



This document will be updated on an ongoing basis. Check frequently for updates.

Cannabis and Substance Use Prevention Grant

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Purpose of this document

The purpose of this document is to provide information on the Cannabis and Substance Use Prevention Grant funding. It is intended to be a source of information regarding funding, invoicing, reporting, initial grant workplans and activities, and basic expenditure questions. **This is a living document – as the program develops this document will be updated and sent to grantees.** If you do not see the information you need, contact the MDH Office of Statewide Health Improvement Initiatives at health.csup.MDH@state.mn.us.

Source of funding

Funding for the Cannabis and Substance Use Prevention Grant comes from the state general fund (i.e., state tax dollars). During the 2023 legislative session, local and tribal public health agencies in Minnesota were given ongoing funding focused on cannabis prevention beginning in FY25 (Chapter 121 - MN Laws; Article 1). When the Cannabis conference report passed it contained language changing how the local and tribal cannabis funding could be spent (Chapter 121 - MN Laws; Article 3). Eligible uses of the funds include prevention of use of other substances, including cannabis, using the following language: *"The commissioner of health shall distribute grants to local health departments and Tribal health departments for the departments to create prevention, education, and recovery programs focusing on substance misuse prevention and treatment options. The programs must include specific cannabis-related initiatives."* It also makes similar changes to MDH's youth prevention focused funding to expand use to additional substance prevention. To implement this new funding, the Minnesota Department of Health (MDH) is building out a new Cannabis and Substance Use Prevention Grant Program within the Office of Statewide Health Improvement Initiatives (OSHI).

Funding formula

Built of the work of SCHSAC to develop formulas for the Response and Sustainability Grant and Foundational Public Health Responsibility funds, the formula used to distribute the Cannabis and Substance Use Prevention funds will ensure every CHB have a sizeable base; take into account social vulnerability and population size; and account for the need for coordination across counties:

- Base annual funding of \$70,000 to each community health board
- Allocate a \$5000 per county allotment for multi-county CHBs
- Allocate 75% of the remaining funding to population
- Allocate 25% of the remaining funding to SVI county ranking

Workplan and budget

Community health boards will be required to submit a workplan identifying planned activities and budget for the Cannabis and Substance Use Prevention Grant. Basic initial directions on this workplan and budget is outlined in this document below. The workplan asks for the community health board's proposed activities related to cannabis and substance use prevention. Community health boards can choose to address any or all Cannabis and Substance Use Prevention areas.

Grant cycle and invoicing

Grant cycle

Timeline reflects FY2025 Cannabis and Substance Use Prevention Grant cycle and carry-forward timeline. Cannabis and Substance Use Prevention Grant funds remaining as of June 30, 2025, may be carried forward; however, these carry-forward funds must be spent by June 30, 2026.

Invoice

The invoice for reimbursement of Cannabis and Substance Use Prevention Grant expenditures will be provided upon execution of the grant. Please reach out to health.csup.MDH@state.mn.us if a new invoice template is needed.

Invoice frequency

Invoicing can occur quarterly or monthly (as determined by the community health board). Invoices are due within 30 days after the end of the invoice period.

Invoices submitted quarterly are on the following schedule:

- January 1 to March 31 due April 30
- April 1 to June 30 due July 31st
- July 1 to September 30 due October 31
- October 1 to December 31 due January 31

Expenditure tracking

Cannabis and Substance Use Prevention Grant funds should be managed and accounted for as a unique funding source. Expenditures should be tracked according to standard expenditure categories as describe below.

Expenditure Categories:

- **Salary and fringe:** All employee time spent on Cannabis and Substance Use Prevention Grant activities supported by these funds.
- **Contractual:** All contracted activities supported by these funds. This should include: description of contracted services; contractor/consultant's name; length of contracted services; and contracted services budget allocation. Subcontracts over \$5,000 require approval from the Minnesota Department of Health.
- **In-state travel:** All in-state travel is supported by these funds. Travel and subsistence expenses must fall within the following guidelines outlined in the Master Grant Agreement according to the current "Commissioner's Plan."
- **Supplies and equipment:** Purchases of needed supplies to carry out the Cannabis and Substance Use Prevention Grant activities. Equipment is defined as tangible, non-expendable personal property that has a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit. Equipment over \$5,000 requires prior written approval from the Minnesota Department of Health.

- **Other:** This category contains items not included in the previous budget categories.
- **Indirect Cost Rate:** If Grantee does not have a federally approved indirect cost rate agreement, MDH will accept an indirect rate of up to 10 percent of the total direct charges.

Reporting

Community health boards will be required to report quarterly on their grant activities. This reporting will be done in REDCap or other reporting mechanism as identified by OSHII CSUP grant managers.

Grantee duties

Below are the duties for the Foundational Public Health Responsibilities Grant:

The purpose of this funding is to support the implementation of Cannabis and Substance Use Prevention Grant responsibilities by community health boards (grantees). The Cannabis and Substance Use Prevention Grant Program will use Cannabis dollars to provide funding and guidance to local public health and tribal public health on best practices for substance use prevention. The Cannabis funds shall be used to prevent use of other substances, including cannabis, using the following language: *"The commissioner of health shall distribute grants to local health departments and Tribal health departments for the departments to create prevention, education, and recovery programs focusing on substance misuse prevention and treatment options. The programs must include specific cannabis-related initiatives."*

This funding must be used to fulfill Cannabis and Substance Use Prevention Grant responsibilities as defined by the Minnesota Department of Health.

Based on statutory language (MS 144.197 subd. 4) grantees may focus on a broad range of substance types, but cannabis must be included. The main focus must be on primary prevention of substance use/misuse. These funds may not be used for treatment and recovery service provision, but they may be used to promote linkage to services, for example implementing screening, brief intervention, and referral to treatment.

More details on the cannabis and substance use prevention and education and examples of the work supported by these funds will be forthcoming. Grantees are encouraged to review resources available:

- MDH Cannabis Use in Minnesota – Baseline Assessment July 2024: [Cannabis Use in Minnesota: Baseline Assessment \(Legislative Report, 2024\) \(state.mn.us\)](https://state.mn.us/cannabis-use-in-minnesota-baseline-assessment-legislative-report-2024)
- National Academies: Cannabis Policy Impacts Public Health and Health Equity: <https://nap.nationalacademies.org/catalog/27766/cannabis-policy-impacts-public-health-and-health-equity>
- CDC Cannabis and Public Health: [About Cannabis | Cannabis and Public Health | CDC](https://www.cdc.gov/cannabis/public-health/)
- UMN School of Public Health: Cannabis Research Center: [Cannabis Research Center - Research Centers - School of Public Health - University of Minnesota \(umn.edu\)](https://cannabisresearchcenter.org/)

Duties:

1. Designate CSUP project coordinator.

2. Designate a CSUP staff person to facilitate evaluation tasks and communicate with MDH. evaluation staff and contractors.
3. Grantee shall complete, and update as necessary, proposed activities and a workplan for Minnesota Department of Health (MDH) approval in the attached workplan template. This workplan will assure compliance with funding requirements. Any changes made to the original proposal must be reviewed and approved by MDH. Workplan should include a theory of change or outcomes goals language.
 - a. First 90 days – proposed activities related to the start-up of this new grant program. Hiring staff, reviewing local data and assessing the landscape to understand needs related to Cannabis and Substance Misuse in grantee’s jurisdiction. Meet with assigned MDH Grants Manager (TBD). Participate in on-boarding grant activities as communicated by MDH.
 - b. First 180 days – In addition to start-up activities listed above, grantee will participate in required trainings and workshops to develop their capacity, skills, and understanding of best practice in substance use prevention as well as develop localized workplans and logic models to represent use of their new funding.
 - c. Ongoing workplans and activities will be updated as grantee develops community strategies to address Cannabis/Substance Use Prevention in their jurisdiction.
4. Grantee shall develop a theory of change and/or logic model that defines project goals, objectives, and activities, to inform evaluation efforts. *More detail will be provided and grantee will be supported in the development of their theory of change and/or logic model in the first half of calendar year 2025.*
5. Be sure to include the required activities and deliverables in the workplan:
 - a. Initial goals and objectives (if known) with activities to meet each.
 - b. Development and submission of at least one (1) success story annually. Success stories will highlight best practices from the program and activities. Specific guidelines and instructions will be determined and provided by MDH to grantees after funding has been awarded.
 - c. Evaluation reporting – more information forthcoming.
 - d. Initial workplan and deliverables should span the first 90 days of the grant (November 1, 2024-January 30, 2025)
6. If available include baseline measurements for all activities.
7. Participate in site visits and grant reconciliation processes with MDH.
8. Participate in regularly scheduled calls and meetings with MDH.

9. Participate in MDH-sponsored technical assistance calls, webinars, and trainings.
10. Participate in all required evaluation activities and complete progress and evaluation reports as requested by MDH.
11. Annually or on the timeline determined by MDH, the Grantee shall complete a proposed budget and submit to MDH. The budget and any subsequent changes made to the budget must be reviewed and approved by MDH.
12. Grantee shall provide requested financial and programmatic reporting information by the dates provided to them by MDH to meet funding reporting and monitoring requirements.

Overall use of funds

MDH will fund evidence-based, evidence-informed, or promising practices in cannabis and substance use education, prevention, and PSE.

Cannabis and substance use prevention best practice

Grantees will be required to include a theory of change in their workplan narrative, and are encouraged to use the Strategic Prevention Framework (SPF; <https://pttcnetwork.org/the-strategic-prevention-framework-spf/>) and socio-ecological model (Primary, Secondary, and Tertiary Prevention of Substance Use Disorders through Socioecological Strategies - National Academy of Medicine (nam.edu)).

Substance use prevention requires understanding multiple factors that influence individual choices and behaviors. The socio-ecological model guides assessment of a range of factors that influence substance use and can help identify substance use prevention strategies at different levels of ecology. The SPF is a data-driven planning process that leads organizations through assessment, capacity, planning, implementation, and evaluation steps. It is a fluid, cyclical process grounded in cultural competency and sustainability. Using data can inform planning, identify priority populations or geographic areas, and ensure strong evaluation to track changes over time.

Ask yourself

Community health boards are expected to use discretion in determining whether an expense is allowable using Cannabis & Substance Use Prevention funding. To guide this decision-making process, grantees could use the following questions:

- Best practice is to look at your mission: Does the activity align with the mission of your organization?
- Does the use of the funding meet the legislative intent of the funding?
- Does the activity have an impact on the broader populations vs. serving an individual?
- Is the item or request included in your approved budget?
- Is the cost of the activity reasonable, cost efficient, and necessary?
- Is it a good use of public funds? Would the activity be perceived by the public, potential critics, community leaders, decision makers and partners, in a positive manner?
- Does the work align with the community health board's strategic plans?

- Is the workplan clear and feasible, and does it integrate sustainability planning?
- Does the logic model describe how the goals and objectives will be met?

Allowable and unallowable expenses

Allowable expenses

Please note equipment over \$5,000 requires prior written approval from the Minnesota Department of Health.

- Costs associated with attending in-state or out-of-state conferences or trainings related to CSUP. This may include travel costs and registration fees. Out-of-state travel requires prior approval. Travel costs must align with the current [State of Minnesota Commissioner's Plan](#).
- Electronics – computers, monitors, laptops
- Electronics that support CSUP is an allowable cost. CSUP can only cover the amount of the cost equivalent to the percentage that it is used for CSUP. For example, if a computer is used by staff that is .5 FTE in CSUP, you can include 50% of the costs.
- Office furniture
 - Desks, office chairs
 - CSUP can only cover the amount of the cost equivalent to the percentage that it is used for CSUP. For example, if the office furniture is used by staff that is .25 FTE in CSUP, you can include 25% of the costs.

Unallowable expenses

Please note these are examples of **unallowable** expenses and is not an exhaustive list.

- Capital improvements, including construction costs and renovation costs
- Childcare or after school care
- Costs associated with providing direct services to individuals
- Individual treatment
- Purchase of Naloxone
- Filing cabinets
- Food purchased for meetings that do not have a direct and clear connection to CSUP
- Generators
- Health screening supplies and associated costs
- Incentives – gift cards, gas cards
- Lead test kits
- Mileage/travel expenses that support direct client services
- Radon test kits

- Refrigerators/freezers
- Travel outside of the United States
- Vaccinations
- Vehicles (including costs associated with the purchase, maintenance, and/or retrofitting)
- Water test kits
- Lobbying activities.

MDH reserves the right to seek clarification regarding a budget item or deny requests for any item listed in the budget that is deemed unnecessary for the implementation of the project.

Frequently asked questions

This section will be updated as questions come in.

10/23/2024

To obtain this information in a different format, email: health.csup.MDH@state.mn.us.