



The Richard M. Fairbanks Foundation strives to advance the vitality of Indianapolis and the well-being of its people by addressing the city's most significant challenges and opportunities.¹ The Foundation is focused on three issue-areas: education, tobacco use and opioid misuse, and the life sciences. To advance its work, the Foundation implements a three-pronged approach: strategic grantmaking, evidence-based advocacy, and cross-sector collaborations and convenings.

The Foundation is deeply concerned about the impact of the opioid epidemic, tobacco use and other substance use on the health of children and adults in Indianapolis. While it's important to address the immediate crisis, we also want to help find ways to prevent the heartbreaking and costly consequences of addiction. Through research on strategies to prevent substance use, the Foundation has learned that programs for students across elementary, middle and high school grades can be very effective in deterring substance use and improving other outcomes for students such as academic achievement, attendance and behavior.

Based on this research, the Foundation is announcing a new initiative, *Prevention Matters*, to support the identification, implementation and long-term sustainability of proven programs to help schools address substance use. The Foundation recognizes that schools need support to find the program that works best for them, prepare for effective implementation and develop a plan for sustaining the program. *Prevention Matters* will give school leaders the opportunity to access funding and technical assistance in order to effectively and sustainably implement proven programs and set their students on a path for success in school and beyond.

BACKGROUND

Substance Use in Marion County and Among Adolescents

In September 2016, the Foundation released reports on two drivers of poor health outcomes in Marion County: the ongoing high rates of tobacco use and the surge in the misuse of opioids, including prescription opioids and heroin. These reports, which were prepared by the Indiana University Richard M. Fairbanks School of Public Health at IUPUI, concluded that substance use represents a substantial problem for individuals in Marion County.

More than one in five Marion County residents smokes cigarettes, based on 2015 data, leading to substantial increases in risk of several cancers and other illnesses and lowered life

¹The Richard M. Fairbanks Foundation is a completely separate entity from Fairbanks, the nonprofit alcohol and drug treatment center.

expectancy. Drug overdose deaths in the county have risen more than six-fold from 1999 to 2015, largely fueled by the rise in the use of heroin and prescription opioids.² Beyond tobacco and opioids, other substances, including alcohol and marijuana, are also putting the well-being of individuals in Marion County at risk.

The two reports also revealed that substance use often begins in elementary or middle school and worsens through high school. Nationwide, nearly 90 percent of smokers start by age 18, and by senior year of high school, roughly one in five students reports having used a prescription drug for a non-medical reason.³ In central Indiana, which includes Marion County and surrounding counties, these same patterns hold. Among seniors at central Indiana schools, 11 percent report smoking cigarettes, 23 percent report using e-cigarettes, 33 percent report drinking alcohol and 20 percent report using marijuana in the past 30 days. Although substance use peaks among youth in high school, many students begin using drugs as early as middle school. For example, among central Indiana eighth graders, more than ten percent report drinking alcohol and five percent report using marijuana in the past 30 days.⁴

To learn more about the prevalence of evidence-based substance use prevention programs and perceptions of substance abuse, the Foundation initiated a survey of Marion County public (traditional and charter) and private schools in September 2017. The survey showed that school personnel's perceptions of substance use support these findings, with schools reporting highest concerns about marijuana, alcohol, cigarettes, e-cigarettes and both opioid prescription drugs (like OxyContin) and non-opioid prescription drugs (like Xanax).

Initiation of substance use in middle and high school may lead to life-long struggles with substance use and associated negative outcomes. Intervening during school-age years, even as early as elementary school, has the potential to prevent substance use and put children on a path for success in school and as adults.

Evidence-Based Substance Use Prevention Programs for Schools

School-Based Substance Use Prevention as an Effective Strategy

Effective substance use prevention programs exist and, when implemented well, can substantially lower substance use and improve students' well-being in other ways, too. Given how much time youth spend in the classroom, school-based substance use prevention programs in particular are uniquely positioned to address these issues early on before they become more serious.

The Foundation-commissioned reports from the Richard M. Fairbanks School of Public Health identify school-based prevention as an effective way to reduce rates of tobacco use and opioid misuse. The State of Indiana's strategy for addressing substance use further

² Drug overdose deaths are reported in the Centers for Disease Control and Prevention's (CDC) WONDER database.

³ Data on initiation of smoking come from the CDC's webpage on *Youth and Tobacco Use*. Data on non-medical use of prescription drugs by the end of high school come from Monitoring the Future's 2016 *National Survey Results on Drug Use*.

⁴ Data from Central Indiana high school and middle school students come from the 2017 *Indiana Youth Survey*.

emphasizes the importance of efforts to “identify and support the implementation of age-appropriate evidence-based addictive substance use and misuse prevention programs for children and youth.” This is echoed by the United States Surgeon General’s 2016 *Facing Addiction* report, which notes the cost-effectiveness of several school-based prevention programs and highlights programs at the elementary, middle and high school levels that have strong evidence for reducing the use of alcohol, tobacco, marijuana, prescription drugs and other drugs.

Defining Evidence-Based Substance Use Prevention Programs

“Evidence-based” programs are those with high-quality research showing short- and, in some cases, long-term reductions in the use of alcohol, tobacco, marijuana, prescription drugs and other drugs. This research goes beyond simply measuring whether students acquired specific information or skills toward measuring actual changes in behavior and student outcomes. To assess these impacts, researchers use randomized controlled trials, the “gold standard” in measuring program impact, and similar approaches. Aside from reductions in substance use, there is also evidence that many of these programs can improve outcomes like academic achievement and attendance and address behavior issues like bullying, violence, fighting, delinquency and risky sexual behavior.⁵

Evidence-based substance use prevention programs teach decision-making, communication, emotional self-regulation and other skills, in addition to providing information about the risks of alcohol, tobacco and other drugs. While a major goal of these programs is to help students make better choices regarding substance use, they are also designed to promote self-esteem, self-control and social competence, which are protective factors against not just substance use but other behaviors, too, like violence or delinquency. Some even have specific components targeting these behaviors.⁶

Evidence-based substance use prevention programs are generally curriculum-based and taught during school hours over several class sessions. These programs are available at the elementary, middle and high school level and have been tested in a variety of school settings, including urban and low-income settings and among students of different racial backgrounds. While some are targeted to specific drugs, such as tobacco or alcohol, many are designed to address drug use broadly and have shown impacts on a variety of drugs. Programs may be either universal (i.e., provided to all students) or targeted (i.e., provided only to students at higher risk of substance use or who are already involved in substance use).

⁵ Information on evidence-based substance use prevention programs comes from SAMHSA’s *National Registry of Evidence-Based Programs and Practices*, the Indiana Division of Mental Health and Addiction’s *Evidence-Based Practice Guide*, the U.S. Surgeon General’s *Facing Addiction* report and Blueprints for Healthy Youth Development.

⁶ For more information, see SAMHSA’s *Risk and Protective Factors* webpage.

Examples of Evidence-Based Substance Use Prevention Programs

Below is a description of four sample programs and their impact:⁷

- Good Behavior Game. Good Behavior Game, or GBG, is a classroom-behavior management strategy for elementary school, generally first or second grade, designed to reduce aggressive, disruptive behavior. The program is delivered through a classroom game played ten minutes each day. Studies of the program find reductions in aggressiveness and disruptive classroom behavior, especially for highly aggressive males. These reductions persist into middle school. By middle school, students who received the program have also been shown to be 66 percent less likely to initiate use of heroin, crack and cocaine. Longer-term studies find that by the time students who participated in the program in first or second grade were 19-21 years old, they were 50 percent less likely to have drug abuse or dependence disorders, 68 percent less likely to smoke and, among initially aggressive males, 32 percent less likely to engage in violence or criminal behavior. When enhanced with additional components related specifically to academic achievement, the program has been found to increase the likelihood of graduating high school by 18 percent and attending college by 41 percent.
- LifeSkills Training. LifeSkills Training, or LST, is a classroom-based program for middle school students. It teaches personal self-management skills, social skills and resistance skills specifically related to substance use and is taught in 30 classroom sessions of 30-45 minutes over three years. Multiple studies, across a variety of school settings, find consistent impacts on substance use and other behaviors as well. For example, one study found students who participated in the program were 28 percent less likely to smoke after a six-year follow-up, 66 percent less likely to use marijuana after a three-year follow-up and 50 percent less likely to report binge drinking in one- and two-year follow-ups, relative to similar students who did not participate in the program. In addition, these studies have found that the program led to a 32 percent drop in delinquency and 26 percent drop in fighting in a three-month follow-up. Long-term impacts have also been shown for methamphetamine use, hallucinogen use and illicit drug use, including use of narcotics like heroin and misuse of prescription drugs, as well as risky sexual behaviors and risky driving.
- Positive Action. Positive Action is a curriculum-based program for elementary and middle school that teaches self-control, communication and decision-making strategies and is designed to improve academic achievement, school attendance and problem behaviors like substance use, aggression and dropping out. It requires 15 minutes per day to deliver. Studies across multiple settings have found the program leads to not only reductions in substance use outcomes but also improvements in academic outcomes. For example, one study found that by fifth grade, students who received the program saw 15 percent lower absenteeism, 21 percent higher performance on state reading tests and 51 percent higher performance on state math tests, in addition to 47 percent reductions in tobacco use, 47 percent reduction in

⁷ Descriptions and review of evidence comes from summaries from Blueprints for Healthy Youth Development and SAMHSA's *National Registry of Evidence-Based Programs and Practices*.

alcohol use and 73 percent reduction in use of illegal drugs like marijuana and cocaine. These studies find substantial impacts on bullying, violence and disciplinary referrals and suspensions as well.

- Project Towards No Drug Abuse. Project Towards No Drug Abuse, or TND, is a classroom-based program for high school that teaches students self-control, communication and decision-making. It is taught over 12 40-minute classroom sessions. Studies of the program find students who participated in the program saw a 27 percent reduction in cigarette use, 22 percent reduction in marijuana use and 25 percent reduction in hard drug use, which includes cocaine, hallucinogens, stimulants, inhalants and other substances. In addition, studies find that students who participated in these programs were 21 percent less likely to carry weapons and 23 percent less likely to be victims of violence.

For this initiative, the Foundation has commissioned the Indiana Prevention Resource Center to develop a list of approved evidence-based substance use prevention programs. This list is based on guides from the Substance Abuse and Mental Health Administration (SAMHSA), Indiana Department of Mental Health and Addiction (DMHA), Blueprints for Healthy Youth Development and others, and is intended to identify programs that are evidence-based and appropriate for the schools participating in *Prevention Matters*. The complete list of approved *Prevention Matters* programs is available on page 15 of this document.

Ineffective Programs and Ineffective Implementation

While there are several evidence-based programs, it is important to be aware that there are other programs that do not have strong evidence of effectiveness; nonetheless, they may be commonly used in schools. The Foundation's research of schools in Marion County revealed that many schools have chosen programs that deliver a powerful and compelling message, through videos or one-hour convocations, rather than equip students with the type of skills generally taught in evidence-based programs. Although these short-term programs may be appealing, they have little to no evidence of reducing substance use and positively impacting other important student outcomes long-term. According to the Foundation's research, they may not be a good use of school resources. Implementing evidence-based prevention programs represents an opportunity for schools to better equip students with skills that have already been proven to reduce rates of substance use and improve academic outcomes as well as social and emotional well-being.

Finally, while choosing an evidence-based program is important, implementing programs correctly is also critical to achieving the substantial and sustained impacts on substance use and other student outcomes. Straying from the required lesson plan, implementing the program for a different group of students than was intended, or adapting the program in other ways will likely lead to diminished results.

Gaps in the Use of Evidence-Based Substance Use Prevention Programs at Schools

The Foundation's survey of Marion County elementary, middle and high schools in September 2017 revealed significant gaps in the use of evidence-based substance use prevention programs in Marion County, with just 11 percent of respondents implementing an evidence-based substance use prevention program.

The survey further revealed that even those that are implementing an evidence-based program face obstacles that prevent them from implementing the program with fidelity (i.e., as it was designed). Not implementing the program with fidelity—by administering the program to inappropriate grades or only delivering part of the required curriculum, for example—compromises program effectiveness.

Feedback from local school leaders, teachers, social workers, counselors and other personnel, indicates that they are eager to participate in efforts to improve student well-being, but they face a number of barriers that limit their ability to successfully implement effective substance use prevention programs. Many simply may not be aware of effective programs that are appropriate for their student population and that align with the school's goals around academic achievement, behavior or other outcomes. Many also cite insufficient time during the school day for teachers and other key staff, given their other responsibilities. Lack of funding is another significant obstacle.

Despite these barriers, several schools in Indiana and across the country have effectively implemented and sustained evidence-based programs. Many have experienced substantial improvements in the well-being of their students, measured both by reductions in substance use and improvements in academic and behavior outcomes months and, in some cases, years after the program was provided.

The goal for *Prevention Matters* is to help alleviate barriers and enable schools to select and successfully implement evidence-based substance use prevention programs that can be sustained longer-term. The Foundation believes this will help schools improve academic and behavioral outcomes for their students while also lowering rates of substance use in Marion County.

GRANT OPPORTUNITY SUMMARY

To reduce substance use and improve other outcomes for Marion County students, the Foundation is offering *Prevention Matters* with the aim of assisting Marion County schools in (1) developing plans for implementation of evidence-based substance use prevention programs and (2) effectively implementing these programs with their students long-term.

For the purposes of *Prevention Matters*, “evidence-based substance use prevention programs” include those programs listed on IPRC's Approved List of Evidence-Based Programs, which have high-quality evidence for reducing use of substances including alcohol, tobacco, opioids or other drugs (see page 15). As discussed in the previous section, these programs are generally curriculum-based, take place over multiple classroom sessions,

and teach students decision-making, communication, self-regulation and other skills designed to help students make better choices regarding drug use and improve student outcomes in other ways, too.

Important note: For this initiative, the Foundation will only consider funding applications committed to implementing evidence-based substance use prevention programs as designed. Although the Foundation believes that innovation is important, this initiative is limited to supporting programs that have already proven their effectiveness when implemented with fidelity, given the urgency of the substance use crisis facing Marion County. There already exist a number of proven and effective substance use prevention programs, and the Foundation is prioritizing these proven prevention programs with its limited resources.

Prevention Matters includes two stages: a non-competitive planning grant stage and a competitive implementation grant stage. Planning grant recipients will receive funding as well as technical assistance from experts in school-based substance use prevention so that school personnel may learn more about evidence-based prevention programs and develop detailed plans for effective implementation in their school or schools. Implementation grant recipients will receive funding for three years of implementation in their school or schools. Only planning grant recipients will be eligible to submit an implementation grant application.

The Foundation expects to award up to a total of \$12 million in planning and implementation grants. The number and total dollar amount of planning grants awarded will depend upon the number of eligible planning grant applications received. The number and total dollar amount of implementation grants will depend upon the amount of planning grants awarded, the number and quality of implementation grant applications received, and the amount of funding requested in the implementation grant applications.

All Marion County public (traditional, charter and innovation network) and accredited private K-12 schools are eligible to participate in *Prevention Matters* and should apply under one of the following categories:

- School corporations with enrollment of more than 15,000 students. For the purposes of this initiative, the Archdiocese of Indianapolis will also be recognized in this category as a school corporation with enrollment of more than 15,000 students.
- School corporations with enrollment less than or equal to 15,000 students.
- Charter school networks and private school organizations representing more than one school site (this includes private and religious school organizations that are not part of the Archdiocese of Indianapolis). An individual charter or innovation network school that is operated by a charter school network operating more than one school in Indianapolis may not apply separately for a *Prevention Matters* grant. Instead, a charter school network that operates multiple schools must file a single application on behalf of all of the schools in Indianapolis that it operates.

- Individual, single-site schools that are not part of a school corporation, charter school network or private school organization (this includes individual, single-site private and religious schools that are not part of the Archdiocese of Indianapolis).

Please note that new schools scheduled to open in the fall of 2018 are eligible for *Prevention Matters* and should apply for funding within the appropriate category as described above.

GENERAL CONSIDERATIONS AND GUIDELINES

In preparing planning and implementation grant applications, schools are encouraged to take into account the following considerations and guidelines:

- **Eligibility.** Only K-12 schools located within Marion County, Indiana, are eligible for *Prevention Matters* funding. Because evidence-based prevention programs for schools are generally oriented toward traditional K-12 students, schools that serve an adult population are not eligible for funding as part of *Prevention Matters*. Additionally, eligible applicants must provide proof of their tax-exempt status. Federal tax laws under the Internal Revenue Code require the Foundation to verify an entity's tax-exempt status prior to making a grant payment.
- **Technical Assistance Providers.** Planning grant recipients are required to engage with the Foundation's technical assistance providers during the planning process. The Foundation has selected these technical assistance providers due to their expertise in assisting schools in implementing evidence-based programs with fidelity. The technical assistance is being offered free-of-charge in order to help schools select the program that best fits the needs of their students and teachers and plan for successful program implementation. Technical assistance providers will reach out to all planning grant recipients to identify recipients' technical assistance needs and develop a plan for addressing those needs. Technical assistance will involve a combination of group meetings and one-on-one consultation. **Important note:** Technical assistance providers will *not* write schools' grant applications.
- **Information Sessions.** The Foundation will host information sessions for prospective planning grant applicants to provide further information on *Prevention Matters* and answer questions.

Information Sessions for School Corporations and the Archdiocese of Indianapolis:

- Tuesday, January 23, 2018, 11:30 a.m. – 1:00 p.m. (lunch provided)
- Monday, January 29, 2018, 3:30 p.m. – 5:00 p.m.

Information Sessions for Charter School Networks, Private School Organizations and Individual, Single-Site Schools that are not part of a Corporation, Charter School Network or Private School Organization (This includes private and religious schools that are not part of the Archdiocese of Indianapolis.):

- Tuesday, January 23, 2018, 3:30 p.m. – 5:00 p.m.

- Monday, January 29, 2018, 11:30 a.m. – 1:00 p.m. (lunch provided)

All Information Sessions will be held in the Community Room at WFYI, 1630 N. Meridian Street, Indianapolis, IN 46202.

The Foundation is also offering the following webinars for applicants who cannot attend an information session:

Webinar for School Corporations and the Archdiocese of Indianapolis:

- Thursday, January 25, 2018, 11:30 a.m. – 1:00 p.m.

Webinar for Charter School Networks, Private School Organizations and Individual, Single-Site Schools that are not part of a Corporation, Charter School Network or Private School Organization (This includes private and religious schools that are not part of the Archdiocese of Indianapolis.):

- Thursday, January 25, 2018, 3:30 p.m. – 5:00 p.m.

Prospective applicants are strongly encouraged to attend one of these sessions and may RSVP on the *Prevention Matters* website, RMFF.org/PreventionMatters.

- Program Selection. Schools should work with technical assistance providers to review the list of approved evidence-based prevention programs and select the program that best meets the needs of their school(s).
- Pilot vs. School-/Corporation-Wide Program Delivery. In deciding the scope of timing of implementation, applicants should consider the following:
 - Because evidence-based prevention programs are appropriate for specific grade levels, schools should not feel obligated to develop a plan that serves all grade levels. Rather, they should identify the grade level(s) they wish to reach with prevention programming and select an evidence-based program that is appropriate for that grade level or those grade levels.
 - Similarly, school corporations should consider whether they wish to implement prevention programs in a single grade across the school corporation, or among a select number of grades in a select number of schools. This decision will be based in part upon which program is selected.
 - Applicants may also decide to implement their prevention program in a phased manner, expanding the program's delivery to more students/schools over the course of the implementation grant period.
 - Within the implementation grant application, applicants should provide their rationale for the grade levels and schools they have identified to receive the prevention program and any phased approach to expanding the program's delivery over the implementation grant period. Applicants will also be asked

to identify how they would reduce the scale of their plans if they receive less implementation grant funding than the amount requested.

- Community Partners. Applicants should consider whether outside community organizations such as mental health providers, health systems, nonprofit groups, higher education providers or the Marion County Public Health Department can help implement sustainable, evidence-based prevention programs. If such a partnership is established, the implementation grant application must still come from the school, school corporation or school network. The application must also include a letter from the identified community partner(s) describing the nature of the existing and/or new partnership, the organization's capacity to support a partnership, and the resources committed by the partnering organization(s) to support implementing an evidence-based prevention program with fidelity.
- Partnering with Other Schools and School Corporations. If, during the planning grant stage, two or more schools, school corporations, charter school networks or private school organizations determine they could implement an evidence-based prevention program more effectively and sustainably by collaborating with each other, they may submit a joint implementation grant application. The joint application must still adhere to the appropriate per-student program cost as described in the "Implementation Grant" section below.
- Evaluation Criteria. Implementation grant applications demonstrating the following will be given special consideration:
 - Commitment to implementing an evidence-based substance use prevention program.
 - Commitment to implementing the program with fidelity, including selecting a program that is appropriate for the students who will be receiving the program, properly training teachers or others to teach the curriculum and ensuring all components of the curriculum are presented to students.
 - Commitment to working with the Foundation to develop a strategy to evaluate whether the program is effectively implemented and has an impact on outcomes of interest. This may include conducting "fidelity checks" of substance use prevention programs to ensure the program is being delivered as designed and/or collecting data on substance use, disciplinary referrals, classroom behavior, academic outcomes or other outcomes of interest to applicants.
 - Creation of and commitment to a feasible plan to sustain the program beyond the three years of implementation grant funding from the Foundation. This may include efforts to incorporate additional sources of funding beyond the Foundation during the three-year implementation grant period.

GRANT DEADLINES, SUBMISSION INSTRUCTIONS AND APPLICATION REQUIREMENTS

Planning Grant

Application Deadline: February 16, 2018 at 11:59 p.m.

Prevention Matters planning grants will allow applicants to determine whether to pursue an implementation grant and, if so, to develop their implementation grant application. Planning grant funds may cover time for teachers, leaders and other staff to work with technical assistance providers to select the most appropriate evidence-based prevention programs and identify how to incorporate prevention into their school schedule and curriculum. Planning grants may cover hiring consultants to assist with this process as well (e.g., grant writing assistance). Planning grants may also cover costs of meetings with parents and other community members to discuss school-based prevention, as well as site visits to schools already doing exemplary prevention work.

Planning grants are non-competitive for eligible schools. However, final decisions will be at the sole discretion of the Foundation.

To apply for a planning grant, applicants will need to complete the *Prevention Matters* planning grant online application at <https://rmff.fluxx.io/>. The application will ask for the following information:

- Issues of substance use and related concerns among the applicant's student population and other issues the applicant might address through a substance use prevention program, such as academic achievement, attendance or behavior issues. Such data may be available via the Youth Risk Behavior Surveillance System (YRBSS) and the Indiana Youth Survey (INYS). Applicants may also request planning grant funding to research this student-level information if little to no data exist.
- If the applicant is currently implementing substance use prevention programs, description of these efforts, areas where the applicant would like to improve its substance use prevention efforts, and current barriers to improving the applicant's substance use prevention efforts.
- Discussion of strategies, individuals/organizations and activities to be supported by the planning grant, including the school leaders, other school personnel, students, parents, and/or community partners who will be invited or have agreed to participate in the planning process. Applicants should consider the necessary approval process to implement new curriculum programs when determining which school personnel to involve in the planning process.
- Discussion of the applicant's commitment to working with a Foundation-approved technical assistance provider in selecting a program, developing a sustainable plan for implementing the program as designed, and any additional planning support the applicant will seek from the technical assistance provider during the planning period.

- Planning grant amount requested. Planning grant amounts will be based on the applicant's organizational structure and enrollment as follows:
 - School corporations with enrollment* of more than 15,000 students and the Archdiocese of Indianapolis may request up to \$40,000.
 - School corporations with enrollment* less than or equal to 15,000 students may request up to \$30,000.
 - Charter school networks or private school organizations representing more than one school site may request up to \$20,000.
 - Individual, single-site schools that are not part of a corporation, charter school network or private school organization may request up to \$15,000.

Note that if planning grant funds remain following the submission of an implementation grant application (or if no such application is submitted), schools will have until December 31, 2018, to expend those funds for the purposes that enhance the applicant's substance use prevention programs. A report on the activities pursued during the planning grant process and an accounting of how the planning grant funds were used will be due to the Foundation by January 31, 2019.

**The number of enrolled students will be the number enrolled as of September 15, 2017, as reported on the Indiana Department of Education website.*

Applicants will also be required to upload the following supporting documents:

- Line-item budget and budget narrative tied to the proposed grant activities. While no particular budget format must be followed, typical grant categories include: personnel, stipends, professional development, conferences, travel, external consultants, curriculum resources and technology.
- Letter of support or endorsement from the superintendent, principal or other relevant school leader.
- Richard M. Fairbanks Foundation Tax-Exempt Status Form, available as a download on the grant application portal.
- Internal Revenue Service (IRS) 501(c)(3) Determination Letter.

Planning grant applications are due by **11:59 p.m. on February 16, 2018**. The Foundation will notify applicants about planning grant approvals on March 2, 2018.

Implementation Grant

Application Deadline: May 25, 2018 at 12:00 noon

The Foundation expects that each *Prevention Matters* planning grant recipient will use the grant to help decide whether to apply for an implementation grant, and if so, to prepare the

implementation grant application. *Prevention Matters* implementation grants will be awarded on a competitive basis.

Important note: Only planning grant recipients may apply for implementation funding. The implementation grant will cover three years of implementation. Successful applications will describe a feasible plan for implementation of an evidence-based prevention program, as well as a detailed and reasonable plan for sustaining the program beyond the three years of Foundation funding.

To apply for an implementation grant, eligible applicants must complete the *Prevention Matters* online implementation grant application at <https://rmff.fluxx.io/>. The implementation grant application portal will open on March 5, 2018. The application will ask for the following information:

- Discussion of planning grant activities and outcomes.
- Discussion, including rationale, of the evidence-based substance use prevention program(s) chosen for implementation.
- Discussion of the applicant's plans to launch the program(s), including the start date for program implementation, grade levels served by the program(s) in each year; whether the program will be offered to all students in the selected grade levels or a targeted population of students; the teachers and other staff who will be responsible for implementing this program and required upfront and ongoing training; and a description of when the program will be offered to students, including frequency and duration of sessions.
- Identification of any community partners or external organizations that will be involved in implementation and descriptions of their roles and responsibilities. Any community partners identified must provide a letter of support affirming their commitment.
- Description of plans to ensure the program is implemented according to established design parameters and sustained following the Foundation's three years of implementation grant funding.
- Description of plan for evaluating the program's implementation and its impact on outcomes. This should include discussion of what the applicant hopes to learn through the evaluation (e.g., whether the program is being effectively implemented, impact of the program on student outcomes, ways to improve effectiveness) and what data the applicant might collect (e.g., administrative data on academic outcomes or disciplinary referrals, surveys of teachers or other staff regarding their impressions of the program, surveys of students).
- Implementation grant amount requested. The Foundation anticipates that the amount requested in the implementation grant application will reflect the applicant's

selection of an evidence-based substance use prevention program that best meets the applicant's needs. Applicants should give strong consideration to an appropriate per-student program cost that can be sustained beyond the Foundation's three years of support. The implementation grant amount requested should also reflect updated student enrollment as of February 1, 2018. Applicants will be asked to identify how they would reduce the scale of their plans if they receive less implementation grant funding than the amount requested. Implementation grants may be used during the grant period beginning July 21, 2018, through June 30, 2021.

Applicants will also be required to upload the following supporting documents:

- A detailed line-item budget and budget narrative tied to the proposed activities, formatted for each of the applicant's fiscal years throughout the implementation grant period. While no particular budget format must be followed, typical grant categories include: personnel, stipends, professional development, conferences, travel, external consultants, curriculum resources and technology.
- Expenditures during the planning period, compared to the line-item budget provided for the planning grant.
- Letter of support or endorsement from the superintendent, principal or other relevant school leader of each school included in the implementation plan.
- Any statements from community representatives or other stakeholders that demonstrate their support for the proposal and affirm any resource commitments they are making to help implement and sustain the activities described in the proposal.
- Richard M. Fairbanks Foundation Tax-Exempt Status Form, available as a download on the grant application portal.
- Internal Revenue Service (IRS) 501(c)(3) Determination Letter.

Implementation grant applications are due by **12:00 noon on May 25, 2018**. The Foundation will notify applicants about implementation grant approvals by July 20, 2018.

Please note that information contained in the Prevention Matters planning and implementation grant applications will not be shared beyond the Fairbanks Foundation or its agents.

MORE INFORMATION

For more information about *Prevention Matters*, visit RMFF.org/PreventionMatters. Inquiries should be directed to the Foundation staff at PreventionMatters@RMFF.org or (317) 663-4185.

APPROVED LIST OF EVIDENCE-BASED PROGRAMS

For this initiative, the Foundation has commissioned the Indiana Prevention Resource Center (IPRC) to develop a list of approved evidence-based substance use prevention programs. This list was developed using programs identified as evidence-based and listed on the Substance Abuse and Mental Health Administration’s *National Registry of Evidence-Based Program and Practices* (NREPP), the Indiana Department of Mental Health and Addiction’s *Evidence-Based Practice Guide* and Blueprints for Healthy Youth Development’s *Program Guide*. Utilizing the most researched and effective programs from these three lists, the IPRC curated a list of programs identified as appropriate for the schools participating in *Prevention Matters*.⁸

Programs identified all met one of the following criteria:

- Rank of “Model”, “Model Plus”, or “Promising” program from [Blueprints Programs](#).
- Outcome rating of “Effective” or “Promising” on the new rating system on the [National Registry of Evidence-based Program and Practices](#) for substance use prevention or a related risk/protective factor.
- Positive outcomes and effect sizes identified in the legacy review on the [National Registry for Evidence-based Program and Practices](#) for substance use prevention or related risk/protective factors.

Each of the programs on the *Prevention Matters* list are either in Indiana’s *Evidence-Based Practice Guide* or were reviewed and placed on NREPP and Blueprints after the last publication of that guide. Any program that did not address substance use prevention, a related risk or protective factor, or were considered treatment strategies, were excluded from this list. Despite being worthwhile programs, these did not meet the direct goal of *Prevention Matters*.

Program	Target Age Range	Description	Expected Outcome Categories
Achievement Mentoring (Promising Program on Blueprints)	12 – 14 years old; Middle School	Achievement Mentoring (formerly Behavioral Monitoring and Reinforcement Program) is a school-based intervention designed to change the negative school behavior of middle school adolescents. Students meet in small groups and systematically work through behavior change. The intervention consists of four components: (1) Collecting up-to-date information about each student's school-related	<ul style="list-style-type: none"> • Academic achievement • Conduct/problem behaviors • School attendance • Substance use

⁸ Further discussion can be found in the *Prevention Matters* Evidence-Based Program Guide.

Program	Target Age Range	Description	Expected Outcome Categories
		behavior; (2) Providing systematic feedback to the student and/or the parents about the student's behavior; (3) Attaching point values to the student's behavior to earn incentives; and (4) Helping the student figure out how he/she can earn more points. The program lasts for two years.	
Al's Pals: Kids Making Healthy Choices (Effective Program outcomes on NREPP)	3 – 8 years old; Pre-K and Early Elementary	Al's Pals: Kids Making Healthy Choices is a school-based early childhood program designed to develop young children's social-emotional competence and prevent antisocial, aggressive behavior. The program aims to enhance teachers' abilities to embed protective factors into their daily interactions with children ages 3–8 and foster children's resilience to help them deal with life's challenges and avoid risky, unhealthy behaviors.	<ul style="list-style-type: none"> • Conduct/problem behaviors • Self-control • Mental health • Social/emotional skills
Athletes Training and Learning to Avoid Steroids (ATLAS) (Promising Program on both Blueprints and NREPP)	15 – 18 years old High School Male Athletes	Athletes Training and Learning to Avoid Steroids (ATLAS) is a school-based, alcohol- and drug-prevention program for male high school athletes. The program is designed to reduce or stop adolescent male athletes' use of anabolic steroids, sport supplements, alcohol, and illegal drugs, while improving nutrition and exercise practices. Participants learn how to achieve their athletic goals by using state-of-the-art sports nutrition and strength training and how to avoid using harmful substances that will impair their physical and athletic abilities.	<ul style="list-style-type: none"> • Increased perception of risk of substance use • Substance use
Building Skills Grade 5	10 – 11 years old	Building Skills Grade 5 is a universal, 12-lesson, classroom-	<ul style="list-style-type: none"> • Social competence

Program	Target Age Range	Description	Expected Outcome Categories
(Promising outcomes on NREPP)	Grade 5	based social development curriculum created for high-risk students in the fifth grade. The goal of the program is to decrease the likelihood of alcohol and other drug use and delinquent behaviors by enhancing social and personal skills. The program is grounded in social theory and uses a competence-enhancement approach, which is a substance-use prevention approach addressing key risk and protective factors. According to this approach, drug use is conceptualized as a socially learned and functional behavior that results from an interplay between social and personal factors. A distinctive feature of the competence-enhancement approach is an emphasis on teaching generic self-management and social skills.	<ul style="list-style-type: none"> • Self-regulation • Coping ability • Cognitive functioning • Self-concept
Conscious Discipline (Effective Program outcomes on NREPP)	3 – 11 years old Pre-K and Elementary	The Conscious Discipline program is a multiyear, multicomponent, school-based intervention that teaches administrators, teachers, and other staff the SEL skills to change the school culture, including discipline strategies and self-regulation skills for children, parents, and other adults. The program includes seven sections that correspond with an SEL behavior; one section is taught per month. Each section aligns with one of the core Conscious Discipline skills and is taught through associated activities (called Structures, Rituals, or Routines).	<ul style="list-style-type: none"> • Academic achievement • Social/emotional skills

Program	Target Age Range	Description	Expected Outcome Categories
Coping Power (Promising Program on Blueprints)	5 – 11 years old Elementary	Coping Power for parents and their at-risk children consists of two components (Parent Focus and Child Focus) designed to impact four variables that have been identified as predicting substance abuse (lack of social competence, poor self-regulation and self-control, poor bonding with school, and poor caregiver involvement with child). A stand-alone universal version adapts the program for all elementary-school children. It uses 24 sessions, one each week, based on the child component of the program but with some changes in activities to encourage participation of all children in the classroom.	<ul style="list-style-type: none"> • Conduct/problem behaviors • Favorable attitudes towards drug use • Commitment to school • Interaction with peers involved in substance use • Rewards for prosocial involvement • Social skills
Curriculum Based Support Group (Positive outcomes on NREPP's legacy list)	4 – 17 years old Elementary, Middle, High School	The Curriculum-Based Support Group (CBSG) Program is a support group intervention designed to increase resiliency and reduce risk factors among children and youth ages 4-17 who are identified as being at elevated risk for early substance use and future delinquency and violence. Based on cognitive-behavioral and competence-enhancement models of prevention, the CBSG Program teaches essential life skills and offers emotional support to help children and youth cope with difficult family situations; resist peer pressure; set and achieve goals; refuse alcohol, tobacco, and other drugs; and reduce antisocial attitudes and rebellious behavior.	<ul style="list-style-type: none"> • Antisocial attitudes • Rebellious behavior • Attitudes and intentions about substance use
Footprints for Life	7 – 9 years old	Footprints for Life is a comprehensive substance-use	<ul style="list-style-type: none"> • Social competence

Program	Target Age Range	Description	Expected Outcome Categories
(Promising outcomes on NREPP)	Grades 2 & 3	prevention intervention for children in grades two and three. The goal of the program is to help young children build a strong foundation of life skills rooted in key social competencies. The social competencies that Footprints addresses are planning and decision-making practice, interpersonal skills, cultural competence, peer pressure, and peaceful conflict resolution — assets identified as promoting positive attitudes and behaviors.	<ul style="list-style-type: none"> • Self-control
Good Behavior Game (Promising Program on Blueprints)	5 – 11 years old Elementary	The Good Behavior Game (GBG) is a classroom-based behavior management strategy for elementary school that teachers use along with a school's standard instructional curricula. GBG uses a classroom-wide game format with teams and rewards to socialize children to the role of student and reduce aggressive, disruptive classroom behavior, which is a risk factor for adolescent and adult illicit drug abuse, alcohol abuse, cigarette smoking, antisocial personality disorder (ASPD), and violent and criminal behavior.	<ul style="list-style-type: none"> • Academic Achievement • Conduct/problem behaviors • Improved commitment to school • Mental health • Substance use
Hip-Hop 2 Prevent Substance Abuse and HIV (Effective and Promising outcomes on NREPP)	12 – 16 years old Middle, High School	Hip-Hop 2 Prevent Substance Abuse and HIV (H2P) is a program designed to improve knowledge and skills related to preventing and reducing the use of drugs and preventing HIV/AIDS among youths ages 12 to 16. The program incorporates aspects of hip-hop culture— including language, arts, and history—as a social, cultural, and contextual framework for	<ul style="list-style-type: none"> • Knowledge, attitudes, and beliefs about substance use

Program	Target Age Range	Description	Expected Outcome Categories
Incredible Years (Promising Programs on Blueprints: Child, Parent, and Teacher Classroom Management)	3 – 11 years old Pre-K, Elementary	addressing substance use and HIV-risk behaviors. The Incredible Years is a series of programs that addresses multiple risk factors across settings known to be related to the development of conduct disorders in children. In all three training programs (Parent, Teacher, Child), trained facilitators use videotaped scenes to encourage group discussion, problem-solving, and sharing of ideas. The child training component for children aged 3-8 years is comprised of weekly two-hour sessions for 18-19 weeks during which two therapists work with 6-7 children and focus on social skills, conflict resolution, empathy-building, problem solving and cooperation.	<ul style="list-style-type: none"> • Academic achievement • Conduct/problem behaviors • Commitment to school • Rewards for prosocial involvement at school • Social skills
LifeSkills Training (Model Plus on Blueprints)	8 – 14 years old Elementary, Middle School	LifeSkills Training (LST) is a classroom-based universal prevention program designed to prevent adolescent tobacco, alcohol, marijuana use, and violence. Three major program components teach students: (1) personal self-management skills, (2) social skills, and (3) information and resistance skills specifically related to drug use. Skills are taught using instruction, demonstration, feedback, reinforcement, and practice.	<ul style="list-style-type: none"> • Conduct/problem behavior • Favorable attitudes toward problem behavior • Improve mental health • Increases perceived risk of substance use • Substance use
Positive Action (Model Program on Blueprints)	5 – 14 years old Elementary, Middle School	Positive Action (PA) is a school-based program that includes school-wide climate change and a detailed curriculum. Lessons for each grade level are scripted and age-appropriate. The content of the program is included in six	<ul style="list-style-type: none"> • Academic achievement • Conduct/problem behaviors • Improved commitment to school

Program	Target Age Range	Description	Expected Outcome Categories
		units that form the foundation for the whole program. The first unit teaches the philosophy of the program and the Thoughts-Actions-Feelings about Self Circle, and provides an introduction to the nature and relevancy of positive and negative actions/behaviors.	<ul style="list-style-type: none"> • Improving mental health • Improving school attendance • Social skills • Substance use
Project Alert (Promising outcomes on NREPP)	12 – 14 years old Middle School	Project ALERT is a school-based, substance use prevention program for middle or junior high school students. The program aims to prevent adolescent nonusers from experimenting with alcohol, tobacco, and marijuana and prevent adolescent users of these substances from becoming more regular users. Based on the social influence model of prevention, the program is designed to help motivate young people to avoid using drugs and to teach them the skills they need to understand and resist pro-drug social influences.	<ul style="list-style-type: none"> • Favorable attitudes toward problem behavior • Interaction with friends involved in substance use • Perceived risk of substance use • Substance use
Project SUCCESS (Positive outcomes on NREPP's legacy list)	12 – 18 years old Middle, High School	Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students) is designed to prevent and reduce substance use among students 12 to 18 years of age. The program was originally developed for students attending alternative high schools who are at high risk for substance use and abuse due to poor academic performance, truancy, discipline problems, negative attitudes toward school, and parental substance abuse. In recent years, Project SUCCESS has been used in regular middle	<ul style="list-style-type: none"> • Substance use • Peers involved in substance use • Prosocial involvement

Program	Target Age Range	Description	Expected Outcome Categories
Project Towards No Drug Abuse (Model Program on Blueprints)	15 – 18 years old High School	and high schools for a broader range of high-risk students. Project Towards No Drug Abuse (TND) is a drug prevention program for high school youth who are at risk for drug use and violence-related behavior. The current version of the Project TND curriculum contains twelve 40-minute interactive sessions taught by teachers or health educators over a 3-week period. Sessions provide instruction in motivation activities to not use drugs; skills in self-control, communication, and resource acquisition; and decision-making strategies. The program is delivered universally and has been used in both traditional and alternative, high-risk high schools.	<ul style="list-style-type: none"> • Conduct/problem behaviors • Self-control • Substance use
Promoting Alternative Thinking Programs (PATHS) (Model Program on Blueprints)	5 – 11 years old Elementary	The PATHS curriculum is a comprehensive program for promoting emotional and social competencies and reducing aggression and behavior problems in elementary school-aged children (grades K-6) while simultaneously enhancing the educational process in the classroom.	<ul style="list-style-type: none"> • Academic achievement • Conduct/problem behaviors • Improving school commitment • Improving mental health • Social skills
Reconnecting Youth (Positive outcomes on NREPP's legacy list)	14 – 19 years old High School	Reconnecting Youth: A Peer Group Approach to Building Life Skills (RY) is a school-based prevention program for students' ages 14-19 years that teaches skills to build resiliency against risk factors and control early signs of substance abuse and emotional distress. RY targets youth who demonstrate poor school achievement and	<ul style="list-style-type: none"> • Academic achievement • School attendance • Substance use • Mental health

Program	Target Age Range	Description	Expected Outcome Categories
		high potential for school dropout.	
Ripple Effects (Positive outcomes on NREPP's legacy list)	7 – 16 years old Late Elementary, Middle, Early High School	Ripple Effects Whole Spectrum Intervention System (Ripple Effects) is an interactive, software-based adaptive intervention for students that is designed to enhance social-emotional competencies and ultimately improve outcomes related to school achievement and failure, delinquency, substance abuse, and mental health. The software presents students with peer-narrated tutorials that address social-emotional competencies (e.g., self-understanding, empathy, impulse control, emotional regulation, assertiveness, decision-making, connection to community), present science-based information about group-level risk factors, and give each student personalized guidance to address risk and protective factors specific to the student's environment and personal goals.	<ul style="list-style-type: none"> • Academic achievement • Improved attendance • Improved mental health • Social emotional skills
Second Step Elementary School Program (Promising outcomes on NREPP)	5 – 11 years old Elementary	Second Step–Elementary is a universal, classroom-based program for children in kindergarten through fifth grade, which is designed to increase school success and decrease problem behaviors by promoting social–emotional competence and self-regulation. The Second Step program consists of a skills-focused, social–emotional learning (SEL) curriculum that emphasizes skills that strengthen students' ability to learn, have empathy,	<ul style="list-style-type: none"> • Conduct/problem behaviors • Improving mental health • Self control • Social skills

Program	Target Age Range	Description	Expected Outcome Categories
Second Step: Student Success Through Prevention Middle School Program (Promising outcomes on NREPP)	12 – 14 years old Middle School	manage emotions, and solve problems. The Second Step Middle School program is a universal, classroom-based intervention for children in grades six through eight, which is designed to increase school success and decrease problem behaviors by promoting social–emotional competence. The Second Step program consists of a skills-focused, social–emotional learning (SEL) curriculum that emphasizes directly teaching students how to strengthen their ability to learn, have empathy, manage emotions, and solve problems.	<ul style="list-style-type: none"> • Conduct/problem behaviors • Social skills
SPORT Prevention Plus Wellness (Promising Program on Blueprints)	15 – 18 years old High School	SPORT Prevention Plus Wellness is a health promotion program for high school adolescents to improve their physical fitness, nutrition, and sleep habits, and avoid alcohol, tobacco and drug use. SPORT content highlights the positive image benefits of an active lifestyle by showing youth as active and fit, and emphasizes substance abuse as counterproductive to achieving positive image and behavior goals. The program consists of an in-person health behavior screen, a one-on-one consultation with the teens, a take-home fitness prescription targeting adolescent health promoting behaviors and alcohol use along with its risk and protective factors, and a flyer reinforcing key content of the consultation mailed to the home.	<ul style="list-style-type: none"> • Favorable attitudes toward problem behavior • Improving commitment to school • Interaction with friends involved in substance use • Substance use

Program	Target Age Range	Description	Expected Outcome Categories
Too Good for Violence K-5 (Effective Program outcomes on NREPP)	5 – 11 years old Elementary School	Too Good for Violence (TGFV) K–5 is a school- and community-based prevention program that targets all students in kindergarten through fifth grade. TGFV K–5 builds skills sequentially, providing developmentally appropriate curricula at each grade level. TGFV is designed to build self-efficacy, social competency, and problem-solving skills that lead to helping students 1) handle their emotions; 2) deal with disagreements, conflicts, and bullying; and 3) reduce risk-taking behaviors such as the use of verbal and physical aggression.	<ul style="list-style-type: none"> • Conduct/problem behaviors • Self-control • Social skills
Unique YOU (Promising outcomes on NREPP)	8 – 11 years old Grades 3 & 4	The unique YOU program (formerly called I’m Special) is designed to build self-esteem in third- and fourth-grade students, ages 8 to 11. The program’s primary goal is to develop and nurture a child’s uniqueness and self-worth. The program teaches communication and decision-making skills, how to positively express feelings, and the value of healthy choices, including resisting substance use.	<ul style="list-style-type: none"> • Favorable attitudes toward problem behavior • Improving mental health • Increased perceived risk of substance use • Self control • Social skills
Youth Message Development (Effective Program outcomes on NREPP)	13 – 15 years old Middle School	The Youth Message Development (YMD) media-literacy curriculum aims to prevent adolescent substance use among 13- to 15-year-olds by increasing their knowledge of advertising techniques used to sell alcohol, tobacco, and other drug (ATOD) products; developing their counter-arguing and critical-thinking skills in response to ATOD messages; and	<ul style="list-style-type: none"> • Favorable attitudes toward problem behavior • Increased perceived risk of substance use • Substance use

Program	Target Age Range	Description	Expected Outcome Categories
		helping them actively apply these skills and techniques to create youth-driven, anti-ATOD messages. The curriculum content is grounded in media literacy and social-cognitive theories, and guided by experiential-learning principles.	

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