonstrated value of summer enrichment programs in keeping at-risk students on grade level for their age. Studies on the academic achievement of disadvantaged children have concluded that the gap between low and high income children widens disproportionately during the months when schools are not in session. It becomes critical, then, that disadvantaged youth have access to summer enrichment programs. Youth who participate in the Youth Empowerment Program will have access to

the Boys & Girls Clubs summer program which provides a variety of experiences and high-yield activities that help to lessen the academic performance gap which is apparent in the disadvantaged student as a result of summer regression.

Another essential component of the Youth Empowerment Project is the Youth Development Programming offered at all Boys & Girls Clubs . Through regular participation in a combination of structured and drop-in activities, targeted programs, enriching experiences, and mentoring by caring adults, Boys & Girls Clubs help kids develop a sense of belonging, usefulness, competence and influence..

V. Project Design

The Boys & Girls Clubs' Youth Empowerment Project is an integrated and comprehensive approach to reducing risky behaviors by improving the self- esteem and basic academic skills for youth ages 6-18. It consists of an Academic Skills Component, an ATOD Prevention component, and a Youth Development component.

Academic Component. In an effort to ensure that members achieve great futures, the Boys & Girls Club in Idaho will implement **Project Learn.** Participation in this program will help drive academic success for youth, thereby increasing self-esteem. Highlights of the program include:

- Homework help for Club members five to ten hours weekly so that they will develop a daily habit of completing assignments and preparing for class;
- Individual or small-group tutoring to help youth gain proficiency and to excel in needed subject areas;
- Regular implementation of high-yield activities, in which youth participate in fun, intentional activities designed to expose them to skills and information needed for school success;
- School-Club-family partnerships to support youth academically; and
- Recognizing members for their academic achievements.

Project Learn was developed to engage young people in learning, encourage them to succeed in school and help them become lifelong learners. Participants receive the following benefits:

- Individualized, structured learning experience
- Practical application of skills taught in the classroom
- Remedial support as needed
- Improved self-esteem
- Improved grades in school
- Improved behavior

Project Learn has already proven successful. Over a three-year period, a national evaluation of Project Learn showed statistically significant grade improvements and an increase in attendance rates for program participants. Project Learn participants had markedly higher school scores than young people participating in other after-school programs. In comparison to those young people, Project Learn participants showed a:

- Fifteen percent higher overall grade point average;
- Sixteen percent higher grade point average in mathematics;
- Twenty percent higher grade point average in history;
- Fourteen percent higher grade point average in science;
- Twenty percent higher grade point average in spelling; and
- Nine percent higher grade point average in reading.

Alcohol, Tobacco and Other Drug Prevention. Youth Empowerment Project participants will be involved in the Smart Moves Program, a comprehensive, nationally acclaimed ATOD prevention program developed by Boys & Girls Clubs of America. **Smart Moves** reduces the risk of becoming involved with alcohol, tobacco and other drugs by enhancing the skills to identify and resist peer, social and media pressures and by improving the life skills to make decisions, cope with stress and communicate effectively. The program provides essential and accurate information about alcohol, tobacco and other drugs. It also builds communication among parents and their children regarding alcohol, tobacco and other drugs.

Youth Development Component Youth Empowerment Project participants will be encouraged to participate in Boys & Girls Clubs activities on a regular basis. The Clubs hours of operation are Monday through Friday from 3 PM to 6:30 p.m. (up to 8 p.m. at some

locations.). Summer hours are generally Monday through Friday 7 a.m. to 6 p.m. Membership fees at each club are extremely low (generally \$10 a year) so that ALL youth have an opportunity to participate.

On the most basic level, Club programs are designed to help members improve their self-esteem and motivation. The Club is guidance oriented and helps youth feel good about themselves, gives them confidence and decision-making skills, and provides them a moral compass. Priority Outcomes are: **good character and citizenship, academic success and healthy lifestyles.**

All Clubs offer a diversified program including, but not limited to, fine arts, computers, crafts, vocational arts, library activities, games-room activities, field trips, leadership clubs, opportunities for community service, special interest groups, playground activities and informal and organized games. These activities are provided in an environment that builds competencies critical to healthy youth development. These activities are designed to provide youth a sense of safety and structure, a sense of belonging, a sense of worth, a sense of independence and ability to contribute, a sense of closeness and good relationships with caring adults and a sense of competence.

Research shows the amount of time youth spend at Clubs is a determining factor in the depth of impact the Club Experience has on young lives. Specifically, a 2009 third-party study by Private/Public Ventures found that frequency of attendance is directly tied to the following positive changes for Club teens:

- Higher levels of community service involvement
- Decreased levels of aggression
- Increased school effort
- Increased academic confidence
- Lower likelihood of becoming involved in risky behaviors

The Boys & Girls Clubs in Idaho have long recognized the importance of developing life skills in young people which allow them to cope with the stresses and challenges that are part of making the transition to adulthood. Without guidance, a constructive environment, and opportunities to be involved in positive activities, young people can easily fall into behavior patterns that will negatively influence them the rest of their lives.

Helping kids grow into responsible, productive adults is our primary goal. By providing them the tools they need to be successful in school, giving them the skills and encouragement to live healthier lifestyles and by providing a support system of caring adults to mentor them, we are uniquely positioned to make the most positive impact on the kids who need us most.

VI. Grant Management

The Clubs in Idaho are well organized, financially stable, and positioned to do even more for the young people in Idaho.

Building on the skills that our professional staff have developed through years of experience and training working with high risk youth, the Boys & Girls Clubs of Idaho proposes a 12 month project that will take place in 9 Idaho communities. Club staff, volunteers, youth peer leaders, Club members and their parents will work as a team to plan and implement the various components of the Youth Empowerment Project.

To accomplish our goals each Boys & Girls Club organization will hire, train and/or assign qualified staff member(s) to plan and implement the Youth Empowerment Project.

The responsibilities of the Program Director will be to manage all aspects of the program including:

- Recruiting participants
- Training and supervising youth development staff
- Scheduling and facilitating programs
- Planning and implementing Club/community events
- Record-keeping
- Evaluation of the program and compilation of year-end report.

The youth development staff will be supervised by the Program Director, and will be responsible for mentoring youth and implementing programs.

The Executive Directors from each Boys & Girls Club organization will be responsible for the oversight of the Youth Empowerment Project and will actively monitor the progress and achievements under this grant. The staff and Board of Directors from each Club will be responsible for raising matching funds and funds to sustain this program beyond the grant period.

VII. Evaluation Plan

As part of Boys & Girls Clubs of America's National Youth Outcomes Initiative, an online survey tool has been developed to assist clubs in assessing the impact we are having on the youth we serve. The survey provides critical data as to the progress we are making in helping kids avoid risky behaviors, improving academic achievement, encouraging healthy lifestyles and developing them into caring adults who make giving back a priority. At the end of the grant period, a minimum of 500 Club youth will be surveyed and we anticipate the following results:

90% of youth 11 years of age and older will report that they have abstained from smoking in the past year

90% of youth 11 years of age and older will report that they have abstained from drugs in the past year

90% of youth 11 years of age and older will report they have abstained from alcohol in the past year

90% of youth will report that they have stayed out of the juvenile justice system for the past year;

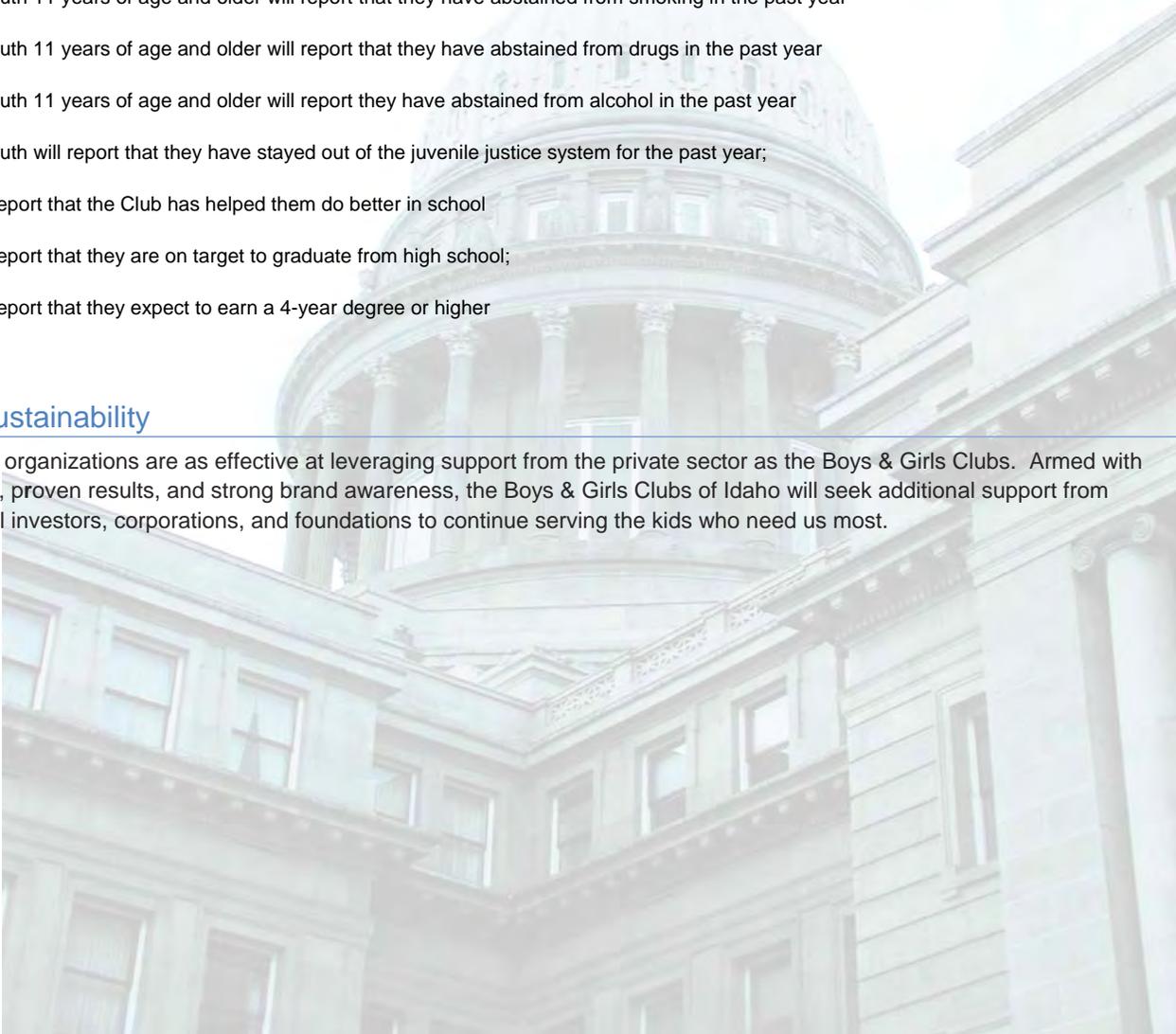
80% will report that the Club has helped them do better in school

85% will report that they are on target to graduate from high school;

80% will report that they expect to earn a 4-year degree or higher

VIII. Sustainability

Very few organizations are as effective at leveraging support from the private sector as the Boys & Girls Clubs. Armed with research, proven results, and strong brand awareness, the Boys & Girls Clubs of Idaho will seek additional support from individual investors, corporations, and foundations to continue serving the kids who need us most.



Addendum

FY 2015



Boys & Girls Clubs in Idaho serve over 19,237 youth each year

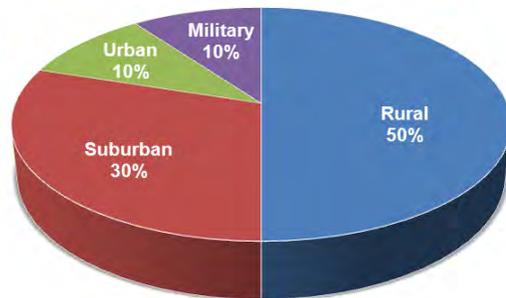
Our Mission: To enable all young people, especially those who need us most, to reach their full potential as productive, caring, responsible citizens.

Our Vision: We believe that every child deserves a great future! Clubs are working to provide a world-class Club Experience that assures success is within reach of every young person who enters our doors, with all members on track to achieve our priority outcomes:

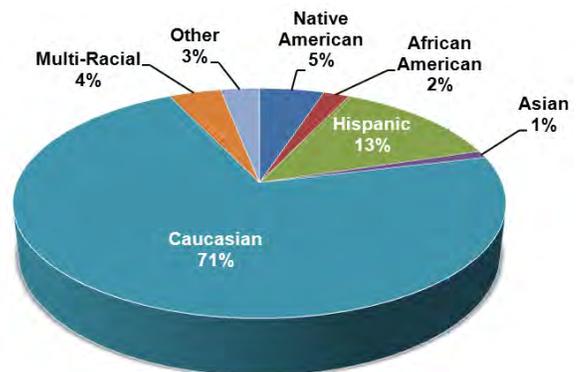
- **Academic Success** – Graduating from high school ready for college, trade school, military, or employment
- **Good Character & Citizenship** – Being an engaged citizen who is involved in the community, registering to vote, and modeling strong character
- **Healthy Lifestyles** – Adopting a healthy diet, practicing healthy lifestyle choices, and making a lifelong commitment to fitness

<p>Scope of Service</p> <ul style="list-style-type: none"> • 9 Cities have at least one Boys & Girls Club • 6 Boys & Girls Club Corporations • 10 Club Sites
<p>Membership Profile</p> <ul style="list-style-type: none"> • 45% Female, 55% Male • 4% Age 5 & Under, 61% Age 6-10, 20% Age 11-12, 12% Age 13-15, and 4% Age 16 & Over
<p>Registered Members that Qualify for Free and Reduced Lunch</p> <ul style="list-style-type: none"> • 61%
<p>Average Daily Attendance</p> <ul style="list-style-type: none"> • 1,702 young people per day (Registered members)

Club Locations



Ethnicity



For more information, please contact: Noelle Hardt ♦ Director, Government Relations
Boys & Girls Clubs of America ♦ (907) 522-0704 ♦ nhardt@bgca.org ♦ www.bgca.org



**Idaho Cities with
Boys & Girls Club Facilities and Programs**

(9 cities)

Buhl, Garden City, Kuna, Lapwai, Lewiston
Meridian, Nampa, Post Falls, Twin Falls

Additional Club Site in Idaho on a Military Installation:

Mountain Home Air Force Base



National spokespersons and Club alumni Denzel Washington and Jennifer Lopez understand how Boys & Girls Clubs create great futures for children and teens every day. They are joined by 19 prominent Club alumni. Go to BGCA.org for a full list (http://bgca.org/newsevents/Pages/GFSH_PSA.aspx).

Annual Report

FY 2013



Millennium Fund Annual Report

For the Period July 1, 2012 through June 30, 2013

<Project Title Goes Here>

Organizational Contact Information:

Full Legal Organization Name

Address
City
State
Zip Code
Website

Boys & Girls Clubs of Idaho Alliance

1021 Burrell Ave.
Lewiston
ID
83501

Executive Director

Name

Jon Evans (Boys & Girls Clubs of Lewis Clark Valley)

Title

Partner/Organization / Fiscal Agent

Phone

208-746-2301 x204

Email Address

jevans@poweroftheclub.org

Alternate Contact Person

Name

Colleen Braga (Boys & Girls Clubs of Ada County)

Title

Partner Organization

Phone

208-376-4960

Email Address

colleen@adaclubs.org

Millennium Fund Grant Award

\$177,482

Report Date

<date>

Project Goals: *Prevent risky behavior among youth (including tobacco, alcohol, other drugs, and early sexuality.)*

Rationale or Justification for Project: The Boys & Girls Clubs of Idaho received a Millennium Fund grant of \$177,482 that allowed us to launch a statewide methamphetamine education and prevention program called MethSmart, as well as expand our **SMART Moves** series to serve 700 Idaho youth.

SMART Moves was developed in response to sound research examining juvenile delinquency and prevention. The programs purpose is to prevent risky behaviors such as alcohol, tobacco and drug abuse, early sexual behavior, youth crime and other forms of delinquent behavior by:

- Providing factual information to help youth make well informed choices;
- Increasing awareness of the consequences of such behaviors; and
- Fostering protective factors through leadership training, skills building, and training for effective communication.

This program, which was administered to over 700 youth throughout the state, accomplished the following:

- Increased participants' knowledge about alcohol, tobacco and drugs and early adolescent sexuality.
- Increased communication among staff members, parents, guardians and Club members regarding Meth, alcohol, tobacco, other drugs and adolescent sexual involvement.
- Helped pre-teens identify and resist peer and media pressures to use tobacco, alcohol and other drugs, and to understand the physical and social changes taking place in their lives.

Project Summary: Building on the skills that our professional staff has developed through years of experience and training working with high risk youth, the Boys & Girls Clubs of Idaho conducted a 12 month, MethSmart and Smart Moves project that took place in 9 Idaho communities, and served over 700 youth. Adult volunteers, youth peer leaders, Club members and staff worked as a team to plan and implement the various components of these programs.

This grant allowed Boys & Girls Club organizations in Idaho to hire, train and/or assign a qualified staff member(s) to coordinate the **MethSMART** program and expand the **SMART Moves** series.

The responsibilities of the coordinator were to manage all aspects of the program including:

- Recruiting participants
- Training and supervising prevention team members
- Scheduling and facilitating small group programs
- Planning and implementing Club/community events
- Record-keeping
- Publicity
- Evaluation of the program and compilation of year-end report.

Geographic Area Covered: Services were provided at Boys & Girls Clubs located in the following Communities: Lewiston, Twin Falls, Garden City, Lapwai, Nampa, Buhl, Meridian, Post Falls, Kuna.

Project Outputs:

Number of Participating Boys & Girls Club Sites:	9
Number of Youth Participants:	763
Number of Program Staff, Volunteers, Parents	132
Number of MethSmart/Smart Moves 8-Week Sessions	90

Project Outcomes:

Through pre and post program surveys:

96% of youth indicated increased awareness and knowledge of the dangers of alcohol, tobacco, drugs.
 92% of youth were able to demonstrate skills needed to resist peer and media pressure to abstain from risky behaviors.

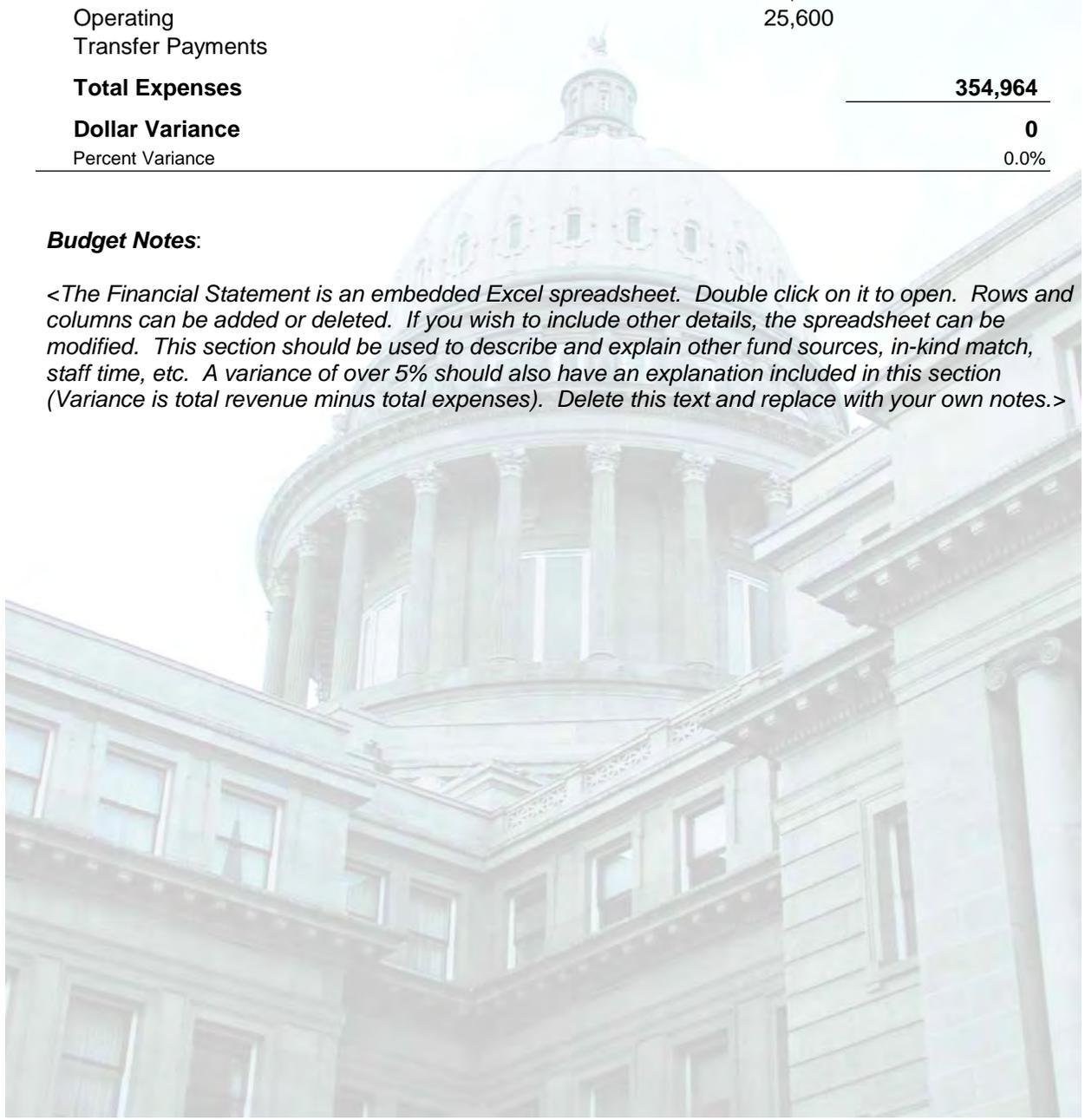
91% of teens indicated that they have abstained from risky behaviors (smoking, drinking, drugs) in the past 12 months.

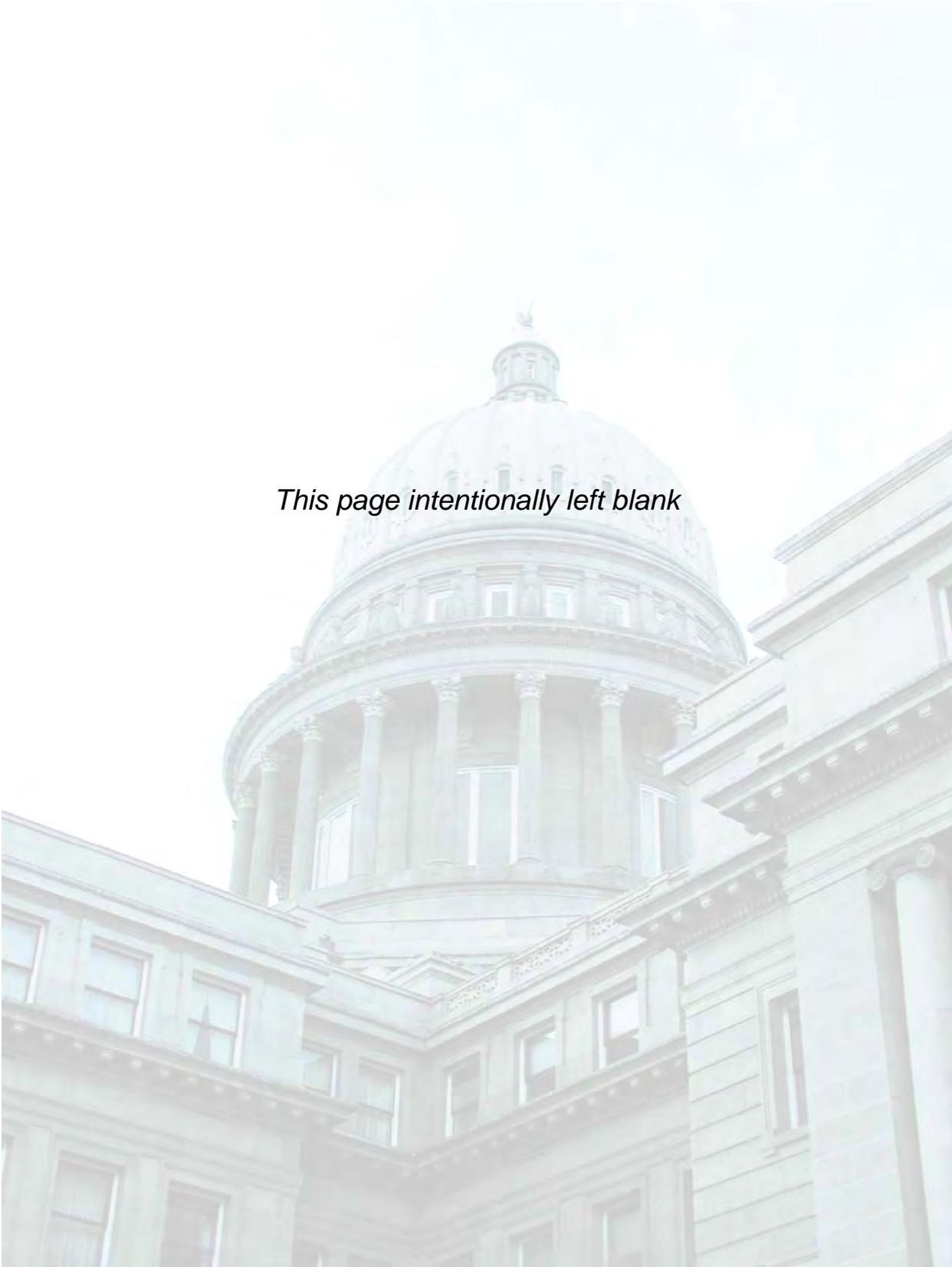
Financial Statement:

Description	Amount	Total
Revenue		
Millennium Fund Grant	177,482	
Other Fund Sources	177,482	
In-Kind Match	0	
Total Revenue		354,964
Expenses		
Personnel	329,364	
Operating	25,600	
Transfer Payments		
Total Expenses		354,964
Dollar Variance		0
Percent Variance		0.0%

Budget Notes:

<The Financial Statement is an embedded Excel spreadsheet. Double click on it to open. Rows and columns can be added or deleted. If you wish to include other details, the spreadsheet can be modified. This section should be used to describe and explain other fund sources, in-kind match, staff time, etc. A variance of over 5% should also have an explanation included in this section (Variance is total revenue minus total expenses). Delete this text and replace with your own notes.>



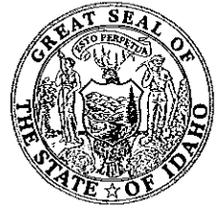


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Idaho State Police

Service Since 1939



Colonel Ralph W. Powell
Director

C.L. "Butch" Otter
Governor

October 9, 2013

Joint Millennium Fund Committee
State Capitol, East Wing Room 42
700 W. Jefferson Street
Boise, Idaho 83720

RE: Idaho Tobacco Project Millennium Application

Dear Members of the Committee:

The Idaho State Police and the Department of Health and Welfare have partnered to establish the Idaho Tobacco Project. This unique partnership was formed to create an efficient and effective tobacco permitting and compliance inspection system. The Idaho State Police are the lead agency in the state responsible for enforcement of Idaho Code. The Department of Health and Welfare's mission is to promote and protect the health and safety of all Idahoans. The goal of the Idaho Tobacco Project is to reduce tobacco retailer violations to a sustained rate of under 8%. Since the span of this project includes both enforcement and health promotion, the partnership effectively addresses the full scope of the Prevention of Minors' Access to Tobacco Act.

Attached is the Idaho Tobacco Project application for Millennium Funds to conduct tobacco retailer compliance inspections. The consistent conduct of these inspections has reduced the tobacco retailer violation rate from 56.2% in 1997, to an all-time low of 6.5% in 2012. If you need additional information, please contact Terry Pappin at the Idaho Tobacco Project. Her phone number is (208) 334-6542 and her email address is pappint@dhw.idaho.gov.

This is a system that works and its continued funding is vital to restricting youth access to tobacco products.

Sincerely,

Colonel Ralph W. Powell
Director, Idaho State Police

Presentation

FY 2015



2015

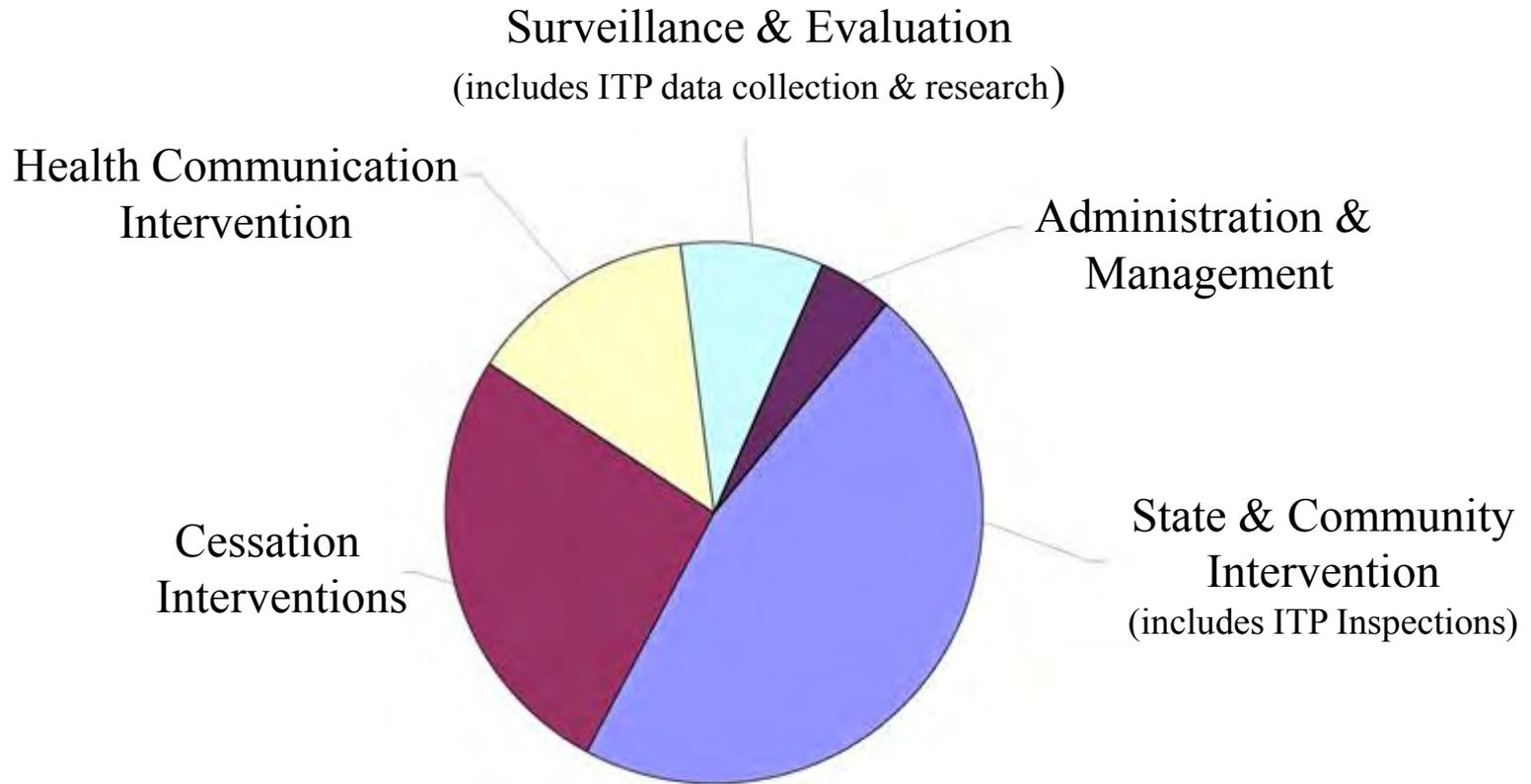
**Idaho Millennium Fund
Application**

**Idaho State Police
Idaho Tobacco Project**



Idaho Tobacco Project

Comprehensive Tobacco Control System





Idaho Tobacco Project

Reducing Youth Access to Tobacco

- Tobacco Retailer Permitting
- Tobacco Retailer Compliance Resources
- Technical Support and Research
- Compliance Inspections



Idaho Tobacco Project

Tobacco Retailer Permits

- Ongoing Application Process
- Annual Renewal Process
- Specific to location and owner



Idaho Tobacco Project

Tobacco Retailer Resources

- Point of Sale Materials
- Monthly Newsletter
- Website – www.preventthesale.com
- Retailer Consults



Idaho Tobacco Project

Technical Support & Research

- Permit Assistance
- Inspector Training
- Data System
- Retailer Permit and Inspection Records
- State and Federal Reports
- Evaluation



Idaho Tobacco Project

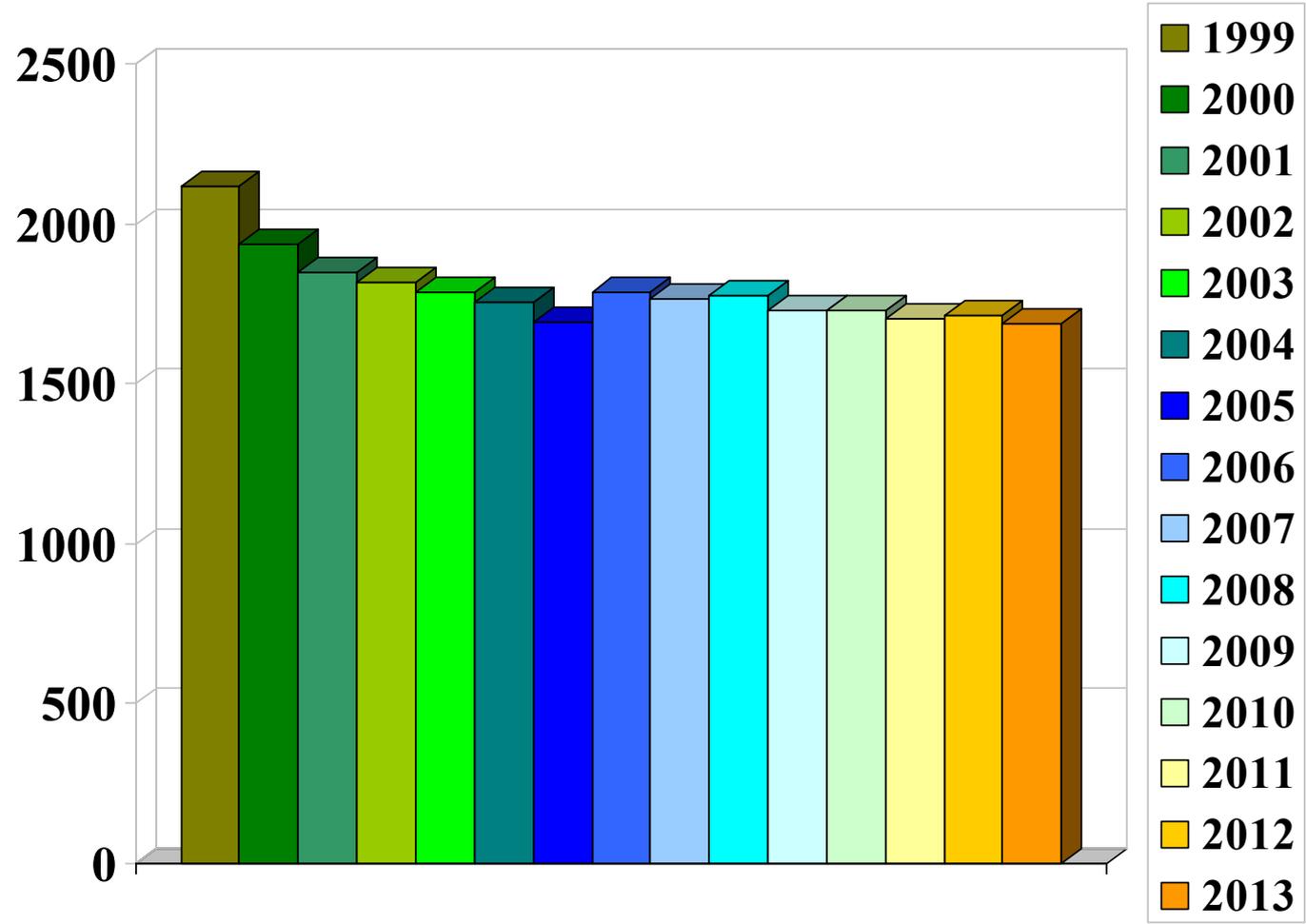
Compliance Inspections

- All retailers inspected annually
- Additional inspections based on previous year violation rate
- Targeted inspections due to complaint



Idaho Tobacco Project

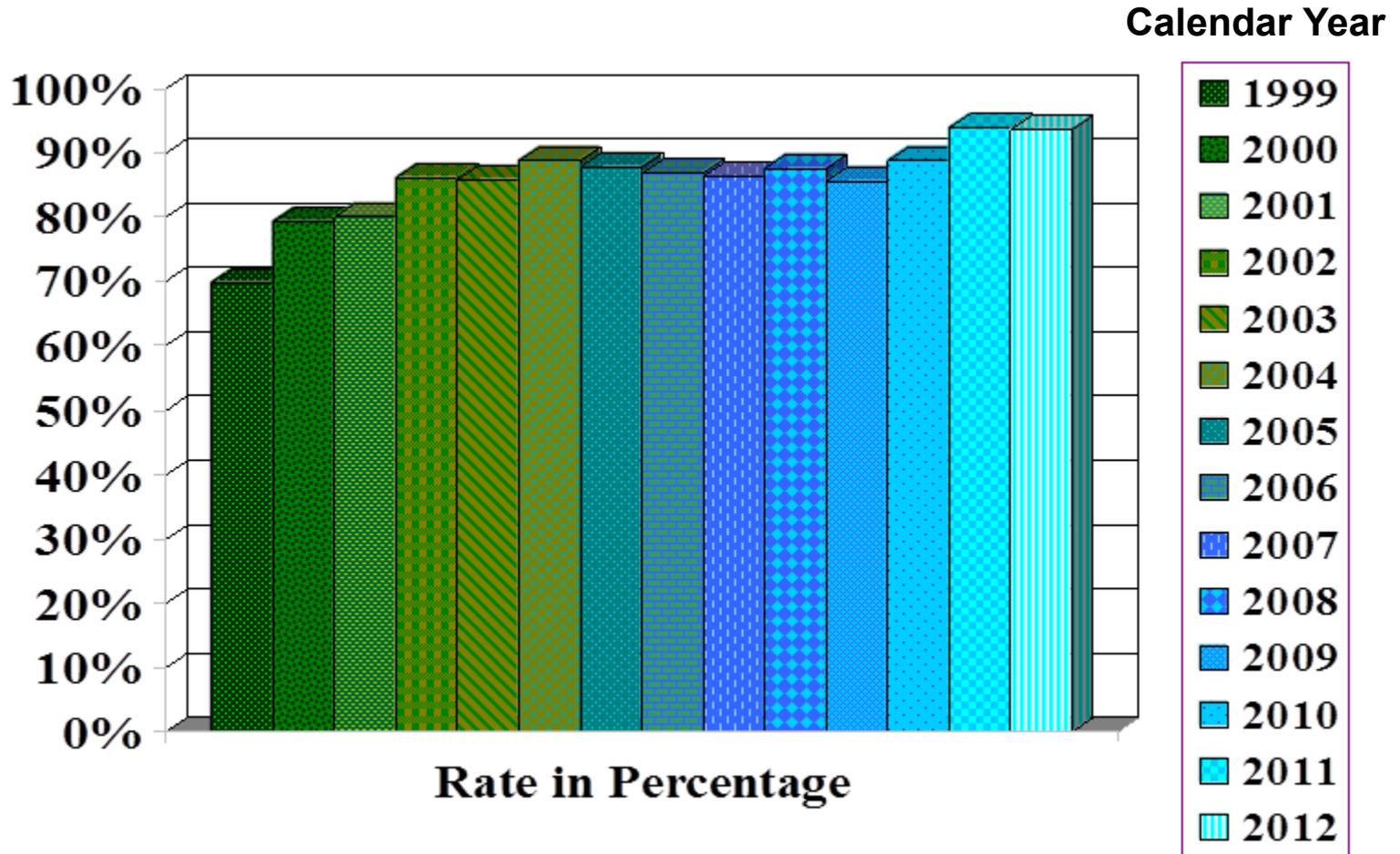
Tobacco Retailer Permits





Idaho Tobacco Project

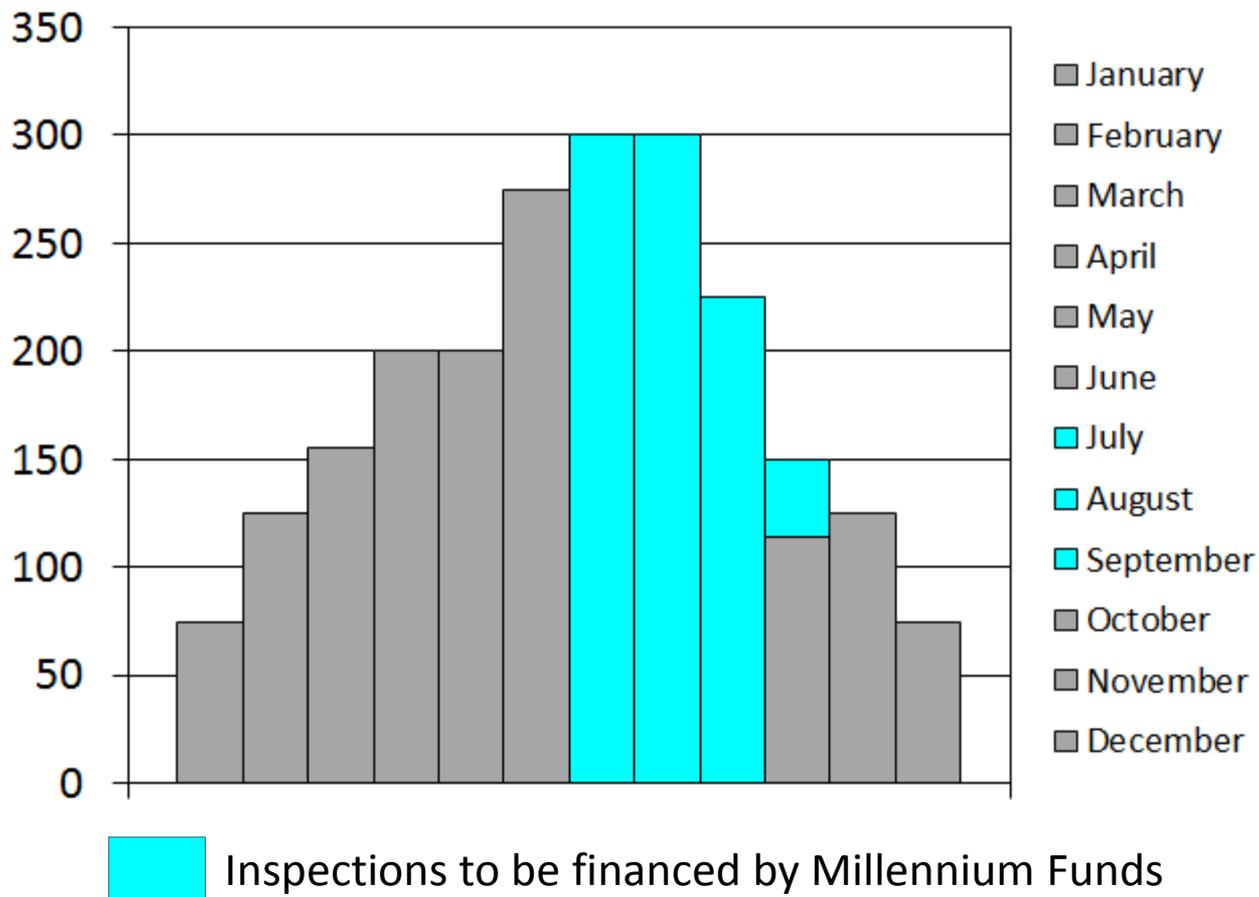
Tobacco Retailer Compliance Rates





Idaho Tobacco Project Millennium Funds Proposed Use

Number of Inspections to be Conducted Monthly





Idaho Tobacco Project

Preventing youth tobacco use by:

- Partnering with retailers
- Conducting inspections monthly
- Meeting State and Federal Requirements



Reducing minors' access to tobacco products.

**Idaho State Police
Idaho Tobacco Project**

Application

FY 2015



Millennium Fund Grant Proposal

For the Period July 1, 2014 through June 30, 2015

Idaho Tobacco Project, Retailer Inspections

I. Grant Applicant

Full Legal Organization Name

Address
City
State
Zip Code
Website

Idaho State Police

700 South Stratford Drive
Meridian
Idaho
83642
<http://www.tobacopermits.com/idaho>

Executive Director

Name
Title
Phone
Email Address

Colonel Ralph Powell
Director
208.884.7003
ralph.powell@isp.idaho.gov

Alternate Contact Person

Name
Title
Phone
Email Address

Lt. Colonel Kedrick Wills
Deputy Director
208.884.7002
Kedrick.Wills@isp.idaho.gov

Organizational Description: The Idaho Tobacco Project is a partnership between the Idaho State Police and the Department of Health and Welfare. The purpose of the partnership is to enforce the requirements for tobacco retailers established in Title 39 Health and Safety, Chapter 57 Prevention of Minor's Access to Tobacco statute. The Idaho State Police's mission is to provide public safety through law enforcement excellence and the Department of Health and Welfare's mission is to promote and protect the health and safety of Idahoans. This partnership enables the Idaho Tobacco Project to deliver an efficient and effective tobacco permitting and compliance inspection system, thereby preventing minors' access to tobacco products.

II. Grant Proposal Summary

Meets One or More of the Following Criteria:

(Indicate Yes Where Applicable)

1. Tobacco Cessation or Prevention Yes
2. Substance Abuse Cessation or Prevention
3. Tobacco or Substance Abuse Treatment

Purpose of Grant: The funds requested in this application will be used to pay for the conduct of eight hundred forty eight (848) retailer inspections. In tobacco outlets with a restricted permit, an adult inspector will check for non-compliant product placement, underage buyers or users and illegal sales practices. In all other tobacco outlets, the inspection will be conducted by both a minor and adult inspector. As in restricted permittees, the inspector will review the permittee for non-compliant product placement, underage buyers or users and illegal sales practices. In addition, the adult inspector will

observe the minor inspector attempting to purchase a tobacco product. In either case, if no violation occurs, the adult inspector completes the inspection record and the team travels to the next inspection site. If a violation occurs, the adult inspector completes the inspection record including citation forms and returns to the business to issue the citations and then travels to the next site. This methodology will be used throughout the grant period.

Grant Amount Requested: \$94,000

III. Proposed Budget

Expenditure Category	Staff Time	Millennium Fund	Other Fund Sources	In-Kind Contribution	Project Total
Personnel					
Salaries					-
Benefits					-
Total Personnel	0.00	-	-	-	-
Operating					
Travel					-
Rent					-
Utilities					-
Insurance					-
Communications					-
Materials & Supplies					-
Contracts					-
Consultants					-
Employee Development					-
Miscellaneous					-
Total Operating		-	-	-	-
Transfer Payments					
Intergovernmental Transfers					-
Direct Client Services					-
Local Contractors		94,000	273,481		367,481
Other					-
Total Transfer Payments		94,000	273,481	-	367,481
GRAND TOTAL		94,000	273,481	-	367,481

Budget Notes:

All Millennium funds will be used to cover the cost of 848 tobacco permittee inspections conducted by a private contractor. This funding will enable the Idaho Tobacco Project to conduct all retailer inspections required under the Title 39, Chapter 57 Prevention of Minor's Access to Tobacco statute. The remaining funding sources included State General Funds (\$187,000 transferred from the Idaho State Police), estimated tobacco fines receipts (\$14,000) and the federal Substance Abuse Prevention and Treatment Block Grant (\$72,481).

IV. Statement of Need

Centers for Disease Control and Prevention research indicates that 88% of smokers started smoking before they were 18 years old. In addition, adolescent smokers are more likely to become heavy smokers and much less likely to be able to stop smoking later in life. A Campaign for Tobacco free Kids study indicates that \$83 million of the 2012 Idaho Medicaid expenditures were due to tobacco use-related diseases. The federal Substance Abuse Prevention and Treatment Block Grant requires all states to maintain a tobacco retailer violation rate of less than 20%. Under federal law, failure to meet the requirement result in a reduction of up to 40% the total grant. The goal of the Idaho Tobacco Project is to prevent youth access to tobacco. Preventing youth from initiating tobacco use will not only reduce the number of adult smokers, it will also ensure Idaho will not lose federal funds and save Idaho taxpayer monies. The ongoing conduct of tobacco retailer inspections is an essential element in a comprehensive tobacco prevention system. Finally, the conduct of tobacco compliance inspections is required under the Title 39, Chapter 57 Prevention of Minor's Access to Tobacco statute. Funding this project will ultimately save Idaho money and enable the Idaho Tobacco Project to comply with all state and federal requirements.

V. Project Design

The goal of this request is to reduce minor's access to tobacco by conducting ongoing retailer enforcement inspections. The objective of this request is to obtain the additional funds needed to conduct the full number of inspections required under Idaho statute Title 39, Chapter 57 Prevention of Minors' Access to Tobacco Product statutes, meet federal requirements and conduct a sufficient number of inspections to motivate tobacco retailers to be vigilant in their efforts to deny minors access to tobacco. The inspection of tobacco retailers needs to be an ongoing process because each year a new generation of children experiment with tobacco use. In addition, tobacco retailer ownership and sellers change over time. Both groups require continued compliance activities to ensure compliance remains high. All tobacco permits expire on December 31st of each calendar year. The Idaho Tobacco Project works with retailers to ensure all permits are renewed and permit information is updated. This reduces the cost of sending inspectors to closed businesses and ensures the correct owner is notified of inspection outcomes. Per the Prevention's of Minor's Access to Tobacco Products statute, each year the Idaho Tobacco Project conducts random unannounced inspections equal to the number of permittees multiplied by the violation rate of the previous calendar year multiplied by a factor of ten (10) Once the number of inspections to be conducted is determined, an automated process is used to establish a random pattern for the order and month in which inspections will occur. Based on the current violation rate and number of retailers it is estimated that 2250 inspections will be conducted in 2015. The table below depicts the anticipated number of inspections to be conducted during 2015. The funds requested in this application will fund inspection numbers that are highlighted and bolded.

January	February	March	April	May	June	July	August	September	October	November	December	
75	125	155	200	200	275	300	300	225	23	122	125	75

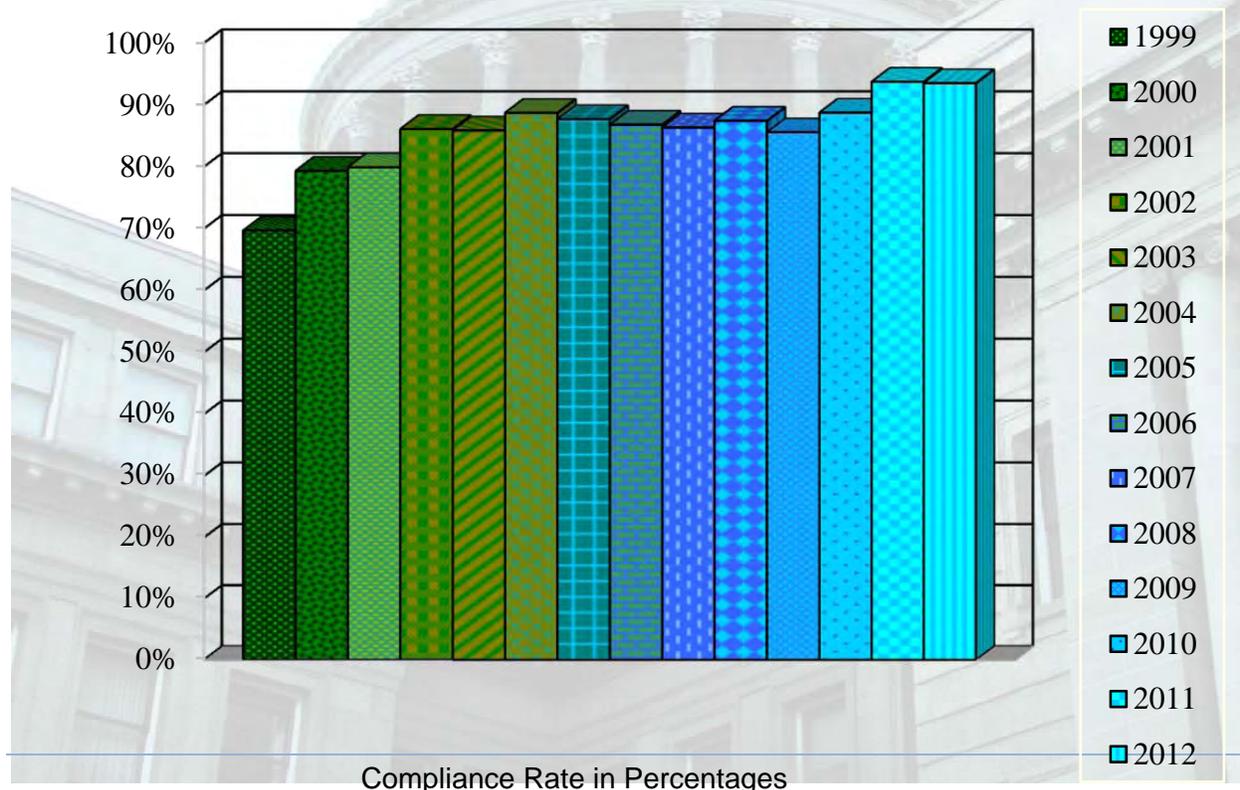
Inspection teams are located throughout Idaho. The adult inspector is notified of inspections to be conducted with the team's inspection area and is responsible for establishing times when the inspections will be conducted.

VI. Grant Management

The Idaho Tobacco Project is a partnership between the Idaho State Police (ISP) and The Department of Health and Welfare (DHW). The ISP provides technical consult, inspection back-up and funding. DHW covers funding, project staff, inspection and retailer education systems and federal reports. Kedrick Wills, Idaho State Police and Terry Pappin, Idaho Department of Health and Welfare share oversight of this project. The Idaho Tobacco Project partnership was established by the 1999 Legislature in order to implement the Title 39, Chapter 57 Prevention of Minors' Access to Tobacco statute. The partnership has successfully continued for 14 years. The Idaho Tobacco Project is located within the Department of Health and Welfare in Boise, but information about tobacco permitting and resources is accessible throughout the state via the Project's website (www.tobaccopermits.com/Idaho). On this website retailers can provide required information and issue their own permits, they can review inspection data and access penalty information. The public can access reports on number and type of retailers and violation rates from 1999 to 2012, as well as year to date violation rates.

VII. Evaluation Plan

This project will be evaluated by the outcome of tobacco retailer inspections. The question to be answered is can the compliance rate be maintained at over 90%? The goal is to continue a high compliance rate to reduce the likelihood that Idaho's youth will be able to access tobacco products from retailers. The more difficult it is to access tobacco products, the less likely it is that Idaho's youth will experiment with or become addicted to tobacco products. The desired outcome is to maintain a retailer compliance rate of over 90%. Below is a chart depicting tobacco retailer compliance rates for the past twelve (12) years. The chart documents that continuous conduct of compliance inspections has decreased retailer violation rates.



VIII. Sustainability

The Idaho Tobacco Project is a well-established partnership between the Idaho State Police and the Department of Health and Welfare. After evaluating all options for the conduct of tobacco permitting and inspections tasks, the partners determined the most cost-efficient method to administer the activities was to use a private contractor. The current contractor has provided these services for more than 10 years and remains committed to the Tobacco Project's goal of reducing minor's access to tobacco. Ensuring Idaho's tobacco retailer compliance rates remain high enables Idaho to comply with the federal Substance Abuse Prevention and Treatment Block Grant tobacco access requirements. All states must maintain a tobacco retailer violation rate of less than 20% or a penalty of up to a 40% may be assessed against the state's grant. These funds cover 100% of the state's community-based substance abuse prevention services and a significant portion of the budget for Idaho's publicly funded treatment system. The Idaho Tobacco Projects works diligently to ensure that Idaho does not lose these funds. Currently permits are free and the violation rate remains low. Consequently, the Tobacco Project receipts are insufficient to sustain the program. To meet statute requirements, receipts are blended with Millennium, general and substance abuse prevention and treatment block grant funds to support the project. The Idaho Tobacco Project continues to seek other funding sources appropriate to cover the full scope of the Prevention of Minors' Access to Tobacco statute. These efforts will continue throughout this period.



Annual Report

FY 2013



Millennium Fund Annual Report

For the Period July 1, 2012 through June 30, 2013

Idaho Tobacco Project

Organizational Contact Information:

Full Legal Organization Name

Address	Idaho State Police
City	700 S. Stratford Drive
State	Meridian
Zip Code	Idaho
Website	83642
	http://www.tobaccopermits.com/idaho

Executive Director

Name	Colonel Ralph Powell
Title	Director
Phone	208.884.7003
Email Address	ralph.powell@isp.idaho.gov

Alternate Contact Person

Name	Terry Pappin
Title	Manager, Idaho Tobacco Project
Phone	208.334.6542
Email Address	pappint@dhw.idaho.gov

Millennium Fund Grant Award	\$94,000.00
------------------------------------	-------------

Report Date	10/10/2013
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Project Goals: The Idaho Tobacco Project had two goals to achieve with the funding requested. The first goal is to prevent youth access to tobacco products. To support this outcome, the second goal was to conduct inspections to motivate tobacco retailer vigilance in requesting and reviewing legal identification of young-looking individuals to confirm they may legally purchase tobacco products. The purpose of the funding request was to support the conduct of 863 tobacco permittee inspections.

Rationale or Justification for Project: Title 39, Chapter 57 Prevention of Minor's Access to Tobacco established a state goal to prevent youth access to tobacco products and promote the general health and welfare of Idaho's young people. Idaho data documents that an ongoing inspection results in lower youth access to tobacco. When Idaho began a comprehensive inspection system in 1997, the violation rate was slightly over 56%. In 2012, the most recent completed year, the violation rate was 6.5% a significant reduction. Evaluation of the tobacco project confirms that when tobacco inspections are reduced, the violation rate increases. Ongoing inspections are essential to maintaining a low violation rate.

Project Summary: The Millennium funds were used to cover the cost of 863 tobacco retailer inspections. Two types of retailer inspections were conducted. Inspections of permittees, with a minimum of 55% of revenues coming from alcohol sales for onsite consumption and in permittees whose services are primarily X-rated, adult inspector conduct the compliance inspections. All other inspections

are conducted by underage buyers and adult inspectors. This funding enabled the Idaho Tobacco Project to meet the requirements of the Idaho statute identified above.

Geographic Area Covered: All counties in the State of Idaho

Project Outputs: The funding covered the cost of 863 tobacco permittee inspections.

Project Outcomes: The outcome of the inspection was that Idaho achieved the lowest violation rate in the history of the program. Slightly less than 6.5% of tobacco permittee inspections resulted in a violation.

Financial Statement:

Description	Amount	Total
Revenue		
Millennium Fund Grant	94,000	
Other Fund Sources	256,881	
In-Kind Match	0	
Total Revenue		350,881
Expenses		
Personnel		
Operating	350,881	
Transfer Payments		
Total Expenses		350,881
Dollar Variance		0
Percent Variance		0.0%

Budget Notes:

The amounts described in the budget are the Idaho Tobacco Project costs managed by the Department of Health and Welfare. The \$94,000 (transferred from the Idaho State Police) was spent on the conduct of tobacco inspections. The remaining funding sources included State General Funds(\$187,000 transferred from the Idaho State Police), tobacco fines receipts(\$12,570) and the federal Substance Abuse Prevention and Treatment Block Grant (\$57,311).

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Public Health
Prevent. Promote. Protect.

Idaho Public Health Districts

IDAHO ASSOCIATION OF PUBLIC HEALTH DISTRICT DIRECTORS

ASSOCIATION DIRECTORS

Lora Whalen

*Panhandle Health
District*
Hayden
208-415-5102

Carol Moehrle

*Public Health-Idaho
North Central District*
Lewiston
208-799-3100

Bruce Krosch

*Southwest District
Health*
Caldwell
208-455-5315

Russell Duke

*Central District
Health Department*
Boise
208-375-5211

Rene LeBlanc

*South Central Public
Health District*
Twin Falls
208-737-5902

Maggie Mann

*Southeastern Idaho
Public Health*
Pocatello
208-233-9080

Geri Rackow

*Eastern Idaho Public
Health District*
Idaho Falls
208-522-0310

October 9, 2013

The Honorable Millennium Fund Committee:

The seven Public Health Districts were created to ensure essential public health services were made available to protect the health of all citizens of the State—no matter how large their county population. The Public Health Districts' mission is three fold;

1. To **prevent** disease, disability and premature death
2. To **promote** healthy lifestyles, and
3. To **protect** and promote the health and quality of our environment.

Our vision is *Healthy People in Healthy Communities*.

The Public Health Districts Millennium Funded cessation services are key to reducing tobacco use and lowering the disease burden and healthcare costs in Idaho communities. With the FY15 request of \$750,000, the goal is to provide tobacco cessation services to 1,500 youth, pregnant/post-partum women and adults in at least 68% of Idaho counties.

Your Public Health Districts are pleased to report the success of the FY 13 Millennium-funded activities and look forward to presenting our FY 15 Millennium grant proposal.

Attached, please find the following from the Public Health Districts:

1. Millennium Fund Annual Report for the period July 1, 2012-June 30, 2013
2. Millennium Fund Grant Proposal for the period July 1, 2014-June 30, 2015

We look forward to meeting with the Joint Millennium Fund Committee on December 16th.

Respectfully,

Lora Whalen
Director, Panhandle Health District

Attachments

Presentation

FY 2015

Idaho Public Health Districts

FY15 Millennium Fund Proposal

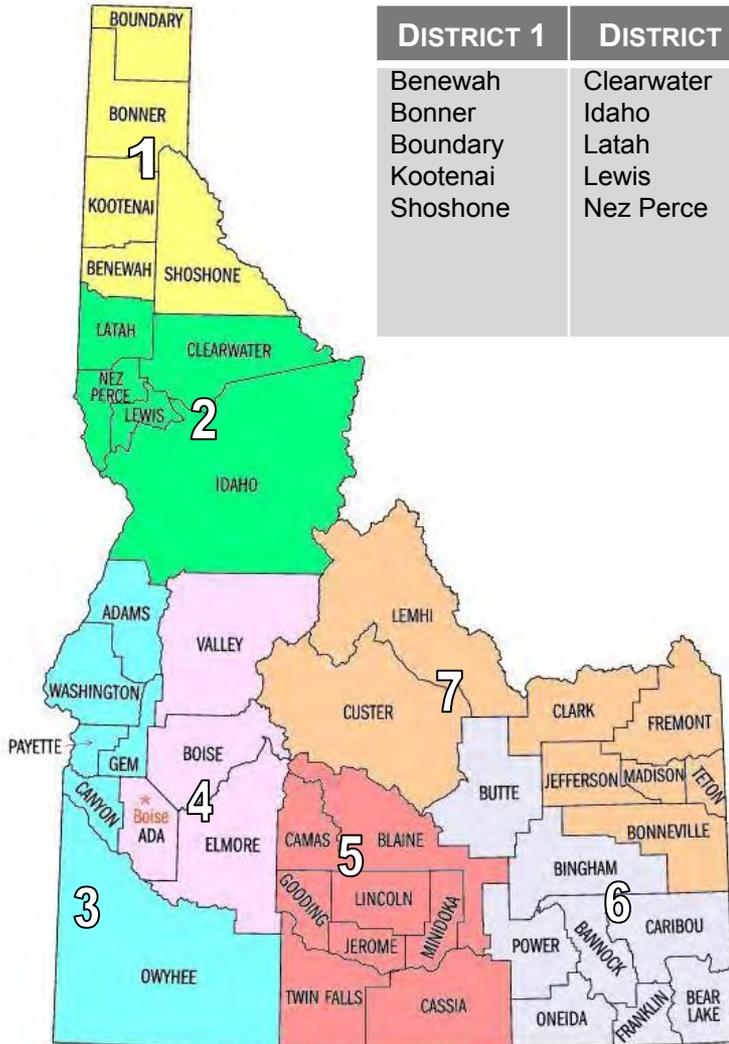
December 16, 2013



Public Health
Prevent. Promote. Protect.
Panhandle Health District



Public Health Districts of Idaho



DISTRICT 1	DISTRICT 2	DISTRICT 3	DISTRICT 4	DISTRICT 5	DISTRICT 6	DISTRICT 7
Benewah Bonner Boundary Kootenai Shoshone	Clearwater Idaho Latah Lewis Nez Perce	Adams Canyon Gem Payette Washington Owyhee	Ada Boise Elmore Valley	Blaine Camas Cassia Gooding Jerome Lincoln Minidoka Twin Falls	Bannock Bear Lake Bingham Butte Caribou Franklin Oneida Power	Bonneville Clark Custer Fremont Jefferson Lemhi Madison Teton

Tobacco Cessation Programs



Mitch Kiester, MPH, REHS/RS, CPM
Public Health Program Manager
Public Health District 3

Jaime Harding, MHS, CHES
Health Promotion Program Manager
Public Health District 4

**Absolutely
Nothing!**

... Addiction



Ranking of nicotine in relation to other drugs in terms of addiction

Dependence among users	nicotine > heroin > cocaine > alcohol > caffeine
Difficulty achieving abstinence	(alcohol=cocaine=heroin=nicotine) > caffeine
Tolerance	(alcohol=heroin=nicotine) > cocaine > caffeine
Physical withdrawal severity	alcohol > heroin > nicotine > cocaine > caffeine
Deaths	nicotine > alcohol > (cocaine=heroin) > caffeine
Importance in user's daily life	(alcohol=cocaine=heroin=nicotine) > caffeine
Prevalence	caffeine > nicotine > alcohol > (cocaine=heroin)

Source: Pharmacology of Tobacco Addiction, *Tobacco Science, Policy and Public Health*, Second Edition 2010

Dr. Richard Hurt
Director of the Mayo Clinic
Nicotine Dependence Center





Participant Testimonials

Idaho Adult Smoking Rates



	<u>Idaho</u>	<u>National</u>
2000 -	22.3%	23.2%
2012 -	16.4%	19.6%

Current Smoking Rates: Youth and Pregnant

14.3% of Idaho youth currently smoke

(9th-12th graders) (YRBS, 2011)

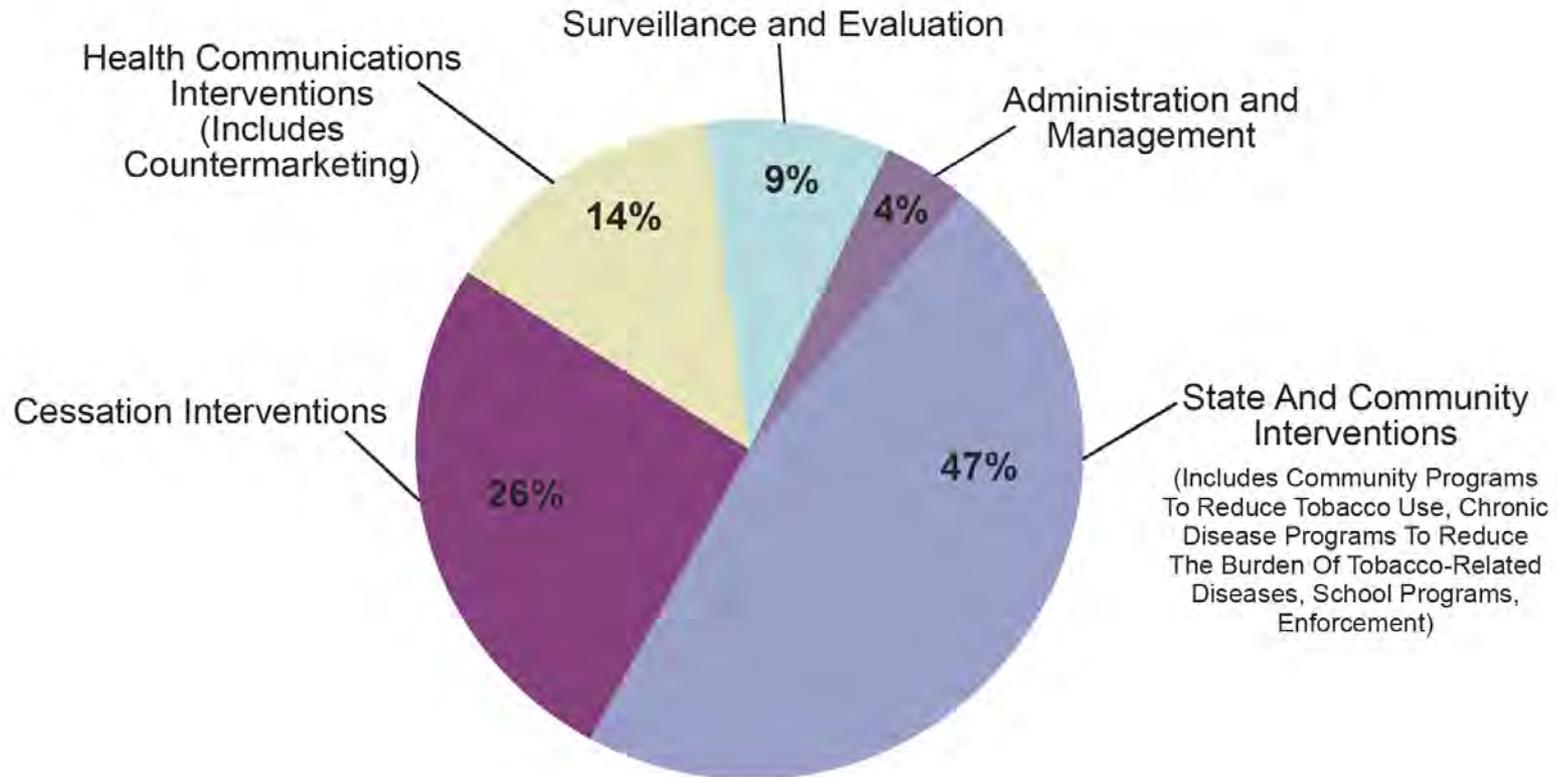
10.6% of Idaho's pregnant women smoke (Vital Stats, 2011)

- 2,352 births to women who smoked during pregnancy



Comprehensive Tobacco Control Programs

Cessation interventions are part of the State and Community Interventions recommended by the Centers for Disease Control & Prevention



FY2013 Overview

Funding appropriation: \$400,000

Participants reached: 1,381

Counties of residence reached: 34



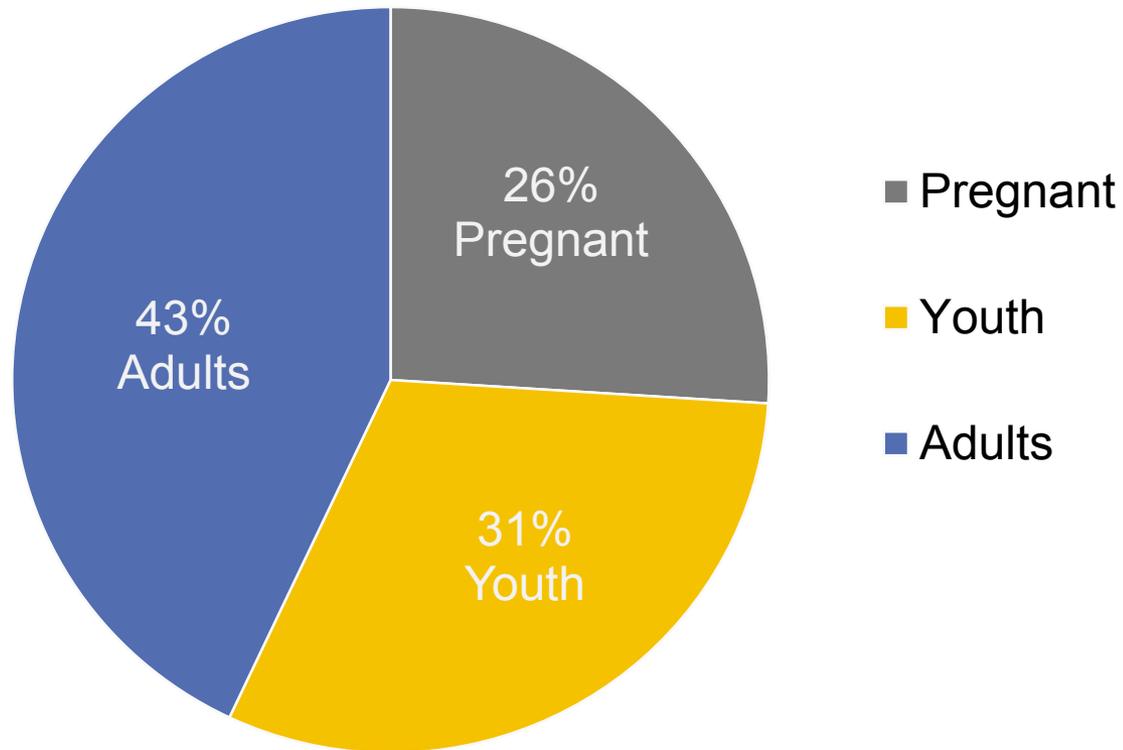
FY2013 Overview

Average of \$3,390 in annual economic costs saved for each youth or adult who stops smoking

**Anticipated savings:
\$1.4 million**

FY2013 Participation Numbers

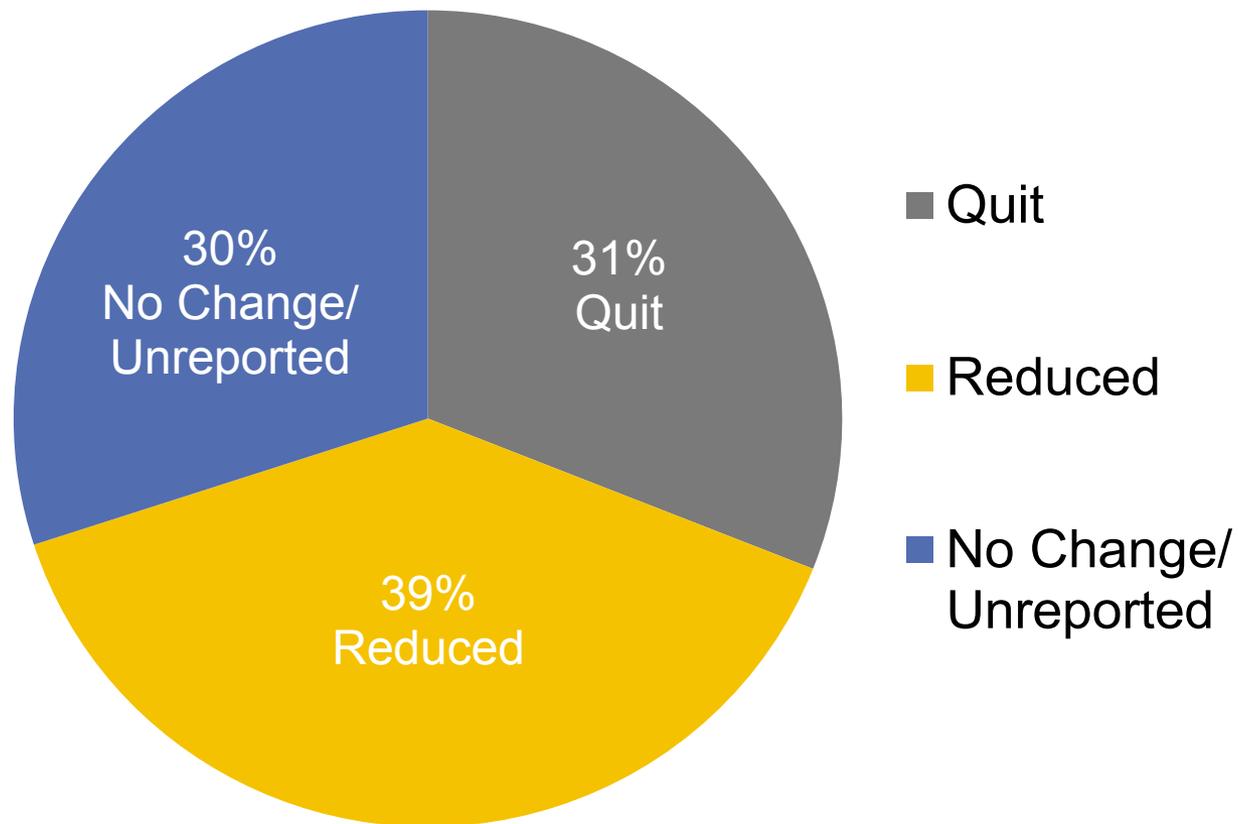
1,381 Enrolled



Source: *Public Health District Millennium Tobacco Cessation Program Fiscal Year 2013 Evaluation Report*, Center for Health Policy, Boise State University, August 2013.

FY2013 Program Outcomes

1,381 Enrolled



Source: *Public Health District Millennium Tobacco Cessation Program Fiscal Year 2013 Evaluation Report*, Center for Health Policy, Boise State University, August 2013.

Cessation Program Criteria

- Nicotine Addiction and Habit
- Consequences of Smoking
- Different Quitting Techniques and Therapies
- Benefits of Being Smoke-Free
- Withdrawal Symptoms
- Coping Strategies
- Stress Management Tools
- Nutrition and Exercise
- Social Support
- Relapse Prevention



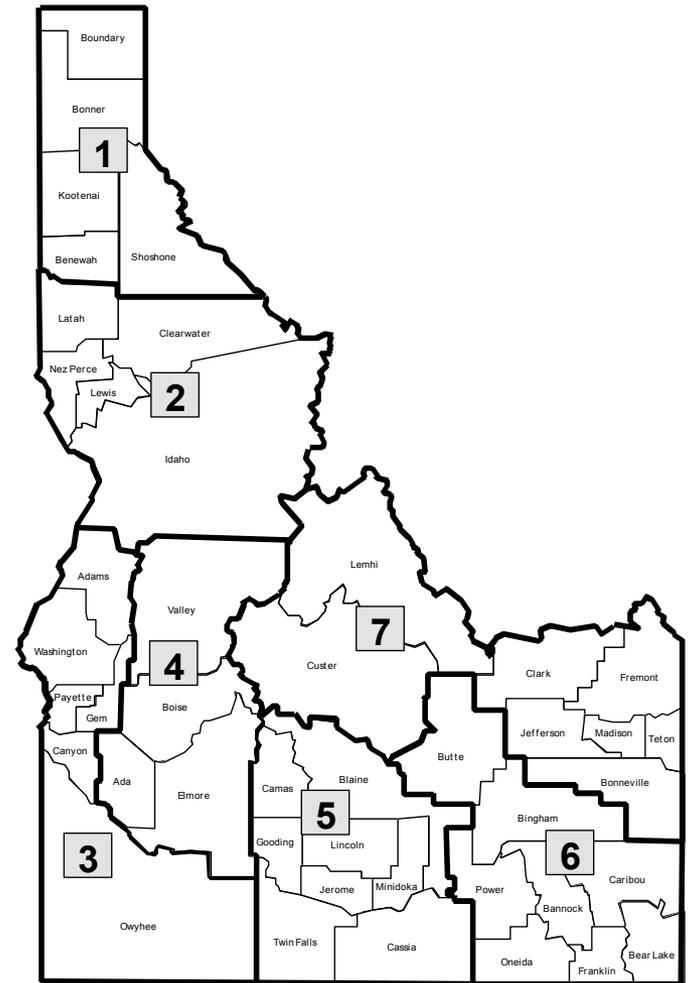
FY2015 Request

\$750,000



Expansion of Tobacco Cessation Services

- Increase number of classes and services offered in rural and outlying areas
- Offer classes in 30 counties
- Reach 1,500 individuals



Pregnant and Post-Partum Focus

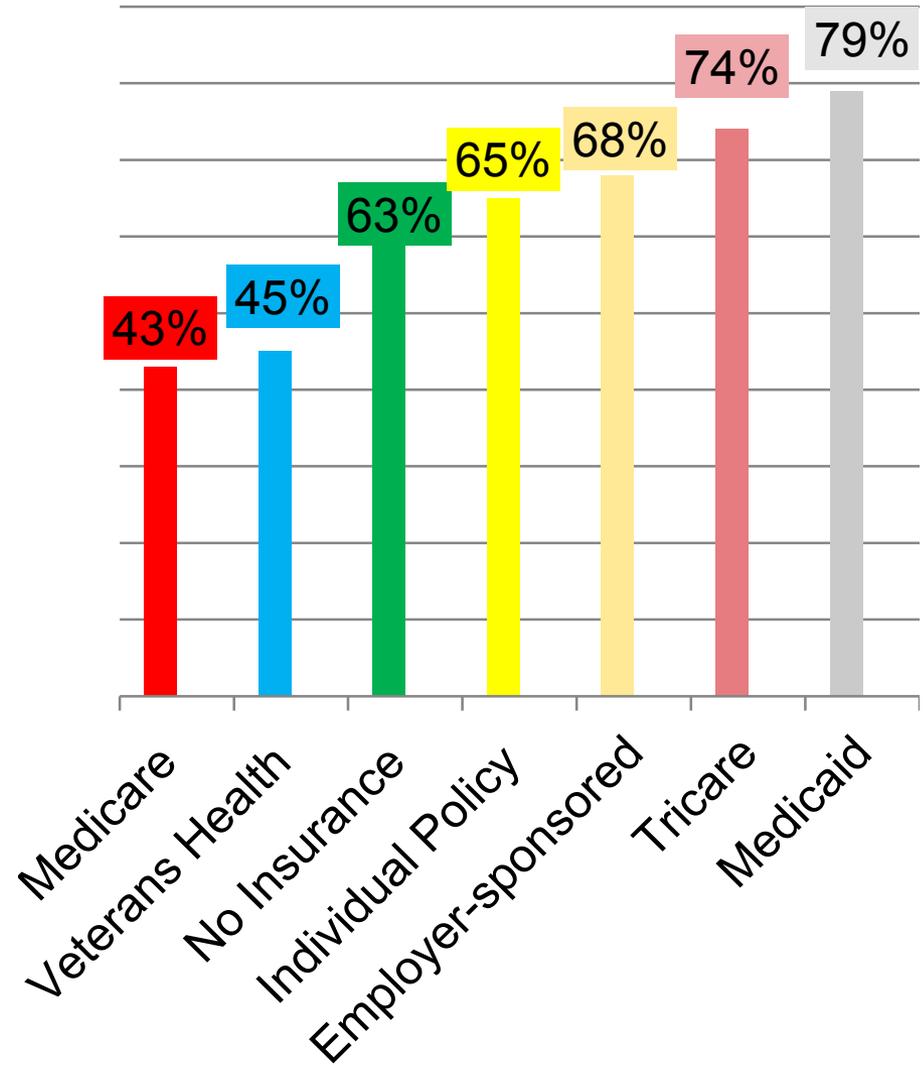
- Relapse rate for pregnant women is 44%
- Provide ongoing support/education to post-partum women to encourage them to quit/stay quit



Use of Social Media Tools

- Social media is an emerging best practice
- Incorporate social media to communicate with and recruit participants
- Use social media to encourage participants to quit or stay quit

Text Message Usage by Insurance Type



Source: Price Waterhouse Coopers HRI Consumers Survey, 2010

Evaluation

Contract with Boise State University's *Center on Health Policy (CHP)* to conduct independent program evaluation:

- FY14 contract amount: \$28,946
- Cessation providers collect participant information
- Boise State University receives all collected data and conducts 1- and 7-month follow up calls to assess quit and reduced rates



Summary

- Using best practice programs, FY13 reached 1,381 participants in 23 counties with an overall quit rate of 31%
- FY15 request continues focus on tobacco cessation efforts
- FY15 focus on increased reach, support of target populations, and utilization of social media
- Continued partnership with Boise State University to conduct evaluation of services



Questions?



Application

FY 2015



Millennium Fund Grant Proposal
For the Period July 1, 2014 through June 30, 2015

Public Health Districts Millennium Tobacco Cessation

I. Grant Applicant

Full Legal Organization Name

Address

City

State

Zip Code

Website

Idaho Public Health Districts

8500 N Atlas Road

Hayden

Idaho

83835

<http://www.phd1.idaho.gov>

Executive Director

Name

Title

Phone

Email Address

Lora Whalen

Director, Public Health District 1

(208)415-5102

lwhalen@phd1.idaho.gov

Alternate Contact Person

Name

Title

Phone

Email Address

Maggie Mann

Director, Public Health District 6

(208)239-5258

mmann@siphd.idaho.gov

Organizational Description: Chapter 4, Title 39, Idaho Code is the Public Health Districting Law (1970). The intent of the legislature in creating the seven public health districts was for public health services to be locally controlled and governed. The districts are neither state agencies nor part of any state department; they are recognized much the same as other single purpose districts and are accountable to their local Boards of Health. The law stipulates that the districts provide the basic health services of public health education, physical health, environmental health, and public health administration, but does not restrict the district solely to these categories.

II. Grant Proposal Summary

Meets One or More of the Following Criteria:

(Indicate Yes Where Applicable)

1. Tobacco Cessation or Prevention
2. Substance Abuse Cessation or Prevention
3. Tobacco or Substance Abuse Treatment

Yes

Purpose of Grant: Tobacco use causes cancer, heart disease, lung diseases (emphysema, chronic obstructive pulmonary disease, bronchitis) premature birth and low birth weight. Secondhand smoke is also attributed to heart disease and lung cancer in adults. Children and youth are also negatively impacted by secondhand smoke such as: asthma, respiratory infections, ear infections and Sudden Infant Death Syndrome.

In Idaho, the smoking-attributable mortality rate is 237.4/100,000 (Centers for Disease Control and Prevention Tobacco Control State Highlights, 2010). Of Idaho mothers who gave birth in 2009, 8.5% reported smoking cigarettes during the third trimester of pregnancy (Idaho PRATS, 2009). The percentage of Idaho high school students who ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days increased slightly from 9% in 2009 to 10% in 2011 (YRBS, 2011).

The Public Health Districts are requesting \$750,000 to deliver and evaluate free tobacco cessation services in 30 counties. The target population is youth and pregnant/post-partum women but open to anyone wanting to become tobacco free.

Grant Amount Requested: \$750,000

III. Proposed Budget

Expenditure Category	Staff Time	Millennium Fund	Other Fund Sources	In-Kind Contribution	Project Total
Personnel					
Salaries		312,600			312,600
Benefits		118,300			118,300
Total Personnel	5.18	430,900	-	-	430,900
Operating					
Travel		6,900			6,900
Administrative Services		200			200
Computer & Data Line		2,000			2,000
Meeting Costs		500			500
Advertising		4,000			4,000
Insurance		700			700
Communications		1,600			1,600
Materials & Supplies		10,300			10,300
Contracts		3,400			3,400
Consultants		203,000			203,000
Employee Development		2,000			2,000
Miscellaneous (indirect)		84,500			84,500
Total Operating		319,100	-	-	319,100
Transfer Payments					
Intergovernmental Transfers					-
Direct Client Services					-
Local Contractors					-
Other					-
Total Transfer Payments		-	-	-	-
GRAND TOTAL		750,000	-	-	750,000

IV. Statement of Need

Currently, in Idaho, 16.4% of adults smoke (BRFSS, 2012) and 14.3% of 9-12th graders are current smokers (YRBS, 2011). Tobacco use impacts quality of life in the short term and the long term. It is a primary risk factor for many chronic diseases including heart and lung disease and many forms of cancer. A primary goal of the Centers for Disease Control and Prevention and public health is to promote tobacco cessation among young people and adults through classes. The Public Health Districts provide tobacco cessation services at no cost to all people who use tobacco and want to quit with a primary focus on teens and pregnant women. With additional funds, tobacco services will be extended to post-partum women and a greater reach to more counties.

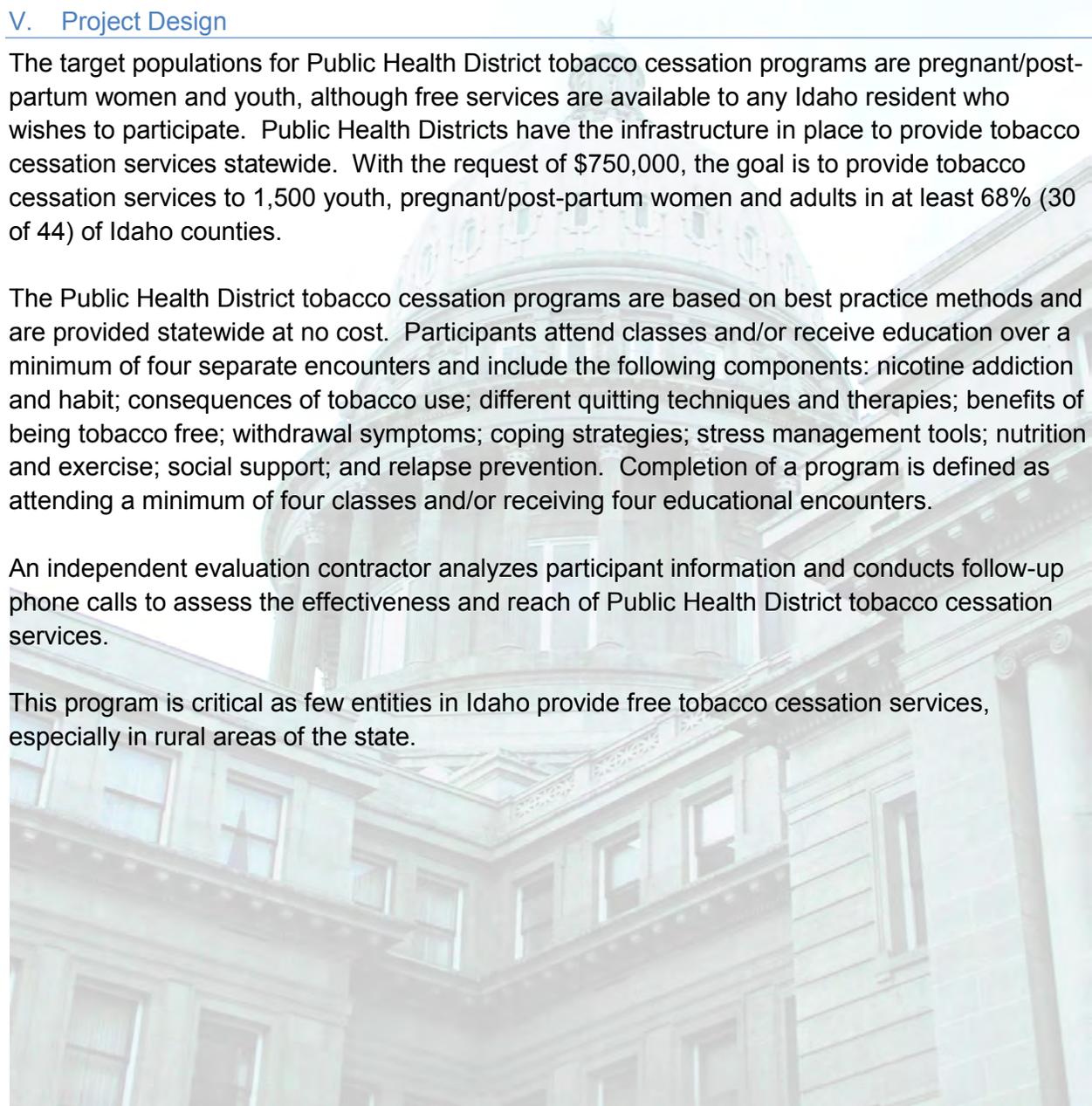
V. Project Design

The target populations for Public Health District tobacco cessation programs are pregnant/post-partum women and youth, although free services are available to any Idaho resident who wishes to participate. Public Health Districts have the infrastructure in place to provide tobacco cessation services statewide. With the request of \$750,000, the goal is to provide tobacco cessation services to 1,500 youth, pregnant/post-partum women and adults in at least 68% (30 of 44) of Idaho counties.

The Public Health District tobacco cessation programs are based on best practice methods and are provided statewide at no cost. Participants attend classes and/or receive education over a minimum of four separate encounters and include the following components: nicotine addiction and habit; consequences of tobacco use; different quitting techniques and therapies; benefits of being tobacco free; withdrawal symptoms; coping strategies; stress management tools; nutrition and exercise; social support; and relapse prevention. Completion of a program is defined as attending a minimum of four classes and/or receiving four educational encounters.

An independent evaluation contractor analyzes participant information and conducts follow-up phone calls to assess the effectiveness and reach of Public Health District tobacco cessation services.

This program is critical as few entities in Idaho provide free tobacco cessation services, especially in rural areas of the state.



Short-Term Objectives

The program has identified three cessation objectives:

- 1). Increase the number of classes offered and/or participants in rural and outlying areas;
- 2). Provide ongoing support/education to post-partum women to encourage them to quit/stay quit; and,
- 3). Incorporate social media to encourage all class participants to quit/stay quit.

Long-Term Objective

The long-term objective is to reduce the morbidity and mortality associated with tobacco use in Idaho. Target populations for tobacco cessation programs are pregnant women and youth.

VI. Grant Management

It is the mission of the Public Health Districts to: (1) prevent disease, injury, disability, and premature death; (2) promote healthy lifestyles; and (3) protect and promote the health and quality of Idaho's environment. The Public Health Districts' tobacco prevention and control program is centrally associated with this mission. The Public Health Districts provide services in each of the 44 counties. The Public Health District Millennium program consistently provides tobacco cessation services to Idahoans in over 50% of the counties.

Each of the seven Public Health Districts employs a full-time or part-time Health Education Specialist or other health care professional for program development, delivery and administration of tobacco cessation programs. In some of the Public Health Districts, trained contractors are used to teach tobacco cessation classes. The contractors are paid out of operating funds in the "professional services" summary object category.

Each of the Public Health Districts employs a Finance Officer or Principal who has fiduciary responsibility for grant management. Annually, the Legislative Service Office performs on-site fiscal audits of the Public Health District's fiscal practices, grants and contracts.

Partnership development and maintenance are key components of this program. Work in some Public Health Districts includes identifying qualified partner organizations/individuals to provide tobacco cessation services. Staff promotes the program to referral sources as well as potential participants.

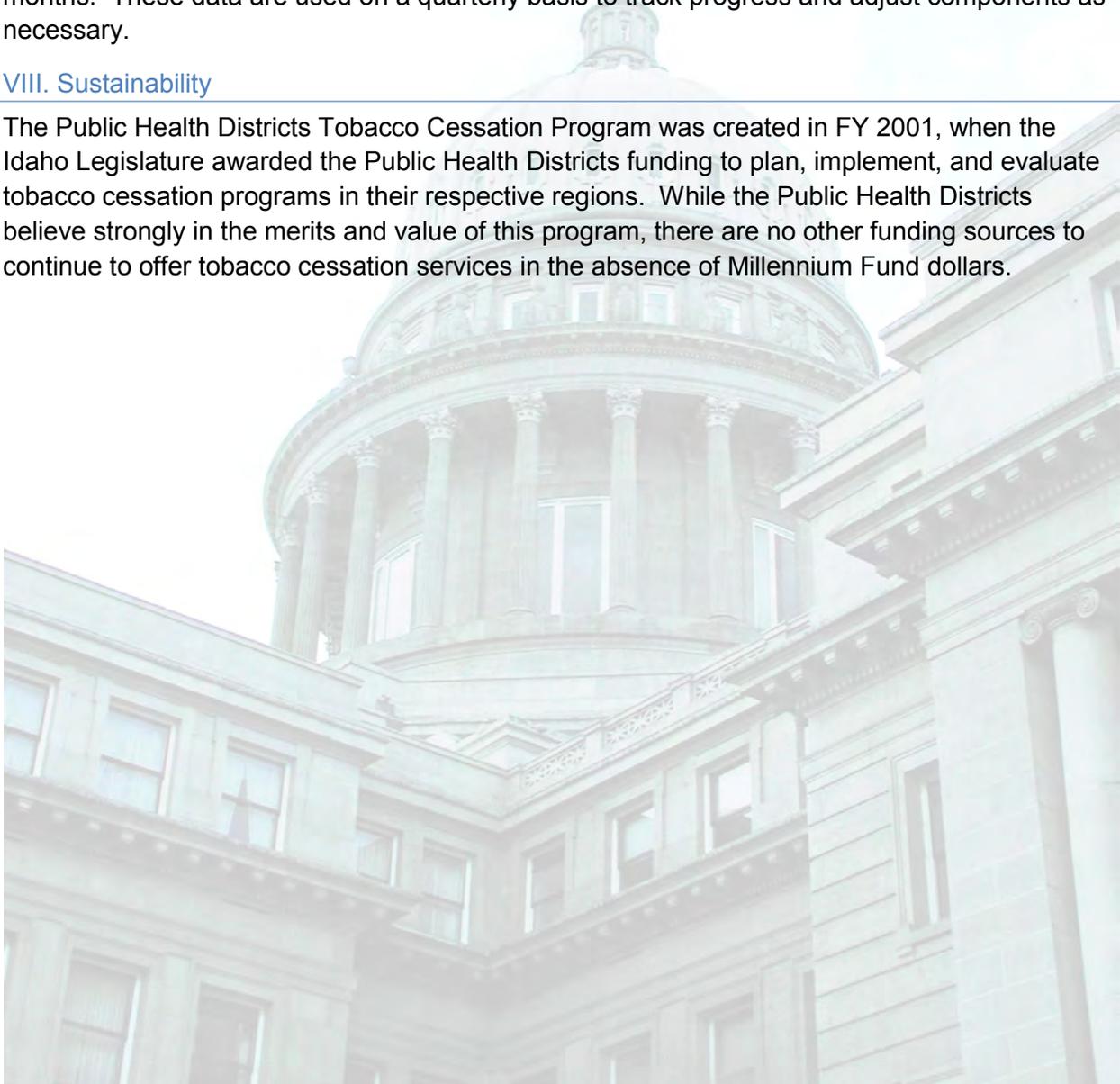
The Women, Infants and Children (WIC) program is housed within the Public Health District offices. Tobacco cessation staff coordinates with WIC staff to assure that WIC families (with a focus on pregnant/post-partum clients) have the opportunity to participate in tobacco cessation education.

VII. Evaluation Plan

The Public Health Districts contract with The Center for Health Policy (CHP) at Boise State University to conduct an evaluation of the Public Health Districts Millennium Tobacco Cessation Program. The evaluation is focused on process and outcome monitoring of the Millennium Tobacco Cessation services conducted by the Public Health Districts. Boise State University evaluates the tobacco cessation program objectives (see short-term objectives, page 3) to assess the effectiveness and reach of the Public Health District tobacco cessation services. The Public Health Districts provide client data forms for entry, storage, and analysis. To obtain information concerning long-term effectiveness of the tobacco cessation program, one and seven-month follow-up phone calls are attempted by Boise State University staff to all eligible participants. The purpose of these calls is to determine the current tobacco use status. Three phone call attempts are made at one month and five phone call attempts are made at seven months. These data are used on a quarterly basis to track progress and adjust components as necessary.

VIII. Sustainability

The Public Health Districts Tobacco Cessation Program was created in FY 2001, when the Idaho Legislature awarded the Public Health Districts funding to plan, implement, and evaluate tobacco cessation programs in their respective regions. While the Public Health Districts believe strongly in the merits and value of this program, there are no other funding sources to continue to offer tobacco cessation services in the absence of Millennium Fund dollars.



Annual Report

FY 2013



Public Health Districts' Millennium Tobacco Cessation/Prevention

Organizational Contact Information:

Full Legal Organization Name	Idaho Public Health Districts
Address	8500 N Atlas Road
City	Hayden
State	Idaho
Zip Code	83835
Website	http://www.phd1.idaho.gov
Executive Director	
Name	Lora Whalen
Title	Director, Public Health District 1
Phone	(208)415-5102
Email Address	lwhalen@phd1.idaho.gov
Alternate Contact Person	
Name	Maggie Mann
Title	Director, Public Health District 6
Phone	(208)239-5258
Email Address	mmann@siph.idaho.gov
Millennium Fund Grant Award	\$400,000

Report Date October 10, 2013

Project Goals:

1. Continue to offer tobacco cessation programs in each district that fit standardized criteria for best practices developed by the American Cancer Society, Idaho Prenatal Smoking Cessation Program (IPSCP), the Centers for Disease Control & Prevention, the American Heart Association, and the American Lung Association. (Met)
2. Conduct at least one tobacco cessation program in at least half of the counties within the district boundaries. (Met)
3. Conduct tobacco cessation services specifically designed for pregnant women and teens. (Met)
4. Provide the independence for each health district to determine the program(s) to be offered and to recruit instructors. (Met)
5. Provide public education of available tobacco cessation services. (Met)

Rationale or Justification for Project:

According to the Centers for Disease and Control and Prevention (CDC), tobacco cessation programs have proven to be cost effective and provide an excellent way to reduce the number of tobacco users in a community. Tobacco cessation programs that successfully assist youth, pregnant women and adult tobacco users in quitting produce a quicker and larger short-term public health benefit than any other type of program.

Project Summary:

All project goals were met, the program is well received in the community with strong data showing successful quit rates. For Fiscal Year (FY) 2013, the percent quit rate within each group for those completing the program was 29% for adults, 41% for youth, and 20% for pregnant women.

Geographic Area Covered:

The Idaho Public Health Districts provided tobacco cessation services in 24 counties.

Project Outputs:

1. Ongoing marketing to teens, pregnant women and adults; recruited to attend the program.
2. Continued partnership with the juvenile courts, OB/GYN offices, Women, Infants, and Children (WIC) and subcontractors.
3. Evaluation component completed by BSU. FY 2013 evaluation report is available.

Project Outcomes:

1. Of the 1,381 people starting a health district tobacco cessation program in FY 2013, 869 people completed it. This included 397 adults, 328 youth, and 144 pregnant women. Completion of a program was defined as attending a minimum of four sessions.
2. Of the 425 people who quit tobacco use as a result of the program in FY 2013, the number quit was 160 (29%) adults, 192 (41%) youth and 73 (20%) pregnant women.
3. The Idaho health care system realizes an average of \$3,390 in savings for each client who quits tobacco (CDC Morbidity and Mortality Weekly Report, April 2002 and November 2008).

Financial Statement:

Description	Amount	Total
Revenue		
Millennium Fund Grant	400,000	
*Other Fund Sources	17,294	
In-Kind Match	0	
Total Revenue		417,294
Expenses		
Personnel	218,012	
Operating	199,282	
Transfer Payments	0	
Total Expenses		417,294
Dollar Variance		0
Percent Variance		0.0%

Personnel Costs:

Program Coordinators and clerical staff are employed by the Health Districts to implement the program. The Health Districts also use Clinical Assistants for a WIC linkage to the tobacco cessation program.

Other Fund Sources-Public Health District Funds:

Three Health District Boards of Health elected to fund Millennium at a higher level. Health District 1 contributed \$1,628, District 4 contributed \$14,717, and District 7 contributed \$952.

Operating Costs:

Operating costs are largely related to subcontractor costs. Other operating costs include BSU evaluation, travel (to teach classes and partnership development), printing costs and educational materials for use in classes.

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October 14, 2013

Joint Millennium Fund Committee
Legislative Service Office
P.O. Box 83720
Boise, ID 83720-0054

Dear Committee Members:

It is a pleasure to be seeking Millennium Grant Funding once again on behalf of Idaho Drug Free Youth (IDFY). IDFY is an exciting organization that is humbled at the opportunity to be able to assist Idaho's youth to lead happy and healthy lives free from the damaging effects of drugs and alcohol. Thank you for your support of our i2i Program over the past six years!

We have started out this year with enthusiasm and have been extremely busy. We have already spoken to over 800 students through our i2i Program, and are in the process of hiring a new Director of Outreach. We have trained and equipped our Youth Advisory Board, and we are in the midst of planning for our fall Leadership Retreat at which there will be youth attending from every Idaho District – All in the name of empowerment and substance abuse! We could not be happier to be serving Idaho in this way, and we are excited to present our 2014/2015 i2i Program proposal to you on December 16, 2013.

Our goal is to present you with a rational and responsible proposal that will earn your trust to recommend that our \$179,775 request will be awarded in its entirety. Each prevention request is worthy and necessary, and we admire them all. But the i2i Program is unique as it employs prevention methods unlike any other organization's focus, and the number of students and communities we reach is directly tied to the level of funding we receive. This is a humble request that does not assume we will receive funding, and certainly is not an attempt to set IDFY's approach apart from others as better. Rather, with a healthy dose of respect it is an attempt to fill a niche within the prevention world that would be left unmet in the absence of the i2i Program.

We are proud of our progress over the years, and we are excited about the years to come. Thank you for your time, service, and consideration.

Sincerely,

Greg Sommers
Executive Director

Presentation

FY 2015



iDIFY

Idaho Drug Free Youth

Empowering Youth
to Lead Happy & Healthy Lives.



i2i Program

The goal of the i2i Program is to help students and parents see eye to eye on **underage drinking.**



Underage Drinking

Alcohol continues to be the #1 substance of abuse among teenagers.



Why Teens Use Alcohol

- Legal and accessible
- Socially acceptable
- Alcohol is easy to conceal
- Messages about alcohol are unclear



Why it matters

Early onset of alcohol use is associated with problematic substance abuse in later adolescence and increased likelihood of alcohol-related disorders in adulthood.

Partnerships in Prevention Science Institute, Iowa State University, Ames, Iowa,
Richard Spoth, PhD, Mark Greenberg, PhD, and Robert Turrisi, PhD



How i2i Works

i2i is made up of **3 phases** that directly engages teens, parents, & the entire community.



Phase 1: Student Assembly

- Establishes trust
- Breaks down walls
- Opens communication
- Practice and feedback
- Application



Phase 1: Student Assembly

“The thing that stuck with me the most was our conversation on helping other people. It takes nothing to be nice to someone, but you both benefit. A simple "hi" could change someone's life. I can't wait for the next event, and I will most definitely be there!

Century High School Student, Pocatello



Phase 1: Student Assembly

“... the message was clear and presented in such a manner where the teenagers received the anti-drug message without lectures, videos, or other means. The interactions between everyone involved, clearly was key to the success of the assembly.”

Tilli G. Abbott, Assistant Principal, Mountain Home High School



Phase 1: Student Assembly



Phase 2: True Confessions

- Parent & Teen Interaction
- Adolescent Brain Development
- Media Literacy

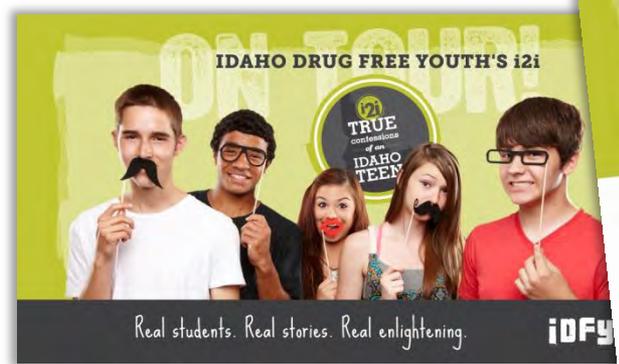


Phase 3: Community

- TV & Radio Campaign
- Newspaper Coverage
- Flyers & Posters
- Personalized Mailings



Phase 3: Community



FOOD FOR THOUGHT #14

Kids who watch and enjoy alcohol ads have more favorable beliefs about drinking and say they are more likely to drink in the future.

Dinner Table Topics

Ask your kids:
Describe a beer commercial you remember seeing. How do people in alcohol commercials behave?

Ask your parents:
What consequences come to mind when you think about teens drinking alcohol?

FOOD FOR THOUGHT #23

The average age of 21 consume 14.4% of all alcohol sold in Idaho 109 million dollars that Idaho teens spend annually on a 53 million dollar profit for the alcohol industry.

Ask your kids:
How old were you when you first noticed that kids your age started drinking?

Ask your parents:
How has alcohol advertising changed since you were a teenager?

See eye to eye with your kids on underage drinking. This powerful and engaging program allows kids to unmask the real pressures and consequences of underage drinking through facts, not fear tactics, and storytelling. Adults are also invited into the conversation as allies, influencers, and real people who are trying to figure it out too.

Real Students. Real Stories. Real Enlightening.

See eye to eye with your kids on underage drinking. This powerful and engaging program allows kids to unmask the real pressures and consequences of underage drinking through facts, not fear tactics, and storytelling. Adults are also invited into the conversation as allies, influencers, and real people who are trying to figure it out too.

Real Students. Real Stories. Real Enlightening.

Coming Soon!
See i2i in your town.

RSVP
to AN EVENT near you.

TRUE confessions of an IDAHO TEEN

iDFy To find out when we'll be in your town, go to idahodrugfreeyouth.org/i2i.

Coming Soon!
See i2i in your town.

RSVP
to AN EVENT near you.

TRUE confessions of an IDAHO TEEN



Does i2i Work?

Scholarly reviews of alcohol prevention programs across the country indicate empirical support for programs that offer: multi-component, skills-based development, and **in-person** motivational experiences.



Does i2i Work?

Programs Considered “Most Promising”	i2i Components
Motivational Based	Student empowerment Student support
Skills Based	Media Literacy Teens practice positive support Parent & Teen communication
Education Based	Alcohol & Drug Education Alcohol Expectancy Education Brain Development Education



Sustainability

New Millennium Fund Fee Schedule

- **First year:** No cost and includes travel expenses
- **Second year:** 50% of fee and travel expenses
- **Third year:** 100% fee, no travel expenses
- **Fourth year:** Return to first year status



Sustainability

Advantages of the New Fee Schedule:

- Increases ownership & provides crucial financial support
- Increases responsibility and quality
- Future planning
- Revisits and reinforces key prevention messages
- Increases number of new schools each year



i2i Impact

Since the inception of i2i in 2007, we have directly reached over 30,000 students.

Last year:

- 4,200 students through i2i Program
- 500 parents
- 17 counties, 38 schools, 47 i2i Student Assemblies.



iDIFY

Idaho Drug Free Youth

Empowering Youth
to Lead Happy & Healthy Lives.

Application

FY 2015



Millennium Fund Grant Proposal

For the Period July 1, 2014 through June 30, 2015

i2i Program

I. Grant Applicant

Full Legal Organization Name

Address

City

State

Zip Code

Website

Idaho Drug Free Youth

610 W. Hubbard Ste 123

Coeur d'Alene

Idaho

83814

www.idahodrugfreeyouth.org

Executive Director

Name

Title

Phone

Email Address

Greg Sommers

Executive Director

208-644-4339

Greg@idahodrugfreeyouth.org

Alternate Contact Person

Name

Title

Phone

Email Address

Kelsey Wood

Director of Marketing

208-664-4339

Kelsey@idahodrugfreeyouth.org

Organizational Description: Idaho Drug Free Youth (IDFY) is a community based drug, alcohol, and tobacco prevention program that educates and supports Idaho students. Our mission is to empower Idaho youth to lead happy and healthy lives. IDFY offers impactful programs and experiences through IDFY Chapters, i2i Student Assemblies and True Confessions of an Idaho Teen Presentations, leadership trainings and retreats, and Idaho's premier youth conference, the Idaho Youth Summit. These programs are designed to provide students with fulfilling relationships, leadership skills, empowerment, and a robust expression of the freedom, hope, and inspiration that is the result of living drug and alcohol free lives. More than 70,000 students have been impacted as a result of IDFY programming in the last 22 years.

II. Grant Proposal Summary

Meets One or More of the Following Criteria:

(Indicate Yes Where Applicable)

- | | |
|--|-----|
| 1. Tobacco Cessation or Prevention | Yes |
| 2. Substance Abuse Cessation or Prevention | Yes |
| 3. Tobacco or Substance Abuse Treatment | |

Purpose of Grant: Idaho Drug Free Youth is requesting funding to implement a multi-faceted alcohol, tobacco and drug prevention education program for teens and parents statewide. Our program is titled **i2i** because it brings students together and inspires them to work together to prevent teen substance abuse. Additionally, i2i is about opening up the communication between youth and adults and helping them to see eye-to-eye and work together to combat teen substance abuse. Interactive student assemblies and evening events build communication skills and facilitate openness. The **i2i** Program increases community awareness through print and social media campaigns and educational take home materials for youth and parents to use long after i2i has been in their school and community.

Grant Amount Requested: \$179,775

III. Proposed Budget

Expenditure Category	Staff Time	Millennium Fund	Other Fund Sources	In-Kind Contribution	Project Total
Personnel					
Salaries	2.00	94,850			94,850
Benefits		7,900			7,900
Total Personnel	2.00	102,750	-	-	102,750
Operating					
Travel		41,200	3,000		44,200
Rent		925			925
Utilities		600			600
Insurance		800			800
Communications		16,000		5,000	21,000
Materials & Supplies		5,500	1,000		6,500
Postage/processing		7,000			
Consultants				1,800	1,800
Employee Development		4,000		5,500	9,500
Miscellaneous		1,000			1,000
Total Operating		77,025	4,000	12,300	86,325
Transfer Payments					
Intergovernmental Transfers					-
Direct Client Services					-
Local Contractors					-
Other					-
Total Transfer Payments		-	-	-	-
GRAND TOTAL		179,775	4,000	12,300	189,075

Personnel Costs Details:		Millennium Fund	Corporate Sponsors	Other Grants	Total
Position Title	FTEs	Fund			
1. Executive Director	0.25	14,000			14,000
2. Director of Outreach	0.85	37,400			37,400
3. Director of Marketing/Pro	0.75	25,920			25,920
4. Administrative Assistant	0.15	1,350			1,350
5. Contract Facilitators		7,500			7,500
6. Payroll taxes (10.5%)		8,680			8,680
TOTAL	2	94,850	0	0	94,850

Budget Notes:

Millennium Fund – Communications: \$5,000 direct marketing development of promotional materials + \$7,000 True Confessions presentation development and filming + \$4,000 development of educational resources = \$16,000. **Materials and Supplies:** \$4,500 new laptop, projector, sound system and 2 wireless microphones, and i2i Assembly props for four sets + \$1,000 drug testing kits = \$5,500. **Travel:** Accounts for two facilitators for each trip, average of two days travel, includes lodging, flight, car rental/gas, meals. Average cost \$1030 for each trip. We are asking to impact 40 schools/communities. Total request for travel is \$41,200. **Rent, utilities and insurance:** 25% of annual expense.

Other Fund Sources: Travel: \$3,000 Approximate amount that schools will pay above Millennium Fund funding to bring i2i to their community. **Materials and Supplies:** \$1000 in revenue from additional drug testing kits sold.

In-Kind Contribution – Staff Development: \$5,500 IDFY’s contribution to employee development. **Communications:** \$5,000 Donated direct marketing. **Consultants:** \$1,800 translation of our evening events into Spanish will be provided and funded by local communities when requested.

IV. Statement of Need

According to the Centers for Disease Control, a 2011 survey of students in grades 9-12 reported that 39% had consumed alcohol, 22% had engaged in binge drinking (defined as five or more drinks in a row), 8% had driven after consuming alcohol, and 24% rode with an intoxicated driver. In Idaho, numbers from 2009 discovered that 19.2% had their first alcoholic drink before the age of 13, and 22.3% had engaged in binge drinking. Unfortunately, the earlier students engage in drinking the likelihood that they will have alcohol related problems later in life substantially increases. The Center on Addiction and Substance Abuse (CASA), found that young people who start drinking before age 15 are four times more likely than older individuals to develop alcohol dependence. Additionally, children who drink are 25 times more likely to use marijuana, and 50 times more likely to use cocaine than children who never drink (Columbia University).

Underage drinking is unfortunately widespread in Idaho and the direct costs to address the problems are distressing. In 2010, costs associated with underage drinking, directly and indirectly, were \$.3 billion. \$125 million were directly associated with underage drinking as it related to medical care and loss of work <http://www.odp.idaho.gov/prevention/eudl.html>. But costs are not just limited to dollars and cents, and there are costs of unhealthy attitudes and beliefs when it comes to underage drinking. Some adults have embraced a mindset that tolerates and even enables teen drinking in the name of safety. Too many adults host teen drinking parties with a misguided rationale that keeping young people safe is merely an issue of preventing drinking and driving or promiscuity. Fortunately, our i2i Program helps adults understand that the cost of underage drinking damages a young person's brain development and potentially hinders future success.

But how did underage drinking become so pervasive, and what compels young people to drink in the first place? One of the biggest culprits is alcohol advertising that shapes favorable expectancies within young people.

By the age of 18, young people will witness over half a million alcohol advertisements (<http://medialiteracy.net>). These advertisements are enormously effective in convincing young people that in order to belong, attract the opposite sex, be funny, or have a good time, one must drink alcohol. By creating favorable expectancies toward alcohol, alcohol companies have learned that they can shape the drinking behaviors in the next generation of alcohol consumers. Dr. Peter DeBenedittis, in a prevention documentary, "*Smashed: Teen Brains and Alcohol*," explains this concept as "pairing." Pairing is a term given to an advertising tactic that persuades viewers to correlate favorable behavior with perceived benefits. In the case with alcohol advertising, a common link between "funny" and "beer" is repeatedly driven home in the minds of young people (over half a million times), resulting in a higher volume of underage drinkers. In Idaho, this shameless tactic leads to \$53 million in profits that alcohol companies gain from underage consumers <http://www.odp.idaho.gov/prevention/eudl.html>. However, in an engaging manner the i2i Program breaks down the messages sent by alcohol companies and helps youth and adults alike realign their attitudes with the real physical effects of alcohol, rather than the social emotional effects (fun, funny, social, attractive). i2i offers parents and influential adults the resources to reshape the alcohol expectancies for the youth with whom they are in direct contact. Still, preventing underage drinking is not merely a matter addressing financial and health concerns. It is crucial that we meet the social and emotional needs of young people too. When those needs are met in positive ways, youth are more likely to turn to resist negative sources to meet those same needs.

William Glasser, famous psychiatrist and founder of Choice Theory says, "Disconnection is the source of almost all human problems." When young people are disconnected, they become vulnerable and consequently more susceptible to negative sources in their search to meet their most basic needs. And in the case of belonging, there is no deeper need for young people. Therefore, the i2i Program engages students in a dynamic and interactive assembly that addresses underage drinking from an entirely unique perspective.

i2i Student Assemblies provide youth with an intense and socially healing experience that breaks down walls, increases understanding, compassion, and empathy, and decreases the behaviors (such as bullying, victimizing, stereotyping, apathy) that lead to isolation and disconnection. When students see eye to eye and discover, as well as offer, meaningful connection they develop a positive school atmosphere where peers embrace each other more easily and become concerned for each other's well being. This powerful connection leads to one's more positive outlook and wise decision making skills. The i2i Program brings the message of prevention directly to the ears and hearts of teens and provides them with a public platform on which they make personal commitments to avoid substance abuse and reach out to others. i2i is not passive; it is experiential and life changing.

We are seeking funding for the 2014/2015 school year that will allow us to share the i2i Program with Idaho schools and communities in a cost effective manner. When schools save money they are more likely to keep the program going year after year, which sustains a drug free culture in individual schools and across the state of Idaho.

V. Project Design

The i2i Program is a unique and multi-faceted program that is unlike anything else being offered in Idaho to prevent teen substance use. The i2i Program aims to:

- positively affect school climates and behaviors that inadvertently support risky teen behaviors.
- educate influential adults and raise awareness of underage drinking prevention throughout Idaho communities.
- penetrate homes with prevention messages through press releases, vivid community flyers, and educational newspaper inserts.
- strengthen communities and fortify their resolve to work together to decrease substance abuse.
- challenge youth to make personal commitments to make wise decisions for themselves while increasing the concern for their peers.

There are four components to IDFY's i2i Program:

i2i-True Confessions of an Idaho Teen Evening Presentation: Our True Confessions Evening Presentation is an education and awareness building event that highlights the number one reason teens drink alcohol, and how to prevent it. Students, parents, influential adults, and community members are encouraged to attend one of the three to five sessions held throughout each region. True Confessions presentations are scheduled in conjunction with most i2i Student Assemblies and all students within the district and surrounding communities are encouraged to attend. The 1.5 hour presentation reveals that alcohol is the leading substance of abuse among Idaho teenagers and how underage drinking can be prevented. Community members, parents, and students alike will gain a new set of skills and insight and be empowered to face and prevent underage drinking.

i2i-True Confessions of an Idaho Teen Goals:

1. Educate students, parents, and community members regarding the highly susceptible nature of an adolescent's brain to alcohol.
2. Help students, parents and community members become more media literate and unveil the disturbing marketing tactics the alcohol industry uses to shape young people's attitudes toward alcohol.
3. Empower and convince participants to share the i2i information beyond the evening presentation with their friends, families and community members.

i2i-True Confessions of an Idaho Teen Objectives:

1. Engage every participant in an interactive presentation that is relevant and hard hitting.
2. Invite the entire community and surrounding communities to attend each presentation.
3. Provide convincing and leading research on the potentially long-term negative that impact alcohol has on the undeveloped adolescent brain.
4. Reveal how the media shapes the Alcohol Expectancies of teenagers and how underage drinking can be predicted based on how one thinks he/she will feel as a result of drinking.
5. Provide additional take home resources that participants can use to effectively spread the i2i information throughout their community.

Projected Outcomes:

- Parents will be educated about the harmful effects of alcohol and will initiate discussions with their children to reduce underage drinking by verbalizing a “no use until 21” expectation.
- Educated parents will be better equipped to set clear boundaries and supervise their child's behavior. Parents will be better prepared to develop healthy helping skills for supporting their child as they navigate their teenage years.
- i2i will have a positive influence on family norms and behaviors that inadvertently make alcohol appealing to young people.
- A grassroots effort to reduce and/or eliminate underage drinking will be created by providing resources that parents can share with others.
- A reduction in the number of adults who supply alcohol to minors.

i2i Student Assemblies: The i2i Student Assembly is a powerfully engaging experience that captures students' attention, creates meaningful connection across cliques and student groups, introduces life lessons that reduce risky behavior, and challenges young people to make wise decisions for themselves while increasing empathy for others. These sessions develop a mutual sense of support and compel students to embrace the challenge to resist drugs and alcohol. i2i Student Assemblies are tailored to fit audiences across age levels. 5th and 6th grade programs are designed for 2.5 hours. 7th and 8th grade programs are typically three hours. This format allows us to reach more students and facilitate two programs within one school day. While some high schools choose the three hour format with a goal to involve more students, other programs last up to six hours which allows for deeper content penetration. Each program's format is designed to fit the goals of each individual school.

i2i Student Assemblies Goals:

1. To create caring school climates that inspire students to resist substance abuse and increase peer to peer support.
2. To personally challenge youth to outwardly commit to the lessons they learn during the assembly.
3. To reduce the number of students who turn to alcohol use because of isolation and disconnection.

i2i Student Assemblies Objectives:

1. Engage every participating student intellectually, physically, and emotionally.
2. Include school staff members in each assembly so they can support student commitments beyond the i2i experience.
3. Break down walls, labels, and student misconceptions through experiential activities and meaningful small group discussions.
4. Use humor, fun activities, and laughter to help students experience and embrace real fun and positive energy.
5. Close each student assembly with students verbalizing what they learned and how they are going to apply those lessons beyond the session.

Projected Outcomes:

- IDFY facilitators will personally engage and inspire 5000+ teenagers across Idaho in i2i Student Assemblies.
- Prevent students from engaging in underage drinking and substance abuse.
- Reduce the number of young people who engage in underage drinking and substance abuse.
- Students help each other live out their commitments and challenge each other to make positive changes in their lifestyles.
- Students learn new pro-social behaviors that meet their needs in positive ways.
- Bullying, victimizing, and hurtful behaviors are replaced with empathy, caring and peer support.
- Students will make personal commitments and communicate them at the conclusion of each i2i Student Assembly.
- School climates will become more supportive and caring leading to increased student engagement and academic performance.

i2i True Confessions Print and Social Media Campaign: With the use of print media we will counter the alcohol advertising's influence in 100,000+ homes. Many of these people may never attend an actual i2i-True Confessions of an Idaho Teen Evening Presentation, but will be exposed to the need to reduce underage drinking, and how to do it. We will use newspaper inserts, press releases, community posters, community flyers delivered by IDFY Chapter students in their communities and through popular food venues, such as Papa Murphy's pizza, as well as a compelling and socially relevant Facebook strategy.

i2i-True Confessions Media Campaign Goal:

1. Provide information that is compelling and relevant and helps Idaho residents understand and respond to the need to reduce underage drinking.

i2i-True Confessions Media Campaign Objectives:

1. Establish relationships with food delivery establishments to deliver i2i Flyers into the homes of customers.
2. Send out press releases and newspaper inserts in every major newspaper two to three weeks prior to each i2i-True Confessions of an Idaho Teen Presentation.
3. Create partnerships with Community Coalitions and community minded organizations to host Evening Presentations, and/or help spread the message of each upcoming i2i Evening Presentation through posters and flyers.

Projected Outcomes:

- Increase the attendance at regional i2i-True Confessions Evening Presentations.
- Reach out to families and parents that don't attend with vital information regarding the dangers of underage drinking and how to prevent it.
- Change social norms regarding underage alcohol consumption.

i2i Take Home Materials: Each i2i True Confessions participant will leave with materials they can use to share with friends and community members who do not attend.

i2i Take Home Materials Goals:

1. To keep the message of i2i alive and fresh within the home of each participant.
2. To empower participants with the means to spread the message with friends and community members.

i2i Take Home Materials Objectives:

1. Create compelling and easy to use materials for participants to share.
2. Ensure that every participant who attends the evening presentations receives and knows how to use the program materials.

Projected Outcomes:

- Reach further into homes with the i2i message in every region in Idaho.
- Reduce the number of adults who tolerate and supply alcohol to teens.

The success of each component will be measured through program evaluation. A 15 question survey will help us to know how successful we were in educating participants during our Evening Presentations, and will also measure how effective the promotion methods were in compelling community members to attend. Every student participant in an i2i Student Assembly will receive an i2i Survey to be completed with parental assistance following the program and submitted to IDFY physically, or electronically through our website. We will add incentive for students to submit their surveys by entering them in a drawing to win a full Idaho Youth Summit registration. The survey will help us know what students learned as a result of their i2i experience, and how to improve the program's effectiveness.

VI. Grant Management

Idaho Drug Free Youth (IDFY) is a leader in empowering students to lead happy and healthy lives free from alcohol and substance abuse. As a 501c3 non-profit since 1990, we have been providing and delivering powerful youth programs and experiences through IDFY Chapters in over 70 Idaho schools, leadership retreats, state-wide youth conferences (Idaho Youth Summit), school based leadership and mentoring programs (VOICE Student to Student Mentoring Program), and i2i Programs. Our 12-member board of directors includes community leaders in health, banking, law, education, insurance and law enforcement. IDFY's Board provides input and support to guide the outreach through the i2i Program. Seven teenagers, one from each Idaho region, make up our Youth Advisory Board and provide valuable input for our programming. There are more than 5,000 middle and high school students who are active IDFY card carrying members statewide. We empower these students to organize and present drug, alcohol and tobacco prevention programs in their schools and communities. Our statewide office in Coeur d'Alene is currently staffed by 2 full time staff, one part time staff, and a college intern. This staff oversees all operations statewide including implementation of all programs and managing over 100 volunteers.

As the new IDFY Executive Director since December 2012, Greg Sommers will provide the primary management of this grant. Greg will supervise all staff who work on Millennium grant-funded programs. Greg joined the IDFY staff in August of 2009 as the Director of Outreach and has been a key factor in helping create, revise, and deliver all i2i Program components. He is currently in the process of interviewing and hiring a competent replacement to coordinate, manage, grow, and facilitate the i2i Program. Greg earned a B.S. in social work at Lewis & Clark State College.

Idaho Drug Free Youth's Director of Marketing and Promotions, Kelsey Wood, earned her B.S. in psychology at University of Idaho. In high school she was a member of an Idaho Drug Free Youth Chapter. Kelsey oversees promoting i2i and working with schools and advisors to develop and grow IDFY's Chapter Program. She also manages all outside communication and social media campaigning. She will coordinate and oversee i2i direct marketing, print and program materials, event logistics, and manage our media campaign.

IDFY's Director of Outreach will be the primary contact with schools to schedule, manage, coordinate, and facilitate i2i School Assemblies and True Confessions of an Idaho Teen Evening Presentations. The Director of Outreach will also work with the Administrative Assistant to ensure that schools i2i Requests are responded to quickly and efficiently.

Karen Ashenbrenner is IDFY's Administrative Assistant who will be the first point of contact who receives and responds to initial requests as she hands off the program details to the Director of Outreach.

Kristi Siahaya has a master's degree in Public Health. She will complete a statistical assessment of i2i event participants' pre- and post-program survey data to assess knowledge gains and behavior changes.

Staff time: Greg Sommers = 0.25, Director of Outreach = 0.85, Kelsey Wood = 0.75, Administrative Assistant = .15

VII. Evaluation Plan

Each participant will complete a 15 question pre/post survey during each i2i-True Confessions Evening Presentation. This survey will include a Likert scale measuring system with "1" valued low, and "5" valued high. Open ended questions will also be used to measure understanding on key program elements. We specifically want to know:

- What part of tonight's presentation did you find most meaningful/helpful?
- Do you plan to change any of your current behaviors based on the program's message? If yes, what will be different?
 - o **Responses in the past have been:**
 - "Really talking about how they are exposed to alcohol ads and such. I will talk more about the consequences."

- “I will look at ads differently. I will tell my friends to stop using alcohol (from a 13 year old).”
- “My response to advertising. I didn’t realize their impact.”
- “I will stop letting my kids take “sips” of my alcoholic beverages.”
- After attending this program, do you feel prepared to discuss difficult topics, such as alcohol use, with family members?

We expect to receive a high participation rate with the survey because participants are asked to complete their responses during the program and submit them as they exit. We received over 85% of the responses back. From last year’s surveys we were pleased to learn that over half of adult respondents, in their own words, said that the information on alcohol expectancies was new, informative, or helpful. Our goal is to continue to bring relevant and influential information to Idaho residents that will compel youth and adults to make necessary adjustments in their attitudes toward underage drinking. An evaluation analysis will help us assess the impact of our Evening Presentations as well as our media campaigning to help guide the efficient use of future resources to promote the i2i Program.

i2i Student Assembly effectiveness will be evaluated in two ways. 1. i2i School Coordinator feedback. 2. Student responses.

We ask i2i School Coordinators the following:

- In your opinion, was the program helpful for your students? Was it helpful for the school?
 - o 100% say yes. The most recent response was from Marsh Valley High School, *“The i2i Program was incredible and I personally feel that it was very helpful. Our students opened up and with their replies we will be able to focus on helping their needs. We used our Natural Helpers Student Leaders as our “adults” again this year. It was so beneficial for them. They saw students that they needed to get extra attention to and make sure they kept their ears and eyes open for them in the halls. Plus many said wow, we now have more friends!”*
- What part of the program was especially helpful?
 - o Selected responses are: “Students are more compassionate and understanding of their peers.” “We saw walls break down between students.” “We love watching all the students work together and help each other.”
- Would you like to have i2i return to your school next year?
 - o Selected responses are: “Yes, if we have funding.” “Absolutely, we just want to do it sooner in the year.” “Without a doubt.”

In 2014/2015 we will ask students to respond to the following questions as part of our take home survey:

- What did you learn during your i2i Student Assembly experience?
- Will the i2i experience influence teens in your school to be alcohol and drug free? If yes, how so:
- In your opinion, how will students in your school benefit from participating in the i2i?
- What was the best part of the program?
- What would you change about the program?

VIII. Sustainability

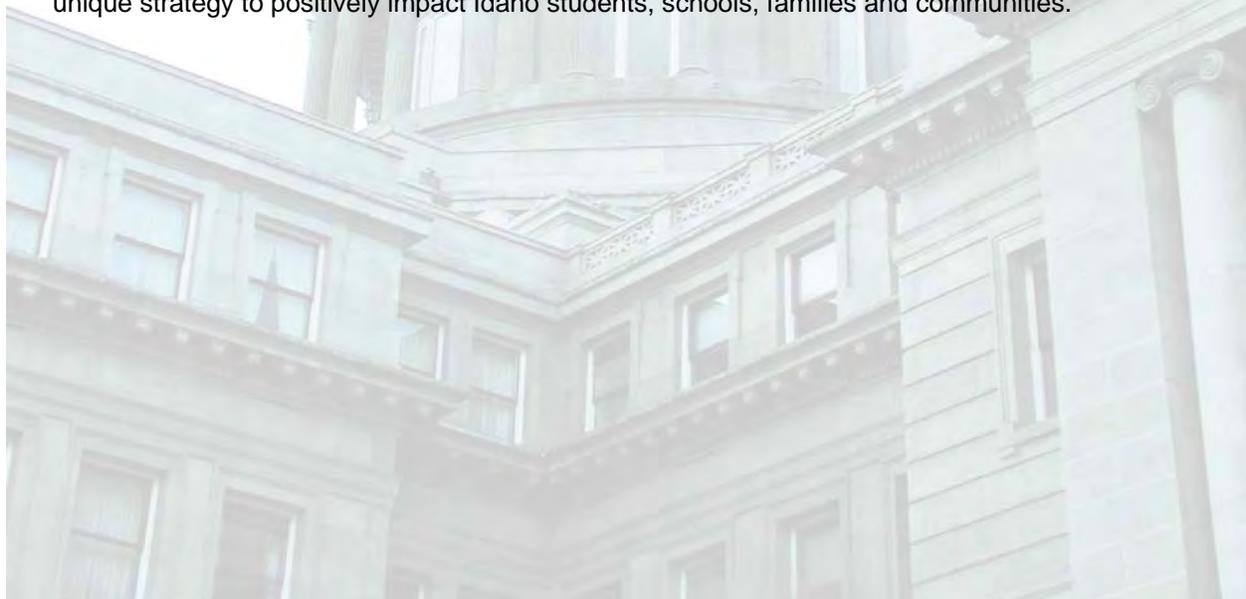
In 2007, The Millennium Fund originally supported the effort for IDFY to start our i2i Program. Since then we have served over 120 individual schools, facilitated over 220 i2i Student Assemblies, and presented our evening presentation at least 150 times. IDFY will always continue to offer the i2i Program, with the hope that the Millennium Fund will continue to partner with us to support Idaho students, schools, and communities in this manner. In order to expand our outreach to more Idaho communities and stretch the Millennium Fund funding, we have creatively built a four-year i2i Program Fee Schedule that will help schools begin the i2i Program, and direct most of the Millennium Fund funding to new school programs each year. Our i2i Program Fee Schedule is as follows:

1. First Year Schools: Receive the program and travel expenses at no cost. This allows them to schedule an i2i Program without the stress of seeking funding and they can focus on implementation, serving their students and families, and content.
2. Second Year Schools: Receive the program at 50% of the \$1450 program fee, plus 50% of all travel expenses. However, if they are able to assist us in scheduling a first year school in the same week in their area, we waive the travel expenses entirely.
3. Third Year Schools: Pay 100% of the program fees, but the Millennium Fund funding is used to cover 100% of their travel expenses. Next year will be the first year we will have Third Year Schools. We already have signed Third Year Schools for 2014/2015.
4. Fourth Year Schools: Schools will reset and become a first year school again. While we want schools to believe in the program and take on more ownership, we also want to come alongside and offer as much assistance for these schools and students as possible.

With this fee schedule layout, we hope to:

- Grow the i2i Program throughout Idaho and reach new schools every year.
- Sustain existing or returning schools and help them plan out their budgets in advance.
- Allow schools who believe in the program to invest their own time, energy and resources into maintaining **their** i2i Program, which we believe strengthens their program and enhances effectiveness.
- Communicate that we are all in this together. By taking on more costs as they go, other schools will join the i2i Culture, but each school will be able to anticipate future financial relief too as we partner together to empower Idaho students and prevent substance abuse.
- Keep costs low for schools who are seeking dynamic and creative approaches to prevention.

The fee schedule is the perfect balance between sustaining our program over multiple years, and keeping costs low for schools and communities. If the Millennium Fund were to be absent, schools would feel 100% of the burden to maintain their i2i Program on an already stressed budget. IDFY will always continue to offer the i2i Program as a service and also a small revenue stream for the organization. Still, with the Millennium Fund, we are able to reach further and deeper into the heart of Idaho communities, and we are confident that the i2i Program is a responsible and appropriate extension of these endowment funds. In partnership with the Millennium Fund Committee, and the faith of our Governor and Joint Finance Appropriations Committee, IDFY will continue to use this unique strategy to positively impact Idaho students, schools, families and communities.



Annual Report

FY 2013



Millennium Fund Annual Report

For the Period July 1, 2012 through June 30, 2013

I2i Program

Organizational Contact Information:

Full Legal Organization Name

Address
City
State
Zip Code
Website

Idaho Drug Free Youth

610 W. Hubbard Ste 123
Coeur d'Alene
Idaho
83814
www.idahodrugfreeyouth.org

Executive Director

Name
Title
Phone
Email Address

Greg Sommers
Executive Director
208-664-4339
Greg@idahodrugfreeyouth.org

Alternate Contact Person

Name
Title
Phone
Email Address

Kelsey Wood
Director of Marketing and Promotion
208-664-4339
Kelsey@idahodrugfreeyouth.org

Millennium Fund Grant Award

\$150,000

Report Date

October 16, 2013

Project Goals: *To prevent teen substance abuse through:*

- *Working with Idaho schools to provide engaging student assemblies that inspire students to lead happy and healthy lives while challenging young people to resist substance abuse and increase compassion and understanding for their peers. This creates caring school climates where students are positively influenced by their peers.*
- *Informing Idaho parents and influential adults about the reasons young people abuse alcohol, and educate them regarding the life-long negative impact that alcohol has on a young person's brain.*
- *Challenging parents and influential adults to establish and/or fortify their belief that underage drinking can be avoided, and inspire them to speak often and clearly with the teens in their lives to avoid alcohol entirely until they are of legal age.*

Rationale or Justification for Project: Alcohol abuse among young people under the age of 21 continues to be a leading public health concern. Youth who drink alcohol are more likely to experience one or more of an assortment of negative consequences such as, but not limited to: school problems, decreased academic achievement, unwanted/unplanned pregnancy, abuse of other drugs, physical problems, and to top the list, impeded brain development. According to the William Glasser Institute, and imbedded in the wisdom of Choice Theory, is the assertion that almost all human related problems are the result of disconnection. When students are disconnected and do not experience a caring and

supportive atmosphere they are more likely to turn to alcohol, drugs, and other high risk behavior to satiate their need to belong. However, when students are connected in meaningful ways and gain a positive sense of belonging, they are more likely to resist the aforementioned negative sources to get their needs met. Additionally, students whose parents speak often and clearly regarding the dangers of underage drinking are less likely to engage in such behavior.

Project Summary: The i2i Program is a unique multi-faceted approach to prevent teen substance abuse in Idaho, through:

- Idaho Drug Free Youth i2i Student Assemblies that capture the attention Idaho students and inspire them to lead happy and healthy lives, be drug and alcohol free, and create caring school climates to increase positive peer influence.
- Evening presentations called, i2i – True Confessions of an Idaho Teen, that educate Idaho parents and other influential adults on the primary reasons teens use and abuse alcohol, and how to prevent underage drinking for those youth with whom they have direct contact.
- A multi-media campaign that promotes dates and locations of each i2i – True Confessions of an Idaho Students in each region for two weeks prior to each event. Varied media outlets include newspaper press releases and ads, Papa Murphy’s flyers with every pizza purchased, posters, televised commercials, radio commercials.

Geographic Area Covered: The i2i Program is a statewide deliverable service and education program, which at the beginning of the school year is equally available to any school or community within the state. The funding amount we received determined the amount of schools or communities in which we can deliver no-cost i2i programs, along with the amount of media coverage we were able to purchase. The counties, and number of schools in each county, that we visited were:

Adams	1	Gooding	2
Bannock	3	Idaho	1
Bear Lake	2	Kootenai	7
Bonner	3	Latah	4
Bonneville	2	Owyhee	2
Canyon	1	Teton	1
Caribou	1	Twin Falls	2
Clearwater	2	Washington	3
Elmore	1		

Project Outputs:

- Participating schools: 38
- i2i Student Assembly participants: 4227 Students
- i2i-True Confessions Evening Presentation participants:
 - o 10-12 years of age: 53
 - o 13-15 years of age: 104
 - o 16-18 years of age: 95
 - o 19-21 years of age: 2
 - o 22-25 years of age: 1
 - o 26-35 years of age: 25
 - o 36-45 years of age: 104
 - o 46-55 years of age: 53
 - o 56-65 years of age: 13
 - o 66+ years of age: 4

- o Total: 454
- Over 63,000 homes received our i2i Press Release which highlighted and invited them to attend an i2i True Confessions Presentation near them. These same homes received a newspaper insert in which the content of our True Confessions presentations was delivered.
- TV commercials for our i2i True Confessions Evening Presentation were aired in Bonner County, Kootenai County, Twin Falls/Hagerman area, and Pocatello. Cable penetration is 45%-49% in these areas.
- 500 Flyers were delivered in the Coeur d'Alene and Sandpoint areas, and 2000 in the Twin Falls area, through Papa Murphy's take-n-bake pizza venue.

Project Outcomes:

- 47 i2i Student Assemblies were delivered in 17 counties
- 38 schools participated
- 4227 students attended i2i Student Assemblies
- 100% of coordinators want i2i to return to their schools the next year.
- As a result of i2i Student Assemblies eight additional schools started IDFY Chapters.
- 454 participants attended our i2i – True Confessions presentations. Of which 70% said they are more likely to talk to their family members and friends about the dangers of underage drinking.

Financial Statement:

Description	Amount	Total
Revenue		
Millennium Fund Grant	150,000	
Other Fund Sources		
Total Revenue		150,000
Expenses		
Personnel	99,730	
Operating	50,810	
Total Expenses		150,540
Dollar Variance		(540)
Percent Variance		-0.4%

Budget Notes:

Personnel: \$83,720.67 to payroll + \$7271.20 to employee benefits + \$8738.40 to payroll taxes = \$99,730.27,

Operating: \$211.48 to Administrative/miscellaneous + \$4169.63 to equipment + \$17,840.14 to marketing/promotion + \$2017.59 to materials/supplies + \$3748.71 to printing + \$752.62 to resource kits + \$17672.62 to travel/meals + \$1835 to contract facilitation + \$1597.06 to liability insurance + \$965.45 to occupancy = \$50810

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BOISE STATE UNIVERSITY

October 9, 2013

JOINT MILLENNIUM FUND COMMITTEE
Room C305, State Capitol
Boise, Idaho 83720

Dear Joint Millennium Fund Committee,

The Idaho Regional Alcohol Drug Awareness Resource (RADAR) Center is the state of Idaho's premier and only clearinghouse for free tobacco, alcohol and other drug prevention and treatment resources. To continue our mission to provide free substance abuse prevention and addiction treatment resources to Idahoans in FY 2015 we require additional support. With the enclosed proposal, we respectfully request a \$65,000 grant in support of staff salary, print/video resources, and conference travel in order to provide quality service to our patrons. The center serves the entire state and provides expertise in the collection and dissemination of drug abuse prevention and treatment print materials, online resources, and substance abuse data. The center also houses an extensive video lending library of substance abuse and treatment DVDs and videos that is highly utilized by prevention educators and substance abuse treatment professionals. I encourage you to view our website at <https://radar.boisestate.edu> to get a sense of the breadth of resources available.

Through the dissemination of tobacco prevention/cessation and substance abuse prevention and treatment resources, the Idaho RADAR Center is a key component of the state substance abuse prevention and treatment system. We have been in the business of providing resources since 1991 and have developed collaborative relationships with many partners in the state who have the same desire; to prevent and treat the destructive disease of addiction.

Thank you for considering our proposal. If you have questions prior to the grant application hearing you may contact me at 208-426-4105 or tericarrigan@boisestate.edu.

Sincerely,

Teri Carrigan
Director, Idaho RADAR Center, Boise State University

Institutional Endorsement

Karen Henry
Executive Director, Office of Sponsored Programs, Boise State University

Cc: Diane Boothe, Dean, College of Education
Diana Doumas, Director, Institute for the Study of Addiction
Tim Dunnagan, Dean, College of Health Sciences

Presentation

FY 2015



Idaho Regional Alcohol Drug Awareness Resource Center Presentation to Joint Millennium Fund Committee

Teri Carrigan, Director
December 16, 2013



Idaho Regional Alcohol Drug Awareness Resource Center

Our Mission: To Provide Free Substance Abuse Prevention and Addiction Treatment Resources to Idahoans

Purpose of Grant: The purpose of the grant is to prevent and reduce tobacco and other substance use through the dissemination of print and video resources in three categories: tobacco prevention and cessation, underage drinking prevention, and general drug abuse prevention and substance abuse treatment.



Who We Serve

Anyone who lives in Idaho

Idaho citizens on the front lines of prevention and treatment rely on RADAR for resources

- Substance abuse counselors/addiction professionals
- Behavioral Health professionals
- School Counselors
- K-12 Educators
- Prevention Coalitions
- College Students
- Law Enforcement/SROs
- Corrections

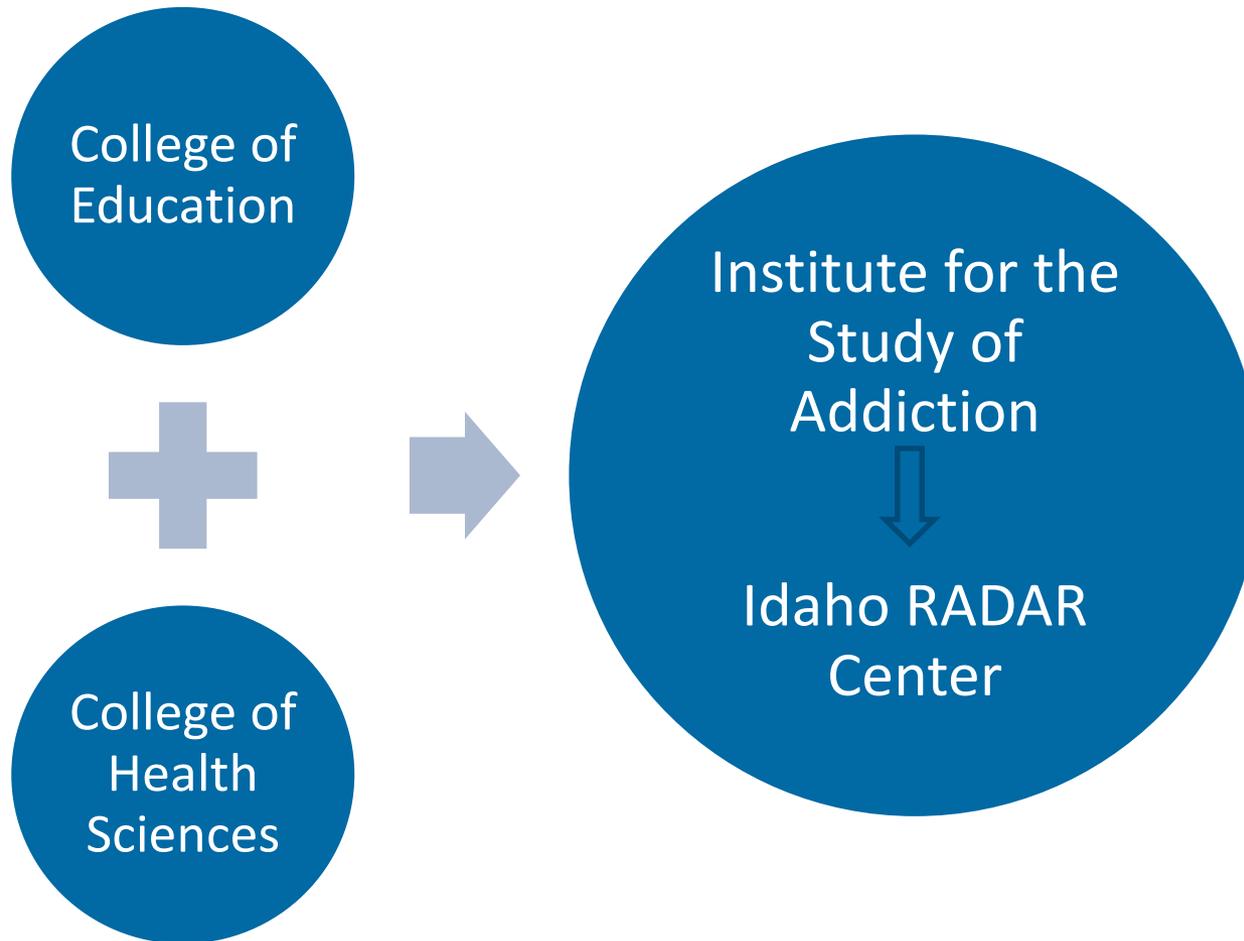


Carrying Out the Mission

- Boise State Sponsored Program
- Organizational Structure
- Office Hours
- Website
- Materials and Information Dissemination
- Video Lending Library
- Outreach
- Social Media

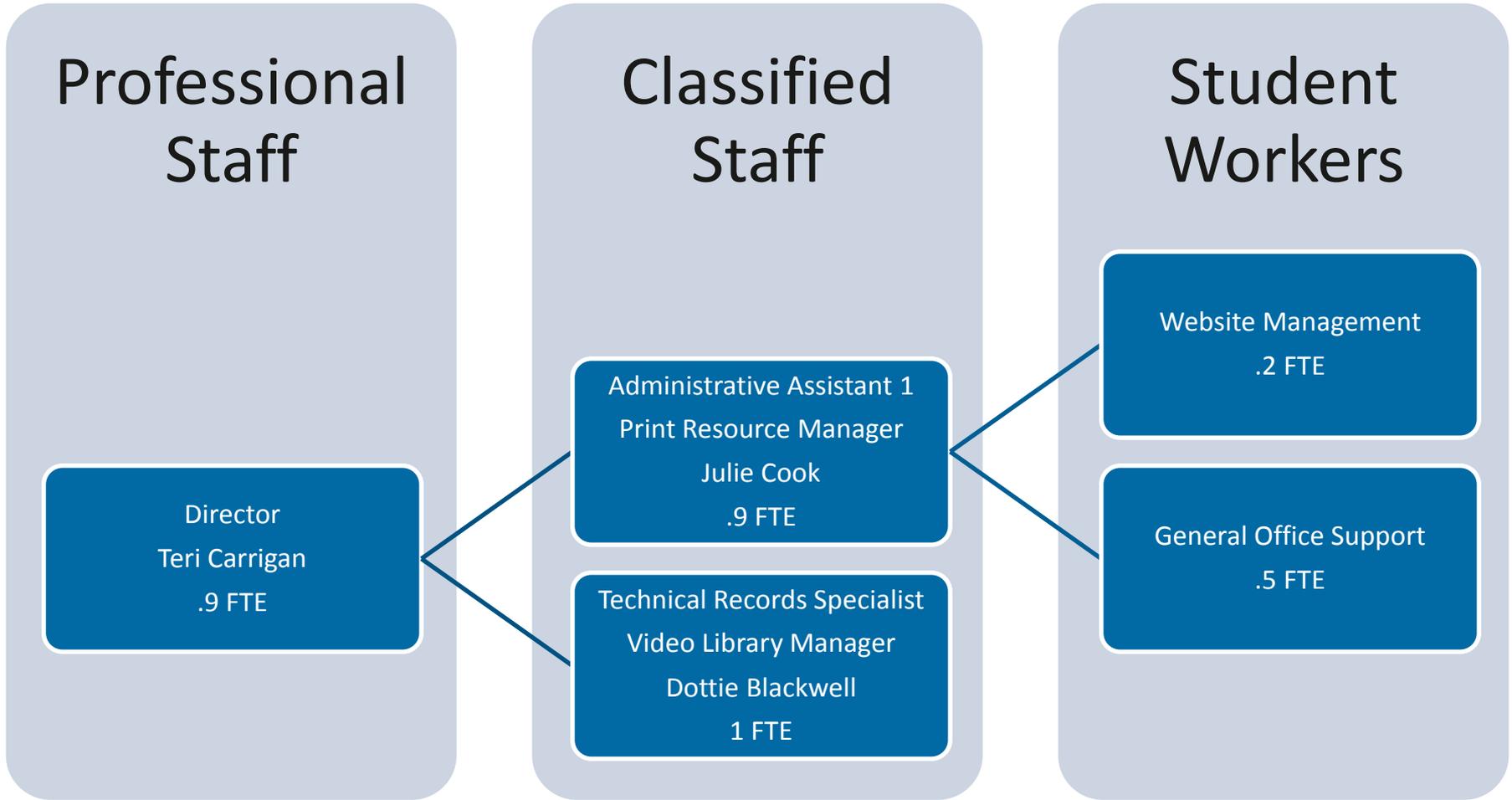


Boise State Sponsored Program





Organizational Structure





Office Hours/Location

- Boise State Campus at 2103 University Drive
- Open to public 8am-5pm Monday – Friday
- Video drop box for after hours video returns
- Website is available 24/7



Materials & Information Dissemination

- Bulk of materials obtained free of charge from SAMHSA, NIDA, NIAAA, CDC
- Pamphlets, brochures, posters, fact sheets, are ordered with line item budgets from funding sources
- Online resources from federal and other trusted websites
- Substance abuse and treatment data from federal and state agency sources
- Information on training, community events, workshops



Information Dissemination Strategy

- This strategy provides awareness and knowledge of the nature and extent of alcohol, tobacco, and drug use, abuse, and addiction, and the effects on individuals, families, and communities...increases knowledge and provides awareness of available prevention programs and services.



RADAR Website

radar.boisestate.com

- Online catalog of resources (>1900 products)
- Shopping cart feature to place orders for print materials or reserve videos
- Orders are shipped outside of the Boise area
- Boise area orders may be picked up at the center
- Links to online resources
- Training & Events posted
- Continuously adding updated information and resources



Outreach

Community Exhibits

- State Prevention & Support Conference
- Idaho Conference on Alcohol and Drug Dependency
- Average 2.8 events/mo

Social Media

- Facebook
- Twitter
- Newsletter



FY15 Funding

- SAMSHA Prevention Block Grant – Administered by ODP – **\$151,000**
- IDHW Tobacco Prevention Program – **\$16,580**
- FY15 will lose funding from IDJC Enforcing Underage Drinking Laws Program \$25K-\$40K

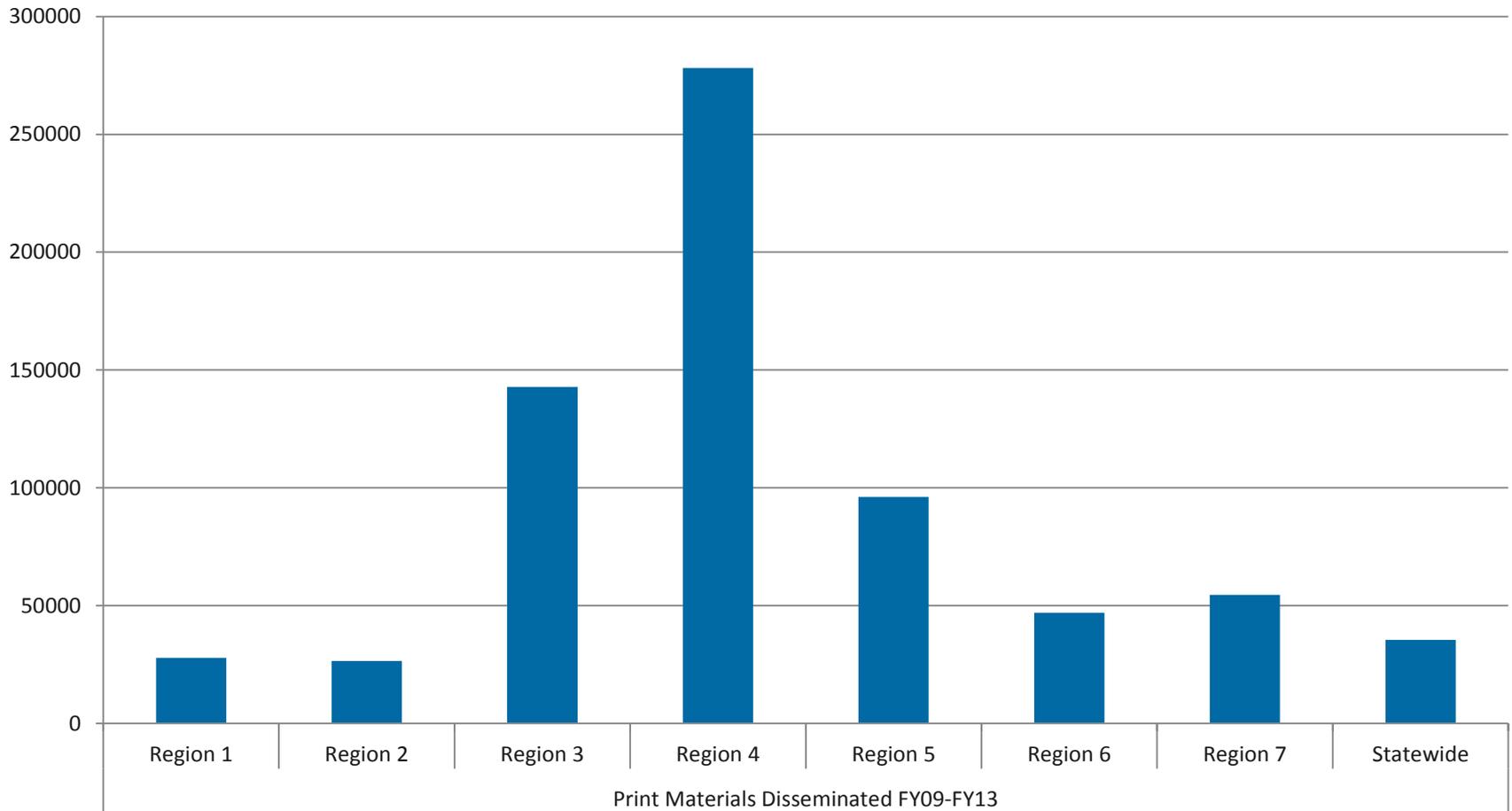


Project Request

\$28,927	Personnel Support
\$2,200	Travel
\$23,040	Materials & Supplies
\$10,833	Indirect Costs (20%)
\$65,000	Total Request FY15

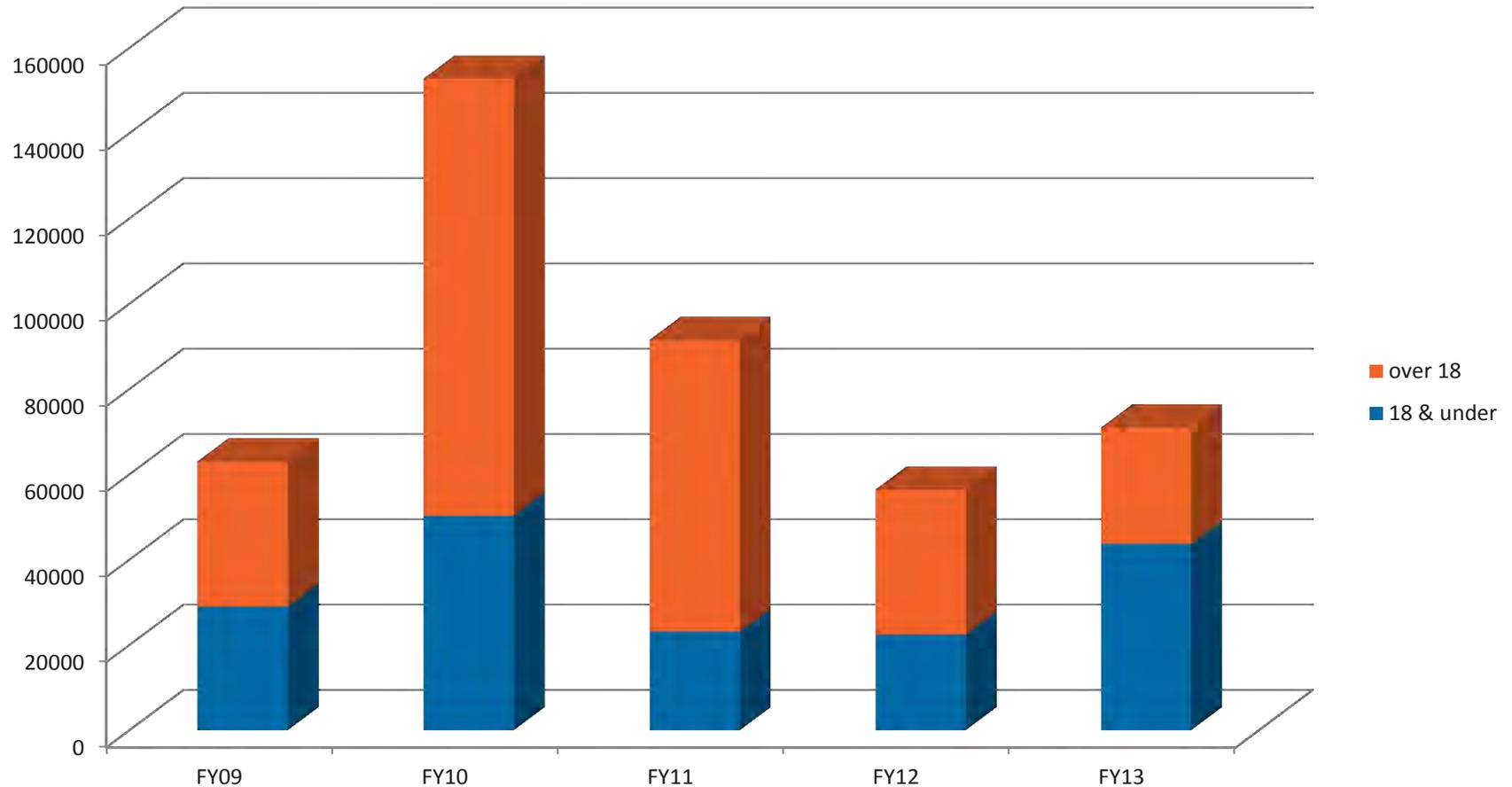


Print Materials Disseminated by Region FY09-13



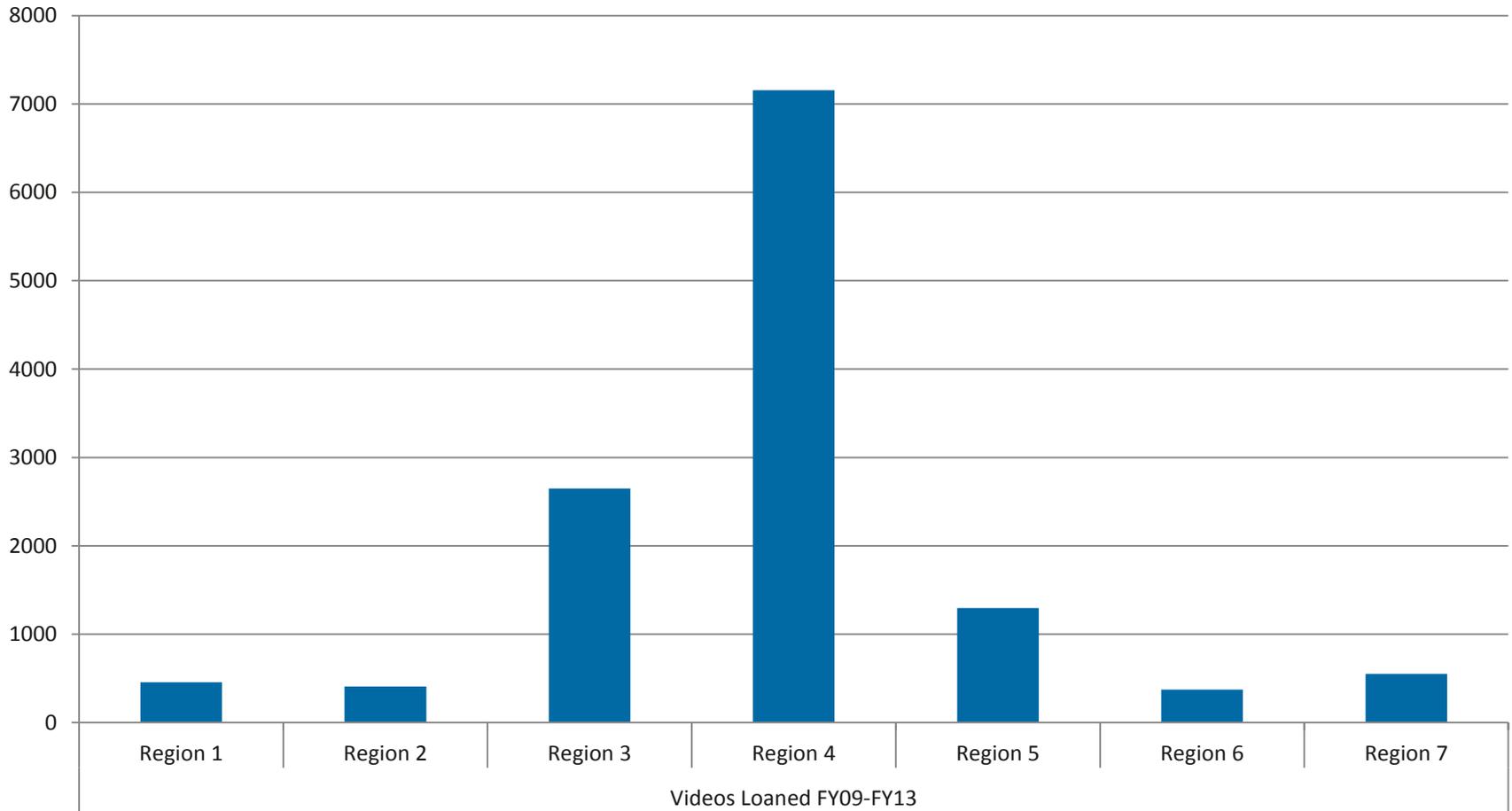


Estimated Reach/Print Materials



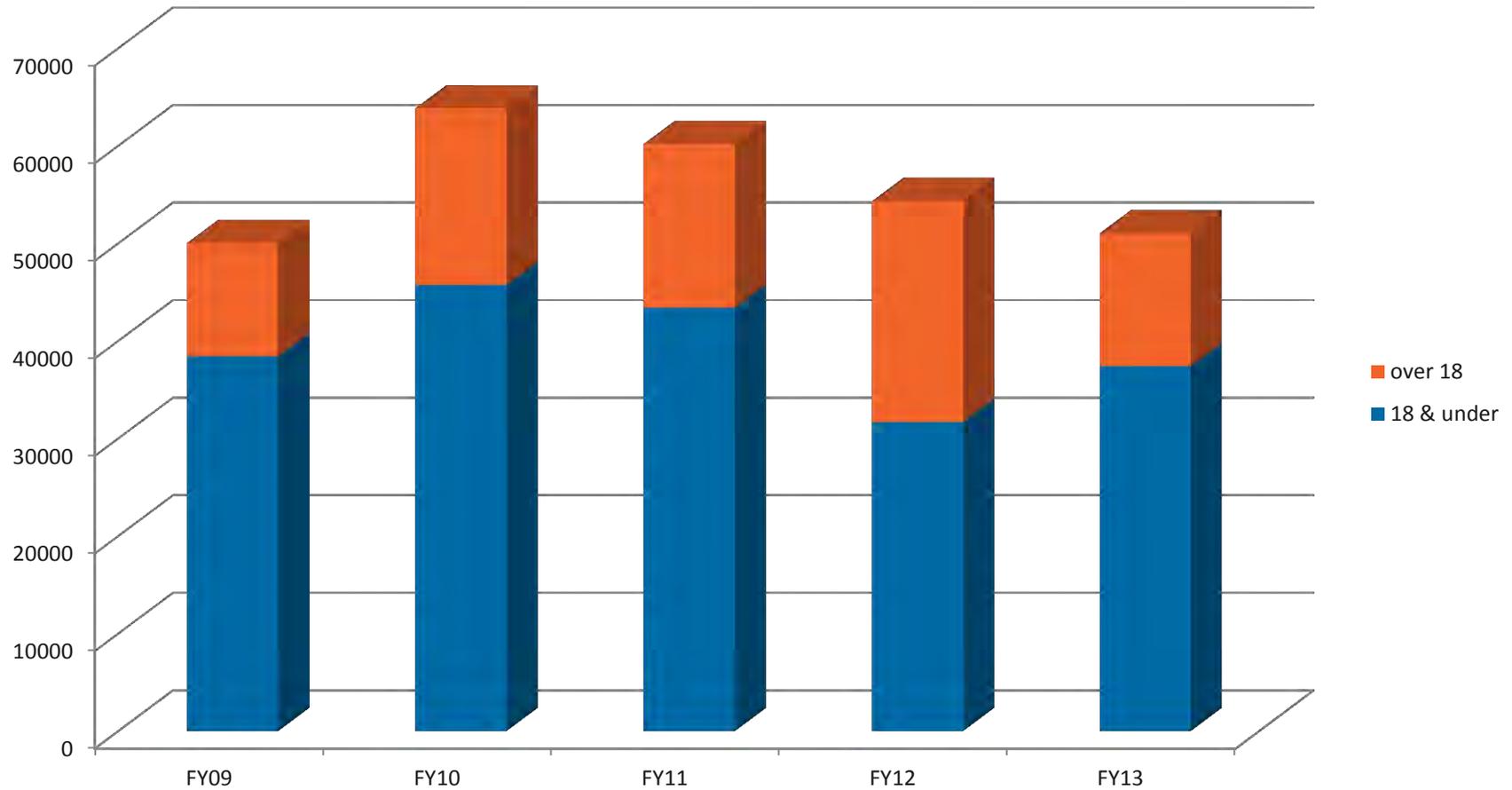


Videos Loaned By Region





Video Reach





Fiscal Responsibility

- Boise State Office of Sponsored Programs/Accounting
- Budget also tracked at program level
- Purchases are made using state of Idaho controls



Teri Carrigan, Director
Idaho RADAR Center
Email tericarrigan@boisestate.edu

THANK YOU

Application

FY 2015



Millennium Fund Grant Proposal

For the Period July 1, 2014 through June 30, 2015

Boise State University—Idaho RADAR Center

I. Grant Applicant

Full Legal Organization Name

Boise State University—Idaho Regional Alcohol Drug Awareness Resource (RADAR) Center

Address
City
State
Zip Code
Website

1910 University Drive, MS 1860
Boise
Idaho
83725-1860
RADAR.boisestate.edu

Executive Director

Name
Title
Phone
Email Address

Teri Carrigan
Director, Idaho RADAR Center
208.426.4105
tericarrigan@boisestate.edu

Alternate Contact Person

Name
Title
Phone
Email Address

Karen Henry
Executive Director, Office of Sponsored Programs
208.426.4420
osp@boisestate.edu

Organizational Description: The Idaho Regional Alcohol Drug Awareness Resource (RADAR) Center is a Boise State University sponsored program that has been serving Idahoans for 22 years. The center is under the Institute for the Study of Addiction which is a partnership between the College of Education and the College of Health Sciences. The mission of the RADAR Center is to provide free substance abuse prevention and addiction treatment resources to Idahoans. Free print resources are primarily obtained from federal partners including the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Institute on Drug Abuse (NIDA), the National Institute on Alcohol Abuse and Alcoholism (NIAAA), and the Centers for Disease Control (CDC). Center personnel continually research and gather updated substance abuse information and educational materials. The RADAR Center, as Idaho's only resource referral center for substance abuse information, holds the unique position of being a resource to enhance communication between institutions, agencies, and community members throughout the state. Patrons place orders via the RADAR website, electronic mail, by phone or in person. A fairly unique feature of the center is the video lending library. The only cost associated with the use of the center is return postage on video rentals outside the Boise area. Patrons may borrow substance abuse educational DVDs/videos for up to three weeks. Although the center resources are available to anyone who lives in Idaho, it lends vital support to professionals in agencies and organizations who provide direct prevention programming and addiction treatment.

II. Grant Proposal Summary

Meets One or More of the Following Criteria:

(Indicate Yes Where Applicable)

1. Tobacco Cessation or Prevention-Yes
2. Substance Abuse Cessation or Prevention-Yes
3. Tobacco or Substance Abuse Treatment-Yes

Purpose of Grant: The purpose of the grant is to prevent and reduce tobacco and other substance use through the dissemination of print and video resources in three categories: tobacco prevention and cessation, underage drinking prevention, and general drug abuse prevention and substance abuse treatment. **Grant Amount Requested: \$65,000**

III. Proposed Budget

Expenditure Category	Staff Time	Millennium Fund	Office of Drug Policy	IDHW-Tobacco Prevention	Project Total
Personnel					
Salaries					
Director	0.90	4,800	40,799	2,400	47,999
Admin Assistant	0.90	5,013	18,800	1,253	25,066
Technical Records Specialist	1.00	7,180	23,336	5,385	35,901
Student Web Manager	0.25	-	2,400	-	2,400
Student Assistants	0.50	3,520	3,520	-	7,040
Benefits					
Director		1,920	16,320	960	19,200
Admin Assistant		2,908	10,904	727	14,539
Technical Records Specialist		3,375	10,967	2,531	16,873
Student Web Manager		-	144	-	144
Student Assistants		211	211	-	422
Total Personnel	3.55	28,927	127,401	13,256	169,584
Operating					
Travel		2,200	-	-	2,200
Materials & Supplies		23,040	12,414	2,096	37,550
Indirect Costs*		10,833	11,185	1,228	23,246
Miscellaneous		-	-	-	-
Total Operating		36,073	23,599	3,324	62,996
Transfer Payments					
Intergovernmental Transfers		-	-	-	-
Direct Client Services		-	-	-	-
Local Contractors		-	-	-	-
Budget Notes:					
*Indirect Costs—reflects F&A costs that include rent, utilities, and insurance costs. The 20% indirect cost rate was applied as required by the State Board of Education.					

Travel costs included in the Millennium Fund grant proposal will support travel to the Substance Abuse Librarians and Information Specialists (SALIS) conference.

IV. Statement of Need

The RADAR Center has received verbal acknowledgement from the state Office of Drug Policy and the Idaho Department of Health and Welfare Tobacco Program that they will provide level funding for the center in FY2015. However, the center's funding from the Idaho Department of Juvenile Corrections Enforcing Underage Drinking grant will end May 2014 due to severe cuts to this program at the federal level. This will result in a 10 percent decrease in the center's total operating budget from FY 2014. Due to reductions or elimination in funding, the center is in need of additional support in FY 2015 and beyond to sustain service levels.

The center's resources are available to anyone who resides in Idaho; however, the primary patrons are pre-K through 12th grade educators and school counselors, coalitions working on underage drinking prevention, substance abuse counselors and behavioral health professionals, university students, and corrections/law enforcement personnel. Many Idahoans rely and depend upon the center's resources to conduct tobacco and other substance use/abuse prevention activities and addiction treatment services.

Adequate support of the center will ensure that the center will remain viable and can stock its shelves with sufficient print materials to address the needs of patrons. The center will also be able to obtain current videos to address need as determined by patron orders or requests.

Please consider funding the project with Millennium Funds for these central reasons: 1) the mission of the center is **statewide** dissemination of substance use/abuse prevention and treatment resources including tobacco use prevention and cessation, 2) many Idahoans who work in the field of substance abuse prevention and treatment depend on RADAR Center resources to carry out their good work, 3) over the last five fiscal years (FY09-FY13) the center served patrons from all 44 Idaho counties, processed 10,283 orders, disseminated 720,112 pieces of print material and made 12,894 video loans, and 4) without additional support the center will have to severely cut back services or end service altogether.

V. Project Design

The Idaho RADAR Center is housed at Boise State University. Print materials and videos can be accessed by various methods. Patrons may walk-in or phone the center Monday through Friday (8am-5pm), order materials over the RADAR website, access materials through outreach events, or through distribution by community partners.

The goal of the center is to make substance abuse prevention and treatment resources available to all Idahoans. The objectives to achieve this goal are the following:

- Maintain and update the RADAR website on an ongoing basis; measure number of orders placed via website each quarter, track the number of visits to the website, track the number of new items placed on the website
- Keep available items in stock by placing orders for free materials two to three times a week from federal partners (SAMHSA, NIAAA, NIDA, CDC ect); measured through weekly inventory tracking
- Utilize grant line item budgets to obtain print materials and videos. Use information gathered from patrons and community partners to assess need for print and video material subject matter not

available through federal agencies; measured by keeping track of budget expenditures and inventory tracking

- Maintain membership to the Substance Abuse Librarians and Information Specialists (SALIS)- membership provides access to information about current trends, research and addiction archives. SALIS conducts an annual international conference to share resources; measure is attendance of at least one RADAR staff person at the conference
- Maintain connections with federal partners that provide web based training including the Addiction Technology Transfer Centers (SAMHSA), Pacific Institute for Research and Evaluation-contracted by the Office of Juvenile Justice and Delinquency Prevention, National Association of Alcoholism and Drug Addiction Counselors, Multijurisdictional Counterdrug Task Force Training Center; post trainings to the radar website
- RADAR staff will attend at least four online training webinars annually for education and skill building; measure is the topic and date of the webinar
- Visit prevention and treatment websites on a regular basis for resource updates; update links on RADAR website
- Conduct ongoing research on emerging drug trends; development of fact sheets and Drug Update reports
- Develop and maintain state and local partnerships (BetheParents.org, Idaho Office of Drug Policy, Idaho State Resource and Prevention Conference-State Department of Education, Idaho Conference on Alcohol and Drug Dependency, Community Coalitions of Idaho, Idaho Counselors Association, Idaho Commission on Hispanic Affairs, Northwest Alcohol Conference, local National Association of Social Workers, IDHW State Advisory Committees): measured by keeping track of dates of conferences and meetings, how many attended, and how many materials were disseminated at events hosted by partner agencies
- Maintain a twitter account; measure is the number of tweets sent related to tobacco, underage drinking and general drug abuse prevention and treatment categories
- Maintain a Facebook account; measure is the number of likes received
- Host and encourage tours of the RADAR office; measured by number of tours given
- Maintain a listserv of patrons who wish to receive updates from RADAR electronically
- Develop a Drug Update document twice a year and disseminate through RADAR listserv; measured by final product and dates disseminated
- Develop a What's Up at RADAR document giving information about new or updated materials and send out to listserv at least twice a year; measured by final product and dates disseminated
- Maintain a list of online educational resources for K-12 educators and update as needed; measured by keeping track of dates updated

The overall success of the project will be measured annually by tracking the number of orders processed, the number of materials disseminated in each category (tobacco prevention/cessation, underage drinking prevention, and general substance abuse prevention and treatment), the number of videos and guides loaned from the video library, the estimated reach of the materials to those under 18 and 18 and over, and the number of in-state visitors to the RADAR website.

VI. Grant Management

Boise State University's Division of Research and Economic Development provides oversight and support for grant administration through its Office of Sponsored Programs (OSP). OSP staff work closely with RADAR staff and are trained in best practices in research administration at institutions of higher

education. In FY12, OSP responsibly managed over \$36 million in sponsored project expenditures. OSP staff offer expertise, rigorous oversight and administrative support to ensure externally funded sponsored projects are compliant with all federal, state and institutional regulations. Boise State University's accounting system is compliant with the federal Office of Management and Budget circular A-110 and the university's financial statements and sponsored project policies and procedures are audited annually by an independent auditor. The university's internal audit office also conducts periodic reviews of OSP functions. Boise State University's audited financial statements are available for review at <http://vpfa.boisestate.edu/audits/>. The RADAR Center director is responsible for the day-to-day administration of grant funds. The director has eight years of experience in federal grant management, state contract management and grant monitoring of prevention services including program evaluation, and two years of direct client service experience as a case manager in a substance abuse treatment setting. The director is responsible for budget development and budget management. Budget expenditures are initiated by the director and monitored on a monthly basis. The work of the center is carried out by three full-time staff. The director (.9 FTE) is responsible for supervision of two classified staff: the Video Library Manager (1 FTE), and a Resource Specialist/Admin Assist (.9 FTE). The center has employed the support of student workers when the budget allows. The student website specialist position is currently supported through federal work-study funds. The RADAR Center also participates in the BSU Service-Learning Program, offering three service-learning slots each semester with service-learners each giving 15 to 20 hours of service.

The RADAR Center falls under the purview of the Institute for the Study of Addiction, directed by Dr. Diana Doumas. The Institute is a partnership between the College of Health Sciences and the College of Education. The following contract monitors of supporting agencies provide additional direction: Elisha Figueroa, Office of Drug Policy and Ivie Smart-IDHW-Tobacco Prevention Program.

VII. Evaluation Plan

The mission of the center is to disseminate free substance abuse prevention and addiction treatment resources to Idahoans. In order to evaluate how well we are achieving our mission, the center will continue to track a number of measures on a quarterly and annual basis.

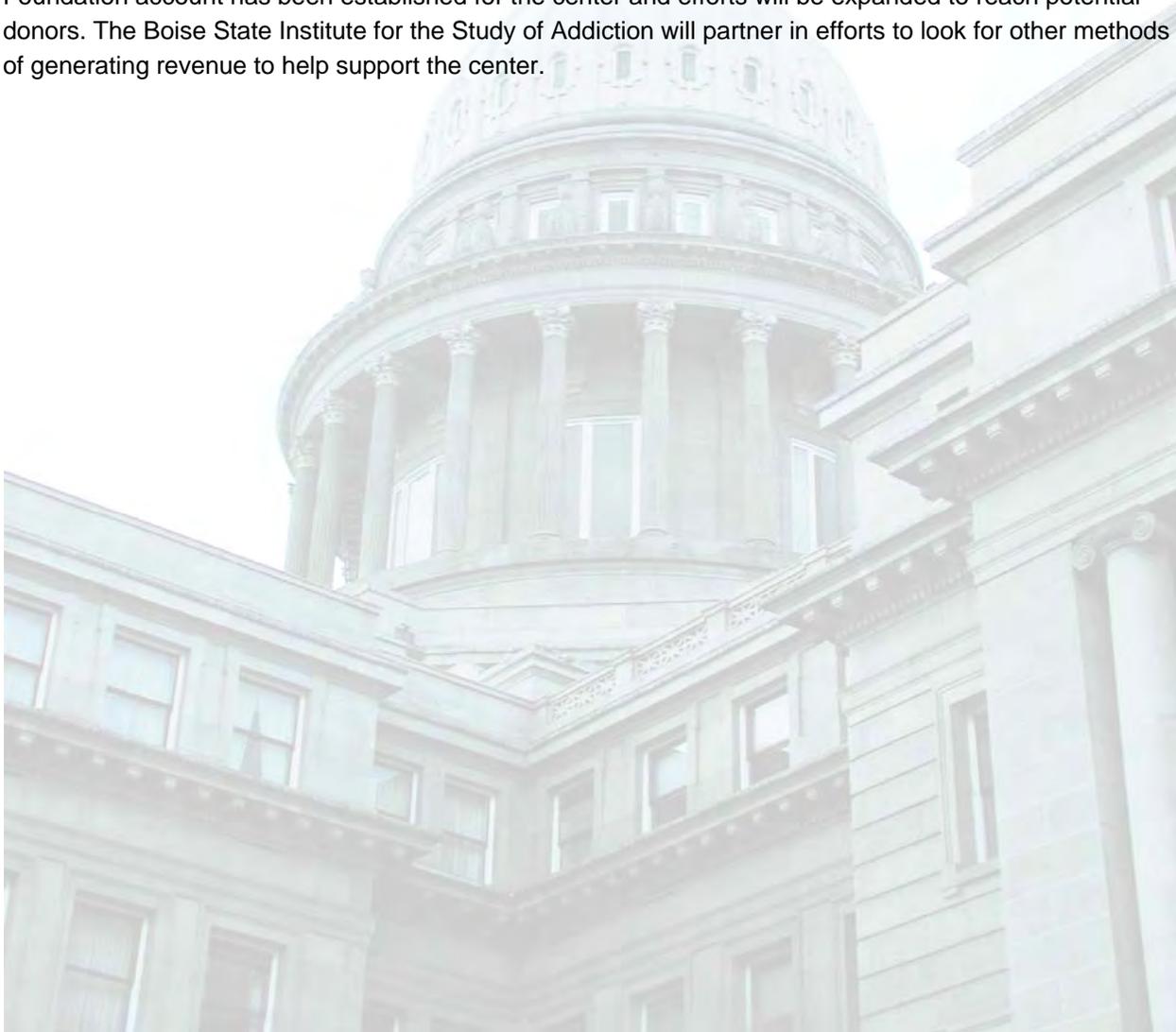
- Number of orders processed
- Number of orders shipped (time lapse from order to ship date not to exceed 14 business days)
- Total pieces of print material distributed in the following categories: general RADAR approved material, tobacco prevention/cessation, underage drinking prevention
- Total pieces of materials in Spanish
- Number of videos loaned/number of video guides loaned
- Number of phone or email referrals for resources that do not fit into the print material or video category (includes referrals made to inquiries from persons living outside of Idaho, service referrals, referrals to online materials)
- Website utilization: In-state visitors, US visitors, total visitors worldwide
- Number of products added to the website
- Number of web orders made
- Number of events staffed by RADAR Center staff
- Number of events supported with RADAR Center materials
- Number of attendees and materials disseminated at events
- Number of orders, items disbursed, and videos and guides loaned by county

The center is particularly interested in monitoring website utilization, especially since many resources are only available online. The center will expect a significant increase in website use by Idahoans in the future with more and more materials available in electronic format.

One measure of patron satisfaction is currently in place. Surveys are included with each video loaned to track the number of patrons watching the video, the content rating of the video (1-5, with 5 being excellent), the technical rating of the video (1-5, with 5 being excellent), and to capture qualitative comments about the video.

VIII. Sustainability

The Idaho RADAR Center, in existence since 1991, is a product of a partnership between Boise State University and a number of state agencies. The plan is to continue the partnerships with the Office of Drug Policy and Tobacco Prevention programs to disseminate substance abuse prevention and treatment resources as long as their funding continues. The IDJC EUDL program has announced that funds will not be available after FY 2014. The center will work towards developing other partnerships and seek out sources of additional grant or foundation support when needed to remain fully operational. A Boise State Foundation account has been established for the center and efforts will be expanded to reach potential donors. The Boise State Institute for the Study of Addiction will partner in efforts to look for other methods of generating revenue to help support the center.



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IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
RICHARD M. ARMSTRONG – DIRECTOR

ELKE SHAW-TULLOCH, MHS – ADMINISTRATOR
DIVISION OF PUBLIC HEALTH
450 West State Street, 4th Floor
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE 208-334-6996
FAX 208-334-6581
EMAIL ShawE@dhw.idaho.gov

October 15, 2013

Jared Tatro, Budget & Policy Analyst
Idaho State Millennium Fund Committee
Legislative Services Office
P.O. Box 83720
Boise, Id 83720-0054

Mr. Tatro and Honorable Members of the Millennium Fund Committee:

On behalf of Project Filter, Idaho's Tobacco Prevention and Control Program, the Division of Public Health and the Department of Health and Welfare, I am pleased to have the opportunity to submit the attached grant application for funding from the Millennium Fund for Fiscal Year 2015. The attached grant is "Project Filter Tobacco Countermarketing Campaign and Cessation Services".

We are excited for the opportunity to continue our tobacco countermarketing and cessation programs with the assistance of the Millennium Fund Committee. We will once again be seeking funds to assist with statewide countermarketing activities to promote the Idaho cessation services. Funding will also be used to cover registration fees to the Idaho QuitLine and Quitnow.net online services and to provide registrants with four weeks of free Nicotine Replacement Therapy (NRT) during their quit attempt.

We look forward to the opportunity to present our proposal to the Committee. If there is any other information you or the members of the Committee would find helpful, we are happy to supply it to you. Please contact Ivie Smart, Program Manager, at 334-5627 with requests for additional information.

Sincerely,

Elke Shaw-Tulloch, MHS
Administrator
Division of Public Health

Presentation

FY 2015

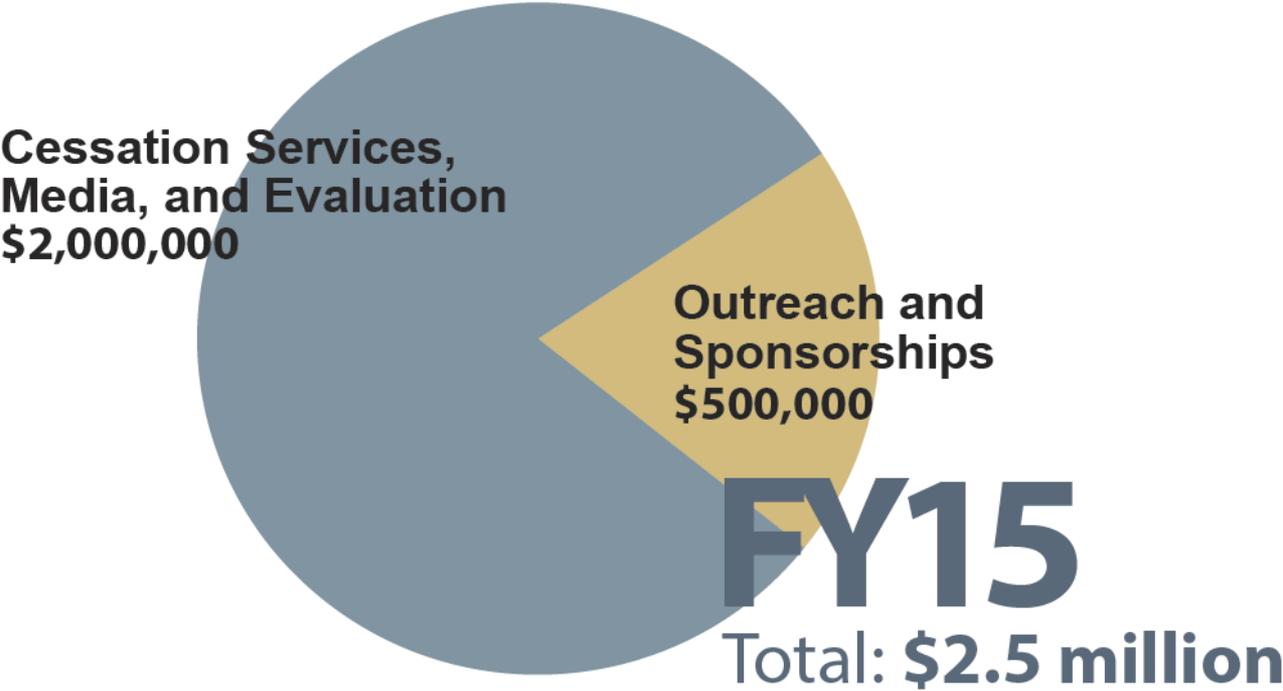


Project Filter

FY15 Millennium Fund Presentation

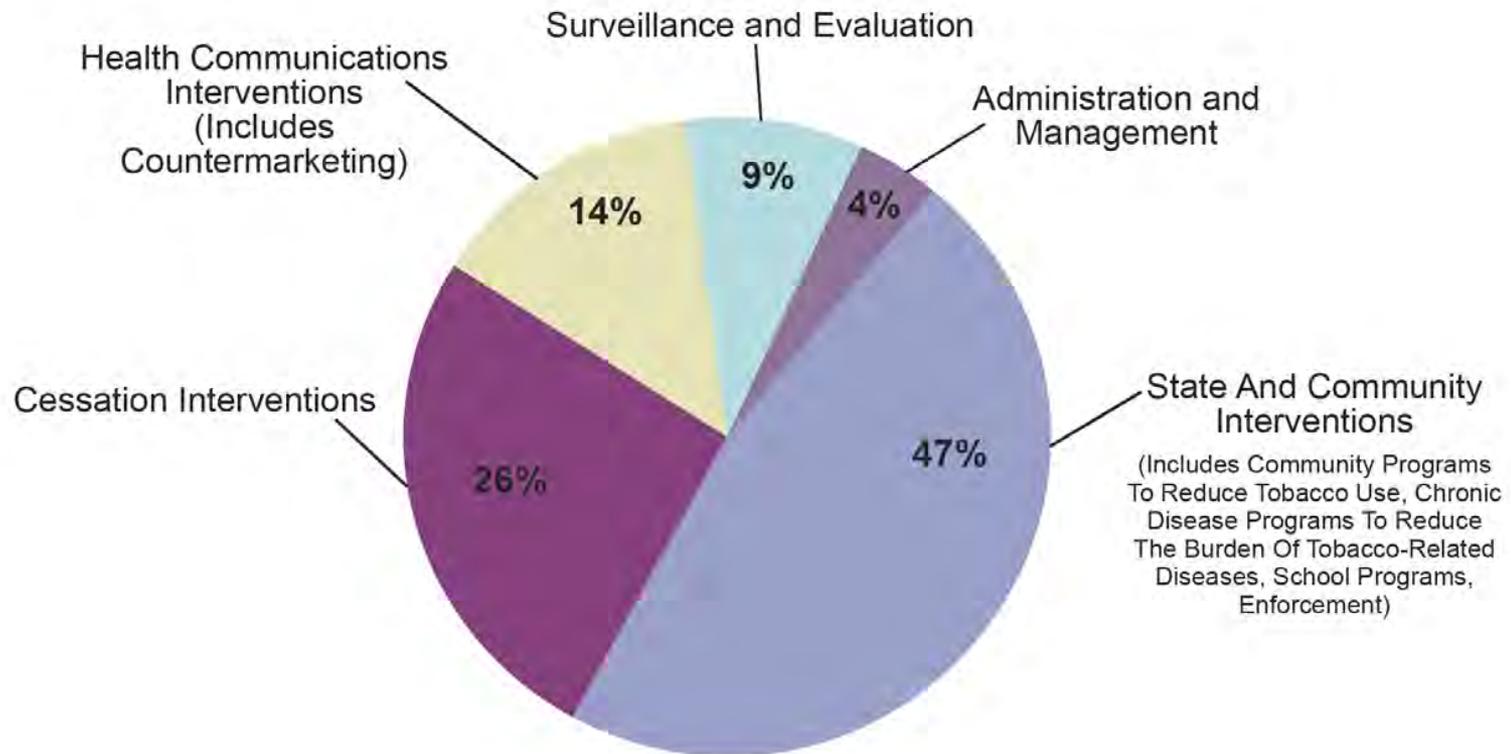
Project Filter

Project Filter is the Tobacco Prevention and Control Program for the State of Idaho.



Project Filter – Comprehensive Tobacco Prevention and Control Program

Cessation and countermarketing are part of a comprehensive tobacco prevention and control program recommended by CDC.

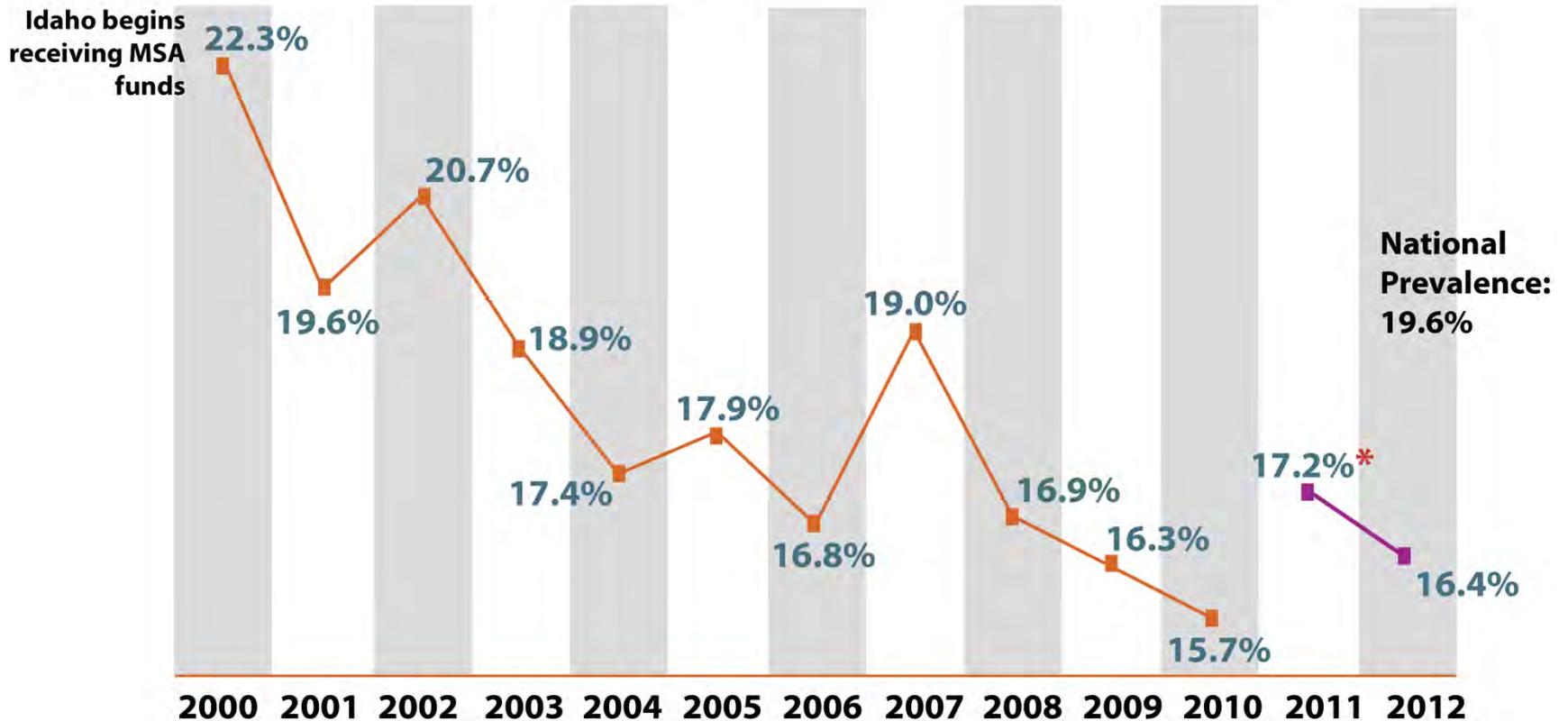


Project Filter's Goals

- ▶ Prevent initiation of tobacco use
 - ▶ Promote quitting (cessation)
 - ▶ Eliminate secondhand smoke exposure
 - ▶ Identify and eliminate tobacco-related health disparities
-
- ▶ Millennium Funds are primarily used for promoting quitting and offering free cessation services to Idahoans.

Idaho Adult Smoking Rates Since the MSA

Idaho Smoking Prevalence and Key Dates: 2000-2012



* Change in BRFSS methodology; now reporting cellphone responses

Burden of Smoking

- ▶ Cost of cigarettes in Idaho = \$4.79/pack
- ▶ Smoking-caused productivity losses in Idaho = \$358 Million
- ▶ Healthcare costs in Idaho caused by smoking = \$319 Million
- ▶ Portion covered by state Medicaid = \$83 Million

□ Information from Campaign for Tobacco Free Kids

Cessation Services Are Still Needed

- ▶ Persons who start smoking early are more likely to become heavy smokers and are more likely to develop a smoking-related disease.
- ▶ About 3 out of 4 high school smokers will smoke into adulthood because most high school smokers have difficulty breaking their addiction to nicotine.
- ▶ 83% of Idaho adults think it's important for Project Filter to offer telephone and online cessation services to help tobacco users who are trying to quit

Project Filter Cessation Programs

The U.S. Preventive Services Task Force:

- ▶ ***Smoking cessation services are evidence-based and are one of the top three services for both preventing health consequences and for cost effectiveness.***
 - Smokers who try to quit can double or triple their chance of success by getting counseling, nicotine replacement therapy, prescription medicine, or a combination.
- ▶ **Idaho Cessation Services:**
 - ▶ **I-800-Quit Now** or **www.quitnow.net/Idaho**
 - ▶ Free to Idaho residents
 - ▶ Up to 5 free counseling sessions with trained Quit Coach
 - ▶ 4-weeks of Nicotine Replacement Therapy (NRT)
 - ▶ Self-help information
 - ▶ Integrated online program

Who Uses Project Filter Cessation Services

- ▶ **74%** are currently uninsured or on Medicaid
- ▶ **69%** are unemployed
- ▶ **62%** have annual income of \$15k or less
- ▶ **62%** have a high school education or less
- ▶ **28%** are 34 years of age or younger

Project Filter Countermarketing Programs

Department of Health and Human Services

- ▶ ***Countermarketing strategies are evidence-based and should include messages that counter pro-tobacco influences and increase pro-health messages.***
 - Long term and evaluated routinely
 - Integrated and multi-component
 - Address multiple target populations

- ▶ **Countermarketing Campaigns:**
 - ▶ Using innovative approaches and best practices
 - ▶ TV, radio, and print media
 - ▶ Online media and banner ads
 - ▶ Sponsorships and community events
 - ▶ Social media – Facebook, Twitter, website (www.projectfilter.org)

Project Filter Print Media

Call the QuitLine

Call 1-800-QUIT-NOW to speak to a quit coach any time seven days a week. The QuitLine has services in English, Spanish and for the Deaf and Hard of Hearing Community (TTY 1-877-777-6534).

Visit Idaho Quitnow.net

<http://www.quitnow.net/idaho>
Read what others say about how they used the Quitnow.net to help them stop smoking! On the Quitnow.net you'll find a community of friendly people who will support you and help you quit.



Read with a smartphone QR Code reader and launch the Quitnow.net/idaho website.

Call the 2-1-1 Idaho Care Line

Call 2-1-1 (dial 2-1-1 or 1-800-926-2588) to find classes nearby to help you quit using tobacco. Your local health district provides classes at no charge.

In these group classes you'll learn:

- Information and tips on how to quit
- New coping skills
- Nutrition and physical activity tips to help avoid weight gain
- Tips on how to manage your stress

Visit www.projectfilter.org

Go online to www.projectfilter.org to learn more about what the Idaho Tobacco Prevention and Control Program is doing to help Idahoans stop using tobacco.



The Idaho QuitLine and Quitnow are programs of the Idaho Tobacco Prevention and Control Program at the Idaho Department of Health and Welfare. Not all activities are covered and no fees are charged for people who call the QuitLine or sign up at Quitnow.net. This publication was supported by Grant Cooperation Agreement Number 22309 from CDC. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.

February 2013



I CAN'T
I CAN
I QUIT
And you win.
Yes, you can win the fight against tobacco!

"REPLACEMENT SMOKERS ARE THE NEW SMOKERS TO REPLACE THOSE WHO QUIT OR WHO DIE."
Testimony from RJ Reynolds' Executive.

YEAH, YOU'RE NOT STUDENTS. YOU'RE REPLACEMENT CUSTOMERS.

FREE 4-week supply of nicotine patches, gum or lozenges. Call 1-800-Quit-Now or sign up at idaho.quitnet.com. FREE cessation classes offered at your local health district, too.



Scan with a QR code reader and launch the QuitNet now.



You decide when. We'll show you how.

HE'LL NEVER BE TIED DOWN BY TOBACCO.

Matt Shiozawa, 2011 National Finals Rodeo Champion Tie-Down Roper, knows that to be strong, quick and at the top of his sport, he's got to say NO to tobacco.

He's hoping you're going to say NO, too. If you're ready to quit tobacco, get a FREE 4-week supply of nicotine patches, gum or lozenges. Call 1-800-Quit-Now or sign up at www.idaho.quitnet.com.

Be the champion you know you can be.



Scan with your smartphone's QR code reader and launch the QuitNet now.



Coaching Youth to Success: Healthy Players Make a Winning Team!



Someone who loves you is waiting for the good news.

"I Quit."

If you're ready to quit tobacco, here's free help. FREE 4-week supply of nicotine patches, gum or lozenges. Call 1-800-Quit-Now or sign up at www.quitnow.net/idaho.



Read with a QR Code Reader and launch the Quitnow website. Not all activities are covered and no fees are charged for people who call the QuitLine or sign up at Quitnow.net.



Alguien que le quiere esta esperando las buenas noticias.

"Lo Dejé."

Si está preparado para dejar los cigarrillos o el tabaco, ¡podemos ayudarle. Suministro GRATIS para 4 semanas de parches, goma de mascar o pastillas de alivio. Llame al 1-800-Quit-Now o inscribete en www.quitnow.net/idaho.



QUIT SMOKING

AND REDUCE YOUR RISK OF GETTING CERVICAL CANCER

FREE HELP IS AVAILABLE

To quit smoking 1-800-QUIT-NOW www.projectfilter.org



For cancer screening information dial 2-1-1

*Quitnow.net/idaho is the new free online cessation service provided by Project Filter. If you're signed up at the old service, www.idaho.quitnet.com, free NRT will no longer be offered there after February 16 this year. You'll have to sign up on the new site to receive your FREE patches, gum or lozenges.



Project Filter Sponsorships



WELCOME TO THE
CANYON COUNTY FAIR!

WE'RE NOW SMOKE-FREE!
PLEASE USE DESIGNATED SMOKING AREAS.



**FREE Help
To Quit Tobacco**

1 - 800 - Quit - Now
www.projectfilter.org



This win is for you: Give up tobacco for good.

**FREE nicotine patches, gum
or lozenges**
1-800-Quit-Now or
www.projectfilter.org



**WE'RE OUT HERE TO TEAR UP THE TRACK,
NOT OUR BODIES.**



**FREE HELP TO QUIT TOBACCO. CALL 1-800-QUIT-NOW
OR SIGN UP AT WWW.QUITNOW.NET/IDAHO.**

FREE help to quit tobacco!
1-800-Quit-Now www.projectfilter.org

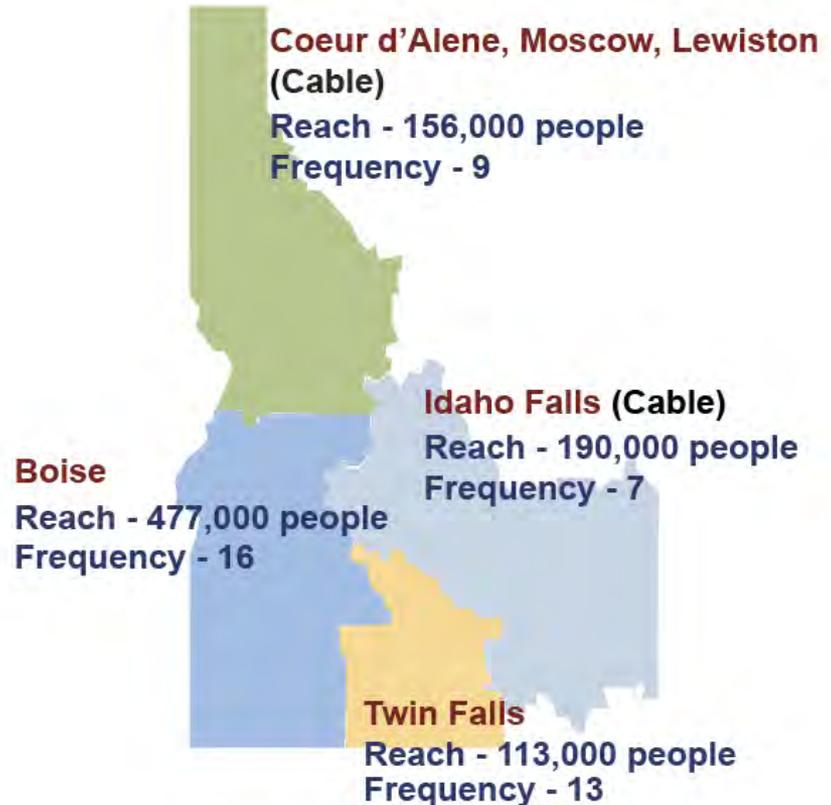


Project Filter Statewide Outreach

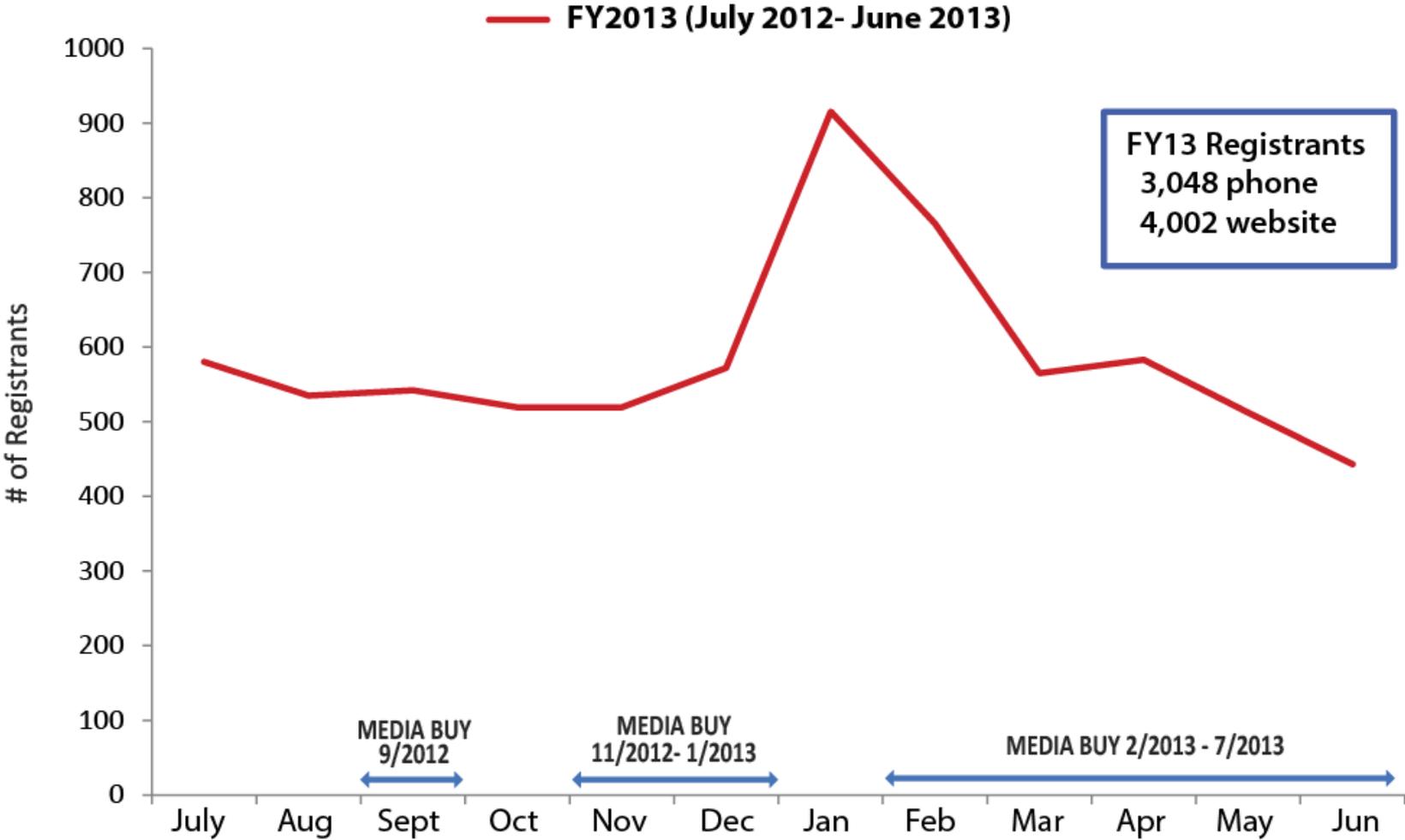
Counties Reached () Through Sponsorships, Events, Education and Policy Efforts (July 2013 - December 2013)



TV & Radio Media Buy (July 2013 - December 2013)



Registrants and Media Buys



Evaluating Project Filter

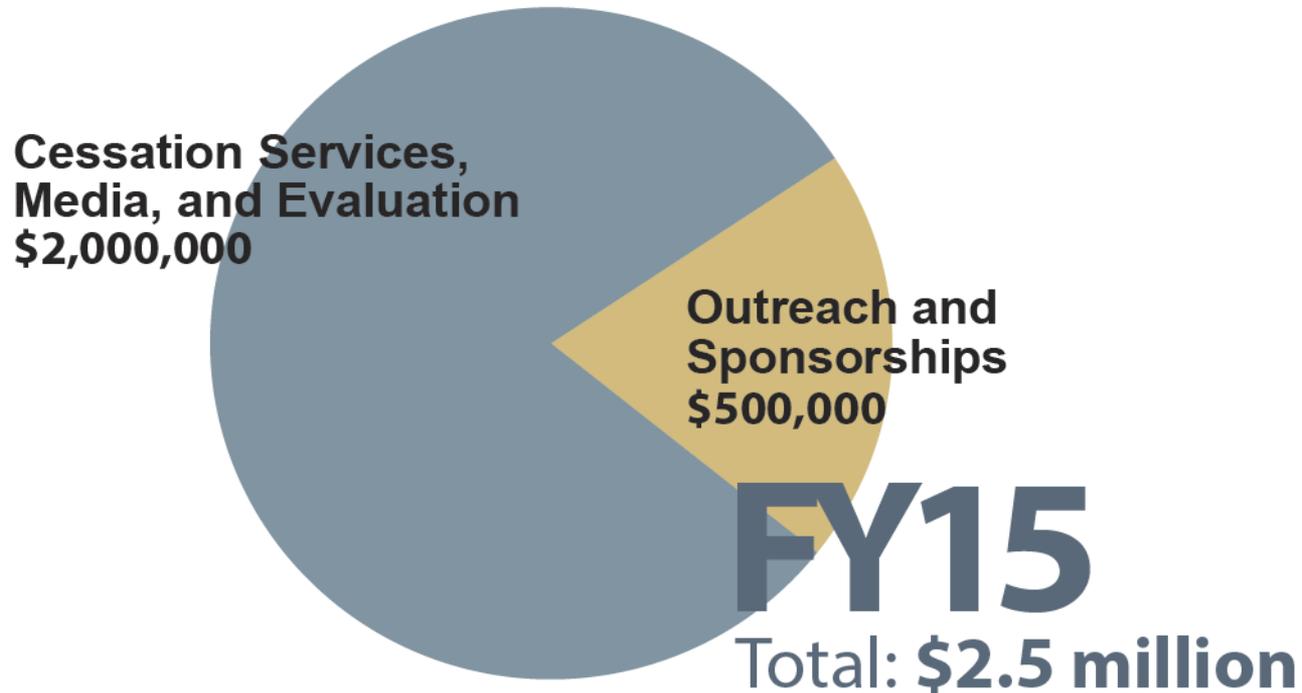
▶ Independent Evaluations:

- ▶ Telephone and Online Cessation Services (~7,000 calls/registrants)
 - ▶ 73% of registrants received NRT plus counseling/behavioral therapies
 - ▶ 34% quit rate for first half of FY13 (updated rates expected Feb 14)
- ▶ Countermarketing Campaign Evaluation
 - ▶ 86% think it's a good idea for Project Filter to use media ads to remind people about the dangers of tobacco.
 - ▶ 81% think it's a good idea for Project Filter to use athletes or events to reach Idahoans who are trying to quit tobacco.

Accounting For and Maximizing Funds

- ▶ Millennium Funds are not used to support staff time
- ▶ Regular quarterly budget reviews with the Division's Budget Analyst
- ▶ Integrate and collaborate with partners to avoid duplication and maximize resources
- ▶ Maximizing Media Match: For every single ad placement paid for by Project Filter the ad runs 2-3 times
- ▶ Contract with local businesses for media and marketing

Request for FY15 Millennium Funds



Questions?

Ivie Smart, Manager
smart@dhw.idaho.gov
(208)334-5627



Application

FY 2015



Millennium Fund Grant Proposal

For the Period July 1, 2014 through June 30, 2015

Project Filter Tobacco Countermarketing Campaign and Cessation Services

I. Grant Applicant

Full Legal Organization Name

Address

City

State

Zip Code

Website

Idaho Tobacco Prevention and Control Program450 W. State St., 6th Floor

Boise

Idaho

83702

www.projectfilter.org**Executive Director**

Name

Title

Phone

Email Address

Ivie Smart

Program Manager

208-334-5627

smarti@dhw.idaho.gov**Alternate Contact Person**

Name

Title

Phone

Email Address

Kara Stevens

Risk Reduction Section Manager

208-332-7319

stevensk@dhw.idaho.gov

Organizational Description: The Idaho Tobacco Prevention and Control Program (Project Filter) is housed within the Bureau of Community and Environmental Health, Division of Public Health, Idaho Department of Health and Welfare. Consistent with the National Tobacco Control Program's objectives, the four primary goals of Project Filter are to: 1) Eliminate exposure to environmental tobacco smoke (ETS); 2) Promote quitting among adults and youth; 3) Prevent initiation among youth; and 4) Identify and eliminate tobacco-related disparities among population groups. Project Filter is required to meet quarterly with a Budget Analyst from the Department's Bureau of Financial Services to review program budgets and monitor expenditures. Project Filter is also supported by the Department's Contracting and Procurement Services Unit which ensures that all contracts are legal, binding and meet Department standards. These services, coupled with federal funds, allow Project Filter to dedicate all Millennium Funds to direct services and not personnel or indirect costs. Project Filter employs three full-time and five part-time bureau support staff using federal funding. Project Filter contracts with the seven local public health districts and other local organizations and entities to help fulfill its objectives.

II. Grant Proposal Summary

Meets One or More of the Following Criteria:*(Indicate Yes Where Applicable)*

1. Tobacco Cessation or Prevention - **Yes**
2. Substance Abuse Cessation or Prevention
3. Tobacco or Substance Abuse Treatment -

Purpose of Grant:

Project Filter requests \$2.5 million from the Millennium Fund for tobacco countermarketing and cessation programs and initiatives. Of the total request, \$2,000,000 will be used to promote cessation services and provide free Nicotine Replacement Therapy (NRT), online cessation services and telephonic cessation counseling services to assist people in quitting tobacco use. The remaining \$500,000 will be used to conduct a statewide comprehensive counter/social marketing campaign, including an evaluation.

This award will enable Project Filter to continue statewide countermarketing and cessation efforts to achieve the following goals: 1) Reduce youth and adult tobacco use rates; 2) Prevent youth initiation of tobacco; 3) Prevent exposure to secondhand smoke and; 4) Identify and eliminate tobacco-related disparities.

Grant Amount Requested: \$2,500,000

III. Proposed Budget

Expenditure Category	Staff Time	Millennium Fund	Other Fund Sources	Project Total
Personnel	6.00			
Salaries			290,314	290,314
Benefits			115,051	115,051
Total Personnel	6.00	-	405,365	405,365
Operating				
Travel			16,663	16,663
Supplies			20,187	20,187
Indirects			51,540	51,540
Other			-	-
Communications			-	-
Materials & Supplies			16,924	16,924
Contracts		2,500,000	507,990	3,007,990
Consultants			-	-
Miscellaneous			16,720	16,720
Total Operating		2,500,000	630,024	3,130,024
Transfer Payments				
Contracts T&B			375,577	375,577
Total Transfer Payments		-	375,577	375,577
GRAND TOTAL		2,500,000	1,410,966	3,910,966

Budget Notes:

Project Filter receives a Tobacco Prevention and Control core grant from CDC for \$1,141,438. These funds are used to support staff time and provide infrastructure for state-wide tobacco prevention and control activities. Project Filter received an additional grant from CDC for \$69,528 to conduct a media campaign motivating tobacco users to call the Idaho QuitLine. Project Filter receives \$200,000 from the State Cancer Control Account to support tobacco prevention and control activities.

IV. Statement of Need

The Cost

Tobacco use is the single most preventable cause of disability, disease, and death in the United States, unnecessarily straining health systems and imposing enormous financial costs.^{1,2} Smoking and exposure to secondhand smoke are responsible for 443,000 deaths – one of every five deaths – each year in the United States.¹ Though two-thirds of current Idaho smokers have attempted to quit, an estimated 1,500 Idahoans will die each year from smoking-related diseases.^{3,4} One out of seven (14%) of Idaho high school students smoke cigarettes, or approximately 10,802 students statewide. Smoking initiation prior to age 18 is consistently associated with current adult smoking.⁵

The economic burden of cigarette use in Idaho remains substantial. Productivity losses due to smoking are estimated at \$358 million annually, while smoking-attributable healthcare costs in Idaho are estimated at \$320 million each year.^{4,6} Idaho's Medicaid program covers \$83 million in smoking-related healthcare costs.⁶ Excess costs to private businesses per smoking employee are estimated at \$5,800 per year.⁷

As the sole comprehensive, statewide tobacco prevention and control program, Project Filter, is uniquely positioned to combat tobacco use. Tobacco prevention and control programs that receive consistent funding have been proven to reduce smoking and healthcare costs related to tobacco use.^{8,9} Despite the significant health and economic burden of tobacco use, Idaho's 2012 adult smoking rate (16.4%) remains below the national median of 19.6%.¹⁰

Rationale

The U.S. Preventive Services Task Force recognizes smoking cessation services as one of the top services for both preventing health consequences of cigarette use and for cost effectiveness.¹¹ Nicotine replacement therapy (NRT) medications are a way to deliver nicotine into the bloodstream to stop or reduce the symptoms of nicotine withdrawal while a person tries to quit smoking or using smokeless tobacco. NRT, combined with behavioral support screening and counseling, can increase the likelihood of a person successfully quitting smoking by 70 to 100 percent when compared with just behavioral counseling alone.¹¹ Project Filter offers both NRT and behavioral support through the Idaho Quitline and online cessation resources. The effectiveness of quitlines offering proactive telephone counseling and NRT is well established.^{8,11}

Individual-based resources, while effective, are not intended to address the social consequences of tobacco use. Tobacco companies spend over \$118,000 a day to market tobacco products to Idaho citizens.⁶ This effort, to establish brand identity and normalize tobacco use, has been ongoing for decades. Counter-marketing is an effective method to counter pro-tobacco influences through the use of commercial marketing tactics.¹² According to a Centers for Disease Control and Prevention (CDC) best practice, counter-marketing activities play a critical role in increasing smoking cessation and decreasing youth initiation of tobacco products in Idaho.⁸ Project Filter regularly contracts with independent evaluators to assess the effectiveness of its counter-marketing efforts. An evaluation conducted in 2013 found:¹³

- 85.8% of Idaho adults think it's a good idea for Project Filter to use TV, newspaper and radio ads to remind people about the dangers of tobacco.
- 82.7% of Idaho adults think it's a good idea for Project Filter to offer Internet and telephone services such as Idaho's QuitLine and QuitNet, to help smokers who are trying to quit using tobacco.
- Over 719,000 (62.5%) of Idaho adults were exposed to Project Filter television ads.

Best Practices

Evaluations performed on other states' countermarketing programs have concluded that well-funded, consistent, and frequent messaging works to decrease tobacco use. CDC has provided guidance and recommendations for countermarketing programs conducted by state public health agencies.¹²

Countermarketing programs must be:

- Long term and evaluated routinely.
- Integrated, multi-component programs that use a variety of available techniques and components at different times and in different combinations.
- Integrated into the larger tobacco control program along with educational efforts, cessation initiatives, and enforcement and policy campaigns.
- Culturally competent; it must address every segment of the program's priority populations.
- Adequately funded because tobacco advertising and promotion activities appear to both stimulate adult tobacco consumption and increase risk of youth initiation of tobacco use.

V. Project Design

Description of Project

Countermarketing: The Department of Health and Human Services defines countermarketing as a strategy that attempts to counter pro-tobacco influences and increase pro-health messages and influences throughout a state, region, or community. Project Filter uses a targeted, segmented-audience approach to address tobacco prevention in populations that have the highest rates of tobacco use in Idaho. Project Filter collaborates and contracts with internal program partners, local public health districts and local community members and organizations to expand its reach and reinforce its marketing campaigns. Project Filter's countermarketing program consists of earned and paid media, including TV, radio, print, social media, grassroots marketing, and other activities such as sponsorships and community outreach.

Cessation Services: Project Filter continues to offer a free telephonic and web-based cessation service to Idaho residents wishing to quit tobacco use. Project Filter contracts with a nationally recognized cessation service vendor that provides up to five free counseling sessions with a trained cessation coach, printed and online self-guided materials, and four weeks of free NRT upon request. The cessation service incorporates evidence-based recommendations in a participatory model of care that enables individuals to develop the skills and confidence to quit tobacco use and remain tobacco free. The program is tailored to the individual's needs based on readiness to quit, level of addiction, and his/her support system. The cessation service contractor provides Project Filter with monthly reports including, but not limited to, call volume, demographics of callers, referral sources and number of NRT orders. The cessation service also provides evaluation data from a seven-month follow-up survey to past participants. The cessation service follows the nationally accepted Minimum Data Set (MDS) standards on all follow-up surveys.

Goals

- Decrease smoking prevalence among Idaho adults and youth
- Reduce smokeless tobacco use among Idaho adults and youth
- Increase awareness of Project Filter's free cessation services and resources
- Increase recall of tobacco-related health messages
- Decrease likelihood that people will begin smoking
- Change the perception that commercial tobacco use is an accepted part of American culture
- Increase smoking quit attempts by Idaho adults

Objectives

- By June 2014, increase the percentage of Idaho adult smokers who are aware of Project Filter's free cessation services from 48% to 58%.
- By June 2014, increase the percentage of lower-income adults recalling at least one TV ad or radio spot from 67% to 78%.

- By June 2014, increase presence at Idaho events at which a large proportion of smokers attend.
- By June 2014, increase registrants to Project Filter's cessation services by 10% (7,050 to 7,755).
- By June 2014, increase NRT orders by 10% (from 4,650 to 5,115).
- By June 2014, increase the number of people referred to cessation services by healthcare providers from 11% to 15%.
- By June 2014, maintain responder quit rate of 34.6% for cessation service registrants.

Success will be determined by reviewing cessation services reports, BRFSS and YRBS data, Adult Tobacco Survey (ATS) data and Project Filter's Countermarketing Evaluation.

VI. Grant Management

Project Filter's location within the Division of Public Health, Department of Health and Welfare provides the program with added resources to manage Millennium Fund grants. Project Filter is required to meet quarterly with a Budget Analyst from the Department's Bureau of Financial Services to review program budgets and monitor expenditures. Project Filter is also supported by the Department's Contracting and Procurement Services Unit which ensures all contracts are legal, binding and meet Department standards. These services, coupled with federal funds, allow Project Filter to dedicate all Millennium Funds to direct services and not personnel or indirect costs. Project Filter is primarily funded through a cooperative agreement with the Office of Smoking and Health (OSH) through CDC. Grant funding covers all personnel costs, contracts with the seven local public health districts, dedicated funding to supplement cessation services costs and other small local grantee work. Project Filter employs three full-time staff and five bureau support staff using federal funding.

Full-Time Staff:

- Ivie Smart, MHE, Program Manager (FT): Ms. Smart oversees the day-to-day operations of Project Filter, manages the budget, and determines the focus and direction of program activities.
- Casey Suter, MA, Program Specialist (FT): Mr. Suter assists in the delivery of the program goals and manages the cessation services contract and serves as the program evaluation specialist.
- VACANT – Program Specialist (FT): Assists in the delivery of the program goals, conducts research to support message development and program reporting, and coordinates and manages events and sponsorships.

Part-time Bureau Support Staff:

- Kelly Knoblock, Administrative Assistant (PT): Ms. Knoblock assists the Program Manager with budget monitoring.
- Jean Calomeni, MS, Senior Health Education Specialist (PT): Ms. Calomeni conducts research to support message development and promotion of services and coordinates and manages social marketing campaigns.
- Kara Stevens, BBA, Section Manager (PT): Ms. Stevens assists the Program Manager to ensure coordination and integration of contracts and grants and oversees management of fiscal resources.
- Jamie Delavan, BA, Health Equity Program Specialist (PT): Ms. Delavan assists with communication and community outreach to disparate populations affected by tobacco use.
- Robert Graff, PhD, Chronic Disease Epidemiologist (PT): Dr. Graff identifies, collects and correlates data from disparate sources to assess the burden of chronic disease, identifies trends along with causal risk factors, and identifies gaps and enhances the utility of existing data.

VII. Evaluation Plan

Project Filter will conduct regular evaluations to determine whether its countermarketing initiatives and tactics have an impact on its outcomes as reported in Section V. The program wants to determine which methods and tactics have the greatest impact on its outcomes.

Process: Project Filter will conduct a variety of countermarketing tactics throughout the grant period, enlisting external partners and stakeholders for statewide reach. The program will contract with an external evaluator to measure the effectiveness (e.g., reach, behavior change, attitude change) of our countermarketing efforts. Evaluation of the cessation services will be conducted through the Alere Wellbeing cessation services contract.

Primary Evaluation Questions

- Do specific countermarketing campaigns result in increased registrants and enrollments to cessation services and increased orders for NRT?
- Does the frequency of countermarketing efforts (print ads, TV spots, radio) have an impact on use of Project Filter's free cessation services?
- Do initiatives conducted by Project Filter have an impact on the traffic sources to the free cessation services?
- What is the return on investment for specific countermarketing campaigns and tactics?

Assessment Methods and Strategies

- Analysis of cessation reports
- Event-specific surveys
- Annual countermarketing evaluation
- Use of other third-party analytics to evaluate the effectiveness of specific tactics (e.g., Google Analytics, Facebook Insights)

The above information will enable Project Filter to develop more focused and meaningful messaging, direct its resources to those most in need of them, and identify ways to extend its outreach in cost-effective and efficient ways. The program will collaborate with other chronic disease programs within the Department of Health and Welfare and with external agencies and organizations to maximize its goals.

VIII. Sustainability

Project Filter will continue to supplement its countermarketing program with funds from other sources (CDC, other grants), but will continue to rely on Millennium Funds as a means to offer cessation services. Purchasing larger media and print buys helps to make optimal use of the program's resources and reach. The program will collaborate with other chronic disease programs within the Department of Health and Welfare, with the seven Idaho local public health districts, and other local organizations to keep costs minimized and to widen its reach. Project Filter routinely makes its print materials available at no cost to other organizations. The program's sponsorship of and presence at community events helps ensure that its media efforts achieve greater recall and return on investment.

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Annual Report

FY 2013



Millennium Fund Annual Report

For the Period July 1, 2012 through June 30, 2013

Project Filter Countermarketing Campaign & Cessation Services Report

Organizational Contact Information:

Full Legal Organization Name

Address
City
State
Zip Code
Website

Idaho Department of Health and Welfare

450 W. State St., 6th floor
Boise
Idaho
83702
www.projectfilter.org

Executive Director

Name
Title
Phone
Email Address

Ivie Smart, MHE
Program Manager
208-334-5627
smarti@dhw.idaho.gov

Alternate Contact Person

Name
Title
Phone
Email Address

Kara Stevens
Risk Reduction Section Manager
208-332-7319
stevensk@dhw.idaho.gov

Millennium Fund Grant Award

\$2,000,000

Report Date

October 4, 2013

Project Goals:

- Increase the proportion of Idahoans who are able to quit smoking
- Decrease the proportion of youth and adults who become smokers
- Increase the proportion of Idaho adults who have been exposed to Project Filter media and marketing messages
- Decrease the proportion of non-smoking youth and adults who are exposed to environmental tobacco smoke

Justification for Project: Tobacco use rates have steadily decreased through the years that Project Filter has been in existence. A strong visible presence to counteract tobacco industry messaging, as well as providing free cessation services, is essential if Idaho plans to continue to reduce tobacco use rates and prevent youth initiation.

Project Summary: Project Filter used its Millennium Fund grant to develop, promote and execute a cost-effective counter-marketing program while continuing to enhance the reach of its free cessation services. Project Filter has been able to monitor and track an increase in registrations to the Idaho cessation services that coincide with media placement and the availability of free nicotine replacement therapy (NRT) products. NOTE: The Idaho QuitNet contract ended in February 2013 and a new Request for Proposal (RFP) was issued in Fall 2012. The new combined cessation service contract was awarded in

December 2012, with services beginning in February 2013. The new online cessation program is an integrated program with the Idaho QuitLine and can be found at www.quitnow.net/Idaho. The Idaho QuitLine and online program continue to offer the same free counseling resources to Idaho smokers as well as free NRT to those enrolled in either program. The 1-800-Quit Now number remains the same.

Geographic Area Covered: Statewide

Project Outputs: Smoke-free fairs and other events; Television and radio ads running in all major media markets; Print ad campaign in all major newspapers; Smoke-free college campuses; Smoke-free cities; New contract for combined phone and online cessation services; Free 4-week supply of NRT; Phone follow-up survey for Idaho Quitline; Email follow-up survey for Idaho QuitNet (through February 2013 only).

Project Outcomes: 10 smoke-free college campuses (some with designated smoking areas instead of completely smoke-free); City of Ketchum is smoke-free; Adult smoking rate dropped from 17.2% to 16.4% (BRFSS 2012); Youth smoking rate is 14.3% (YRBS 2011); Total registrants to cessation services is 7,050; Total NRT provided to registrants is 4,654. Over all quit rate through Idaho QuitLine (through March 2013) is 34.6%.

Financial Statement:

Description	Amount	Total
Revenue		
Millennium Fund Grant	2,000,000	
Other Fund Sources	1,415,810	
In-Kind Match	0	
Total Revenue		3,415,810
Expenses		
Personnel	339,737	
Travel	17,008	
Supplies	14,074	
Operating	42,796	
Contractual T&B	326,212	
Contractual	2,623,837	
Indirect Costs	52,146	
Total Expenses		3,415,810

Budget Notes:

Project Filter receives a Tobacco Prevention and Control core grant from CDC for \$1,141,438. This funding covers all personnel, travel, supplies, operating and local contracts. Project Filter also received a supplemental grant from CDC for \$93,470 to promote the Idaho QuitLine. Project Filter received \$180,902 from the State Cancer Control Account to support tobacco prevention and control activities. Millennium Fund dollars were spent directly on cessation and countermarketing efforts.

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American Cancer Society Cancer Action Network
2676 S. Vista Avenue | Boise, Idaho 83705
www.acscan.org



October 16, 2013

Joint Millennium Fund Committee
Room C305, State Capitol
Boise, ID 83720

Dear Members of the Joint Millennium Fund Committee:

The American Cancer Society Cancer Action Network (ACS CAN), the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society, supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. To that end, ACS CAN is requesting \$325,000 from the Joint Millennium Fund Committee, to be transferred directly to the Department of Health and Welfare (DHW) for Women's Health Check (WHC). Women's Health Check is an outstanding program that provides cancer early detection services, while assessing tobacco use history of all enrolled clients and referring those who use tobacco to the Idaho QuitNow program or other tobacco cessation resources.

Women's Health Check serves women in the state of Idaho who meet the following criteria:

- Low Income (up to 200 percent Federal Poverty Level);
- U.S. Citizen or Eligible Alien status;
- No health insurance coverage for Pap tests or mammograms;
- Age 50-64 for breast and cervical screening; Age 40-49 for cervical screening only; Women over age 65 who do not have Medicare Part B;
- Limited enrollment and diagnostic services for Age 30-49 with symptoms or test results suspicious of breast cancer confirmed by a health care professional; or age 30-39 and have symptoms or test results suspicious of cervical cancer confirmed by a health care professional.

These women are in critical need of the screenings, services, and education provided by the Women's Health Check. Idaho is ranked lowest in the nation for women who have received screening mammograms and Pap tests as recommended. The requested funding would also support a necessary data system repair and upgrade to collect and evaluate tobacco use and referral data, and for statewide cancer screening navigator training and implementation.

Census data identifies **27,706** women in Idaho who would be eligible for Women's Health Check and have no other resources to pay for mammograms and Pap tests. With the funds requested, the program could serve an additional 664 women. ACS CAN looks forward to working with the Millennium Fund Committee to advance the important work of this program.

Sincerely,

Stacey Katseanes Satterlee
Idaho Director, Government Relations
American Cancer Society Cancer Action Network

Presentation

FY 2015



Women's Health Check

Joint Legislative Millennium Fund Committee

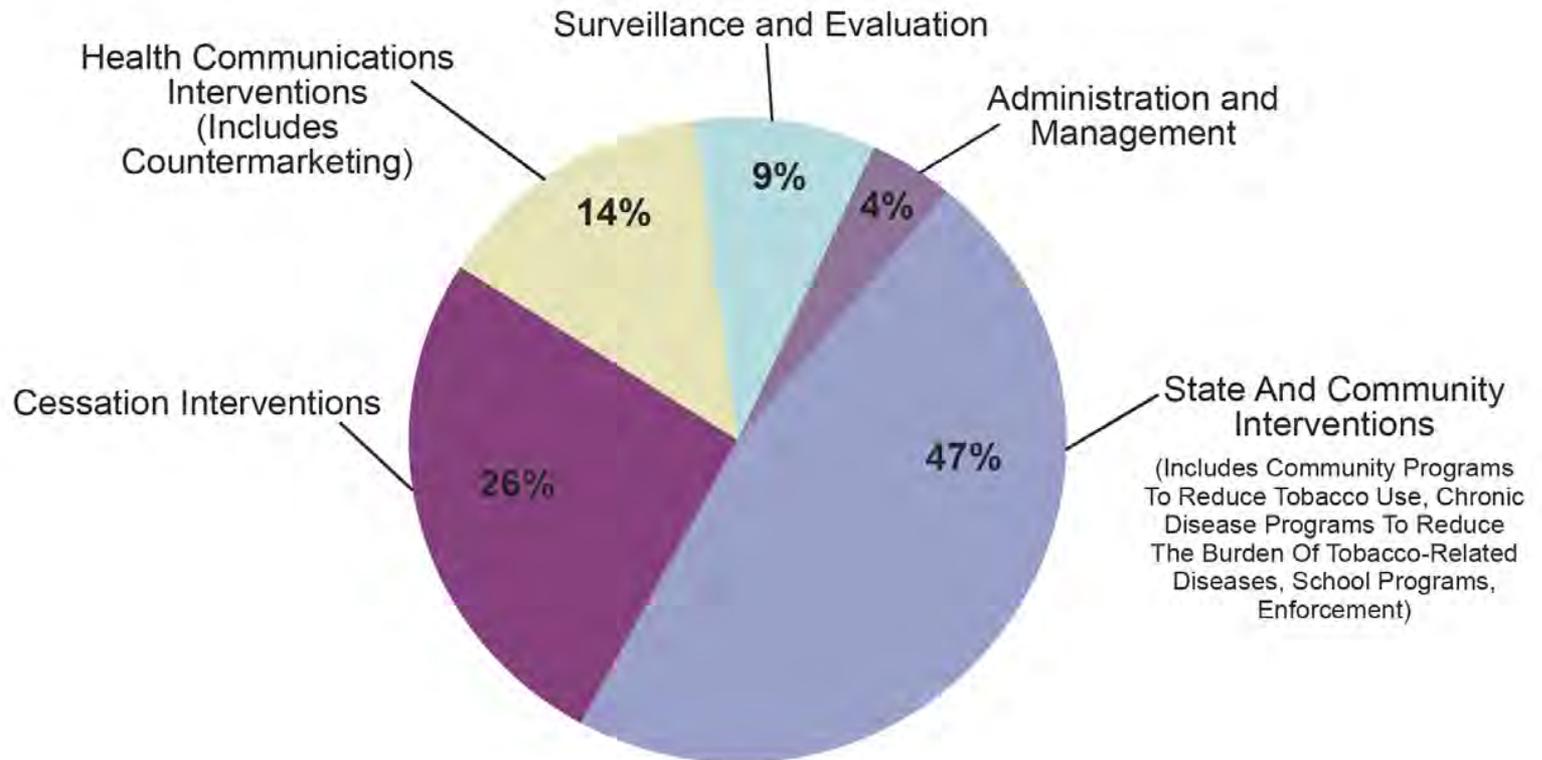
December 16, 2013

Stacey Katseanes Satterlee

Idaho Director, Government Relations

stacey.satterlee@cancer.org

Women's Health Check – Part of the Big Picture



2014 Millennium Fund Grant Request

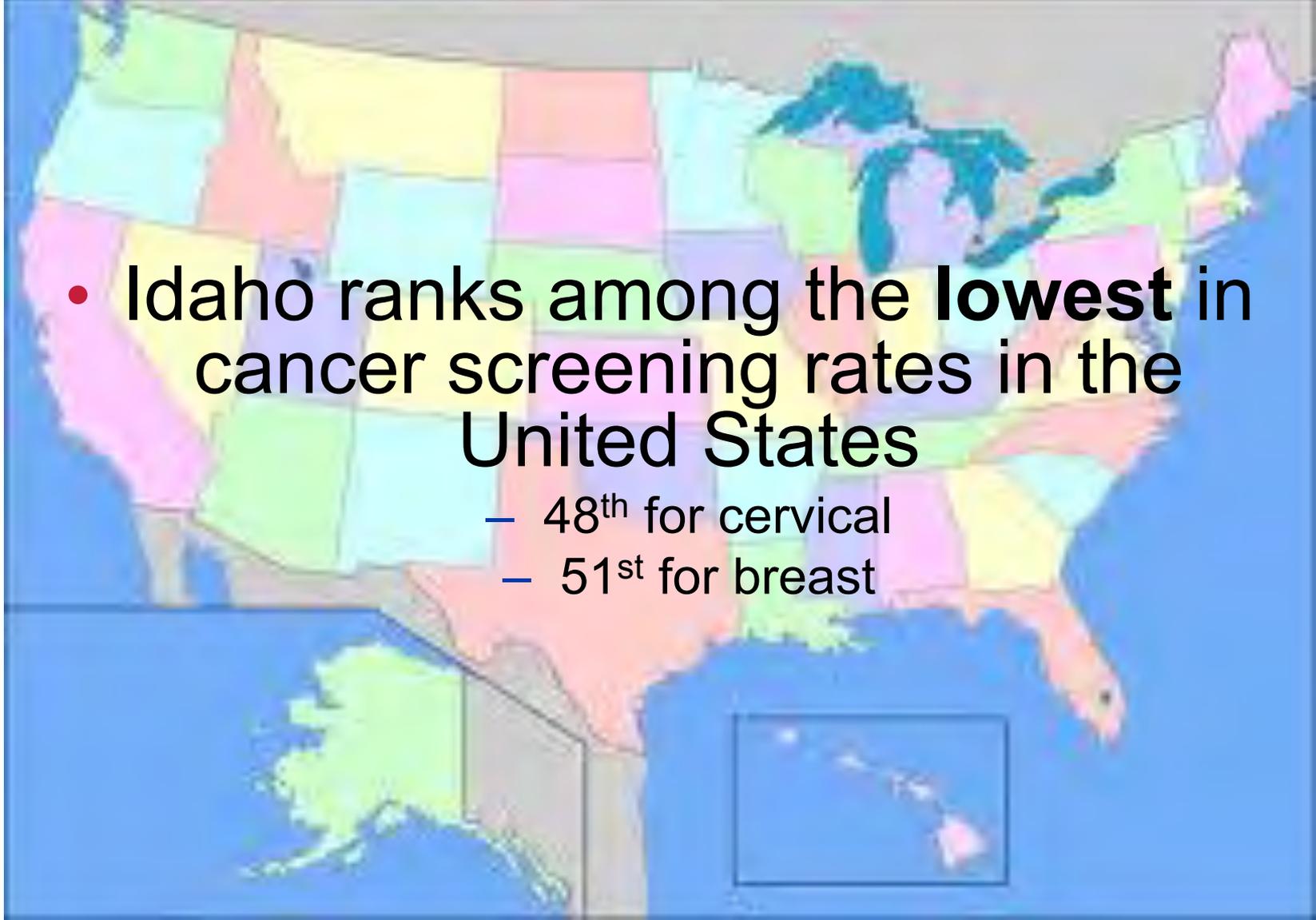
- ACS CAN requests \$325,000 be allocated to the Department of Health and Welfare (DHW) for **Women's Health Check** (WHC)
- Awarding ACS CAN this grant will support the following services through WHC:
 - Breast and cervical cancer early detection, diagnosis and treatment services
 - Tobacco use assessment of all women served by *WHC*
 - Education and counseling on the link between tobacco use and cancer, including referrals to tobacco cessation resources

2014 Millennium Fund Grant Request

- New this year
 - One-time data system repair and upgrade to allow the Department to better track tobacco use and trends in WHC clients
 - Cancer Screening Navigators

The Problem

- Idaho ranks among the **lowest** in cancer screening rates in the United States
 - 48th for cervical
 - 51st for breast



The Problem

- Without screening and diagnosis, cancer is often found later – costing lives and money
- Tobacco use increases a woman's risk of both breast and cervical cancer
- Without WHC, these women would rely on Idaho's CAT Fund for costly cancer treatment services



The Link: Tobacco Use and Increased Rates of Cancer

Studies show the increased risk of cancer for women who smoke:

- Tobacco use increases the risk for cancers of the cervix and breast (ACS Cancer Facts & Figures 2013)
- Women who smoke are about twice as likely as non-smokers to get cervical cancer
(<http://www.cancer.org/acs/groups/cid/documents/webcontent/003094-pdf.pdf>)
- **Women's Health Check** uses this opportunity to assess client tobacco use, educate about increased risk, and refer women to cessation programs as appropriate



Why Women's Health Check?

- Established & successful program
 - Recognized as a “Top Performing Program” by CDC
- Efficient program
 - Smallest staff in the nation, no staffing increases
- Statewide partnership
 - Reaches rural communities with over 400 public and private health care providers
- Good investment
 - 80 percent Federal match for treatment
- Patients
 - 4,719 women were served in FY2013
 - 1,126 Idaho women have been diagnosed and received treatment through BCC Medicaid since 2001

Women's Health Check – Results

- During FY2013
 - WHC screened 4,719 low-income women
 - 772 women were screened by Millennium Funds
 - 49 women were diagnosed with pre-cervical cancer conditions
 - 4 were diagnosed with cervical cancer



Women's Health Check – Results

- During FY2013
 - 79 women were diagnosed with breast cancer
 - 132 women were approved for treatment through the BCC Medicaid program
 - 100% of WHC Clients were assessed for tobacco use
 - 5,200 pieces of small media about the connection between tobacco and cervical cancer were distributed

What's Different This Year?

- One-time technology repair and upgrade
- Cancer Screening Navigators
 - focus on educating WHC clients on tobacco use and the associated cancer risk
 - offer counseling and cessation referrals when clients report using tobacco
 - educate on benefits of screening and early detection
 - The CSNs will have access to an improved data collection system and help in collecting information about health and risk behaviors related to tobacco use, cessation, prevention and cancer screening services.
 - CSNs will also follow-up with clients who report using tobacco, provide continued counseling and cessation resources, and evaluate success of their efforts. Data will be captured and analyzed to improve outreach measures and successful cessation outcomes.

Women's Health Check – Changing and Saving Lives

“I could not have done tests without this program’s help - (my) kids come first and times are tough, so my stuff comes after theirs”

– Women’s Health Check Client



The Solution

- Utilize **Women's Health Check** – an existing, efficient and award winning program – to diagnose and treat as many women as possible prior to more serious and life-threatening cancer growth
- Educate women on the link between tobacco use and cancer risk
- Help tobacco users quit
- Provide Idaho women access to life-saving screening and treatment services

How Can You Help?

Award \$325,000 grant to ACS CAN for Women's Health Check

- Provide cancer screening and treatment services to an additional 664 Idaho women
- Improve access to tobacco cessation services
- Save the lives of Idaho's daughters, sisters, mothers, granddaughters, nieces, and friends who will receive life saving services
- Save Idaho taxpayers money



Thank You!

Application

FY 2015



Millennium Fund Grant Proposal

For the Period July 1, 2014 through June 30, 2015

Women's Health Check

I. Grant Applicant

Full Legal Organization Name

American Cancer Society Cancer Action Network

Address
City
State
Zip Code
Website

2676 S. Vista Avenue
Boise
Idaho
83705
www.acscan.org

Executive Director

Name
Title
Phone
Email Address

Stacey Katseanes Satterlee
Idaho Director, Government Relations
208-422-0845
stacey.satterlee@cancer.org

Alternate Contact Person

Name
Title
Phone
Email Address

Nathan Bush
Vice President, Government Relations
505-453-2655
nathan.bush@cancer.org

Organizational Description: The American Cancer Society Cancer Action Network (ACS CAN), the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society, supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem.

II. Grant Proposal Summary

Meets One or More of the Following Criteria: (Indicate Yes Where Applicable)

- | | |
|--|-----|
| 1. Tobacco Cessation or Prevention | Yes |
| 2. Substance Abuse Cessation or Prevention | |
| 3. Tobacco or Substance Abuse Treatment | Yes |

Purpose of Grant: The purpose of this funding request is to support breast and cervical cancer early detection efforts of the Idaho Women's Health Check (WHC) program, a part of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), primarily funded through the Centers for Disease Control and Prevention (CDC), directed by Federal Law 101-354.

ACS CAN requests \$325,000 be allocated to the Department of Health and Welfare (DHW) for Women's Health Check (WHC) to continue providing cancer early detection services and appropriate diagnostic services, while assessing tobacco use history of all enrolled clients and referring those who use tobacco to Idaho's QuitNow program or other tobacco cessation resources.

Evaluation will include updating the WHC data system to collect tobacco use and cessation referral data for women who smoke. Trained cancer screening navigators will provide follow-up assessment and counsel to women who smoke on their increased risk for cancer, the benefits of smoking cessation and of cancer screening and early detection.

The WHC Eligibility Guidelines require women to meet the following criteria:

- Low Income (up to 200 percent Federal Poverty Level);
- U.S. Citizen or Eligible Alien status;
- No health insurance coverage for Pap tests or mammograms;
- Age 50-64 for breast and cervical screening; Age 40-49 for cervical screening only; Women over age 65 who do not have Medicare Part B;
- Limited enrollment and diagnostic services for Age 30-49 with symptoms or test results suspicious of breast cancer confirmed by a health care professional; or age 30-39 and have symptoms or test results suspicious of cervical cancer confirmed by a health care professional.

Federal funding provided services for 4,719 eligible women in Idaho during FY2013, diagnosing 79 breast cancers, 4 cervical cancers, and 49 pre-cervical cancers that were then treated. Current census data identifies **27,494** women in Idaho who would be eligible for Women's Health Check and have no other resources to pay for mammograms and Pap tests. Most women diagnosed with cancer through Women's Health Check receive treatment through the BCC Medicaid program (a specific Medicaid program for women diagnosed with breast or cervical cancer through Women's Health Check). If WHC women do not receive treatment services through Medicaid, they would likely seek assistance through the Catastrophic Fund, paid with county and state dollars.

Grant Amount Requested:

\$325,000

ACS CAN requests funds to be allocated to DHW for WHC, which is primarily funded through federal grant dollars. Funds are used for client services reimbursed for specific screening and diagnostic services, and paid at Medicare rates. These funds would also support a necessary data system repair and upgrade to collect and evaluate tobacco use and referral data, and for statewide cancer screening navigator training and implementation. Cancer screening navigators will counsel women who smoke on their increased risk for cancer and evaluate outcomes for cessation referral, as well as provide education to facilitate health care provider referrals for cancer screening. An additional 664 eligible women would be served by Millennium funding through the program infrastructure now in place.

III. Proposed Budget

Expenditure Category	Federal Funds	Cancer Control	Millennium Fund	Project Total
Personnel				
Salaries	211,037	0	0	211,037
Benefits	86,842	0	0	86,842
Total Personnel	297,879	0	0	297,879
Operating - Non Public Contracts				
Supplies & Printing	5,288	0	350	5,638
Travel (required)	4,978	0	0	4,978
State Administrative Costs (communication)	0	0	880	880
Third Party Administration (claims processing)	0	75,079	0	75,079
Public Education	2,560	0	0	2,560
Professional Education	3,295	0	0	3,295
Data System Repair/Evaluation Upgrade	75,571	1,621	50,000	127,192
Evaluation - University Contract	2,350	0	0	2,350
Total Operating	94,042	76,700	51,230	221,972
Trustee & Benefits				
Local Coordinating Contractors (664)	387,431	0	58,266	445,697
Direct Client Services (claims) (664)	944,872	0	156,704	1,101,576
Cancer Screen Navigator Contract (12/week@\$21(2	0	0	58,800	58,800
Total Transfer Payments	1,332,303	0	273,770	1,606,073
Indirect				
Total Indirect Costs	75,825	0	0	75,825
GRAND TOTAL	1,800,049	76,700	325,000	2,201,749
Percent Total	82%	3%	15%	100%

Budget Notes:

Total project budget:

\$1,724,478	Federal funds for WHC (<i>\$53,335 less than FY13</i>)
76,700	State Cancer Control Funds (required Maintenance of Effort)
574,826	Matching Effort: In-kind contributions (<i>documented from Susan G. Komen for the Cure awards in Idaho, cost differential from health care providers accepting WHC Medicare rates, and local support by Health Districts</i>)
<u>325,000</u>	ACS CAN Request for WHC
\$2,701,004	

Women's Health Check has a staff of five whose salaries are paid through the federal grant funds received yearly. No Millennium Fund dollars will go into paying for these salaries. The WHC personnel and their responsibilities are listed in VI. Grant Management.

Total dollar amount requested: \$325,000

IV. Statement of Need

WHC is accessible by low income, uninsured women throughout Idaho. Currently Idaho ranks at the bottom (51st) of mammography and cervical cancer screening rates in the country. There are an estimated **27,494** women in Idaho who would be eligible for WHC and have no resources to pay for cancer screening tests. A total of 4,719 eligible women received cancer early detection services paid by WHC during FY13. Federal funding for the next 5 years is expected to provide services for 4,055 or fewer women yearly. Of the requested \$325,000, \$214,970 in Millennium Funds would allow the program to serve an additional 664 women. Existing infrastructure can provide quality services, collect required data, coordinate follow-up of abnormal results, provide case management for those needing assistance with diagnostic procedures and facilitate transition to treatment, when needed. Treatment for breast and cervical cancer or pre-cancerous conditions of the cervix identified through WHC is provided through the BCC Medicaid Program,

Women enrolled in WHC are assessed for tobacco use, receive counseling and education about the use of tobacco increasing their risk of cervical cancer, and are referred to the QuitNow tobacco cessation resources. During FY13, 220 Women's Health Check clients were referred to QuitNow, following assessment indicating current tobacco use. The need for person-to-person, one-on-one counseling and data capture cannot be understated. The current WHC database does not support the tracking of tobacco information. The efficacy of tobacco assessment/referral and follow-up interventions must be measured by collecting and analyzing data sets that create a more robust analysis. Program and intervention evaluation will be improved by technology updates embedded in a database re-write that is tailored to capture tobacco information; longitudinal data collection will help to increase the depth of reports. Analyses deduced will be used to expand the reach of our messages and the success of cancer screening and tobacco cessation interventions. Follow-up with those referred to cessation resources is a necessity for the success and growth of this collaboration. Focused cancer screening navigators will provide tobacco referrals, when smoking is identified in WHC clients, and will follow-up to provide support and collect outcome data.

The WHC data system will be re-written to include the ability to capture tobacco data relating to client tobacco use and referral to cessation resources for later client follow-up and analysis.

Combining these needs together, we have the opportunity to implement a team of cancer screening navigators (CSN) who focus on education on tobacco use and the associated cancer risk, offer counseling and cessation referrals when clients report using tobacco, and educate on benefits of screening and early detection. The cancer screening navigators will have access to an improved data collection system and help in collecting information about health and risk behaviors related to tobacco use, cessation, prevention and cancer screening services. CSNs will also follow-up with clients who report using tobacco, provide continued counseling and cessation resources, and evaluate success of their efforts. Data will be captured and analyzed to improve outreach measures and successful cessation outcomes.

V. Project Design

Recognizing the value of screening and early detection, Congress passed the Breast and Cervical Cancer Mortality Prevention Act of 1990 (Public Law 101-354), which established the Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The NBCCEDP provides screening services, including clinical breast examinations, mammograms, pelvic examinations, and Pap tests, to underserved women. The NBCCEDP also funds post-screening diagnostic and case management services. Early detection reduces breast and cervical cancer morbidity and mortality. In Idaho, the NBCCEDP program is called Women's Health Check (WHC) and is managed through the Department of Health & Welfare, Division of Public Health, Bureau of Clinical and Preventive Services. WHC offers free breast and cervical cancer screening to women who qualify (low income, uninsured or underinsured, U.S. Citizens). Limited enrollment is available for women age 30 and over who meet all other eligibility requirements and who have symptoms or abnormal tests documented by a health care provider. Women's Health Check partners with other agencies to provide breast and cervical cancer education for health care professionals and the public. The program is coordinated locally through all seven Health Districts, one hospital, and two community health centers. Idaho is ranked last in the nation for women who have received screening mammograms as recommended. Idaho is ranked 48th for women who have received Pap tests as recommended. Over 400 public and private health care providers participate in this program throughout Idaho.

WHC consistently partners with the American Cancer Society (ACS), Susan G. Komen for the Cure, local hospitals, insurance companies, and health care providers to prevent duplication of effort and to maximize resources. The "Operation Pink B.A.G. – Bridging the Access Gap" website www.operationpinkbag.org illustrates an informal partnership to develop a web-based resource-sharing tool. WHC and partners communicate regularly to provide the most effective and up-to-date education for patients and health care providers through collaborative efforts. Volunteers associated with ACS, Idaho Komen for the Cure, Women's Health Check, Idaho Public Health Districts, and Federally Qualified Health Centers utilize "ASK ME! About a Mammogram" project materials and systems to reach their peers in the community to report the results of their public contacts.

Women screened through WHC are eligible for treatment through the Breast and Cervical Cancer Prevention and Treatment Act of 2000 (BCCPTA) Public Law 106-354, if they are U.S. Citizens and have no creditable insurance. The enhanced Federal Financial Participation (FFP) rate for this eligibility group is approximately 80 percent federal with 20 percent state obligation [78.58% Enhanced federal medical assistance percentages per Federal Register/Vol.73 No.229/November 26, 2008]. Since 2001, a total of

1,126 women have been diagnosed and received treatment for breast and cervical cancer through BCC Medicaid.

The data system repair and upgrade will stabilize the current system on a supported platform and enhance data collected and evaluated for tobacco use, referral and cessation follow-up. ACS CAN is requesting \$50,000 for the database upgrade/re-write; total upgrade/re-write costs are estimated at \$200,000.

The cancer screening navigator (CSN) project will train staff embedded in the current WHC statewide contractor network to address education on breast and cervical cancer risk in relation to tobacco use, provide appropriate referrals to tobacco cessation resources, and evaluate outcomes of tobacco cessation referrals. Studies have confirmed that women who smoke have an increased risk of breast and cervical cancer. Currently, WHC clients are assessed for tobacco use and educated about tobacco use increasing their risk for breast and cervical cancer. Those who indicate current use of tobacco products are referred to the Idaho QuitNow or ACS tobacco cessation programs. WHC clients who are referred for biopsy and/or treatment are encouraged by health care providers to utilize tobacco cessation resources. WHC clients diagnosed with breast or cervical cancer and referred to BCC Medicaid for treatment are strongly encouraged to participate in the Medicaid program to quit smoking and to incorporate other healthy behaviors that may prevent future cancer incidence. The expansion of resources for cancer screening navigators will strengthen the education, outreach and follow-up of tobacco cessation services for WHC clients. Currently, WHC contractors do not have the means for sustained one-on-one counsel and follow-up for tobacco cessation. ACS CAN is requesting \$58,800 for this project.

ACS CAN is also requesting \$214,970 for direct client services, which would allow for the screening and diagnostic follow-up for 664 additional women. This would help offset the reduction in federal CDC funding, while Idaho women continue to have a need for direct service assistance. In FY13, WHC was able to screen 4,719 women. Projected FY15 CDC funding will allow Idaho to screen 4,055. The additional funds from the Millennium Fund would allow us to screen an additional 644 and fill the gap left by a decrease in federal funding.

Long-term objectives: Fewer Idaho women will use tobacco, lowering incidence of breast and cervical cancer (as well as other cancers), decreasing the number of late-stage diagnoses of cancer and therefore, lowering the associated costs of treatment to the State of Idaho. Improved tobacco-related data collection will provide improved analysis for best direction of future funding and program resources. Tobacco-related information data capacity will allow for longitudinal analysis and study in the future, revealing intervention efficacy and strategies for improvement.

Tasks and timetable for WHC staff and contractors: Effective July 1, 2014 –

- WHC RealTime database repair and rewrite continues as soon as funds are available and until completed, estimated October 2014.
- Contracts for cancer screening navigator (CSN) project drafted, approved and accepted by 7 Public Health Districts across Idaho by August 15, 2014.
- CSNs provide person-to-person cancer prevention and screening education to women in targeted screening age for breast and cervical cancer. If identified as tobacco users, CSN provides counseling related to its use and risk of cancer, and referrals to QuitNow or other cessation programs. Cancer screening and diagnostic services are scheduled and abnormal screening results are followed for timely and quality diagnostic work-up. Follow-up is provided for women who report tobacco use to identify outcomes of tobacco cessation referral beginning October 1, 2014 until June 29, 2015.

- Data collected through enhanced WHC data system identifies women who use tobacco, cessation referral, and follow-up - ongoing beginning October 2014.
- Cancer Screening Navigators (CSN) work with partners to educate providers and staff providing screening and diagnostic services, or cancer treatment are encouraged to educate women to stop smoking – ongoing beginning October 1, 2014.

Tasks and timetable for key organizations involved in this effort:

- July 2014-June 2015 – Providers conduct screening and diagnostic services
- June 2014 – WHC electronic newsletter to local contractors focus on tobacco use and the risk for breast and cervical cancer
- July 2014 – WHC local contractors and health care providers are educated about services available
- July 2014 – Partner agencies (including Susan G. Komen affiliates and grantees) are educated about tobacco use increasing the risk for breast and cervical cancer
- August 2014 – Health Care providers throughout the state are educated about the WHC program and other resources to facilitate access to cancer screening services for their patients
- August 2014- WHC Cancer Screening Navigators trained to assist women with limited resources to access screening, diagnostic and treatment services, and to counsel women who use tobacco about the increased risk for cancer
- October 2014 – WHC data system enhanced to collect and evaluate tobacco use among WHC clients
- October 2014 - Statewide system of trained cancer screening navigators is implemented through current PHD Contractors.
- July 2015 – Analysis of evaluation completed, including recommendations for improvement for specific county areas

VI. Grant Management

Since ACS CAN is requesting funds be allocated to DHW, WHC program staff are listed. WHC operates under a Cooperative Agreement with the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and the Department of Health & Welfare, Division of Public Health. WHC is a successful program that has been recognized by CDC in the top performing programs of the country since the program began screening women. Salaries are paid for by NBCCEDP (Federal) funds only.

- Principal Investigator - Dieuwke A. Dizney-Spencer, RN, MHS – Deputy Administrator, Division of Health - Provides oversight for program staff, CDC reports and applications and Bureau budget.
- Program Manager - Susan Bordeaux, RN - Provides leadership in program planning, implementation, and evaluation; directs the overall management of program; plans and monitors budget; assures implementation of program according to NBCCEDP policies; manages contracts; supervises staff; promotes partnerships; oversees public education and evaluation program components; approves referral to BCC Medicaid for treatment; coordinates medical advisory reviews; monitor clinical results to ensure the timeliness and completeness of follow-up.
- Health Program Specialist (TBD) – Coordinates public and professional education, oversees cancer screening project and tobacco data analysis; promotes partnerships; oversees targeted recruitment activities; oversees evaluation for program components; identifies professional development needs; coordinates medical advisory review; -;
- Data Coordinator - Karoline Philp, BA - Maintains the web-based data system through contractor; oversees data collection and required submissions to CDC; prepares data reports for program; manages data links with cancer data registry (CDRI); develops evaluation plans for eight

components of the WHC program and the Millennium project; analyzes statewide surveillance data; projects and reports screening data.

- Technical Records Specialist - Dana Lewis - Provides oversight for Quality Assurance/Quality Improvement relating to individual client data; provides technical assistance and training for local contractors responsible for data entry and management; assists clinical coordinator in identifying timeliness and completeness of follow-up.
- Administrative Assistant - Pam West - Provides technical support for contracts; budget and expenditures; documents matching effort; administrative support for all components of the program.
- Local Coordinating Contractors - Women's Health Check contracts with seven District Health Departments, Terry Reilly, Family Medicine Residency of Idaho, and Saint Alphonsus Breast Care Center for local oversight of enrollment and client services.

VII. Evaluation Plan

1. Identify number of WHC clients reporting tobacco use and number referred to QuitNow tobacco cessation programs. – WHC RealTime Database and WHC Data Coordinator
2. Survey enrollment sites and clients reporting tobacco use to verify assessment of tobacco use and referral to cessation programs. – WHC Health Education Specialist and CSNs
3. Collect data on WHC clients served, calculating the number of additional clients and outcomes for women served with Millennium Fund, the number referred to tobacco cessation resources, and outcome of tobacco cessation referrals. – WHC Database, CSNs, WHC Staff
4. Analyze data to improve education efforts in rural areas and address health access barriers. – Client surveys, WHC Database, State Staff, and University Evaluation Contract

Stakeholders in the evaluation process are involved when local WHC coordinators survey WHC providers to ensure assessment of tobacco use, quality data documentation and client referral to resources is consistently completed. Reports of evaluation studies will be shared with or available to partner organizations, related public health programs, Idaho State and County officials, WHC staff and ACS CAN.

Outcome client data documented in WHCRT is monitored and utilized for program planning, public and professional education objectives, and long-term client follow-up, as well as for quality assurance and improvement. WHC provides educational workshops, webinars, or telephone conferencing to update local contractors and health care providers. The evaluation project will determine specific counties that need additional education or resources to increase screening, tobacco education/resource information, or identify specific challenges or barriers to screening.

VIII. Sustainability

Women's Health Check has served 51,785 eligible Idaho women since it began in 1997 for breast and cervical cancer screening and necessary diagnostic work-up. A total of 1,126 women have been diagnosed with and treated for cancer through Medicaid (Public Law 106-354) since 2001 when the Idaho Legislature passed the Every Woman Matters Law. WHC expects to continue receiving funding from CDC to support the program, and will work to maintain the highest performance ranking. The program is in its second year of a 5-year Cooperative Agreement with CDC, starting June 30, 2013. WHC has maintained a quality record that places Idaho in the top funding category for the NBCCEDP. WHC, ACS CAN, Susan G. Komen for the Cure, the Comprehensive Cancer Alliance for Idaho and other organizations continue to research supplemental private funding which is strongly encouraged by the NBCCEDP. Idaho Women's Health Check has met and maintained 100% of the national Performance Indicators measuring Best Practice for breast and cervical cancer early detection programs. As the WHC database is re-written to meet current technical requirements, and collects tobacco use and cessation

referral data over time an in-depth, robust analysis with provide quality improvements for best outcomes health outcomes for Idaho.



Annual Report

FY 2013



Millennium Fund Annual Report

For the Period July 1, 2012 through June 30, 2013

Women's Health Check

Organizational Contact Information:

Full Legal Organization Name

American Cancer Society Cancer Action Network

Address

2676 S. Vista Avenue

City

Boise

State

Idaho

Zip Code

83705

Website

www.acscan.org

Executive Director

Name

Stacey Satterlee

Title

State Director, Government Relations

Phone

208-422-0845

Email Address

stacey.satterlee@cancer.org

Alternate Contact Person

Name

Nathan Bush

Title

Vice President, Government Relations

Phone

505-453-2655

Email Address

nathan.bush@cancer.org

Millennium Fund Grant Award

\$250,000

Report Date

September 30, 2013

Project Goals: The purpose of this project was to support breast and cervical cancer early detection efforts of the Idaho Women's Health Check (WHC) program, a part of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), primarily funded through the Centers for Disease Control and Prevention (CDC), directed by Federal Law 101-354. Women enrolled in WHC were assessed for tobacco use and receive counseling and educational information about tobacco use increasing their risk of cervical cancer. Those women who indicated that they are tobacco users were referred to the Idaho's QuitLine/QuitNet for tobacco cessation services.

Rationale or Justification for Project: Tobacco use accounts for nearly 1 in 3 cancer deaths—tobacco use increases a woman's risk for cervical and breast cancer significantly. By increasing the number of eligible women screened for breast and cervical cancer through Idaho Women's Health Check (WHC) and thereby increasing their access to tobacco education, counseling and therapies, we can directly contribute to reducing the incidence of cancers in Idaho women. Tobacco use assessment and cessation referral is a natural progression and intervention when screening for cervical and breast cancer, and a strategic point of education between health care provider and patient.

Further, our efforts will reduce the number of Idaho women diagnosed with cancer from seeking assistance through county Catastrophic funds, as they will be covered for treatment services through Breast and Cervical Cancer (BCC) Medicaid. Those women who are screened and diagnosed with cancer through WHC are eligible for BCC Medicaid for their treatment costs.

Project Summary: Millennium funds provided 772 Idaho women with quality, appropriate breast and cervical cancer screening, diagnostic follow-up and patient navigation. Women enrolled in WHC were assessed for tobacco use, received counseling and education about the use of tobacco increasing their risk of cervical cancer, and referred to the QuitLine/QuitNet for tobacco cessation. During FY13, 220 Women’s Health Check clients logged onto QuitNet, following assessment indicating current tobacco use.

Geographic Area Covered: Idaho census data identified **27,706** women in Idaho were eligible for Women’s Health Check and have no other resources to pay for mammograms and Pap tests. Current program infrastructure includes contracts with all seven public health departments, two Federally Qualified Health Centers and one major hospital system. The program has agreements with more than 400 health care providers statewide. This network provides access to every county in Idaho and efforts concentrate on reducing barriers for women in rural areas with lower socioeconomic status.

Project Outputs for FY13 (Total Program):

Number of women served	4,719
Number of breast cancers diagnosed	79
Number of cervical cancers diagnosed	4
Number of cervical pre-cancers diagnosed	49
Number of women approved for BCC Medicaid for treatment	132
Number of community events where tobacco use linked to cervical cancer	25
Number of tobacco/cervical cancer small media distributed	5,200

Project Outcomes:

Number of WHC women screened by Millennium funds	772
Number of WHC women assessed for tobacco use	4,719
Number of WHC women who took action to quit using tobacco	220

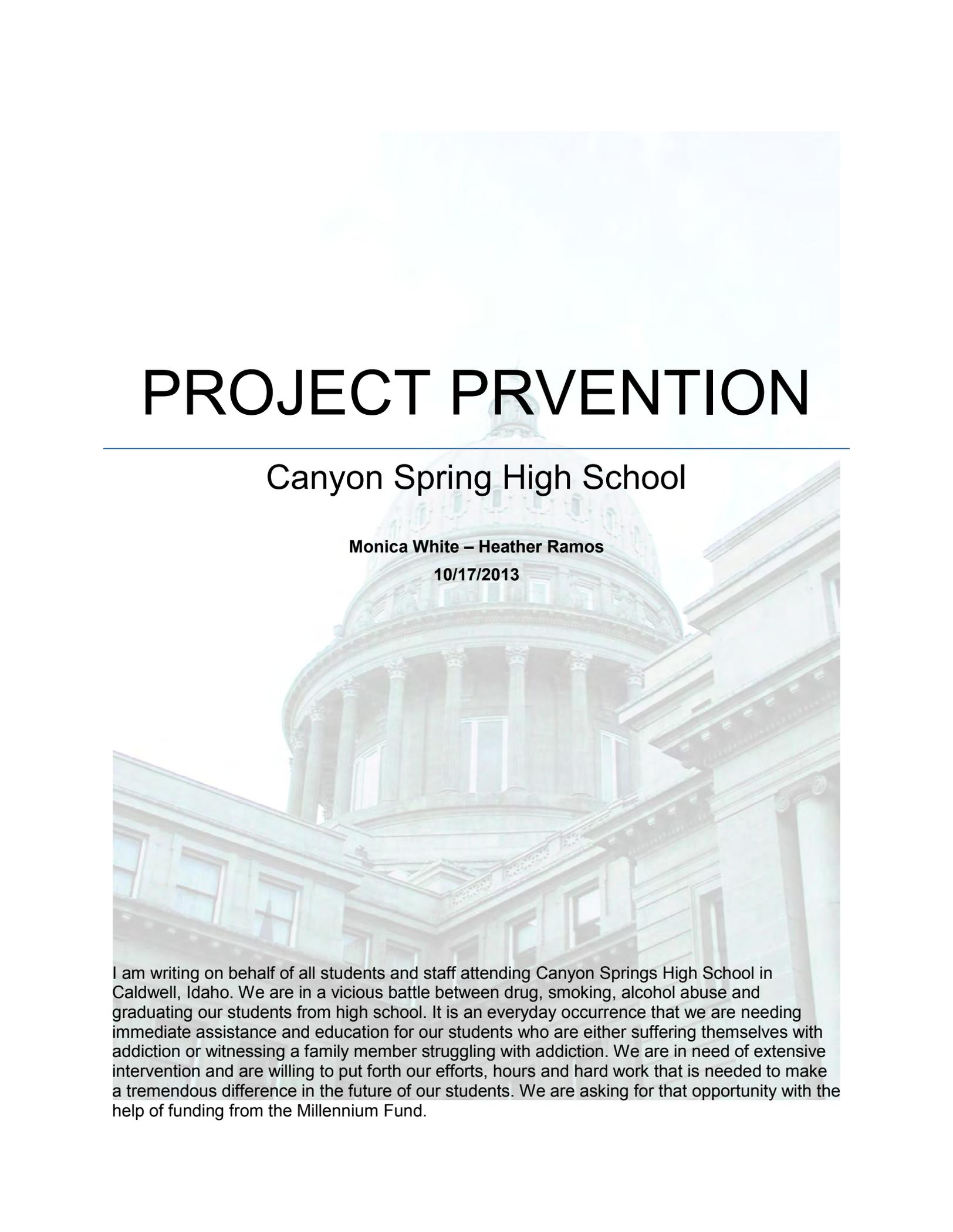
Financial Statement:

Description	Amount	Total
Revenue		
Millennium Fund Grant	250,000	
Total Revenue		250,000
Expenses		
Contracts	93,464	
Screening Claims Payments	156,536	
Total Expenses		250,000
Dollar Variance		0

Budget Notes:

Millennium Award Funds were used only and specifically for direct payments to contractors for enrollment, data entry, and case management, and to medical service providers for breast and cervical cancer screening and diagnostic follow-up.

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PROJECT PREVENTION

Canyon Spring High School

Monica White – Heather Ramos

10/17/2013

I am writing on behalf of all students and staff attending Canyon Springs High School in Caldwell, Idaho. We are in a vicious battle between drug, smoking, alcohol abuse and graduating our students from high school. It is an everyday occurrence that we are needing immediate assistance and education for our students who are either suffering themselves with addiction or witnessing a family member struggling with addiction. We are in need of extensive intervention and are willing to put forth our efforts, hours and hard work that is needed to make a tremendous difference in the future of our students. We are asking for that opportunity with the help of funding from the Millennium Fund.

Presentation

FY 2015

Canyon Springs High School

Project Prevention

Mission: Stronger Community

Program Components

- Prevention
 - Tobacco ~ Prevention and cessation training in cooperation with Southwest District Health.
 - RADAR
- After School Program 10-12 Campus
 - Target 40 most at risk students (all students are welcome)
 - Academic intervention with a certified teacher
 - Drug, alcohol, and abuse counseling ~ contracted out through local agencies including Bell Counseling Services
 - Random drug testing
 - Individualized prevention strategy planning
 - Criminal Justice class for credit toward graduation

Program Components

- Parent Connect
 - Family Counseling
 - Parent education classes through Canyon County Parent Project.
 - Positive Family Activities
 - Parent /Teacher Connect
- Truancy Department
 - Identified Quickly
 - 10% ADA Increase
 - Support from Canyon County Prosecutor, Juvenile Probation and Magistrate Judges

Program Components

- Methamphetamine Awareness/Prevention
 - Participate in National Meth Awareness Week
 - Monthly prevention lessons in advisory classes
 - Develop in house Teen Advisory Council in cooperation with our Student Council
- Treatment
 - Anger Management
 - Conflict Resolution
 - Out-treatment Ala-teen
 - Drug and Alcohol Classes

Professional Development

- CSHS Staff Training
- National Convention
- Certification in Addiction Studies Certificate



Budget

Grant Amount Requested: \$153,000.00

III. Proposed Budget

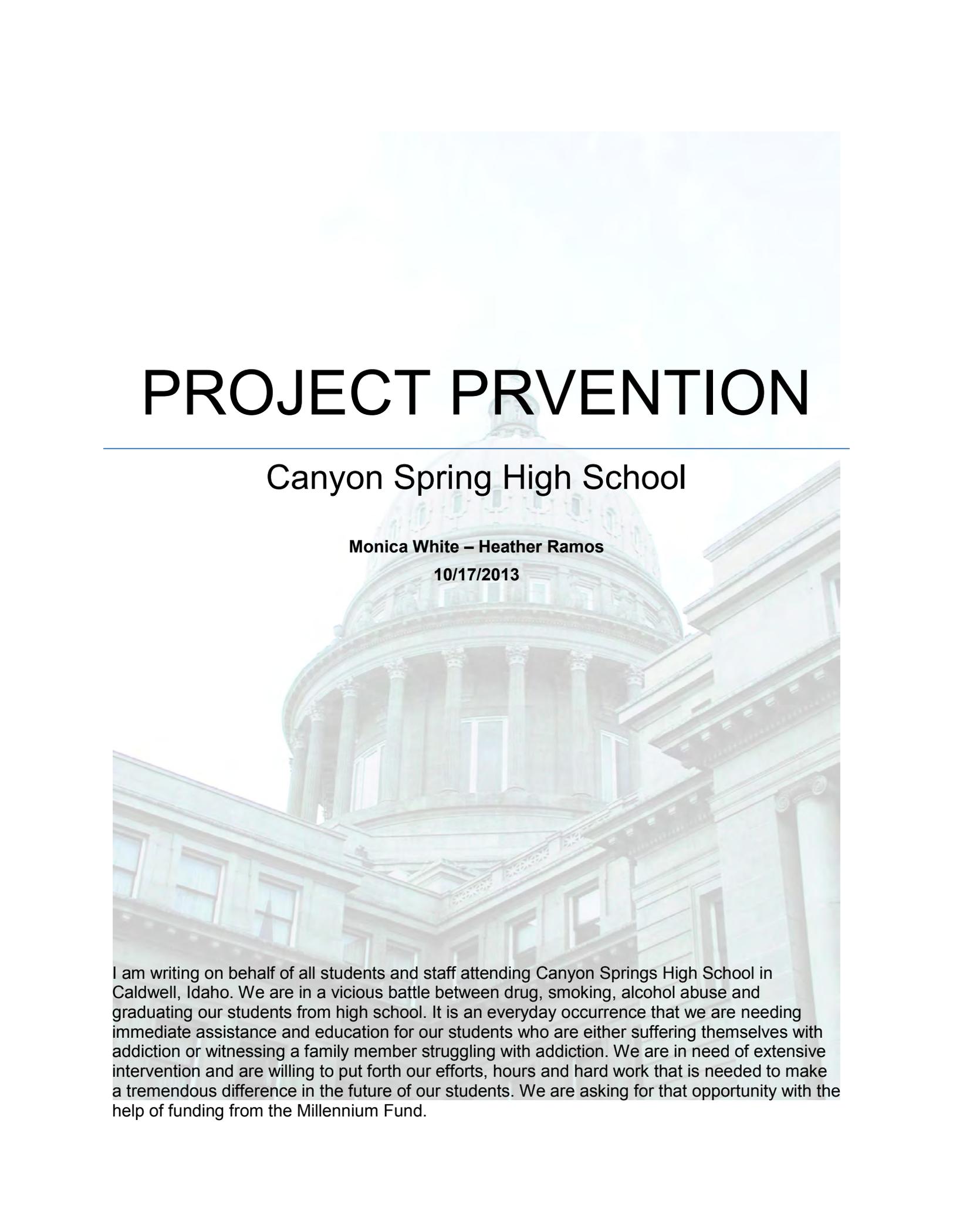
Expenditure Category	Staff Time	Millennium Fund	Other Fund Sources	In-Kind Contribution	Project Total
Personnel					
Salaries		53,000			53,000
Benefits		20,000			20,000
Total Personnel		73,000	-	-	73,000
Operating					
Travel		5,000			5,000
Rent					-
Utilities					-
Insurance					-
Communications		2,000			2,000
Materials & Supplies		8,000	1,000		9,000
Contracts		39,000			39,000
Consultants					-
Employee Development		15,000			15,000
Miscellaneous			10,000		10,000
Total Operating		69,000	11,000	-	80,000
Transfer Payments					
Intergovernmental Transfers					-
Direct Client Services					-
Local Contractors					-
Other					-
Total Transfer Payments		-	-	-	-
GRAND TOTAL		142,000	11,000	-	153,000

WHY



Application

FY 2015



PROJECT PREVENTION

Canyon Spring High School

Monica White – Heather Ramos

10/17/2013

I am writing on behalf of all students and staff attending Canyon Springs High School in Caldwell, Idaho. We are in a vicious battle between drug, smoking, alcohol abuse and graduating our students from high school. It is an everyday occurrence that we are needing immediate assistance and education for our students who are either suffering themselves with addiction or witnessing a family member struggling with addiction. We are in need of extensive intervention and are willing to put forth our efforts, hours and hard work that is needed to make a tremendous difference in the future of our students. We are asking for that opportunity with the help of funding from the Millennium Fund.



Millennium Fund Grant Proposal

For the Period July 1, 2013 through June 30, 2014

Project Prevention

I. Grant Applicant

Full Legal Organization Name

Address
City
State
Zip Code
Website

Canyon Springs High School

516 N. 11th Street
Caldwell
ID
83605
www.caldwellschools.org

Executive Director

Name
Title
Phone
Email Address

Monica White
Principal
208-407-4963
whitem@caldwellschools.org

Alternate Contact Person

Name
Title
Phone
Email Address

Heather Ramos
Intervention Specialist
208-455-3325
hramos@caldwellschools.org

Organizational Description: Canyon Springs High School is an alternative high school in the Caldwell School District. In order to attend Canyon Springs High School students must meet the at risk for dropping out of high school criteria set by the state of Idaho. We house approximately 340 students on two campuses. Our students are 70% male and 30% female. We are currently at an 88% poverty rate and we have a high drop out/low graduation rate. Our average daily attendance is currently 89% well below the district average.

II. Grant Proposal Summary

Meets One or More of the Following Criteria:

(Indicate Yes Where Applicable)

1. Tobacco Cessation or Prevention
2. Substance Abuse Cessation or Prevention
3. Tobacco or Substance Abuse Treatment

Purpose of Grant: The purpose of this proposal is to expand the efforts of Canyon Springs High School and the Caldwell School District's Intervention program through a comprehensive approach to prevention, intervention, and education of our districts most at risk youth. The effects of the community's poverty are widespread and the hub of the effects of poverty lives within the Canyon Springs School system. Through

this grant we will address all of the at risk issues including tobacco, alcohol, drugs, gangs, and attendance at school.

Grant Amount Requested: \$153,000.00

III. Proposed Budget

Expenditure Category	Staff Time	Millennium Fund	Other Fund Sources	In-Kind Contribution	Project Total
Personnel					
Salaries		53,000			53,000
Benefits		20,000			20,000
Total Personnel		73,000	-	-	73,000
Operating					
Travel		5,000			5,000
Rent					-
Utilities					-
Insurance					-
Communications		2,000			2,000
Materials & Supplies		8,000	1,000		9,000
Contracts		39,000			39,000
Consultants					-
Employee Development		15,000			15,000
Miscellaneous			10,000		10,000
Total Operating		69,000	11,000	-	80,000
Transfer Payments					
Intergovernmental Transfers					-
Direct Client Services					-
Local Contractors					-
Other					-
Total Transfer Payments		-	-	-	-
GRAND TOTAL		142,000	11,000	-	153,000

Budget Notes:

Personnel: In order to implement the program it is necessary that we employ a full time director and an assistant to the director. The assistant will assist in managing and planning after school activities, following up on interventions outside of school, and assisting with truancy issues. The full time director will be a full time, year round employee tasked with managing all of the students that are targeted for being at risk with tobacco, alcohol, drugs, or gang activity, and have issues with attending school. The Director will also be a direct link in parent involvement and communication in all respects of prevention, intervention, follow through with programming.

Directory Salary: 48,000.00
 Assistant Salary: 15,000.00

Fringe Benefits: 20,000.00

Operating Budget:

Travel: In order to remain current on trends in tobacco, drug, alcohol, and gang issues the director will need to attend the national convention on prevention.

Travel: 5000.00

Communications: In order to fully implement programming a public relations campaign will help us gain momentum. Money for communications will be used to develop flyers that attach students and parents to resources, advertise after school activities, and advertise with media. Travel will also be required to bus students from the after school programming.

Paper Advertising: 1500.00

Media Advertising: 500.00

Materials and Supplies: In order to run an effective after school program, textbooks and equipment will need to be purchased. Drug tests and a breathalyzer test kit will also be a part of our supply budget. This will help defer the cost for parents that need to have their student checked for substance abuse. The tobacco cessation classes to be held at the freshman campus will also need start up materials and curriculum purchased.

Drug Test Kits 3000.00

Breathalyzer Test Kit 1000.00

Curriculum 2000.00

General Supplies 2000.00

Contracts: In order to assist at risk students with the support they need beyond what the school can generally provide we will contract with outside agencies to do their work within the school setting. This provides an easily accessible place and a comfortable place for students and for parents.

Contracted Counseling: 19,000.00

Out Treatment Ala Teen 20,000.00

Professional Development: In order for our program to be successful and sustainable the full time director will need additional training and certification in Drug and Alcohol counseling.

Professional Development 15,000.00

IV. Statement of Need

Canyon Springs High School is the lowest one start school in the state of Idaho. We are currently in restructuring the program. As we work to restructure the program we have analyzed the needs of the school in a variety of ways. Our students come to us with a variety of issues that caused them to not be successful in traditional school settings. The most common reason students are labeled at risk in our community is they have issues with substance abuse and gang activity. In the 2013-14 School year to date we have experienced incidents with prescription drug use, marijuana, methamphetamines, and tobacco. When informally polling 2 of our classes over 70% of our students report that there is drug or alcohol abuse in the home. This past year attendance at school has been a primary concern. In the 2012-13 school year Canyon springs averaged only 77% daily attendance. Many of the absences were due to drug or alcohol suspensions, court dates related to substance tickets, and or chaos in the home. We are a very at risk population that is in need of additional resources that will provide students with

additional education, treatment options, and outlets to prevent abuse. Canyon Springs High School scored 27 out of 100 possible points in the 5 star school accountability rating in the 2013-14 school year. This is among the lowest ratings in the state of Idaho. As a school we recognize the need for more resources that target the basic needs of our students so that they are able to take advantage of a safe environment at school and learn. In order for a student to reach self-actualization their basic needs must be met. With a high level of poverty, and a prevalent culture of drug use and abuse many of our students are lacking the basic needs an individual needs to be successful in a school setting. Through the implementation of this program we intend to attach resources to individuals with a focus on getting our students in a position that they are able to attend and glean from the education that we are providing them at Canyon Springs High School.

V. Project Design

Project Prevention will implement and direct an intensive intervention program for the most sever at-risk youth at Canyon Springs High School. The project will assist and support other community resources in reducing the involvement of high school students in delinquent behavior and violence and assist with gang resistance and academic improvement. This program will participate in and support already existing community resources available for our youth offenders and at risk youth by assisting with personal growth, accountability, anger management, conflict resolution and academic success.

- Identify and Target the 40 most at risk for dropping out youth at Canyon Springs High School. This will be a fluid list of students and may increase over time.
 - Students must have had a criminal offense in the areas of tobacco, alcohol, or drugs and/or
 - Students must have a school offense in the areas of tobacco, alcohol or drugs, and or
 - Students must be documented by Caldwell Police Department and or Caldwell School district as identifying with a gang.
- Identify any barriers or underlying issues that would prevent a student from achieving success (tobacco, alcohol, drugs, gang relations, academic struggles, and abuse) Build a plan for each student. These plans will include random drug testing, after school academic intervention, counseling, family counseling, out-treatment, and parent education classes.
- Prevention strategies will be employed by teaching basic awareness classes at the Caldwell Freshman Academy in the area of tobacco and alcohol use.
 - Work in collaboration with Southwest District Heath in implementing programs for students already using tobacco products.
 - Implementing preventative programs with an education base such as research and use of RADAR.
- Connect students and families with resources for domestic issues facing the family. Connect students with classes and options to get out of negative situations.
- Handle all truancy intervention at Canyon Springs including absences, family court, magistrate court and probation.
- Develop an afterschool program for students.
 - Program will include a learning component tied to Criminal Justice
 - Program will include an activity program that will include community service projects, physical fitness activities, and volunteer work.
- Implement a campaign on instilling the “not even once” message from the Idaho Meth Project.
- Enhance the relationship between Juvenile probation and the Caldwell Police Department Street crimes unit to maximize intervention strategies for at risk youth.

VI. Grant Management

Heather Ramos has been a district employee for 17 years with the Caldwell School District. Throughout this time Heather has served as the districts truancy officer as well as the GRASP coordinator. Heather is deputized by the City of Caldwell, and has a deep understanding of our community, and the issues faced by the student in Canyon Springs High School. Heather is very well versed in gang activity, substance abuse issues, and identification, prevention, and treatment options. Heather is very well connected in our community. She has longstanding relationships with Juvenile Probation, Caldwell Police Department, Caldwell Gang Task Force, and many other outlets that can be used to help students get on the right track. Heather is also certified as a Professional Technical Education teacher in the field of Criminal Justice. Heather will be employed as a full time 230 day employee of the Caldwell School District. Her assistant will be employed as a year round employee. This will allow us the opportunity to offer cessation classes, and intervention programs during the summer months to students that have been identified in need of classes or assistance. Heather will oversee the implementation and workings of the grant. Heather will require one assistant to aid in the after school program as well to help with data tracking of all of our students. Monica White, principal at Canyon Springs High School will oversee Heather, and the completion of the tasks/projects within the Grant. Monica White has been an educator for 12 years. She is currently in her 7th year as a building principal in the Caldwell School District. Monica has written, implemented and overseen several grants including the Carole M. White Physical Education for Progress federal grant. She has an understanding of the importance of being a good steward of grant funds and focusing on the vision and mission of grant funding.

In a combined effort using Heather's passion for providing opportunity for at risk youth, and Monica's experience with implementing grants there is a perfect combination to ensure success within the scope of the grant.

VII. Evaluation Plan

In an effort to evaluate the effectiveness of the program a building wide pre assessment survey will be given to all students. This pre-assessment survey will be similar to the YRBS Youth Risk Behavior Survey given by the state department of Education. We will also collect building discipline and attendance data and correlate that data to the at risk behaviors. On a yearly basis we will run the same sets of data. We will be looking at the following areas:

1. Increase in attendance at school.
2. Decrease discipline incidents that involve tobacco, drugs, or alcohol offenses
3. Decrease in outside tobacco, alcohol, and drug use/abuse as measured by the Caldwell Risk Behavior Survey

Data will also be collected on students that have been targeted for intervention. Data will be collected on the intervention that took place, and the data that the student reported following the intervention processes. Once the grant is awarded a three year trajectory for improvement in all areas will be set, tracked and reported.

VIII. Sustainability

Data collection will be the centerpiece of our sustainability plan. With the grant in place we will have the resources to help students in many areas of life. This will directly impact their work at school. Data collected will be: average daily attendance, discipline offenses dealing with drugs, alcohol and tobacco. These three things are very important to our school board. When we show that there are proven methods to combat these at risk behaviors, and the behaviors have a direct link to student achievement we will have the information we need to request additional funding from our district to continue the programming.



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IDAHO METH PROJECT®

October 17, 2013

JOINT MILLENNIUM FUND COMMITTEE
Room C305, State Capitol
Boise, Idaho 83720

Dear Joint Millennium Fund Committee,

It is my pleasure to submit a grant application for funding for the Idaho Meth Project through the Millennium Fund. Please find the required materials included with this cover letter. On behalf of the Idaho Meth Project staff and board, we appreciate your thoughtful consideration of our request.

The Idaho Meth Project is a large-scale, statewide prevention program aimed at preventing and reducing teen Meth use through public service messaging, education and community outreach. The centerpiece of the program is research-based advertising that graphically communicates the risks of Meth use. The program is based on the Meth Project model, which was first implemented in Montana in 2005 and is currently running in six states. The goal of the Project is to ensure that Idaho's youth are aware of the dangers of methamphetamine use by emphasizing the **NOT EVEN ONCE** message. By reaching teens before they ever try the drug, we can significantly impact Meth's destructive effects on our state.

The Idaho Meth Project reaches teens in Idaho through:

- Digital advertising that targets teens where they live today – online. This includes virtual billboards, video and audio ads, clickable calls to action and games.
- Over 250 free school and community presentations utilizing the information available at MethProject.org, as well as personal stories from former Meth addicts.
- Community events like “Not Even Once Nights” at local fairs, drive-ins, pools and other places where teens can congregate in a safe and drug free environment
- Training teachers to utilize the resources and lesson plans available at MethProject.org.

As a small statewide nonprofit that is centrally located, it is a challenge to continue our aggressive outreach efforts while also responding to the growing needs and requests of parents, teachers, members of law enforcement and healthcare, and other community members. To assist in our efforts and augment them even further, we are requesting \$264,040 from the Millennium Fund to support the following components of our prevention campaign:

1. Continued aggressive teen reach through digital media, school presentations and community engagement activities. This includes online print, audio and video advertising, free in-school education and community event participation.
2. Reintroduction of anti-Meth billboard advertisements statewide to help maintain an outdoor presence and promote parent-child discussions about Meth.



IDAHO METH PROJECT®

3. The addition of prescription drug education to existing in-school programs, including a powerful, personal story-driven video and supplemental discussion questions for teachers/students, and a handout for parents.

As a statewide substance abuse prevention organization with a strong prevention strategy, well-recognized branding, respect among teens and solid relationships throughout the state of Idaho, we believe we can continue to not only keep Meth use low despite a rising supply of the drug, but we can use our strengths to help address the growing prescription drug issue.

Millennium Fund support is crucial in demonstrating to our private partners that the State of Idaho is behind our efforts. Both public and private funding sources work in tandem to help ensure that Idaho continues to recognize the importance of substance abuse prevention and take action to support it.

Thank you again for your thoughtful consideration of our request. We appreciate all you do for Idaho.

Sincerely,



Gina Heideman
Executive Director

P.S. Please see attached letter of support from the Idaho Office of Drug Policy.



Presentation

FY 2015



IDAHO METH PROJECT®

Idaho Joint Millennium Fund Legislative Committee
FY2014 Funding Request

December 16, 2013

About the Idaho Meth Project

Mission

- Reduce the prevalence of teen and young adult Meth use through public service messaging, education and community outreach

Objectives

- Engage teens in peer-to-peer education about Meth through teen volunteerism and Teen Advisory Council activities
- Reach 15,000 Idaho students annually through free in-school education in 50+ schools
- Reach at least 70% of Idaho teens through digital public service messaging
- Collaborate with other community-based organizations to address substance abuse issues in Idaho

FY 2012 Report

Millennium Fund Grant: \$100,000

- Reporting period: July 1, 2012 – June 30, 2013
- Idaho Meth Project FY2012 Budget: \$760,900
- Funds were used to support a statewide media campaign to reduce and prevent Meth use among teens and young adults
- Switched to digital media campaign to maximize resources and more efficiently target teen audience

FY 2012 Report

Project Outcomes

- Estimated reach of 70% of Idaho teens through digital media (video, display and audio)
- More than doubled traffic to educational site – MethProject.org, by using a call to action in advertisements
- Ads drove over 42,000 Idahoans to learn more at MethProject.org
- Garnered over 3 million video views of ads by Idahoans
- Reached an average of 3 out of 4 Idaho teens on Facebook
- 2012 YRBS showed 50% drop in teen Meth use since 2007

FY 2014 Request

The Idaho Meth Project Requests \$264,040 to Support:

1. Continued aggressive community outreach and digital campaign efforts
2. Reintroduction of anti-Meth billboard ads statewide
3. The addition of prescription drug abuse materials to existing education programs

Funding Will Address the Need for:

- Increased vigilance with Meth abuse prevention and education efforts due to high availability, high purity and low cost of Meth
- More parent-child discussions about Meth
- Rx drug abuse education to help address rising epidemic

Funding Request: \$264,040

Millennium Fund Request - \$264,040

- Represents 22% of proposed budget

Operating - \$8,320

- Web development, video and ad editing

Personnel - \$20,000

- Supports existing staff member who travels the state speaking to teens about her personal experience with Meth

Program Services - \$235,720

- Media placement, licensing fees, materials and supplies, community outreach-related travel, booth fees, facility/equipment rentals

1. Meth Prevention and Education

Continue Aggressive School and Community Education and Online Presence

- School presentations
- Digital media campaign
- Not Even Once Nights and other community events

Goals and Objectives

- Reach 12,000 Idaho teens through classroom education
- Conduct free in-school Meth education in 20 rural communities
- Reach 70% of Idaho teens through digital media
- Raise awareness among 25,000 Idaho teens through community events and Not Even Once Nights

1. Meth Prevention and Education

Evaluation

- Youth Risk Behavior and School Climate Surveys
- Teacher Evaluations
- “What Do You Know” Worksheet
- Partnership at DrugFree.org Surveys
- Digital campaign analytics

PICKING FOR BUGS UNDER YOUR SKIN ISN'T NORMAL.
BUT ON METH IT IS.

METH
NOT EVEN ONCE.

Meth Project

[CLICK TO LEARN MORE](#)

ASK METHPROJECT.ORG

sparknotes

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By keyword

SPARKNOTES NO FEAR TEST PREP VIDEO SPARKLIFE THE MINDHUT

SPARKLIFE The SparkNote to YOU!

LIFE • BOOKS • BEAUTY • CELEBS • FASHION • SLIDESHOWS • SPARKLER POSTS SCARY MOVIES

POPULAR POSTS

Display

SAVE ON PERSONALIZED GIFTS!
SEE YOUR MESSAGE

THINGS REMEMBERED Over 600 Stores

ALBY ALBY, a Choose Your Own Adventure Story

PICKING FOR BUGS UNDER YOUR SKIN ISN'T NORMAL.
BUT ON METH IT IS.

METH
NOT EVEN ONCE.

Meth Project

[CLICK TO LEARN MORE](#)

ASK METHPROJECT.ORG

BEAUTY TIPS

5 Quick Tips for Freshening

Whoever decided gym class should be second period has a sick sense of humor or no sense of personal hygiene. One round of dodgeball can totally ruin your carefully crafted look—don't

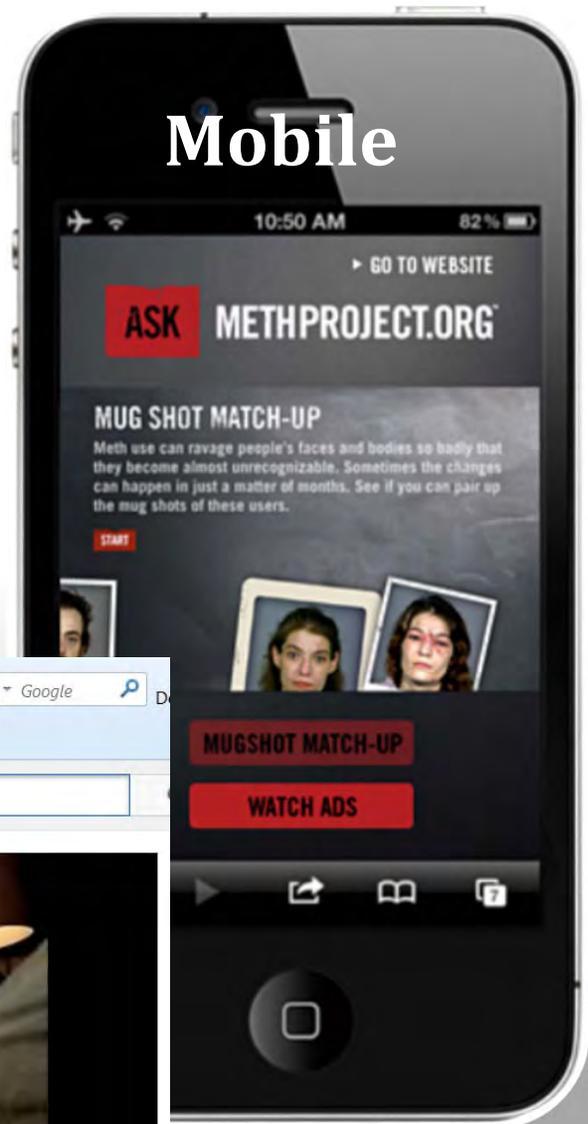
Back Forward www.youtube.com/watch?v=6IT4VUPXEqo Reload Stop Google

Most Visited Latest Headlines Constant Contact Gina Gmail Pandora Salesforce

YouTube



1:38 / 7:49



Mobile

Video



Culdesac School

MY SISTER ALWAYS
LOOKED UP TO ME. EVEN AFTER I MADE HER AN ADDICT.

METH
NOT EVEN ONCE.

2. Reintroduction of Billboard Ads

Reintroduce Anti-Meth Outdoor Advertising in Idaho

- 20 billboards of existing ads, on rotation
- Only costs are to re-tag, print and place ads

Goals and Objectives

- Promote parent-child discussions about Meth
- Keep Meth prevention front-of-mind for parents, teachers, community members and stakeholders
- 1:1 match through media partners, sponsors

Evaluation

- Impressions tracked through vendors (e.g. Lamar)
- Teacher evaluations and anecdotal evidence

Prescription (Rx) Drug Abuse in Idaho

WHO GETS HURT?



▶ of Idahoans 12 and older who abuse prescription drugs get them from friends and family.

They think these drugs are "safe." But in the wrong hands, they're not.

BE AWARE. DON'T SHARE.



Idaho students report taking a prescription drug without a physician's prescription at least once during their lifetime

IDAHO RANKS #4

in the nation for nonmedical use of prescription pain relievers in the past year
(ages 12 and older).

3. Rx Abuse Resources

Add Prescription Drug Abuse Education to Existing In-School Education Programs

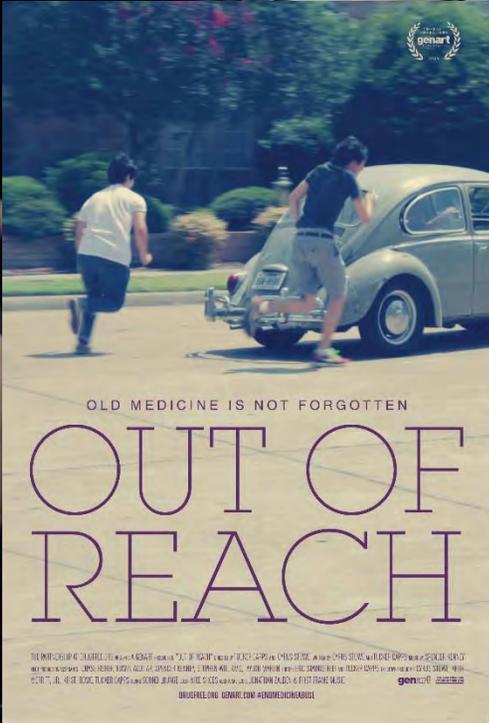
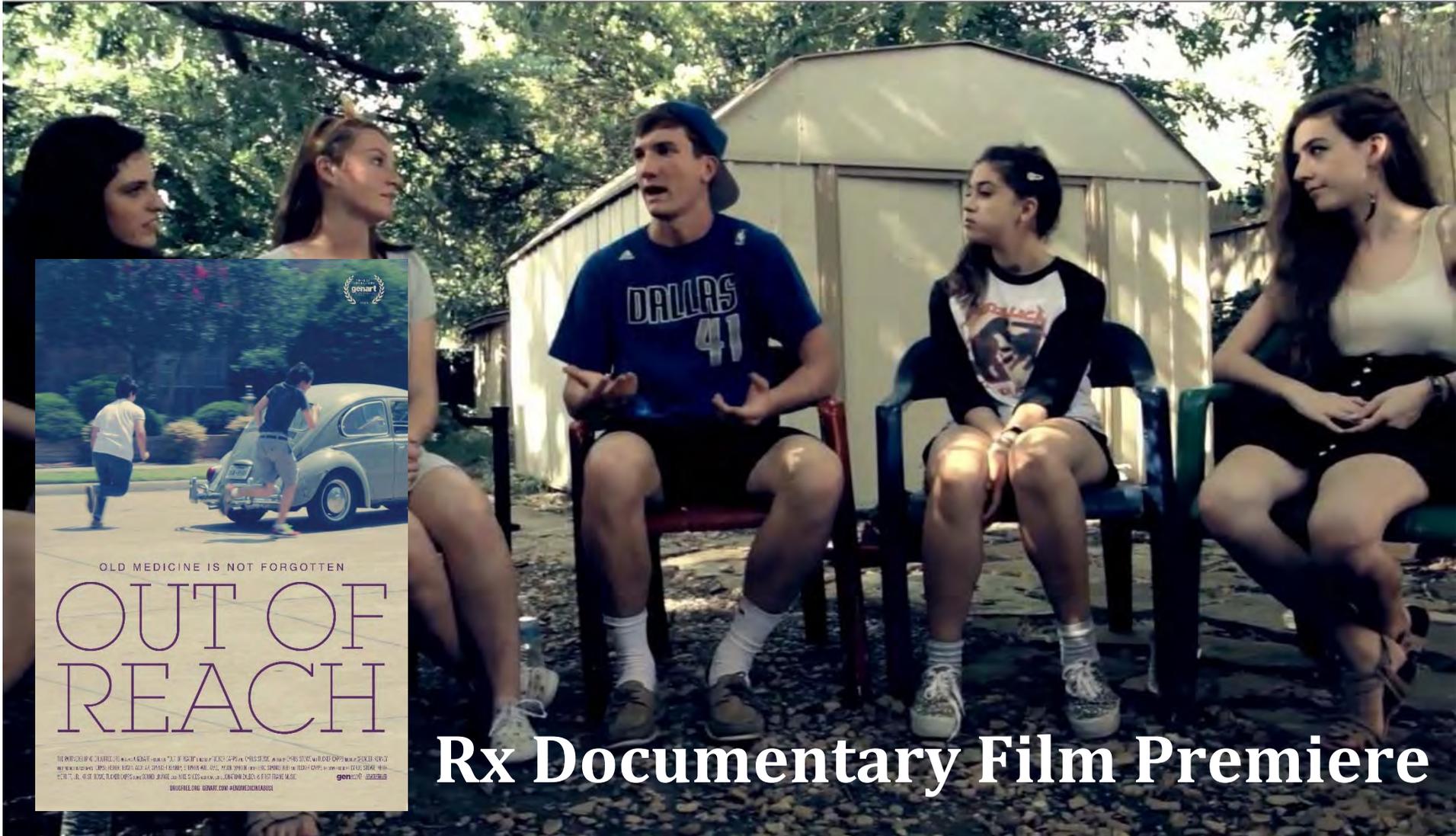
- Video, discussion guide and handouts for students/teachers
- Information on other available resources

Goals and Objectives

- Increase level of awareness among teens
- 3% decline in teen prescription drug abuse
- 10% decline in teen prescription drug abuse deaths

Evaluation

- Tracked through Youth Risk Behavior and School Climate Surveys



Rx Documentary Film Premiere



Estimated Results

- 20 school visits
- ¼ of media campaign
- 20 billboards
- 2-3 Not Even Once Nights
- Reach 8,000 Idaho students through school and community engagement
- Reach 25,000 Idaho teens through digital media



Why These Programs Matter



Sheriff Jay Heward
Cassia County Sheriff's Department



Kati Durkin
IMP Teen Advisory Council Member
Junior, Boise High School



IDAHO METH PROJECT®

Application

FY 2015



Millennium Fund Grant Proposal

For the Period July 1, 2014 through June 30, 2015

Idaho Meth Project Prevention Campaign

I. Grant Applicant

Full Legal Organization Name

Address

City

State

Zip Code

Website

Idaho Meth Project, Inc.

PO Box 738

Boise

Idaho

83701

www.IdahoMethProject.org**Executive Director**

Name

Title

Phone

Email Address

Gina Heideman

Executive Director

208-331-2060

gina@idahomethproject.org**Alternate Contact Person**

Name

Title

Phone

Email Address

Debbie Field

Board Chairwoman

208-867-5556

field.debbie@gmail.com**Organizational Description:**

The Idaho Meth Project is a large-scale, statewide prevention program aimed at reducing and preventing teen Meth use through public service messaging, education and community outreach initiatives. The goal of the Project is to ensure that Idaho's youth are aware of the dangers of methamphetamine use by emphasizing our NOT EVEN ONCE messaging. Because first-time Meth use typically occurs during the teenage years, we strive to reach teens before they ever try the drug, thus reducing future Meth use and its resulting devastation and burden on Idahoans.

II. Grant Proposal Summary

Meets One or More of the Following Criteria:*(Indicate Yes Where Applicable)*

1. Tobacco Cessation or Prevention
2. Substance Abuse Cessation or Prevention - YES
3. Tobacco or Substance Abuse Treatment

Purpose of Grant:

The purpose of this grant is to support the Idaho Meth Project's efforts to respond to the growing needs of Idaho communities. This includes adding billboard advertisements back into our prevention campaign, supporting our free in-school education programs across the state, and expanding those in-school programs to include prescription drug abuse education – something we are consistently asked about and have a unique opportunity to provide due to our strong relationships with schools and national partnership

with The Partnership at DrugFree.org. This three-pronged approach to our prevention campaign in 2014 and 2015 will ensure that the “Not Even Once” message stays front-of-mind to teens and parents, and will allow us to provide an added value education component to our existing aggressive in-school education efforts.

Grant Amount Requested: \$<264,040>

III. Proposed Budget

Expenditure Category	Staff Time	Millennium Fund	Other Fund Sources	In-Kind Contribution	Project Total
Personnel					
Salaries	163,000.00	20,000			20,000
Benefits	3,000.00				-
Total Personnel	166,000.00	20,000		-	186,000
Operating					
Travel (<i>general</i>)			2,400		2,400
Rent			12,000		12,000
Utilities					-
Insurance			3,200		3,200
Consultants (<i>annual audit, accounting</i>)			23,400		23,400
Contracts (<i>web designer, video editor</i>)		8,320	20,800		29,120
Fund Development (<i>incl. travel for this purpose</i>)			22,000		22,000
Utilities, Office Supplies and Postage			14,400		14,400
Total Operating		8,320	83,800		92,120
Program Services					
Media Placement		165,300	413,000	163,000	741,300
Media Licensing & Development		41,000	41,000		82,000
Materials & Supplies		21,300	42,600		63,900
Travel (<i>community outreach</i>)		5,760	14,400		20,160
Community Outreach - Other (<i>event booth fees, facility rentals, equipment rentals</i>)		2,360	5,900		8,260
Total Program Services		235,720	516,900	163,000	915,620
GRAND TOTAL		264,040	600,700	163,000	1,193,740

Budget Notes:

This budget is based on our 2013 budget and includes known expenses projected for 2014. Variance from the current year include office rent, media campaign (addition of billboards), contracts (video editor for prescription drug abuse video), media licensing and development (fees to license and use prescription drug video), and staff time to place billboards rather than hiring an outside agency to handle.

IV. Statement of Need

The Idaho Meth Project seeks funding from the Millennium Fund to address the following needs:

- Increased vigilance with Meth abuse prevention and education efforts due to high availability, high purity and low cost of the drug.
- Prescription drug abuse education to help address the rising epidemic of prescription drug abuse among teens in Idaho.

Community and School Education Programs:

While teen Meth use has seen a large decline since the Project started in 2007, Meth continues to flow through Idaho at alarming rates. According to law enforcement agencies across the state, at least one-hundred pounds of Meth has been uncovered through drug seizures from across the state, including in Coeur d'Alene, Idaho Falls, Boise, Eagle, Jerome, Gooding, Burley and American Falls. Law enforcement agencies tell us that Meth and prescription drugs are often found together, but currently there is no targeted education happening in schools aside from the standard health curriculum.

We conduct over 200 free school presentations per year across Idaho, utilizing staff and trained volunteers. We also train teachers on utilizing our Meth Prevention Lesson in their health classes. We are only able to accommodate a fraction of the requests we receive to visit schools and provide free classroom or assembly presentations. As a small staff of three that is centrally located in Boise, travel is our largest barrier to reaching more teens. While we make a concerted effort to visit rural schools, those are often the most expensive to get to. And unfortunately they're also the ones with the greatest need, as substance abuse issues have a disproportionate effect on rural communities.

A secondary way we reach teens is through participation in community events like fairs, school-related events, sporting events, and by organizing teen "Not Even Once" Nights. Compared to 2012, we have increased community engagement activities like these by 50% thanks to a dedicated staff member to recruit volunteers and plan and implement these initiatives throughout the state. However, as with school presentations these events require travel, materials, and booth or venue fees. We need to ensure that we're able to stay out front in the community and facilitate peer-to-peer conversations with teens. While continuing our aggressive community outreach, there is also a need to be able to respond parents and teens who ask about prescription drugs and how the side effects and warning sides are similar or different from methamphetamine. While we often comment on this topic when asked, there is a need to provide organized tools and information for parents and teens.

Due to the "Lock Your Meds" campaign launching this year, we do not plan to add prescription drug PSA's to our campaign. At this time the greatest need and best method for creating awareness is in our school and community outreach programs.

Media Campaign:

In 2011, we transitioned from a traditional media campaign to a digital media campaign, which allowed us to more efficiently target teens with public service messaging. This switch saved us money and also allowed us to provide teens with a call to action. In 2012, our ads resulted in over 60,000 website views at MethProject.org, our educational teen site, with visitors spending over five minutes perusing the site. This was in addition to the 3.6 video views by Idahoans.

While our digital campaign has been successful in targeting Idaho teens and will continue at this aggressive reach, the lack of billboard advertising has created a void for parents, who use the billboards as segue into discussion about substance abuse. We have been inundated with verbal requests from parents, teachers, health care workers and members of law enforcement, who believe that the billboards not only spark discussion, but act as reminders that this drug is still widely available and as dangerous as ever. According to the Partnership at DrugFree.org, kids who learn about drugs at home are 50% less likely to use drugs than kids who don't. We need to ensure that we're reaching kids not only online but by staying relevant with parents, too.

Prescription Drug Abuse:

The Idaho Meth Project has worked tirelessly to make the "Not Even Once" message a household mantra. The Project has also run a successful media campaign, community outreach program and volunteer program for six years. While our main focus continues to be Meth education and prevention, we have been approached by other substance abuse organizations, parents, teachers, health care workers and members of law enforcement regarding the rising prescription drug abuse epidemic. According to a report released earlier this year by the Substance Abuse and Mental Health Services Administration (SAMHSA), Idaho ranks fourth in the nation for nonmedical use of prescription drugs among those aged twelve and older, and one in five Idaho students have taken a prescription drug in the past year without a prescription.

Additionally, members of law enforcement have indicated to us that where one drug is found (Meth or prescription drugs), the other is usually also found. As the only substance abuse prevention nonprofit in Idaho that is working with principals and health teachers throughout the state, we are in the best position to help address this issue. Not only are prescription painkillers and methamphetamine similar in the way they stimulate the brain, but they share similar and severe side effects.

V. Project Design

To address these needs, the Idaho Meth Project will utilize Millennium Fund dollars to:

1. Continue aggressive Meth prevention and Education efforts including cost-effective digital media campaign, community outreach initiatives and in-school education programs.

Goals and Objectives: It is important to maintain our aggressive media campaign and grassroots school and community outreach in order to stay front-of-mind among teens and ensure that despite a growing meth supply, demand for the drug remains low. Our goals include:

- Reach 3 out of 4 Idaho teens through social media advertising
- Reach 70% of Idaho teens through online digital media
- Garner 1 million impressions from online digital media
- Conduct free in-school Meth education in a minimum of 20 rural communities (in many cases this means reaching every teen in a given community through one school visit)
- Reach 20,000 Idaho teens through in-school education in each of Idaho's seven districts
- Create awareness among 25,000 Idaho teens at community events and Not Even Once Nights

Measurement and Desired Outcome: Our ability to reach teens through digital media is tracked through online analytics. We can view impressions and click-through rates to determine the number of ads that were seen, clicked on, and if those resulting clicks led to self-learning at MethProject.org. Teens reached through classroom or assembly presentations or community

events are tracked by Idaho Meth Project staff. Through the bi-yearly Youth Risk Behavior Survey (YRBS) and/or the School Climate Survey we desire to see a decline in teen Meth use.

2. Reintroduce outdoor advertising throughout Idaho to promote parent-child discussions and keep Meth prevention front-of-mind in Idaho

Goals and Objectives: Implement a minimum of 20 billboard advertisements to be rotated throughout Idaho cities and towns for one year. Sample mix of locations: Boise (2), Blackfoot, Burley, Caldwell, Coeur d'Alene (2), Driggs, Gooding, Idaho Falls (2), Lapwai, Lewiston, Meridian, Moscow, Pocatello, Marsing, St. Maries, Twin Falls (2). We will save money by utilizing an existing outdoor ad campaign not yet launched in Idaho. The only costs associated with this portion of the grant are costs to re-tag, print and place the ads. A secondary goal is to secure a 1:1 match on outdoor advertising from billboard vendors.

Measurement and Desired Outcome: Just as we learned through our community partners that the billboard advertisements were important and necessary in Idaho, we will gather anecdotal information to determine the usefulness of billboards added back into our campaign. Since the number of billboards will not be saturation-level as they were in the past, it is not statistically significant to conduct an expensive survey to determine if parent-child discussions resulted. We will be able to gauge the success of the billboards through our conversations in the community.

3. Add prescription drug abuse education and awareness to existing in-school education programs.

Goals and Objectives: Our objective is to work with our national affiliate, the Partnership at DrugFree.org to edit and repurpose an existing prescription drug abuse video and tailor the content to a teen audience rather than a parent audience. We will then license and re-tag the video to be used and distributed in Idaho. This video will be shown as an addition to our existing Meth Prevention Lesson which is already highly interactive and digitally driven. When available class time prevents the video from being shown and discussed during our visit to a school, we will provide the teacher with a copy of the video, presentation materials and discussion questions. Our goal is to add these materials to at least 50% of classrooms where our Meth Prevention Lesson is currently being conducted. We will also create a handout for parents to include information on side effects, warning signs, and how to get help if their child is using prescription drugs. This will be a companion to an existing parent-focused Meth handout.

Measurement and Desired Outcome: We already track every classroom or school where our Meth Prevention Lesson is conducted (whether by an Idaho Meth Project staff member, volunteer or teacher). We will add prescription drug abuse materials to this same tracking and, as we do with our Meth Prevention Lesson, we will follow-up with teachers with an evaluation to gauge the usefulness of the materials. Our desired outcome (in partnership with the Idaho Office of Drug Policy) is to see teen prescription drug abuse decline by 3% and the number of teen prescription drug abuse deaths decline by 10%, as tracked through the Youth Risk Behavior Survey.

VI. Grant Management

The Idaho Meth Project's Executive Director provides the overall leadership, guidance, and management of the Idaho Meth Project to ensure fulfillment of the project's mission and effective implementation of its community action programs. The Executive Director works collaboratively with staff, contract employees, the Board and Advisory Council, and community stakeholders. The Executive Director is responsible for administrative, financial, and programmatic management of the Idaho Meth Project, and will ultimately be responsible for the appropriate usage of Millennium Fund grant dollars.

In addition to the Executive Director, the Idaho Meth Project has two full-time employees – a Director of Education and Development and a Program Coordinator. The Director of Education will schedule 100% of all school presentations, and will conduct about 50% of them herself. She is also the one who will train teachers to utilize our available materials (existing Meth Prevention Lesson and new prescription drug abuse materials). The Program Coordinator will schedule 100% of community event participation and will ensure that peer-to-peer conversations about Meth are the primary goal of these events. Both employees work to recruit and train volunteers that assist with school presentations and community events.

Finally, the Executive Director has direct access to the leadership skills, expertise, and guidance provided by our Board and Advisory Council members. Those private and public sector professionals are:

Board of Directors: Debbie Field (Board President), First Lady Lori Otter, and Steve Pasierb (CEO of the Partnership at DrugFree.org)

Advisory Council: Mayor Tammy de Weerd, Darrell Calton, Steve Millard, James Adamson, Gail Hartnett, RoLynne Hendricks, Sarah Woodley.

VII. Evaluation Plan

We will continue to evaluate our success through the YRBS, the School Climate Survey, and through our own survey methods. Currently we are working with the Partnership at DrugFree.org to coordinate a statewide survey for 2014 (will likely be conducted before this particular grant period).

VIII. Sustainability

We have no plans to terminate the Idaho Meth Project. As an established brand and prevention program, Idahoans look to us for information, guidance, training, education and media campaign advice. Where there is Meth in Idaho, there will be an Idaho Meth Project. We do recognize the need to grow and evolve and respond to the needs of Idahoans. That is why we wish to continue our current campaign but begin to add in additional drug information, per the request of our constituents. And as an affiliate of the Partnership at DrugFree.org, we have a unique opportunity to utilize Partnership's available resources and collaborate with others to share and implement them. Already we have partnered with the Idaho Office of Drug Policy to bring the topic of prescription drug abuse to light through the premiere of a student-made documentary film and panel discussion from Idaho's leading experts in prescription drug abuse. We have also directed local coalitions to the many resources available through Partnership at DrugFree.org.

The Idaho Meth Project will always maintain its dedication to keeping teens Meth-free, however we do listen and respond to the needs of Idahoans, and will continue to explore opportunities to help prevent teen substance abuse in Idaho. As the only nonprofit in Idaho dedicated to Meth education and prevention, and one of the few organizations with direct access to teens in schools, the Idaho Meth Project fills a very important need in Idaho. The Millennium Fund is a crucial component to this Project, but we also remain vigilant at identifying new funding sources and raising the bulk of our funding through private partnerships. We never rely solely on Millennium Fund dollars, however they have become an incredible asset in helping the Idaho Meth Project continue to grow and adapt to the needs of Idahoans.

The Idaho Meth Project's Board and Advisory Council membership include leaders at the highest level of the public and private sectors of our state. These individuals are familiar with the effect this drug has on families and the communities they serve and live in; and they have committed their time, talent, and treasure toward the success of the Idaho Meth Project. As the Idaho Meth Project continues to evolve through new messaging and communication strategies driven by enhanced technologies, we will continue to provide educational services for as long as there are teens in Idaho who could fall prey to the crippling effects of methamphetamine use.

Annual Report

FY 2013



Millennium Fund Annual Report

For the Period July 1, 2012 through June 30, 2013

Idaho Meth Project Statewide Media Campaign

Organizational Contact Information:

Full Legal Organization Name

Address
City
State
Zip Code
Website

Idaho Meth Project, Inc.

PO Box 738
Boise
Idaho
83701
www.IdahoMethProject.org

Executive Director

Name
Title
Phone
Email Address

Gina Heideman
Executive Director
208-331-2060
gina@idahomethproject.org

Alternate Contact Person

Name
Title
Phone
Email Address

Debbie Field
Board Chairwoman
208-867-5556
field.debbie@gmail.com

Millennium Fund Grant Award

\$100,000

Report Date

10/16/13

Project Goals: To secure funding that will match private sector funding to sustain the ongoing prevention and public awareness messaging of the Idaho Meth Project. Funds will be used to support a statewide media campaign – including television, radio, and billboard advertising –for the Idaho Meth Project, a large-scale prevention program aimed at significantly reducing first-time Meth use among teens and young adults.

Rationale or Justification for Project:

Since the program's launch in January 2008, the Idaho Meth Project has become a model for prevention and public awareness efforts throughout the state and nation. The project's success in bringing together agencies, local anti-drug coalitions, community organizations, and schools in a coordinated, statewide prevention effort to address the issue of methamphetamine abuse is the first of its kind in the state of Idaho. The Idaho Meth Project's assets include:

- An organization and governance model that includes collaboration and coordination with existing state and local prevention resources.
- A research-based public service messaging campaign focused on changing attitudes and perceptions toward Meth.
- A media planning model utilizing the ideal platforms for message distribution.

- Measurement methodology, including surveys and focus groups, to determine the program's effectiveness,
- A public policy initiative, including collaboration with key federal, state, and local organizations,
- A community action plan and series of public outreach initiatives that provide on-the-ground support for the public education campaign and expand the reach of the program's prevention messages.

The Meth Project has been repeatedly cited as a powerful private-sector response to a devastating social problem and was recognized by the White House Office of National Drug Control Policy as one of the nation's most effective prevention programs. The advertising industry has consistently recognized the Meth Project campaign for excellence, with more than 40 awards to date.

Project Summary:

Funds were crucial in helping to secure additional matching grants and private funding. Every dollar raised for our media placement project was leveraged in the following ways:

- Matched at a 1:1 level from media outlets across the state (television and radio stations, billboard companies, online media, resulting in a total leveraged media buy of nearly \$2 million annually.
- Matched by private and federal funding sources including: corporations, foundations, individuals, and the Methamphetamine Initiative Grant Program through the Department of Justice COPS program.

Geographic Area Covered:

Millennium Fund dollars helped the Idaho Meth Project reach 70-80% of Idaho teens (statewide) three to five times per week through television, radio, billboard and print advertisements.

Project Outputs:

November 2011 – Wave 6 media campaign launched. We did not end up launching a Wave 7 campaign, but instead expanded on Wave 6 and used those ads for all media placement. With the assistance from the Millennium Fund, we were able to reach teens through:

- 2,205 TV Ads
- 3,545 Radio Ads
- 58 Outdoor Ads
- 26,788,272 Online Impressions

Project Outcomes: According to YRBS data release in 2012, teen Meth use in Idaho has declined 50% since 2007. Additionally, our media campaign efforts resulted in 2.5 million video views by Idahoans, and drove over 42,000 Idahoans to learn more at MethProject.org

Financial Statement:

Description	Amount	Total
<u>Revenue</u>		
Millennium Fund Grant	100,000	
Private Funding Sources	344,760	
In-Kind Goods and Services	205,454	
Total Revenue		650,214
<u>Expenses</u>		
Salaries & Benefits	134,855	
General Operating	54,966	
Program Services and Media Campaign	311,869	
Total Expenses		501,690
Dollar Variance		148,524
Percent Variance		22.8%

Budget Notes:

The above budget mirrors our revenue and expenses for the grant year, not our budget year. This was done to reflect the same time period in which the grant was used.

The budget variance is due to changes in staff and media campaign in Q4 of 2011, when we lost a major staff member and did not rehire additional staff until after this grant period. Therefore our personnel and operating expenses were much lower in Q3 and Q4 of 2012 than anticipated. We also downsized offices during this time and reduced our media buy in an effort to move toward more effective digital advertising.

Leftover funds were used in 2013 to hire two full-time staff members to support the Executive Director, who was the only full-time staff member in 2012.

Addendum

FY 2015

C.L. "Butch" Otter

Governor

Elisha Figueroa

Administrator



304 N 8th Street, Room 455

Boise, ID 83702

208-854-3042

208-854-3041

State of Idaho

Office of Drug Policy

Executive Office of the Governor

October 15, 2013

Joint Millennium Fund Committee
Room C305, State Capitol
Boise, Idaho 83720

Dear Committee Members,

I am pleased to lend support to the Idaho Meth Project's request for Millennium funds for FY15. The Office of Drug Policy has the good fortune to frequently partner with the Idaho Meth Project on substance abuse issues vital to the health and safety of Idahoans. Their work is stellar and their approach to drug issues innovative.

The Idaho Meth Project's request focuses on three areas: Billboards, in-school education, and adding prescription drug abuse education to existing programs. The feedback the Project has received from the public regarding the billboards is powerful. These dramatic images act as valuable conversation starters between parents and youth. In addition, the in-school education youth receive about methamphetamine and other drugs is vital. The Idaho Meth Project is able to travel statewide and reach schools and students that other prevention programs and coalitions cannot reach.

I am especially excited about the Project's plans to include medicine abuse information in their programs. Idaho is currently ranked fourth in the nation for prescription pain killer abuse and over twenty percent of our high school students have reported abusing a prescription drug. Idaho needs more attention brought to this issue and the Idaho Meth Project has clearly demonstrated their expertise in educating the public regarding drug issues.

Sincerely,

A handwritten signature in cursive script, appearing to read "Elisha Figueroa".

Elisha Figueroa
Administrator, Office of Drug Policy

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IDAHO DEPARTMENT OF CORRECTION

"To Promote a Safer Idaho by Reducing Recidivism"

C.L. "BUTCH" OTTER
Governor

BRENT REINKE
Director

October 16, 2013

Joint Millennium Fund Committee
Room C305, State Capitol
Boise, Idaho 83702

Dear Members of the Committee,

Thank you for the opportunity to submit this application for your consideration. The Idaho Department of Correction seeks the continued support of the Committee on behalf of our Substance Use Disorder (SUD) program.

Our SUD program combines evidence based best practices in substance abuse treatment, with service deliverables via the private provider network, to improve the outcomes of felony offenders. We believe the SUD program will be a major factor in fulfilling the Department's mission "to promote a safer Idaho by reducing recidivism".

We look forward to presenting this application and reviewing last year's accomplishments with you on December 10, 2013. Should you have any questions, please contact Division Chief Shane Evans at 208-658-2034 or sevans@idoc.idaho.gov.

Respectfully submitted,

Brent D. Reinke
IDOC Director

Presentation

FY 2015

IDAHO DEPARTMENT OF CORRECTION



SAFETY FIRST

Brent D. Reinke, Director
Prepared for: Millennium Fund Committee
December 16, 2013

Idaho Department of Correction

Mission

To promote a safer Idaho by reducing recidivism.

Vision

Dedicated and committed staff will transform lives one person, one family, one community at a time.

**SAFETY
FIRST**

Idaho's Premier Black Hat Agency



FY15 Grant Request

IDOC Grant Proposal

MILLENNIUM FUND

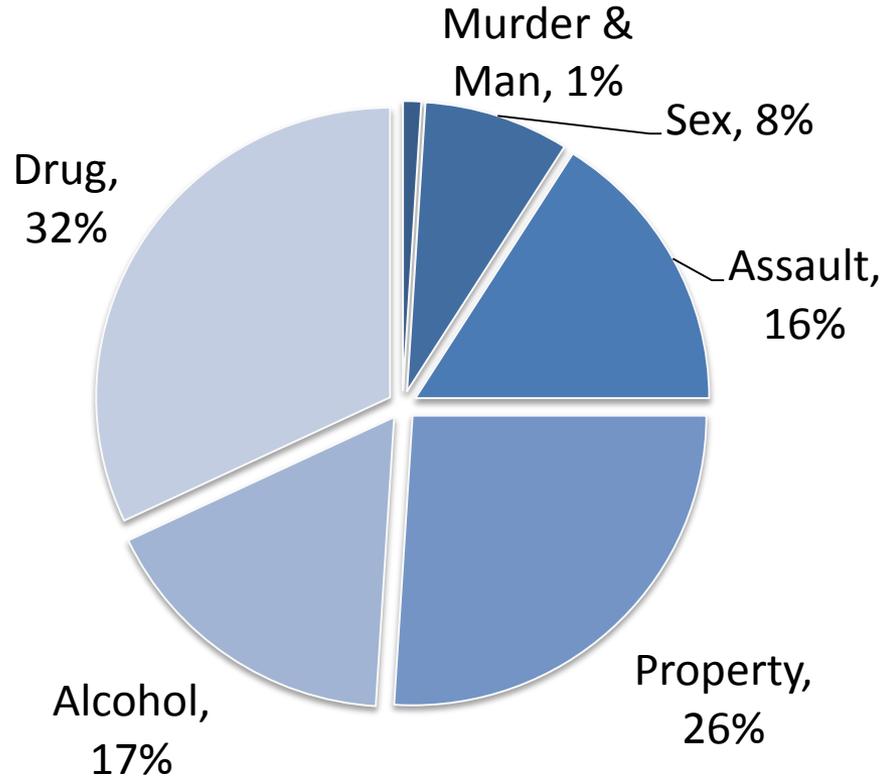
Consultants/Direct Services \$1,859,200

OTHER FUND SOURCES \$4,457,500

TOTAL BUDGET **\$6,316,700**



Idaho Probation and Parole Offenders By Crime Type, FY13



49% convicted of Alcohol & Drug crimes

Based on LSI scores:
40% of probationers
70% of parolees
Have a substance use problem

The IDOC SUDS Model

Based on Legislative Direction

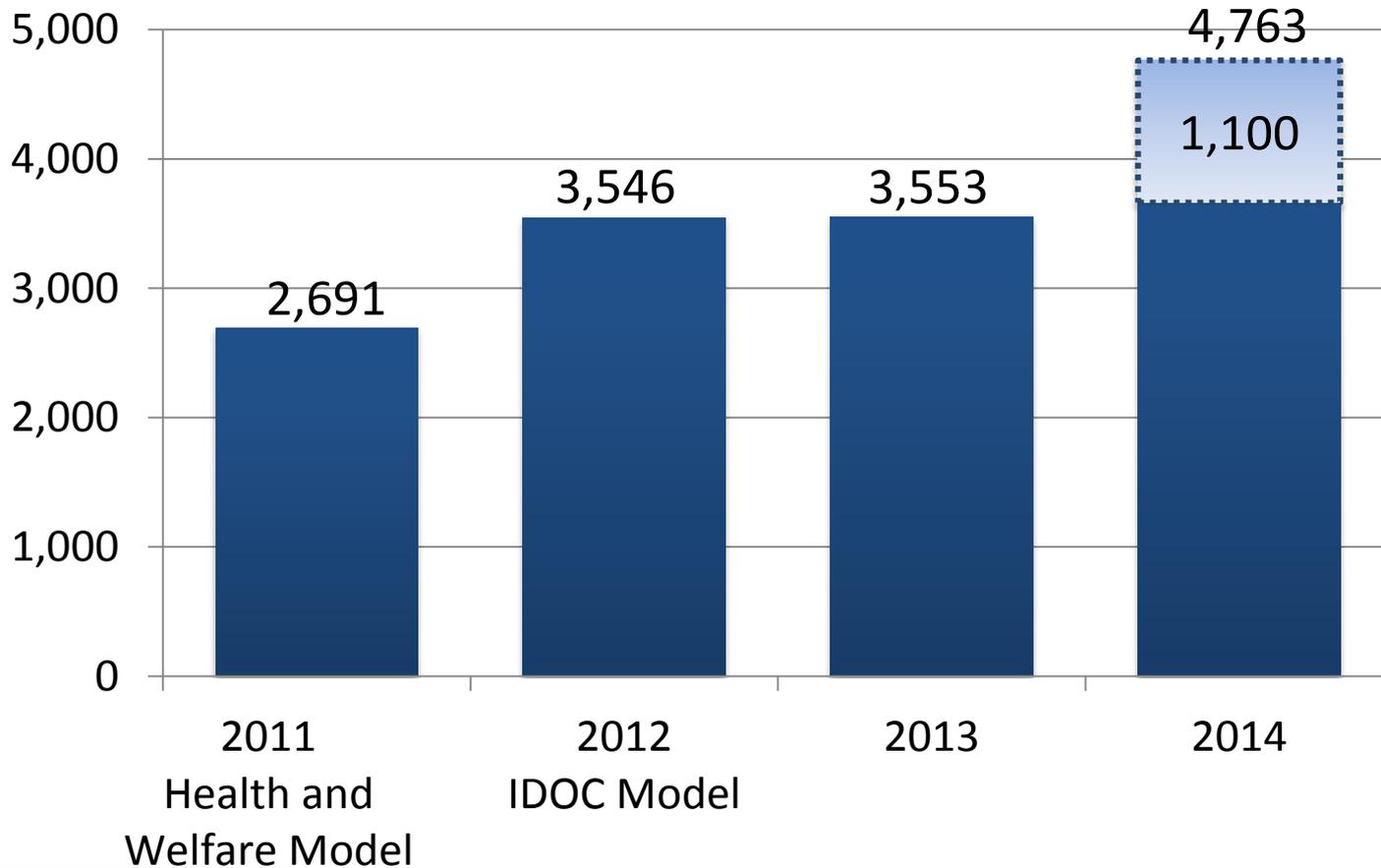
Goal	FY13	FY14
✓ Increase Access	Sustaining service levels, 3,553	Requested general fund increase for statutory expansion
✓ Fiscally sustainable	Needs exceed funding, pending supplemental request for 818,900	Proposed expansion to parole population increases need by 1,100 offenders
✓ Measurable outcomes	TCU Drug Screening TCU Criminal Thinking TCU Treatment Engagement LSI-R Inventory	TCU Drug Screening TCU Criminal Thinking TCU Treatment Engagement LSI-R Inventory
✓ Reduce recidivism	Preliminary data indicates a <u>3% reduction</u> in recidivism for those receiving SUDS treatment	3 years required (being tracked)



RESULTS: SUDS Unique Clients Served

FY11-FY13

FY14 with projected increase



**SAFETY
FIRST**

Idaho's Premier Black Hat Agency



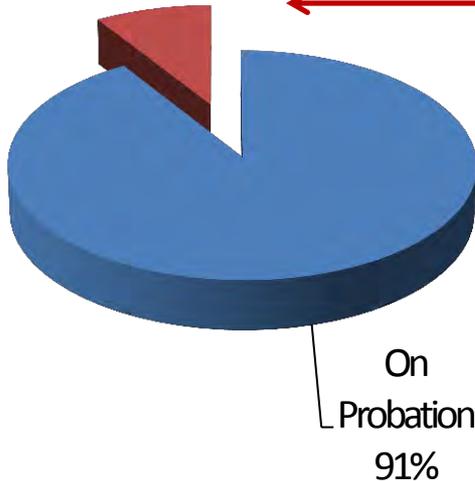
RESULTS: SUDS Treatment Impact

Preliminary Results March 2012-2013

*Limited group of Idaho Code 19-2524 probationers
with .4 (significant substance abuse issues)*

With Treatment

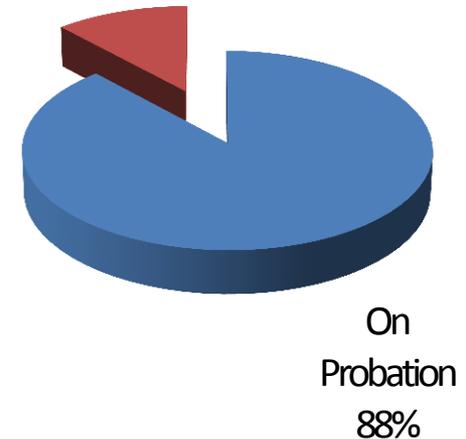
Failed
9%



Treatment is currently
making a 3% difference for
one group.

Without Treatment

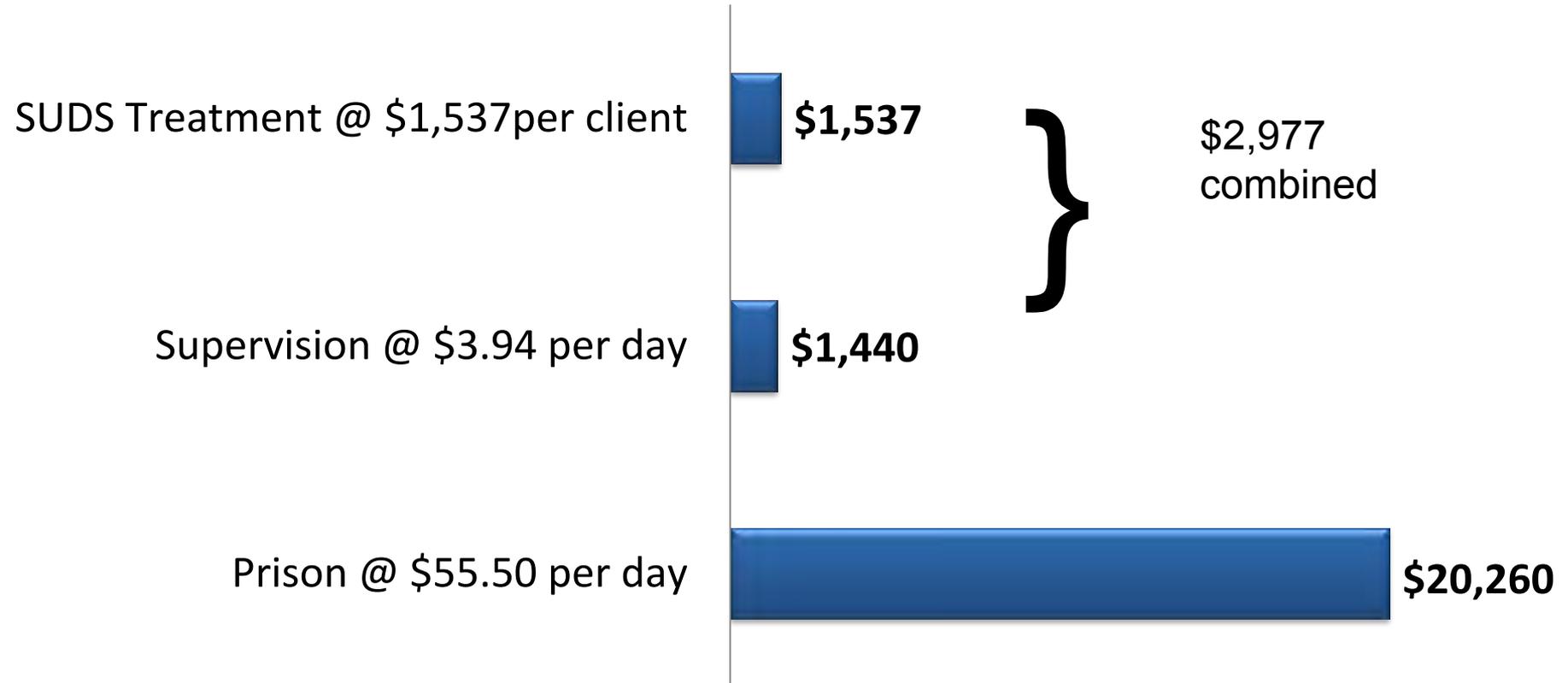
Failed
12%



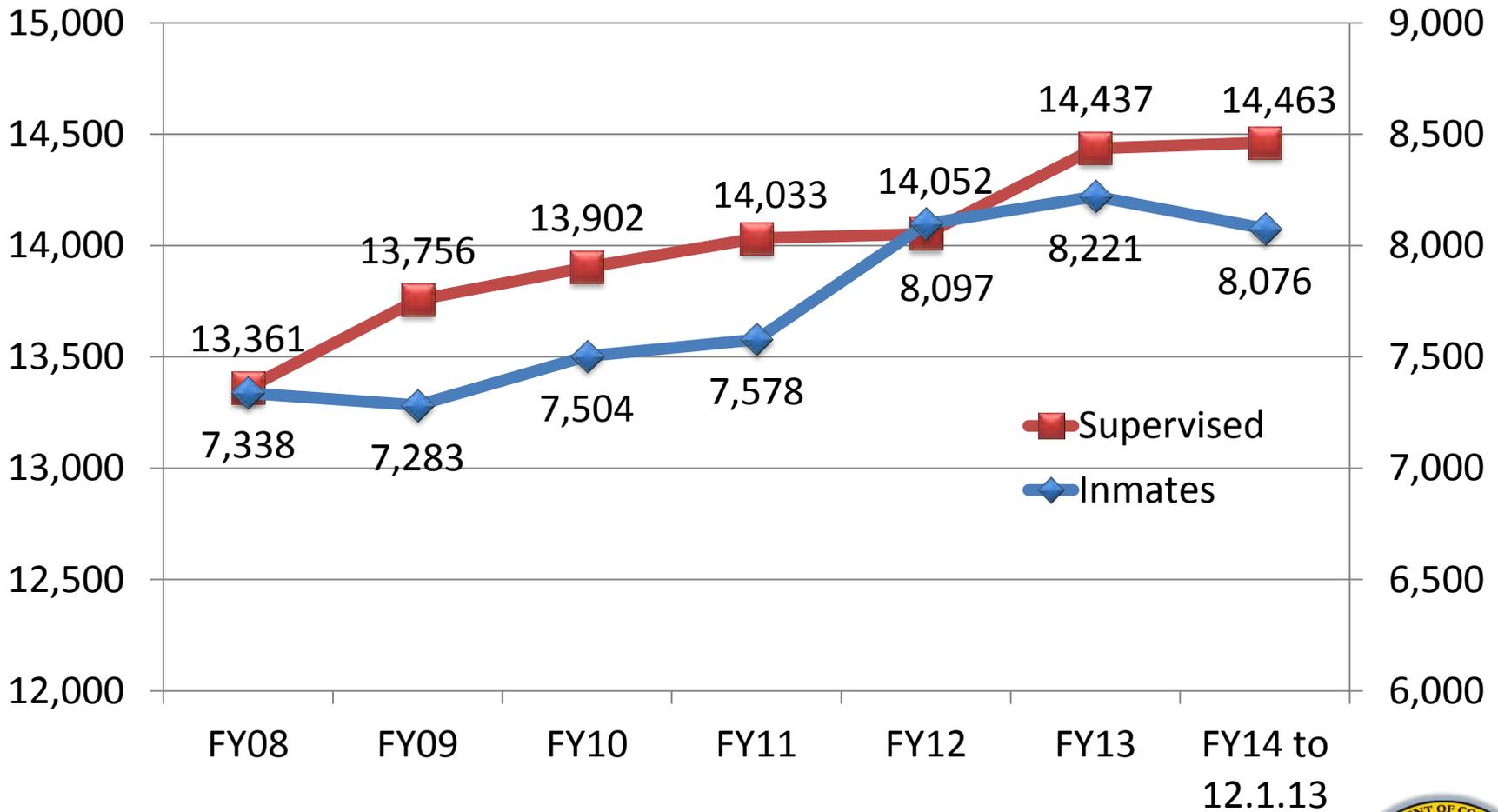
Here's the fine print:

- The three-year recidivism measure period has not yet elapsed.
- Failures will increase in both sample groups.
- Compares probationers diagnosed with a substance abuse problem defined as .4 or higher on the level of service inventory with a similar group not receiving treatment.
- The untreated group is three times larger than the treatment group.
- Outcome measures are not yet ready for reentry and risk-to-revocate groups.

Idaho Department of Correction FY13 Average Costs



IDOC Populations Comparison FY08-Current



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Idaho Department of Correction

Mission

To promote a safer Idaho by reducing recidivism.

Vision

Dedicated and committed staff will transform lives one person, one family, one community at a time.

**SAFETY
FIRST**

Idaho's Premier Black Hat Agency



Application

FY 2015



IDAHO DEPARTMENT OF CORRECTION

"To Promote a Safer Idaho by Reducing Recidivism"

C.L. "BUTCH" OTTER
Governor

BRENT REINKE
Director

October 16, 2013

Joint Millennium Fund Committee
Room C305, State Capitol
Boise, Idaho 83702

Dear Members of the Committee,

Thank you for the opportunity to submit this application for your consideration. The Idaho Department of Correction seeks the continued support of the Committee on behalf of our Substance Use Disorder (SUD) program.

Our SUD program combines evidence based best practices in substance abuse treatment, with service deliverables via the private provider network, to improve the outcomes of felony offenders. We believe the SUD program will be a major factor in fulfilling the Department's mission "to promote a safer Idaho by reducing recidivism".

We look forward to presenting this application and reviewing last year's accomplishments with you on December 10, 2013. Should you have any questions, please contact Division Chief Shane Evans at 208-658-2034 or sevans@idoc.idaho.gov.

Respectfully submitted,



Brent D. Reinke
IDOC Director



Millennium Fund Grant Proposal

For the Period July 1, 2014 through June 30, 2015

SUBSTANCE USE DISORDER CLIENT SERVICES

I. Grant Applicant

Full Legal Organization Name

Address

City

State

Zip Code

Website

Idaho Department of Correction

1299 North Orchard Suite 110

Boise

Idaho

83706

www.idoc.idaho.gov

Executive Director

Name

Title

Phone

Email Address

Brent Reinke

Director

(208) 658-2140

breinke@idoc.idaho.gov

Alternate Contact Person

Name

Title

Phone

Email Address

Shane Evans

Chief, Education, Reentry & Treatment Division

(208) 658-2034

sevans@idoc.idaho.gov

Organizational Description:

The Idaho Department of Correction (IDOC) is responsible for the incarceration and community supervision of felony offenders in Idaho. Our mission is to promote a safer Idaho by reducing recidivism. A three-member panel, called the Board of Correction, oversees IDOC. The governor appoints the members to serve six-year terms. In turn, they hire a director who directs all aspects of the department's operations. Brent D. Reinke has served as director since January 2007.

IDOC is comprised of four divisions; 1) Education, Treatment and Reentry, 2) Probation and Parole, 3) Operations, and 4) Management Services. Each division is led by a chief who is named by the director. The Division of Education, Treatment and Reentry provides education and treatment services to the offender population, manages four community work centers, and oversees inmate movement, substance abuse, medical and mental health services. The Division of Probation and Parole supervises more than 14,000 probationer and parolees statewide and provides pre-sentence investigations. The Operations Division manages inmates in eight state correctional institutions.

The Management Services Division is comprised of three bureaus. The Management Services Bureau manages fiscal, budget, payroll, information technology, and research. The Contract Services Bureau manages capital construction, compliance, central records and the virtual prison program which oversees contract compliance for two privately-managed prison facilities. Correctional Industries teaches offenders job skills.

II. Grant Proposal Summary

Meets One or More of the Following Criteria:

1. Tobacco Cessation or Prevention NO

2. Substance Abuse Cessation or Prevention YES

3. Tobacco or Substance Abuse Treatment YES

Purpose of Grant: This request is for continuing support of the coordination and assessment of community-based substance use disorder treatment and recovery support services for felony offenders. The grant serves felony offenders who benefit from delivery of substance use disorder treatment in the community, rather than in a state facility. By delivering evidence-based treatment via private community providers, offenders accessing services are at a reduced risk to reoffend with a corresponding cost avoidance to the state in reduced incarceration rates.

Grant Amount Requested: \$1,859,200.00

III. Proposed Budget

Expenditure Category	Staff Time	Millennium Fund	Other Fund Sources	In-Kind Contribution	Project Total
Personnel					
Salaries			1,018,600		1,018,600
Benefits			438,800		438,800
Total Personnel	0.00	-	1,457,400	-	1,457,400
Operating					
Travel			10,000		10,000
Rent			45,000		45,000
Utilities					-
Insurance			7,700		7,700
Communications			8,000		8,000
Materials & Supplies			500		500
Contracts					-
Consultants					-
Employee Development			5,000		5,000
Miscellaneous			1,100		1,100
Professional Services			3,200		3,200
Repairs & Maintenance			25,000		25,000
Computer Services			30,000		30,000
Computer Supplies			5,000		5,000
Specific Use Supplies			2,100		2,100
Total Operating		-	142,600	-	142,600
Trustee & Benefits					
Appropriations		1,859,200	2,857,500		4,716,700
Total Trustee & Benefits		1,859,200	2,857,500		4,716,700
Transfer Payments					
Intergovernmental Transfers					-
Direct Client Services					-
Local Contractors					-
Other					-
Total Transfer Payments		-	-	-	-
GRAND TOTAL		1,859,200	4,457,500	-	6,316,700

Also of budgetary note, IDOC has a pending FY14 supplemental request of \$2,456,800 for expanded SUD services. The supplemental request is to cover the increased service demands of \$721,300 incurred in FY13, as well as address the service demands projected from the recent IC 19-2524 expansion.

IV. Statement of Need

The US Justice Department shows two-thirds of drug offenders leaving state prisons will be re-arrested within three years and nearly half of released drug offenders will be returned to prison either through a technical violation or on a new sentence. In Idaho, the recidivism rate measured over the last three years for parolees is 50% and for probationers is 31%. Though lower than the national numbers, it remains an area needing improvement. Based on a recent analysis of Level of Service Inventory (LSI) scores, approximately 40% of probationers and 70% of inmates have a drug/ alcohol problem.

As of May 2013, 29% of offenders are on community supervision for drug crimes and 16% for an alcohol offense. This equates to 4600 probationers and 2100 parolees as of April 2013, for a total of 8200 offenders who would potentially benefit from substance abuse or recovery support services. In FY13, 3553 offenders were served with state SUD dollars, which equals 53% of the offenders on active community supervision with a potential substance abuse need.

To protect our community, improve outcomes and maintain budgetary compliance, IDOC manages SUD services within a priority population. The only priority population guaranteed service is court mandated offenders ordered in to treatment based on Idaho Code §19-2524. This limits funding availability for all remaining populations, primarily impacting reentering parolees and non §19-2524 offenders.

FY13 saw a growth rate in the IDOC prison population of 1.5%. While incarceration may temporarily provide for public safety, it does not address the issues that cause people to return time and again to the correctional systems. Studies by leading criminal justice research agencies have shown drug treatment, in conjunction with other services and programs, is a more cost effective way to deal with drug offenders.

Cost benefit to tax payers and crime victims per dollar spent on programs:

Therapeutic Treatment in Prison \$1.91

Therapeutic Treatment in Prison, with Aftercare \$2.69

Drug Court \$2.83

Job Counseling \$5.28

Non Prison, Therapeutic Treatment \$8.87

Source: Aos, Steve et al. "The Comparative Costs and Benefits of Programs to Reduce Crime." (May, 2001). Olympia, Washington: The Washington State Institute for Public Policy.

V. Project Design

Via a public/private partnership, eligible offenders have state funds issued by IDOC for service delivery by the approved private provider network. The network consists of skilled clinicians that utilize best practices in the treatment of addictions. Community based treatment and recovery support providers are granted facility approval by Department of Health and Welfare and are contracted through the current Managed Services Contractor (MSC) to treat the offender population. To manage the provider network, the IDOC partners with the state Management Services Contractor (MSC) to maintain service deliverables, fiscal accountability and oversee provider quality assurance.

Offenders must meet an intake eligibility criteria consisting of clinical need, criminogenic risk and judicial mandates. The initial priority population is court ordered §19-2524 cases mandating state funded assessment and treatment. The secondary service population is offenders who are not accessing state services, yet present a risk to revoke due to continued drug/alcohol usage.

Service eligibility and client referral is determined and conducted by IDOC clinical teams comprised of 2-6 staff in each judicial district. The IDOC clinical teams also manage pre-sentence GAIN-I Administration, conduct offender intakes, deliver correctional programs, serve as a clinical resource to probation and parole officers, act as a district liaison to the provider network and assign programmatic pathways.

Programmatic pathways prioritize offender needs and create a plan for accountability that can lead to successful reintegration and supervision outcomes.

Project Goals:

The department's mission is to promote a safer Idaho by reducing recidivism. Safety and accountability components, also known as risk control components, are critical for short term behavior change and immediate public protection. Examples of risk control components are incarceration, punishment, sanctions and loss of privileges. However, research indicates that risk control components alone do not reduce recidivism and protect our community over the long term.

Recent research has conclusively shown we can enhance our mission effectiveness by following tested and proven risk reduction strategies. Risk reduction strategies combine risk control components with research based offender programming to reduce long term recidivism rates. The goal of a risk reduction approach is to combine safety and accountability (risk control) with effective programming that changes long term offender behavior.

Long term change requires a personal choice be made to self-regulate and self-reflect. The greatest positive change and thus the greatest opportunity to reduce recidivism in medium to high risk offenders is to provide proven programs that give offenders the opportunity to change the attitudes, beliefs and thinking which drive their behavior.

With SUD funding, the IDOC implemented effective risk reduction strategies that combined the best portions of both the public and private sector to maximize outcomes for all stakeholders. The court system benefits from the timely delivery of accurate substance abuse assessments and offender treatment referrals, the offender benefits from a cohesive IDOC clinical intake that coordinates state funded services, the probation officer benefits from having on-site IDOC clinical staff to assist with offender programming recommendations and referrals, community providers benefit from a consistent referral system allowing for a sustainable business model, and the public benefits from a decrease in recidivism via the effective use of tax payer dollars.

In allocating IDOC these state funds, the legislative guidance for the department was the implementation of a public/private managed care system that 1) increased offender access 2) was fiscally sustainable 3) set in place verifiable outcome measures and 4) reduced recidivism.

1) Increased Access

In FY12, the first year of IDOC managed SUD services, 3546 offenders were served with state SUD dollars, which was an increase of 855 unique offenders from the previous fiscal year. This represented a 32% increase in the number of unique offenders served over the previous model. In FY13, the second year of IDOC managed SUD services, 3553 unique offenders were served with state SUD dollars, comparable to the previous fiscal year.

2) Fiscal Sustainability

In FY14, the IDOC was appropriated \$1,859,200 in Millennium Funds and \$4,443,400 in state General Funds for SUD services (excludes \$1,083,400 allocated to the Bonneville County Wood Pilot Project). Due to service demands, and a desire to avoid removing or delaying offenders from care, IDOC

transferred to the SUD budget an additional \$621,300 in internal general fund dollars and the Idaho Supreme Court paid \$100,000 in services on behalf of IDOC. These two transactions in FY13, totaling \$721,300 were onetime events and will not be available in FY14.

3) Outcome Measures

After an initial pilot, IDOC implemented statewide in April 2012 the administration to all offenders at the pre-sentence level the Texas Christian University (TCU) Criminal Thinking Scale (CTS). The CTS is a 37 question, self-administered assessment designed to measure changes in criminal thinking. The 6 CTS scales include *Entitlement, Justification, Power Orientation, Cold Heartedness, Criminal Rationalization, and Personal Irresponsibility*. The CTS is administered initially by the Presentence Investigator, and then coordinated with the supervising probation & parole officer (PPO) for administration at a 6/12/24 month follow up interval.

Beginning in November 2012, the IDOC will implement statewide the administration of the Texas Christian University Treatment Engagement Scale (TES). The TES is a 36 question, self-administered assessment designed to measure *Treatment Participation, Treatment Satisfaction, Counseling Rapport, and Peer Support*. The PPO will coordinate administration of the TES after six months on probation in conjunction with the CTS follow up process. Initial data analysis is now underway on the CTS and TES assessments.

Additionally, IDOC has worked diligently to design offender treatment “pathways” for community supervision. “Pathways” is short for the IDOC Correctional Program Pathways, which is an evidence based approach to address criminogenic risk and needs in a systematic, timely and comprehensive manner. Based on assessed risk, assessed need, offender behavior and legal requirements, offenders are assigned an appropriate Treatment Pathway in the community.

All Pathway information will be stored in the IDOC’s electronic Offender Management Database. Pathways will allow IDOC clinicians and probation/parole officers to standardize and expedite service delivery, but will also allow IDOC to measure Pathway outcome effectiveness. Initial implementation of the IDOC Pathways was delayed until Spring 2014.

IDOC has worked closely with the other branches of government involved in the SUD process to expand the role of the Web Infrastructure for Treatment Services (WITS) database. The WITS database will serve as an electronic health record, comprehensive service authorization system and billing database. As of October 1, 2013, the IDOC has full access to all data within WITS for report generation and data analysis.

Cost Data:

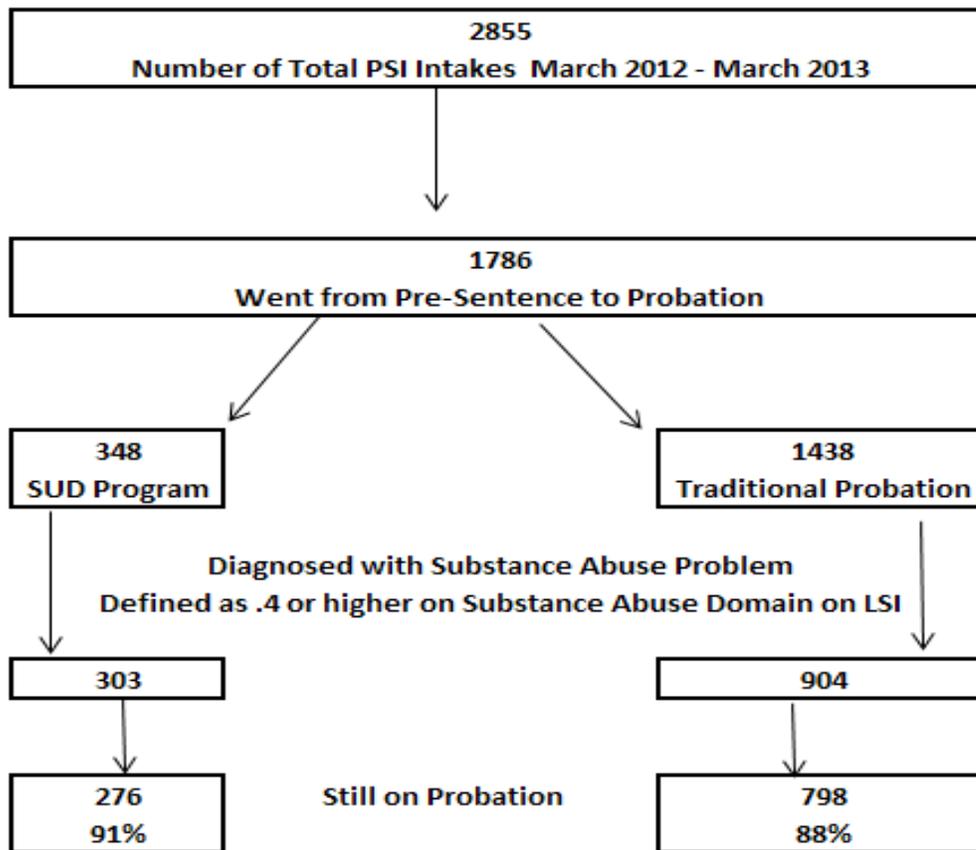
<i>Cost per unique SUD client (FY13)</i>	\$1537 (\$5,460,422/3553)
<i>Community-based Supervision per Offender (annual)</i>	\$1438
<i>Average Incarceration Cost per Inmate (annual)</i>	\$20,257

4) Reduce Recidivism

To measure recidivism, the SUD program will use the standard IDOC recidivism measurement as determined by the Board of Correction. The Board chose a three year window for recidivism analyses. As the IDOC SUD service matrix was implemented on September 1, 2011, initial program participants have not reached the three year window required to qualify for recidivism analysis.

However, to gauge preliminary program outcomes, IDOC compared offenders with a likely substance use problem who received §19-2524 SUD funded treatment against offenders with a likely substance use problem who did not participate in §19-2524 SUD funded treatment.

Flow of Offenders through Probation and Substance Abuse Treatment



Preliminary outcomes show a 3 percentage point differential between the listed populations; however the results do not encompass a long enough time frame to draw reliable conclusions. These outcomes also need to be analyzed further to determine §19-2524 outcomes based on population demographics and discharge type. Lastly, initial outcome measures are not ready at the time of this application for the reentry and risk to revoke populations.

Cost Data:

<i>Cost per unique SUD client (FY13)</i>	\$1537 (\$5,460,422/3553)
<i>Community-based Supervision per Offender (annual)</i>	\$1438
<i>Average Incarceration Cost per Inmate (annual)</i>	\$20,257

VI. Grant Management

The grant will serve felony offenders who will benefit from substance use disorder treatment delivered by private community providers rather than through incarceration in a state facility. Millennium Funds are used only for direct client care as outlined in the IDOC Service Matrix (attached addendum). The IDOC SUD direct service budget of \$4,716,700 is allocated for drug & alcohol treatment services (assessments, outpatient and intensive outpatient care) and recovery support services (case management, drug testing, safe/sober housing, life skills and transportation). Based on clinical necessity and funding availability, eligible offenders receive up to 200 days of treatment services in a full treatment episode. A drug and alcohol treatment episode can include up to 60 days of initial pre-treatment, followed by a 90 day Stage I and a 90 day Stage II treatment service. Corresponding recovery support services are also available in

each treatment stage, with an exception of safe & sober housing, which has a maximum benefit of 90 days. Based on clinical need and budgetary demands, offenders on occasion are authorized services beyond the standard service matrix.

Every business needs an infrastructure to make it successful. To manage the program, there is 1 substance abuse director, 2 clinical supervisors, 3 program coordinators and 2 IT staff. There are seven District Clinical Teams, one for each main probation and parole office. Each clinical team is comprised of a Licensed Clinician, who supervises at least one Drug & Alcohol Rehabilitation Specialist. Their responsibility is to meet court and legislative mandates, as well as implement best clinical and correctional treatment practices. The primary roles of the clinical teams are:

- 1) Administer court mandated §19-2524 pre-sentence GAIN-I assessments;
- 2) Submission of SUD service requests via WITS for priority populations;
- 3) Assign and/or ensure appropriate assignment to the IDOC Treatment Pathway;
- 4) Core program delivery;
- 5) Stakeholder resource.

VII. Evaluation Plan

1. Primary evaluation questions to answer

The IDOC will evaluate performance and outcome measures of the SUD Program. Specifically, the Department will track and evaluate the following: program completion rates; assessed need of program participants; length of time to complete the program; cost per offender per service received; risk reduction measures as a result of program participation; and recidivism rates for program participants.

2. The assessment methods/strategies to be used

The IDOC has established detailed outcome measures and data collection processes prior to and in conjunction with program implementation to create the most effective and efficient ways to collect and report data. This process was built with two main purposes. First, internal measures to identify, monitor, and improve departmental needs, gaps, and continuity of program delivery. Second, data collection processes will provide outcome information for external stakeholders. The IDOC will use the following strategies and/or standardized measures to track outcomes:

GAIN-I assessment results administered through Idaho's Web Infrastructure for Treatment

Demographic data received from WITS

Services as reported in the Correctional Integration System (CIS)

Program completions tracked in discharge reports from the managed service contractor, including length of time to complete the program and standard utilization reports

Costs of program participation by service type

Changes in criminal thinking via administration of the TCU CTS

Effectiveness in treatment engagement via administration of the TCU TES

Reduction in criminogenic risk level as measured by overall Level of Service Inventory- Revised (LSI-R) score

Reduction in criminal attitudes and orientation via administration of the Level of Service Inventory- Revised (LSI-R)

Reduction in assessed substance abuse need via administration of the Level of Service Inventory- Revised (LSI-R) and TCU Drug Screen

Probation/parole revocations and/or other reoffending behavior tracked in IDOC's offender management and tracking system

VIII. Sustainability

1. How other resources will be secured

IDOC is granted in FY14 combined spending authority for approximately 6.3 million in substance use disorder funds. Through evidence-based treatment services delivered primarily by private community providers, offenders accessing services will be at a reduced risk to reoffend with corresponding cost avoidance to the state. The aspiration is to receive sustainable funding from general fund dollars. IDOC believes the cost avoidance in providing substance use disorder services can benefit the state and reduce the rates and cost of incarceration.

2. How the organization will support the project in the future

The IDOC will continue to drive system enhancements to allow for better utilization of services. The evolution of IC §19-2524 to a more front loaded intensive services program at the community level will create shortened incarceration stays and greater system efficiencies. IDOC continues to work with program partners to search for alternative sources of funding including additional grant dollars to enhance programming.



Annual Report

FY 2013



Millennium Fund Annual Report

For the Period July 1, 2012 through June 30, 2013

SUBSTANCE USE DISORDER CLIENT SERVICES

Organizational Contact Information:

Full Legal Organization Name

Address
City
State
Zip Code
Website

Idaho Department of Correction

1299 North Orchard Suite 110
Boise
Idaho
83706
www.idoc.idaho.gov

Executive Director

Name
Title
Phone
Email Address

Brent Reinke
Director
(208) 658-2140
breinke@idoc.idaho.gov

Alternate Contact Person

Name
Title
Phone
Email Address

Shane Evans
Chief, Education, Treatment, and Reentry
(208) 658-2034
sevans@idoc.idaho.gov

Millennium Fund Grant Award

\$1,859,200.00

Report Date

10/18/2013

Project Goals:

The primary project goal is for offenders accessing services to be at a reduced risk to reoffend with a corresponding cost avoidance to the state. Additional goals include the implementation of a public/private managed care system that 1) increased offender access 2) was fiscally sustainable 3) set in place verifiable outcome measures and 4) reduced recidivism.

As the gatekeeper for funding, the IDOC incorporated the best portions of both the public and private sector to maximize outcomes for all stakeholders. The court system benefitted from the timely delivery of accurate substance abuse assessments and offender treatment referrals, the offender benefitted from a cohesive IDOC clinical intake that coordinated state funded services, the probation officer benefitted from having on-site IDOC clinical staff to assist with offender programming recommendations and referrals, community providers benefitted from a consistent referral system allowing for a sustainable business model, and long term, the public should benefit from a decrease in recidivism via the effective use of tax payer dollars.

Rationale or Justification for Project:

The US Justice Department shows two-thirds of drug offenders leaving state prisons will be re-arrested within three years and nearly half of released drug offenders will be returned to prison either through a

technical violation or on a new sentence. In Idaho, the recidivism rate measured over the last three years for parolees is 50% and for probationers is 31%. Though lower than the national numbers, it remains an area needing improvement.

As of May 2013, 29% of offenders are on community supervision for drug crimes and 16% for an alcohol offense. Based on a recent analysis of Level of Service Inventory (LSI) scores, approximately 40% of probationers and 70% of inmates have a drug/ alcohol problem. This equates to 4600 probationers and 2100 parolees as of April 2013, for a total of 8200 offenders who would potentially benefit from substance abuse or recovery support services. In FY13, 3553 offenders were served with state SUD dollars, which equals 53% of the offenders on active community supervision with a potential substance abuse need.

This project provides for the coordination and assessment of community-based substance use disorder treatment and recovery support services for felony offenders who benefit from delivery of substance use disorder treatment in the community, rather than through incarceration in a state facility. By delivering evidence-based treatment via private community providers, offenders accessing services are at a reduced risk to reoffend with corresponding cost avoidance to the state in reduced incarceration rates.

Project Summary:

Via a public/private partnership, eligible offenders have state funds issued by IDOC for service delivery by the approved private provider network. The network consists of skilled clinicians that utilize best practices in the treatment of addictions. Community based treatment and recovery support providers are granted facility approval by Department of Health and Welfare and are contracted through the current Managed Services Contractor (MSC) to treat the offender population. To manage the provider network, the IDOC partners with the state Management Services Contractor (MSC) to maintain service deliverables, fiscal accountability and oversee provider quality assurance.

Offenders must meet an intake eligibility criteria consisting of clinical need, criminogenic risk and judicial mandates. The initial priority population is court ordered §19-2524 cases mandating state funded assessment and treatment. The secondary service population is offenders who are not accessing state services, yet present a risk to revoke due to continued drug/alcohol usage.

Service eligibility and client referral is determined and conducted by IDOC clinical teams comprised of 2-6 staff in each judicial district. The IDOC clinical teams also manage pre-sentence GAIN-I Administration, conduct offender intakes, programmatic pathway assignment, deliver correctional programs, serve as a clinical resource to probation and parole officers, and act as a district liaison to the provider network.

Geographic Area Covered:

Statewide throughout the seven judicial districts. Each judicial district contains at least one urban county served, plus a mixture of rural and frontier counties.

Project Outputs:

See Project Outcomes

Project Outcomes:

In allocating IDOC these state funds, the legislative guidance for the department was the implementation of a public/private managed care system that 1) increased offender access 2) was fiscally sustainable 3) set in place verifiable outcome measures and 4) reduced recidivism.

1) Increased Access

In FY12, the first year of IDOC managed SUD services, 3546 offenders were served with state SUD dollars, which was an increase of 855 unique offenders from the previous fiscal year. This represented a 32% increase in the number of unique offenders served over the previous model. In FY13, the second year of IDOC managed SUD services, 3553 unique offenders were served with state SUD dollars, comparable to the previous fiscal year.

2) Fiscal Sustainability

In FY14, the IDOC was appropriated \$1,859,200 in Millennium Funds and \$4,443,400 in state General Funds for SUD services (excludes \$1,083,400 allocated to the Bonneville County Wood Pilot Project). Due to service demands, and a desire to avoid removing or delaying offenders from care, IDOC transferred to the SUD budget an additional \$621,300 in internal general fund dollars and the Idaho Supreme Court paid \$100,000 in services on behalf of IDOC. These two transactions in FY13, totaling \$721,300 were onetime events and will not be available in FY14.

3) Outcome Measures

After an initial pilot, IDOC implemented statewide in April 2012 the administration to all offenders at the pre-sentence level the Texas Christian University (TCU) Criminal Thinking Scale (CTS). The CTS is a 37 question, self-administered assessment designed to measure changes in criminal thinking. The 6 CTS scales include *Entitlement*, *Justification*, *Power Orientation*, *Cold Heartedness*, *Criminal Rationalization*, and *Personal Irresponsibility*. The CTS is administered initially by the Presentence Investigator, and then coordinated with the supervising probation & parole officer (PPO) for administration at a 6/12/24 month follow up interval.

Beginning in November 2012, the IDOC will implement statewide the administration of the Texas Christian University Treatment Engagement Scale (TES). The TES is a 36 question, self-administered assessment designed to measure *Treatment Participation*, *Treatment Satisfaction*, *Counseling Rapport*, and *Peer Support*. The PPO will coordinate administration of the TES after six months on probation in conjunction with the CTS follow up process. Initial data analysis is now underway on the CTS and TES assessments.

Via utilization of the Level of Service Inventory- Revised (LSI-R), IDOC will measure the reduction in overall criminogenic risk levels, reduction in criminal attitudes and orientation, and reduction in assessed substance abuse need.

Additionally, IDOC has worked diligently to design offender treatment “pathways” for community supervision. “Pathways” is short for the IDOC Correctional Program Pathways, which is an evidence based approach to address criminogenic risk and needs in a systematic, timely and comprehensive manner. Based on assessed risk, assessed need, offender behavior and legal requirements, offenders are assigned an appropriate Treatment Pathway in the community.

All Pathway information will be stored in the IDOC’s electronic Offender Management Database. Pathways will allow IDOC clinicians and probation/parole officers to standardize and expedite service delivery, but will also allow IDOC to measure Pathway outcome effectiveness. Initial implementation of the IDOC Pathways was delayed until Spring 2014.

IDOC has worked closely with the other branches of government involved in the SUD process to expand the role of the Web Infrastructure for Treatment Services (WITS) database. The WITS database will serve as an electronic health record, comprehensive service authorization system and billing database. As of October 1, 2013, the IDOC has full access to all data within WITS for report generation and data analysis.

Cost Data:

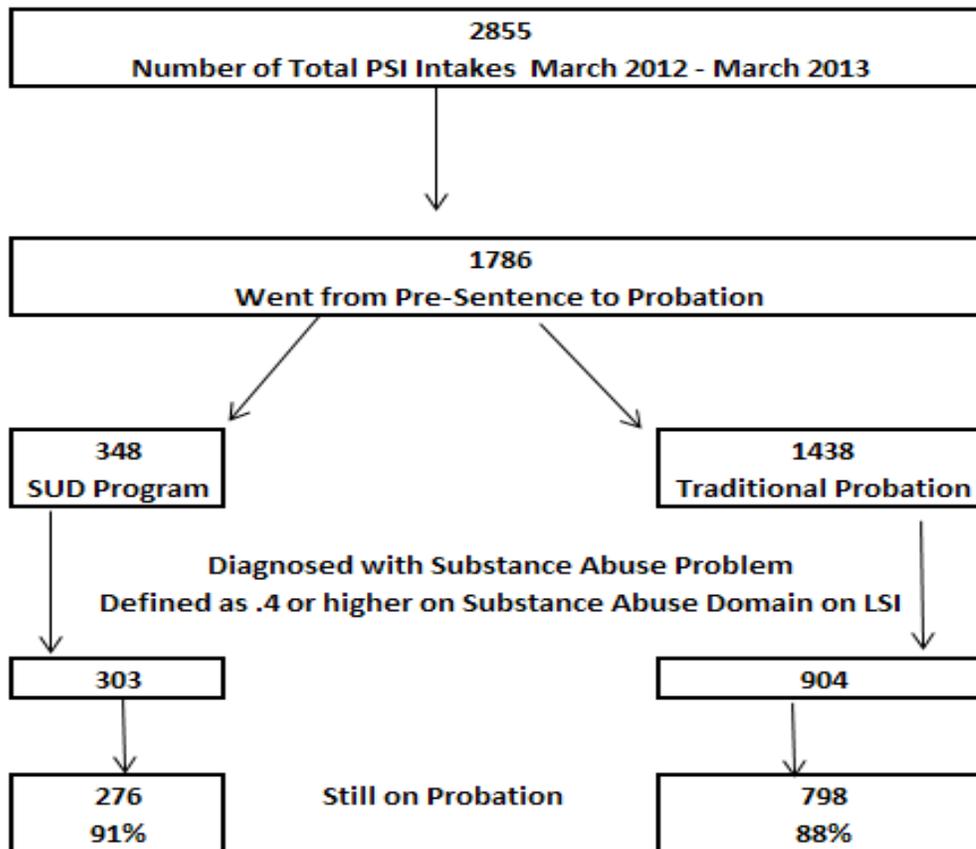
<i>Cost per unique SUD client (FY13)</i>	\$1537 (\$5,460,422/3553)
<i>Community-based Supervision per Offender (annual)</i>	\$1438
<i>Average Incarceration Cost per Inmate (annual)</i>	\$20,257

4) Reduce Recidivism

To measure recidivism, the SUD program will use the standard IDOC recidivism measurement as determined by the Board of Correction. The Board chose a three year window for recidivism analyses. As the IDOC SUD service matrix was implemented on September 1, 2011, initial program participants have not reached the three year window required to qualify for recidivism analysis.

However, to gauge preliminary program outcomes, IDOC compared offenders with a likely substance use problem who received §19-2524 SUD funded treatment against offenders with a likely substance use problem who did not participate in §19-2524 SUD funded treatment.

Flow of Offenders through Probation and Substance Abuse Treatment



Preliminary outcomes show a 3% reduction in recidivism for the §19-2524 SUD participants; however the results do not encompass a long enough time frame to draw reliable conclusions. These outcomes also need to be analyzed further to determine §19-2524 outcomes based on population demographics and discharge type. Lastly, initial outcome measures are not ready at the time of this application for the reentry and risk to revoke populations.

Financial Statement:

Revenue

Millennium Fund Grant	1,859,200	
General Fund Sources	4,443,400	
In-Kind Match	0	
Total Revenue		6,302,600

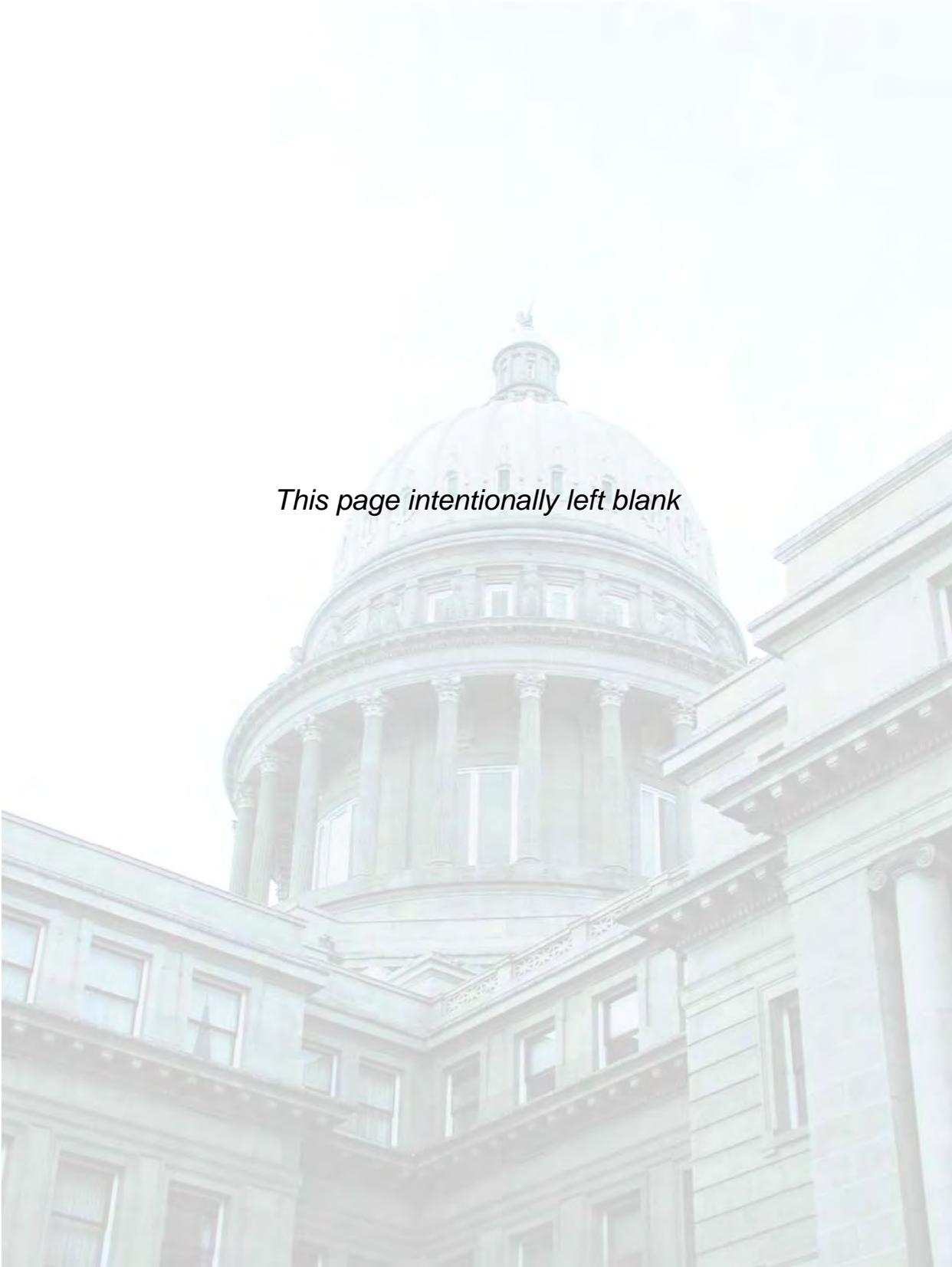
Expenses

Personnel	1,400,359	
Operating	122,702	
Trustee & Benefits	5,400,839	
Total Expenses		6,923,900
Dollar Variance		(621,300)
Percent Variance		-9.9%

Budget Notes:

In FY14, the IDOC was appropriated \$1,859,200 in Millennium Funds and 4,443,400 in state General Funds for SUD services (excludes \$1,083,400 allocated to the Bonneville County Wood Pilot Project). Due to service demands, and a desire to avoid removing or delaying offenders from care, IDOC transferred to the SUD budget an additional \$621,300 in internal general fund dollars to cover the variance noted above. Additionally, the Idaho Supreme Court (ISC) paid \$100,000 on behalf of IDOC via a direct bill. The \$100,000 paid directly by the ISC is not reflected as an IDOC expenditure, so is not reported on the above financial statement. Together, these onetime expenditures totaled \$721,300 and will not be available in FY14.





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Additional FY 2013 Reports



Millennium Fund Annual Report

For the Period July 1, 2012 through June 30, 2013

“Lock Your Meds” Prescription Drug Education Campaign

Organizational Contact Information:

Full Legal Organization Name

Address

City

State

Zip Code

Website

Governor’s Office of Drug Policy

304 N. 8th Street, Room 455

Boise

Idaho

83720

www.odp.idaho.gov

Executive Director

Name

Title

Phone

Email Address

Elisha Figueroa

Administrator

(208)854-3042

Elisha.figueroa@odp.idaho.gov

Alternate Contact Person

Name

Title

Phone

Email Address

Caitlin Zak

Program Specialist

(208)854-3040

Caitlin.zak@odp.idaho.gov

Millennium Fund Grant Award

\$627,602

Report Date

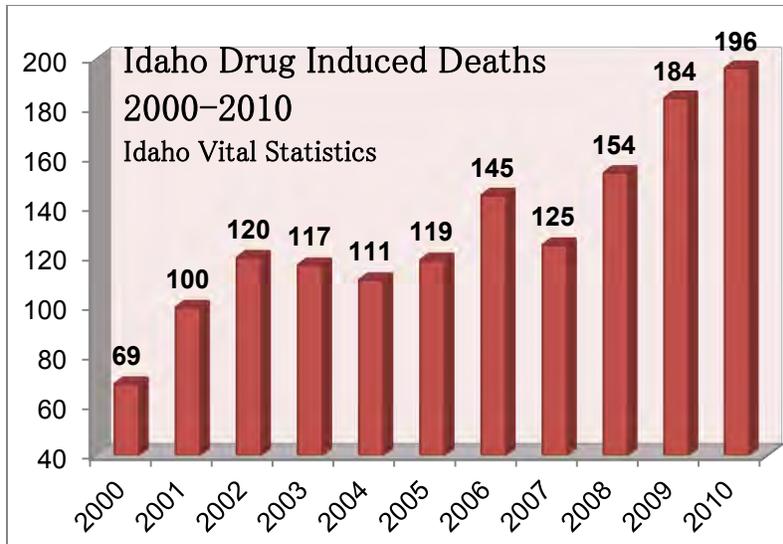
10/15/13

Project Goals:

- 1) Change Idahoans’ attitudes about the dangers of prescription drugs
- 2) Change Idahoans’ behavior as a result of the campaign including:
 - Idahoans begin locking up their medications
 - Idahoans begin disposing of their medications in a safe way

Rationale or Justification for Project:

Prescription drug abuse is the fastest growing drug problem in the United States according to the Office of National Drug Control Policy. In 2010, seven million individuals age 12 or older were current nonmedical users of prescription drugs and Idaho has experienced a 250% increase in drug induced deaths since 2000 (Idaho Vital Statistics, 2010). Idaho treatment centers have witnessed a seven fold increase in admissions for opioid abuse in the last ten years (Idaho Department of Health and Welfare, 2011) and over 20% of high school students reported taking a prescription drug without a doctor’s prescription. These youth overwhelmingly reported that they obtained these drugs from family members or friends.



In response, the Office of Drug Policy and its partners formed the Prescription Drug Abuse Workgroup. In addition to several other objectives the group is implementing to meet their goal of reducing prescription drug abuse in Idaho, they launched a statewide media campaign to educate adults about the dangers of prescription abuse. The Lock Your Meds campaign is specifically targeted at Idaho adults. However, it is anticipated that the reach of the campaign will be felt by adults and youth alike as the campaign prompts adults to change their behavior to include more closely monitoring their medications and ensuring that they are securely locked up. These efforts will significantly reduce the access youth and other individuals seeking to abuse medications have to these controlled substances.

Project Summary:



“Lock Your Meds” is a national multi-media campaign designed to reduce prescription drug abuse by making adults aware that they are the “unwitting suppliers” of prescription medications being used in unintended ways, especially by young people. Implementation of the campaign in Idaho will consist of a media mix of television, radio, digital, bus, billboards, and print campaign materials, all presenting a cohesive communication throughout the state. The simple message is “Be aware. Don’t share.”

The campaign will launch in October 2013 during National Medicine Abuse Awareness Month, observed annually in October, and will run for one calendar year. We will target Idaho adults which in effect will influence adult and youth attitudes and behavior with the goal of reaching every Idaho adult at some point during the year with the campaign message.

The campaign urges parents to talk to their children about medicine abuse and the difference between helpful and harmful drugs. It stresses the importance of only taking medicines that are prescribed to you by your doctor and how to prevent others from accessing your medications. The effectiveness of the messaging will be calculated by investigating the knowledge gained, actions taken and behavior changed by the public as a result of the campaign.

Geographic Area Covered:

The Office of Drug Policy has awarded a contract to CLM Marketing and Advertising to implement a statewide Lock Your Meds campaign with a media mix of television, radio, digital, bus, billboards, and print campaign materials which will cover all regions of Idaho.

Project Outputs:

To be determined. The planned launch date for the Idaho Lock Your Meds campaign is October 20, 2013. Therefore, project outputs for this one-year campaign will not be available until October 2014.

Project Outcomes:

The planned launch date for the Idaho Lock Your Meds campaign is October 20, 2013. Therefore, outcomes for this one-year campaign will not be available until October 2014. However, the Office of Drug Policy has contracted with G2 Public Strategies to develop an evaluation plan to gather data and measure outcomes of the campaign. On October 2 and 3, G2 conducted a pre-campaign survey of Idaho adults to provide baseline data for the evaluation. At the conclusion of the campaign, G2 will conduct a post-survey and analyze the effectiveness of the overall campaign. Questions we expect to answer include: Did Idahoans' attitudes about the dangers of prescription drugs change? Did Idahoans alter their behavior as a result of the campaign? Did Idahoans begin locking up their medications? Did Idahoans begin disposing of their medications in a safe way? The most effective media methods for promoting this type of campaign message will also be identified.

Financial Statement:

Description	Amount	Total
Revenue		
Millennium Fund Grant	627,602	
Other Fund Sources	0	
In-Kind Match	399,302	
Total Revenue		1,026,904
Expenses		
Communications	976,904	
Consultants	50,000	
Total Expenses		1,026,904
Dollar Variance		0
Percent Variance		0.0%

Budget Notes:

Due to loss of grant funding, two coalitions who had anticipated contributing a total of \$15,000 to the campaign were unable to fulfill this commitment. Therefore, the total dollar amount of the campaign is \$15,000 less than anticipated and described in the original funding application.



Millennium Fund Annual Report

For the Period July 1, 2012 through June 30, 2013

Status Offender Programs

Organizational Contact Information:

Full Legal Organization Name

Address
City
State
Zip Code
Website

Idaho Supreme Court

451 W. State Street
Boise
Idaho
83702
<http://www.isc.idaho.gov>

Executive Director

Name
Title
Phone
Email Address

Patricia Tobias
Administrative Directors of the Courts
(208) 334-2246
ptobias@idcourts.net

Alternate Contact Person

Name
Title
Phone
Email Address

John F. Varin
Juvenile Court Director
(208) 947-7455
jvarin@idcourts.net

Millennium Fund Grant Award

\$

Report Date

November 25, 2013

Project Goals:

The Court's goal is to encourage communities, when appropriate, to intervene when a youthful offender engages status offenses. Intervention is different from prevention because a behavior has occurred that has been brought to the attention of police or other legal authority and is case specific. Substance abuse assessments can be used to assess and evaluate juveniles being considered for intervention. Prevention efforts target general populations.

Rationale or Justification for Project:

Status offenses traditionally, truancy, curfew, incorrigible, runaway, and tobacco and substance abuse, have been referred to as "gateway crimes." Nationally reports show, the majority of juveniles who are involved in serious criminal behaviors usually began by committing these "gateway crimes. All status offender programs are expected to use evidence-based practices to address and treat offenders.

Project Summary:

When a juvenile has committed an act bringing the juvenile to the attention of police or other legal authority, under the Juvenile Correction Act of 1995, appropriate cases can be diverted from further judicial process by utilizing diversion programs such as the Youth Courts and Status Offender programs

or the Tobacco and Alcohol Diversion Court. Appropriately, addressing youthful offenders who smoke, use substances, or engage in status offenses can prevent future law violations, which is the ultimate goal.

Geographic Area Covered:

Status Offense Programs exist in Ada, Twin Falls, Jerome, Gooding, Blaine, Lincoln, Camas, Minidoka, Cassia, Bannock, Teton, Lemhi and Madison Counties.

Project Outputs:

County juvenile probation staff or contract staff provide direct services and case management for Status Offenders deemed appropriate to divert to status offenders programs. Status offender programs vary but generally consist of: mental health and substance abuse assessments and treatment, tracking, mediation, mentoring, family training and counseling, individual counseling, drug and alcohol counseling, anger management, in-home services, behavior and school contacts, smoking and substance abuse cessation classes, cognitive thinking classes and testing for tobacco, alcohol, and substance use.

Project Outcomes:

In total 508 youthful offenders participated in status offender programs in Fiscal Year 13. About 67% of participants (230) were between the ages of 13 and 17 when referred to the program. About 30% of participants (105) were 7 to 12 years old when referred to the program. There were five participants 18 or older and eight participants six years old or younger.

Status offender programs have been successful in engaging parents. Parents of all but two participants showed cooperation at the beginning of the programs.

Status offender programs required offenders to engage in one or more intervention strategies during participation. Strategies include mediation, psychosocial rehabilitation, writing essays, in-home services, family, individual, or drug and alcohol counseling, anger management, behavior contracts, school contracts and programs, detention tours, or “other” interventions. The most common interventions required (100 or more participants) were individual counseling, behavior contracts, school contracts and programs, community service, and “other” interventions. Status Offender programs required fewer participants (50-100) to complete interventions such as writing essays and family counseling. Some participants (fewer than 50) were required to engage in psychosocial rehabilitation, in-home services, Drug and alcohol counseling, anger management, detention tours, mentor programs, or mediation. Parents of 29 status offender participants were required to attend parenting classes or training.

In fiscal year 2013, Status Offender programs required 101 offenders to complete 1746 hours of community service.

Seventy-two percent of offenders who completed status offender programs did so successfully. Based on results from fiscal year 2012, one year after successfully completing the program, only 14% committed a re-offense.

Financial Statement:

Revenue

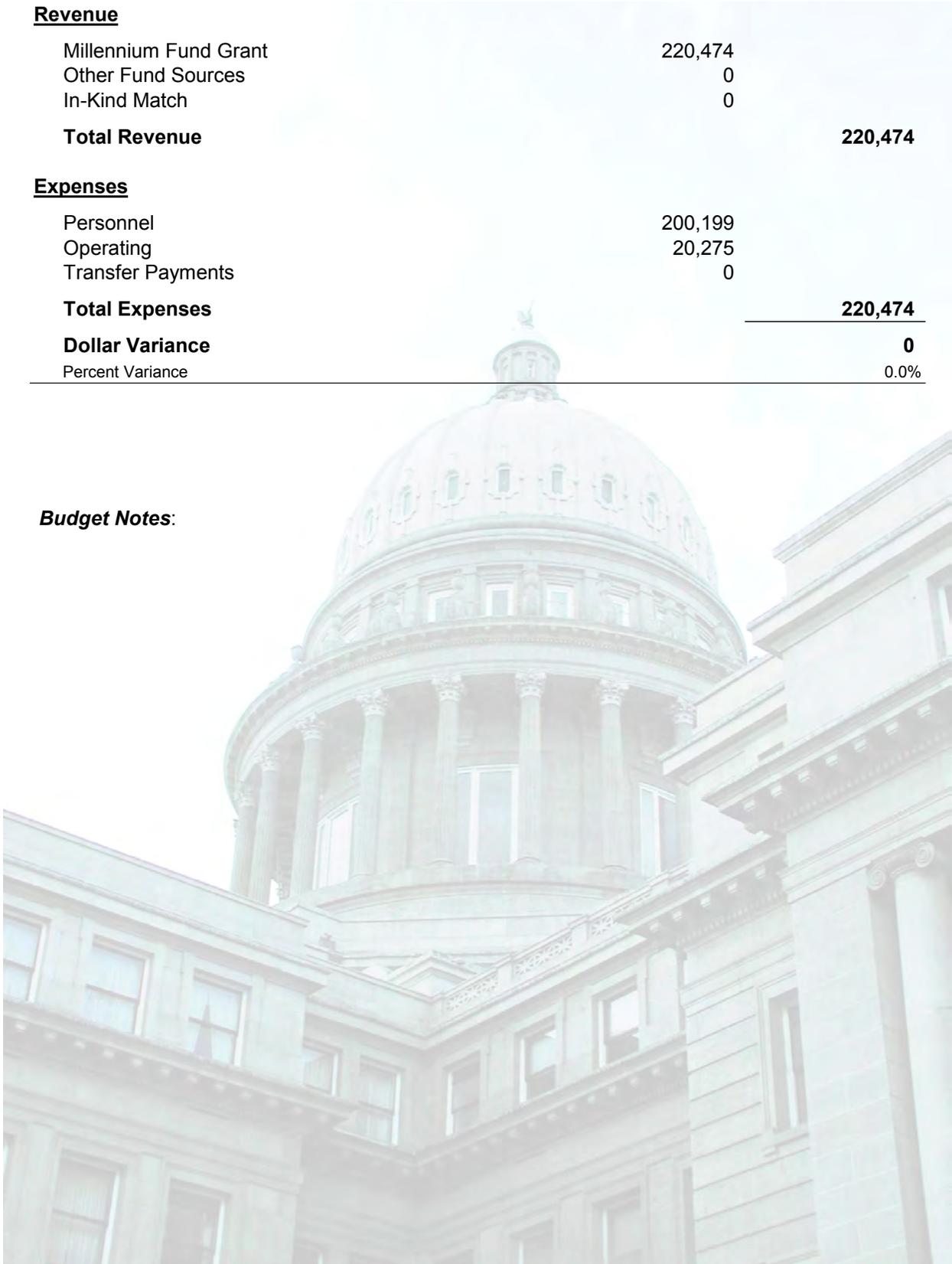
Millennium Fund Grant	220,474	
Other Fund Sources	0	
In-Kind Match	0	
Total Revenue		220,474

Expenses

Personnel	200,199	
Operating	20,275	
Transfer Payments	0	
Total Expenses		220,474

Dollar Variance		0
Percent Variance		0.0%

Budget Notes:





Millennium Fund Annual Report

For the Period July 1, 2012 through June 30, 2013

Tobacco/Alcohol Court

Organizational Contact Information:

Full Legal Organization Name

Address

City

State

Zip Code

Website

Idaho Supreme Court

451 W. State Street

Boise

Idaho

83702

<http://www.isc.idaho.gov>

Executive Director

Name

Title

Phone

Email Address

Patricia Tobias

Administrative Directors of the Courts

(208) 334-2246

ptobias@idcourts.net

Alternate Contact Person

Name

Title

Phone

Email Address

John F. Varin

Juvenile Court Director

(208) 947-7455

jvarin@idcourts.net

Millennium Fund Grant Award

\$

Report Date

November 25, 2013

Project Goals:

The Court's goal is to encourage communities, when appropriate, to intervene when a youthful offender uses tobacco or alcohol illegally. Intervention is different from prevention because a behavior has occurred that has been brought to the attention of police or other legal authority and is case specific. Substance abuse assessments can be used to assess and evaluate juveniles being considered for intervention. Prevention efforts target general populations

Rationale or Justification for Project:

Under Idaho law, underage tobacco and alcohol cases are considered misdemeanors. At the discretion of the judge, these cases can be handled in the adult or juvenile system. National research indicates that early age use of these substances by adolescents affects their development, increases their potential for probable addiction and recovery from addiction, as well as, increase propensity for future law violations

Project Summary:

There are two Tobacco/Alcohol Court Diversion projects. This was the second year of the project in the 7th District. His white paper study from last year in the 7th judicial district of Idaho during the years of 2007 to 2009 revealed that 45% of the underage tobacco/alcohol first time offenders would reoffend. This study included any type of misdemeanor or felony within two years of being cited for an underage

tobacco/alcohol offense. The coordinator meets with the courts, county commissioners, police and others to discuss how better to address underage tobacco and alcohol offenders in their communities. Most counties in the 7th District now screen all underage offenders with the GAIN SS instrument to determine if further evaluations are necessary to address substance used issues. Training for the evidence based Toward No Drugs and MET/CBT programs were conducted and several counties are using these programs to address underage tobacco and alcohol offenses. Each county is making a commitment within their capability to use the proper combination of probation, courts, and treatment in addressing the risk/needs of underage tobacco/alcohol offenders.

The Fifth District TAC has been in effect for several years. The process in the Fifth allows police officers to cite underage Alcohol and Tobacco offenders directly into the juvenile court. The juveniles and their families next appear before the judge who will order the youth to complete the evidence-based program after a plea or trial. A Gain SS evaluation is required for alcohol violators to assure education and treatment is appropriate. Violators are ordered to complete the Toward No Drugs program, a best practice program, as well as, community service and pay penalties or costs. Family members may also be ordered into education or treatment programs. If the juvenile successfully completes the program, usually within ninety days, their case will be dismissed.

A statewide training was conducted to help counties statewide use the experiences of the counties receiving MF to address underage tobacco and alcohol cases to enhance their programs. Judge Ronald Bogle a national recognized expert on how courts can better process underage alcohol cases spoke on processes and programs to effectively handle these cases to both the statewide training conference and at the fall Magistrate Judges Conference. New materials on Intervention Principles and Practices for Community Corrections on Underage Drinking cases from OJJDP were provided participants and Magistrate Judges.

Geographic Area Covered:

The entire 7th District is currently covered by the TAC in that region. In the 5th District currently, Twin Falls, Jerome and Gooding Counties are participating. Minidoka and Cassia Counties are using some of the enhancements of this approach to address their cases. Several other Counties have expressed interest.

Project Outputs:

The Millennium Funds are used to pay for coordinators salaries.

Project Outcomes:

A total of 146 youth participated in the Fifth District TAC program. The majority of participants (88%) were between 14 and 17 years of age. Only seven participants were thirteen or younger, and only eight participants were 18 or older.

The TAC has been successful in engaging parents. Most parents (83%) participated with youth at a high level. The TAC requires all participants to complete the Toward no Drugs curriculum. No other interventions or requirements were reported for TAC participants.

Of the 144 participants who completed their participation in fiscal year 2013, 127 (88%) successfully completed all requirements. Based on program data from 2012, one year after youth successfully complete the program only 12.7% re-offend.

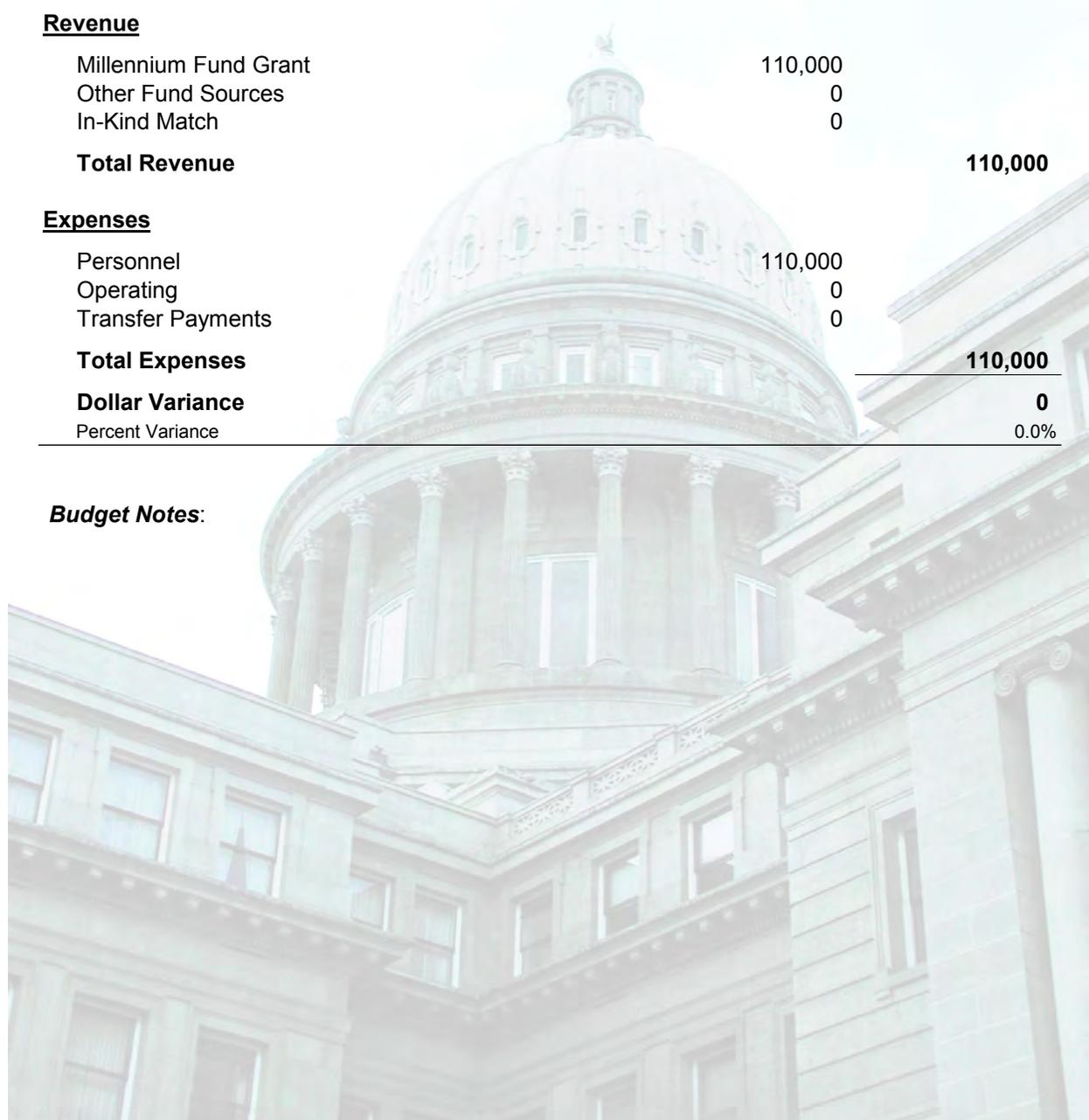
This past year was a development year for the Seventh District TAC. Evidence based programs were analyzed and two were selected, Toward No Drugs and MET/CBT5. Trainings were held within the

District on these two programs and classes were started. In addition, a decision was made to give every youth who enters the system with an alcohol citation a GAIN SS screening. Data is being kept on both the participants in programs and screening. Preliminary data based on the past 6th months shows 91 youth were screened and 43 youth entered into a diversion programs. Recidivism will be tract as it is tracked in the 5th District TAC.

Financial Statement:

Description	Amount	Total
Revenue		
Millennium Fund Grant	110,000	
Other Fund Sources	0	
In-Kind Match	0	
Total Revenue		110,000
Expenses		
Personnel	110,000	
Operating	0	
Transfer Payments	0	
Total Expenses		110,000
Dollar Variance		0
Percent Variance		0.0%

Budget Notes:





Millennium Fund Annual Report

For the Period July 1, 2012 through June 30, 2013

Youth Courts

Organizational Contact Information:

Full Legal Organization Name

Address
City
State
Zip Code
Website

Idaho Supreme Court

451 W. State Street
Boise
Idaho
83702
<http://www.isc.idaho.gov>

Executive Director

Name
Title
Phone
Email Address

Patricia Tobias
Administrative Director of the Courts
(208) 334-2246
ptobias@idcourts.net

Alternate Contact Person

Name
Title
Phone
Email Address

John F. Varin
Juvenile Justice Director
(208) 334-7455
jvarin@idcourts.net

Millennium Fund Grant Award

\$

Report Date

November 25, 2013

Project Goals:

The Court's goal is to encourage communities, when appropriate, to intervene when a youthful offender uses tobacco, alcohol or other status offenses. Intervention is different from prevention because a behavior has occurred that has been brought to the attention of police or other legal authority and is case specific. Substance abuse assessments can be used to assess and evaluate juveniles being considered for intervention. Prevention efforts target general populations.

Rationale or Justification for Project:

Under Idaho law, underage tobacco and alcohol cases are considered misdemeanors. At the discretion of the judge, these cases can be handled in the adult or juvenile system. National research indicates that early age use of these substances by adolescents affects their development, increases their potential for probable addiction and recovery from addiction, as well as, increase propensity for future law violations.

Project Summary:

When a juvenile has committed an act bringing the juvenile to the attention of police or other legal authority, under the Juvenile Correction Act of 1995, appropriate cases can be diverted from further

judicial process by utilizing Youth Courts. Appropriately, addressing youthful offenders who smoke, use substances, or engage in status offenses can prevent future law violations, which is the ultimate goal.

Geographic Area Covered:

Youth Courts partially funded by Millennium Funds are located in several 3d District Counties, Ada County, Bannock County, Bingham County and Bonneville County.

Project Outputs:

Millennium Funds are used to compensate Youth Court Coordinators and for some operating expenses. There are five Youth Court Coordinators.

Project Outcomes:

In total 508 children participated in Youth Courts in fiscal year 2013. Most of the participants (71%) were 15 years or older when referred. The remaining participants were between the ages of 10 and 14.

Youth Courts have been successful in engaging parents. Parents' initial cooperation was rated high for 387 participants (95%).

Sixty-one adults gave 154 volunteer hours to youth courts, or an average of more than two and a half hours per volunteer. There were 1073 youth who gave 3466 volunteer hours to youth courts, an average of over three hours per youth volunteer.

Interventions varied for youth around the state. Youth courts required 377 participants to complete almost 8400 hours of community service. Written assignments were the next most common intervention, required of 368 participants. Drug and alcohol counseling was a requirement for 120 participants. Youth courts assigned 283 participants "other" interventions to complete. Other interventions could include specific programs or curricula, or requirements specific to the youth. Youth Courts required many youth (102) to make behavior or school contracts. Less frequently, Youth Courts required youth to complete tobacco cessation classes, anger management, individual or family counseling, and some courts required the youth's parents to complete parenting classes or training.

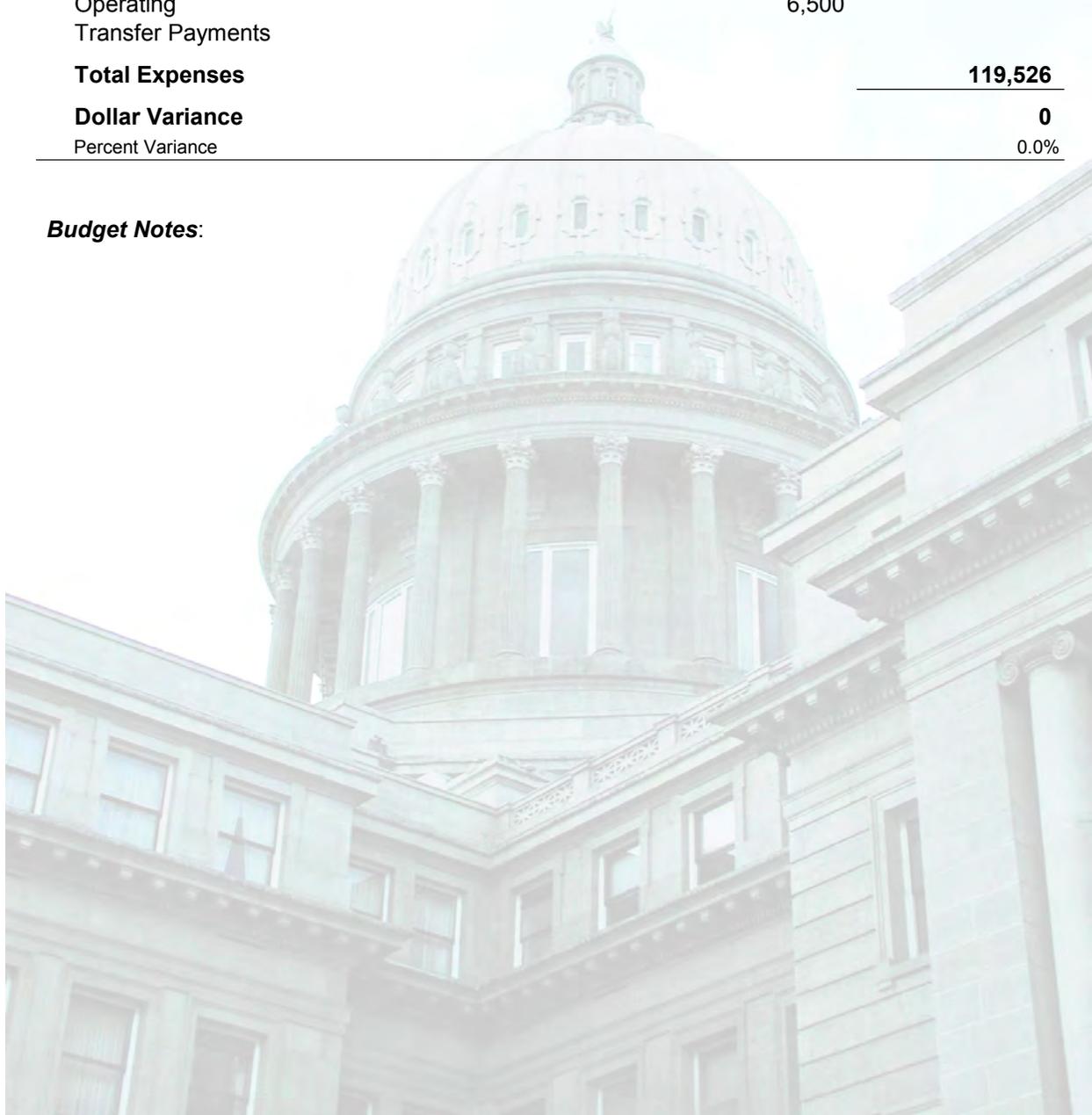
Ninety-one percent of the participants who completed the program in fiscal year 2013 did so successfully. According to recidivism information from fiscal year 2012, one year after successfully completing the program, only 67 youth participants (15.7%) committed a re-offense.

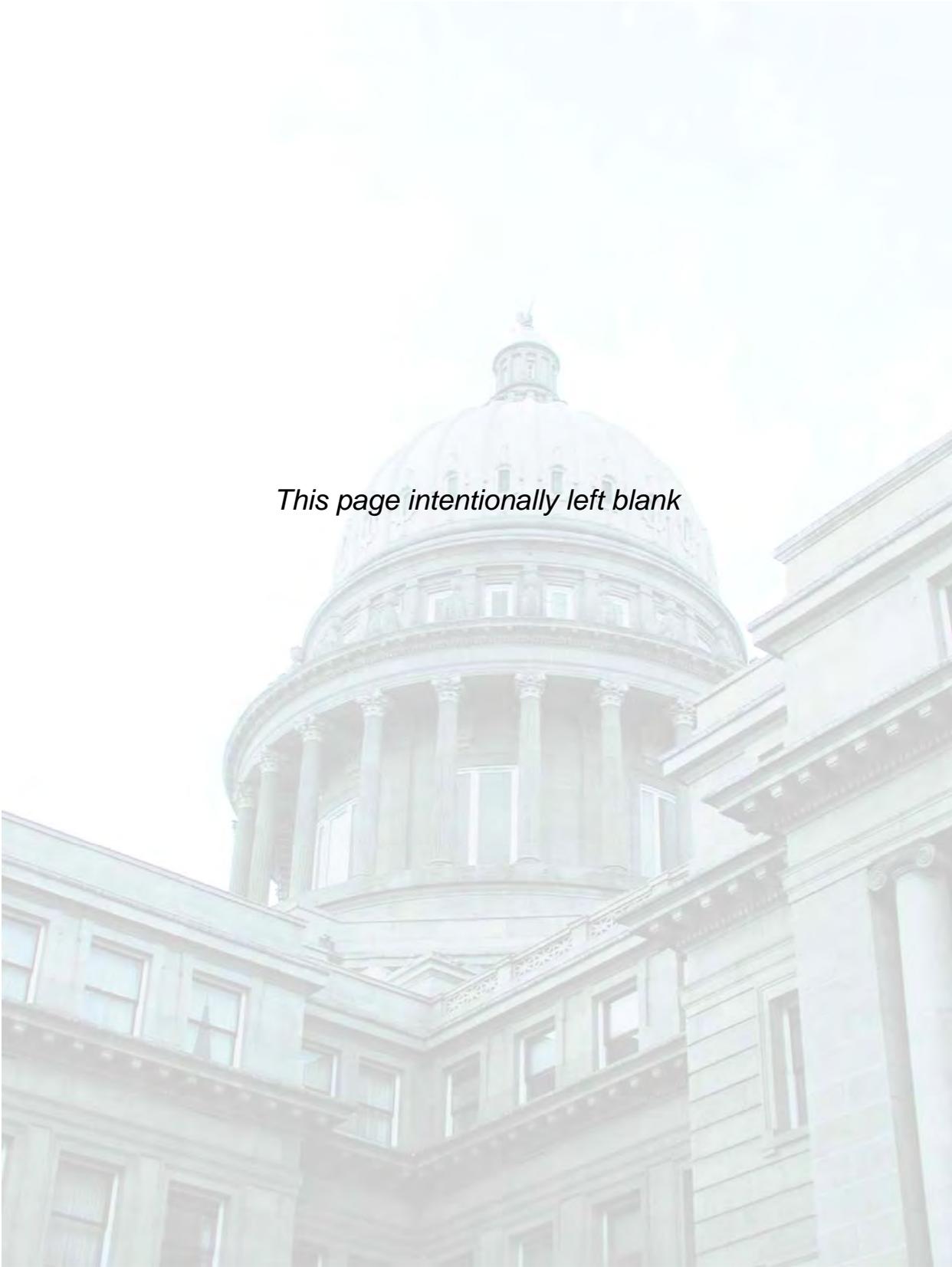
Financial Statement:



Description	Amount	Total
Revenue		
Millennium Fund Grant	119,526	
Other Fund Sources	0	
In-Kind Match	0	
Total Revenue		119,526
Expenses		
Personnel	113,026	
Operating	6,500	
Transfer Payments		
Total Expenses		119,526
Dollar Variance		0
Percent Variance		0.0%

Budget Notes:





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