

**Department of Health and Human Services  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Prevention National Advisory Council Meeting**

**Minutes  
July 25-26, 2006**

**One Choke Cherry Road  
Sugarloaf Conference Room  
Rockville, MD 20857**

**Tuesday, July 25, 2006**

Call to order of the Open Meeting

The Center for Substance Abuse Prevention (CSAP) National Advisory Council convened in open session on the morning of July 25, 2006, at SAMHSA headquarters in Rockville, Maryland. The Council met again in closed session the same afternoon to review grant applications. The Council reconvened in open session on July 26, 2006. Dennis O. Romero, M.A., Acting Director, CSAP, chaired the meetings.

Welcome

*Mr. Dennis O. Romero, M.A., Acting Director, CSAP*, welcomed participants, and members of the CSAP Council introduced themselves.

*Rose C. Kitrell, M.S.W., M.Div., Acting Deputy Director, CSAP*, explained that the Deputy Director is responsible for the smooth operations of human and financial resources. She noted that senior managers are participating in SAMHSA's Leadership Development program and that senior managers and line staff will participate in a strategic planning process to align with the Administrator's and departmental goals and objectives. CSAP is streamlining its processes and updating practices, including evolution to a Unified Financial Management System (UFMS) and Electronic Human Resource and Personnel System.

Minutes

Council members unanimously approved the minutes of the February 14, 2006, meeting as presented.

Director's Report

Mr. Romero thanked Council members for their guidance and support as he began his tenure as CSAP's Acting Director, and he acknowledged CSAP senior staff's contributions. Referring to the printed "Director's Report," he described highlights of CSAP's recent activities.

As of July 24, 2006, CSAP's reorganization has abolished three divisions—States and Community Assistance, Knowledge Application and Systems Improvement, and Program Education—and established the new Division of State Programs, Division of Community Programs, and Division of Systems Development. Mr. Romero broadly described the new organizational structure, which organizes programs and activities by locus of service delivery,

with divisions for State, community-based, and workplace programs. He noted that the new Division of Systems Development works across the entire Center in a matrix-like matter to achieve such key objectives as facilitating implementation of the Strategic Prevention Framework (SPF) concept across CSAP programs and promoting better understanding, collaboration, and integration of State efforts with community-based programs. The Division of Systems Development also is responsible for liaison with the Office of Applied Studies on National Outcome Measures (NOMS) and GIS reporting, and with the National Repository of Evidence-Based Programs and Practices (NREPP). Several administrative management functions now reside in the Office of Program Analysis and Coordination, including management of the National Advisory Council and overall coordination of program evaluation. No staff members were lost in the reorganization, and efforts have been made to eliminate details.

Program highlights include preparations for a strategic planning retreat for CSAP senior staff in September 2006 to identify issues, concerns, and directions that, along with input from all CSAP staff, will inform development of short- and long-term strategic plans. CSAP has established a workgroup to facilitate the introduction of Communities That Care, a community empowerment and prevention model, to any State or community for implementation free of charge.

Mr. Romero reported that 26 States and some territories now use the SPF model to address substance abuse and chemical dependency in their communities. He stated that he attended a consultation with 225 leaders from American Indian/Alaska Native communities, at which they discussed the issues of methamphetamine abuse and suicide. CSAP continues to emphasize its minority and faith-based initiatives. CSAP sponsors student interns from diverse backgrounds.

#### Office/Division Updates

*Peggy Quigg, M.A., Director, Division of Community Programs (DCP), CSAP*, stated that efficient, well-organized processes have been established within the DCP, with next steps to enable Project Officers to become technical experts and technical assistance (TA) providers, in addition to serving as grant monitors. DCP helps communities to develop comprehensive prevention systems, with the ultimate goal to achieve State systems that support local communities in doing prevention work.

Ms. Quigg explained that two of DCP's three branches operate Drug-Free Communities (DFC) programs, in the eastern and the western portions of the United States. Seasoned CSAP staff lead two teams in each branch, with six persons on each team. Project Officers are mostly new hires with community experience. The Behavioral Health Branch works mainly with the high-profile HIV and substance abuse grants and methamphetamine grants, plus any additional grants mandated and funded directly by Congress (earmarks). DCP's connection with State systems remains an important priority.

With \$80 million in ONDCP funds in FY 2006, under CSAP's management the DFC program funds 726 5-year grants, of which 100-110 will expire. More than 350 applications have been received for the FY 2007 cycle, of which 282 have been sent to peer review. Of 37 new mentoring applications, 20 are likely to be funded, with 120 new awards projected across the board. Congress has directed a \$2 million grant to Community Anti-Drug Coalitions of America

(CADCA) to run the National Coalition Institute. That grant and some administrative costs leave \$72 million for DFC grant awards.

CSAP's Minority AIDS Initiative has provided \$39.5 million to 148 grantees. The most recent grantees have begun the SFP planning process. The initiative reaches out to the reentry population, one of few programs that addresses this criminal justice issue, with additional resources from CSAT for treatment of substance abuse and HIV. Department of Health and Human Services (HHS) emergency funds have expanded minority HIV work on college campuses—at minimum to nine historically Black colleges and universities (HBCUs), two Hispanic-serving institutions, and two tribal colleges and universities—for social marketing, education and awareness, early identification, and referral.

Congress has asked CSAP to spend \$4 million in program funds on methamphetamine grants, of which \$3.3 million will be awarded to 10-14 grantees. In addition, with increased focus on methamphetamine, CSAP sponsored a distance learning broadcast to more than 150 communities on current initiatives around the country showing promising effectiveness in communities. CSAP is working with the Office of National Drug Control Policy (ONDCP), CSAT, and the National Alliance for Model State Drug Laws to hold regional methamphetamine summits, and SAMHSA is convening a methamphetamine expert panel to advise the Administrator on prevention and treatment.

Ms. Quigg noted CSAP leadership's intent to synthesize the lessons learned about what works in community-based prevention from the isolated bits of research and roadmaps developed over the years. In helping communities implement evidence-based programs, practices, and policies, CSAP aims to continue to help them understand that they must engage in both community change and service delivery activities. In addition, in fulfillment of CSAP's mission to increase capacity, leadership is working with Federal partners to explore building partnerships in all sectors of the community to leverage local resources, to eliminate "stovepipe" thinking and planning, and to collaborate. The National Coalition Institute is pursuing a parallel path with nonprofit national organizations.

### Discussion

Mr. DeWispelaere requested a copy of the map of DFC communities, which Ms. Quigg will provide when it is finalized. In response to a question from Mr. Sahn, Ms. Quigg noted that Congress eliminated earmarks for FY 2006, but that earmarks may reappear in FY 2007. Mr. DeWispelaere and Mr. Sahn discussed the Congressional mandate to fund the National Coalition Institute, and Ms. Quigg confirmed that CADCA cannot commingle grant funds. She confirmed for Dr. Tellerman that CSAP's emergency funds are separate from its appropriated funds. Council members noted the positive reputation for accessibility that CSAP enjoys in the field and for its work to establish partnerships with other Federal organizations. Mr. Romero stated that CSAP has joined a new Department of Education advisory council to address Drug-Free Schools and Communities. He also explained that Congress appropriates funds to ONDCP, which transfers funds to CSAP, a services agency, for management of the Project Officers who oversee grantees; ONDCP provides administrative oversight. CSAP and ONDCP will co-sponsor a conference on prescription drug abuse.

*Ms. Peggy Thompson, Director, Office of Program Analysis and Coordination (OPAC), CSAP,* highlighted new OPAC activities. OPAC's small staff coordinates and provides overall direction, guidance, scheduling, and quality assurance in budget formulation and execution, coordination of Requests for Applications (RFA) and Requests for Contracts (RFC), in-service training, minority initiatives, intern and emerging leader programs, and Healthy People 2010. In FY 2006, OPAC began to coordinate personnel actions, the awards process, National Advisory Council, and cross-Center activities. CSAP's budget formulation process enables planning for funding of priority programs, and the execution process governs spending of money. For FY 2006, all obligated funds must be expended by September 1 in advance of the transition to the UFMS. The discretionary portfolio amounts to \$192 million.

Regarding new programs for FY 2006, CSAP has received 48 applications for the SPF State Incentive Grants (SIG) Program and will make 12-16 awards amounting to \$2.3 million. CSAP has received 383 applications for the DFC program and will make approximately 135 awards, with 15 awards for mentoring and the balance for services. Methamphetamine grants attracted 177 applications, with 9-11 awards to be made. The conference grant program will fund about 20 new conference grants. Continuing grants include 26 SFP SIG grants, 142 HIV grants, 23 DFC mentoring grants, plus others. Key contracts include CAPTs (CSAP's primary technical assistance mechanism), Fetal Alcohol Spectrum Disorders (FASD), NREPP, Prevention Fellows, State Epidemiology Outcome Workgroup (SEOW), Data Coordination and Consolidation Center, Faith-Based Substance Abuse and HIV Prevention, Minority Education HIV Prevention, Older Adults, and Laboratory Certification.

Ms. Thompson updated the Council on the status of the FY 2007 budget. The President's budget proposed CSAP's Programs of Regional and National Significance (PRNS) discretionary grants at \$180 million, a reduction of \$12 million from FY 2006. The House Appropriations Committee added \$15 million to the President's budget, included an emphasis on underage drinking, and provided for \$15 million over the proposed budget for the block grant. The Senate Appropriations Committee increased funding by \$16 million over the President's budget and specified that CSAP fund SIGs at \$106 million, an increase over FY 2006 levels, and concurred in the emphasis on underage drinking. Although the fate of the FY 2007 budget remains unclear, it is likely to be slightly higher than the FY 2006 budget. CSAP has submitted the initial request for FY 2008 to HHS and submission to OMB will occur in November. Funding for prevention activities has increased from 1998 to the 2007 projection.

OPAC now coordinates personnel actions and personnel awards; \$433,000 was bestowed on CSAP staff in a range of categories.

### Discussion

Ms. Thompson confirmed for Mr. Shinn that Council does not review grants of less than \$100,000. Ms. Rusche requested a briefing on disposition of grant awards upon completion of the process. Dr. Andrew observed the intense need for methamphetamine services in some communities. In response to Mr. DeWispelaere's question, Ms. Thompson stated if consensus were not reached during the afternoon's review session, a follow-up telephone conference would be held. She responded to Mr. Coyhis's question that the existing FASD contract will be readvertised. Ms. Rusche inquired whether CSAP contributes to a clearinghouse, to which Ms.

Thompson replied that CSAP contributes to a consolidated clearinghouse for substance abuse prevention and treatment, and mental health services. She explained that the final budget may include earmarks; with the exception of FY 2006, typically CSAP has overseen about \$2-3 million in Congressional earmarks. In addition, CSAP deals with program earmarks. Ms. Rusche requested that Council members receive a copy of the budget for FY 2007 and of the FY 2008 budget when it is finalized.

#### Public Comment

Time was set aside for public comment, but no one stepped forward to speak.

#### Adjournment

The open session of the meeting recessed at 12:00 p.m.

#### CLOSED SESSION

The Council reconvened at 1:15 p.m. and met until 4:00 p.m. in closed session to review grant applications.

### **Wednesday, July 26, 2006**

#### Welcome

Mr. Romero reconvened the open session of the Council meeting at 9:05 a.m.

#### Council Roundtable

To Mr. DeWispelaere's request for clarification, Mr. Romero responded that funding decisions for FY 2006 SPF SIGs have not been made, but that the program aims for fairness in distribution of funds across States, territories, and tribal organizations. Mr. DeWispelaere encouraged CSAP to honor SAMHSA's projection to fund 40 States. Mr. Romero offered to inform Council members once the decisions are official. Mr. Sahn commended CSAP on its transparent, thoughtful grant review process, and particularly on staff's responsiveness.

Mr. Shinn suggested that CADCA describe its training institute and DFC evaluation at a future Council meeting. Mr. Romero also suggested scheduling presentations by other prevention partners, including ONDCP, and updates from the field. Mr. DeWispelaere requested a presentation by a SPF SIG State; Ms. Rusche suggested inviting Washington State's Kenneth Stark.

Mr. Romero arranged for distribution of CSAP's FY 2007 PRNS budget and copies of "Three Curricula on Cultural Competency," "Risk and Protective Factors by Gender," and "Sensitivity of CMI Measures to Ethnic and Gender Differences." Ms. Rusche requested a copy of an introductory letter sent to Single State Agencies (SSAs) and prevention partners, and a letter to SSAs on NREPP's revised status.

Dr. Tellerman suggested that CSAP notify prevention partners about future Council meetings. Mr. Romero stated that CSAP will send save-the-date notices to traditional and emerging prevention partners. Dr. Tellerman noted that meetings such as those held by CADCA in the past have featured add-on CSAP-sponsored meetings for prevention partners, which Council

members had been designated to attend. Mr. Romero stated that CSAP will explore the possibility of coordinating that type of meeting. Mr. DeWispelaere volunteered to host a prevention partners meeting at the April 2007 PRIDE Youth Action conference.

#### Office/Division Updates

*Donna M. Bush, Ph.D., D-ABFT, Acting Director, Division of Workplace Programs (DWP), CSAP*, described DWP's organizational changes. CSAP's geographical information system functions have shifted to the Division of Systems Development. DWP operates the National Laboratory Certification Program, which, under contract, certifies laboratories for Federal employee workplace drug testing programs. In addition to urine testing, DWP is exploring use of alternative specimens and matrices. Dr. Bush explained that the program began with Federal employees. The mandate expanded to federally regulated industries, such as transportation, and, more recently, private companies have begun testing.

The division also runs the Federal Drug-Free Workplace Program (DFWP) by coordinating requests from and working with 120 federal agencies to modify their testing plans. DWP is working with the massive Department of Homeland Security to implement its DFWP program. DWP also visits agency sites to review their DFWP operations, provide training and assistance, and make recommendations. Dr. Bush stated that the Workplace Helpline, 1-800-workplace, provides information and technical assistance to employers and the public.

Young Adults in the Workplace—a multisite, multi-protocol grant program—is a collaborative of multidisciplinary teams studying the effectiveness of workplace-based substance abuse prevention among persons ages 16-24. Phase I involved 13 workplace grants, and a scaled-down Phase II will involve grantee employers willing to share all data needed for a good evaluation and a substantial research design, in order to achieve success in the NREPP evaluation project. Severe cuts in funding will limit the scope of work for the cross-site evaluation. The program impacts the participating employees in the workplace plus their families and wider communities. Early findings show that the employer's work culture is important to new or increased use of alcohol and other drugs (AOD); individuals ages 16-24 have a high risk of AOD in addition to prescription drugs, tobacco, and caffeine; young adults have difficulty managing work-life boundaries; and many show stress-related symptoms. More training and education is needed by young workers on healthy lifestyle and financial and time management.

CSAP expects a 40 percent funding cut for maintenance of its popular workplace website ([dwp.samhsa.gov](http://dwp.samhsa.gov)). Updated, improved versions of the Drug-Free Workplace Kit, a model plan for implementing a drug-free workplace, are to be available online, in addition to English and Spanish print versions.

DWP and PIRE will soon publish a paper on the substance abuse issues of uninsured and telecommuting workers. A study is under review on the impact of alcohol testing on fatal impaired driving crashes of heavy truck drivers, costs of alcohol-involved injuries to employers, relationship of workplace substance abuse prevention programs, and injury rates. Early findings of a study by DWP, Econometrica, and PIRE indicate that fewer older workers drink, but those who use alcohol tend to drink more frequently and in larger amounts than might be expected.

DWP staff have presented at a variety of high-level conferences, meetings, and events; electronic and teleconferenced meetings will be the wave of the future.

### Discussion

Dr. Bush replied to a question from Mr. DeWispelaere that DWP typically does not take a proactive stance with States. To Mr. Coyhis, Dr. Bush responded that DWP has worked with tribes on testing programs, but that the DFWP program does not conduct outreach. Dr. Bush explained to Mr. Sahn that the *Federal Register* spells out the programs' appeals regulations and procedures. She stated that certain factors confound interpretation of test results, including ingestion of such substances as poppy seeds and cold medications; the program's purview is limited to illicit, illegal drugs. Mr. Romero noted that DWP is the only division with a separate advisory council; budgetary concerns drive a decision to reduce the frequency of its meetings. Dr. Shinn recommended translation and dissemination of selected materials into Asian languages, particularly for small employers; Mr. Romero concurred in the need to pursue this aim. Dr. Bush responded to Ms. Rusche that CSAP-certified labs do school testing. A list of laboratories is updated monthly at [www.workplace.samhsa.gov/ResourceCenter/lablist.htm](http://www.workplace.samhsa.gov/ResourceCenter/lablist.htm).

### SAMHSA Administrator's Report

*Charles G. Curie, M.A., A.C.S.W., Administrator, SAMHSA*, acknowledged the contributions of CSAP's senior leadership and members of Council. He attributed much of the 19 percent decline in illicit drug use over the past four years to the efforts of people in the field, organizations supported by CSAP, families, schools, communities, and faith-based organizations.

Mr. Curie asserted the need for continued advocacy for prevention and discussed the role of the SAMHSA Matrix in defining priorities and the cross-cutting principles that guide management decisions. SPF aligns with the President's agenda and the First Lady's Helping America's Youth Initiative. By the end of FY 2006, more than 40 states plus tribal organizations and territories will have SPF grants, premised on empowerment of local people to solve local problems, undergirded by state-of-the-science information and TA provided by CAPTs. Mr. Curie acknowledged the high quality of information provided by CSAP's clearinghouse and urged rigorous defense of continued funding to ensure continuity of outreach and services.

Mr. Curie announced his resignation as SAMHSA Administrator, noting that the Matrix priorities are those of the field and SAMHSA's clients, developed by consensus. Matrix priorities now include suicide prevention and workforce development. SAMHSA hosted a workforce conference that involved all three Centers/fields with representatives from professional and trade associations and individual providers, with the goal to influence academia and training programs and, ultimately, to improve retention of practitioners in the fields. Mr. Curie stated that SAMHSA participates on an Interagency Coordinating Committee on Prevention of Underage Drinking. A strategy has been developed to combat underage drinking in a collaboration of Federal agencies, the advocacy community, and industry—all parties at the table of accountability. The support of HHS Secretary Michael Leavitt and the Surgeon General's Call to Action (in progress) may help to promote reduction of underage and binge drinking.

Mr. Curie asserted that the path of prevention has progressed. The important objective remains to encourage Congress and the Office of Management and Budget (OMB) to look beyond the question of whether prevention works, to have made the case that it *does* work, and to shift to do the right things to address prevention.

### Discussion

Council members unanimously expressed appreciation and thanks for Mr. Curie's leadership and contributions, which include developing respect among youth and in Indian Country, creating the ability to market more easily the concepts of mental health and prevention at the State level, and uniting a fragmented industry within a framework and developing a common goal. Mr. Sahn suggested that SAMHSA consider hiring a chief knowledge officer.

### Office/Division Updates

*Mike Lowther, Director, Division of State Programs (DSP), CSAP*, asserted that DSP's view of prevention is to build State systems that can support communities in which people have opportunities to have healthy lives in healthy work and school environments, in supportive communities and neighborhoods, connected to families and friends, and in ways that foster recovery and resilience. He stated that because substance abuse is local, States must learn how to drive and support change in local communities and must build prevention systems that help communities develop strategic plans. DSP will work with States in to build systems that provide resources, capacity building, and tools to generate change and reduce substance abuse through the SFP planning process.

DSP's three functions are prevention systems development, strategy implementation, and program policy and practice effectiveness. DSP serves as liaison to the National Association of State Alcohol and Drug Abuse Directors (NASADAD), State National Prevention Networks (NPNs), and tribes. Major mechanisms include the substance abuse block grant (\$350-370 million), SPF SIGs (26 current grants in 24 states, \$85 million), and the SYNAR amendment. All States applied for the block grant in FY 2006, and all applications were approved. Under SYNAR, States report youth access rates, and all reported less than 20 percent. DSP's staff of 15 includes leaders of the geographical teams and State Project Officers, and manages \$450 million in grants.

The State Division sees SPF SIGs as the way for States to incorporate their strategic prevention planning into the block grant and as a way to think strategically about all State resources. Some evidence is emerging of translation into areas beyond substance abuse.

### Discussion

Mr. DeWispelaere stated that prior to SPF SIGs, States had believed block grant funds to be their money, not Federal money, but CSAP's leadership has helped make changes for the better. He inquired about recourse for communities that disagree with a State's funding decisions. Mr. Lowther responded that block grant statutes provide little authority over allocations. He pointed out that at least six States now use the SPF to allocate their block grants. Mr. Coyhis commended recognition of tribes' sovereign status in the SPF SIG Program. He suggested communicating this recognition through the National Congress of American Indians and the National Indian Health Board, in addition to the Indian Health Service, particularly by presenting to the National

Congress. Mr. Coyhis offered help in facilitating the process and in disseminating information to the 35,000 native communities in White Bison's database. Mr. Shinn asked about the nature of the SPF SIGs' relationships with States, and Mr. Lowther explained that with cooperative agreements, Federal agencies work closely with States.

*Kevin Mulvey, Ph.D., Acting Director, Division of Systems Development (DSD), CSAP, stated that DSD supports the entire Center's staff, programs, and grantees. DSD provides leadership and guidance in planning, developing, and implementing programs and the prevention concept across the Center, and carries out the Center's health promotion, public education, and information dissemination activities. DSD facilitates the implementation and development of tools, guidance documents, data activities, training and TA, and GPRA performance measurement and PART. DSD's structure includes the Performance and Technical Assistance Branch and the Materials Development Team. DSD has developed learning communities across Divisions and provides guidance, data systems, and evaluation tools for grantees, and hopes to facilitate more interdivisional interactions, especially with the Division of Workplace Programs.*

DSD activities include NREPP, Prevention Fellows, SEOWs, CAPTS, health promotion and dissemination activities, geospatial mapping, Underage Drinking Initiative, publication clearance, workforce development, and data analysis activities. Dr. Mulvey stated that SAMHSA has purchased CTC and that CSAP is developing a train-the-trainers program for CAPTs, which will train States, which in turn will train communities to use CTC. CTC materials are available for download from the website.

### Discussion

In response to Mr. Sahn's question about municipalities' participation in CTC, Dr. Mulvey said that CTC will move through the SPF process, with States working with their local communities, not the Federal government. DSP will offer a variety of TA opportunities to facilitate transition from the State level to local jurisdictions. Mr. Romero stated that while DSD will direct support to States to be filtered through to communities, opportunities also exist for the Federal government to collaborate through the DCP and DSP. An objective is to increase accountability and ownership at the State level. Mr. DeWispelaere described an example of a local coalition requesting that the State secure free training from CAPTs to do coalition capacity building; the State owns the training; the Federal Government pays; and CAPTs do the training.

In response to a question from Dr. Andrew, Dr. Mulvey noted that DSD addresses emerging substance abuse issues by facilitating collaboration with States and communities. Issues flow both from States and the field. Mr. Sahn inquired about mechanisms for CSAP to react to changes in the field and piloting solutions, and Dr. Mulvey responded that a fundable mechanism is not available. Mr. Romero stated that this is an area for Council to explore. Dr. Tellerman echoed Council's interest in the issue. Mr. Coyhis noted that the list of DSD activities includes a National American Indian/Alaska Native TA Center, which Dr. Mulvey stated CSAP hopes to add to its portfolio. Mr. Romero observed that CSAP should do everything possible to ensure the success of grantees, including providing a safety net for marginalized or disadvantaged groups.

## Council Roundtable

### ▪ **Emerging Trends Incubator**

Dr. Tellerman suggested inaugurating an initiated grant process to evaluate emerging, innovative practices or programs, under the rubric of services to science, with funds set aside for competitive applications. Dr. Mulvey stated that a mechanism exists, whereby graduates of CAPTs regional academies are eligible to receive awards to help improve their evaluation capabilities and prepare programs for a more rigorous evaluation. Dr. Tellerman asserted the need for funds to do the actual evaluation. Mr. Sahn added that a mechanism is needed to respond rapidly to emerging problems, such as methamphetamine and ecstasy, to trigger a pilot program. Mr. Romero responded that CSAP currently receives unsolicited requests for funding for particular activities at the local level, with awards made at the Director's discretion. Ms. Kitrell observed that the proposed mechanism sounds like the demonstration program of the late 1980s; in order to revive the program, CSAP must change its business policies. She suggested that the Council set down its objectives for such a program in writing. Mr. Romero suggested scheduling a discussion at the next Council meeting. Mr. Shinn observed the additional need for a less formal process for grassroots organizations to mature their culturally based programs, with the idea of replication and sharing their ideas with other communities. The need remains for assistance with capacity building, technical assistance, and ethnic and cultural workgroups.

### ▪ **Future Council Meeting Dates**

Council teleconference is scheduled for November 6, 2006. Mr. Romero envisions convening Council on a quarterly basis in 2007, twice at in-person meetings (summer and winter) and twice via teleconference. Scheduling a Council meeting in Rockville, Maryland, during the last week in July will ensure efficiency in handling grant reviews. Council members discussed holding a Council meeting in conjunction with a tentative CADCA Prevention Day Conference in February 2007, but cautioned against scheduling a long Council meeting. Mr. Sahn inquired about the cost of co-hosting a CADCA conference, and Mr. Romero responded that funding depends on the scope of CSAP's involvement; he suggested inviting NPN partners to such a meeting. He solicited ideas for agenda items for the next Council meeting.

### ▪ **Role of the National Advisory Council**

Council members offered their opinions on the role of CSAP's National Advisory Council. Mr. DeWispelaere stated that Council serves as the voice of the field. Its members also represent SAMHSA at meetings. Dr. Andrews stated that Council's role also is to identify emerging issues that have not yet arisen on radar screen. Council also represents CSAP's work, especially its mission and direction. She urged that SAMHSA arrange concurrent (or joint) meetings of the Centers' Councils to explore complementary activity. Mr. Sahn asserted that Council's primary role is one of trusted advisor, an impartial sounding board. Dr. Tellerman welcomed serving in the role of Council ambassador and requested guidelines.

Mr. Romero plans to develop a spreadsheet of Council members' areas of expertise and welcomed updates from Council members. He sees members' role as supporting CSAP collaboratively as extensions of the Office of the Director to ensure the strong presence of prevention across the nation, armed with the necessary background information. Dr. Tellerman identified the challenge to explain substance abuse prevention on the continuum, particularly to consumers and families actively dealing with mental health issues. Mr. Romero added the

importance of conveying to providers in the substance abuse field the message that prevention works, perhaps engaging those who understand prevention to assist in mounting educational efforts.

Dr. Tellerman suggested convening a brainstorming session with the Department of Homeland Security on suicide prevention and its interface with terrorism. Mr. Coyhis encouraged increasing Council's role in CSAP's strategic planning efforts. He also suggested adding one or more youth representatives and a prevention elder with institutional knowledge of prevention to membership on the Council. Mr. Romero suggested youth representation with geographical diversity and asked Council members for nominations. Mr. DeWispelaere suggested convening a youth advisory council. Ms. Toian Vaughn, Executive Secretary, National Advisory Council, SAMHSA, clarified that the law provides for CSAP's Council to be composed of 12 members, with no age limitation. Its ex-officio members are Federal officials.

#### Public Comment

Although time was set aside for public comment, no one came forward to speak.

#### Closing Remarks

Mr. Romero emphasized the importance of collaboration and strategic planning in CSAP's prevention work. He asserted that the SPF must serve as an overarching mechanism for collaboration throughout States and communities. CSAP must continue its strong focus on preventing underage drinking, on the unique issues among older Americans of loss of independence and companionship and of multiple medication use, and on workforce development. Mr. Romero stated that the prevention, treatment, and mental health fields must work collaboratively with each other and with States and communities to revitalize, recompense adequately, and increase the workforce.

#### Adjournment

The meeting of the CSAP National Advisory Council concluded at 3:05 p.m.