

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

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OFFICE OF THE DIRECTOR

Organizational Changes

Dennis O. Romero 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, and a portion of funds appropriated to other agencies and offices. The Center has a staff complement of 105 FTEs. 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 responsible for 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. 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.

Ms. Rose Kittrell is currently the Acting Deputy Director, Center for Substance Abuse Prevention, Substance Abuse Mental Health Services Administration. In this capacity she provides national leadership in the development of policies, programs and services to prevent the onset of illegal drug use, underage alcohol and tobacco use, and to reduce the negative consequences of using

substances.

Previously, Ms. Kittrell served as the Acting Director, Division of State and Community Assistance (DSCA). DSCA is responsible for carrying out the Center's responsibilities related to the development of States and communities capacity to provide and implement effective substance abuse prevention. The Division administers the prevention portion of the Substance Abuse Prevention and Treatment block grant, the Strategic Prevention Framework/State Incentive Grants, and the Office of National Drug Control Policy's (ONDCP) Drug Free Communities Support Program, as well as other initiatives. Her position of record is Director of CSAP's Division of Knowledge Application and Systems Improvement (DKASI), which provides leadership in the identification of effective substance abuse prevention programs, practices and strategies and their dissemination, as well as provides administrative oversight for HIV/AIDS, Meth/Ecstasy grant programs and emergent substance abuse issues.

She has a distinguished career in public service both at the state and federal levels spanning more than 30 years. She began her federal service with the Center for Substance Abuse Prevention, formerly the Office for Substance Abuse Prevention, in 1989, as a Project Officer. She has since held numerous positions including: Acting Chief, High Risk Youth Branch; Acting Director, Office on Early Childhood; Chief, HIV/AIDS Behavioral Health Issues Branch and Director, Division of Knowledge Application and Systems Improvement.

Prior to coming to SAMHSA, Rose was Director of the Substance Abuse Prevention for the state of North Carolina and National Prevention Network (NPN) representative for North Carolina; and Assistant Director and Counselor/Educator for the Substance Abuse Program at Livingstone College in Salisbury, North Carolina.

She holds a Masters of Social Work degree from the University of North Carolina-Chapel Hill and a Masters of Divinity from Wesley Theological Seminary in Washington, DC.

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

Budget Activities

The Center for Substance Abuse Prevention (CSAP) is currently implementing its fiscal year 2006 activities, and is in the process of funding an impressive range of grant and contract programs. The Programs of Regional and National Significance (PRNS) total for FY 06 is \$192,901,000. 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 projected total of 40 SPF SIG grants for \$91M, the HIV program with a total of 149 grants totaling \$39.4M, Workplace grants for approximately \$2M, Methamphetamine grants totaling \$3.9M, and 10 conference grants totaling \$.25M.

CSAP also continues 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. We also continue to focus our key technical assistance mechanism, the Centers for the Application of Prevention Technologies (CAPT) contracts on the areas of greatest need, and we are refining our data collection and analysis contract, the Data Consolidated Coordinating Center (DCCC), to enable both grantees and SAMHSA entities to report and access data to guide the development of their programs. Other significant contract activities include our ongoing State Epidemiology Outcomes Workgroup contract, which provides technical assistance to non-SIG states, our Fellowship program, which provides funds to support prevention fellows in every state, our Older Adults contract, which focuses on prevention needs across the lifespan of our aging population, and our Staff Training contract, which identifies and provides key training to CSAP staff in order to ensure our expertise in critical areas, mirroring our recognition of the importance of the development of the prevention workforce throughout the nation.

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

CSAP also is in the process of awarding and managing \$335M in Substance Abuse Prevention Block Grants, \$10.2M in Block Grant Set-Aside programs, \$4.5M 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.

Subsequent to the development of the FY 07 Congressional Justification, The House Labor/HHS/Education Full Committee on Appropriation passed a bill that essentially restores CSAP to the current FY 06 level. It is important to remember that as Congress continues to consider our request, the final FY 07 amount is likely to change.

Grant Programs

CSAP issued four Requests for Applications (RFAs) for FY 2006:

- *Strategic Prevention Framework State Incentive Grants (SPF SIG)*. This infrastructure development program provides funding to States, territories, federally recognized Tribes and Tribal organizations to implement SAMHSA's Strategic Prevention Framework. SAMHSA envisions the SPG SIGs being implemented through partnerships between the States/Tribes and communities.
- *The Drug Free Communities Support Program (DFCSP)*. The RFA is 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.
- *Prevention of Methamphetamine Abuse*. These grants will support expansion of methamphetamine prevention interventions and/or infrastructure development.

SAMHSA/CSAP is currently in the process of planning for its FY 2007 RFAs.

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

A pilot group was organized to test the best approaches and content to achieve the above mentioned skill sets. Their efforts resulted in a recommendation for CSAP to provide community learning group opportunities for its staff and drafted a curriculum to support the achievement of those skill sets in a learning community environment.

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.

CSAP is working with the MFP program to identify persons working on prevention specific topics and how to share that work with our staff members.

Rural Health Issues

Based on the findings from two expert meetings held in the fall 2005 and winter 2006, the Interdepartmental Rural Behavioral Workgroup has developed a draft logic model and draft action steps on workforce development.

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 a report on the NOMs currently available for the children and families program priority area. The workgroup, under the new leadership of Larke Huang, is currently reassessing its workgroups and identifying future target areas.

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 2006 Request for Applications/Grants Management Process Update

We received 352 new applications that peer review staff screened for format and the Office of National Drug Control Policy (ONDCP) screened for programmatic eligibility. A total of 282 were forwarded for review. Ineligible applicants received letters within 30 days confirming their ineligibility.

We also received 37 Mentoring applications that peer review staff screened for format and ONDCP for programmatic eligibility. ONDCP screened out two applications. A total of 35 applications will be sent for peer review.

CSAP received ONDCP approval for 97 peer reviewers and issued peer review packets on May 25, 2006 with a two week turn-around time for review.

CSAP participated in five ONDCP conference call trainings for peer reviewers from May 25-May 31, 2006. An additional training for mentoring peer reviewers is being scheduled with ONDCP.

We also participated on May 17, 2006 with ONDCP to brief the Congressional Drug Caucus on the DFC peer review process.

FY 2006 Non-Competing Continuation Applications

SAMHSA/CSAP reviewed 600 non-competitive continuation applications for programmatic and grant compliance and we forwarded a spreadsheet on received data elements to ONDCP in late June. SAMHSA Grants Management plans to issue Notice of Grant awards for continuation applications following ONDCP funding approval.

DFC Online System for Grantee Progress Reports

CSAP received nearly 100 percent of DFC grantee first semi-annual progress reports in mid-May through the new web-based COMET system. This is a significant improvement when compared with submission rates prior to COMET. Both ONDCP and SAMHSA have received positive comments from grantees who report COMET is a user friendly management tool for tracking coalition progress year round. The system and the required progress reports are organized around the Strategic Prevention Framework steps and administrative management data. Earlier this year, SAMHSA provided regional

and offsite training for grantees to assist them in making the transition to a web-based management system.

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.)

Additional SPF SIG Awards to be Made in Late Summer

The FY 2006 SPF SIG Request for Applications (RFA) resulted in 47 applications being submitted to SAMHSA by the May 1 receipt date. For the first time, the 2006 RFA expanded SPF SIG eligibility to include Federally recognized Tribes and Tribal organizations. With this in mind, CSAP conducted a special technical assistance workshop in Denver specifically for prospective Tribal applicants in addition to a regular State and territory applicants' workshop. A total of 47 applications were received that included a significant number from Tribal entities. The applications were reviewed and scored by peer review committees in early June. The SPF SIG applicants' secondary review by the CSAP National Advisory Council will take place in July and final awards will be made in late Summer to an expected 12 to 15 new grantees. This will be the third cohort of SPF SIGs – (cohort one, 21 grants awarded in FY 2004 and cohort two, 5 grants awarded in FY 2005).

SPF SIG State Epidemiological Workgroup (SEW) Trainings

CSAP held two multi-state workshops for the 21 Cohort 1 Strategic Prevention Framework (SPF) State Incentive Grant (SIG) grantees in March and May 2006 in the Washington, DC area. The focus of the workshops was on the development of logic models at the community level that link causal factors and risk and protective factors to SPF SIG priorities.

Specifically, the multi-state workshop was designed to do the following:

- Further develop state-to-state peer networks for cross-site learning;
- Establish an in-depth understanding of the outcomes-based prevention model and its application at the community level;
- Develop a process to implement outcomes-based prevention at the community level based on priorities selected through the SPF SIG assessment efforts; and
- Collaborate in the review and further development of outcomes-based prevention models (e.g. logic models) for three commonly targeted priorities (alcohol related motor vehicle crashes, underage drinking and methamphetamine use).

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 review of all 59 FY 2006 State Annual Synar Reports (ASR).

Based on this review, all States, the District of Columbia, and four U.S. Territories met the annual Synar target rate for FY 2006. This compliance 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 (Republic of the Marshall Islands, Republic of Palau, and U.S. Virgin Islands) did not comply with the Synar regulatory requirements. Specifically, the Republic of the Marshall Islands and the U.S. Virgin Islands neither conducted the required annual Synar inspections nor provided evidence that they enforced their tobacco access laws in FY 2005. The Republic of Palau reported a retailer violation rate of 65.5 percent, which is 45.5 percent higher than its negotiated target rate of 20 percent

FY 2006 Synar Compliance

The Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act of 2006 (H.R. 3010) contains language (section 214) that prevents the Secretary of Health and Human Services 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. This applied to the three Territories noted above.

Synar National Meeting

CSAP has scheduled a Synar National meeting for September 14-15. The “8th National Synar Technical Assistance Workshop” will be held in Gaithersburg Maryland. Invitees will include the Synar lead for each State and the SSA Director or designee with Synar duties. This event celebrates a decade of steady progress in achieving Synar performance goals and provides States an opportunity to share innovative methods for planning and implementing effective youth tobacco access reduction strategies and to share solutions for sustaining successful tobacco access reduction systems. Ten States have completed early registration for the Meeting.

Synar Statistical Estimation System (SSES) Training

SESS training this year will be held during the “8th National Synar Technical Assistance Workshop” in September. DSCA identified several States that needed additional training and sent an e-mail to those States’ Single State Authority directors encouraging their workshop representatives to attend the SSES training.

Synar Coverage Survey Requirement

In 2000, the Government Accountability Office (GAO) conducted an assessment of SAMHSA’s implementation of the Synar regulatory requirements. One of the findings indicated that some States may be using inaccurate or incomplete lists of tobacco retailers to select the random sample of outlets for the Synar survey. The GAO recommended that SAMHSA work more closely with the States to increase the accuracy and completeness of tobacco retailer lists for the Synar survey.

CSAP has taken several steps to address this recommendation. The Center Director sent a letter to all States in November 2005 concerning coverage study issues, developed a “Guide for a Synar Sampling Frame Coverage Study” and program guidelines for planning and implementing sound coverage studies, and released these guidelines to the States. DSCA is also providing technical assistance to States, as needed, to meet the new coverage study requirement.

In their 2006 annual Synar report, two States reported they had already completed a coverage study, 26 States reported they plan to conduct a coverage study this year, and 13 States reported they plan to conduct a coverage study next year. Six States have received technical assistance on coverage studies, and three more have been approved for assistance this year.

Synar Site Visits

DSCA recently reviewed Synar sampling and inspections procedures in two States for comparison with the methodologies approved in their annual Synar reports. These visits showed that, while the States were following written procedures, each needed additional quality control improvements to assure Statewide consistency with approved methodologies. The lessons learned from these visits are being used to incorporate appropriate questions into the standard System Review Guide that will be used with all States to further assure the quality of their Synar survey results.

Other Synar Efforts

The Synar Sampling Support task was added to the Strategic Prevention Framework Advancement and Support activities Task Order in FY 2006. Under this task, review States’ annual Synar reports for sampling and statistical issues, and advise DSCA on questions that may affect reliability or validity of the Synar surveys. This sampling review helps CSAP project officers work with the States to validate the Retailer Violation Rates reported by the States.

DSCA has conducted an internal Synar training session to train new State Project Officers on the Synar review process, procedures, and State reporting requirements. Several more training sessions are planned for summer 2006. A training for Synar sampling consultants was held in June 2006 to provide an overview of the Synar requirements and CSAP’s expectations for quality and precision of sampling designs drafted by States

SAPT BLOCK GRANT APPLICATIONS

All 60 SAPT Block Grant applications (prevention and Synar) have been approved for FY 2006.

STRATEGIC PREVENTION FRAMEWORK ADVANCEMENT AND SUPPORT (SPFAS) ACTIVITIES

The SPFAS tasks emphasize performance management development in the SAPT 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 sampling and 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

SPFAS is rebuilding the e-Prevention intranet database to integrate its several functions as a user friendly tool for CSAP's SAPT Block Grant and Synar planning and management, and to assure that no duplication exists with the DCCC functions. E-Prevention enables State Project Officers and other CSAP staff to quickly access information on technical assistance and system reviews conducted in States, Block Grant set-aside and Synar data, and State directories. The database facilitates the Block Grant reengineering recommendations for increased electronic communication, data sharing, and electronic approvals.

State Workforce Development

CSAP/SPFAS implemented the second Prevention Leadership Academy (PLA) event for 51 State National Prevention Network members, held concurrently with the CADCA Leadership Forum, February 14-16, 2006, in Washington D.C. Extensive input from the NPN Workforce Development Committee and Executive Committee was used in designing this ongoing series of leadership events for State prevention leadership development.

The focus of the PLA was on experiences and skills NPNs need to adapt and exert leadership in continually changing national, State, and local environments to create systems change within their States to enhance outcomes. The presenters, senior members from the Cambridge Leadership Associates, designed the PLA agenda and interactive adult-learning format which focused on discussion and demonstration of key concepts related to Adaptive Leadership and small group work to practice and further discuss the key concepts.

NOMs Readiness Meetings

Two multistate meetings are being proposed to assist States in assessing their ability to collect and report on NOMs and plan for targeted individual technical assistance to address collection and reporting requirements, as well as the use of data in performance management. The events are designed in two phases: 1) Clarification of SAMHSA National Outcome Measures (NOMs) expectations for the Block Grant and State assessment of its own infrastructure capability to collect and report on NOMs data; 2) Planning for State movement toward performance management based on State's data infrastructure readiness status.

Evidence-Based Programs

Plans are underway for technical assistance to States on approving evidence-based prevention programs, policies and practices.

A report to CSAP was developed and issued in February 2006 by a workgroup of prevention researchers who met during the summer and fall of 2005 to define evidence-based criteria. The report is being used as the basis for a CSAP evidence-based programming guide for States, developed by DKASI. In addition, evidence-based logic models for substance use behaviors are being developed starting with (1)

underage drinking; (2) consequences of alcohol misuse (binging/heavy drinking); (3) methamphetamine use; (4) marijuana use; and (5) alcohol related motor vehicle crashes.

The logic models will be included as an appendix to the evidence-based programming guide and will assist States in easier access to evidence-based research. SPFAS has also begun looking at TA planning on a regional basis.

Pacific Island Jurisdictions Technical Assistance

SPFAS worked with the Pacific Island jurisdictions State Project Officer to create a proactive plan for technical assistance Pacific Island jurisdictions based on needs identified during the system assessments conducted in 2004. The coordinated technical assistance plan will save costs involved with travel to the Pacific Islands by delivering strategic prevention technical assistance at a central location and developing regional “learning communities” and regional strategies for technical assistance for both prevention and Synar.

Site Visits (System Reviews)

The combined prevention and Synar system review site visits were conducted in 17 States since January: Arkansas, Delaware, District of Columbia, Florida, Hawaii, Louisiana, Michigan, Nebraska, New Jersey, New Mexico, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, Texas, and Virginia. Eleven more system reviews are scheduled between July and the end of the fiscal year.

A training session for SPOs and site visit consultants was completed in January, 2006, and based on input from this training a final Draft System Review Guide and report format were prepared in April for SPO and Management review. SPFAS has developed a new State infrastructure assessment tool to help States assess their readiness to report on outcome measures and achieve outcomes, in anticipation of SAMHSA NOMs requirements.

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

ORGANIZATIONAL/PERSONNEL

Ms. Tholyn Twyman joined DKASI in May as the new Division Secretary.

PRACTICE ASSESSMENT AND APPLICATION BRANCH UPDATE

PAAB Grant Programs

SAMHSA/CSAP's Methamphetamine Initiative:

The Center for Substance Abuse Prevention (CSAP) accepted applications for fiscal year 2006 for grants to support expansion of methamphetamine prevention interventions and/or infrastructure development. This program addresses the growing problem of methamphetamine abuse and addiction by assisting localities to expand prevention interventions that are effective and evidence-based and/or to increase capacity through infrastructure development. The goal is to intervene effectively to prevent, reduce or delay the use and/or spread of methamphetamine abuse.

It is expected that up to \$3.3 million will be available to fund 9-11 awards in FY 2006 (September 2006). Annual awards are expected to be from \$300,000 to \$350,000 per year in total costs (direct and indirect) for up to 3 years.

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 obtained results from this grant study in early 2006.

Summary of Findings are as follows:

All eight of the study programs were able to substantially continue core principles of the program.

- **Four of the programs were able to partially sustain the service package.** They continued all services at a reduced rate, or continued a part of the service package (the lowest estimate of the percentage of services sustained was 60 %).
- **Three of the programs were fully sustained.** These programs continued the full program of services consistent with the principles that defined the SESS approach.
- **The most common funding sources were Medicaid, State funds of different kinds, and local child welfare or other related funds.**

Analysis of findings:

Improvement in the ability of providers to sustain positive innovation in services for early childhood behavioral health and development will require careful matching of demonstration programs in

compatible organizational environments; emphasis on strong implementation and support of innovations during the demonstration period; clear documentation of program service strategies, effectiveness, and cost; and adaptive, flexible, and careful strategies to continue funding without losing positive service innovations. Just as important, it will require changes in the funding environment that will allow successful innovation in program service to more efficiently drive the allocation of funds to promote positive outcomes for young children.

State Epidemiological and Outcomes Workgroups (SEOWs):

Background

PAAB is charged with providing technical assistance to the 26 Strategic Prevention Framework State Incentive Grantees (SPF SIG).

Nineteen States and two territories were awarded SPF SIG funds in September, 2004 (Cohort 1); an additional five States received SPF SIG funds in June, 2005 (Cohort 2). States that received SPF SIG funds are required to establish and operate SEOWs during the life (five years) of the grant.

Year 1 of the SPF SIG is focused on SPF Step 1: *Assessment*. SEOWs play an important role in assessment by identifying and analyzing a set of epidemiological data elements to describe substance-related consequences and consumption patterns; determining key substance-related problems (i.e., target populations, geographic areas, particular substances); and contributing these data findings to broader State discussions about defining prevention priorities and subsequent State planning to allocate SPF SIG grant dollars to communities that will outline plans for addressing them.

Current SEOW Activities

PAAB provides support through a contract to 34 non-SPF SIG States on the development, design and implementation of State epidemiological and outcome workgroups (SEOWs).

The primary mission of the SEOW is to use data to bring systematic and analytical thinking to prevention decision-making and improve the use of prevention resources throughout the five SPF steps.

A first key step is to establish this State-level structure for using data for prevention decision making. As of March, 2006, all 21 of the Cohort 1 SPF SIG recipients have established SEOWs in their respective jurisdictions. The overall aim of this approach is to guide relevant and effective prevention strategies by first understanding the prevalence and patterns of substance use and related problems and then the factors that contribute to them. This kind of outcome-based and logic model thinking is critical for creating the level of community and population change in substance use and associated outcomes that the SPF aims to change.

SEOW core tasks related to assessment and planning primarily focus on (i) identifying data needs to describe the magnitude and distribution of state-level substance related consequence and consumption patterns, (ii) gathering/analyzing such data to describe substance-related burden, and (iii) defining State prevention priorities based on these and other data (e.g., resources, capacity, readiness). All Cohort 1 SPF SIG States have developed a set of data indicators for use in this initial needs assessment although indicators may be dropped or new indicators included as States move through the needs assessment process. All Cohort 1 States have completed the process of analyzing these data, and most have

completed some type of epidemiological profile or data summary to communicate the overall burden of substance abuse in the State. Cohort 2 States are currently engaged in this process.

Technical Support to the SEOWs

CSAP provides technical assistance to SPF SIG States to support the development and work of the SEOW. Technical assistance is provided through data resources, multi-state workshops, individual technical assistance, and other cross state learning opportunities.

At the start of the SPF SIG, an epidemiological data system comprised of critical state and sub-state data on substance related consequences and consumption available from national sources was developed and made available for use by the SPF SIG States. The State Epidemiological Data System (SEDS) is intended to make data available to States that need it and to guide data choices for States that have data.

Multi-State Workshops

In April and May of 2005, CSAP held 3 multi-State workshops for the Cohort 1 SPF SIG States with 6 or 7 States at each workshop; in addition, a similar workshop was held for Cohort 2 grantees in December, 2005. Three participants from each State attended: the SEOW chair, a SEOW staff member, and the SPF SIG project director. CSAP State Project Officers as well as representatives from each CAPT attended one of the three of the workshops. Each workshop was designed to address the following objectives:

- To increase States' understanding of the function of the SEOW and the use of data to define substance-related prevention priorities in the SPF SIG.
- To explore States' selection and review of substance-related consequence and consumption data elements.
- To consider criteria and processes for determining priorities based on substance-related consequence and consumption data.
- To establish a peer-to-peer learning community among SEOWs across States.

The States are completing problem identification and goal setting processes in the State SFP SIG, which in turn will drive prevention planning and funding decisions at State and community level, and provide critical information to Federal and State agencies for ongoing planning, monitoring and evaluation of prevention efforts.

In addition workshops were held in March and May of 2006. Ten States attended the first workshop, and nine States and two territories attended the May workshop. Three participants from each State attended: the SEOW chair, a SEOW staff member, and the SPF SIG project director. CSAP State Project Officers as well as representatives from each CAPT also attended.

The workshop objectives were to:

1. Further develop state-to-state peer networks for cross-site learning;
2. Establish an in-depth understanding of the outcomes-based prevention model and its application at the community level;
3. Develop a process to implement outcomes-based prevention at the community level based on priorities selected through the SPF SIG assessment efforts; and

4. Collaborate in the review and further development of outcomes-based prevention models (e.g. logic models) for two commonly targeted priorities (alcohol related motor vehicle crashes and underage drinking).

Individual TA is provided as requested by the States or the CSAP Project Officers. All 26 SPF SIG grantees have utilized the technical assistance services. Technical assistance has been provided on a range of topics related to the development of the SEOWs and the initial needs assessment activities.

Non-SPF SIG SEOWs:

Background

On March 15, 2006, 31 States and territories were awarded a sub-contract agreement (\$200,000 for States/DC and PR per year; \$100,000 for territories per year) for up to three years via an existing CSAP contract to establish a SEOW.

Current Non-SPF SEOW Activities:

- Supplied reports for May 2006 and are currently working on their June 2006 reports.
- All States and Territories are currently working on their charters, due the end of June, 2006. A charter describes SEOW principles, functions, and organization. The charter must state the goals and purpose of the SEOW, and include a specific work plan.
- Required to produce an “Epidemiological Profile” that summarizes and characterizes consumption patterns and consequences of the abuse of alcohol, tobacco, marijuana, heroin, cocaine, methamphetamines, inhalants, prescription drugs, or other substances as appropriate. The Epidemiological Profile should identify the sources of data on consumption patterns (e.g., NSDUH), as well as the indicators used to identify consequences (e.g., morbidity and mortality data). The Epidemiological Profile should provide a concise, clear picture of the burden of substance abuse in the State using tables, graphs, and words as appropriate to communicate this burden to a wide range of stakeholders.
- Required to provide the SAMHSA Data Coordination and Consolidation Center (DCCC) with copies of, or references to the sources of, data and indicators used in the Epidemiological Profile.
- Required to report NOMs data. States will provide a description of their methods to collect the NOMs data.

Technical Support to the Non-SPF SEOWs:

CSAP provides technical assistance to these non-SPF SIG States and Territories to support the development and work of the SEOWs. Technical assistance is provided through data resources, multi-state workshops, individual technical assistance, and other cross state learning opportunities.

A series of three workshops were planned for the 31 States and territories who will be asked to attend one of the three. Two workshops were held in June, 2006 and one is planned for July, 2006. The focus of these workshops is on the development of the State epidemiologic profiles as well as to assist states in the development of a system for ongoing monitoring of substance-related consequences and consumption data, develop peer-to-peer learning, and collect and report NOMs data.

SPF: Cross Site Evaluation

The SPF- SIG Cross-site Evaluation had recently completed its Year 1 Report in May 2006. The Year 1 Report reviews the cross-site evaluation design, evaluation questions, procedures and methods used for the report, and some preliminary results from the early state-level data collection and analysis by the Westat evaluation team (a copy of the Year 1 report can be made available upon request.)

Upcoming meetings/conference around the SPF SIG Cross Site include: External Technical Advisory Group Meeting (ETAG) on July 11, 2006 at Westat Conference Center and SPF-SIG Evaluators Mtg – October 11-12th, 2006

Currently, the SPF SIG Cross-Site Evaluation contract is undergoing federal oversight staff changes at the programmatic level. Drs. Augie Diana and Wil Hardy were the Federal Programmatic Project Officers for this contract. With the departure of Dr. Diana in May and the impending retirement in July of Dr. Wil Hardy, Dr. Nikki Bellamy has assumed Project Officer duties for this contract SPF SIG Cross-Site Evaluation with Westat/Mayatech.

CSAP'S Service to Science Initiative:

FY 2006 National Service to Science Academy

On February 13 -14 in Washington, DC, CSAP convened a successful and well-received National Service to Science Academy with the 25 programs that had been awarded mini-subcontracts through CSAP's CAPT support contract. Those eligible to apply for these competitive awards were programs that had participated in CSAP/CAPT Regional Service to Science Academies during FY2005. Teams of CAPTs evaluators provided individualized technical assistance and consultation aimed at working through detailed technical issues outstanding on each program's proposed evaluation enhancement. The expectation for the National Academy is that focused, customized CAPT evaluation assistance and guidance will enhance the technical value of the work performed under these modest one-year subcontracts, thereby enabling these programs to advance significantly along a continuum of documented evidence of effectiveness. SAMHSA's Task Lead for the National Registry of Evidence-based Programs and Practices (NREPP) provided an update on the re-conceptualization of the NREPP system. And, CSAP's Acting DKASI Division Director and Task Lead for Service to Science presented the recommendations and thinking emerging from CSAP's Workgroup on Evidence-based Guidelines. This workgroup was convened during FY2005 to support implementation of the requirements of CSAP's Strategic Prevention Framework State Incentive Grant Program to implement "100% evidence-based" strategies.

FY 2006 CAPT Regional Service to Science Academies

During FY 2006 CSAP's regional CAPTs will convene Service to Science Academies for more than 60 local programs seeking evaluation assistance. CAPTs have actively engaged States to nominate specific programs deemed important in the state prevention system and that meet criteria for 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. FY 2006 Regional Academies are scheduled as follows:

| FY 2006 Regional Academies | | |
|-----------------------------------|-----------------|-------------|
| Central CAPT | Minneapolis, MN | April, 2006 |
| Southeast CAPT | Jackson, MS | July, 2006 |
| Southwest CAPT | Dallas, TX | June |
| Western CAPT | Maui, Hawaii | March; |
| | San Diego, CA | April |
| Northeast CAPT | Newton, MA | May |
| | TBD | July |

FY 2006 Award of “Mini-Subcontracts” for Evaluation Capacity Enhancements

Again this year, CSAP will support the award of approximately 25 mini-subcontracts (in the range of \$20,000 to \$35,000) through a competitive solicitation and review process administered by the CAPT support contract with CRP, Inc. Those eligible to apply for these small sub-contracts to strengthen their evaluation capacity will include programs that participated in the FY 2006 Regional Service to Science Academies and those that applied but were not selected for subcontracts in FY 2005 (approximately 20 programs). CSAP has worked closely with the CAPT support contractor and CAPT evaluators to refine the solicitation criteria, proposal requirements and review process to assure a fair and cost-efficient selection process. CSAP is currently reviewing the timeline for the entire min-subcontract process from announcement in late summer to signing of subcontracts in early January 2007.

CSAP’s Science to Service Learning Communities Initiative

CSAP’s Evidence-based Learning Communities

In partnership with CSAP, the national CAPT system designed a new approach to working with States and state-identified local communities to identify and select evidence-based interventions that meet particular community needs and resources. Working through a cross-CAPT collaborative planning group, the CAPTs developed a concept paper outlining a national cross-CAPT approach to this initiative.

Each CAPT conducted the following activities: initiated discussions with SSAs to introduce the learning community approach; negotiated with States to identify one or more SPF-SIG (or other appropriate) State per region ready to participate with State selected communities. Participating communities were selected with the State, using various readiness criteria. Each CAPT is convening Learning Community events – workshops of two or more days with between 10 -30 community teams. Through the Learning Communities, CAPTs will provide customized technical assistance and demonstrate critical thinking skills necessary to spell out and apply local needs assessment findings to develop a logic model that identifies risk and protective factors/conditions that are particular to each community. Additionally, CAPTs will work with States and communities to consider prevention strategies that fit local resources and are directed to those identified risk and protective factors/conditions that influence the substance abuse problem locally. Expected outcomes of the Learning Communities are: 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 increased 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 are compatible with local resources. CAPT plans for these initial Science to Service Learning Communities are schedules as follows:

| Science to Service Learning Communities | | |
|--|----------------------|--------------------|
| Central CAPT | Illinois (SPF) | March, 2006 |
| Southeast CAPT | Florida (SPF) | April and May |
| Southwest CAPT | New Mexico (SPF) | April |
| Western CAPT | Guam and Palau (SPF) | March; |
| | Washington (SPF) | May |
| Northeast CAPT | Rhode Island (SPF) | June and September |

CSAP Guidance Document for the SPF SIG Program:

Identifying and Selecting Evidence-Based Interventions

Based on the thinking and recommendations emerging from CSAP’s Expert Workgroup on Evidence-based Programming, CSAP is developing a guidance document for SPF SIG States. Now in draft form, the document has been shared within CSAP and SAMHSA and with the CAPTs and CAPT evaluators. CSAP is incorporating feedback to submit a revised document for publication clearance in July. CSAP will present the key concepts and recommendations of the Guidance to NPN leadership during the NPN Annual Research Conference in August. Additionally, the Director of DSCA and NREPP Task Lead will present a workshop on this topic at NPN (“SAMHSA’s Strategic Prevention Framework: Identifying and Selecting Evidence-based Interventions). CSAP’s CAPT Science to Service teams, including CAPT evaluators, are developing tools to support CAPT technical assistance efforts with States and communities ready to apply the concepts discussed in guidance document.

Program Management Related Efforts

SAMHSA Data Strategy Workgroup: PAAB staffs are involved in this agency committee tasked with identifying data initiatives, and developing a two year plan and action steps.

GPRA/PART

CSAP’s performance targets on its GPRA and PART measures have been calculated and submitted to the SAMHSA/OA and DHHS for submission as part of the Congressional Justification for the proposed FY2008 budget. Last year, data were available to report in almost all cases and all PRNS targets were exceeded. Currently, GPRA performance is reported for the following CSAP programs: SPF-SIG, CAPTs, HIV, PRNS (Programs of Regional and National Significance) and the 20% prevention set aside of the SAPT Block Grant including Synar. Because of the dissimilarity between the SPF SIG and HIV programs, CSAP has requested that, beginning in FY07, results for these programs be reported separately, rather than at the PRNS line item.

OMB has approved CSAP’s proposed cost bands as the efficiency measure for both PRNS and SAPT block grant programs. A final template has been distributed for inclusion in grant annual reports. Analysis and reporting will occur at the end of FY2006 for discretionary programs. Cost bands have

been established in four categories based upon the IOM prevention model: Universal-direct; Universal-indirect; Selective and Indicated. These cost bands are approved as a measure for CSAP's efficiency NOMs domain.

Data Coordination and Consolidation Center (DCCC):

The DCCC serves to:

- Maintain existing CSAP data reporting and collection applications
- Create an integrated data collection and reporting system for CSAP and its grantees
- Provide training and technical assistance to grantees
- Manage the collection, cleansing, and organization of CSAP data
- Develop and produce CSAP's accountability, analytical, and management reports

The following previously separate functions have been incorporated into DCCC:

CAPT US cross site and website
CSAP DCC analysis, reporting, repository and website,
EPI DCC website
Model Program website
Prevention Pathways website
Prevention Platform website
CSAP SAIS tool and website
COMET tool and website
Database Builder (DbB) tool
MDS tool
NOMS Reporting System
SIG (SIG Forms) tool and website
Linking to SPF-SIG X-site website

In its third quarter, the DCCC transitioned all appropriate websites to one central location. It is developing requirements for an integrated website (CSAMs), readying the DbB as an online data collection, analysis and reporting tool for the current HIV grantee cohort (CSAMs v.1) with plans to expand its use in future versions. It includes Comet, which serves the hundreds of Drug Free Community grantees CSAP administers for ONDCP. The DCCC will be delivering by the end of its first year, the CSAP Year 4 Trends and Directions standard report as well as Year 4 Accountability Report, as well as brief reports based on the prior DCC's reports on Cost Benefit, Gender and Racial/Ethnic Differences in risk factors, Supplemental Prevention Outcome Measures, and Sensitivity of prevention scales.

The DCCC is in the process of finalizing an analytic plan based on analytic questions approved by CSAP management. The DCCC is also CSAP's mechanism for processing, analyzing and reporting on the GPRA and PART data required for OMB and helpful to CSAP and the field. The DCCC has been working closely with OAS in assuring appropriate data definitions for the NOMs, especially at the state level. It has produced the NOMs instrument and tool, and has responded to various ad hoc queries.

Other Collaborations:

Nationwide Health Information Infrastructure (Summit):

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
- 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.).

SAMHSA and CDC:

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. In addition PAAB staff worked jointly on the SAMHSA/CDC Report to Congress entitled, "Addressing the Intersection of Methamphetamine Use and the Transmission of Infectious Diseases."

Department of Education Grants to Reduce Alcohol Abuse:

Staff from the Model Programs participated in the planning and execution of the 5th Technical Assistance 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 Technical Assistance meeting was held with the current 47 grantees and the 10 newly awarded grantees. In response to the Project Officer's request from the Department of Education, a revised work plan has been established and is underway. Model Programs provided focused start up technical assistance to the 10 newly awarded grantees to ensure that their Training and technical assistance needs were met. CSAP is exploring a new Inter- agency Agreement with the Department of Education.

CSAP's Prevention Fellowship Program:

The Prevention Fellowship program is a prevention workforce development program which promotes the Strategic Prevention Framework (SPF) as the overarching vehicle for planning, development, and delivery of prevention services. Thirty entities - twenty-eight States, the National Association of State Alcohol and Drug Abuse Directors (NASADAD),

and the National Coalition Institute selected fellows for the first year. Implemented March 1, 2006, the first year Fellowship Program will run through February 2007. During the first year, fellows will be exposed to activities which enhance their knowledge, skills, and competencies in all components of the SPF. During the second and third years, fellows may become more specialized and will concentrate on particular areas of prevention that fit individual interest and the workforce needs of their particular States. Upon completion of the prevention Fellowship program, participants are expected to continue work in the substance abuse prevention profession and become leaders and stewards of effective prevention practices in the future.

The following is a summary profile of the first year Prevention Fellows - (30 total):

Education - The great majority of Fellows have bachelors' degrees (18) with one (1) Ph.D., and three (3) Ph.D., candidates; six (6) fellows have Masters' degrees, and one (1) currently pursuing a Masters' in Public Health; two (2) fellows have two years of college; and, one (1) has a High School diploma.

Experience in Substance Abuse - Fourteen or more Fellows have experience working in substance abuse; and one taught alcohol studies at the college level; another currently heads a substance abuse prevention coalition.

Experience in Prevention - Of the 30 Fellows, 12 have some experience in prevention. Many have degrees in psychology or counseling psychology. Many have focused on youth in various programs, including one person who has worked in a school-based mentoring program and also in recreation management. The NASADAD Fellow has extensive experience working in drug use, HIV, AIDS, program design, and needs assessment.

Gender - There are eighteen female fellows and twelve male fellows.

Race/Ethnicity - There are ten (10) African Americans, twelve (12) whites, two (2) American Indian/Alaska Natives, three (3) Hispanics, and one (1) Asian. One (1) person describes herself as mixed black/white and one (1) describes herself as mixed Asian/white

Cultural Competence in Prevention Practice: Model for Prevention Service Delivery

CSAP is near completion of a tool for prevention policy makers and practitioners who work at Federal, State, Community, and Program levels that focus on the nuances of culture of specific populations and social groups in an attempt to increase positively outcomes related to the prevention of substance abuse/use among these populations.

The tool is divided into three parts: 1) an adaptable presentation with suggested talking points on Cultural Competence from a Federal, State, Community, and Program perspective; 2) a discussion of seven identified domains of Cultural Competence with Indicators within these domains, and suggested measurements of these Indicators designating, low, moderate, and high cultural competence performance/functioning; and 3) a complete generic model for proficient prevention service delivery with cultural competence considerations in prevention practice specific to culture, race and ethnicity, gender, language, disability, and lesbian/bi-sexual/gay/transgender populations.

The processes within the model allow other cultures and/or social groups, such as older adults, Intra-Generational, Intra-Cultural populations, etc., to be integrated into prevention service delivery with the expected results being increased outcomes related to prevention of substance abuse/use among these populations.

The tool will be completed by late summer and is expected to be disseminated to the field in various media including: World Wide Web on the SAMHSA/CSAP Prevention Platform, Compact Diskette, various print media, etc.

HIV AND BEHAVIORAL HEALTH ISSUES BRANCH ACTIVITIES

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

Status of Cohort 6: 5-year grants

The Center for Substance Abuse and Prevention (CSAP) held a MAI grantee workshop for Cohort 6 on 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 Strategic Prevention Framework (SPF) and how to successfully operationalize the five steps of this planning process. A special emphasis was placed on providing information on the required program evaluation and data collection activities of this initiative.

Project Officers (POs) reviewed 81 needs assessments in line with step one of SAMHSA's SPF. Upon PO approval of each needs assessments, grantees will develop their plan due July 30. The implementation phase (Step three of the SPF) for services will begin in September.

Status of Cohorts 4, 5, and 6:

POs completed 148 continuation grant applications for Cohort 4, 5, and 6 and conducted a review of 22 bi-annual reports for Cohort 4. 46 bi-annual reports for Cohort 5 are currently under review by POs.

The CSAP MAI grantee workshop is scheduled on September 19-21, 2006 in the Ft. Lauderdale/Hollywood, Florida area. This meeting is being colocated with the 2006 United States Conference on AIDS (USCA). The proposed grantee workshop will begin on Tuesday, September 19, with a Substance Abuse and HIV Prevention Re-Entry Population Training of Trainers Session. This training will be conducted for the Cohort 6 grantees only, as their cooperative agreement requires them to provide prevention services to re-entry populations in their service area. All grantees will participate in a total of four prevention training institutes on September 20 and 21. These institutes will equip the grantees with skills and knowledge on program sustainability methodologies, the adaptation and implementation of prevention interventions, additional information on working with the re-entry population, and training and guidance on the collection of required NOMs, GPRA, and PARTs data reporting requirements. Also, following the grantee workshop, all grantees will participate in the SAMHSA HIV Summit on Friday, September 22 that serves as a pre-conference meeting to the USCA.

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

Minority Education Institutions (MEI) HIV Prevention

CSAP convened a 2-day meeting on Feb. 13-14 with staff from the MEI Program Coordinating Center (MEI-PCC), and university liaisons, and lead student peer educators from the 13 subcontractors with minority serving institutions. This meeting was held in conjunction with the annual CSAP Community Prevention Day and Community Anti-Drug Coalitions of America (CADCA) to provide an overview on the funded projects' progress to date and conduct an assessment of technical assistance needs.

The MEI-PCC contract was modified to incorporate the first three (3) steps of SAMHSA's Strategic Prevention Framework (SPF) into the current work of the 13 institutions. Each grantee will receive an additional \$87,000 (from the FY 2006 MAI Secretariat Funds) to support their expansion work beginning October 2006.

Dr. Lonnie E. Mitchell Substance Abuse Conference, April 6, 2006

The MEI Initiative participated in the annual HBCU conference attended by over 300 students and faculty from the 104 HBCUs. The CSAP Project Officer, MEI Project Director, 3 HBCU Student Peer Educators (SPEs) and one University Liaison facilitated a session on the MEI Initiative. The title of the session, "*Each One Reach One, Each One Teach One: Peer led Substance Abuse & HIV/AIDS Prevention Education*". Three Student Peer Educators presented various aspects of their peer led prevention projects and unique outreach activities that are conducted on their respective campus. The session was very successful with a standing room only audience that total 95 students, faculty, and CSAP staff. The PCC received numerous requests for more information about the projects and the future of the MEI Initiative. Other prevention-focused workshops topics included: FASD, Minority Reentry issues, Cultural Competence, and Underage Drinking, and geomapping.

CSAP's Faith Partners Initiative

CSAP's Faith-Based Initiative continues to provide capacity building assistance to community-based faith partners of DFC and MAI grantees. These grantees serve racial and ethnic minorities, community partners such as faith based and community organizations with a history of serving people who are affected by HIV/AIDS. Funds will be used to implement substance abuse and HIV/AIDS education and awareness activities, distribute informational materials, and conduct community outreach activities using creative marketing efforts to empower individuals to get tested for HIV and avoid risky behaviors that could lead to HIV infection.

The initiative has 32 subcontracts that are completing their first grant year. To date, they have worked with the faith partners in their communities in developing media targeted messages and materials around HIV prevention and testing and provided quarterly reports and completed various assessment forms. The Initiative will evaluate several outcome measures including but not limited to the following:

- Number of community residents who become peer educators through training;
- Number of community residents who participate in/attend funded workshops/training and other prevention events;
- Number of community residents who request, are referred, and/or received HIV Testing services;

- Number of faith-based organizations that increased their capacity to provide or make available HIV testing services;
- Number of organizations that incorporate substance abuse and HIV prevention education training into program activities; and
- Success of organizations in sustaining substance abuse and HIV prevention education services after the funding period.

National HIV Testing Day

SAMHSA supported the observance of National HIV Testing Day on June 27, 2006 by providing information on HIV/AIDS and locations to get tested to SAMHSA employees. This day presented an opportunity to dispel myths and stigma associated with HIV Testing, and to reach SAMHSA employees who have never been tested or engaging in high-risk behavior since their last test.

SAMHSA's Rapid HIV Testing Initiative

The implementation of the SAMHSA Rapid HIV Testing Initiative involves collaboration between all three SAMHSA centers (CSAP, CSAT, and CMHS). From its inception in October 2004 through March 2006, SAMHSA has distributed 371,120 Rapid HIV test kits across 25 states and the District of Columbia. In the chart below are the number of Rapid HIV test kits received by eligible service providers.

| STATE | NUMBER OF RAPID HIV TEST KITS RECEIVED (BY ELIGIBLE SERVICE PROVIDERS) <i>OCT 04 – MAR 06</i> | STATE | NUMBER OF RAPID HIV TEST KITS RECEIVED (BY ELIGIBLE SERVICE PROVIDERS) <i>OCT 04 – MAR 06</i> |
|--------------|--|----------------|--|
| AL | 1,175 | NE | 2,250 |
| CA | 10,000 | NY | 73,370 |
| CT | 3,750 | OH | 17,450 |
| DC | 24,000 | OK | 1,200 |
| DE | 12,000 | PA | 2,925 |
| FL | 25,000 | RI | 900 |
| IL | 15,000 | SC | 2,050 |
| IN | 25,300 | TN | 1,000 |
| KT | 6,000 | TX | 32,400 |
| LA | 16,100 | VA | 3,025 |
| MD | 25,000 | WA | 4,300 |
| MA | 25,975 | WI | 13,500 |
| MI | 22,500 | MN | 3,950 |
| MN | 3,950 | | |
| TOTAL | | 371,120 | |



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 17,000 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 January–May 2006 include the following highlights:

- Convened the first Subcontractor Meeting in February, which brought all 33 subcontractors together for the first time to share information and learn from each other's experiences.
- From May 9-12 in San Francisco, the Center convened the following meetings:
 - May 9: The Center convened its semiannual FASD Steering Committee Meeting. The agenda included a discussion of recommendations to SAMHSA for future approaches to FASD. During this meeting, the Special Populations and Science to Service Subcommittees also met to provide updates.
 - May 10 – 11: The Center convened its 4th Building FASD State Systems (BFSS) Meeting on with approximately 170 people in attendance.
 - May 11-12, the Center convened the American Indian/Alaska Native/Native Hawaiian Stakeholders Meeting. The agenda included updates from stakeholders on FASD activities and a discussion of the AI/AN/NH Initiative, including the web site and Resource Kit.
 - May 12: the Center convened the National Association of FASD State Coordinators meeting in San Francisco and provided onsite support. Scheduled a follow-up teleconference with members on May 23, to discuss agenda topics not covered at the meeting.
- Conducted 70 training session and presentations for more than 3,300 individuals, including the following presentations and trainings:
 1. Presented Tools for Success during a panel session at the OJJDP National Juvenile Justice Conference on January 11.
 2. Co-presented two 90-minute sessions for the Native Women and Men's Wellness V Conference titled "Growing Stronger Communities by Addressing Spirituality and the Affects of Alcohol Use on the Next Generation" in San Diego, CA.
 3. Participated in a Webcast presentation, "Addressing Alcohol Use with Pregnant Women," by Diane Malbin to the AODA treatment providers in Wisconsin.

4. Provided follow up training to the Utah FAS Coalition in Salt Lake City on strategies for working with clients.
 5. Provided training during the White Bison 7 Trainings Series in Sisseton, South Dakota to approximately 100 attendees.
 6. Provided a 4-hour session to approximately 60 attendees on “FASD: the Basics” at the fourth annual Native American Mental Health Conference in Great Falls, MT.
 7. Provided full-day training to approximately 100 attendees on managing behaviors of children and youth with an FASD. The training was sponsored by the Monterey County Children’s Behavioral Health in Salinas, CA.
 8. Provided a 4-hour session on “Policy Implications of FASD” for public agency program managers and executive directors who work with FASD-impacted youth and families. The session was sponsored by the Monterey County Children’s Behavioral Health in Salina, CA.
 9. Provided keynote on FASD at several conferences, including the White Bison Wellbriety Movement’s Spring Leadership Conference and the Alaska Annual School on Addictions.
- Provided technical assistance to the Virginia FASD Task Force on developing statewide goals.
 - Conducted conference calls with members of the Michigan FASD Task Force and Connecticut FAS Task Force to discuss the development of strategic plans in those States.
 - Provided consultation and case review to multiple agencies and providers in Alaska, including the Department of Juvenile Justice and the Office of Children’s Services in Juneau, and the Alaska Psychiatric Institute in Anchorage.
 - Provided advice to Hawaii on the process by which they are moving forward with introducing legislation that would designate an official State coordinator in the Lieutenant Governor’s Office. A bill to create an FASD State Coordinator was heard in the Hawaii Legislature on February 9.
 - Completed and delivered a prototype of the Tools for Success Curriculum to SAMHSA.
 - Distributed the following materials through NCADI:
 - 3,531 Recovering Hope DVDs
 - 2,342 FASD Center Trifold Brochures
 - 2,022 FASD the Basics Mini-CD
 - What You Need to Know fact sheets
 1. 571 The Language of FASD
 2. 546 Getting a Diagnosis
 3. 420 Independent Living
 4. 320 FASD Center Information
 5. 371 Tips for Elementary School Teachers
 - Recorded significant increases in visits to the Center’s newly-designed website; 27,646 people visited in March, a 41 percent jump from the previous month. Most popular resource in March was the PDF version of “FASD: The Basics” with over 2000 downloads.
 - Received 17 new links into the Web site.
 - Responded to 237 requests for information.
 - The following products were submitted and received project officer approval:
 1. My Sibling Has a Fetal Alcohol Spectrum Disorder. Can I Catch It? (booklet)
 2. What Do I Do? Helping Your Children Understand Their Sibling’s Fetal Alcohol Spectrum Disorder (booklet)
 3. “What You Need To Know” fact sheets
 - 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 System
 - 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
- The following web products, which were cleared and posted to the SAMHSA Website
 1. Redesigned FASD Center Website
 2. Redesigned Spanish version of FASD website

RECENT AND FORTHCOMING PUBLICATIONS

- Published a Research Brief: *“Is There Justice in the Juvenile Justice System? Examining the Role of Fetal Alcohol Spectrum Disorders”* in the Justice Policy Journal, a peer-reviewed journal of the Center on Juvenile and Criminal Justice.
- Completed article “Fetal Alcohol Spectrum Disorders and Native Americans: Defining the Problem and Finding Solutions.”

The following products were submitted for print clearance:

- Partnerships to Prevent Fetal Alcohol Spectrum Disorders Public Education Program Manual
- Reach to Teach

**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 Rapid Response Advisory (RRA) on the 2005 Monitoring the Future Study was mailed to NPN members and posted on the *Prevention Works!* password-protected Web site on January 13th.
- The Methamphetamine Resource Kit was distributed to the NPN PIM committee in April 2006. This kit includes an Overview/Discussion; Federal, National, State, and Community Prevention Efforts; Fact Sheets; various Web-based resources; and a PowerPoint Presentation. Electronic files of the Kit are available to the NPNs on the *Prevention Works!* password-protected Web site.
- The *Preventions Works!* monthly conference calls with the NPN PIM committee were held on January 10, (no call in February due to the CADCA conference), March 14, April 11, and May 9. Some of the topics discussed were SAMHSA/CSAP's Underage Drinking Prevention Initiatives, ONDCP Media Campaign updates, SAMHSA/CSAP Community Prevention Day, *Prevention Works!* resource kits and other PIM business. Minutes are available on the *Prevention Works!* password-protected Web site.
- The PIM Committee met at the NASADAD/NPN Annual Conference in Albuquerque, New Mexico on June 4. Materials distributed were the PIM Committee Annual Report and the draft outline of the next resource kit, the *Prevention Handbook* (a revision of the 2001 *Backgrounder*). Robert Denniston, ONDCP National Youth Anti-Drug Media Campaign Director, presented as well as Mike Lowther, Acting CSAP/DPE Director.

National Association of State Alcohol/Drug Abuse Directors (NASADAD) Activities

CSAP's Acting Center Director and his Leadership team conducted the Leadership Summit at the NASADAD/NPN Annual Conference on June 1. The objective of the Leadership Summit is to convene the leadership of CSAP, NASADAD, and NPN to discuss issues of mutual interest on a regular basis. Recent issues, updates and emerging topics were discussed.

CSAP Internet Redesign

CSAP redesigned their Web site at www.prevention.samhsa.gov. The objectives of the 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.

Major components on the home page 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 new design was launched in mid-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.

| <u>Communities</u> | <u>Location</u> |
|--|-----------------|
| Bethlehem Centers of Nashville | Nashville, TN |
| Coalition for a Drug-Free Greater Cincinnati | Cincinnati, OH |
| Coalition for a Drug-Free Newaygo County | Fremont, MI |
| Drug-Free Noble County | Albion, IN |
| Informed Families/The Florida Family Partnership | Miami, FL |
| Metropolitan Drug Commission | Knoxville, TN |
| Nashville Prevention Partnership | Nashville, TN |
| New Castle County Community Partnership, Inc. | New Castle, DE |
| Oregon Partnership | Portland, OR |
| Partnership for a Healthy Scott County | Forest, MS |
| San Antonio Fighting Back, Inc. | San Antonio, TX |
| TVS Coalition Network Inc. | Pittsburgh, PA |

In January, the TSTS listserv was launched so the sites have the ability to communicate and share success stories with one another.

In February, Drug-Free Noble County, Informed Families/The Florida Family Partnership, and Partnership for a Healthy Scott County were filmed for inclusion in the Underage Drinking Prevention Town Hall Opening Video and the Reach Out Now Teach-In How-To Video. These videos are posted on the www.stopalcoholabuse.gov and www.teachin.samhsa.gov Web sites, respectively.

Those TSTS sites that are also Drug Free Communities’ grantees participated in the Underage Drinking Prevention Town Halls held on or around the date of March 28.

In April, TSTS sites participated in the Reach Out Now Teach-In held during the week of April 3-7 (Alcohol Awareness Month).

Numerous TSTS Web site updates have been made on the communities' page at <http://www.toosmarttostart.samhsa.gov/communities.html>. On this page you can find the sites' profiles which now include successes they have had with various activities developed and implemented for TSTS.

- Updates were made to the following sites' profiles including new pictures:
 - Bethlehem Centers of Nashville
 - Coalition for a Drug-Free Greater Cincinnati
 - Drug-Free Noble County
 - Metropolitan Drug Commission (Knoxville)
 - Nashville Prevention Partnership
 - Partnership for a Healthy Scott County
- A new picture has been posted for Informed Families/The Florida Family Partnership
- Updated site profiles for San Antonio Fighting Back and Coalition for a Drug-Free Newaygo County

Reprints are ordered on the following TSTS products: the TSTS board game, the Don't Guess....Ask! poster (Male), and the Don't Guess....Ask! poster (Female).

The fourth year final report is due July 24. This report will include outcomes based on the National Outcome Measures, best practices, lessons learned, and recommendations.

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. In the last 7 months, total visitor sessions increased 88% while total page views increased 832%. Thus, when people come to the Web, they are reading and/or downloading several articles.

In May, the site had

- 2,733,800 total hits
- 1,580,250 total page views
- 104,000 visitor sessions
- 40,800 unique visitors (counted once, no matter how many times that person logged on in a month).
- Average length - almost 11 minutes.

In February 2006, the Family Guide Web posted a new design with enhanced usability and new features. From February 2006 to May 2006,

- Number of site hits increased 127 percent
- Number of total visitor sessions increased 62 percent
- Unique visitors per month increased 32 percent.

In May, the top referring sites were 4 Google search addresses (40,800), SAMHSA, Yahoo, and MSN. In addition, the Family Guide had 774 referrals from the interagency Stop Alcohol Abuse Campaign.

However, over 59,000 people who logged on the Family Guide were identified as “No Referrer,” which means they either typed in the direct Web address or they have the Site bookmarked.

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. 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

In addition to introducing the Strategic Prevention Framework (SPF) to people new to community coalitions, this publication provides an overview of the SPF planning process for CSAP grantees or prospective grantees. Evidence-based practices, outcomes-based prevention, SPF concepts, prevention strategies, and evaluation are explained.

Contents also include information about:

- Consequences of substance abuse; turning urgency into action, and National Outcomes Measures.
- SPF principles, cultural competence and sustainability, and how this Framework involves States and communities.
- Each of the five SPF planning steps.
- Resources for SPF programs and for substance abuse prevention.

This document, which is written in easy-to-understand language, is now in the clearance process.

Faith-Based Outreach Activities

On July 19-22, 2006, will be the kick-off to the third annual Mega-Fest event in Atlanta, This high-profile four-day, three-night festival receives national attention and will feature something for the entire family including a series of seminars and workshops that cover personal finance, relationships, home ownership, health and nutrition, and much, much more! Through our partnership with the Potter’s House of Dallas, Inc., CSAP will have a mini- prevention track at this year’s conference, including (1) 15 minute speaking slot everyday at the Main Expo each day of the conference. The SAMHSA exhibit booth will be set up to display our materials and resources. Listed below are the time slots and workshops titles that CSAP will be presenting:

- The Growing Epidemic of HIV/AIDS in People of Color
- Programs That Prevent High Risk Behavior In Youth
- Applying For A Drug-Free Community Grant

- How To Write A Federal Grant
- SAMHSA Showcases Our Faith-Based Initiative

Underage Drinking Initiatives

Underage Drinking Prevention: National Town Hall Meetings (THMs)

Over 1,200 THMs were conducted across the Nation, in all 50 states, the District of Columbia, and four territories. More meetings were actually held than received funding support from SAMHSA. Feedback was received from more than half of these sites. Communities reiterated their appreciation for SAMHSA’s support of the THMs through the resources that were made available (i.e. meeting materials, media tools, DVD, videos, fact sheets, etc.). Communities worked with the schools, the local media, law enforcement and other community organizations to conduct the THM. The strength of the meetings was in the diversity of panelists, ideas, and participants. Some communities heard from individuals not always included in prevention efforts, such as emergency room doctors and nurses, insurance agents, paramedics, judges, local personalities. Youth were involved and included in all aspects of the meetings, presenting and talking about the issue, and sharing their ideas to help begin to solve the problem. Recommendations emerged to build on existing efforts and to better utilize CSAP’s (Center for Substance Abuse Prevention’s) Strategic Prevention Framework as a guide for directing community efforts. The meetings also provided a foundation from which to increase awareness of current research, as well as SAMHSA’s National Outcomes Measures and evidence-based programs, resources, and strategies. Media was considered a strong and positive supporter of the THMs. Prior to the events, the media in local communities assisted in promoting the THMs with PSAs. Frequently, press releases were positioned at the “front of the line” in a busy news environment.

After the events, follow-up TV reports, newspaper articles, and related human interest stories appeared in almost every community where a THM took place. In many instances, the meetings were also taped and rebroadcast at later times and dates. In other areas, panel discussions were recorded on DVDs and videos and available for use by schools, organizations, and future meetings. In spite of unforeseen challenges and timing issues—i.e., tornadoes interrupted meetings held in Arkansas, Michigan, Tennessee, and Iowa; the “monsoon night” of the decade hit parts of California; Drug-Free Communities grant applications were due and spring break commitments lured young people and families away—communities turned the opportunities into successful and meaningful events.

Several Federal initiatives under the ICCPUD agencies helped to ensure the success of the THMs. These initiatives were: the Drug-Free Communities (DFC) Support Program, Grants to Reduce Alcohol Abuse Program (GRAAP), Leadership to Keep Children Alcohol Free, and *Reach Out Now* Program. More than 500 DFCs and 50 GRAAP grantees either conducted, or participated in a THM in their community. The Leadership provided support through op-ed, TV and radio broadcasts. Lt. Governor James Aiona of Hawaii and First Ladies Nancy Freudenthal of Wyoming, Nancy Oberst of Oregon, and Barbara Richardson of New Mexico were instrumental in empowering their State around the issue of underage drinking through substantial media coverage.

Reach Out Now/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 sponsored RONTI during the week of April 3-7 in conjunction with Alcohol Awareness Month. Over 350,000 fifth- and sixth-grade classrooms received the Special Editions from Scholastic, Inc., discussing the dangers of alcohol use among young people. A new twist to this effort this year was combining the teach-ins with the community THMS. More than 1100 organizations conducted over 1400 teach-ins in their communities.

The Leadership to Keep Children Alcohol Free was exemplary in making the teach-ins a success. Seventeen First Ladies, 3 Governors, and one Lt. Governor conducted or participated in teach-ins this year. Support was provided through editorials, proclamations and personal appearances in the classrooms. More than 1440 teach-ins were conducted.

Four State Underage Drinking Prevention Meeting

SAMHSA will conduct a small meeting of those States that were not able to participate at the large National underage drinking prevention forum in October 2005 because of Katrina and other natural disasters – Mississippi, Arkansas, Louisiana, and Texas. The Four State meeting will be conducted at SAMHSA in October 2006 and will include the same categories from the ICCPUD membership that was present last Fall.

CSAP publications that have been printed from January – June 2006

Focus on Prevention

Viva en la Comunidad para Todos! (Life in the Community for Everyone!) DVD – a bilingual substance abuse prevention and mental health promotion product for community-based organizations serving Latino families

Reprints:

Tips for Teens – Alcohol (revised)
Building Blocks Activity Guide
Building Blocks Coloring Book

**DIVISION OF WORKPLACE PROGRAMS
(DWP)**

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. Two agencies, requiring a lot of attention during this period, are the Nuclear Regulatory Commission and the National Geospatial Intelligence Agency. Additionally, DWP continues to work with personnel from all the Federal agencies in the Executive Branch to gather data summarizing their DFWP activities.

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, and is currently reviewing comments received from the various DHS components. DWP is providing advice and technical assistance to those officials as this process moves forward, with the goal of achieving a certified DHS-wide DFWP.

Using a support contract, DWP developed a draft plan and draft procedures to implement visits to a number of Federal agencies to review the operations of their DFWP's. The drafts are being analyzed using past reports from the Federal agencies, to determine the impact on the agencies and the most

effective approaches. 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.

Conferences, Meetings & Drug Testing: Advisory Board/Medical Review Officer Training

Charles Reynolds presented GIS presentations at the Helping America's Youth (HAY) Conference in Indianapolis, Indiana, on June 5-6, 2006.

Robert Stephenson was a participant at the Spirit of Recovery (Katrina) in New Orleans, Louisiana on May 22-24, 2006.

Dr. Walter Vogl and Charles LoDico attended a School-Based Drug Testing Summit sponsored by the Office of National Drug Control Policy on March 15, 2006

Deborah Galvin, the YIW cross-site evaluation team, GetFit and Workplace Website contractors, and the YIW grantees jointly hosted and presented a forum at the CADCA meeting, Washington D.C. on February 16, 2006 on the subject: "How Community Coalitions can better Partner with Workplaces." Deborah Galvin was the moderator for the forum.

DWP held a Drug Testing Advisory Board meeting on March 7-8, 2006 in the SAMHSA building.

Donna Bush was a participant on the Laboratory Certification Program (NLCP) inspection at the MedTox Laboratory, Minneapolis, Minnesota on March 29-April 1, 2006.

Donna Bush participated as a member of a lab inspection team at Advanced Toxicology Network, in Memphis, Tennessee from June 15-17, 2006.

Ron Flegel was a participant on the NLCP inspection at the Quest Diagnostics Laboratory, Las Vegas, Nevada, on April 20-22, 2006.

The Drug Testing Team went on site visits to our NLCP contractor, Research Triangle Institute, January 24-26, March 21-23, and June 20-22, 2006.

Donna Bush participated in the annual meeting of the Educational Development Committee of the Medical Review Officer Certification Council, January 20-22, 2006, in Ft. Lauderdale, Florida.

Donna Bush attended the annual meeting of the American Academy of Forensic Sciences in Seattle, Washington February 21-15, 2006.

The scheduled DTAB meeting for June 6-7, 2006 at the SAMHSA building was cancelled due to lack of travel funds. Recently the travel funds allocated for the DTAB meetings in FY2006 was reduced by approximately 50%. This amount was sufficient to conduct only two DTAB meetings. For FY2006, there will not be another DTAB meeting hosted at the SAMHSA building. If necessary, the cancelled two meetings will be replaced with teleconferences.

Geographical Information Systems

DWP is continuing to assist the First Lady's Office and the nine federal agencies that are collaborating on the Helping America's Youth Initiative with the development of the Helping America's Youth website. DWP demonstrated the mapping functionalities of the tool to over 200 attendees at the White House first regional conference in Indianapolis, IN. SAMHSA has taken over complete responsibility for developing, maintaining and supporting the mapping functions for this website. DWP assisted CSAP in the analysis of the distribution of Minority HIV/AIDS related grants, identification of Drug Free Community grants awarded in Native American/Alaskan Native communities and in analyzing the distribution of DFC grantees by project officer and region for the proposed division realignment. DWP assisted CSAT in analyzing of the Concentration of OTP Sites & Buprenorphine Physicians for selected states, the concentration of treatment facilities, coverage area and population density within ATTC, DSCA, HHS and HRSA regions and with planning and the presentations delivered at the African American Matrix In-Service Training.

Workplace Helpline

The Workplace Helpline (1 800 WORKPLACE) continues to provide unique resources, information, and technical assistance to employers and the public related to Drug-Free Workplaces, health/wellness programs having substance abuse prevention components, and issues related to drug-testing. Those calling into the toll-free telephone-based service for assistance included large to small 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 across the nation. The Workplace Helpline Specialist uses telephones, Websites, faxes, and e-mail to disseminate information and responses to myriad policy and workplace substance abuse prevention situations. During the period February 2006 to June 2006, the Helpline facilitated an average of 20 - 25 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 proposals for Phase II of the study. An external peer review was completed on the grants early, as there is a heavy workflow of grantees for the grant office to complete. However, the final determination will not be made until the end of September 2006. It is expected that instead of nine grantees there will be 4 – 6 due to the reduction of funding. The cross-site evaluation contract has had a significant reduction of funding (from approximately \$2,000,000 to \$180,000 per year) and will not be able to produce the level of work formally described. The initiative and supporting contract will continue to operate and attempt to produce valid and reliable results with the funding available.

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 presented at Prevention Day, February 14 - 16, 2006 titled: How Community Coalitions can better Partner with Workplaces.

CSAP Workplace Web site

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. There have been 76,024 visitors to the website from February 2006 to June 2006. The most frequently used web pages were related to Drug Testing and the Drug-free Workplace. Due to an approximate 40% reduction in funding, the contract will not be able to produce as much as previously expected and there has been a modification to the contract in this regard

CSAP Workplace Kit and Get Fit

The Workplace Kit is in draft format for both the written version and the on-line version. Both should be completed by July 2006 in draft format. 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. Final print and web versions of the Kit are due to be available for use by fall 2006.

DWP, RTI, and DSG continue to assist YIW grantees in their enhancement of GetFit for young adults in the workplace. There are 420 workplaces using GetFit and five new workplaces adapted GetFit since February 2006.

Due to an approximate 40% reduction in funding, the contract will not be able to produce as much as previously expected and there has been a modification to the contract in this regard.

CSAP Research Report Finding

Emerging Issues

DWP and PIRE are in the final phases of publishing a paper related to the substance abuse issues of uninsured and telecommuting workers and are almost done drafting a second paper on the topic. Another four PIRE/DWP papers, one on the impacts of alcohol testing on fatal impaired driving crashes of heavy truck drivers, one on the costs of alcohol-involved injuries to employers, and two on the relationship between SA programs and injury rates, are under review at journals. Additionally, DWP, Econometrica and PIRE are working with the National Health and Retirement Study data from 1992-2004 analyzing the correlates of older worker alcohol and tobacco use along with measures of quality of life and health. The survey includes the CAGE items for alcoholism as well as various measures of amount and frequency.

Early findings on older workers who use alcohol appears to be showing that although fewer older workers drink, those who use alcohol tend to drink more frequently and in larger amounts than might be expected.

DWP has developed a coding and analysis framework to help identify effective prevention practices for the growing population of uninsured American workers. Much of this work may have to be abandoned due to recent contract reductions.

Papers

E Zaloshnja, TR Miller, "The Employer Costs of Motor Vehicle Crashes," International Journal of Injury Control and Safety Promotion, 13(3), 145-150, 2006.

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.

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