

**2018 National Awards for
Innovative Substance Abuse Prevention Programs,
Practices and Policies**

2018 Innovative Practices Awards

APPLICATION PACKET

Sponsored by



With Support From

**Substance Abuse and Mental Health Services Administration
(SAMHSA)
State and Territory Liaison & Technical Assistance Task Order
SAMHSA 270-17-0505**

APPLICATION DUE DATE: FRIDAY, MAY 25, 2018

TABLE OF CONTENTS

Acknowledgements	3
Overview of the Innovative Practices Program	4
What We Mean by “Innovative”	5
Eligibility Criteria	6
Review and Selection Process	6
Application Procedures	6
Application Instructions	7
Requirements	8
Cover Sheet	9
Abstract	9
Program Narrative	9
Application Cover Sheet/Nomination Form	13
Appendix A: Strategic Prevention Framework	14
Appendix B: Description of 2017 Award Winners	15
Appendix C: Application Checklist	17

ACKNOWLEDGMENTS

The National Association of State Alcohol and Drug Abuse Directors (NASADAD) would like to thank the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Center for Substance Abuse Prevention (CSAP) for its continued financial support for this project under the State and Territory Liaison & Technical Assistance Task Order, SAMHSA 270-17-0505.

We also thank members of past review panels who provided valuable feedback as we updated and revised the Call for Applications; and State Prevention Coordinators, without whom the effective and widespread dissemination of this application would not be possible.

Finally, sincerest thanks go to each organization that applies for this award. We wish our colleagues in the field continued success in these vital substance use prevention endeavors.

OVERVIEW OF THE 2018 INNOVATIVE PRACTICES PROGRAM

NASADAD is pleased to present this **CALL FOR APPLICATIONS** for the 2018 Awards for Innovative Substance Abuse Prevention Programs, Practices and Policies (**2018 Innovative Practices**). The Innovative Practices program continues to identify and honor outstanding achievements in substance abuse prevention throughout the United States that were formerly recognized under the Exemplary Awards Program.

The 2018 Innovative Practices Awards recognize exceptional substance abuse efforts, to include programs, policies and practices (henceforth to be referred to as “programs”). The Awards are intended to showcase “grassroots,” evidence-based substance abuse prevention programs and strategies that have been evaluated and may be replicated by others. As the field matures and expands, proven prevention strategies and practices are tailored to new populations and locations and adapted to address emerging problems and trends. Organizations that have implemented programs resulting in specific changes or outcomes—at either the individual, program, or community levels—are encouraged to respond to this Call for Applications.

Innovative Practices Award applicants may find CSAP’s Strategic Prevention Framework (SPF) useful to reference in describing their own program. As a process that guides the design and implementation of effective prevention strategies, the SPF is made up of five (5) distinct, related steps: **conducting a needs assessment; building capacity; developing a strategic plan; implementing activities and strategies; and conducting an evaluation.**

The five steps of the Strategic Prevention Framework (SPF) have been incorporated into this year’s Innovative Practices Awards application. Please refer to **Appendix A** for a description of the SPF.

The Innovative Practices Awards program is a significant honor and draws national attention to innovation in the field of substance abuse prevention. One to two members from each winning organization will be traveled to the **2018 NPN Conference** (www.npnconference.org) in Boston, Massachusetts, August 28-30, where they will receive their award at a formal ceremony and can showcase their program at an exhibit table during the Conference.

WHAT WE MEAN BY “INNOVATIVE”

In general, “innovative” is typically defined as having to do with new ideas, methods or products, and it is often synonymous with creativity and novelty. When it comes to the field of substance use prevention, we may wish to take a step back and broaden our view of innovation. We may ask: what makes a particular prevention program, practice, or strategy special, unique, or otherwise stand out from the others? The science behind substance use prevention programming has grown extensively with the advent of evidence-based practices. The field of substance use prevention has embraced this new model, and the Innovative Practices Awards program continues to seek out community-based initiatives that advance this critical work. Over the years, as we have reviewed the applications, we have learned that innovation may take several forms. For example, adapting a well-established, evidence-based practice designed for one specific population to serve another distinct population is completely acceptable, provided that the applicant provides a compelling explanation of the practice’s uniqueness and/or innovative characteristics.

We also know that SAMHSA’s Strategic Prevention Framework (SPF) offers a widely accepted approach and process for conducting prevention programming. What may not always be evident to prevention practitioners is that innovation may occur at each and any level of the SPF process. Perhaps your organization or community coalition has a very distinct and effective way of building capacity and/or achieving stakeholder (i.e. public officials) “buy-in” to support your initiative. What methods were used to achieve this type of effective decision-making? How did everyone end up working so well together, with one voice, to formulate a well thought out goal and plan? Ultimately, the Innovative Practices Awards Program seeks to recognize promising new ideas, originality, and creative thinking in the development and implementation of prevention programs, practices, and strategies that can be showcased as models for further adaptation and innovation.

ELIGIBILITY CRITERIA

To be considered for the Innovative Practices Awards, applicants must complete the following:

- Provide documentation that the program was nominated by an organization familiar with your work, such as a local or state governmental health department, NASADAD, NPN, CADCA, or the U.S. military, for example. **This documentation must be signed by the nominating agency.**
- **Provide documentation that your prevention program was implemented.** The primary purpose of the 2018 Innovative Practices Awards is to honor the wide array of substance abuse prevention efforts (e.g., prevention of underage alcohol consumption, prescription drug use, marijuana use, tobacco, environmental change, etc.).
- **Provide specific outcome data** that demonstrate the success of the program. Applicants should answer the question: “What differences did implementing this program, practice, or policy make in the targeted population(s) in the community?”
- Programs must have **begun implementation at least two (2) years ago.**
- Applicant programs **may not have received an Innovative Practices Award within the past four (4) years.**

REVIEW AND SELECTION PROCESS

All applications will be reviewed by a panel of prevention and health care professionals. The reviewers will thoroughly review the applications and determine those that will be awarded “Innovative Practice” status, based on receiving the highest application scores, according to the scoring criteria described in the program narrative beginning on page 9 of this application.

APPLICATION PROCEDURES

Application instructions and forms may be downloaded from the NASADAD website (<http://nasadad.org/exemplary-awards>). NASADAD will notify Prevention Coordinators in the 50 States, District of Columbia, and Atlantic and Pacific territories, and encourage these representatives to nominate programs in their State.

Applications must be postmarked **or** sent via email to **Tracy Flinn** at tflinn@nasadad.org by **Friday, May 25, 2018**. The cover page of each application must contain the signature

and contact information for both the applicant and the nominating agency that is nominating the applicant. **If mailing, the completed original paper application** is to be sent to the NASADAD office in Washington, DC:

ATTENTION: Innovative Practices Program
NASADAD
1919 Pennsylvania Avenue, NW, M-250
Washington, DC 20006

APPLICATION TIMELINE

Call for Applications	Week of April 9, 2018
Application DEADLINE	May 25, 2018
Panel Reviews Completed	Late May/Early June 2018
Winning Applicants Notified	Week of June 18, 2018
Feedback Letters to Non-Awarded Applicants	Week of June 18, 2018
Awards Presented during NPN Research Conference	August 28-30, 2018

APPLICATION INSTRUCTIONS

The Innovative Practices Awards application is designed to solicit detailed, descriptive information on how and why a program was created and implemented, and to capture the processes that led to the initiative's demonstrated success. This information will serve as the basis for understanding the merits of the program, as well as for scoring the application.

This application incorporates the five steps of the **Strategic Prevention Framework (SPF)**:


1. Needs Assessment
2. Building Capacity
3. Strategic Planning
4. Implementation
5. Evaluation

Please refer to **Appendix A** to learn more about the SPF process.

REQUIREMENTS


1. All responses must be **single-spaced typed** on only **one side** of the paper with **1-inch margins** and an 11 to 12-point font. All pages should be numbered and accounted for in the table of contents.
2. The total application **must not exceed 20 pages, including the cover sheet form, abstract, table of contents, organizational chart, and budget page.** Applications may be fewer pages, so long as each of the application elements is addressed.
3. **Attachments** (e.g., videos, newspaper clippings) **or appendices are NOT allowed.** All attachments will be discarded and will not be reviewed as part of the application.
4. Note that the **cover sheet form requires a signature of the program or agency director** and the **signature of the nominating organization.** These signatures indicate that the application has been reviewed and is accurate.
5. Applicants **must include the exact headings** as shown **below** in their application to present information about their program. The cover sheet, table of contents and abstract should be one page each.

- Cover Sheet (1 page)
- Table of Contents (1 page)
- Abstract (1 page)



3 pages total

- Program Narrative Headings
 - A. Philosophy
 - B. Needs Assessment
 - C. Population(s) Served
 - D. Building Capacity
 - E. Strategic Planning
 - F. Implementation
 - G. Evaluation
 - H. Program Management



17 pages
maximum

COVER SHEET

Information on the cover sheet must be completed and signed by *both* the **director of the program applying** and **an official within the organization submitting the nomination**. Please fill-out the blank cover sheet on page 13 of this packet and include it in the application, or download the Word version on the website.

ABSTRACT

A **single-spaced abstract, not to exceed one page**, must precede the narrative section of the application. The abstract should provide readers with the following basic information: "who - implemented what - for whom - how - when - where – results," and the underlying rationale or model for the program's approach, as well as highlights of the most pertinent findings from the program's evaluation.

PROGRAM NARRATIVE

Answer every question in the program narrative section using the following headings. If you are unable to answer the question in full (e.g., staff has not completed cultural competency training), explain what steps are being taken to address the situation.

A. Philosophy (10 points)

Describe the philosophical framework of the program, practice, or strategy. **Please include a statement of adherence to a "no illegal or high-risk use" message.**

Answer the following questions:

1. What is the mission statement or rationale of the program?
2. What is the philosophy or conceptual framework on which it is based?
3. How does the program's philosophy reflect a "no illegal or high-risk use" message for alcohol and drugs?

B. Needs Assessment (30 points)

Describe the steps taken to assess community needs, resources, and readiness to address the targeted population, and/or any gaps in service delivery.

Describe the collection and/or synthesis of epidemiological data to reflect the scope of substance abuse in the community. Include data tables; risk and protective factors; community assets and resources; identification of gaps in services and capacity; assessment of readiness to act; identification of priorities; and specification of baseline data against which progress and outcomes can be measured.

Describe the background and/or historical context leading to the program's development; the gaps or needs the program fills; and how the program integrates philosophy, empirical research, needs assessment, and evaluation data into its ongoing planning.

Answer the following questions:

1. What epidemiological data and/or other information are available in the community that led to the establishment of this program?
2. What type of analysis has been conducted to clarify and articulate the scope and nature of the substance abuse problem in the community?
3. What are the sound long- and short-term planning processes that include a needs assessment and reflect a research base?
4. What actions were taken to involve representatives of the target population(s) in program planning and implementation to ensure that the program is responsive to their needs?

C. Population(s) Served (20 points)

Describe the population(s) to be served by the program in this section. Describe special characteristics of the population and demonstrate that the population served is well-defined and understood by the program. This section should address a commitment to cultural sensitivity.

Answer the following questions:

1. What target population(s) does the program serve? Describe its norms, values, beliefs, practices, socioeconomic characteristics, risk and resiliency factors, cultural considerations, unique or special needs, and whether the program is community-wide or focuses on a specific population.
2. What was done to recruit and retain members of the targeted population into this program?
3. How is the staff trained in the cultural patterns of the program's target population(s)?
4. What has been done to ensure cultural competency in the program?

D. Building Capacity (30 points)

Describe the mobilization and/or building of capacity to address the needs of your program. This may involve convening leaders and stakeholders, building coalitions, or training community partners. Provide information on the program and/or agency's involvement with community coordination and networking, such as collaborative efforts and supportive relationships across agencies and systems.

Answer the following questions:

1. How does your program relate to the community's overall prevention strategy and/or systems?
2. How does your program support and make use of collaboration and linkages, especially with Federal, State, or local organizations? Include information on agency/program involvement with the community's local substance coalition, if such an entity exists.
3. What community outreach strategies do you employ?
4. What type of grassroots participation is included in your program?

E. Strategic Planning (30 points)

Articulate the strategies for organizing and implementing the appropriate prevention efforts, which are based – in large part – on the philosophical framework (or mission statement) of the program.

Describe broad **goals** and specific **objectives**. A goal is defined as what the program wants to achieve, and objectives are defined as the steps the program will take in order to reach its goal. Outcomes that will be reported should relate back to the program's goals and objectives.

Answer the following questions:

1. What are the goals and objectives of the program?
2. How do the goals and objectives directly respond to the information and epidemiological data gathered from the needs assessment?
3. How many members of the population are expected to be reached and in what timeframe?
4. What mechanisms are in place to ensure long-term program sustainability?

F. Implementation (25 points)

Describe the implementation of activities and strategies to accomplish the stated goals and objectives. Program applications must clearly describe their approach, methods, practices, or products used, including the scope, intensity, and duration of the project.

Answer the following questions:

1. What makes this program **innovative**?
2. What distinguishes this program from similar programs, strategies, or practices? *Please describe any innovative and unique features that respond to changing community needs, new developments, new population(s) or any other adaptation.*
3. How does the program **operate**? Describe in detail and identify all features critical to implementation. Include the program's scope, intensity, and duration.
4. Who is involved in conducting the activities (volunteers, staff, others)?

5. What is the infrastructure/support system used to implement this program?
6. Describe the program's ability to effect community-wide change: At what scale or level is outreach conducted? Does it succeed in changing community norms? Is there adequate capacity to elicit community-wide change?
7. What is the number of individuals in the community, and what percent of these individuals were impacted through the implementation of this program?
8. **What aspects or elements of the program can be replicated or adapted in other communities?**

G. Evaluation (40 points)

Provide information on the program's effectiveness, including verifiable data derived from information on the program's process and outcome evaluation. The primary question to answer is, **"How can I demonstrate the impact this intervention/program has had on my community?"** Evaluation results should be congruent with the program's stated goals and objectives, and should include quantifiable data.

Answer the following questions:

1. What are the major outcomes, impacts, and changes accomplished due to this program? We are looking for measures and data that demonstrate impact. **Inserting a chart of program outcomes/data with an explanation would be helpful.**
2. How do the outcomes relate to the program's goals and objectives?
3. How do the results derived from the evaluation meet the needs for which the program was designed?

H. Program Management (15 points)

Describe the organizational structure of the program and how it is managed with respect to its mission, goals, and objectives. Also include:

- 1) An **organizational chart** for the program; and
- 2) A **budget narrative** that specifies sources of income (or support) and expenses.

Answer the following questions:

1. What resources are available to the program, and how is the program able to maximize or optimize the available resources?
2. What systems are in place to help ensure effective communication and coordination among program staff and administration, consumers/clients, the media, policymakers, and others?

**2018 Innovative Substance Abuse Prevention Programs, Practices and Policies
APPLICATION COVER SHEET
(INCLUDE WITH APPLICATION)**

1. Has this intervention been submitted for an Innovative Practices Award in previous years? [Circle one]

Yes No

2. What is the primary target for this program, practice or policy? [Circle one]

Individual School-Based Family/Parent Peer/Group
Workplace Environmental/Community-Based Other

If Other, explain: _____

PROGRAM INFORMATION

Program Name _____

Agency _____

Contact Person _____ Email _____

Address _____

Phone _____ Fax _____

I have reviewed the information contained in this application and certify that it is accurate, to the best of my knowledge.

Program Director Signature

Date

NOMINATING AGENCY/ORGANIZATION INFORMATION

Agency/Organization _____

Contact Person _____ Email _____

Address _____

Phone _____ Fax _____

I have reviewed the information contained in this application and certify that it is accurate, to the best of my knowledge.

Nominating Agency Signature

Date

APPENDIX A: STRATEGIC PREVENTION FRAMEWORK (SPF)¹

The **Strategic Prevention Framework (SPF)** is a SAMHSA series of guiding principles that can be operationalized at the Federal, State, and community levels. The SPF is an approach built on community-based risk and protective factors for prevention and is designed to:

- Prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking;
- Reduce substance abuse-related problems in communities; and
- Build prevention capacity and infrastructure at the State and community levels.

The SPF is a logic process that entails five (5) related steps:

1. **Conduct a needs assessment** – Develop a profile of community needs, resources, and readiness to address the problems and gaps in service delivery. An important feature of this step is the collection of epidemiological data that includes an assessment of the magnitude of the substance abuse problem in the community, and an assessment of risk and protective factors. In addition, assessments of community assets and resources, identification of gaps in services and capacity, an assessment of readiness to act, an identification of priorities, and specification of baseline data against which progress and outcomes can be measured can be accomplished under this step.
2. **Build capacity** – Mobilize and/or build capacity to address needs. Important parts of this step may include convening leaders and stakeholders; building coalitions; training community stakeholders, coalitions, and providers; and engaging stakeholders to help sustain the activities.
3. **Develop a strategic plan** – Articulate not only a vision for the prevention activities, but also strategies for organizing and implementing prevention efforts. The plan will need to be adjusted as new information comes in, and *sustainability* should be a constant thought throughout each step of planning and implementation.
4. **Implement evidence-based programs** – The findings of the needs assessments in Step 1 will inform selection and implementation of policies, programs, and practices proven to be effective in research settings and communities.
5. **Evaluate** – This final step involves monitoring progress, and evaluating the effectiveness and improving or replacing those aspects that need to be improved. Ongoing evaluation and monitoring are essential to determine if the outcomes desired are indeed achieved, and to assess program effectiveness and service delivery quality.

¹ More information about the SPF can be viewed at: <https://www.samhsa.gov/capt/applying-strategic-prevention-framework>.

APPENDIX B: DESCRIPTION OF 2017 INNOVATIVE PRACTICES AWARD WINNERS

The three programs listed below were identified by a review committee to receive the 2017 Exemplary Award for Innovative Substance Abuse Program, Policy, or Practice.

Evansville Medication Diversion

Building A Safer Evansville (BASE), a substance abuse prevention coalition, collaborated with nine key partners/sectors of the community to implement the Evansville Medication Diversion Prevention program. These community partners included the Evansville Police Department, Evansville Fire & EMS, Funeral Homes, the Evansville School District, Realtor's, Creekside Place (Senior Center), Healthcare Offices, Section 8 Housing and Employers. The program was implemented for all community members residing in the unique service area of BASE, which is the Evansville, WI School District, with a total population of 13,268 persons. Before the Evansville Medication Diversion Prevention program was implemented in the community, there was a significant number of prescription medication overdoses, increased problems in the Evansville School District with prescription medication misuse and abuse and increased thefts of prescription medications from homes in the community. The results of the program are a decrease in 30-day use of prescription medications in middle school and high school students in Evansville as reported by the Youth Risk Behavior Survey (YRBS); an increase in the proper disposal of prescription medication in Evansville as reported by the Evansville, WI Police Department; an increase in proper storage and security of prescription medication in the community of Evansville as reported by BASE; and community members in Evansville no longer identifying prescription medication misuse and abuse as a problem as reported during BASE listening sessions and Focus Groups.

OK SPF-PFS Intertribal Consortium Initiative

The Oklahoma Intertribal Consortium (OIC) is a collaborative substance abuse prevention effort between four federally recognized American Indian Tribes in Central and Southwest Oklahoma and one of the national Tribal Epidemiology Centers (TEC). This initiative seeks to demonstrate that Tribes can successfully work together, under the structured guidance of a Native Managing Entity, to reduce underage drinking and prescription drug abuse and reduce substance abuse disparities among Natives. The OIC Tribal Partners are the Absentee Shawnee Tribe, Cheyenne and Arapaho Tribes, Chickasaw Nation, and the Comanche Nation. Each of the Tribes operates within a multi-county Tribal Jurisdiction and each has Tribal government that has supported the OIC from its creation in 2010. Population within our four Tribal Jurisdictions who are Native alone, or in combination with one or more races, but self-identify as Native totals approximately 102,000 individuals. Our target within that number is the subset of youth and young adults age 12 to 25. We have developed administrative tools to keep our programs on track and in compliance with federal funding guidelines while promoting positive Native social norms.

Regarding alcohol and prescription drug misuse, our internal evaluations show both behaviors to have substantially decreased among 343 Native youth tested from 2014 to 2015. Objective measurement of our progress from the Oklahoma Prevention Needs Assessment survey also shows reductions in both these drug categories within our Tribal Jurisdictions. In 2016 among

10th grade Native Students surveyed, all four Tribal Jurisdictions decreased their alcohol use, and two were lower than the state average. Reductions in the nonmedical use of prescription drugs was quite pronounced for two Tribal Jurisdictions. The OIC model of collaboration between Tribes and epidemiologists at the Managing Entity works well and has resulted in positive behavior change about substance use among large numbers of Native youth. The work of the OIC has been recognized by our funding agency, the Substance Abuse and Mental Health Services Administration, and was visited by the US Surgeon General in 2016.

Kids Like Us

Kids Like Us (KLU) is an innovative school and community-based prevention program for an underserved, high-risk population— children whose lives are directly impacted by familial substance abuse. This multiyear, multi-strategy program is offered by the Frederick County Health Department in partnership with Frederick County Public Schools at no cost to families starting when youth are in 4th grade. Selected students participate in a 12-session weekly program led by a KLU counselor and school counselor, and this continues 1-2 times monthly with this same group of students through 8th grade (or through 12th grade for students who are part of the new pilot high school program). Students receive targeted and developmentally informed information, skills and support.

During the 2016-17 school year, KLU's community outreach resulted over 1,800 4th graders receiving prevention education and the opportunity for referral into the school-based program, which this year included 189 youth in 35 groups at a total of 24 elementary, middle and high schools. KLU's implementation methods are directly informed by research-based prevention principles including protective factors, social-emotional skills, peer support, early identification and intervention, and arts integration. During the 2014-15 school year, 95% of the counselors believed that KLU helps raise awareness about the negative impact of family substance abuse on students. Furthermore, counselors reported that KLU students seemed happier and more upbeat; appeared less socially isolated and were making new friends; and were opening up to express or address important concerns.

APPENDIX C: CHECKLIST

Before sending us your application, use this check-list to make sure we will receive all the required materials. Good luck and thank you for applying!

- Application Cover Sheet completed and **signed** by the:
 1. Program Director
 2. Nominating organization or agency

- Include the Application Cover Sheet, Table of Contents, and an Abstract (1 page each for a total of 3 pages)

- The application, in its entirety, does not exceed 20 pages.

- The application is single-spaced, typed on one side of the page, with 1-inch margins and an 11- 12-point font.

- Answer ALL questions under the Program Narrative section.

- Include an Organizational Chart for the program and a brief Budget Narrative.

- Proofread the application for clarity, comprehension, grammar and spelling.

- Please email the completed application to Tracy Flinn at tflinn@nasadad.org, OR mail a copy of the completed application (postmarked by Friday May 25, 2018) to:**

ATTENTION: Innovative Practices Program
NASADAD
1919 Pennsylvania Avenue, NW, M-250
Washington, DC 20006