



Behavioral Health Services

SUBSTANCE ABUSE PREVENTION COMMUNITY PARTNERSHIP MINI-GRANT APPLICATION

Dear Community Organization/Agency:

I am pleased to announce the availability of the Region 3 Substance Abuse Prevention Community Partnership Mini-Grants. Total grant allocations of \$15,000 will be awarded to successful applicants within the 22 county area of Region 3. Mini-grant awards last year ranged from \$300 to \$1,100. Enclosed you will find guidance and instructions for completion and submission of your Mini-Grant application. The purpose of the mini-grants is to build community capacity, through partnerships and collaborations, to support and sustain substance abuse prevention efforts throughout Central Nebraska. *Post prom/Post graduation activities are not eligible for mini-grant awards.* **It is MANDATORY that all applicants phone or e-mail Tiffany Gressley at the Region 3 Prevention Center to discuss the intent of grant project during the application process.** Mini-grants are intended to have the potential for replication and/or dissemination within Region 3.

Counties served by Region 3 include; Adams, Blaine, Buffalo, Clay, Custer, Franklin, Furnas, Garfield, Greeley, Hall, Hamilton, Harlan, Howard, Kearney, Loup, Merrick, Nuckolls, Phelps, Sherman, Valley, Webster and Wheeler.

The application must be submitted **electronically** on or before **4:00 p.m., Friday, February 3, 2012** and is available online at www.region3.net. A hardcopy of the application will be mailed on request. Technical assistance for completing the application may be obtained by contacting me at (308) 237-5113, ext. 237 or (800) 321-4981.

Good Luck!

Sincerely,

Tiffany Gressley

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GOAL AND FUNDING PRIORITIES

The goal of the Region 3 Community Partnership Mini-Grant Application is to strengthen and expand Central Nebraska's substance abuse prevention efforts. Grant funding will focus on those applications that illustrate a comprehensive, community-based approach to the development of alcohol, tobacco, and other drug prevention activities and/or programs. Applicants are encouraged to place a strong emphasis on data to justify community need for the proposed project(s). There are two kinds of data that can be reported; Quantitative data (data that can be expressed in numerical terms) and Qualitative data (non-numerical data rich in detail & description).

Priority funding consideration will be given to the following;

- ❖ Implementation of strategies in 6 targeted counties in the Region 3 service area
Counties include Blaine, Custer, Valley, Howard, Greeley, and Furnas

- ❖ Implementation of evidence-based strategies targeting minority or underserved populations

CRITERIA

Grant applications should meet the following criteria;

- ✓ Provide **outcomes** that clearly illustrate how participants are expected to gain from the prevention activities proposed
- ✓ Use **data** to demonstrate community needs (i.e. Nebraska Risk & Protective Factor Student Survey data, Youth Risk Behavior Survey data, local law enforcement statistics, free and reduced lunch school statistics, town hall or focus group data)
- ✓ Strategies/programs **fall under one of the Six Federal Prevention Strategies** (see page 10) and **follow the "Best Practice" Guidelines** (see pages 11-12 for "Best Practices" guidelines and pages 13-14 for information on "Unproven Programs")
- ✓ Involvement of target group in planning primary prevention for substance abuse
- ✓ Receive technical assistance from Regional Prevention System Coordination staff

GRANT TIMELINE

February 3, 2012:	Application due electronically to Region 3 BHS
February 15/16, 2012:	Grants reviewed & selected by committee(s)
March 5, 2012:	Grant award notification/grant allocations distributed
September 7, 2012:	Mid-year grant report due
September 10, 2012:	Second half grant allocations distributed (if applicable)
March 1, 2013:	Final grant report due

Awards will be made for a twelve-month budget period from March 2012 to February 2013.

ELIGIBILITY

If more than one application is received from a locality or geographic area, submitting groups may be asked to combine their efforts into one application. Although schools are ineligible to be the applicant group or organization, affiliated school organizations, such as PTO's, SCIP teams, Drug-Free Youth Groups or Youth Leadership Groups are eligible to apply for funding. Collaboration with your local substance abuse prevention coalition is strongly encouraged. Organizations or groups who have previously received Region 3 grant funds remain eligible for funding. Disbursement of Region 3 funds can only be made to non-profit organizations with a Federal Identification Number. If the applicant group does not have a number, they may use the number of a sponsoring organization/agency. Applications submitted without a Federal Identification Number will not be considered for grant funding.

BUDGET/ALLOWABLE COSTS GUIDELINES

- ✓ The Budget Narrative and Budget Expense Sheet should include information about any/all local support obtained for the project, including a detailed description of in-kind or donated contributions.
- ✓ Region 3 may reimburse **speakers' fees or honorarium up to \$500 per speaker**. Requests for speakers must include name, title, qualifications, demonstrated expertise in their area, and other pertinent information. If the speaker has not yet been identified, consider local and state talents first.
- ✓ Funding requests must be for primary prevention activities. Region 3 **will not** provide reimbursement for intervention/treatment services such as drug kits or drug testing. Unallowable activities in primary prevention programs are any activities that were provided to clients who have a diagnosis of substance abuse or dependence.

REIMBURSEMENT AND REPORTING REQUIREMENTS

First half of grant award distributed on **March 5, 2012**.

Mid-Year Grant Report due to the Region 3 Office on **September 7, 2012** which describes activities that have occurred as a result of the grant and a budget report demonstrating how grant funds were used.

Second half of grant award distributed (if applicable) on **September 10, 2012**.

Final Grant Report due on March 1, 2013 which describes activities that have occurred as a result of the grant, evaluation summary and a budget report demonstrating how grant funds were used.

All Grant materials funded within the grant period must state that "*Funds were fully or partially provided by Region 3 Behavioral Health Services community prevention mini-grant which is supported in whole, or in part, with funds provided by the State of Nebraska and the Substance Abuse Prevention and Treatment Block Grant*".

TECHNICAL ASSISTANCE (TA)

TA is available from a Region 3 Prevention staff member to assist you in preparing your application and throughout the grant award cycle. To be considered eligible for an award, it is **mandatory** that all applicants phone or email a Prevention staff member at Region 3 to discuss the intent of the grant project during the application process.

Please contact:

- Tiffany Gressley tgressley@region3.net or 308-237-5113 ext. 237
- Jenny Brown jbrown@region3.net or 308-237-5113 ext. 265

Applicants are encouraged to review the research/resources included in this packet. Additional information on evidence-based prevention programs and the Strategic Prevention Framework (SPF) can be found online at www.samhsa.gov

Proposed Program Outline

Applications will be selected based on the potential impact of the proposed program on alcohol, tobacco and other drug prevention for communities and clarity and completeness of the grant application. **Please follow the outline described below adhering to the following headings/questions and a five-page limitation (total) for headings #1-5.**

APPLICATION FORM (*required, not scored*)

NARRATIVE APPLICATION

1. GROUP DESCRIPTION (*10 points*)

- Describe your agency, organization or group. Give a brief history/background of the group.
- Describe the overall purpose and/or **mission** of your organization and give a description of the organization's structure and leadership.
- Identify who (volunteer/staff name and title) will be responsible for implementation of the mini-grant.

2. COMMUNITY ASSESSMENT (*25 points*)

- What type of community needs have you seen that prompted you to apply for this mini-grant? Describe how the community views alcohol, tobacco and other drug use by the target population.
- Do you have **data** (qualitative/quantitative) for your community that supports the need for this prevention program? Discuss how the data illustrates what is happening in your community.
- How will this program fit into other alcohol, tobacco and other drug prevention efforts occurring in the community? Does the proposed project fill a **gap** in the community?

3. CAPACITY (*20 points*)

- How are other partners in the community involved? Identify the agencies/organizations that are collaborating on the project.

- Describe how the target population has been included/involved in the process.
 - How will your agency/organization ensure that the proposed project is culturally competent?
- 4. PROGRAM PLANNING/IMPLEMENTATION (30 points)**
- Describe your proposed alcohol, tobacco and other drug prevention program/activity/project for this grant application. Is this a new or continuing program in the community?
 - What do you expect your program to accomplish? List your **goal(s)** and the expected **outcome(s)** of the proposed project.
 - What is the **timeline** for implementing your program? (Be specific)
 - How will the grant funding you are requesting be used to achieve your goal(s)/outcome(s)? (Be specific)
 - How will this program be comprehensive **or** be a component of a comprehensive program with a long-range effect on behavior?
- 5. PLAN OF EVALUATION (15 points)**
- What is your plan to monitor and evaluate the grant project? How will you measure program success?
 - What efforts will be made to ensure the program will continue in the community?

EXPENSE WORKSHEET/BUDGET SUMMARY (*required, not scored*)

- Include a **Budget Narrative, Expense Worksheet(s)** and **Budget Summary Worksheet.**

APPLICATION CHECKLIST

- ___ Signed Application Form (you must have a Federal Identification Number)
- ___ Narrative Application: Proposed Program Outline (**5-page limit**)
- ___ Expense Worksheet (one per each project activity you intend to do)
- ___ Budget Summary Worksheet (transfer the information from the Expense Worksheets on to one Budget Summary Worksheet)
- ___ Budget Narrative (one page limit)

Application must be submitted electronically to:

Tiffany Gressley
 Prevention System Coordinator
 Region 3 Behavioral Health Services
tgressley@region3.net

Deadline is 4:00 p.m. on or before Friday, February 3, 2012.

APPLICATION FORM

Name of Applicant Organization: _____
(checks and grant funds written/mailed to this organization)

Name of Sponsoring Non-Profit Organization (If applicable): _____

Federal Tax Identification Number: _____

Primary Contact Person: _____

Mailing Address: _____

City: _____ Zip: _____ County: _____

Telephone: Work () _____ Fax: () _____

E-Mail: _____

Proposal Title: _____

Community Represented: _____

County(ies) this Project will Serve: _____

Estimated number to be directly served: _____

Priority Funding Area?: No ____ Yes _____

Length of Applicant Group's Existence: _____

Number of Members in Organization: _____

Number of Meetings held since January 2011: _____

Prevention Strategy(ies) Selected: _____

By submitting and signing this application, the applicant agrees that if the mini-grant is awarded, it will operate the program as described in the application in accordance with the grant terms. All materials funded within the funded grant period must state that "*Funds were fully or partially provided by Region 3 Behavioral Health Services community prevention mini-grant which is supported in whole, or in part, with funds provided by the State of Nebraska and the Substance Abuse Prevention and Treatment Block Grant.*"

Signature of Primary Contact Person: _____

Date: _____ Title: _____

EXPENSE WORKSHEET

The budget request should be clearly linked to the goals, objectives and services proposed for the budget period of March 2012 to February 2013. Please copy and complete one expense worksheet per program/activity that funding is being requested for. **A one page Budget Narrative with a brief explanation of itemized expenses is also required with your application**

Name of Applicant Organization: _____

Name of Activity/Program: _____

Activity/Program Estimated Completion Date: _____

	DESCRIPTION	PROJECTED COST	IN-KIND/ LOCALLY FUNDED	REGION 3 GRANT REQUEST
Lodging/Facility Rental				
Printing and/or materials				
Food and Refreshments				
Speakers Mileage and/or Fee/Honorarium				
Promotional				
Supplies				
Training Costs				
Other (Be Specific)				

BUDGET SUMMARY

Transfer information from Expense Worksheet(s) here:

Name of Applicant Group _____

Program Activity _____ Total \$ Requested _____

Program Activity _____ Total \$ Requested _____

Program Activity _____ Total \$ Requested _____

Program Activity _____ Total \$ Requested _____

Program Activity _____ Total \$ Requested _____

Program Activity _____ Total \$ Requested _____

Program Activity _____ Total \$ Requested _____

Program Activity _____ Total \$ Requested _____

Program Activity _____ Total \$ Requested _____

Program Activity _____ Total \$ Requested _____

Program Activity _____ Total \$ Requested _____

Program Activity _____ Total \$ Requested _____

TOTAL \$ _____

Center for Substance Abuse Prevention (CSAP) Six Federal Prevention Strategies

1. **Information Dissemination**: Provides awareness and knowledge on the nature and extent of alcohol, tobacco and other drug use, abuse and addiction and the effects on individuals, families and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two.
2. **Education**: Involves two-way communication, which is distinguished from the Information Dissemination category by the fact that interaction between the education/facilitator and the participants is the basis of its activities. Activities under this category are to affect critical life and social skills, including decision-making, refusal skill, critical analysis (e.g., of media messages) and systematic judgment abilities.
3. **Alternative Activities**: Operates under the premise that healthy activities will deter participants from the use of alcohol, tobacco and other drugs. The premise is that constructive and healthy activities offset the attraction to, or otherwise meet the needs usually filled by alcohol, tobacco and other drugs (ATOD) and would, therefore, minimize or eliminate use of ATOD. These activities must be directly linked to an educational or skill-building activity.
4. **Problem Identification and Referral**: Targets those persons who have experienced first use of illicit/age-inappropriate use of tobacco and those individuals who have indulged in the first use of illicit drugs and alcohol in order to assess if their behavior can be reversed through education. Prevention funds shall not be used for Employee Assistance Programs (EAP) or DUI programs beyond the point of the education component. Funding for assessment or any other activity directly linked to the inauguration of treatment must come from other designated funding sources.
5. **Community-Based Process**: Aims directly at building community capacity to enhance the ability of communities to more effectively provide prevention and treatment services for alcohol, tobacco and drug abuse disorders. Activities include organizing, planning, enhancing efficiency and effectiveness of services, inter-agency collaboration, coalition building and networking.
6. **Environmental**: Establishes or changes written and unwritten community standards, codes, ordinances and attitudes thereby influencing incidence and prevalence of the abuse of alcohol, tobacco and other drugs used in the population. Examples would include promoting the review of alcohol, tobacco and other drug use policies in schools, modifying alcohol and tobacco advertising practices, assessing events involving alcohol consumption and promoting responsible beverage service practices.

“BEST PRACTICES” PREVENTION PRINCIPLES

RISK FACTORS & PROTECTIVE FACTORS

PRINCIPLE 1

Prevention programs should be designed to enhance “protective factors” and move toward reversing or reducing known “risk factors” (Hawkins et al. 2002).

PRINCIPLE 2

Prevention programs should target all forms of drug abuse, alone or in combination, including the underage use of legal drugs (e.g. tobacco or alcohol); the use of illegal drugs (e.g. marijuana or club drugs); and the inappropriate use of legally obtained substances (e.g. inhalants), prescription medications, or over-the-counter drugs (Johnston et al. 2002).

PRINCIPLE 3

Prevention programs should address the type of drug abuse problem in the local community, target modifiable risk factors and strengthen identified protective factors (Hawkins et al. 2002)

PRINCIPLE 4

Prevention programs for adolescents should be tailored to address risks specific to population or audience characteristics, such as age, gender, ethnicity, to improve program effectiveness (Oetting et al. 1997).

FAMILY PROGRAMS

PRINCIPLE 5

Prevention programs should enhance family bonding and relationships and include parenting skills; practice in developing, discussing, and enforcing family policies on substance abuse; and training in drug education and information (Ashery et al. 1998).

Family bonding is the bedrock of the relationship between parents and children. Bonding can be strengthened through skills training on parent supportiveness of children, parent-child communication, and parental involvement (Kosterman et al. 1997)

SCHOOL PROGRAMS

PRINCIPLE 6

Prevention programs can be designed to intervene as early as *preschool* to address risk factors for drug abuse, such as aggressive behavior, poor social skills, and academic difficulties (Webster-Stratton 1998; Webster-Stratton et al. 2001).

PRINCIPLE 7

Prevention programs for *elementary school children* should target improving academic and social-emotional learning to address risk factors for drug abuse, such as early aggression, academic failure, and school dropout. Education should focus on the following skills (Ialongo et al. 2001; Conduct Problems Prevention Work Group 2002b): self control, emotional awareness, communication, social problem-solving and academic support, especially in reading.

PRINCIPLE 8

Prevention programs for *middle or junior high and high school students* should increase academic and social competence with the following skills (Botvin et al. 1995; Scheier et al. 1999): study habits and academic support, communication, peer relationships, self-efficacy and assertiveness, reinforcement of anti-drug attitudes, and strengthening of personal commitments against drug abuse.

COMMUNITY PROGRAMS

PRINCIPLE 9

Prevention programs aimed at general populations at key transition points, such as the transition to middle school, can produce beneficial effects even among high-risk families and children. Such interventions do not single out risk populations and, therefore, reduce labeling and promote bonding to school and community (Botvin et al. 1995; Dishion et al. 2002)

PRINCIPLE 10

Community prevention programs that combine two or more effective programs, such as family-based and school-based programs, can be more effective than a single program alone (Battistich et al. 1997).

PRINCIPLE 11

Community prevention programs reaching populations in multiple settings—for example, schools, clubs, faith-based organizations, and the media—are most effective when they present consistent, community-wide messages in each setting (Chou et al. 1998).

PREVENTION PROGRAM DELIVERY

PRINCIPLE 12

When communities adapt programs to match their needs, community norms, or differing cultural requirements, they should retain core elements of the original research-based intervention (Spoth et al. 2002b), which include: Structure (how the program is organized and constructed); Content (the information, skills, and strategies of the program); and Delivery (how the program is adapted, implemented and evaluated).

PRINCIPLE 13

Prevention programs should be long-term with repeated interventions (i.e. booster programs) to reinforce the original prevention goals. Research shows that the benefits from middle school prevention programs diminish without follow-up programs in high school (Scheier et al. 1999).

PRINCIPLE 14

Prevention programs should include teacher training on good classroom management practices, such as rewarding appropriate student behavior. Such techniques help to foster students' positive behavior, achievement, academic motivation, and school bonding (Ialongo et al. 2001).

PRINCIPLE 15

Prevention programs are most effective when they employ interactive techniques, such as peer discussion groups and parent role-playing, that allow for active involvement in learning about drug abuse and reinforcing skills (Botvin et al. 1995).

PRINCIPLE 16

Research-based prevention programs can be cost-effective. Similar to earlier research, recent research shows that for each dollar invested in prevention, a savings of up to \$10 in treatment for alcohol or other substance abuse can be seen (Pentz 1998; Hawkins 1999; Aos et al. 2001; Spoth et al. 2002a).

Taken from Preventing Drug Use Among Children and Adolescents: A Research-Based Guide for Parents, Educators, and Community Leaders (second edition): National Institute on Drug Abuse, October 2003

www.nida.nih.gov

Prevention Strategies Not Shown To Be Effective

Strategy with Examples	Why these strategies appear to be ineffective	References for more information
Instructional Programs With a focus on Information Dissemination, Moral Appeal, Self-Esteem Enhancement, Fear Arousal, Social Influence, Expectations / Values or Goal-Setting		
<ul style="list-style-type: none"> • Awareness days, assemblies for student audiences • Scare tactics • Testimonials 	<ul style="list-style-type: none"> • One-time events demonstrate little impact. • Scare tactics can be counter productive - when exaggerated danger, false information, or biased presentations are delivered, teens tend to disbelieve the message and discredit the messenger, especially when youth have access to contrary information and experience. 	<p><i>What Does Not Work In Prevention:</i> http://www.nde.state.ne.us/federalprograms/sdfs/promisingprevpractices/IneffectiveStrat.html</p> <p><i>Research Supporting Alternatives to Current Drug Prevention Education for Young People</i> http://www.drugpolicy.org/library/skager_drug_ed2003.cfm</p> <p><i>Don't Do It! Ineffective Prevention Strategies</i> http://www.cde.state.co.us/cdeprevention/download/pdf/Ineffective_Damaging_Strategies.pdf</p> <p><i>Drug Prevention Programs Can Work: Research Findings Summary:</i> http://www.ccapt.org/pagecontent/pdf/tobler92.pdf</p> <p><i>Alcohol: No Ordinary Commodity-Research and Policy; Babor, et. al.; Oxford Press, October, 2003.</i></p>
<ul style="list-style-type: none"> • Mock car crashes 	<ul style="list-style-type: none"> • Students tend to remember the destruction, sadness or horror of the experience without relating it to their future behavior, reflection or intention – impact may be strongest on those who have already committed to not using. 	<p><i>Maine SPF SIG Strategy Approval Guide</i></p>
<ul style="list-style-type: none"> • Fatal vision goggles 	<ul style="list-style-type: none"> • Studies show that the effects of fatal vision goggles disappear after four weeks and do not result in a decrease in drunken driving behaviors. 	<p>Jewell J, Hupp SD. Examining the effects of fatal vision goggles on changing attitudes and behaviors related to drinking and driving. <i>Journal of Primary Prevention</i>. 2005 Nov. 26(6):553-65. Abstract: http://lib.bioinfo.pl/pmid:16228116</p>

Strategy with Examples	Why these strategies appear to be ineffective	References for more information
<ul style="list-style-type: none"> Self-esteem enhancement activities 	<ul style="list-style-type: none"> Programs that are characterized by very little drug information but focus on the intrapersonal skills of participants demonstrate little impact on alcohol-related behaviors. 	<p><i>Maine SPF SIG Strategy Approval Guide</i></p>
Voluntary Codes of Punishment		
<ul style="list-style-type: none"> Voluntary bans on free drinks and other promotions such as happy hour, etc. 	<ul style="list-style-type: none"> Voluntary bans are ineffective because retailers ignore the codes. In order to be effective, bans must be mandated and enforced. 	<p><i>Alcohol: No Ordinary Commodity-Research and Policy; Babor, et. al.; Oxford Press, October, 2003.</i></p>
Deterrent Punishment		
<ul style="list-style-type: none"> Making an example of offenders 	<ul style="list-style-type: none"> Parents and youth are likely to remain silent in order to protect the offender from punitive policies. Observers fear only the associated consequence of the offender. 	<p>Foster, S. E. & Richter, L. (2001). <i>Malignant Neglect: Substance Abuse and America's Schools</i>. National Center on Addiction and Substance Abuse. Columbia University. http://www.omegalabs.net/media/documents/pdf/MalNeglect.pdf</p>
Harm Reduction		
<ul style="list-style-type: none"> Designated drivers and ride services 	<ul style="list-style-type: none"> Programs that use a non-intoxicated person to drive intoxicated individuals to their destination are effective in getting drunk people not to drive but do not affect alcohol-related accidents. 	<p><i>Alcohol: No Ordinary Commodity-Research and Policy; Babor, et. al.; Oxford Press, October, 2003.</i></p>

¹ This chart has been adapted from SPF SIG materials developed by New Hampshire and Maine; additional material was added based on information from *Alcohol: No Ordinary Commodity – Research and Policy*, by Babor, et. al., Oxford Press, October, 2003.