

# NNEDLearn 2012 Application for "Strengthening Families Program 10-14"

## Instructions

The National Network to Eliminate Disparities in Behavioral Health (the NNED), supported by the Substance Abuse and Mental Health Services Administration (SAMHSA), invites NNED Partner Organizations to participate in its second annual training opportunity, NNEDLearn 2012. Before starting this application, please read about the organizational requirements and expectations for this training track on the NNED website.

Only one application per organization can be submitted.

\* Please note that non-NNED Partner Organization applications will not be reviewed. If you are unsure of your organization's status, please email [info@nned.net](mailto:info@nned.net) before proceeding.

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## Organization Contact Information

Our experience show that the commitment from organizational leadership maximized the benefits to participants, agencies, and to SAMHSA. Applicants are asked to verify support from agency leadership or supervisors to commit to full and active participation in the NNEDLearn 2012 training model and to support uptake of the program and practice.

### \* 1. Please fill in the fields below about the organization and its leader.

Organization:	<input type="text"/>
Name of Organization	<input type="text"/>
Leader:	<input type="text"/>
Address:	<input type="text"/>
Address 2:	<input type="text"/>
City/Town:	<input type="text"/>
State:	<input type="text"/>
ZIP:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Number:	<input type="text"/>

### \* 2. Did any members of your organization or agency participate in NNEDLearn 2011 (in Bethesda, Maryland on June 27-28, 2011)?

- Yes  
 No

### \* 3. Primary Contact. The primary contact will be responsible for sharing all information with proposed team members. This person should be assigned by the organization/agency leader.

Name	<input type="text"/>
Title	<input type="text"/>
Phone Number	<input type="text"/>
Email Address	<input type="text"/>

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## Expected Commitment of NNED Partners

Recognizing that it takes more than a 2-day training to implement new practices or programs, SAMHSA is requesting that NNED Partner Organizations commit to the NNEDLearn 2012 Model which includes: pre-work; a 2 ½ day on-site training; and participation in a post-training 6-month follow up as a "virtual" community of practice.

- Prework prepares the NNED Partner for the on-site training and involves participation in a webinar (1 ½ hours) and completion of readiness assignments prior to the on-site training.
- The on-site training will occur on March 13-15th in Albuquerque, New Mexico and involves 15.5 hours of direct training and an opportunity to share community best practices with other participants.
- Post-training work will occur over the course of six months. Each training track becomes a "community of practice" that provides ongoing coaching and follow-up to ensure the uptake of the practice or program. This is done through regular webinars, teleconferences and online discussion forums with the trainers.

### **\*4. Our organization will support our proposed team's involvement in the entire NNEDLearn 2012 opportunity. Please check each box to agree to the activities.**

- Prework activities including survey on organizational/community demographics and attitudes, webinar on February 23 at 3-4:30 pm EST, and completion of study material
- Onsite training March 13-15th
- Participate in the NNED Collaboratory by sharing information about our Agency's innovative practices
- Post work training activities, including 2 coaching calls, preparation work, webinars (3-4:00 pm EST on April 2, May 7, July 9 and Sept. 10), and participation on discussion forum

### **\*5. Organizations are asked to identify teams of 2-5 participants to engage in NNEDLearn 2012. Please check each box to agree to the requests that the proposed team members:**

- have knowledge and work experience with the population of focus
- have the ability to use the knowledge and skills gained to enhance capacity of staff and colleagues in our organization
- have the ability and support from the organization to implement the services with population(s) of focus
- will be given time to provide feedback to inform the NNED's work

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## Organization Information

**\*6. Why does your organization want to participate in the NNEDLearn 2012 opportunity?**

**\*7. What makes your organization a strong candidate to participate in NNEDLearn 2012?**

**\*8. How will participating in NNEDLearn 2012 improve your organization's ability to implement the Strengthening Families Program 10-14? To promote recovery and wellness?**

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## Anticipated Impacts

**\*9. Please describe the population of focus or stakeholders for the Strengthening Families Program (10-14) in your community. What is your referral source?**

**\*10. How will participating in NNEDLearn 2012 impact the people served by your organization and/or those you plan to serve? The clinicians, program managers and administrators who work for your organization? Your community?**

**\*11. What are implementation barriers faced by your organization and how can NNEDLearn 2012 help positively address these barriers?**

**Organization Readiness**

**\* 12. How would you describe your organization's willingness and ability to enact meaningful changes in services and practices?**

**\* 13. Describe a change your organization made in its practice to address behavioral health disparities. How did team/community members make that change?**

**\* 14. What type of support do you have within your organization or community for implementing the SFP 10-14? (e.g., program space, billing codes, ready providers, ready clientele, fiscal support, etc.)**

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## Proposed Team Members

Organizations may propose teams that include representatives from the following:

- \* Current/proposed peer support service providers
- \* Current/proposed supervisors of peer support service providers
- \* Organizational administrators

Participating organizations must commit to sending a team of individuals that includes representatives from at least two of these categories. Preference will be given to organizations including representatives from all three categories.

Please ensure that team members can participate in all prework, onsite training, and post work.

### **\* 15. Please provide the names and roles of proposed team members.**

#1	<input type="text"/>
#2	<input type="text"/>
#3	<input type="text"/>
#4	<input type="text"/>
#5	<input type="text"/>

### **16. Please provide use this space to provide any further information about your proposed team.**

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## Thank you

Thank you for your interest in the NNED and NNEDLearn 2012.

By clicking the "Done" button, you verify that your agency leadership has approved of the submission of this application.

All complete applications from NNED Partners will be reviewed on a rolling basis. Notifications will occur before February 10th.

Please visit [www.nned.net](http://www.nned.net) for up-to-date NNEDLearn 2012 information.