DEPARTMENT OF HEALTH AND HUMAN SERVICES
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
CENTER FOR SUBSTANCE ABUSE PREVENTION NATIONAL ADVISORY COUNCIL MEETING

Minutes
May 25 & 26, 2005

One Choke Cherry Road
Sugarloaf Conference Room
Rockville, Maryland 20857

Wednesday, May 25, 2005

Call to order of the Open Session

The Council convened at 2:00 p.m. at the SAMHSA Headquarters, One Choke Cherry Road, Rockville, MD, in Sugarloaf Conference Room.

Welcome

Ms. Peggy Quigg, Director of Prevention Education for the Center for Substance Abuse Prevention (CSAP) welcomed the group on behalf of CSAP Director Beverly Watts-Davis, who was at an awards ceremony at the Department of Health and Human Services. Ms. Quigg requested introductions from attending board members, who gave brief remarks.

Overview

Ms. Quigg briefed attendees about the mission, structure and functions of the Substance Abuse and Mental Health Services Administration (SAMHSA), the parent organization of CSAP. She discussed the organizational vision of "Life in the Community for Everyone"; the mission of building resiliency and facilitating recovery; the guiding principles of Accountability, Capacity and Effectiveness (ACE)\; and work emphasizing "matrix management" and collaboration.

Ethics

Ms. Pam Kelly of the SAMHSA Office of Program Support briefed attendees on behalf of the agency's Ethics Counselor. She noted that board members are special government employees, who must comply with ethics rules. Board members were advised that they are to show impartiality and undertake actions that are free of personal and financial conflicts. They were counseled on completion of the Form 450 financial disclosure statement; compliance with the Hatch Act while on business as special government employees; and contents of the booklet "Ethics Rules for Special Government Employees." Ms. Quigg further reminded attendees that meetings were recorded as official government proceedings where reporters may be present and that Council

members need to recuse themselves from matters in which they or their organizations have financial interest as this is a conflict of interest and would be an ethics violation.

Legislation and Policy

Mr. Joe Faha, SAMHSA's Legislative Officer, briefed attendees on proposed legislation regarding "Prescription Monitoring Systems," affecting those who may abuse Oxycontin or Hydrocodone. He noted that this bill would provide authority to the Secretary of Health and Human Services (HHS), possibly resulting in implementation at SAMHSA. He noted the need to resolve jurisdictional issues regarding a similar "Harold Rogers Program" in the Department of Justice.

Mr. Faha noted that Representative Jerry Lewis, Chairman of the House Appropriations Committee, was committed to moving appropriations bills on time and that the HHS appropriation was expected to move to the House floor by the end of June. The President has asked for funds to expand the Access to Recovery program from 14 states and one tribe to a total of 21 states. The program's intent is to widen the array of providers, expand capacity, and increase accountability.

Mr. Faha discussed the President's budget request for CSAP of $184 million, noting reductions in funding for ecstasy programs and methamphetamine prevention grants, with a shift of priorities to the Strategic Prevention Framework. Attendees discussed lobbying for more funds as providers, not as members of the National Advisory Council. Mr. Faha also described new funding for suicide prevention.

Administrative Matters

Ms. Tia Haynes of CSAP briefed the Council about the National Advisory Council Guidance booklet provided to all members prior to the meeting. She noted legal mandates regarding second-level grant review and peer review for grants and cooperative agreements. She also noted that Council members:

- are a major source of advice to Federal health programs;
- help to disseminate information to the public and professional health field;
- advise the CSAP Director, SAMHSA Administrator and Secretary of Health and Human Services concerning programs and operations; and
- have a requirement for recusal to preclude conflict of interest.

Adjournment

The orientation meeting of the CSAP National Advisory Council adjourned at 4:40 p.m.

Thursday, May 26, 2005

Welcome

Chair Watts Davis welcomed new and continuing Council members to the public meeting. She noted that Council members are great assets in the field of substance abuse prevention and are an empowered board and are not expected to be a "rubber stamp." She noted that the current Council is engaged, active, and serves very well as CSAP's "eyes and ears."

Consideration of Minutes

Mr. Jay DeWispelaere moved that the minutes of October 5 and 6 be accepted. Dr. Judith Tellerman seconded. There being no discussion, the motion passed.

CSAP Awards

Chair Watts Davis reported that her absence from the first day's proceedings were due to her attendance at the Department of Health and Human Services where CSAP received three awards. CSAP received an HHS Team award for involvement in a faith initiative with the Administration for Children, Youth, and Families called "What's Hip-Hop got to do with it?" A second award was given for CSAP's role in mental health transformation, including mental health promotion being included in the Strategic Prevention Framework. The third award was for the Underage Drinking Initiative including "Reach Out Now" (under the leadership of Ms. Peggy Quigg's division) where state First Ladies and other dignitaries go to classrooms to teach fifth and sixth graders about underage drinking. She also noted CSAP's "Too Smart to Start" campaign.

Drug-Free Community Grants

Prior to formal discussion of the Director's Report, Chair Watts Davis invited questions. Mr. DeWispelaere asked how many coalitions have applied for Drug-Free Community grants and how many were reapplications. Ms. Rose Kittrell of CSAP reported that there were 933 grant applications received – with 511 competing for renewals, and 422 competing for new awards. Chair Watts Davis noted recent discussions with the Office of National Drug Control Policy (ONDCP) concerning a 20 percent direct service requirement affecting grantees.

Director's Report

Chair Watts Davis drew the Council's attention to organizational changes.

- Ms. Rose Kittrell has been detailed as the Acting Director of the Division of State and Community Assistance, where grants are administered. While grants programs have formerly been administered separately, Chair Watts Davis cited

Ms. Peggy Quigg for developing a regional concept, where state and community Project Officers from the same state would work together to insure coordination between grantees.

- Mr. Mike Lowther's will now serve as Acting Director of the Division of Knowledge Applications and Systems Improvement (DKASI).
- Ms. Claudia Richards was introduced as the new chief of the HIV Prevention Branch within DKASI. Her experience includes service as a team leader in the Center for Substance Abuse Treatment, Acting Branch Chief for Performance Partnerships with states, and expertise in community planning systems.
- Ms. Jayme Sue Marshall was introduced as a new Branch Chief in the Division of State and Community Assistance. She served previously at CSAP, and most recently as a Branch Chief at the Department of Justice. Her experience includes work with the original Community Partnership Coalition Demonstration Branch.
- Mr. Richard Moore was cited for later introduction. He comes to CSAP as Acting Deputy Associate Administrator from the Health Resources and Services Administration (HRSA).
- Chair Watts Davis reintroduced Ms. Peggy Quigg as Director of the CSAP Education and Communications Division. Ms. Quigg leads initiatives in underage drinking, health promotion and ensures that CSAP communications are focused, with strategic impact in communities. She led a state coalition in Missouri and understands how to establish prevention and health promotion as a key and integral part of a community health system.

Chair Watts Davis noted that CSAP is focusing attention on workforce development by sponsoring a leadership academy to prepare prevention leadership in the states. Accordingly, CSAP worked with the National Prevention Network (NPN) comprised of each state's prevention director to conduct a leadership academy. This included participation from 44 states and comprised the largest-ever NPN meeting. Further discussions include expanding this initiative to placing a Prevention Fellow in every state.

Chair Watts Davis informed the Council that CSAP will be leading SAMHSA Rapid Testing Initiative in which HIV status can be determined within 20 minutes from a saliva swab. Pre-counseling and post-test counseling will occur with all people who receive the test.

Chair Watts Davis noted that it was a major accomplishment for the Drug-Free Communities program administration to be moved to CSAP. She noted that CSAP's goal to connect States and communities can be accomplished by connecting the Drug-free Communities program and the Strategic Prevention Framework State Incentive Grant program. It is CSAP's goal to have an SPF SIG grant in every state and territory within five years and this may be accomplished in three years.

Council Introductions

Chair Watts Davis asked Council members to introduce themselves:

- Dr. Tellerman: Clinical Professor at the University of Illinois College of Medicine; known for work in prevention of self-destructive behaviors and structured group counseling. She is starting a project in Sacramento, CA to evaluate programs for counseling children in schools. It is important for children to have good role model adults to show them the way. She has previously worked in suicide prevention.
- Reverend Harvey: CEO of a nonprofit organization in Pittsburgh, PA called "Strength, Incorporated," licensed by the state as a treatment provider. Strength has just opened a 60-bed facility and will begin developing an SRO (single-room-occupancy) facility for men over 50 in recovery, called Generations. He is engaged in coalition building in Houston, Chicago and Pittsburgh with the MONEY project, meaning Minority Opportunities Networking Empowerment for Youth, to help minority organizations to compete effectively for Federal funding.
- Ms. Geringer: former First Lady of Wyoming was involved in founding the First Lady's Initiative "Leadership to Keep Children Alcohol-Free" and is now a member of the Emeritus Group.
- Mr. Dewispelaere: President and CEO of PRIDE youth program, the country's largest and oldest drug-prevention organization devoted to youth. Previously, he served 30 years in law enforcement. He reiterated his advocacy for inclusion of coalitions in the NREPP (National Registry of Effective Programs and Practices) process.
- Dr. Allen: Professor and Chair of Nursing at Andrews University, with 26 years involvement in the field of substance abuse. She has worked with the Nurses Society on Addictions and is presently working on college campuses concerning abuse particularly of prescription medications.
- Mr. Sahn: Council member for four years, coming from a background as five-term mayor and deputy county executive from Nassau County for all health and human services. He is concerned about finding alternative funding as revenues are shrinking and about resolving internal inefficiencies. He noted the creation of a policy known as "No Wrong Door" which bridges social and health services. This has included creation of lead agencies to maximize funding synergies and the empowerment of community-based organizations. He believes that SAMHSA should promote the continuum of prevention, as well as the continuum of care.
- Mr. Shinn: Director of the Coalition for a Drug-Free Hawaii after 25 years of experience in mental health and substance abuse and developmental disabilities in both California and Hawaii. He has been involved with CSAP since it was "OSAP" and addresses services for Asian and Pacific Islander (API) communities, which are the fastest-growing and most diverse population in the U.S. CSAP helped to develop infrastructure in API communities, but there are many issues under the block grant system in addressing diverse immigrant API communities.
- Ms. Rodriquez Andrew: An attorney and community evaluator in San Antonio who served as a commissioner of the Texas Commission on Alcohol and Drug Abuse. She was involved when OSAP helped to improve community infrastructure, and is now concerned that grants reach those who have the best

grant writers and not the most need.

- Mr. Coyhis: President of White Bison and a member of the Mohican Nation, Turtle Clan on his mother's side and Coyote Clan on his father's side. He is an advocate of the "Well-briety" movement. His Indian name is Tantaka Wamble. He is concerned that methamphetamines are reaching youth in Native American communities. He noted that coalition training has been interpreted into the Native American culture, but that it is difficult to learn the grants and government culture. There must be training it that area.
- Mr. Bevelaqua: President of the Phoenix Corporation, with extensive business experience and 20 years of community service experience, both with substance abuse and mental health in the State of Virginia. Mr. Bevelaqua noted that he advocated for service programs based on rational analysis of results and that this does not always require extensive academic research protocols. Approaches that serve the practitioners of prevention should yield to approaches that favor the consumers of prevention.

Cost Administration.

Ms. Geringer raised questions about renewal for those whose terms on the Council are expiring. Chair Watts Davis offered to discuss this in a separate meeting. Ms. Geringer also questioned the efficiency and cost-effectiveness of the Federal travel arrangements made for the Council meeting. Mr. Sahn moved that the SAMHSA deputy administrator review travel guidelines to permit Council members to shop for the best value. Reverend Harvey seconded the motion. Mr. Andrew amended the motion to include a reference to fiscal responsibility. Mr. Bevelaqua noted that this is very important; if the Council does not hold itself accountable, it is hard to hold agency employees accountable and that the motion should require a report back to the Council within 90 days. This was included in the final motion. The amended motion passed unanimously.

NREPP Process.

Dr. Hennessy, who runs the NREPP project for SAMHSA, responded to questions raised by Council members. He stated that NREPP is evolving to become the National Registry of Evidence-based Programs and Practices. A revised registry will be launched in Fall 2005 crossing all SAMHSA domains. SAMHSA met in May with coalition experts, and consensus emerged from the meeting that coalitions should be a part of this national registry. Coalitions do identify themselves as interventions, and we need to design a system and criteria recognizing the uniqueness of those coalitions.

Mr. DeWispelaere commented that he travels extensively among communities and that in large measure the NREPP process is not respected as a source of help for effective prevention work. Reverend Harvey concurred that it is essential to embrace coalitions and the need for comprehensive approaches across communities and care systems.

Dr. Hennessy stated that effective coalitions would appear on the registry soon. Chair Watts Davis noted that many of the reviewers in the NREPP process have never created or operated coalitions and do not understand them. Dr. Hennessey stated that by the time of the next Council meeting there would be draft criteria for coalitions.

Mr. Coyhis noted that only one Native American program has succeeded in the NREPP process. Chair Watts Davis observed that compromising the culturally competent model leads to programs that do not work in other target areas.

Dr. Hennessey again noted that the NREPP process is being revised to remove inappropriate barriers. Discussion continued about the difficulty of matching scientific methods with complex social activities and creation of effective community efforts within the Federal framework. Chair Watts Davis noted that Dr. Hennessy would continue this discussion at the next Council meeting.

Emergency Needs

Dr. Allen noted that hospitals must serve patients at a life-threatening moment even if they do not have insurance. She recommended that money be set aside to address substance abuse emergencies, such as the methamphetamine problem cited by Mr. Coyhis, even if the local coalition has not been able to write a compelling grant. Money should be set aside to address compelling need and technical assistance should be provided to the community to develop a grant as is done in disaster response. Ms. Allen moved that a small amount of money be set aside to address critical need irrespective of grant score. Ms. Geringer seconded. Mr. Sahn suggested that the funding be called emergency funding. Chair Watts Davis asked Mr. Lowther to serve as staff liaison to a Council subcommittee to develop this proposal further. The motion was passed unanimously.

Strategic Prevention Framework

Chair Watts Davis stated that the Strategic Prevention Framework (SPF) and CSAP's State Incentive Grant (SIG) project are the true "redwoods" for the Center for Substance Abuse Prevention. She noted that SPF SIG is being integrated into SAMHSA's vision and that prevention is not simply working with youth but involves building resiliency and facilitating recovery. She discussed efforts to prevent drug consumption patterns and to prevent consequences, such as drug-related crime, teen pregnancy, and HIV infection.

Currently, CSAP has awarded 21 SPF SIG grants out of 55 applicants, and another 5 are proposed for funding. This is a five-year project to promote systems change in the states. It is important to use the SPF SIG to create major improvements in overall prevention systems. There may come a time when CSAP may provide no funding beyond the block grants, so it is critical to build capacity and infrastructure now. This infrastructure will then be able to use funding from any source to promote effective prevention.

CSAP is now looking at how states are addressing underage drinking. This is the number one youth substance abuse issue in the country. We are also expecting the states to present us with plans focused on data showing the "hot spots" and real needs in the state based on epidemiological data. CSAP emphasizes the need for states to coordinate their efforts across all funding streams, including funds from the Departments of Education, Housing and Urban Development, Justice, Labor; SAMHSA, and private foundations.

Discussion continued noting that CSAP is expecting the states to spend at least $150,000 on epidemiological study as an underpinning for SPF SIG grants. Recipients are getting $2.35 million total, 15 percent of which can be spent for administrative money, and the requirement for an epidemiological workgroup is coming from that funding. This should help build that capacity and be an ongoing yearly process.

The epidemiological workgroup will support the SPF Advisory Council and the Governor's Advisory Council – the policy makers and the decision makers. Mr. Coyhis asked and Mr. Lowther responded that for tribes to participate, it would be appropriate to seek a place on a Governor's Advisory Council.

Mr. Lowther described the required membership for the advisory council: a Governor's appointee to ensure comprehensive influence; the Drug Enforcement Administration (DEA); the state's lead agency that addresses underage drinking; National Guard Demand Reduction representative; and membership from the communities. The advisory council is expected to create a prevention strategic plan for the state. This is a public health approach, not just looking at isolated risk factors.

Mr. Lowther stated that CSAP has performed three regional trainings with the states and their epidemiological workgroups. Ms. Geringer asked if CSAP has provided funds for states to do geomapping. Mr. Lowther stated that CSAP has some capacity of that kind to share with the states but that states will resort to their own resources. Ms. Quigg noted that in many states the National Guard has geomapping capabilities. Ms. Geringer asked whether governors are having difficulty in pulling agencies together; Mr. Lowther said that candidly it varies among states. Mr. Shinn asked about allowable expenses for the states; Mr. Lowther replied that the states must spend 85 percent of the funds in communities. The objective is to encourage states to work with communities in identifying and addressing their own problems.

Lunch Recess

The Council recessed at 12:45 p.m.

Council Reconvened

The Council reconvened at 1:30 p.m.

Chair Watts Davis introduced Mr. Richard Moore, who has joined SAMHSA from the Health Resources and Services Administration (HRSA). Chair Watts Davis noted that Mr. Lowther and Ms. Kittrell would give overlapping reports, as they now had switched division leadership. Mr. Lowther now leads the Division of Knowledge Application and Systems Improvement (DKASI). Ms. Kittrell now leads the Division of State and Community Assistance (DSCA).

DKASI Report

Mr. Lowther reported that Mr. Soledad Sombrano had retired after 30 years and that Mr. Kevin Mulvey joined the division from the Center for Substance Abuse Treatment (CSAT). Ms. Debbie Castell, who handles earmarked programs, has moved to work for Ms. Kittrell in DKASI to address HIV issues. Commander Florentino Merced-Gallindez has joined as project officer.

In programmatic activities:

- There are currently 27 one-year grants addressing methamphetamine and inhalant prevention; these grants are coming to an end. Likewise, the specific ecstasy grants will end. All this will be folded into the SPF SIG.
- There is an HIV/AIDS rapid testing initiative on which CSAP is partnering with CSAT and the Centers for Disease Control and Prevention (CDC). To date, over 100,000 rapid HIV test kits have been sent to eligible providers who serve SAMHSA-targeted populations.
- On January 13, 2005, CSAP issued an RFA on substance abuse, HIV and hepatitis prevention for minority populations and minority reentry populations. The grants are now being reviewed and CSAP expects to fund between 60 and 80 grants.

DSCA Report

Ms. Kittrell noted that all senior CSAP staff work together to help Chair Watts Davis to implement the Strategic Prevention Framework. SPF is a major advance, as it is moving the states to look at whole communities, use epidemiological data, develop strategic plans, and measure the community impact. SPF will enhance program sustainability in the communities, with the Single State Agency (SSA) involved in an ongoing and interconnected process. CSAP is working hard to eliminate redundancies and inefficiencies in costs, and the project officers at CSAP will be accountable to the grantees.

Ms. Kittrell introduced Ms. Claudia Richards to discuss the Minority Education Initiative. Ms. Richards noted that every year the Secretary of Health and Human Services can allocate money from an emergency fund for one-year projects. CSAP has requested funding to set up a campus project at historically black colleges, tribal universities and Hispanic institutions to provide substance abuse prevention and related hepatitis, and HIV services on campus. CSAP is awaiting department approval for

approximately $1.3 million.

DPE Report

Ms. Peggy Quigg, head of the Division of Prevention Education, discussed recent activities:

- During April's Alcohol Awareness Month, CSAP advance the "Reach Out Now" underage drinking initiative. This included close collaboration with PRIDE. Each NPN member was given $3,000 in stipends to spend in communities to help communicate locally. This year 21 First Ladies participated.
- A major issue has been overall change in the approach to substance abuse prevention. Accordingly, CSAP partnered with the National Guard and a Public Broadcasting Station in Harrisburg, PA to use technology and create a three-series broadcast on change with Dr. Judy Kosterman, formerly "drug czar" in the state of Washington and with CADCA and ONDCP, and now with The Change Company. This material will be provided to the CAPTs along with a facilitator's guide to assist change in their areas.
- DPE's mission is to provide health promotions and marketing materials for CSAP and provide the technical assistance materials needed to support work in the field. Coordinating closely with DKASI and DSCA, work is now focused on SPF materials.
- Next DPE will address the National Outcome Measures. DPE is working hard to identify culturally competent models to describe this work to the communities being served -- translating research language into lay communications.
- DPE has closed down the former "model program" guide, but will issue a final CD-ROM with all the model programs included. The material will also be on the NCADI (National Clearinghouse for Alcohol and Drug Information) website.
- Chair Watts Davis has combined grantee meetings into a single Prevention Day conducted at the beginning of the CADCA National Leadership Forum. The next Prevention Day is scheduled for February 13, 2006. CSAP invites NAC members to serve on the planning committee. (Mr. DeWispelaere volunteered.)
- SAMHSA is a co-sponsor of the DEA Museum that has been displayed in New York, Detroit and Chicago. It is scheduled for Cincinnati. Repeatedly, parents say that it gives them a chance to address the substance abuse issue with their children.
- CSAP is co-hosting with SAMHSA along with the VA a national forum to address veterans' issues, both with mental health and substance abuse.
- CSAP will host a forum to address underage drinking, resulting from an interagency workgroup prompted by the Institute of Medicine Report given to Congress. We will work with all states, including initiatives next spring around Alcohol Awareness Month.

- CSAP is involved with the President's Youth Outreach initiative being led by the First Lady.
- DPE continues to produce health promotion materials focused on helping the SPF grantees, HIV grantees, and DFC grantees. Materials will be available next spring for Alcohol Awareness Month. CSAP will also seek to reenergize the Red Ribbon campaign.

Ms. Allen asked whether prevention education addresses only youth; what activities are being done on the Internet to reach youth; and whether there are efforts to work with movies and television to change the portrayal of smoking. Ms. Quigg noted that the Office of National Drug Control Policy has taken the lead in these areas, including behind-the-scenes discussions with the entertainment industry. As a result, some portrayals, have been modified, eliminated or made more accurate. Regarding lifespan issues, Ms. Quigg noted that CSAP is working with SAMHSA in matrix workgroups and partnering with other HHS organizations to address older populations.

Chair Watts Davis noted that the SAMHSA Administrator's "One SAMHSA" policy is leading to removal of reference to CSAP on publications. Dr. Allen reiterated the need for CSAP to address prevention across the life span. Ms. Quigg welcomed the suggestion, as well as feedback from the communities and from RADAR sites. She noted materials distribution through the Elks. Mr. Sahn supported strategic partnerships outside government, not only with community-based organizations but also the film industry. He suggested that with regard to seniors and prescription drug awareness, Walgreen's and CVS could be excellent partners. Mr. DeWispelaere noted the Prism Awards for media treatment of substance issues.

OPAC Report

Ms. Peggy Thompson provided a report from the Office of Program Analysis and Coordination (OPAC). OPAC integrates information about all CSAP programs in trying to answer questions from the Hill, ONDCP, OMB and the Office of the Administrator and in planning for the future. OPAC coordinates the RFCs (Requests for Contracts) for contract programs and RFAs (Requests for Applications) for grant programs. OPAC seeks to coordinate the programs, ensure their relevance, make sure funds are available and make sure the programs are appropriate.

OPAC deals with a number of minority initiatives; coordinates the intern program placing about 4 – 6 interns in CSAP offices; and coordinates the Emerging Leader placement in CSAP. OPAC coordinates the International Visitor's Program. OPAC operates the Data Coordinating Center, pulling together information from all the different programs. OPAC is coordinating with Healthy People 2010.

Ms. Thompson addressed the budget formulation and execution processes. This includes budgets for the Drug-Free Community program, the Programs of Regional and National Significance PRNS), the Block Grant, and other elements. The budget as described by OMB entails "best practices" (meaning those activities having to do with

developing and disseminating best practices, including NREPP and public communications, such as the national clearinghouse) and "targeted capacity expansion" or TCE (meaning direct services, such as the SIG grants). CSAP is encouraged to gradually shrink the best practices work and increase the TCE work.

OPAC also address the PARTS review by OMB used to assess how effective each program is; in FY 2006 the CSAP Programs of Regional and National Significance (PRNS) were the only SAMHSA programs that were rated moderately effective (the highest rating reported). Mr. Sahn asked about OMB response to programs not well rated. Ms. Thompson described the process of corrective action plans and the relationship sought between PARTS scores and funding. Other discussion addressed the current CSAP budget.

DWP Report

Ms. Donna Bush reported on the Division of Workplace Programs (DWP) in place of Mr. Bob Stephenson who was on vacation. There were no organizational changes to report among the 10-person division.

- On April 13, 2005 CSAP published a Federal Register update, revising the policy statement on urine drug testing for Federal employees, which included specimen validity testing. This is to counter the availability of products marketed to defeat the drug tests. CSAP testified on this matter before the Subcommittee on Oversight and Investigations, Committee on Energy and Commerce, on May 17.
- CSAP has published another Federal Register notice addressing drug testing of alternate specimens to augment the government's understanding and handling of safety-sensitive employees using illicit substances.
- DWP has worked with ONDCP to develop geographic information and spatial analysis about the availability of treatment services.
- DWP has placed 13 youth in the Workplace Cooperative Agreements that were awarded in the fourth quarter of FY 2004, and is contributing to SAMHSA's interactive health communications website addressed to youth aged 16-24 in the workplace.
- DWP is revising and updating its own website.

Drug-Free Communities Report

Ms. Judy Donovan reported on the Drug-Free Communities (DFC) program. The program was signed into law in 1997 and reauthorized in 2001. Policy and oversight derive from ONDCP, while the program grants were administered by the Department of Justice. Last May SAMHSA was awarded administration of the program. Transition began in August, and CSAP become responsible for 227 new DFC grants and 537 continuation grants.

In FY 2005 about $70 million will be available for new and competing grant applications; and $2.9 million for new and 19 competing renewal "Mentoring" applications. The task has been challenging, but once the system has been administrative system has Chair Watts Davis noted she had made efforts to reduce the application burden for coalitions because some of the application questions did not relate to their activities. This probably increased the number of applications that were submitted. Later it was necessary to ask for this data and corrections were made.

Mr. DeWispelaere asked how many of the 422 applications would be funded. Ms. Donovan stated that it depended on the number of competing renewals, but that it might be approximately 700. Mr. DeWispelaere asked who made the determinations. Ms. Donovan stated that it derived from peer reviewer recommendations to the SAMHSA Director and to ONDCP who will make the final determination.

Mr. Dewispelaere noted that he had served as a reviewer and would probably not do so again. He stated that the currently stated FY 2005 limitation of grantees to 20 percent direct service was not defined in original grant and has caused real concern. Ms. Donovan stated that the notification had been made in workshops and on the website. Chair Watts Davis stated that CSAP would be flexible in reviewing the grants. She stated that those who know how coalitions actually form -- addressing direct services in their local settings -- need to help clarify this issue for ONDCP. Ms. Donovan noted that the intent is to fund fully-functioning coalitions to meet Congressional requirements. Chair Watts Davis stated that the intent is to exclude programs masquerading as coalitions. She noted that the states are becoming aware of the "arsenal of coalitions" that can help them make real differences.

Concluding Remarks

Chairperson Watts Davis noted that there are proposed Council meeting dates in August and September. These will be communicated separately after the meeting.

Ms. Geringer asked about a CAPT report discussed at the last meeting in New York. Chair Watts Davis stated that the CAPTS had stated the SAMHSA contracts function was problematic. The new SAMHSA director of contracts has met with the CAPTS, who are now reporting improvements.

Chair Watts Davis noted that the Wellbriety Conference in Denver was highly successful with many of the Native American tribes present. Information was distributed concerning the PRIDE World Conference, where 5,000 youth attended. The National Association of Asian Pacific American Families Against Substance Abuse (NAPAFASA) will meet in Los Angeles. A video done by FACE was announced.

Adjournment

The meeting of the National Advisory Council meeting was adjourned at 3:28 p.m.