



*Sponsored by the Washington State Department of Social and Health Services Division of Behavioral Health and Recovery in cooperation with the Office of Lieutenant Governor Brad Owen, Community Mobilization Against Substance Abuse and Violence, Office of Superintendent of Public Instruction, Department of Health Tobacco Prevention and Control, Washington Traffic Safety Commission, Washington State Liquor Control Board, and Prevention Specialist Certification Board of Washington.*

## OVERVIEW

### Goals

The goals of the Washington State Exemplary Substance Abuse Prevention Awards are to:

- **Recognize outstanding community partners and youth** engaged in substance abuse prevention efforts.
- **Focus statewide attention** on exceptional substance abuse prevention work.
- **Identify exemplary evidence-based substance abuse prevention programs with exceptional outcomes** that can be adopted or adapted by others.

### Criteria for Awards

- **Exemplary Substance Abuse Prevention Youth Leadership Awards:**

To be considered for the award, nominated groups of youth must be strong prevention advocates who demonstrate good peer leadership, teamwork, and volunteerism. Nominees shall have participated in community and or school prevention activities for a minimum of one year. Awards will be given to one small group and one large group. A small group is defined by 15 youth participants, or less, regularly involved in prevention efforts. A large group is defined by 16, or more, youth participants regularly involved in prevention efforts.

- **Exemplary Substance Abuse Prevention Awards:**

To be considered for the award, **nominated individuals, departments, coalitions, organizations, businesses, or agencies** must be strong prevention advocates. Nominators should demonstrate the nominee's leadership and community partnerships for evidence-based prevention service delivery,

community involvement in relation to the community coalition's strategic plan, and their commitment to substance abuse prevention.

- **Exemplary Substance Abuse Prevention Program Award:** (one nomination will be selected from this category)

To be considered for the award, program nominations must address all questions in question 2, page 5 to substantiate the following:

- Be in operation for a minimum of one year.
- Be focused on evidence-based substance abuse prevention. Programs that include both prevention and treatment must clearly detail the prevention component. Expected outcomes or areas of focus should include, but are not limited to, decreasing high-risk use of alcohol and drugs by adults; eliminating use of illicit drugs; preventing alcohol, tobacco, and other drug use; and reducing experimentation by young people. Program does not have to be listed as a nationally recognized Evidence-Based Practice; however it must have evidence-based research to support its goals and outcomes.
- Describe the evaluation plan and how outcome data is applied to improve program design and implementation.
- Document and demonstrate success in the form of outcome data obtained through verifiable processes.
- Describe how the program design has considered each of the Center for Substance Abuse Prevention's (CSAP) Principles of Substance Abuse Prevention. A list of the CSAP Principles is available on The Athena Forum website at:  
[http://theathenaforum.org/sites/default/files/CSAP\\_Principles\\_of\\_SA\\_Prevention.pdf](http://theathenaforum.org/sites/default/files/CSAP_Principles_of_SA_Prevention.pdf).

### **2012 Timeline**

July 10, 2012	Announcement and nomination packet distributed
<b>August 27, 2012 by 5:00 p.m.</b>	<b>Deadline for nomination submission</b>
October 15, 2012	Notify awardees
November 5, 2012	Awards Ceremony, Washington State Prevention Summit, Yakima, Washington

### **Selection Process**

A review committee with representatives from the Division of Behavioral Health and Recovery (DBHR), Office of Superintendent of Public Instruction, the Department of Health, Community Mobilization, Washington Traffic Safety Commission, and the Prevention Specialist Certification Board of Washington will conduct a review process. Reviewers will evaluate and select nominations based on the stated criteria and information provided. Every attempt will be made to ensure that awardees represent a range of demographic, ethnic, cultural, and geographic areas.

Note: Previous Exemplary Award winners may be nominated again after four (4) years if they are able to demonstrate new efforts in prevention, or a significant program expansion, enhancement, or improvement. A list of past awardees is included below.

### **Benefits of the Substance Abuse Prevention Exemplary Awards**

Awardees will be honored at the 2012 State Prevention Summit in Yakima, Washington on November 5th. The awards will recognize the efforts of dedicated individuals, successful programs, and supportive groups/organizations; celebrate their successes; and share their strategies with others in the field. Additional benefits may also include local recognition and a greater ability to market programs, recruit volunteers, and/or leverage other resources to support their work. Programs that seem suited to the rigorous national standards will be encouraged to apply for the national awards.

## Application Procedures

**NEW THIS YEAR:** Nominations may be submitted easily via Survey Monkey®. Please see link below to complete the nomination application. Nominations may also be submitted via email or fax by completing the nomination application beginning on page 4. **Keep in mind that the review committee will have only the information that you provide to assess the nominee's suitability for an award.** Nominations with missing or otherwise incomplete information will not be successful. Attachments with supporting information will not be reviewed.

If your nomination is selected, we will need at least **two digital photos** of the nominee(s) for display during the awards ceremony. PLEASE have photos, and signed DSHS photo releases for all individuals pictured, available in anticipation of your nomination being selected. The DSHS *Authorization To Release Information And Photographs* form is included at the end of this packet.

## PAST AWARDEES 2008-2011

**Exemplary Outcomes Award:** Ann Gloe and Beth Miller, Selah School District (2008).

**Exemplary Volunteer Award:** Larry Gleason, Spokane County Community Services (2008); Ron Groff, Lincoln County (2009); Shelly Mitchell (2010); and Christine Mackleit, Spokane (2011).

**Exemplary Collaborative Award:** Linda DuBois, Meridian School District (2008); Diana Nulliner and Cynthia Schroeder, Battle Ground School District (2009); and Castle Rock Police Department, Castle Rock (2011).

**Exemplary Professional:** Sharon Foster, Olympia (2011).

**Exemplary Youth Leadership Award:** Sunnyside High School Leadership Class (2008); Armani Emmal, Naches Valley Community Coalition (2009); Kent Police Youth Board, Kent (2010); Shelton High School SADD Club, Shelton (2011).

**Exemplary Youth Volunteer Award:** Skykomish High School Prevention Club (2008); V.O.I.C.E Youth Coalition, Skagit County (2009); and White Swan Dream Makers Youth Group, White Swan Community Coalition (2010).

**Exemplary Youth Project Award:** SADD Clubs; Shelton High School and Oakland Bay Junior High School (2008); Student Awareness Movement (SAM) Club, Pomeroy School District (2009); and Washington Drug Free Youth Program, Greater Spokane Substance Abuse Council (2010).

**Lifetime Achievement:** Jack Wilson (2008); Julie Grevstad (2010); Gene Uno (2010); Florence Bucierka (2011); Patricia Mouton (2011); and Terry Reid (2011).

## **Nomination Submission**

**Nominations must be received by 5:00 p.m. Monday, August 27, 2012.**

If you have any questions please contact: Julia Greeson, Prevention System Manager at 509.220.4752

**To submit your application:**

- **[CLICK HERE TO COMPLETE THE NOMINATION APPLICATION](https://www.surveymonkey.com/s/2012WashingtonPreventionAwards)** online <https://www.surveymonkey.com/s/2012WashingtonPreventionAwards> or
- Complete the form below and send by **email** to [julia.greeson@dshs.wa.gov](mailto:julia.greeson@dshs.wa.gov), or
- **Fax** to 360.725.2280; ATTN: Julia Greeson, Prevention System Manager, OPS.



## Award Nomination Application

**Name of Nominee:** (as you would like to see printed on award materials and plaques) \_\_\_\_\_

**Program Name:** if applicable (as you would like to see printed on award materials and plaques) \_\_\_\_\_

**Agency or Organization:** if applicable \_\_\_\_\_

**Nominee Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Washington, Zip Code:** \_\_\_\_\_

**Nominee Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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### Person submitting this nomination:

**Name:** \_\_\_\_\_ **Agency:** \_\_\_\_\_ **How do you know the Nominee?** \_\_\_\_\_

**Office Telephone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Washington, Zip Code:** \_\_\_\_\_

**Do you want the Award committee to contact the nominee regarding the results of the nomination?**

Yes, please contact them.  No, I will contact them myself.

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**List two references that can substantiate the information you have provided: (Required)**

1) **Name:** \_\_\_\_\_ **Email address:** \_\_\_\_\_ **Telephone number:** \_\_\_\_\_

2) **Name:** \_\_\_\_\_ **Email address:** \_\_\_\_\_ **Telephone number:** \_\_\_\_\_

## Award Categories

**Select one category that best describes the nominee:**

**Youth Leadership- Small Group (15 youth or less)**

**Youth Leadership- Large Group (16 youth or more)**

**Individual or Organization (select from drop down) Sector Represented**

- This year **one award** will be given within each of the following sector categories: youth, law enforcement, media, school, healthcare, and religious/fraternal organizations.
- **In 2013**, we will recognize efforts among the following partners: mental health, parents, local/ tribal government, volunteer/civic groups, substance abuse treatment, youth-serving, and business.

**Substance Abuse Prevention Coalition Coordinator**

**Community Coalition (with emphasis on substance abuse prevention)**

**Program (Demonstrating Exemplary Outcomes)**

## Narrative

Answers are rated on a scale of 0-4 points; scores are competitive within respective categories.

0 points = No information provided.

1 point = Answer lacks clear evidence of substance abuse prevention efforts.

2 points = Answer shows some steps in the right direction by nominee.

3 points = Answer shows good substance abuse prevention effort from the nominee.

4 points = Answer clearly demonstrated that the nominee is exemplary, going above and beyond or exceeding expectations in the substance abuse prevention field.

The best answers will completely answer each question, **provide specific examples**, and include information in each answer that shows **how the nominee's work is exemplary among their peers**. When making the final selections, reviewers will use a group decision-making process to consider the applications' merits along with the score totals.

**1). Explain why or how the NOMINEE (individual, group, organization, or agency) is exemplary in each of the following questions. NOTE: If the nominee is a program skip to question 2.**

- A. How long the nominee has been contributing to prevention? \_\_\_\_\_
- B. Describe their substance abuse prevention activities: \_\_\_\_\_
- C. How does their substance abuse prevention work set them apart from their peers working in prevention? \_\_\_\_\_
- D. How does the nominee make efforts to better serve under-served populations? \_\_\_\_\_
- E. How does the nominee demonstrate cultural competency? \_\_\_\_\_
- F. Explain how the nominee is involved with the community or school in substance abuse prevention efforts? (Provide examples of outstanding contribution or commitment.) \_\_\_\_\_
- G. How has the nominee faced or overcome special challenges to achieve their goals? \_\_\_\_\_
- H. What has the nominee done to show that they are a leader in substance abuse prevention? \_\_\_\_\_
- I. Provide examples of strong partnerships that have been developed and how that has enhanced the substance abuse prevention efforts. \_\_\_\_\_
- J. Any additional information: \_\_\_\_\_ (optional).

**2). If nominating a PROGRAM, answer the following:**

- A. How long has the program been in existence? \_\_\_\_\_
- B. What are the program's goal(s), objective(s), and target audience? \_\_\_\_\_
- C. What are the findings of substance abuse prevention program's outcome-based evaluations? \_\_\_\_\_
- D. How the program has incorporated science-based prevention theory, such as the Risk and Protective Factor Model and Principles of Substance Abuse Prevention, into activities? \_\_\_\_\_
- E. What success has the program had with volunteers or in-kind contributions? \_\_\_\_\_
- F. Outline the program's evaluation plan (i.e., outcomes expected, tools, and timelines to measure success, process for improvement based on outcomes, etc.). \_\_\_\_\_
- G. How is collaboration and community involvement incorporated into the program's work? \_\_\_\_\_
- H. How has the program involved multiple local community sectors and the target audience in assessment, planning, implementation, and evaluation? \_\_\_\_\_
- I. Any additional information: \_\_\_\_\_ (optional).

**Thank you for submitting the nomination!**

**We recommend preparing the following items in anticipation of your nomination being selected:**

- TWO (2) Digital Photos (jpeg file) of the nominee. **Photos of groups, projects, events, or programs in action are fun ways to demonstrate efforts.** We display these photos/videos while the awardees are recognized during the awards ceremony.
- A signed Department of Social and Health Services *Authorization to Release Information and Photographs* from each person in the photos.

# Washington State Department of Social and Health Services

## AUTHORIZATION TO RELEASE INFORMATION AND PHOTOGRAPHS

<b>Authorization for publishing information about :</b>				
NAME	LAST	FIRST	MIDDLE	<b>DOB:</b>
<b>Mailing Address:</b> _____  <b>Email Address:</b> _____  <b>Release information to:</b>				
ORGANIZATION OR AFFILIATION				
<b>WA State Dept of Social and Health Services/Division of Behavioral Health and Recovery.</b>				
TELEPHONE NUMBER (INCLUDE AREA CODE)		FAX NUMBER (INCLUDE AREA CODE)		E-MAIL ADDRESS
<b>(360) 725-3763</b>		<b>360-586-0341</b>		<b>schneda@dshs.wa.gov</b>
ADDRESS		CITY		STATE
<b>PO Box 45330</b>		<b>Olympia</b>		<b>WA</b>
ZIP CODE				
<b>98504-5330</b>				
REASON FOR RELEASE				
To provide information and/or photographs for publications developed by the DSHS Division of Behavioral Health and Recovery and/or its partners and funding sources, to promote the success of prevention, intervention, treatment, recovery and aftercare services.				
<b>Authorization for release:</b>				
I authorize the Washington State Department of Social and Health Services, and the following programs if applicable, to publish information about my /my child's participation in DBHR-sponsored programs, including personal stories involving treatment for substance use, problem gambling and mental illness. I also authorize the use of my/my child's photograph. I understand that information may be provided verbally or by computer data transfer, mail, fax, or hand delivery:				
Name and address of community-based agency and contact person:				
1) _____				
2) _____				
I understand and agree to the release of information authorized in this form. I understand I may revoke this release in writing at any time, but I understand that revocation will not affect any information that was already released. A copy of this form is valid to give my permission to release records.				
AUTHORIZED BY (SIGNATURE)		DATE SIGNED		TELEPHONE NUMBER (INCLUDE AREA CODE)
PRINT NAME				
If I am not the person whose information is being released, I am authorized to sign because I am the:				
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian (attach court order) <input type="checkbox"/> Other:				

**To those receiving information under this authorization:** Federal and state laws and regulations protect the information disclosed to you. You may not release it to any other person or entity without specific written consent. You are subject to the same standards and laws of confidentiality as the originating holder of the records.