

# Community Capacity Building for the Prevention of Opioid Use Disorder

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*2026 Montana Opioid Abatement Trust Grants*

## ***Prevention Support Services***

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## ***Nicole Hackley***

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# Application Form

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## *Region Selection*

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To collaborate with someone else on this request, click the blue "Collaborate" button in the top-right corner.

### **Project Name\***

Community Capacity Building for the Prevention of Opioid Use Disorder

**You may only select one Abatement Region, if you are applying for funding from more than one region you will need to fill out and submit a separate application for each region.**

### **Select Multi County Abatement Region OR Metro Region\***

Select the Multi-County Abatement Region **OR** the Metro Region you are requesting grant funds from. Click [HERE](#) for a detailed map of Multi-County Regions and Metro Regions.

Lewis & Clark County Metro Region

### **Regional Funding Request\***

If you are applying to multiple regions, please select all the regions to which you are submitting applications.

Lewis & Clark County Metro Region

## *Application Overview*

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### **About the Organization/Program\***

Give a brief description of the Organization/Program/Project. Include the mission statement and the services provided.

Youth Connections Foundation, DBA Prevention Support Services (PSS), is a nonprofit organization dedicated to preventing substance misuse through collaboration, training, and technical assistance. We believe prevention is most effective when communities are supported and equipped to lead lasting change. Our mission is to partner with leaders and prevention professionals to build sustainable prevention systems that promote healthier, more resilient communities.

Founded in 2003 as a program of the Helena School District, PSS became a 501(c)(3) nonprofit in 2013 to ensure the continuation of prevention services across Montana. Since 2019, PSS has served as the statewide provider of training and technical assistance for substance use prevention specialists under contract with the Montana Department of Public Health and Human Services, Behavioral Health and Developmental Disabilities Division (BHDD). As this statewide infrastructure was newly established, we developed a comprehensive onboarding and support system grounded in best practices and evidence-based prevention strategies, while fostering peer connections across communities with shared risk and protective factors.

PSS has extensive experience supporting community coalitions through technical assistance, data-informed planning, and system-building. We work closely with local partners, particularly in rural communities, to strengthen prevention capacity through relationship-building and locally driven solutions. Our team consists entirely of certified prevention specialists with more than 100 years of combined experience in community-level prevention, training, and technical assistance. PSS is the only organization in Montana certified to deliver Strategic Prevention Framework Application for Prevention Success Training (SAPST) and Core Competencies training. Our work is grounded in a deep commitment to people, partnerships, and the long-term wellbeing of the communities we serve.

## What category does the program fit into\*

Check the category/categories the program fits into. You may select more than one option.

Click [HERE](#) for a list of approved opioid remediation uses

Prevention

## Exhibit E List of Opioid Remediation Uses

*Schedule A - select all that apply*

G. PREVENTION PROGRAMS

## Exhibit E List of Opioid Remediation Uses

*Schedule B - select all that apply*

G. PREVENT MISUSE OF OPIOIDS

J. LEADERSHIP, PLANNING, & COORDINATION

K. TRAINING

## How does the program meet the Opioid Remediation Guidelines\*

Provide a detailed explanation of how the program fits into the approved Opioid Remediation Guidelines selected in the above question.

*Please be specific*

This proposal aligns with opioid abatement remediation uses identified in Exhibit E of the Montana Opioid Settlement, including support for evidence-based prevention programs, community engagement, training, media campaigns, and cross-sector coalition development. It advances core prevention strategies such as funding evidence-based media, evidence-based prevention in schools, and training local partners to build sustainable systems that reduce opioid-related risks. Our project enhances local capacity by engaging community sectors, including nonprofits, faith organizations, schools, healthcare providers, and public safety partners, in coalition work that reflects Montana's priorities for prevention and community-driven planning. This supports regional planning to address the root causes of opioid misuse, identifies local needs, and ensures efficient use of abatement resources.

We provide training in the Strategic Prevention Framework (SPF) and ongoing technical assistance to prevention professionals to ensure implementation of evidence-based practices. Training and guidance directly build prevention skills, support implementation fidelity, and increase community readiness, aligning allowable prevention and capacity-building uses outlined in Exhibit E.

We also support development of best-practice awareness efforts that reduce stigma and avoid scare tactics, particularly for youth and families, and assist communities in identifying and implementing evidence-based curricula that strengthen youth skill-building and wellness. These efforts align with Exhibit E's emphasis on evidence-based prevention strategies including media campaigns and school-based programs.

Rural communities continue to experience elevated risk for opioid misuse and limited access to prevention and support services. Our regional, coordinated strategy will ensure partners work together to maximize impact, leverage data, and implement sustainable approaches to abate the opioid epidemic in Montana.

### New Program or Existing\*

Is the funding intended for a new program or to expand an existing program?

A new program for your region.

## *Fiscal Information*

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### Requested Amount\*

\$195,000.00

### Program Budget\*

How will the funds be allocated? Attach a detailed line item budget breakdown for the program. If the funds are intended for a multi-year program please specify the amount budgeted for each year.

L&C METRO REGION BUDGET .pdf

### Source of Funding\*

Does the program currently receive funding from another source? If yes, please explain in detail. (i.e. amount, funding source, etc.)

Grant funding is intended for the creation or expansion of opioid prevention, treatment, and recovery projects. The money is **NOT** meant to replace or supplant existing funding.

There is currently no dedicated funding supporting primary prevention efforts focused on opioid misuse in the Lewis & Clark region. Primary prevention is defined as preventing substance misuse before it begins by reducing risk factors and strengthening protective factors at the community level.

Existing state prevention funding, primarily federal in origin, is restricted to addressing underage alcohol use, underage marijuana use, and adult binge drinking. In recent years, prevention allocations have been reduced by more than half, significantly limiting community capacity. Lewis and Clark County was previously allotted two full-time positions, but both were cut as of September 2025. As a result, one prevention specialist now covers multiple counties while facilitating coalitions, building partnerships, supporting policy initiatives, delivering presentations, organizing drug-free events, and assisting with evidence-based curricula in schools.

Given these existing responsibilities, there is no remaining capacity to implement comprehensive opioid primary prevention strategies.

Historically, funding streams such as Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) and Partnership for Success (PFS) have not permitted dedicated opioid prevention activities. Consequently, opioid-related prevention efforts have been limited and fragmented, without consistent alignment to prevention science or structured frameworks such as the Strategic Prevention Framework (SPF).

At the federal level, primary prevention funding has declined in recent years, while opioid settlement resources have largely been directed toward treatment and recovery services. While treatment services may be reimbursable through Medicaid or insurance, primary prevention has no reimbursement mechanism and depends entirely on public or grant funding. Without dedicated investment, upstream prevention efforts cannot occur.

Although many substance use prevention strategies overlap, effective opioid prevention requires targeted activities such as stigma reduction, prescription misuse education, overdose risk awareness, and coordinated community-level planning. Current prevention staff do not have the capacity to add this focused work without additional funding.

This request represents the only viable funding source to establish and sustain comprehensive, evidence-based opioid primary prevention in the region, ensuring communities can proactively reduce misuse and prevent future overdose.

## Do you have a Fiscal Agent\*

No

## *Program Abstract*

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### Program Description\*

Describe the objectives of this project. Provide a detailed overview of the program, including its purpose, priorities & objectives, and intended results.

Prevention Support Services seeks funding to hire a Prevention Specialist to expand and strengthen coalition-based substance misuse prevention efforts with a specific focus on opioid prevention in the rural communities of Augusta and Lincoln. These communities face unique challenges related to geographic isolation, limited access to services, and increased risk factors associated with substance misuse. By building upon existing coalition infrastructure, this project will enhance local capacity to increase protective factors and reduce risk factors related to opioid misuse.

This project will be implemented in collaboration with existing coalition partners, as well as partners including schools, healthcare providers, law enforcement, EMS, community organizations, and state prevention initiatives. PSS will also coordinate with other opioid abatement regions to share resources, align strategies, and maximize impact. These partnerships will ensure a comprehensive, coordinated approach to opioid prevention across systems and communities.

This project will utilize a data-driven approach grounded in the Strategic Prevention Framework (SPF), incorporating overdose mapping data, Prevention Needs Assessment (PNA), Youth Risk Behavior Survey (YRBS), and other relevant local and state data to assess community need and guide planning. Evidence-based and evidence-informed tools from the National Overdose Prevention Network (NOPN) will be used to implement strategies tailored to rural contexts. Through strong partnerships with state prevention efforts and other opioid abatement regions, this initiative will promote coordinated, sustainable, and community-driven opioid prevention.

Prevention Support Services will utilize tools and resources from the National Overdose Prevention Network (NOPN) that have demonstrated effectiveness in reducing overdose risk and increasing community

awareness and protective behaviors. These tools support evidence-based approaches such as stigma reduction, community education, harm reduction-informed prevention, and improved help-seeking pathways.

Strategies will be adapted to fit rural contexts and will emphasize community engagement, peer influence, and practical prevention approaches that resonate with local values. The use of NOPN resources ensures alignment with national best practices while allowing for local customization.

## Specific Goals\*

Describe the primary goals your program seeks to achieve. For each goal, explain how the program intends to accomplish it.

**Goal #1:** Increase local capacity to address opioid prevention throughout dedicated staffing and technical support.

Objectives: (1) PSS will hire and support a Prevention Specialist to coordinate opioid prevention efforts in Helena, East Helena, Augusta and Lincoln. (2) The specialist will provide technical assistance to partners, facilitate regular meetings, support strategic planning, and build leadership among community partners. (3) Training will be offered to increase knowledge of prevention science, the Strategic Prevention Frameworks and evidence-based practices.

**Goal #2:** Use data to identify priority risk and protective factors related to opioid misuse .

Objectives: (1) Collect and analyze local data, including surveys, public health indicators, school data, and community input. (2) Identify and engage 12 community sectors through Community Mapping. (3) Develop a one-page community case statement outlining local impacts of opioid use and contributing factors.

**Goal #3:** Implement evidenced-based primary prevention strategies tailored to community needs.

Objectives: (1) Select and implement evidenced-based strategies focused on preventing misuse before it begins. Strategies may include information dissemination, prevention education, positive activities, community-based processes, environmental policies, or problem identification and referral programs. Examples of these are: youth engagement initiatives, and stigma-reduction messaging, focusing on the positive. Efforts will focus on strengthening school connectedness, family engagement, and community norms that discourage misuse. Implementation will include clear action steps, timelines, and evaluation measures.

**Goal #4:** Strengthen coordination with state-wide prevention initiatives and regional opioid abatement efforts.

Objectives: (1) Actively participate in state and regional prevention networks. (2) Align local strategies with statewide priorities. (3) Coordinate with other opioid abatement planning groups. (4) Conduct regular communication and shared reporting to leverage resources and ensure consistent messaging. This coordination will maximize impact and position local communities to benefit from broader prevention investments.

## Evaluation Method\*

Please explain in detail how you will gauge the effectiveness and overall impact of the program. What specific evaluation methods, tools, or metrics will you use to measure success.

Evaluation will be embedded throughout the project and aligned with the Strategic Prevention Framework to ensure continuous quality improvement and measurable impact. Both process and outcome evaluation methods will be used to assess effectiveness.

Process measures will track implementation fidelity, community engagement, and partnership development. Metrics will include number and diversity of sector representatives engaged through community mapping; meeting attendance and participation; trainings delivered; technical assistance hours provided; and progress on action plan goals. Documentation tools will include sign-in sheets, training evaluations, coalition self-assessments, and implementation tracking logs. These measures ensure that strategies are delivered as intended and that infrastructure and capacity are strengthening over time.

Outcome measures will assess short- and intermediate-term changes in knowledge, attitudes, behaviors, and protective factors related to opioid misuse. Pre- and post-training surveys will measure changes in participant knowledge and confidence. Community-level indicators will be monitored using multiple data sources, including the Youth Risk Behavior Survey (YRBS) and the Prevention Needs Assessment (PNA) to track youth perceptions of risk, substance use behaviors, and protective factors such as school connectedness and family support. Overdose trends and related incident data will be reviewed using ODMAP (Overdose Detection Mapping Application Program) to monitor patterns and inform timely response efforts. Additional indicators may include implementation of prevention-focused policies, increased help-seeking behaviors, and improved cross-sector coordination. The one-page community case statements will be updated annually to reflect data trends and progress.

Data will be reviewed regularly with partners to guide decision-making, adjust strategies as needed, and ensure resources are directed toward the most impactful approaches. Evaluation findings will be shared with local and state partners to promote transparency, accountability, and alignment with broader opioid prevention efforts.

## Data Source\*

What data or evidence will you collect to show you are meeting your program goals? What specific information, metrics and documentation will you provide to demonstrate the program objectives have been achieved.

Data will be collected from multiple sources to demonstrate achievement of program goals and objectives. Coalition records and attendance logs will document engagement of sector partners, meetings held, and collaborative activities. Training evaluations and pre/post surveys will measure changes in knowledge, attitudes, and confidence related to risk and protective factors associated with opioid prevention. Community mapping documentation and action plans will show cross-sector participation and implementation of strategies tailored to local needs. One-page community case statements will serve as evidence of data analysis and community awareness efforts.

Outcome data will include Youth Risk Behavior Survey and Prevention Needs Assessment results to track trends in youth substance use, perceptions of risk, and protective and risk factors over time. For example, Prevention Needs Assessment data on school and family protective factors, such as low levels of school connectedness and emotional well-being, provide baseline indicators for improvement and help guide strategies that strengthen youth resilience and reduce risk for substance misuse. Overdose and incident data will be reviewed using ODMAP and other public health sources to monitor patterns and inform prevention strategies. Additional metrics may include help-seeking behaviors, adoption of prevention policies, and participation in community education activities.

Documentation such as technical assistance records, implementation tracking logs, and progress reports will demonstrate fidelity to planned activities and achievement of milestones. Data will be analyzed regularly and shared with coalition partners to guide continuous improvement and ensure accountability. These combined data sources provide a comprehensive picture of program performance and community impact.

## Awareness\*

How do you plan to create awareness of this program? Briefly describe what action the program plans to take to create awareness in the community.

Prevention Support Services (PSS) will create awareness of this program through a coordinated community outreach approach that leverages local partners and existing coalition networks. Outreach efforts will be tailored specifically to the communities of Augusta and Lincoln to ensure messaging is accessible, culturally appropriate, and aligned with local norms.

PSS will conduct community mapping in each location to intentionally identify and engage representatives from the 12 community sectors, when present. This process will ensure broad, cross-sector representation and strengthen partnerships. Using local data and partner input, PSS will develop a concise, one-page community case statement outlining how opioid use affects each community and the county overall, including impacts on families, schools, healthcare systems, and public safety. Case statements will be shared with partners to build awareness, increase shared understanding, and foster collective ownership to address the problem of opioid use. PSS will collaborate with partners to develop coordinated, data-informed action plans that address community risk factors and strengthen protective factors.

PSS will work with coalition members, schools, healthcare providers, EMS, faith-based organizations, and businesses to share information through established communication channels, including community meetings, school events, newsletters, and local radio.

Awareness activities will prioritize brief presentations at existing gatherings, such as school functions and community meetings, rather than stand-alone events, which can limit participation in rural settings.

Messaging will focus on the positive, reducing stigma, and promoting help-seeking behaviors related to opioid misuse prevention. Utilizing the quarterly YC magazine that goes to all Helena and East Helena school kids is one part of the overall media plan to expand awareness and outreach.

Youth and community members will help develop outreach materials such as flyers and social media content. Evidence-based tools and guidance from the National Overdose Prevention Network will inform messaging to ensure alignment with best practices. Digital outreach will complement in-person strategies through social media, email lists, and partner websites, while recognizing not all residents have reliable internet access. Information will also be distributed through trusted physical locations such as libraries, community centers, and healthcare facilities.

## *Additional Documents*

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### Tax Exempt Organization\*

By clicking this box you are confirming the applying organization is a tax exempt organization.

Yes

### Tax Exempt Determination Letter\*

Please upload a copy of the Organization 501(C)(3) Tax Exempt Determination Letter.

501c3 from IRS (1).pdf

**Use this section to upload or explain any additional information regarding the program/organization. ie. a detailed budget projection, program/organization history, etc.**

## Upload #1

csap\_strategies.pdf

## Upload #2

## Upload #3

### Additional Information

#### Organizational Capacity & Sustainability (Montana Opioid Settlement Alignment)

This initiative strengthens rural prevention infrastructure so communities can address opioid risk factors before misuse occurs, an allowable remediation strategy under Montana opioid settlement priorities.

Settlement guidelines emphasize evidence-based prevention, community capacity building, and systems change to reduce substance-related harm. Primary prevention resources for opioid-specific efforts remain limited, particularly in rural areas, creating gaps in proactive prevention capacity. This project addresses those gaps by embedding prevention knowledge within local coalitions and systems rather than relying on temporary programming.

Sustainability is achieved through capacity building and local ownership. Community partners will receive training in prevention science, data-driven planning, and community-based strategies so prevention expertise remains within the community after the funding period. By developing local champions and strengthening cross-sector collaboration, communities will be better equipped to identify emerging risks, mobilize resources, and sustain prevention activities. This approach creates durable systems that continue to function beyond the life of a grant cycle and reduces dependence on external funding.

The project aligns with Montana's opioid settlement goals by advancing upstream prevention and community resilience. Settlement resources are intended to remediate the harms of opioid misuse and prevent future impacts through evidence-based strategies. Primary prevention, stopping misuse before it begins, is a critical component of remediation because it reduces long-term demand for treatment and recovery services. Rural communities often experience higher barriers to prevention due to geographic isolation, transportation and limited staffing, making capacity building essential for equitable access to prevention resources.

Systems alignment with statewide prevention infrastructure enhances long-term sustainability. Activities mirror the Strategic Prevention Framework and coordinate with state and regional prevention networks, ensuring consistency with Montana's public health strategies. Collaboration with statewide partners promotes knowledge sharing and resource alignment, reducing duplication and maximizing impact. This systems-based approach strengthens prevention infrastructure at both local and state levels, supporting durable change rather than isolated interventions.

Leveraging the expertise of Prevention Support Services reduces startup time and costs because established prevention infrastructure and experienced specialists are already in place. Rural communities frequently lack dedicated prevention professionals and technical support, creating gaps in service delivery and planning capacity. Rather than building programs from the ground up, the project builds upon existing coalitions and partnerships to accelerate implementation and improve efficiency. This approach maximizes public investment by expanding prevention capacity where it is most needed.

Long-term sustainability in rural communities depends on local leadership and systems integration. Training and technical assistance will empower community partners to lead prevention efforts, analyze data, and implement evidence-based strategies. By embedding prevention knowledge within local systems, the initiative creates durable solutions that persist beyond the funding period. Communities will gain the skills needed to adapt strategies to emerging challenges, maintain coalition engagement, and continue prevention work without reliance on external resources.

This capacity-building model advances Montana's opioid remediation goals by addressing root causes and strengthening community resilience. Rural areas often face limited access to prevention services and higher vulnerability to substance misuse due to social and geographic factors. Investing in local prevention infrastructure reduces these disparities and supports long-term public health improvements. Evidence-based

primary prevention is cost-effective compared to downstream treatment and recovery expenses, making it a strategic investment for communities and the state.

By focusing on systems change and rural capacity, the project fulfills the intent of opioid settlement remediation and community investment. It addresses the documented absence of opioid-specific primary prevention funding while maximizing the impact of settlement resources. Communities will gain tools and knowledge to prevent substance misuse, strengthen protective factors, and build healthier futures. This approach ensures settlement dollars create lasting benefits and sustainable prevention systems.

## File Attachment Summary

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### *Applicant File Uploads*

- L&C METRO REGION BUDGET .pdf
- 501c3 from IRS (1).pdf
- csap\_strategies.pdf

**LEWIS & CLARK METRO REGION BUDGET  
PREVENTION SUPPORT SERVICES**

EXPENSE	JUSTIFICATION	YEAR 1	YEAR 2
Wages	One FTE  <b>TOTAL = \$106,080</b>	\$52,000.00	\$54,080.00
Benefits	<p><b>Year 1:</b>  Federal Taxes (7.39%) = \$3,842.80  Work comp (1.06%) = \$551.20  Unemployment (1.22%) = \$634.40  Health/vision/dental insurance \$791.09/mo = \$9,493.08  Retirement (3%) = \$780  <i>(eligible after 6 months)</i></p> <p><b>Year 2:</b>  Federal Taxes (7.39%) = \$3,996.51  Work comp (1.06%) = \$573.25  Unemployment (1.22%) = \$659.78  Health/vision/dental insurance \$791.09/mo = \$9,493.08  Retirement (3%) = \$1,622.40</p> <p><b>TOTAL = \$31,646.50</b></p>	\$15,301.48	\$16,345.02
Communication, Supplies, Equipment	<p><b>Year 1:</b>  Communications/Internet = \$125/mo  = \$1,500.00  Zoom = \$190  Computer = \$800  Printer = \$200  General Office Supplies = \$240  Ink = \$12.99/mo x 12 mos = \$155.88</p> <p><b>Year 2:</b>  Communications/Internet: \$125/mo  = \$1,500.00  Zoom = \$190  General Office Supplies = \$240  Ink = \$12.99/mo x 12 mos = \$155.88</p> <p><b>TOTAL = \$5,171.76</b></p>	\$3,085.88	\$2,085.88

<p>Prevention Activities</p>	<p><b>Information Dissemination/Media:</b> Printing of informational/promotional materials, PSA ad placement</p> <p><b>Prevention Education:</b> Curriculum, books, activity materials</p> <p><b>Activities:</b> Activity materials</p> <p><b>Community-Based Process:</b> Coalition partner support projects</p> <p><b>Environmental Approach:</b> Items to support policy enforcement</p> <p><b>Problem Identification &amp; Referral:</b> Supplies for schools to implement referral programs</p> <p><b>Training/Workforce Development:</b> Registration, training</p>	<p>\$16,906.24</p>	<p>\$19,782.70</p>
<p>Evaluation</p>	<p><b>Year 1:</b> Process Evaluation = \$3,000 Outcome Evaluation = \$3,500</p> <p><b>Year 2:</b> Process Evaluation = \$3,000 Outcome Evaluation = \$3,500</p> <p><b>TOTAL = \$13,000</b></p>	<p>\$6,500</p>	<p>\$6,500</p>
<p>Travel</p>	<p><b>Year 1:</b> <i>Augusta</i> (4 trips/yr) 154 miles/trip x 4 trips @ \$.725/mi = \$446.60</p> <p>Lincoln (4 trips/yr) 112 miles/trip x 4 trips @ \$.725/mi = \$324.80</p> <p><i>Helena</i> Meetings w/ schools, coalitions, stakeholders, media, etc.</p> <p>50 miles/mo x 12 mos @ \$.725/mi = \$435.00</p>	<p>\$1,206.40</p>	<p>\$1,206.40</p>

	<p><b>Year 2:</b>  <i>Augusta</i> (4 trips/yr)  154 miles/trip x 4 trips @ \$.725/mi  = \$446.60</p> <p><i>Lincoln</i> (4 trips/yr)  112 miles/trip x 4 trips @ \$.725/mi  = \$324.80</p> <p><i>Helena</i>  Meetings w/ schools, coalitions,  stakeholders, media, etc.</p> <p>50 miles/mo x 12 mos @ \$.725/mi  = \$435.00</p> <p><b>TOTAL = \$2,412.80</b></p>		
Requested amount	\$195,000 for a 2-year project	\$95,000.00	\$100,000.00

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: NOV 25 2016

YOUTH CONNECTIONS FOUNDATION  
1025 NORTH RODNEY  
HELENA, MT 59601

Employer Identification Number:  
46-2455282  
DLN:  
17053218301016  
Contact Person:  
SHAWNTEL R SANDERS ID# 31456  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
June 30  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990/990-EZ/990-N Required:  
Yes  
Effective Date of Exemption:  
November 15, 2015  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

Based on the information you submitted with your application, we approved your request for reinstatement under Revenue Procedure 2014-11. Your effective date of exemption, as listed at the top of this letter, is retroactive to your date of revocation.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar

Letter 947

YOUTH CONNECTIONS FOUNDATION

to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities,  
which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,



Jeffrey I. Cooper  
Director, Exempt Organizations  
Rulings and Agreements

# CSAP STRATEGIES

The Center for Substance Abuse and Prevention (CSAP) strategies were developed and approved by the Substance Abuse Mental Health Services Administration (SAMHSA).

Category	Examples of Programs/Activities
<p><b>Alternative Activities (Cultural Programs):</b> Activities that involve participation by targeted groups/individuals that purposefully exclude alcohol and other substances by way of providing prosocial and healthy alternatives.</p>	<ul style="list-style-type: none"> <li>• <b>Youth Cultural Program</b></li> <li>• Community Drop-In Centers</li> <li>• Community Service Activities</li> <li>• Drug-Free Social Recreational Activities</li> <li>• Mentoring Programs</li> <li>• Youth/Adult Leadership Activities</li> </ul>
<p><b>Community-Based Process:</b> Providing an organized forum to enhance prevention activities by forming a group. The group organizes, plans, and implements prevention activities through this format.</p>	<ul style="list-style-type: none"> <li>• Community Team Building</li> <li>• Systematic Strategic Planning</li> <li>• Multi-agency Coordination &amp; Collaboration/Coalition</li> <li>• Community Prevention Coalition</li> </ul>
<p><b>Education:</b> Activities to provide education to identified group/individuals aimed at teaching decision-making skills, refusal skills, parental management skills, social skill development etc. Education activities involve two-way communication and involve an educator teaching participants.</p>	<ul style="list-style-type: none"> <li>• <b>Traditional Teaching</b></li> <li>• Ongoing Classroom &amp;/or Small Group Sessions</li> <li>• Parenting &amp; Family Management</li> <li>• Peer Leader/Helper Programs</li> <li>• Preschool ATOD Prevention Programs</li> <li>• Other Education Activities</li> </ul>
<p><b>Environmental:</b> Establish or change community attitudes, norms, and policies that can influence substance use occurrence within the community.</p>	<ul style="list-style-type: none"> <li>• Promoting Establishment/Review of School/Workplace Policies</li> <li>• Public Policy Efforts</li> <li>• Social Marketing Campaign</li> <li>• Social Norms Campaign</li> </ul>
<p><b>Information Dissemination:</b> Provide information about drug use, misuse, and abuse, effects of substance use on individuals. Provide information on prevention related programs and resources available.</p>	<ul style="list-style-type: none"> <li>• Brochures, Fact Sheets, Newsletters &amp; Handouts</li> <li>• Information Resource Centers</li> <li>• Health Fairs, Other Health Promotion</li> <li>• Information Lines/Hotlines</li> <li>• Media Campaign</li> <li>• Radio &amp; TV Public Service Announcements</li> <li>• Speaking Engagements</li> </ul>
<p><b>Problem Identification and Referral:</b> Identify individuals with misuse/abuse of substances in order to provide interventions that can deter those individuals of continued misuse through education and motivation strategies.</p>	<ul style="list-style-type: none"> <li>• DUI Education Programs</li> <li>• Employee Assistant Programs</li> <li>• Student Assistant Programs</li> </ul>

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**Resources:**

Efforts to Outcomes (ETO) Data Collection Resource: IOM Classifications and CSAP Primary Prevention Strategy Definitions. Colorado Division of Behavioral Health. 10/6/2010

Prevention Definitions and Strategies. Delaware Health and Social Services  
<http://www.dhss.delaware.gov/dsamh/files/pds.pdf>

Principles of Substance Abuse Prevention. Substance Abuse and Mental Health Services Administration, Center of Substance Abuse Prevention, Division of Knowledge Development and Evaluation. DHHS Publication No. (SMA)01-3507. 2001