

**CENTER FOR SUBSTANCE ABUSE PREVENTION
(CSAP)**

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OFFICE OF THE DIRECTOR

Organizational Changes

Beverly Watts Davis, as of December 2005, was detailed to the position of Acting Senior Advisor to the Administrator. In this capacity, she serves as Mr. Charles Curie's subject matter expert advising him on all substance abuse prevention and treatment issues. Ms. Watts Davis remains the matrix lead for HIV/AIDS and for the Strategic Prevention Framework matrix areas.

Under her leadership at CSAP, many key accomplishments were achieved that build and support the nation's substance abuse prevention infrastructure. The Strategic Prevention Framework became the cornerstone for SAMHSA's prevention programs and will provide a sustainable approach to maximizing the utilization of prevention resources in approximately 40 States, Territories, and Tribal Communities through the State Incentive Grant program. Funding was also made available to all States and Territories for State Epidemiological Outcome Workgroups that acquire and analyze state and community level risk and protective factor data that support data driven decision-making and guide the allocation of resources to areas of need. National Outcome Measures were developed that embody meaningful, real life outcomes for people striving to build resiliency, attain and sustain recovery, and participate fully in their communities. Ms. Watts Davis played a key role in bringing the Drug-free Communities Support Program to SAMHSA, and she supported the development of the Prevention Platform and COMET on-line management information systems for prevention providers and coalitions. Partnerships and collaboration with other Federal agencies and national organizations resulted in integrated systems approaches to advance evidence-based strategies, programs policies, and practices. She also addressed the workforce development needs of the prevention field by funding the first-ever Leadership Academy for State Prevention Directors, a prevention fellows programs designed to prepare the next generation for prevention leaders, and by encouraging staff development training for CSAP staff resulting in 41 staff members obtaining their certification as Certified Prevention Specialists.

Richard Kopanda is currently detailed to the position of Acting Director, Center for Substance Abuse Prevention (CSAP), Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Service (DHHS). He has overall responsibility for managing CSAP's programs, staff, and operations. The Center maintains an annual State and community prevention grant and contract portfolio of approximately \$650 million, including a portion of the Substance Abuse Prevention and Treatment Block Grant program. The Center has a staff complement of 105 FTEs.

As chief operating officer, he is responsible for development of strategic program plans and management of CSAT's internal operations. Prior to this, he served as Executive Officer and Director of the Office of Program Services for SAMHSA.

Mr. Kopanda served for five years as Budget and Planning Officer of the U.S. Consumer Product Safety Commission. Previous positions include Deputy Executive Officer, Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA); Budget Officer, ADAMHA; Public Health Service budget analyst; and several rotational assignments as part of the DHHS Management Intern program, including the Administration on Aging and the Health Resources and Services Administration.

Mr. Kopanda began his federal career as a physiologist with the National Institute of Mental Health, a

component of the National Institutes of Health. He received his Bachelor of Science Degree in biological sciences from Northern Illinois University in 1969, and his Masters of Arts degree in biology/neurophysiology from the University of Texas at Austin in 1973.

Dennis O. Romero joined SAMHSA/CSAP as the new Deputy Director for the Center. Mr. Romero brings a wealth of knowledge in creating and re-structuring agency practices to better mesh with government requirements (including HIPAA and EEO laws). Mr. Romero has extensive experience in the fields of mental health, chemical addiction, prevention, and program development, among others. Prior to his current position, he served as Deputy Director of the Alcoholism Council of New York (ACNY), in New York City. In that capacity he assisted the Executive Director in the overall management of the organization, implementing the strategic plan and translating organizational goals into work plans. Mr. Romero created and established monthly reporting mechanisms; assisted program managers in developing evaluation tools and designed expansion strategies for applicable programs. He was also responsible for: assuring compliance with contracted agencies; conducting internal reviews of applicable programs; and preparing for applicable program audits. He was the community liaison developing collaborative partnerships with external organizations to increase capacity, with a focus on revenue enhancement for ACNY.

Prior to this position, Mr. Romero served as the Assistant Director of Mental Health at the William F. Ryan Community Health Center in New York City, one of the nation's largest and most comprehensive community-based health organizations. As the Inpatient Programs Manager at the Ellis Hospital Department of Psychiatry, in Schenectady, NY, he was directly involved with health care delivery systems, especially as they relate to managed care and quality assurance, Medicaid, and other issues of health care reform.

Mr. Romero has served on the board of many professional committees, advisory boards, and commissions (at the state and local levels) that address both local and regional issues related to the field of alcohol and substance abuse and prevention, as well as allied social and educational issues. In 1997, he received, by a public vote, the prestigious appointment to the New York State Board of Regents to the Committee of Professional Assistance Program under the Office of the Professions where he served in many capacities including Chair of the Committee. He has been invited to offer reports and testimony before various committees both in his capacity as Deputy Director of the Alcoholism Council of New York, and as a member of the substance abuse prevention / treatment community.

Mr. Romero received his Bachelor of Arts Degree in Philosophy and Psychology from Cathedral College and a Masters Degree in Counseling Psychology from Manhattan College. He received post-graduate training at the State University of New York (SUNY), Albany Campus.

**OFFICE OF PROGRAM ANALYSIS AND COORDINATION
(OPAC)**

Budget Activities

The Center for Substance Abuse Prevention (CSAP) has completed its fiscal year 2005 activities, and has funded an impressive range of grant and contract programs. The Programs of Regional and National Significance (PRNS) total for FY 05 was \$198,725,376. This funding level has allowed CSAP to initiate and implement the Strategic Prevention Framework (SPF) through a series of grant programs including the SPF State Incentive Grant program, with a current total of 26 SPF SIG grants for \$57.7M, the HIV program with a total of 149 grants totaling \$39.6M, Workplace grants for \$2M, Methamphetamine and Ecstasy grants totaling \$9.4M, and 18 conference grants totaling \$.5M.

CSAP also continued to develop, assess, and disseminate effective, promising, and model programs through the National Registry of Effective Programs and Practices system, to support the SAMHSA Health Information Network (previously NCADI), and to support the Fetal Alcohol Spectrum Disorder Center for Excellence. Finally, we have expanded our key technical assistance mechanism, the Centers for the Application of Prevention Technologies (CAPT) contracts.

In addition to those activities funded through the PRNS budget lines, CSAP managed the Drug Free Communities grants program through an interagency agreement with ONDCP, including a portfolio of 712 new support services grants for a total of \$69.4M and 37 new Drug Free Community Mentoring grants for a total of \$3.7M.

CSAP also awarded and managed \$335M in Substance Abuse Prevention Block Grants, \$10.5M in Block Grant Set-Aside programs, \$2.8M in HHS HIV funds, and \$13.2M in interagency agreements with NIDA, the Department of Education, and ONDCP for the media campaign, for a **total of \$660 million of substance abuse prevention program activities!**

We are in the final developmental stages for the FY 07 budget. The Congressional Justification has been approved for a PRNS funding level of \$180,598,000. Although this is a decrease of approximately \$12M from the FY 06 level, the budget builds upon FY 06 plans to maintain the Strategic Prevention Framework at the state and community levels. It continues to integrate individual programs into the larger SPF SIG “redwood,” building on epidemiological data and implementing the five-step evidence-based, community development model. The funding amounts for the prevention portion of the SAPT Block Grant and for the other elements managed by CSAP are comparable to the FY 06 levels. It is important to remember that as Congress continues to consider our request, the final FY 07 amount is likely to change

Grant Programs

In FY 2005, CSAP issued three Requests for Applications (RFAs) for FY 2005 :

- *The Substance Abuse (SA), HIV, & Hepatitis Prevention for Minority Populations and Minority Reentry Populations in Communities of Color.* The RFA supports an array of activities to assist grantees in building a solid foundation for delivering and sustaining effective substance abuse prevention and related services. This program aims to engage community-level domestic public and private non-profit entities to prevent and reduce the onset of SA, and transmission of HIV and hepatitis among minority populations and minority reentry populations in communities of color disproportionately affected by SA, HIV/AIDS, and/or hepatitis. All grantees are required to base their projects on the five steps of SAMHSA's Strategic Prevention Framework (SPF) to build a service capacity specific to SA, HIV, and hepatitis prevention services.
- *The Drug Free Communities Support Program (DFCSP).* The RFA focused on improving community efforts to plan, promote and deliver effective substance abuse prevention strategies. The DFCSP grants will be administered by SAMHSA/CSAP through an interagency agreement from ONDCP under the Drug Free Communities Support Program.
- *The Drug Free Communities Support Mentoring Program (DFC Mentoring).* This is an effort to enhance the number and quality of local Drug-Free Community Coalitions through the assistance of capable, experienced coalitions. DFC Mentoring program grantees will use their experience and success as DFCSP grantees to support and encourage the development of new, self-supporting community anti-drug coalitions to meet the goals of the DFSCP. The DFC Mentoring grants will also be administered by SAMHSA/CSAP through an interagency agreement from ONDCP under the Drug Free Communities program.

SAMHSA/CSAP is currently in the process of planning its FY 2006 RFAs, including the development of a new SPF SIG RFA. In addition, Congress has indicated a program priority for a new methamphetamine grant program, and CSAP is in the process of developing a RFA for this initiative. All new grant initiatives are scheduled to be announced by March 30, in order to allow sufficient time for applicants to develop their requests and review and funding decisions to be made.

CSAP interns and Emerging Leaders

One of CSAP's goals is to prepare the next generation of prevention professionals. . With that in mind, CSAP supports 4-6 student interns each school quarter. CSAP's interns are educated about prevention principles, theories and practices and have an opportunity to work directly with CSAP colleagues on prevention projects in each of CSAP's Divisions and Offices. Currently CSAP has five student interns. They are:

- A third year intern at CSAP, completing her Masters in Public Administration at Bowie State University
- A second year intern at CSAP, completing her Masters in Community Clinical Psychology at Johns Hopkins University
- A new intern pursuing a Bachelors Degree in Political Science/Public Service at the University of California-Riverside.

- A new intern pursuing her second Bachelors in Communications at Mount Saint Mary's University. Previously worked as an intern at NASA helping to organize special events. Has a strong interest in broadcast journalism.
- A new intern seeking a Bachelors Degree in Sociology and Anthropology from Colgate University. Known for leadership skills in organizing activities around health, HIV/AIDS, cultural expressions, and childcare in American Indian Communities and on campus.

In CSAP, interns are assigned to projects, not individuals. Some of their work projects include:

- CSAP's Prevention Day Conference
- Underage Drinking Town Hall Meetings
- Dr. Lonnie E. Mitchell National Substance Abuse Conference for HBCUs
- DFC Grant Program – Project Officer Assistance
- CSAP Staff In-service training program workgroup
- HIV/AIDS grant programs/matrix workgroup
- HIV/AIDS prevention programs on campuses
- SAMHSA Minority Fellows Program workgroup
- Examining SAMHSA's role for returning veterans from the IRAQ war
- Developing an inventory and process to assess CSAP staff needs for future interns

OPAC's office is also hosting one of SAMHSA's Emerging Leaders. The Emerging Leader program identifies the 'best graduates' and during a two year program prepares them for leadership roles in the Federal Government. Although our Emerging leader is currently on a rotation to other HHS Divisions, we look forward to her return next year.

CSAP Staff In-Service Training

The goal of the training program is to foster a learning community which supports staff members in upgrading their skills and knowledge base in prevention and their ability to provide that expertise to grantees and the field. The workgroup has agreed to focus on the following skill sets:

- The integration of and ability to discuss strategic prevention planning from a community systems perspective while addressing the Federal governments' national priorities and direction.
- The integration of and ability to discuss cultural competency from a community systems perspective while addressing the Federal governments' national priorities and direction.
- The integration of and ability to discuss sustainability of desired outcomes from a community systems perspective while addressing the Federal governments' national priorities and direction.
- The ability to access and recommend appropriate reference materials
- The ability to assess gaps in grantee programs
- The ability to provide technical assistance to grantees while monitoring their grants
- To acquire some of the skills and knowledge base to be eligible for prevention certification

Prevention Certification

CSAP continues to actively promote the certification of persons working in the field of substance abuse prevention. To date, CSAP has assisted 41 SAMHSA staff members in receiving their professional certification in prevention.

Minority Health

CSAP is one of SAMHSA's partners working with the SAMHSA Minority Fellows Program (MFP). The purpose of the MFP program is to identify, select, support and mentor minorities pursuing their doctoral or post doctoral in psychology, psychiatry, social work and nursing. Recently CSAP met with each of the MFP Directors to discuss methods to integrate substance abuse prevention in the MFPs' training programs. One of the recommendations was for CSAP to address each incoming class of MFPs to heighten their awareness of prevention science, encourage prevention specific research and selection of dissertation topics, to support their partnering with State-level prevention programs, introduce current CSAP projects such as the Logic Model: Cultural Competency in Proficient Prevention Service Delivery, demonstrate the Strategic Prevention Framework, and encourage each fellow to make a commitment to include a prevention focus in their respective disciplines.

Rural Health Issues

The Interdepartmental Rural Workgroup continues to meet regularly to develop its action agenda and website. Two expert meetings to identify action items were held in the fall 2005 and winter 2006.

Children and Families Issues

The mission of the Children and Families Matrix workgroup is to build resilience and facilitate recovery by improving access to a continuum of comprehensive, integrated, quality services and supports—that includes prevention, early intervention, and treatment—for children with, or at risk for, mental and/or substance use disorders, and their families. The Children and Families Matrix workgroup has developed a technical assistance inventory, an Action Plan, and developed a system for monthly accountability reports that keep track of SAMHSA efforts to fulfill the workgroups mission. The workgroup is currently developing a report to summarize information on NOMs currently available to SAMHSA for this matrix area.

Healthy People 2010

The Healthy People 2010 Substance Abuse Midcourse Review Chapter was submitted to HHS/ODPHP. It has been cited as one of two model chapters by HHS. Work on the companion document on substance abuse will begin soon.

**DIVISION OF STATE AND COMMUNITY ASSISTANCE
(DSCA)**

**UPDATE ON DIVISION OF STATE AND COMMUNITY SERVICE ASSISTANCE
PROGRAM ACTIVITIES**

DRUG FREE COMMUNITIES SUPPORT PROGRAM GRANTS

FY 2005 DFC Grant Awards

A total of 757 DFC grant awards were made in FY 2005 for the following the following categories:

- 544 continuations
- 176 new
- 13 continuation mentoring
- 24 new mentoring

FY 2005 New DFC Meeting

More than 400 participants (grantees, DFC staff, CSAP Advisory Council members) attended the two-day meeting held November 29-30, 2005 in Washington, DC. The meeting consisted of plenary sessions and a scaled down version of the National Coalition Institute's Boot Camp, facilitated by the Institute.

Topics covered at the meeting included:

- Implementing the Strategic Prevention Framework (SPF)
- Developing coalition logic models
- National DFC Evaluation
- DFC program, financial, and reporting requirements
- Organizing for community outcomes

Evaluations rated the plenary sessions at 4.5 for "usefulness" (5 point scale) and the same for overall organization of the meeting. Following the meeting, SAMHSA/CSAP held a debriefing with DFC project officers to discuss: 1) grantee program and/or financial concerns; 2) meeting content; and, 3) recommendations for future meetings. The Office of National Drug Control Policy (ONDCP) received summary information from the debriefing and evaluations.

COMET Regional Trainings

SAMHSA/ONDCP, in cooperation with contractors (Battelle, MACRO/KIT Solutions) have developed and piloted a new Coalition Online Management and Evaluation Tool (COMET) that will be used for monitoring, program development, and evaluation purposes. Following intensive training and technical assistance if needed, grantees will submit their semi-annual progress report through the new system by April 30, 2006. COMET is organized around administrative management information, Strategic Prevention Framework steps, and the core evaluation measures.

**STRATEGIC PREVENTION FRAMEWORK STATE INCENTIVE
GRANT (SPF SIG) PROGRAM**

(The SPF SIG Program provides funding to States and Territories to implement SAMHSA's Strategic Prevention Framework in order to build a solid foundation for delivering effective, community-based substance abuse prevention programs, policies and practices.)

Startup of Cohort II SPF SIG Grants

Five SPF SIG grants were awarded in July—to North Carolina, Vermont, Montana, Arkansas, and Indiana. Four of the five States have now completed their kickoff meetings. In December, at least three representatives from each State attended a CSAP-sponsored orientation session in Washington, DC, to gain insights from lessons learned by Cohort 1 States and obtain technical assistance on conducting needs assessment and forming their State Epidemiological and Outcomes Workgroups. Several CSAP State Project Officers, along with a few SPF SIG Project Directors from Cohort 1 States served as trainers for this meeting.

Review and Approval of SPF SIG Strategic Plans

Cohort 1 SPF SIG grantees have been completing their SPF SIG Strategic Plans and submitting them to CSAP for review and approval. The approval of a State's Strategic Plan is a requirement in the SPF SIG Program and is a prerequisite for awarding SPF SIG funds to communities. To date, State plans have been approved for Washington, Florida, Colorado, Texas, New Mexico and West Virginia. The high quality of these approved plans have demonstrated that the SPF process is being implemented effectively in the SPF SIG States.

National Meeting of SPF SIG Evaluators

Last September, evaluators from 26 States and Territories came to Washington, DC to attend a CSAP-sponsored meeting to discuss the SIG National Cross Site Evaluation requirements and learn about ongoing updates to evaluation activities. The meeting placed special emphasis on collecting community level outcome data.

Development of FY 2006 SPF SIG RFA

A core team at DSCA finalized the FY2006 SPF SIG RFA, which has been expanded to include federally approved Tribes and Tribal organizations. The document was released on February 9 with a May 1 receipt date. Eligible applicants include 26 States, several Territories, and the Chief Executive Officer or highest ranking member of a tribe or tribal organization. Efforts are underway to plan an SPF SIG Applicant Workshop in mid March.

ORIGINAL STATE INCENTIVE GRANT PROGRAM (SIG)

DSCA State Project Officers are continuing to work with SIG grantees from Cohort VI (Michigan, Nevada and Ohio) and Cohort VII (California, Alabama and the Virgin Islands) that are currently in the final stages of their grant activities. In particular, they are guiding these SIG grantees through their no-cost extensions, outcome data collection activities and preparation of final reports.

SYNAR AMENDMENT

(The SYNAR Amendment was established as federal legislation in 1992 to restrict the sale and distribution of tobacco products to youth under the age of 18. SAMHSA/CSAP is responsible for administering the requirements of the Amendment.)

State Annual Synar Reports

DSCA has completed the initial review of all FY 2006 State Annual Synar Reports (ASR). To date, 11 State reports have been approved and 48 are being reviewed for accuracy and completeness of Synar data. A preliminary review for Synar compliance of the reports pending final approval indicates that all States, D.C., and four U.S. Territories met the annual Synar target rate for FY 2006. This is an indication of the effectiveness of the Synar Amendment and the work that has been done by the States and SAMHSA/CSAP. Three U.S. Territories (The Republic of the Marshall Islands, The Republic of Palau, and the U.S. Virgin Islands) did not comply with the Synar regulation requirements. Specifically, the Republic of the Marshall Islands and the U.S. Virgin Islands did not conduct the required annual Synar inspections nor provided evidence that the jurisdictions enforced their tobacco access laws in FY 2005. In the case of the Republic of Palau, the jurisdiction reported a retailer violation rate of 65.5 percent, which is 45.5 percentage points higher than its negotiated target rate of 20.0 percent. The State Project Officer for Palau is conducting a further review of the report to ensure survey data accuracy and validity.

Several internal Synar training sessions have been held to train new State Project Officers on the Synar review process, procedures, and State reporting requirements.

FY 2006 Synar Compliance

The Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2006 H.R.3010 includes language (section 214) that prevents the Secretary from withholding substance abuse prevention funds pursuant to Section 1926 from a U.S. Territory that receives less than \$1 million in Substance Abuse Prevention and Treatment (SAPT) Block Grant funds.

DSCA staff are preparing a memorandum to be sent to the SAMHSA Administrator to request that: 1) the Administrator find that three U.S. Territories (The Republic of the Marshall Islands, The Republic of Palau, and the U.S. Virgin Islands) failed to meet the Synar regulatory requirements as related to the funding approval of the FY 2006 SAPT Block Grant, and 2) the Administrator exercise provisions applicable to these U.S. territories under section 214 of the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2006 (H.R.3010).

Synar Multi-State Technical Assistance

DSCA staff sponsored an informal Synar Question and Answer session at the National Prevention Network Conference in New York on August 29, 2005. The meeting was designed to provide an update on the Synar GAO report, to introduce and discuss new Synar requirements for a coverage survey and changes in requirements of the age of Synar inspectors, and to answer questions about the FY2006 ASR requirements and new SSES version for use in FY2006 ASR. Twelve States attended the session and actively participated in the discussion.

Synar Statistical Estimation System (SSES) Training

The SSES is a software program developed by DSCA to assist States in the analysis and estimation of the annual Synar survey results. CSAP's goal is for all States to use the SSES software by FY 2007. Forty-eight States used the software program for the FY 2006 ASR. In 2005, DSCA conducted two multi-State workshops to train State Synar analysts to use the SSES software. DSCA is now in the process of developing a multimedia training program delivered by CD ROM, which will be available to all States in early 2006.

Synar Coverage Survey Requirement

In 2000 the Government Accountability Office (GAO) conducted an assessment of the Substance Abuse and Mental Health Services Administration (SAMHSA)'s implementation of the Synar Legislation requirements. One of the major findings from the GAO analysis indicated that some States were using inaccurate and incomplete lists of tobacco retailers to select random samples of outlets to inspect. The GAO made a recommendation that SAMHSA work more closely with the States to increase the accuracy and completeness of tobacco retailer lists used for the Synar surveys.

DSCA has taken several steps to address this recommendation, including establishing a new program requirement for States to conduct a baseline frame coverage study by the end of FY 2007. A letter was sent to all States in November, 2006 informing them of the new requirement. A coverage study guide and program guidelines were developed for planning and implementing sound coverage studies. These guidelines have been released to the States, and technical assistance is being provided to them, as needed, to meet the new requirement.

Site Visit Pilots

DSCA plans to conduct Synar site visits to the States to further address the GAO recommendations and verify the accuracy of the State reporting (i.e., the Synar inspections and survey analysis provided in the ASR.) In addition, the site visits will be used to determine States' progress in implementing changes in survey methodology previously recommended by CSAP. A new site visit protocol has been developed and is currently being pilot tested. One pilot site visit was conducted in Connecticut in December, 2005 and two more are planned for February, 2006.

Other Synar Efforts

A DSCA representative attended the Fourth National Latino Conference on Tobacco Prevention and Control. "Marketing Disease to Latinos: Advocating for Social Change."

CSAP is co-sponsoring a tobacco prevention conference entitled "Access Seattle 2006. Preventing Youth Access to Tobacco – Social Sources: Turning Plans into Action." A Synar presentation will be made at this conference and technical assistance will be provided to State representatives during the session.

STRATEGIC PREVENTION FRAMEWORK ADVANCEMENT AND SUPPORT (SPFAS) ACTIVITIES

(SPFAS is a performance management support contract for the Block Grant.)

SPFAS tasks emphasize performance management development in the Block Grant, State Synar enforcement and survey system development, and delivery of the National Outcome Measures through the Strategic Prevention Framework. As of September, 2005, the task order also supports CSAP's statistical review of the States' Annual Synar Reports (more details are provided in the section on SYNAR included in this report).

Data for Performance Management

E-Prevention System

SPFAS is developing the E-prevention intranet database as a user-friendly tool for CSAP's Block Grant and Synar planning and management. E-prevention enables project officers and other staff to quickly access TA and site visit information, Block Grant set-aside and Synar data, and State directories. E-prevention facilitates the Block Grant re-engineering recommendations of increased electronic communication, data sharing, and electronic approvals.

State Workforce Development

Prevention Leadership

CSAP/SPFAS is in the final stages of planning a second Prevention Leadership Academy event for State NPN members concurrent with the CADCA Leadership Forum, February 14-16, 2006. Input from the NPN Workforce Development Committee was used in designing this ongoing series of leadership events for State prevention leaders. To date, 47 of the 60 NPN members have registered. Cambridge Leadership Associates, a firm connected with Harvard University's Center for Public Leadership, will conduct the February 14-15 session of the Academy.

Multi-State Technical Assistance

Regional Meetings

CSAP collaborated with CSAT's DSCA in five intensive Block Grant-related updates for States prior to development of their FY 2006 Block Grant applications. These meetings enhanced the States' ability to use performance management and SPF principles in their Block Grant planning, and facilitate their progress in achieving the National Outcome Measures (NOMs) through the Block Grant. Each NPN region hosted one of the two-day events, held in May and August, 2005.

The Regional Meetings highlighted SAMHSA's data strategy and NOMs, and States' willingness to work with SAMHSA to achieve the NOMs. They have also been an opportunity to showcase the strong working relationship between the Divisions of State and Community Assistance of CSAT and CSAP. The States at these Regional Meetings shared their experiences with outcomes and performance management, as well as the challenges they see to full implementation by the end of FY 2007, and the technical assistance they will need to achieve this implementation.

Evidence-Based Programs

Plans are underway for Technical Assistance to States on approval of evidence-based programs, policies and practices. This Technical Assistance will be based on the Report to CSAP of an external workgroup of top prevention researchers that met throughout the summer and fall of 2005. Their final report is expected in Spring, 2006.

Pacific Territories Technical Assistance

SPFAS worked with the Pacific Territories State Project Officer to create a pro-active plan for technical assistance to the Pacific territories based on needs identified during the system assessments conducted in 2004. The coordinated TA plan will save costs involved with Pacific travel by delivering strategic prevention TA at a central location. Plans for a meeting in October, 2005 were placed on hold, since the SPO assigned to the Jurisdictions left CSAP. This effort is scheduled to resume at a multi-jurisdiction meeting in the Republic of the Marshall Islands in May, 2006.

Site Visits (System Assessments)

The formerly separate Prevention and Synar system assessments have been merged into one comprehensive assessment, and a series of 5 pilot visits were scheduled, one in each region. Visits were completed to West Virginia, Arizona, Vermont and Missouri, while Mississippi's visit was postponed due to Hurricane Katrina.

Based on the pilot experience, the System Review materials and Report format were shortened and focused on State progress in performance management (outcome-based planning and evaluation). A staff training was held on December 15 for further input from all State Project Officers, and a consultant/ State Project Officer training on the revised materials was scheduled for January 11-12, 2006.

Three additional visits (to Minnesota, South Dakota, and New Hampshire) were conducted from October to November while the materials revisions were being made. A total of 43 more visits are scheduled through September, 2006.

PREVENTION PLATFORM

The Prevention Platform contract is a web-based planning tool that guides users through the steps of SAMHSA's Strategic Prevention Framework (SPF). For each of the five SPF steps - Assessment, Capacity, Planning, Implementation and Evaluation - the Prevention Platform provides guided tools that assist the user in designing the best prevention approaches to addressing their substance-related needs. Among the features of the system are: an in-depth needs assessment tool that includes state-of-the-art GIS mapping software, downloadable and web-based training curricula, and a large repository of validated and publicly-available measures and instruments for use by providers and evaluators. In addition, the Prevention Platform will serve as the host site for the data system to be used by Drug Free Communities grantees to ensure reporting of required Federal performance data. Recently, the State Epidemiological Data System has been made available to SPF SIG grantees as well as other CSAP grantees, through the Prevention Platform.

**DIVISION OF KNOWLEDGE APPLICATION AND SYSTEMS IMPROVEMENT
(DKASI)**

ORGANIZATIONAL/PERSONNEL

N/A

PRACTICE ASSESSMENT AND APPLICATION BRANCH UPDATE

PAAB Grant Programs

SAMHSA's Methamphetamine and Inhalants Prevention Initiative:

In November 2005, 15 grantees of CSAP's methamphetamines/inhalants prevention initiative were notified in November 2005 that their requests for technical assistance (TA) from CSAP CAPTs will be negotiated through the State agency. While TA to these grantees will continue until the end of their grant life, the CAPTs will focus assistance on building relationships between staff in the grant program and key people in the State prevention system to assure the long term sustainability of these meth/inhalant prevention projects. Meth/Inhalant grantees will be attending SAMHSA's Community Prevention Day, CADCA's Forum, and a CSAP-sponsored Center for Applied Prevention Technologies (CAPT) workshop on sustainability issues, grant close-out requirements, and networking opportunities in February 2006.

SAMHSA's Ecstasy and Other Club Drugs Prevention Initiative:

In November 2005, 16 grantees of CSAP's Ecstasy and other club drugs (OCD) prevention initiative were notified about the realignment of financial resources requested in the President's FY2006 budget and potential impact on their projects resulting from the budget cuts. Cohort III Ecstasy/OCD grantees are in the second year. CSAP will continue to provide TA until the expiration of their grants. In addition, Ecstasy/OCD grantees will be attending SAMHSA's Community Prevention Day, CADCA's Forum, and a CSAP-sponsored CAPT workshop on sustainability issues, grant close-out requirements, and networking opportunities in February 2006.

Starting Early Starting Smart (SESS):

The SESS program is a collaborative effort between SAMHSA and the Casey Family Program, to provide funding to assist with a sustainability analysis of the original, extended and prototype SESS grantees. CSAP anticipates results from this grant study in early 2006.

Model Programs Dissemination Project:

The Model Program Dissemination Project contract expired December, 2005. The data base of model programs was transmitted to the CAPT web site and to the new National Registry of Prevention Programs and Practices (NREPP) site. In addition, a comprehensive compendium of information on model programs is in final stages of editing and will be available to the field in late winter, 2006. Hard copies will be sent to key stakeholders; DVDs will be available through the NCADI on a cost-recovery basis.

Department of Education Grants to Reduce Alcohol Abuse:

Staff from the Model Programs participated in the planning and execution of the 5th TA meeting for the Department of Education Grants to Reduce Alcohol Abuse grantees in Scottsdale, AZ. Model Program developers provided special sessions for the grantees to discuss implementation essentials. The TA meeting was held with the current 47 grantees and the 10 newly awarded grantees. In response to the Project Officer's request from the Dept. of Education, a revised work plan has been established and is underway. Model Programs provided focused start up TA to the 10 newly awarded grantees to ensure that their Training and TA needs were met. CSAP is exploring a new Inter- agency Agreement with the Department of Education.

CSAP's Service to Science Initiative:

CSAP's Presentation at the 2005 National Prevention Network (NPN) Conference

CSAP presented two workshops at the annual NPN conference convened in August 2005 in New York City. The presentation was well received by both NPNs and community practitioners who praised CSAP's commitment to nurturing the development of locally-developed prevention interventions.

Regional Service to Science Academies

During FY 2005 CSAP's regional CAPTs convened regional-level Service to Science Academies for more than 60 local programs seeking evaluation assistance. States nominated the programs to CAPTs who negotiated selection based on factors such as readiness to advance documented evidence of effectiveness. The regional academies parallel the format and content of CSAP's National Service to Science Academy. As such they begin with a pre-planning and preparation phase, usually requiring some pre-assessment of "where programs are" in terms of documenting, implementing and measuring their interventions; face-to-face delivery of information on evaluation topics of common interest (appropriate to specific subgroups, usually); individualized evaluation technical assistance and development of customized action plans; limited follow-up technical assistance and consultation.

Award of "Mini-Subcontracts" for Evaluation Capacity Enhancements

New this year, CSAP pilot tested a competitive process to award of 25 mini-subcontracts (fixed price at \$30,000 each) through the solicitation and review of proposals submitted to CRP, Inc., the prime contractor. Those eligible to apply for these small sub-contracts to strengthen their evaluation capacity included programs that had participated in regional Service to Science academies during FY 2005 and programs that had attended the FY 2005 National Service to Science Academy, a total of 90 programs. The solicitation was released in September 2005 and awards were announced in December 2005. The 25 top scoring proposals were selected for the award of subcontracts, distributed across CAPT regions as illustrated in the chart on the following page.

REGIONAL MINI-SUBCONTRACT DISTRIBUTION

CAPT	No. of Programs Attending Academies	No. of Proposals Received	No. of Awards Per Region
Central	11	8	3
Northeast	15	7	4
Southeast	10	4	2
Southwest	33	14	9
Western	21	10	7
	90	43	25

National Service to Science Academy

New this year, programs invited to participate in CSAP’s National Service to Science Academy will comprise the 25 programs awarded mini-subcontracts through the competitive review process. Planning is underway for the Academy to be convened February 13-14, 2006; 100% program participation is anticipated. CAPTs will provide concentrated evaluation technical assistance and consultation aimed at working through detailed technical issues outstanding on each program’s proposed evaluation enhancement. CSAP’s expectation is that focused, customized CAPT evaluation assistance supplemented with these small evaluation enhancement subcontracts will enable these programs to advance significantly along a continuum of documented evidence of program effectiveness.

CSAP’s Evidence-based Learning Communities (Science to Service Pilot Initiative)

In partnership with CSAP, the national CAPT system is participating in a pilot project to design a new approach to working with States and local communities to select and implement evidence-based interventions appropriate to meeting their identified community need and local capacity. Working through a cross-CAPT collaborative planning group, the CAPTs have prepared a concept paper for this national pilot project.

Each CAPT will initiate discussions with SSAs to introduce the learning community approach; select one or more SPF-SIG (or other appropriate) States per Region to participate in the pilot; and work with the SSAs and identified communities to solicit input on the primary substance abuse problem to be targeted. Participating communities will be selected with the State, using various readiness criteria. Learning Community events will last about 2 days and will draw between 10 -30 community teams. Teams may be assigned coaches or TA providers including evaluators. Through the Learning Communities, CAPTs will provide customized technical assistance and demonstrate critical thinking skills necessary to: develop understanding of the intervening variables or underlying conditions that each community will tackle; develop community logic models; discuss strategies and approaches that work to address the problem. Expected outcomes of the pilot Learning Communities are to: increase participant knowledge of the Strategic Prevention Framework and the SPF logic model; increase understanding of the underlying conditions associated with the problem in their community; and to increase participant capacity to identify and select evidence-based programs, policies and practices that are appropriate for the identified problem, directed to the underlying conditions that drive changes in the problem, and compatible with local capacity.

Evaluation and Other Collaborations:

- 1) Modification to Contract 277-00-6207: to complete data analysis and reporting of findings for Substance Abuse and HIV grants (34 sites) initially funded in 2002 as three-year projects –

Proposals have been received. Project Officer technical review has been completed and sent to Contract Management.

- 2) Modification to Contract 277-00-6112: to complete data processing and preliminary analysis of methamphetamine/inhalant and ecstasy/other club drugs funded in 2003 as three-year projects until transfer to DCCC. Proposals have been received. Project Officer technical review has been completed and sent to Contract Management.
- 3) CSAP has been an active participant in the National Summit on defining a strategy for behavioral health information management and role within the Nationwide Health Information Infrastructure (Summit). Discussions identify and address key opportunities for the successful transformation of information systems in behavioral health, including the HHS informatics initiatives and the SAMHSA data strategy which features the National Outcome Measures (NOMS). Strategies will be formulated to:
 - develop and maintain nationwide behavioral health informatics standards and nationwide initiatives to facilitate increased adoption of electronic health record systems by behavioral health services;
 - address issues within behavioral health organizations to improve the
 - implement an effective use of information management and electronic health record systems;
 - address complexities of reimbursement, regulatory and reporting requirements;
 - address issues for consumers and their family members and for clinicians and other service providers related to adoption of electronic health record systems; and
 - facilitate interconnectivity and information exchange between mental health and substance abuse treatment and prevention, and other service systems (e.g., general medical, justice, child welfare, etc.).
- 4) CSAP has been working with the CDC around opportunities for collaboration, a recommendation from the Methamphetamine External workgroup. The primary focus at this time is to explore and discuss current activities at CDC and at SAMHSA. A workgroup on this collaboration met twice via conference call to discuss current HIV and Methamphetamine activities. The group is exploring the opportunity of working together on three potential projects. The first is a short-term project around analyzing data regarding Methamphetamine and HIV risk; the second on CDC's methamphetamine projects, and the third on a CDC/CSAP collaboration to develop a new grant program to prevent methamphetamine use.
- 5) SAMHSA will be collaborating with NIDA to explore ways to improve HIV services. A workgroup has met to discuss twelve current grantees that received funding from all three centers and to examine: How funding streams may affect participant outcomes. The workgroup anticipates meeting with these grantees in February.

HIV AND BEHAVIORAL HEALTH ISSUES BRANCH ACTIVITIES

CSAP's Minority HIV/AIDS Initiative (MAI) Discretionary Grant Program

New Discretionary Grants Awarded

Eighty-one (81) new 5-year grants were awarded in September 2005 under the FY 2005 Program Initiative (RFA SP-05-001)--*Substance Abuse (SA), HIV, & Hepatitis Prevention for Minority Populations & Minority Reentry Populations in Communities of Color*.

The grants target African American, Hispanic/Latino, other racial and ethnic minority populations, and post-incarcerated minority populations, disproportionately impacted by the twin epidemics of substance abuse and HIV/AIDS.

This grant program is CSAP's 6th cohort of the MAI. It supports an array of activities to assist grantees in building a solid foundation for delivering and sustaining effective substance abuse prevention and related services by implementing the five steps of the Strategic Prevention Framework by engaging community-level domestic public and private non-profit entities. While grantees have substantial flexibility in designing their grant projects, all are required to base their projects on the five steps of SAMHSA's Strategic Prevention Framework (SPF) to build a service capacity specific to substance abuse, HIV, and hepatitis prevention services.

The average grant award was \$253,828, totaling \$20,560,049 to 24 States and 2 jurisdictions. Thirty-three (33) of the 81 grants were awarded in eleven (11) States with SPF State Enhancement Grants (SPF-SIGs). These 33 grantees are encouraged to collaborate with their State Epidemiological Outcome Work Group (SEOW) to use epidemiological data on substance abuse consumption and consequences when conducting the needs assessment portion of SAMHSA's SPF.

Ongoing Discretionary Grants

Cohort 4 and 5

A workshop for CSAP's Cohort 4 and 5 SA/HIV prevention services grantees was scheduled to take place September 27-28, 2005 in Houston, Texas in conjunction with the annual U.S. Conference of AIDS (USCA). Due to the hurricane, CSAP postponed this workshop to a later date (TBD).

Cohort 6

CSAP held a grantee workshop for Cohort 6 in January 18-19, 2006 in Washington, DC. This meeting included representatives from each of the 81 organizations funded under the *Substance Abuse (SA), HIV, and Hepatitis Prevention for Minority Populations & Minority Reentry Populations in Communities of Color* grant initiative.

The workshop covered substantial information about SAMHSA's SPF concept and how to successfully operationalize the steps of this planning process including conducting a needs assessment and developing a comprehensive strategic plan. A special emphasis was placed on providing information on the required program evaluation and data collection activities of this initiative.

Ongoing Technical Assistance

Onsite Technical Assistance was provided to 14 MAI grantees including learning the role of a Board and Advisory Committee and how to effectively work with these entities; cultural competency; sustainability; coalition building; curriculum/materials development; and prevention case management. Additionally, CSAP provided the MAI grantees the following information: federal and private funding opportunity announcements; peer-reviewed journal articles and research papers on substance abuse prevention, HIV prevention, hepatitis infection; training opportunities; and upcoming related conferences.

CSAP's Minority HIV/AIDS Initiative (MAI) Contract Initiatives

Minority Education Institutions HIV Prevention

CSAP's Minority Education Initiative supports the implementation of culturally appropriate substance abuse and HIV prevention services and increased awareness on the campuses of minority-serving institutions and their surrounding communities. Program activities include training, community outreach, information and referral services, materials dissemination, and workshops led by trained peer educators.

CSAP secured a contractor to function as the Minority Education Initiative Program Coordinating Center (MEI-PCC) to administer this program. A total of 13 subcontracts were awarded to 9 HBCUs, 2 HSIs, and 2 TCUs to implement education and public awareness activities to prevent substance abuse and HIV.

The MEI-PCC will monitor program progress and provide Technical Assistance to the subcontracting institutions to ensure the accomplishment of program goals. The MEI-PCC has developed profiles that describe the substance abuse and HIV prevention service capacity on each campus. These profiles are used to guide the training and Technical Assistance services to be provided to the institutions. Student peer educators will participate in trainings on presentation skills, social marketing (outreach), and materials development.

The MEI-PCC will use the services and resources of the existing SAMHSA contractors including the Centers for the Advancement of Prevention Technology (CAPTs), Addiction Technology Transfer Centers (ATTCs,) and National Clearinghouse for Alcohol and Drug Information (NCADI) for training, technical assistance, and information dissemination.

Awarded Amount

Primary contractor: \$517,628

13 Subcontractors: Awards ranged from \$58,382-\$65,000.

Faith-Based Substance Abuse and HIV Prevention Initiative

CSAP's Faith-based Substance Abuse and HIV Prevention Initiative honors the President's commitment to increase funding to faith-based partners and organizations. CSAP received \$1.7 million to provide training and Technical Assistance to faith-based partners of community coalitions currently funded under the Office of National Drug Control Policy (ONDCP) Drug-Free Communities Support Program (DFCSP). One contract award was made in FY 2005 to provide training, program monitoring, administrative support, and Technical Assistance to 32 DFCSP subcontractors who were required to work collaboratively with their faith-based partners. Training and TA activities include capacity

building, outreach to at-risk minority populations, education on public awareness about HIV and the onset of SA, early identification and referral to substance abuse and HIV prevention and treatment services.

The program objectives are to increase the number of faith-based organizations that will work within the framework of DFCS sub-contractors and collaborative efforts throughout the country and to increase the skills of faith-based prevention practitioners in the areas of social marketing, data collection, analysis and reporting, and peer education training. A concerted effort will be undertaken to increase the number of community residents who receive HIV testing. The contractor will assess the capacity of each DFCS sub-contractor to implement and sustain these programs.

Average Award

Primary Contractor: \$700,000

32 sub-contractor awards: \$25,000 each (totaling \$800,000)

Update on Other Related Activities

National Viral Hepatitis Conference

The Center for Disease Control and Prevention (CDC) sponsored a National Viral Hepatitis Conference in Washington, DC on December 5-9, 2005. CSAP's MAI grantees sent representatives to the conference to broaden their knowledge about how to integrate hepatitis prevention services into their existing care systems/projects.

Hepatitis Vaccination Project

SAMHSA requested \$2.5 million in FY 2005 to expand an existing CSAT contract to provide one time vaccinations against hepatitis A and B virus in HIV/Hepatitis C co-infected populations within SAMHSA's regulated Opioid Treatment Programs, SAMHSA's current MAI sites, and sites with Drug Addiction Treatment Act (DATA) physicians providing buprenorphine treatment. Approximately ten (10) CSAP MAI grantees are involved in this pilot study.

World AIDS Day

The coordinated efforts of the CSAP, Substance Abuse Treatment (CSAT), and the Center for Mental Health Services (CMHS) came together in an observance to bring heightened awareness to SAMHSA's efforts to combat the HIV/AIDS pandemic and to raise awareness and understanding among federal employees about HIV/AIDS, its incidence, prevalence, affects, and prevention.

The SAMHSA observance of World's AIDS Day took place December 1, 2005 at our Gaithersburg, Maryland location. CSAP served as lead on this cross-Center effort. "*Action Makes a Difference*" was the theme unifying World AIDS Day observances across the Department of Health and Human Services. The program, educational and multicultural in nature, featured a dynamic keynote speaker, Ms. Jacqueline Coleman, a mother, and a health professional who shared their personal experiences with AIDS. The NAMES Project AIDS Memorial Quilt was exhibited in the lobby with literature available for visitors to pick up. SAMHSA's paper quilt, an annual staff initiative since 2003, was displayed in segments around the room. An altar and tree memorial was set up to honor Hispanic and Native American traditions for commemorating those who died from AIDS. The program ended with an interactive and entertaining exercise on how the immune system is impacted by the AIDS virus. The event was well attended by staff from across SAMHSA.

SAMHSA's Rapid HIV Testing Initiative

From the conception of this initiative through December 31, 2005, a total of 352,320 rapid HIV test kits have been distributed to 25 States and the District of Columbia. The chart below illustrates the distribution numbers. From August 1, 2004 through December 31, 2005 an additional 210 organizations received rapid HIV test kits and an additional 9 rapid HIV test trainings were completed.

TOTAL NUMBER OF TEST KITS DISTRIBUTED BY STATE			
STATE	NUMBER OF TEST KITS DISTRIBUTED <i>Feb 2004 – July 2005</i>	NUMBER OF TEST KITS DISTRIBUTED <i>Aug 2005 – Dec 2005</i>	TOTAL
Alabama	0	475	475
California	10,000	0	10,000
Connecticut	150	2,775	2,925
District of Columbia	6,950	15,200	22,150
Delaware	6,000	6,000	12,000
Florida	10,000	15,000	25,000
Illinois	0	15,000	15,000
Indiana	15,300	10,000	25,300
Kentucky	6,000	0	6,000
Louisiana	9,100	7,000	16,100
Maryland	25,000	0	25,000
Massachusetts	15,950	9,050	25,000
Michigan	15,000	7,500	22,500
Minnesota	3,950	0	3,950
Nebraska	2,250	0	2,250
New York	63,345	6,575	69,920
Ohio	15,000	800	15,800
Oklahoma	1,200	0	1,200
Pennsylvania	2,000	925	2,925
Rhode Island	900	0	900
South Carolina	525	0	525
Tennessee	1,000	0	1,000
Texas	12,775	15,800	28,575
Virginia	3,025	0	3,025
Washington	1,300	0	1,300
Wisconsin	6,000	7,500	13,500
TOTAL	232,720	119,600	352,320



SAMHSA's Fetal Alcohol Spectrum Disorders (FASD) Center for Excellence

SAMHSA's FASD Center for Excellence was launched in September 2001, under authority of the Children's Health Act of 2000. The Center has six legislative mandates to explore innovative FASD prevention and treatment strategies, facilitate development of comprehensive systems of care, and provide training to professionals in various systems of care.

Since its inception, the Center has piloted or supported innovative strategies such as family summer recreational and educational programs and summits for women in recovery. In addition, through its Building FASD State Systems efforts, the Center has facilitated the initiation of FASD efforts in nearly every State.

The Center has also had great success in the area of information dissemination, winning awards for its video "Recovering Hope: Mothers Speak Out About Fetal Alcohol Spectrum Disorders." The Center has trained more than 10,000 individuals on over 25 topics. Finally, the Center has reached thousands of people across the country and around the world through its web site and Information Resource Center. To date, the Center has had contacts from individuals in nearly every State and from every continent except Antarctica.

The FASD Center's activities during August-December 2005 include the following:

- Convened the biannual Steering Committee meeting in Anchorage, AK on October 31-November 1. One member was added: Judge H. Chico Gallegos, co-chair of SAMHSA's FASD AI/AN/NH Stakeholder Group. Dr. Lorena J. Burris (co-chair of the FASD AI/AN/NH Stakeholder Group) will serve as his back-up.
- Trained approximately 3,320 individuals on FASD.
- Conducted pilot tests of the *Tools for Success* curriculum with juvenile justice professionals in Minneapolis, Denver, and Skagit County, Washington.
- Provided training keynote addresses at several substance conferences, including the Southwest Region Prevention Convention in Dallas and the 27th Annual Utah Fall Conference on Substance Abuse.
- Participated in SAMHSA's FASD Awareness Day In-service that included presentations from a panel mothers with affected children.
- Exhibited the Center's display on FASD at the CSAT Women and Children's Grantee Meeting.
- Convened the 2nd American Indian/Alaska Native/Native Hawaiian Stakeholders Group meeting in Phoenix in October.
- Convened Field Trainers Update Meeting in December in Orlando.
- Completed FASD – The Course and submitted it for Web clearance.
- Provided technical assistance to several States that did not receive subcontracts, including California, Michigan, Nevada, and North Carolina.
- Researched judges' bench books for FASD-related content and drafted a summary of findings.
- Completed proceedings of July women in recovery meeting and submitted for web clearance.
- Completed proceedings of Building FASD State Systems meeting and submitted for web clearance.
- Received 52 new links into the web site.
- Responded to 229 requests for information.
- Received clearance for FASD – The Basics mini-CD and submitted for GPO production and received clearance for the Center's brochure and submitted for GPO printing.

Subcontracts

- Executed option year subcontracts with community, State, and juvenile court subcontractors.
- Provided ongoing technical assistance to community subcontractors, 6 State subcontractors, and all 5 juvenile court subcontractors.
- Made site visits to several subcontractors, including Baltimore City Healthy Start (community), Native American Rehabilitation Association of the Northwest (community), Ohio (State), and Skagit County (juvenile court).
- Prepared alcohol assessment questions recommended for use by the Center's prevention subcontractors.

RECENT AND FORTHCOMING PUBLICATIONS

- “*Sobering Thoughts: The Town Hall Meetings on Fetal Alcohol Spectrum Disorders*,” from the American Journal of Public Health. Tentative publication date: Spring 2006.
- Posted a new issue of the Center's newsletter, *FASD: Knot Alone* to the Web site.

Products in development include:

- Drafted and submitted Publications Planning and Clearance Request to GPO for American Indian/Alaska Native/Native Hawaiian toolkit.
- My Sibling Has a Fetal Alcohol Spectrum Disorder. Can I Catch It? booklet
- What Do I Do? Helping Your Children Understand Their Sibling's Fetal Alcohol Spectrum Disorder booklet
- “What You Need To Know” fact sheets
 - Effects of Alcohol on Women
 - Preventing FASD: Healthy Women, Healthy Babies
 - How Fetal Alcohol Spectrum Disorders Co-Occur With Mental Illness
 - Fetal Alcohol Spectrum Disorders By the Numbers
 - Fetal Alcohol Spectrum Disorders and the Criminal Justice
 - Fetal Alcohol Spectrum Disorders: When Your Child Faces the Juvenile Justice System
 - Fetal Alcohol Spectrum Disorders and the Juvenile Justice System: How Professionals Can Make a Difference
 - Fetal Alcohol Spectrum Disorders Among American Indians, Alaska Natives, Hawaiians
 - Effects of Alcohol on a Fetus
 - Physical Effects of Fetal Alcohol Spectrum Disorders
- Curriculum for Addiction Professionals, level 1 (online) and level 2 (live)

Products in clearance include:

- Spanish version of FASD Center Web site
- Reach to Teach manual
- Partnerships to Prevent Fetal Alcohol Spectrum Disorders Public Education Program Manual

**DIVISION OF PREVENTION EDUCATION
(DPE)**

CSAP/NPN *Prevention Works!*

CSAP's collaboration with the National Prevention Network (NPN) Public Information and Media (PIM) committee continues to produce important training materials for the NPNs and their State and local prevention specialists.

- The following *Prevention Works!* activities occurred at the NPN Research Conference in New York City, August 28-31, 2005: Six additional topics to the Substance Abuse and Other Problems Resource Kit were distributed in draft to the NPN PIM committee. These topics are HIV/AIDS, post traumatic stress disorder, eating disorders, homelessness, disabilities, and incarceration/imprisonment. The NPN PIM committee met on Tuesday, August 30th with Peggy Quigg, Director of CSAP's Division of Prevention Education. Robert Denniston, Director, ONDCP National Youth Anti-Drug Media Campaign, was in attendance to update the committee on ONDCP activities.
- The updated resource kit, Substance Abuse and Other Problems, with the six additional topics, was distributed to the NPN PIM committee in November 2005. The kit also included SAMHSA's Matrix of Priority Programs, various online substance abuse resources, a sampler of State resources, and a PowerPoint overhead presentation. Electronic files of the Kit are available to the NPNs on the *Prevention Works!* password-protected Web site.
- The Rapid Response Advisory (RRA) on the 2004 National Survey on Drug Use and Health (NSDUH) was mailed to NPN members and posted on the *Prevention Works!* password protected web site on September 30, 2005. The RRA on the 2005 Monitoring The Future Study was mailed to NPN members and posted on the *Prevention Works!* site on January 13th.
- The next resource kit on Methamphetamine will be distributed in draft to the NPN PIM committee by January 27th for their review. This kit includes an Overview/Discussion; Federal, National, State, and Community Prevention Efforts; Fact Sheets; various Web-based resources; and a PowerPoint Presentation.
- The *Preventions Works!* monthly conference calls with the NPN PIM committee were held on August 8, September 12, October 10, November 14, December 12 and January 10. Some of the topics discussed were SAMHSA/CSAP's Underage Drinking Prevention Initiatives, ONDCP updates, SAMHSA/CSAP Community Prevention Day, *Prevention Works!* resource kits and other PIM business.

CSAP Internet Redesign

CSAP is in the process of redesigning their web site at www.prevention.samhsa.gov. The objectives of this redesign are to:

- Provide a comprehensive understanding of SAMHSA’s Strategic Prevention Framework (SPF),
- Develop simple and consistent navigation and information architecture so that consumers are streamlined to the information they need on various subjects, and;
- Take full advantage of the technical advances now available, using up-to-date programming techniques, design theories, and navigational concepts, which will make the system easier to maintain and update in the future.

Proposed major components on the home page will include a side bar with links to What’s New, Grants, Prevention Education Tools, Prevention Platform Web site, Tobacco/Synar, Workplace Web site, and Order Information. The foundation of the Web site, as mentioned in the objectives, will be based on SAMHSA’s SPF with links to sections on assessment, capacity, planning, implementation, evaluation, sustainability, and cultural competence. Tentative plans are to launch the new design by early February.

Too Smart Too Start

The Too Smart To Start (TSTS) public health initiative, which began its fourth year in October 2005 with the 12 communities (sites) across the nation, targets 9- to 13-year-olds and their parents/caregivers. The objectives are to:

- Increase the percentage of parents and children who perceive underage alcohol use as harmful,
- Increase the number of parent-child conversations about the harms of underage alcohol use, and;
- Increase public disapproval of underage alcohol use.

Communities

Bethlehem Centers of Nashville
Coalition for a Drug-Free Greater Cincinnati
Coalition for a Drug-Free Newaygo County
Drug-Free Noble County
Informed Families/The Florida Family Partnership
Metropolitan Drug Commission
Nashville Prevention Partnership
New Castle County Community Partnership, Inc.
Oregon Partnership
Partnership for a Healthy Scott County
San Antonio Fighting Back, Inc.
TVS Coalition Network Inc.

Location

Nashville, TN
Cincinnati, OH
Fremont, MI
Albion, IN
Miami, FL
Knoxville, TN
Nashville, TN
New Castle, DE
Portland, OR
Forest, MS
San Antonio, TX
Pittsburgh, PA

In September 2005, a “Lessons Learned Meeting” was held at SAMHSA, in Rockville, Maryland with representatives from the 12 communities. Each site was provided the opportunity to present their TSTS activities and share lessons learned. It was a very productive and informative meeting. It concluded with Gwyndolyn Ensley, Health Communications Initiative for Prevention of Underage Alcohol Use Project Officer, summarizing CSAP’s lessons learned from the field and providing future direction for the TSTS initiative. One new direction will be the implementation of a TSTS listserv so the sites have the ability to communicate and share success stories with one another. The listserv will be implemented in January.

In November 2005, the finalized SAMHSA Youth Prevention National Outcome Measures were provided to the sites. These measures will be used to collect data that will be submitted in the sites’ final report in July.

Numerous TSTS web site updates and enhancements have been made at www.toosmartostart.samhsa.gov:

- Site profiles added for Healthy Scott County, MS and Metropolitan Drug Commission, TN. Updates to the majority of the other site’s profiles with new pictures for some. These profiles include successes the sites have had with various activities they have developed and implemented for TSTS. <http://www.toosmartostart.samhsa.gov/communities.html>
- A new online match memory game that teaches youth about the negative effects of alcohol on the body. <http://www.toosmartostart.samhsa.gov/memory.html>
- A new interactive body game that teaches youth how alcohol acts in your body and what it does to different parts of your body. <http://www.toosmartostart.samhsa.gov/interactivebody.html>
- Additional resources for parents. <http://www.toosmartostart.samhsa.gov/resources.html>

A Family Guide to Keeping Youth Mentally Healthy & Drug Free

A Family Guide to Keeping Youth Mentally Healthy & Drug Free is a public education web site to help parents and other caring adults promote mental health and prevent the use of alcohol, tobacco, and illegal drugs among 7- to 18-year olds. The Web received over 1,332,000 hits in October 2005, which is the largest number of hits in one month.

This web site supports the programs of SAMHSA’s Strategic Prevention Framework (SPF) and the Matrix by helping adults increase protective factors and decrease risk factors for young people. The Family Web also supports the new Stop Underage Drinking initiative; clicking on the “Start Talking before They Start Drinking” design element links directly to a special Family Web page filled with alcohol-related articles and resources.

In February 2006, the Family Guide Web posted a new design featuring enhanced usability and an updated design element. In addition to two new video vignettes modeling how to talk with a teenage about alcohol, the site now has more communication tools and activities for adults to use when interacting with young people.

Comparing the 2004 and the 2005 statistics show that more people are logging on and reading more page. In 2005:

- Unique visitors per month increased 38 percent (counted once, no matter how many times that person logged on in a month)
- The year's total for unique visitors increased 50 percent
- Number of page views was 2 ½ higher (2,900,000 vs. 1,170,000)
- Contact hours increased 117 percent
- Length of average visit – ranged between 14 to 20 minutes

Articles are based on the SAMHSA parenting principles, which emphasize that parents can make a difference in the choices their children make when they:

- Establish and maintain good communication.
- Get involved in the child's life.
- Make clear rules and enforce them with consistency and appropriate consequences.
- Be a positive role model.
- Teach children to choose friends wisely.
- Monitor each child's activities.

Making Prevention Work: A Strategic Framework for Success

CSAP is developing a publication that provides an overview of the Strategic Prevention Framework (SPF) and discusses how the SPF helps CSAP grantees develop and evaluate broad-based, comprehensive prevention programs. The publication's contents also explain how CSAP's state and community prevention programs use evidence-based practices to achieve effective prevention programs for individuals, families, and entire communities.

In addition, this document clarifies SPF concepts, programs, principles, and strategies for prevention programs coordinated at the Federal, State, and community levels. Written in easy-to-understand language, the book targets lay constituents, coalition members, volunteers, substance abuse specialists, and others who are interested in prevention activities.

The chapters include:

- How serious are American's alcohol and illicit drug problems?
- What ideas have developed about making prevention work?
- What is the groundwork for successful prevention?
- What are the most important elements of this Framework?
- How do we implement effective prevention?
- What does it take to move from vision to practice?
- What resources are available for the prevention journey?

Underage Drinking Initiatives

Prevention Underage Alcohol Use: A National Meeting of the States (National Meeting)

SAMHSA's Administrator, Charles Curie, chair of the Interagency Coordinating Committee for the Prevention of Underage Drinking (ICCPUD) opened the National Meeting with a charge to the States/Territories and the District of Columbia to help the Nation build a concerted effort to tackle the issue of underage alcohol use. The US Department of Health and Human Services' Secretary, Mr. Leavitt, announced the launch of the Start Talking Before They Start Drinking public service

advertising campaign to reduce underage drinking. The campaign aims to help parents do what seems simple but too often is hard—to talk with their children about underage drinking. In addition, Secretary Leavitt announced the launch of the ICCPUD Web site, www.StopAlcoholAbuse.gov, to reduce underage drinking to reduce underage drinking. The ICCPUD Web site provides pertinent and useful information on resources about underage drinking for parents, youth, community- and faith-based organizations, educators, enforcement officials, and prevention and treatment professionals. The Surgeon General launched the first Surgeon General’s Call to Action on underage drinking in the United States. This action is being taken to ensure that everyone understands the negative health, family, and societal consequences of underage drinking

The National Meeting convened and supported more than 50 teams from US States, Territories, and the District of Columbia to address the serious problem of underage alcohol use. There were more than 400 hundred attendees present. The National Meeting consisted of two key elements: 1) Panels of experts and colleagues sharing knowledge and experience about underage alcohol use and what works to prevent it; and 2) State team planning sessions – structured team activities to facilitate State plans to address underage drinking on a Statewide bases.

Each State/Territory team included senior State officials from the Governor’s office in the fields of prevention, enforcement, education, highway safety, health, and alcohol control. The teams received the most recent information on the scope and consequences of underage alcohol use as well as evidence-based strategies for addressing the issue through the panels and the breakout sessions. In addition, they were given the opportunity to consider how they currently address the issue and how they can strengthen their efforts based on the new information presented during the state team planning sessions.

At the end of the meeting teams had an opportunity to plan their participation in town hall meetings and teach-ins during spring 2006 to raise awareness of underage drinking issues by coordinating and conducting these two events locally.

Underage Drinking Prevention: National Town Halls

The States and Territories were charged to hold State and local Town Halls on or around March 28, 2006, and subsequently a Teach-In during the week of April 3–7, the first week of Alcohol Awareness Month. The States and communities were asked to raise awareness of underage drinking issues by coordinating and conducting these two events locally. These activities will help the community learn the dangers of underage drinking, the importance of preventative steps for youth, and other steps the community can take to prevent underage alcohol use. All the Drug Free Community Grantees and other community-based organizations that are recommended by the State/Territory Teams will be eligible for the \$1000 scholarship. SAMHSA will provide all materials and technical assistance to the participating organizations by providing Town Hall Planning Guide, Scholastic Inc Special Supplements, and other tools for conducting the two events.

Reach Out Now Teach-In (RONTI)

For the third consecutive year, the Substance Abuse and Mental Health Services Administration (SAMHSA) in collaboration with Scholastic, Inc will sponsor RONTI for a week in April. These Teach-Ins focus on educating fifth- and sixth-grade students about the dangers of alcohol use among young people. A new twist to this effort this year is combining the teach-ins with community town hall meetings. Holding these two events closely together will provide the opportunity for all aspects of the community to get involved around the issue of preventing underage alcohol use. In addition, it will help

the States and their communities come together in a concerted effort in tackling the issue of underage alcohol use. Scholastic Inc will distribute the Reach Out Now Special Supplements to every fifth and sixth grade in the Nation.

CSAP publications that have been printed from August – December 2005.

Fact Sheets:

Independent Living for People with FASD

Understanding FASD-Getting a Diagnosis

FASD Brochure

Reprints:

Too Smart To Start Game

Native American Children's Program Kit

**DIVISION OF WORKPLACE PROGRAMS
(DWP)**

- A. Organizational Changes - N/A
- B. Update on Program Activities

Federal Workplace Drug Testing Program – Updates on the National Laboratory Certification Program (NLCP)

The Division of Workplace Programs (DWP) established the NLCP contract to manage the initial and ongoing certification of laboratories engaged in federally mandated workplace drug testing for Federal agencies. This requirement for maximum quality assurance in forensic drug testing was first directed by Executive Order 12564 and Public Law 100-71, 19 years ago and is still required. On April 13, 2004, proposed revisions to the Guidelines were published in the Federal Register that would allow Federal agencies to go beyond urine testing and include workplace testing for hair, oral fluid, and sweat specimens as well as to allow on-site testing of urine and oral fluid specimens. The proposal is predicated on scientific advances that will allow the use of these alternative/complementary biological matrices and drug testing technologies to be used with the same level of confidence that has been applied to the use of urine. The proposed changes indicate when these alternative specimens and testing devices may be used, the procedures that must be used in collecting specimens, and the certification process for approving a laboratory to test these alternative specimens. The proposed revisions, as published in the Federal Register, were open for a 90-day public comment period. More than 2,000 separate comments were received from 285 commenters. All comments were evaluated, and recommendations for the final text for both technical and administrative were prepared and submitted for review and action at higher levels of Federal government.

Federal Drug-Free Workplace Program – Federal Agencies

DWP continues to coordinate requests from numerous Federal agencies to make modifications to their Drug-Free Workplace Program (DFWP) plans. DWP works with the Office of National Drug Control Policy (ONDCP), the Department of Justice and the Office of Personnel Management to obtain the necessary concurrences for this revision process. Additionally, DWP continues to work with personnel from all the Federal agencies in the Executive Branch to gather data summarizing their DFWP activities.

During this period, DWP was successful in scheduling and serving as a key participant in a meeting of the Interagency Coordinating Group Executive Committee chaired by ONDCP. The meeting was needed to obtain the Committee's review and concurrence of requests from several Department of Defense (DOD) agencies. After the meeting, DWP summarized the results of the meeting and articulated the necessary Committee concurrences in letters to the DOD. Comments received back from the DOD Demand Reduction Program Manager were quite positive and appreciative of DWP's efforts to bring these requests to closure.

DWP has established a close and ongoing working relationship with the department level officials of the Department of Homeland Security (DHS) who are working on how best to structure and implement the DFWP within the Department. DWP recently met with DHS officials concerning their draft DFWP plan. DWP is providing advice and technical assistance to those officials as this process moves forward.

Using a support contract, DWP has developed a draft plan and draft procedures to implement visits to a number of Federal agencies to review the operations of their DFWP's. Upon obtaining and analyzing the information from the agencies, DWP will provide the appropriate technical assistance to each agency, to help them maximize the effectiveness of their required drug free workplace programs.

Drug Testing: Advisory Board/Medical Review Officer Training/Meetings

DWP conducted a Drug Testing Advisory Board meeting at the Bethesda Marriott Residence Inn on September 6 and 7, 2005.

Ron Flegel was a participant on the NLCP inspection at the MedTox Laboratory, Minneapolis, Minnesota, on September 15-16, 2005, and on the inspection of the Fort Meade Drug Testing Laboratory on December 14, 2005.

The Drug Testing Team went on a site visit to our NLCP contractor, Research Triangle Institute, from September 20 to 22, 2005.

The Drug Testing Team attended the annual meeting of the Society of Forensic Toxicologists held in Nashville, Tennessee, on October 16 to 21, 2005. While at that meeting, the Drug Testing Team participated in the DWP sponsored NLCP Training Workshop for NLCP laboratory inspectors and laboratory directors.

Dr. Donna Bush presented several lectures on drug testing and chemistry issues at the Medical Review Officer (MRO) training course held in Dallas, Texas, on November 19-20, 2005, and at the American Society of Addiction Medicine MRO training course held in Washington, DC, on December 9-11, 2005.

Dr. Donna Bush made an emergency trip to testify in a Federal court hearing involving one of our certified laboratories in Asheville, North Carolina, on November 23, 2005.

Dr. Donna Bush gave a presentation on the congressional hearing and specimen validity testing to the Department of Energy in Gaithersburg, Maryland, on December 1, 2005.

Bob Stephenson, Dr. Donna Bush, Ron Flegel, and Charles LoDico attended the ROSITA II conference held in Baltimore, Maryland, on December 5-6, 2005.

DWP conducted a Drug Testing Advisory Board meeting in the SAMHSA building on December 13 and 14, 2005.

The Drug Testing Team conducted a site visit to the NLCP contractor, Research Triangle Institute, from January 21 to 23, 2005.

Geographical Information Systems

DWP was instrumental in developing the White House Helping America's Youth website, which was presented as a First Lady Initiative to the public in October 2005. The core mapping task was to create a simple, easy to use mapping interface that enabled communities to define their community, assess the demographic characteristics and federal resources within their community, and develop and maintain a database of federal resources. DWP assisted the SAMHSA Emergency Response Center (SERC) by providing spatial analyses of SAMHSA resources and tracked the deployment of staff in the areas impacted by Hurricanes Katrina, Rita and Wilma; assisted CSAT in developing spatial analysis for targeted grant programs; produced geo-mapping analysis for ONDCP which identified federal resources within target/key cities; and we are assisting CSAP/DKASI with the redesign of the Prevention Platform, including a new mapping interface. We also are working with other federal agencies to develop a computer mapping website that will allow grantees, project officers and researchers to perform substance abuse, prevention and treatment analyses.

Workplace Helpline

The Workplace Helpline (1 800 WORKPLACE) continues to provide unique resources, information, and technical assistance to employers and the public. The Drug-Free Workplace Helpline is housed within the DWP offices and provides a toll-free telephone-based consulting service that assists employers, managers, union officials, and operators of community-based substance abuse prevention programs with development and implementation of workplace substance abuse prevention initiatives and programs. The Workplace Helpline Specialist use telephones, Websites, faxes, and e-mail to communicate information and responses to myriad policy and workplace substance abuse prevention situations. During the period August 2005 to January 2006 Helpline personnel facilitated an average of 15 – 20 communications per day.

Workplace Substance Abuse Prevention Special Populations and Applications

Young Adults in the Workplace Cooperative Agreement

The Young Adults in the Workplace (YIW) grantees have submitted their fourth quarter reports. They have completed their first year goal of designing their young adult initiative, after having individually and collaboratively considered a variety of approaches to workplace-based substance abuse prevention and early intervention for young adults (ages 16 to 24). Grantees have partnered with a diverse set of workplaces and are currently conducting pilot studies and collecting baseline data for their interventions. Many grantees are using GetFit as one aspect of their interventions, and those grantees are working in a group to enhance these programs for specific populations within the workplace.

The 13 grantees attended a 2-day Technical Assistance Forum with the DWP Project Officer, RTI experts, and a number of outside substantive experts on November 30 – December 1 in North Carolina. Additionally, the grantees will be attending and participating in the CADCA Forum and CSAP Community Prevention Day, February 12 -16, 2006 in Washington, D.C.

The YIW cross-site evaluation is proceeding on schedule. The cross-site evaluation team developed a detailed cross-site evaluation plan and distributed it to the grantees. In addition, the team conducted four rounds of quarterly technical assistance calls with each of the grantees in the first year and provided additional technical assistance to grantees as needed, primarily focused on their plans for collecting data

from human subjects. Much of this assistance is made possible through the use of an innovative web-based project portal.

The grantees are currently preparing their reapplication packages for phase II funding. The Substance Abuse and Mental Health Services Administration (SAMHSA) announced availability of FY 2006 Phase II funding for grantees currently being funded for Phase I of the “Youth Transition into the Workplace” (YIW) grant program (now referred to as “Young Adults in the Workplace”). The Phase II YIW Grants will be competitively selected to implement their enhanced/updated YIW interventions to provide specific substance abuse prevention and early intervention programs in identified workplaces for young employees ages 16 to 24.

It is expected that approximately \$2.0 million will be available to fund up to 4 Phase II awards. Phase II awards will be made by September, for up to \$500,000 per year for 3 years to implement and evaluate the programs developed during Phase I of the YIW program. Actual award amounts may vary, depending on the availability of funds. The Phase II grants will be awarded by SAMHSA’s Center for Substance Abuse Prevention.

The only eligible applicants for Phase II funding are current SAMHSA/CSAP Phase I grantees who: have successfully completed Phase I of the program; have documented their ability to collect required CSAP NOMS data and related administrative and employee related data necessary for the YIW cross-site evaluation; have collected appropriate process data for Phase I; have adequate numbers of employees to have sufficient statistical power to trust outcome findings; demonstrate a good probability at the end of Phase II to compete for NREPP status; and have met all Phase I requirements including turning in a final report with both a process report and a replication manual. PHASE II continuation for funding application’s due date is April 30, 2006.

CADCA Partnership

CADCA along with CSAP and DWP continue to collaborate in bringing more employers and businesses into the existing Community Coalition process nationally. The YIW grantees and key DWP workplace prevention contractors will participate in Prevention Day, February 14. Additionally, DWP will sponsor a lecture at the CADCA meeting, February 16 on How Community Coalitions can better Partner with Workplaces.

CSAP Workplace Web site

In September 2005, DWP funded a new contract to a small business, Development Services Group (DSG) to enhance the content and organization of SAMHSA’s Workplace Website. DWP with DSG continues to develop and assemble existing materials in several topic areas, including drug testing, labor issues in drug-free workplace programs, young adults in the workplace, and the economics of workplace drug prevention and early intervention programs. Through the contract, DWP continues to monitor the use of the website, the analysis of web trends, and the formulation of recommendations for better meeting the needs of users. DWP along with DSG continues to improve the organization of the web site, to be more responsive to the needs of the users. The website continues to connect to GetFit.SAMHSA.Gov and to the SAMHSA Family Website.

CSAP Research Report Finding

Emerging Issues

DWP developed an issue paper on substance abuse and the uninsured worker, and then convened a small symposium to discuss the topic. Uninsured workers have disproportionately large substance abuse problems and less access to prevention and treatment. Home-based workers pose additional challenges. No proven interventions exist for the growing population of uninsured American workers.

CSAP Workplace Kit and Get Fit

In September 2005, DWP with its new contract awarded to a small business, Development Services Group (DSG) began to update, enhance, and more closely integrate SAMHSA's Drug-Free Workplace Kit website and its GetFit health and wellness website. DWP will be developing a wide range of new material, including new content, interactive components, training modules, and tailored versions for special workplace populations. To date, the current Workplace Kit has been evaluated and critiqued and an outline suitable for a print version and a website version has been developed and approved. In line with SAMHSA's mission and needs, DWP is seeking ways to address drug-free workplace programs in the context of health and wellness programs, with special attention to prevention and early intervention of substance abuse, as well as stress in the workplace and co-morbid mental health issues. DWP has completed a new draft section on legal issues (from a leading expert in the field), and new draft sections on drug testing, the motivation of the workforce, return on investment, and workplace health and promotion programs. Final print and web versions of the Kit are due to be available for use by Fall 2006.

DWP oversaw the successful transfer of the GetFit website to DSG's server from the past contractor. Training and support to users continues to function without any major issues. A half-day session on GetFit at the YIW Technical Assistance Forum in Chapel Hill, North Carolina was held in early December 2005. DWP, RTI and DSG continue to assist YIW grantees in their enhancement of GetFit for young adults in the workplace.

C. Intergovernmental Agencies Collaborations

DWP continues to meet on a regular basis with a variety of government agencies in regard to issues related to substance abuse in the workplace.

**SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
CENTER FOR SUBSTANCE ABUSE PREVENTION
NATIONAL ADVISORY COUNCIL**

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