

APPENDIX A: INSTITUTE OF MEDICINE (IOM) TERMS

In 1994, the National Academy of Sciences' Institute of Medicine (IOM) developed a model describing the spectrum of services in the substance abuse field.¹ The spectrum ranges from prevention to treatment to maintenance, and has become a useful model for service providers to match services with need. Within the prevention portion of the spectrum, the IOM has described three (3) domain areas for prevention interventions, universal, selected, and indicated:

Universal interventions – These interventions are designed to reach an entire population or large audience. Such interventions or services would be targeted toward people who are not identified to be at special risk of developing a substance dependency. Examples include radio messages or media campaigns.

Selected interventions – These interventions target subgroups that may be at risk of using or abusing substances. Examples of “selected” subgroups include children of alcoholics or women of childbearing age.

Indicated interventions – These interventions are meant to identify individuals who are experiencing early signs or symptoms of substance use or abuse, but do not yet meet the diagnostic criteria of substance dependency.

¹ Reducing Risks for Mental Disorders. Copyright 1994, National Academy of Sciences, National Academy Press, Washington, D.C.

APPENDIX B: STRATEGIC PREVENTION FRAMEWORK (SPF)²

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.

² More information about the SPF can be viewed at: <http://captus.samhsa.gov/access-resources/about-strategic-prevention-framework-spf>.

APPENDIX C: RELATED LITERATURE

AIDS Action. *What Works in HIV Prevention for Substance Users*, 2001.

<http://www.aidsaction.org>

Center for Substance Abuse Prevention, Substance Abuse & Mental Health Services Administration. *Science-Based Prevention Programs and Principles*, 2002, DHHS publication #(SMA) 03-3764.

Hogan, Gabrielson, Luna, and Grothaus. *Substance Abuse Prevention: The Intersection of Science and Practice*. Boston: Allyn & Bacon, 2003.

Institute of Medicine. *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*. March 2009. <http://www.iom.edu/Reports.aspx>.

National Institute on Drug Abuse. *Preventing Drug Use Among Children and Adolescents: A Research Based Guide for Parents, Educators, and Community Leaders*, 2nd edition, 2003.

<http://www.drugabuse.gov>

National Institute on Drug Abuse. *Drugs, Brains, and Behavior: The Science of Addiction*, April 2007, NIH publication # 07-5605. <http://www.drugabuse.gov/scienceofaddiction>

National Institute on Drug Abuse. *Monitoring the Future, annual*.

<http://www.drugabuse.gov/related-topics/trends-statistics/monitoring-future>.

National Institute on Drug Abuse. *Principles of HIV Prevention in Drug-Using Populations*, March 2002, NIH publication #02-4733.

National Registry of Effective Programs and Practices (NREPP). <http://nrepp.samhsa.gov>

National Research Council, Institute of Medicine. *Reducing Underage Drinking: A Collective Responsibility*, Washington: The National Academies Press, 2004.

Office of Applied Studies, Substance Abuse & Mental Health Services Administration. *National Survey on Drug Use and Health*, annual. <http://oas.samhsa.gov>

Office of National Drug Control Policy. *National Drug Control Strategy*, (annual).

<http://www.whitehousedrugpolicy.gov>

APPENDIX D: DESCRIPTION OF 2015 AWARD WINNERS

MATFORCE: Strategies to Address Prescription Drug Abuse in Yavapai County (Arizona) -

MATFORCE, the Yavapai County Substance Abuse Coalition in central Arizona, has been addressing prescription drug abuse since 2010. For the past five years, Coalition and community members implement comprehensive action plans based on the Strategic Prevention Framework (SPF) model and engage hundreds of citizens in the work needed to sustain a multi-systemic approach for addressing prescription drug misuse and abuse. The initiative focuses on five strategies: 1) Reduce access to prescription drugs; 2) Educate prescribers and pharmacists about “Rx drug best practices;” 3) Enhance prescription drug practice and policies in law enforcement; 4) Increase public awareness about the risks of prescription drug misuse; and 5) Build resilience in children and adults. As a result of Coalition efforts, Yavapai County has witnessed substantial decreases in prescription drug problems.

Community Culture of Responsible Choices (Missouri) -

The Community Culture of Responsible Choices (CCoRC) initiative, implemented from 2006-2015 in Johnson County, Missouri, was designated to reduce underage and high-risk drinking among Air Force Personnel stationed at Whiteman Air Force Base (AFB) in Johnson County, Missouri. The target population for the initiative was the approximately 700 Whiteman AFB personnel aged 18-26 years old. Based on a needs assessment, three primary problem areas were identified: 1) Driving While Intoxicated; 2) Underage Consumption of Alcohol; and 3) High-Risk Drinking. By implementing a modification of the Community Trials Program, the CCoRC Coalition built a strong, multi-agency coalition. Through implementation of enforcement operations, alcohol-free activities, and an innovative, comprehensive education campaign for Whiteman AFB, this project resulted in significant reductions in the three primary problem areas.

ICAN Be the Change (Arizona) -

Since 2006, ICAN Be the Change has operated grassroots evidence-based prevention programs that have deterred neighborhood kids from involvement in risky behaviors and preventing youth substance abuse in the City of Chandler, Arizona. In this area, youth and families experience significant poverty and other risk factors, including easy access to drugs and alcohol, high rates of use, exposure to violence and family conflict, low community attachment and commitment to school, and favorable attitudes toward drug and alcohol use/abuse. The initiative focuses on preventing underage drinking, marijuana use, and illegal use of prescription drugs. Evaluation results reveal improvements in critical protective factors; increased participation of adults and family members in prevention activities with their children and communication about underage drinking and substance use risks; decreased alcohol signage in the community; and reduced party citations and alcohol use among 10th graders.

Diversion Alert (Maine) -

Diversion Alert (DA) is a statewide program in Maine that links prescribers, pharmacists, and law enforcement in their efforts to confront prescription drug abuse. The Diversion Alert Program became a resource for prescribers in the county by increasing awareness of patients abusing or diverting prescriptions so that medical professionals could more effectively respond to and treat patients struggling with addiction; increasing awareness of the magnitude of prescription drug abuse as a means to increase health care providers’ readiness to change prescribing behaviors; delivering a resource that is easy to use; increasing access to educational resources about

responding to prescription drug abuse and diversion; and developing a strategy to link health care providers and law enforcement in their efforts to tackle prescription drug abuse and diversion. Evaluation results demonstrate significant improvements in health care professionals' communication and collaboration with patients and increased their attentiveness to prescribing practices.

APPENDIX E: CHECK-LIST

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.

- All questions under the Program Narrative section are answered or addressed.

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

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

- In addition to the original, please send us one photocopy of the application in its entirety and one electronic version to Tracy Tlumac at ttlumac@nasadad.org.

- Application must be postmarked by Friday May 6, 2016**