

SUBSTANCE ABUSE AND MENTAL HEALTH  
SERVICES ADMINISTRATION

CENTER FOR SUBSTANCE ABUSE PREVENTION

NATIONAL ADVISORY COUNCIL

Tuesday,  
July 25, 2006

Sugarloaf Mountain and Seneca Rooms  
Substance Abuse and Mental Health Services Administration  
1 Choke Cherry Road  
Rockville, Maryland

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P R O C E E D I N G S (9:07 a.m.)

MR. ROMERO: Good morning, everyone. I think we're going to get started, if everyone could just please take their seats.

Good morning. My name is Dennis Romero. I'm the acting director of the Center for Substance Abuse Prevention here at SAMHSA. I'd like to officially bring this meeting to order.

I'd like to begin by welcoming our National Council members. This advisory group is one that is -- as you all know, I am very committed to utilizing and gaining your support and your expertise. To that end, I welcome you. I know you've come from near and far. Some of us have actually had to cross waters. So for that, I thank you for making your trip out here.

If we could first just go around the table and introduce yourself and say just a couple of words of your background, I would appreciate that.

Sue, can we start with you?

MS. RUSCHE: Thank you. Yes, I'm Sue Rusche, president and CEO of National Families in Action. We are finishing up a pilot program of the Parent Corps. We recruited 5,600 parents into it from 19 schools.

DR. TELLERMAN: Hi. I'm Judy Tellerman. I'm a clinical professor from the University of Illinois College of Medicine, primarily a clinician. The group that I developed, which is a structured problem-solving,

team-building approach for high school students, we're piloting that now in Sacramento with People Reaching Out, which is an ONDCP community coalition. We're going to be training interns, counseling interns, to staff the program and go into 16 schools and do an outcome study. So we're pretty excited about that project, and I'm glad to be here. Thanks, everyone, for coming.

MR. ROMERO: Thank you.

MR. SAHN: Hi, everybody. My name is Mitchell Sahn, and I am, I guess, a former politician. I served 10 years as a mayor and two years as a deputy county executive, where I oversaw all health and human services. One of the things that I'm most proud of is something called Single Point of Entry, No Wrong Door, which for the first time bridged the social services with the human services through a single point of entry. Lately I've been working on several projects that would increase efficiency in the provider system and the delivery system and add accountability to that process, because from my experience I'm a firm believer in the fact that our dollars are not being maximized and the contract management system needs to be overhauled so we can maximize the efficiencies and cut out the abuse and misuse, and perhaps even fraud, that comes with some of these grants.

I've also been working on Medicaid reform,

developed a Medicaid cap strategy for New York State, and in my spare time I like coming here.

(Laughter.)

MR. ROMERO: Thanks.

MR. DeWISPELAERE: Good morning.

Mr. Chairman, if I make a mistake and call you Madam Chairman, that's from the past, so please excuse me.

(Laughter.)

MR. ROMERO: I have this for a reason, okay?

MR. DeWISPELAERE: I, too, Mr. Chairman, crossed water to get here. I left my fishing trip early to be here with the council today. Thank you for having us.

My name again is Jay DeWispelaere. I'm the president and CEO of PRIDE Youth Programs. We're celebrating our 30th anniversary this year. We're really excited about that, and we just recently wrapped up taping a project with the National Elks, "Parenting in the New Millennium." It's a new DVD series that will be coming out this fall, and we're excited about that too.

MR. ROMERO: Great. Thank you.

MR. COYHIS: My name is Don Coyhis. I'm a member of the Mohican Nation. I was born for the Turtle Clan on my mother's side, and I was born for the Coyote Clan on my father's side. My Indian name is Totanka Wombly. That's how the elders taught me to introduce

myself.

Sixteen years ago we started an effort under a non-profit called White Bison, and our goal is to create a wellbriety movement among the 557 Indian nations. We continue to develop culturally appropriate wellness programs over these years, and the movement is really starting to -- I think we have just reached a tipping point, but it took 16 years to do so. Thank you.

DR. ANDREW: Good morning. My name is Sylvia Rodriguez Andrew, and I have spent about 25 years in academia, starting off as an instructor, all the way to a dean and interim chancellor, and returned home to Texas after living in California for the past 11 years, and currently I'm using my expertise in child welfare and the law to focus on the needs of children who have been abused and neglected in the State of Texas.

MR. ROMERO: Wow. Fantastic.

MR. SHINN: Aloha kako to everybody from Hawaii. Alan Shinn. I'm the executive director for Coalition for a Drug-Free Hawaii. We're a primary prevention agency. We provide services and programs in the community and schools for our youth and families.

It's a good time in Hawaii. 2006 is the Filipino American centennial celebration. So that means that's 100 years of Filipino Americans in Hawaii. That's

quite an achievement for that community. Sixty percent of the community, by the way, is immigrant, and they represent the third largest ethnic group now in Hawaii. Over 20 percent of the population are Filipino Americans, and they are very hungry for prevention information. It's a relatively new and young community, and substance abuse prevention is brand new. So we have a whole new target population there, Dennis, that we need to work on in Hawaii. Thank you very much.

MR. ROMERO: Thank you.

MS. HAYNES: Good morning, everyone. My name is Tia Haynes. I'm the committee management specialist for the CSAP National Advisory Council. I'm excited to be here today, excited to work with all of you. You're a wonderful group to work with. This is my first time doing the grant reviews, so it was interesting. It was a lot to learn. It's a very exciting learning curve for me. I'm excited to work with you all in the years to come, as well as Rose and Dennis. Glad to be here.

MR. ROMERO: Rose?

MS. KITTRELL: Good morning. I'm Rose Kittrell, and I'm the acting deputy director for CSAP. I want to join Dennis in welcoming you to our National Advisory Council meeting. As you may be aware, the position of the deputy director serves as the chief

operating officer at CSAP. In this capacity, I facilitate the smooth operations of human and financial resources. So I'm with you.

Our senior managers are updating their management skills through SAMHSA's Leadership Development Program, and as Dennis will talk with you a little later on, we are also planning a senior management retreat in September to do some strategic planning. We'll want you to do at the CSAP level what we are requiring the states to do and what we're requiring communities to do.

We will also afford line staff to have an opportunity to have input into this process, as these processes that we're going to be going through in the next three to four months will set the agenda for our management administration plan. This plan will align our activities with the Administrator's and departmental goals and objectives. Our program staff is actively participating in training to improve their content knowledge and to acquire new skills to improve their performance in the workplace and in their interactions with our constituents. We're improving the overall efficiency at CSAP by eliminating a lot of internal redundancies and, as appropriate, consolidating contractual agreements and eliminating outdated practices.

We're in the process of migrating many of our

financial operations to a Unified Management System, UFMS, and our personnel actions are now done electronically on an Electronic Human Resource and Personnel system, known as EHRP. We at CSAP are managing for results. The realignment and restructuring of CSAP has been very challenging for us all, but as Dennis will share with you a little later on, it will afford us an opportunity to reexamine our goals and objectives and where we plan to be in the next three to five years.

I look forward to working with you all over the next few years as we all go about trying to create a life in the community for everyone.

MR. ROMERO: Thank you, Rose.

I'd like to make a motion to accept the minutes of February 14.

MR. DeWISPELAERE: So moved.

MR. ROMERO: Second?

PARTICIPANT: Second.

MR. ROMERO: Thank you.

As you may know, in your packets you have a copy of the Director's Report, and I will be alluding to that in my comments in a few minutes.

I would also like to take this opportunity to thank all of you for your willingness to be involved with a one-on-one conversation with me. As you know, I came on

board in mid-March, and as I said to all of you privately, I really believe that the advisory council is an important arm of CSAP. To that end, I needed to know more and more of what you are capable of doing for CSAP and how best to match your expertise, your knowledge, your interest with the direction of CSAP. I am pleased to say that I've gotten a resounding affirmative response from all of you.

As you know, Rose Kittrell is the acting deputy director, and it is said that you are only as good as the people you surround yourself with, and that is very, very true. CSAP is surrounded by incredibly talented, compassionate and brilliant people who I call the senior staff. Our senior staff are truly the engine behind the center here at SAMHSA, but also the field. To that end, I want to publicly acknowledge our senior staff who are here this morning who will also be presenting later and throughout this day.

Let me briefly just speak to the reorganization as a first item. For point of reference, on February 3, 2006, Mr. Curie approved the CSAP reorganization package. Yesterday, July 24, CSAP reached a major milestone. We officially moved into our restructuring efforts. With this change, we are significantly having a positive impact on our overall program effectiveness, achieving the organizational stability critically important to our

internal operations. The restructuring abolishes three current CSAP divisions, the Division of States and Community Assistance, the Division of Knowledge Application and Systems Improvement, and the Division of Program Education. While it abolishes those three divisions, it establishes three new ones, the Division of State Programs, or DSP; the Division of Community Programs, DCP; and the Division of Systems Development, or DSD. In terms of the staff assignments, it mirrors closely the current assignment of workload and staff details.

A related change is the establishment of two new branches which will manage the DFC or the Drug-Free Communities Program. The restructuring organizes CSAP programs and activities by the locus of service delivery, with divisions for state, community-based and workplace programs. Some of the advantages of this structure are clarity of assignment, the ability to better equalize workload, and the ability for project officers to work across programs in their assigned service delivery area.

The Division of State Programs and the Division of Community Programs are each divided into subordinate units for the eastern and western portions of the United States to facilitate their cross-cutting interaction on grantee collaboration and sustainability. The new Division of Systems Development will work across the entire Center

to achieve key objectives in a matrix-like manner. These objectives include facilitating implementation of the Strategic Prevention Framework concept across CSAP programs and promoting better understanding, collaboration and integration of state efforts with community-based programs.

The Division of Systems Development is also responsible for liaison with the Office of Applied Studies on all of our NOMs or National Outcomes data reporting, GIS reporting, and NREPP, which is the National Repository of Evidence-Based Programs and Practices.

Several administrative management functions are transferred to the Office of Program Analysis and Coordination, including management of the National Advisory Council and overall coordination of program evaluations.

One change did occur in our Division of Workplace Programs, and that is the shifting of one staff who moved from that division to another part of CSAP.

Overall, the total FTE or full-time employee number is consistent with CSAP's official 2006 allocations.

Basically what that means is that we're not losing any staff in this reorganization. As such, the reorganization is headed now, as you see in your slide, Peggy Thompson remains the director of our Budget Office, OPAC; Peggy Quigg is the permanent director of our Division for Community Programs; Mike Lowther is the permanent director

of our Division of State Programs; Kevin Mulvey -- let me go back about Kevin Mulvey for a second.

In the reorganization, a plan was to eliminate as much as possible any of our details. Details is the language that is used here in the federal government when staff are being moved from their position of record to another position to cover a gap or to cover a need. In that process, someone cannot be given that permanent position unless they compete for that. My goal and the goal of my predecessor was to ensure that we eliminate all of the details because it creates a sense of instability from a programmatic and from a human resource standpoint.

As a hard proponent of eliminating the detailing of staff, I found myself being in the position of needing to detail someone because we needed to have Rose Kittrell, who would be the division director of the Division of Systems Improvement. She needed to be detailed to the Office of the Director as my right hand, my left hand, my middle brain, my right brain, my everything.

To that end, we needed to ensure that we had the necessary resources to put someone of the same caliber to also help in our Division of Systems Improvement. So to that end, Dr. Kevin Mulvey has assumed the position of acting director for the Division of Systems Development.

Then the last division is the Division of

Workplace Programs. In that division there has been no change, but I just would like to point out that Bob Stephenson could not be here today or tomorrow to do his division presentation. Therefore, Donna Bush, the Division of Workplace acting division director, will preside in his absence.

Some program highlights that I'd like to share with you this morning. The first, as Rose Kittrell mentioned, we have embarked on a wonderful initiative that started back in 2004, and that was to bring a Strategic Prevention Framework initiative to every state to really encourage and challenge both the state and the community to really begin to think strategically about their problems, their issues and their concerns, and to effectively develop and plan and build capacity for addressing these issues that are occurring in their communities.

To that end, as I've said to you privately, I think it's incumbent upon CSAP to also internally think about what we are planning on doing moving forward. If we are challenging the states and communities to think strategically, we need to ensure that we are doing the same. To that end, I've asked our senior staff, under the direction of Rose Kittrell, to begin planning for a strategic planning session or retreat for the senior staff, which will take place in early September. The goal of this

retreat is to really put all of our heads together to identify what are our issues, what are our concerns, and most importantly where are we going from here. We need to know what the roadmap looks like. We need to ensure that we are clearly setting on a path that will ensure the viability, the sustainability, and the effectiveness of prevention across this great nation.

So we are embarking on this initial step of revisiting our strategic direction. After that piece, my plan is to then report this to the entire staff of CSAP and report back to them what the initial work of the workgroup is, and then get their feedback and be able to report to this council at the next session a progress report on our strategic plan for CSAP.

So in essence, we are ultimately going to create a long-term plan and a short-term plan. The short-term plan is a two-year plan, a three-year plan, and we also need to have a five- and a seven-year plan.

Another highlight that I'd like to bring to your attention is the Communities That Care initiative. As all of you know, CSAP, in collaboration with SAMHSA, bought the Communities That Care model, with the goal of making CTC available free of charge as a tool to any state or community who wishes to implement them. In late March/early April, it became apparent that we had not yet

moved forward with initiating that initiative. So we've created a workgroup. In fact, later in August in Kentucky, at the NPN National Prevention Conference, I will be announcing the availability of the CTC model through the CAPT regions. Kevin Mulvey will be talking later in more detail of the initiatives within a CTC venture.

Secondly, another item that we will be discussing in more detail this afternoon is the SPF and the SPF SIG grants. I am happy to say that today more than half of our states are using the SPF model. We are encouraging more and more states, and we're seeing more and more states, utilize the Strategic Prevention framework as a way to address the substance abuse and chemical dependency problems in their communities. So that's really a step forward for CSAP and for the field of prevention.

This afternoon we will have an opportunity to have a dialogue as we review the grants for both the SPF SIGs, as well as the meth grants.

MR. DeWISPELAERE: Dennis, how many states currently receive that?

MR. ROMERO: Well, I guess we've got about 26 states, and there are some territories.

MR. DeWISPELAERE: Not including ones we're reviewing this afternoon?

MR. ROMERO: No. The ones you're reviewing

this afternoon are all new.

MR. DeWISPELAERE: Thank you.

MR. ROMERO: Also, as many of you know, CSAP has had a very strong presence with the American Indian Alaska Native communities. I was asked to attend a series of consultation sessions that occurred across this nation under the direction of Dr. Broderick, who is the acting deputy administrator of SAMHSA. I had an opportunity to attend the Alaska session, which was the shortest trip, from what I've heard, or at least what people have told me. Getting out there is not an easy task, but it was wonderful to speak and to listen to approximately 125 tribal leaders who addressed their concerns.

The issues that were identified for SAMHSA were the issues of methamphetamine abuse, as well as suicide. Those were the two issues that were clearly discussed.

Another highlight is our minority initiatives. We continue to be supportive of our minority initiatives. Claudia Richards, who is our branch chief, has been spearheading that effort, and we remain committed in moving forward as creatively as possible and continuing to provide a presence for these important issues.

Internally, through the Emerging Leaders Program, which is a Department-wide initiative, it truly tries to sponsor programs to help students from diverse

educational and ethnic backgrounds, afford them the opportunity to be exposed to the federal system. So we use them as interns, and it's a wonderful give and take of resources from that standpoint.

Then finally, CSAP's faith-based initiatives, to which we remain committed. Just last week, Claudia Richards and some of our staff attended the Megafest conference in Atlanta, Georgia, a faith-based initiative, and we remain committed to having a strong presence in this area because the faith-based community truly has an upper hand in some respects in helping address the issues of addiction and substance abuse.

That is my brief report. The rest is in your packets. I would like to open up for the next 10 minutes for council discussion if there are any particular issues that you would like to get some clarification on.

MR. DeWISPELAERE: I have a question, and I suppose you can answer it this morning. With the budget issues, how many states do you expect to be added to the 26? I understand it's a point system. I understand all that and I'm not asking -- how many do you expect?

MR. ROMERO: Yes. The RFA went out. As it went out, it stated that we were awarding \$29 million for up to 12 to 15 states and tribal communities who wish to apply. So that's what's before you for this afternoon, to

review those grant applications.

MR. DeWISPELAERE: Thank you.

MR. ROMERO: Any other questions or points of clarification?

(No response.)

MR. ROMERO: I like this group already.

(Laughter.)

MR. SAHN: You did a good job.

MR. DeWISPELAERE: We're just warning up. The best will come this afternoon. You may want to take your jacket off.

(Laughter.)

MR. SAHN: Actually, we're waiting for Marcus.

MR. ROMERO: Peggy, maybe you'd better come up here in a little while, just in case.

(Laughter.)

MR. ROMERO: Okay. If there aren't any other questions, we will have a 15-minute break, and we will readjourn in 15 minutes. Thank you very much.

(Recess.)

MR. ROMERO: I think we will reconvene and continue with our agenda. I am very pleased to introduce Peggy Quigg, director of the Division of Community Programs. She will provide you with an overview.

Let me just actually say one brief thing before

she starts. I've asked the division directors to provide you with a report on the focus and the attention of their division. The division that they will be presenting to you is the new division based on the reorganization. So I just want to make that clarification. We're not going to be talking about how the division was structured prior to the reorg.

Peggy? Thank you.

MS. QUIGG: Good morning. This has been a long time in coming, and you all have been very patient in moving through this reorganization process with us over the last almost two years. I think it's going to be an exciting time for you to finally hear how this plan has really come together and that it's a really solid plan. Our management team is, you've heard me say before, the best group of managers that I've ever had the privilege of working with. It is so nice to work on a management team where it's supportive and nurturing and not backstabbing and territorial. We really operate under the philosophy that we should be able to talk about each other's programs as if it's our own, because oftentimes we have to do that. We substitute for one another at meetings from time to time. We think together as a group. So this shift for us really has not been a complicated shift, but it's exciting to see where we're finally going.

I talk about the Division of Community Programs kind of jokingly among our staff as what I call the pickle jar division. As many of you know, Mike Lowther began his tour here with a combined division of states and communities and in a single year reorganized that division, awarded a new SPF SIG grant process, and awarded the new DFC process, and transferred the process from Justice over to us in a single year. Mike is a man of great vision, and that's really what it takes in organizational development to begin a process like that.

But after you get past the vision stage, you have to move to organization. Rose came in and really put the structure to the division, organized the grants management process, and bar none, Rose Kittrell is the best grants manager this organization has ever had. She really put processes in place that are important when you're managing a division this size. With the number of grants and the number of staff we have, you have to have clean processes and organization, and she got our filing system to a point that we now have a full set of files that are organized, and we have a gentleman who's on a contract that we call our file gnome who lives in our file room and absolutely loves the work that he does. But that was an important process of this division as well.

I get the luxury and the honor of taking on

this division in kind of its next phase that's really about drilling down content and knowledge and depth into our project officers and bringing to them the skills that they need to really become technical experts and technical assistance providers in addition to being grant monitors for the agency.

So it's an exciting time, and I call it the pickle jar division because that's kind of what it feels like. When you take a pickle jar and one person tries to open it and just can't get it, and you pass it off to somebody else who loosens it a little bit more, and you pass it off to somebody else and it loosens a little bit more, and eventually this jar is going to open up, and this division will really be humming well. Hopefully that will happen shortly under our tenure, but if not, the next person will pass it on and they'll get to take the pickle jar and keep moving the process.

Tia, have you got the slide control?

Under the new organizational structure, we talked a lot and you all had input several meetings ago into really looking at helping us define the role of prevention and the role of CSAP and what the kind of work is that we're really doing in the field today. We really believe the role of prevention is about creating healthy communities in which people have the quality of life that

our vision of a life in the community really speaks to. Under this division, CSAP continues to work with both states and, in this division, communities with the process of developing comprehensive prevention systems. That's the ultimate goal that we're trying to achieve, systems at the state level that support local communities in doing the prevention work, because we know that prevention really happens at the community level. We don't drive very much change from here, nor do the states really drive much change at the state level. It's about supporting those communities where the services and the people are really reached, and that's what makes all the difference.

So that's what this division is about, bridging the gap to really work with our community-funded programs.

So in our organizational structure, our org charge, to expand on what Dennis presented to you this morning, our division's org chart looks something like this. We have three branches within the division, two of which will operate our drug-free communities program under the leadership of Richard Moore, who has done an outstanding, stellar job of being the go-to person within CSAP for the Drug-Free Communities Program over this last year, during a lot of transition and institutionalization of that program.

Richard is our expert on Drug-Free Communities, and I can't say enough good things about his leadership this last

year and what he's brought to the program.

Likewise, Jayme Marshall, our other branch chief, during this last year was leading our state programs and working with our block grants and SPF SIG grants with the state project officers in addition to work with DFC within the division. Under the reorganization we pulled the states out, as you saw earlier. They go to their own division, so now we can really focus on communities. So Jayme takes on an increased role with us now within Drug-Free Communities.

Under each of those branches we have two teams, with a team leader assigned to each of those teams, and as you can see, they'll work with roughly six people apiece on those teams. I really firmly believe that the team leaders are the absolute critical piece to the success of this division. In those team leader positions we have four of the most seasoned folks within CSAP that have been here for a long time, have a broad base of knowledge, very diverse skill sets around prevention, but bring to these teams some in-depth knowledge that we think will really help transfer some of that knowledge to our young, new project officers to the federal government.

Within the project officer group we have the majority of them as new hires over the last year to year and a half. So many of them are new to government service,

but most of them come with community experience. So it's a nice blend to really strengthen this division and really bring up what we hope will provide better services to the field. So the team leaders are critical. For those of you who really understand organizational development and design, a span of control of six people is outstanding. To really have six people that you work with in a team fashion will build depth very quickly for us, and within a branch, then, essentially 12 people plus your team leaders and your branch chief. So that has gotten us very quickly to an optimal span of control compared to where we were with the combined division and just a lot of breadth across. This gives us a little bit more breathing space and better management and better teaching time, we hope.

Then the third branch within the division is the Behavioral Health Branch, and that's directed by Claudia Richards. Primarily, that branch as we see it today, the biggest piece of that branch is about our HIV and substance abuse grants. Claudia has done an outstanding job leading that initiative. It's a very high-profile initiative that includes some emergency funds from the Secretary's office that we'll talk about in a little bit, and Claudia just does an outstanding job taking that leadership role.

She likewise will have a team with a team

leader that's one of our commissioned corps officers, and he will have six project officers under him as well.

Then we have two additional project officers in that branch that currently will take on the meth grant caseload. They're winding down some of the old meth grants that we've had and we'll have new meth grants based on some of your input tomorrow and this afternoon, and then any additional earmark grants that come forward. We know that over time the behavioral health grants will be that discretionary branch; that whatever the newest, latest greatest issue is that we're working on, that will be assigned in that branch. So that gives us a lot of ability to move and do some things differently but also have stability within the Drug-Free Communities Program to build depth and experience down within our project officers.

I'm very fortunate, I feel, to keep what we have renamed our division senior advisor, Dave Robbins, who many of you know has been a deputy director within this division in the past. Part of the SAMHSA reorganization and employee structure has eliminated deputy director positions within the divisions within centers, so we have given Dave a new title and job description as senior advisor. Dave's critical role within this division will be his extensive knowledge of communities from the old Community Partnership Program, and also his extensive

knowledge of the state systems, and he'll serve as a liaison back and forth between this division and the state programs so that we continue to connect the community projects with the states, the block grants, and the SPF SIGs. That's a really important connection for us that we don't want to lose. So that's built into the structure as well.

MR. DeWISPELAERE: Can I ask you a question about the structure?

MS. QUIGG: Sure. Absolutely.

MR. DeWISPELAERE: When you did the structure, I'm sure you have a map that shows what the western team and the southwest team is in that? Can I have a copy of that?

MS. QUIGG: When we finally get it done. We're just finishing it. Basically, the split goes east/west up the Mississippi, but we moved the Mississippi over to the other side of the states north of Missouri.

MR. DeWISPELAERE: I have trouble understanding that sometimes, how people break that up. So if you could share that, I would appreciate it.

MS. QUIGG: We really tried to keep it as best we could aligned with the regions that the NPNs and the CAPTs continue to have. There are just a couple of exceptions where we've had to put, because of caseload

assignment, places in odd places within that structure. But we pretty much have a northeast/southeast team, a western and what was the old southwest and central CAPT regions stay pretty much aligned. It just gets a little weird up in your neighborhood.

MR. DeWISPELAERE: Thank you.

MR. SAHN: Peg, thank you for a very articulate presentation.

The team that handles earmarked grants, what exactly are earmarked grants?

MS. QUIGG: Well, earmarked grants are grants that we get directly from Congress as an earmark from Congress. So politics, as it is, something comes up and they talk to their Congressional members and convinces them they need this funding to do a certain project, that money comes over to us directed, that we will fund this project to do this work for this dollar amount.

MS. SAHN: Is it segmented out of the operating budget of CSAP or is it included in the operating budget of CSAP?

MS. QUIGG: Rose, jump in here if you feel like it. It really is a grant program that comes over. It's not part of our operational program. They're dollars that go straight out to the field for the purpose that they were designed to do.

MR. SAHN: So if I looked at the CSAP budget, those earmarks would not be in it, won't be covered under the programs. It would be an additional earmark which would show up on a separate line?

MS. KITTRELL: Sometimes they're line items.

MR. ROMERO: Mitch, after Peggy Quigg, Peggy Thompson, the director of our OPAC, our budget office, will be speaking and she'll be able to answer more of those questions and provide more clarity. But what Peggy is saying is true. As an earmark, once Congress has identified a particular area to focus, then they award whatever that figure is, send it over to us, and we are then obligated to fulfill that request, and that money can only be -- basically, it's spoken for. It's got to be used for that particular project, nothing else.

Now, can that impact on the overall look of our budget? It can, at times.

MR. SAHN: I'm just curious, Dennis. That's a great explanation. I'm just curious about the percentage of our budget that is earmarked, if it's significant or not significant.

MR. ROMERO: I could not tell you specifically what is the percentage or what's the break, but I think Peggy will be able to answer that question a little bit more clearly, Peggy Thompson.

MS. KITTRELL: And it varies from year to year.

MS. QUIGG: Last year Congress made a decision to eliminate earmarks across the board. In some of the creative funding that shifted a little bit, we were directed out of our budget dollars coming over from Programs of Regional and National Significance to fund \$4 million of methamphetamine programs, but that was out of that core budget. It was not an additional earmark chunk. We're looking next year at the possibility of having some earmarks, and I think Peggy will probably talk about that budget figure some more.

MR. SAHN: Thank you. I don't want to keep you.

MS. QUIGG: Just to kind of bring you up to date on Drug-Free Communities, again the program was leveled with funding at \$80 million again for this year. We're currently funding 726 DFC grantees. We're in the application process of awarding new applications for next year, and because of the level of funding essentially what will happen is we'll lose about 100 grantees to 110 grantees that will come out of the program as they expire at the end of their five-year mark, and those will be replaced with new grant awards that will start their cycle. Unlike in the past years where Congress continued to plus the program up \$10 million each year, we were able to get

more new grants that came in, as well as the ones that were timing out. That's not been the case this year and last year with the level funding.

We had 352 applications that were sent in, so it's still a very competitive process. Folks are still looking for resources and money and wanting to fund coalitions. Out of that, ONDCP this year took on the role of doing the eligibility screen-out process. Jack Claypool and Ken Shapiro spent three days over here going through the grants as they came in the door, looking at those and screening them against the eligibility requirements in the RFA. Out of that screening process, 70 of those grants were deemed ineligible based on the lack of meeting the eligibility criteria that was clearly defined in the RFA. So we sent 282 to peer review, and those grants have come out of peer review now. We're beginning the process of looking at the peer review score and coming up with a funding plan of how many grants we can fund and what the scoring looks like, and that's where we are today in that process.

We also have 37 new mentoring grant applications. Two of those were deemed ineligible as well.

MR. DeWISPELAERE: How many of the 37 do you hope to be able to fund?

MS. QUIGG: Probably about 20.

MR. DeWISPELAERE: That's not bad.

MS. QUIGG: That's not bad. Then we anticipate 120 new awards across the board, and that will just vary based on dollar amounts and what's actually available. Not everybody applies for the \$100,000, so that number can vary based on those dollar amounts.

Then, Mitch, we have a \$2 million directed grant from Congress that is directed to CADCA. Actually, in the Congressional language CADCA is named specifically as the recipient of a grant to run the National Coalition Institute, but that comes out of the total \$80 million program for the ONDCP program. We also have within that \$80 million some administrative costs both for ONDCP and SAMHSA, so we award about \$72 million worth of grant awards out of that \$80 million, which isn't bad when you look at the administrative costs.

MR. DeWISPELAERE: Of the \$2 million, I understood that \$2 million was directed to the National Coalition Institute, not necessarily earmarked for CADCA. I understood that to be competitive. Is that not true?

MS. QUIGG: Initially it was a competitive process. When it came over to SAMHSA, it went out as a competitive process. Over time, through the Congressional language, it became a directed grant to CADCA. Their name is actually in last year's Congressional language.

MR. DeWISPELAERE: It went by Sue, huh?

MR. SAHN: Just a quick question. We fund the CADCA conference every year, I guess \$200,000 or \$300,000.

MR. ROMERO: No, it's not that much.

MR. SAHN: Then I might be wrong. I'm just curious whether that \$2 million will now cover that type of funding.

MS. QUIGG: No, it doesn't. It is strictly money that is a pass-through essentially from us to CADCA. It is a grant program. They submit to us a grant package with a plan that's approved by the project officer, just like any other grant program. But what they submit and what we approve is actually what they fund. It's not available for us to direct other costs to it.

Within CADCA's organizational structure, they have very strict accounting requirements that keep that grant funding separate from any other dollars within the organization that either support the institute, because they do bring in additional dollars above that \$2 million for the institute, but all the institute funds are separate from the CADCA membership organizational funds.

MR. SAHN: Right, they can't be commingled.

MS. QUIGG: Correct.

MR. SAHN: Thank you.

MS. QUIGG: Next we'll move on to take a look

at our minority AIDS initiative. Currently, this program represents just a little under \$40 million worth of grant programs in various cohorts that have gone out. We have 22 at \$350,000 apiece that are continuing in a five-year process. They're in their second year. We have 45 at \$250,000 a piece that are in their first year of funds, and this has been broken down just on allotments of money that we've been given that we've been able to project out over time how those dollars can be spent when we received them and what was projected in the out years. Then lastly we're in the first year of a five-year process of spending about \$20.6 million for 81 grantees.

This is kind of the new wave of really where we're going, and again I give Claudia a lot of credit with her leadership and direction and input into some ideas about how to strengthen this grant program as a whole. The 81 grantees that are starting their five-year process have now moved into the SPF planning process, so they're submitting, after a first year of planning grant money, they're submitting a four-year plan under the SPF. So they're now doing their work based on a needs assessment and really looking at strengthening their planning, implementing evidence-based strategies, and evaluating their programs as we go. So it will strengthen this program as a whole and give us what we need to continue to

show progress and success of these programs.

It also reaches out to the reentry population, which is a huge problem area, and this is one of the few programs that is really doing that. These programs are part of the overall SAMHSA piece that combines with some work out of CSAT, with dollars going out to do similar initiatives around the treatment end of substance abuse and HIV. So this is a much bigger program than what is represented in our piece.

Then beyond that, because of the success that we've had and demonstrated success really with the faith-based community, the Secretary of HHS every year has a set of emergency funds, and at the end of the year they look at those emergency funds and look at emerging needs in problem areas, epidemic-type problems that need to be addressed, and based on submissions from the OPDIVs, the various entities within HHS, they submit another round of funds out through those OPDIVs to do more work in the field. We were lucky last year and even luckier this year to get money specifically designated from those emergency funds to expand what we've been doing under minority HIV work onto college campuses, nine historically black colleges and universities, two Hispanic institutions and two tribal entity universities and colleges, through a contract mechanism, and then those become actual

subcontracts rather than grants, which gives us the ability to specifically direct those projects to entities versus an open solicitation through a grant process.

This has been an exciting program to watch these come alive. They're really working within the community health structure on these college campuses to do social marketing programs, educational and awareness, early identification and referral work within the campuses, and this year we just got notification that the Secretary's office will expand this program for us with an additional \$3.5 million. So we'll increase the number of universities where we're working and continue to expand that type of work. If you have more questions about that, I'll direct those to Claudia because she's really been working this program, just came over to this division. I haven't gotten my head totally wrapped around it yet. So if you have questions, I'd ask Claudia to answer those for you.

DR. TELLERMAN: Just in terms of the financing, that's separate money from our budget?

MS. RICHARDS: Yes, that is separate money from the budget. The Secretary's emergency funds, again, are actually a one-year earmark to federal agencies that provide minority AIDS initiative activities. So it's funded on a year to year basis. It's separate from the (inaudible) funds.

MS. QUIGG: And then you'll hear more about this program, I believe, in Kevin Mulvey's presentation. We're right on the cusp of this transition. Currently, as of last week, these grants resided in Kevin Mulvey's division. As of yesterday they moved over to the community division, and Kevin has been good enough to take on the responsibility of doing all of the award process for these grants, and part of the transition process is not interrupting what's currently going on before we get some work done, even though we've organizationally made the change. So Kevin has been good enough to continue this process and will make the awards so that we don't have to pick this up in the middle part of this process.

As I mentioned earlier, Congress this year asked that we spend \$4 million out of our program money directly for methamphetamine grants to continue a lot of the work that was done for some earmarked projects previously and for a grant program that we had. It's a methamphetamine open solicitation process. We have \$4 million again. There will be some administrative costs that come out of that. We anticipate awarding about \$3.3 million to 10 to 14 grants across the country.

In addition to the grant program, within the Center we have continued to scale up some of our attention and focus on methamphetamine. We did a distance learning

broadcast about two weeks ago with Dennis. It was his first premiere piece, a distance learning piece. We partner with a public broadcasting station out of Harrisburg, Pennsylvania that does all the studio work and the uplink capabilities for us to do these distance broadcasts, and we had over 150 different communities tune in to that broadcast. We focused on a lot of the current initiatives that are going on across the country that have shown some promising effectiveness on reducing meth and early prevention of meth in emerging communities.

The Oregon Partnership is one of those programs that we highlighted, and many of you know Judy Cushing out in Oregon who has done some great work expanding some of the work that was done in Kansas with the Meth Watch program, and turned that into a user-friendly kit for communities to use. We're showcasing that as a product that's available for folks out there to use, and we have about six of those kits, and I brought a couple down that you can look at on break if you're interested in those, just so that we have some demonstration kits. But it's easy to use, simple things, and we're really trying to help people understand what to do with meth and what can be effective. They set some of those models in place.

We're in the process of working with ONDCP and CSAT and the National Model State Drug Laws to host four

regional meth summits. The first was held last week or the week before last in Alabama, and the others are coming up.

We provided some funding for that. They provide all the work and all the brain power to do that. But out of that, we'll get input back as to what are some of the real needs from the states, looking forward to how we can better support states and communities around methamphetamine issues.

Likewise, SAMHSA is convening, for lack of a better description, and I'm not sure what the formal one is right now, kind of a methamphetamine expert panel to also advise the Administrator on what some of the emerging issues and concerns continue to be around meth, both treatment and prevention modalities.

Then lastly, here's kind of where we are and where I hope we're going. As Dennis mentioned, we're working on a retreat process for our staff to really continue the work of where we've been, not just over the last couple of years but, more importantly, over the last 20 years of prevention history and the lessons that have been learned about what really works in community-based prevention. There have been numerous projects funded by this agency and NIDA and NIAAA that have created roadmaps for us, but those roadmaps have kind of been in isolation. To me, this is the picture of how it feels out in the

communities many times. It always feels like when the federal government funds something, it creates a new path, and everybody goes down that path for a time, and we're always looking for the next greatest new path.

Where we are today is really taking all of those paths and helping communities make sense of them. So the last slide really looks at community change and service delivery. That's where we know communities really have to focus their energy and work, and this is where I hope this division will be able to provide leadership and guidance and technical assistance in really helping bring this about.

On one side we look at community change being about changing the shared environments, the environments in which young people grow up, the environments that help inform and impact on their decisionmaking processes, the policies within a community that do the same thing. The attitudes, beliefs, norms and values of that community are all a very important piece of creating community change. But likewise, it's also about providing services that continue to explore knowledge and provide education, that builds skills that work on individual-level change, that help early identification of kids who are getting into trouble with early drug use and experimentation or have family propensities towards addiction, and looking at the

model programs that have been out there for a long time.

So when we talk about implementing evidence-based programs, practices and policies that really will create measurable change at the community level, it's not an either/or. It's not either services or community change. It's helping communities understand that you have to do both, that they have to be in concert and support and reinforce one another, and that we have 20-plus years of research, history and experiences to build on. So the key is how do we help take all of that and put it in a format that will help guide communities and states to build systems that really are effective.

Then lastly, the other piece of our mission statement in the community division is about increasing capacity. Dennis is providing outstanding leadership at the federal level of beginning to work with our federal partners to explore, through all of the sectors of the community that are listed there, how at the federal level can we begin to build partnerships that will leverage more resources down at the local level in concert with the plans and comprehensive approaches that communities are taking so that we break some of the stovepipe thinking and stovepipe planning and really begin to do this in a more collaborative partnership fashion.

Likewise, the Coalition Institute is taking a

lead role in looking at those same entities and looking to non-profit organizations at the national level who are providing resources and funding and energy into those same groups and reach down into the states and communities, into these various domains, and how can they leverage further support at a national level with those groups.

So I think this is an exciting piece of where we're moving at the community division and where I hope that we continue to build as we talk about the retreat and build the entire CSAP picture moving ahead.

Questions?

MR. DeWISPELAERE: I have a comment. I was in 80 places last year, and I can tell you that CSAP now has a reputation for being accessible. That's not always the case at the state level. I've been an advocate for getting more into the communities, and when I met with Administrator Curie and I talked about the important role that Drug-Free Communities plays in that, there are so many miles that CSAP gets as an agency for that. But most importantly, everyone I've talked to that has worked with your staff one on one, that's credit certainly to leadership and certainly to the staff, they can't say enough good things about them. They treat them human, they're accessible, they're not a number. That's important in this business, and I just have to say thank you to the

director, but more importantly to your staff as well.

MS. QUIGG: Thank you. I appreciate that.

PARTICIPANT: I second that.

MR. ROMERO: Thank you, Peggy.

MS. QUIGG: I'll share that back with staff at our first division meeting on Thursday. Thank you, Jay and Sue.

MS. RUSCHE: Peggy, the last page of your presentation, with the actual phone numbers of all these folks, is also extremely helpful. Thank you for that.

MS. QUIGG: Please, I encourage you all, as Dennis has done in the past, to build relationships with us. The pace up here is crazy and fast, and we don't sit by our phones very long during the day. So we provide you with many numbers, and we know you're good community folks. You just start going down the list until somebody answers. So feel free to use those numbers. Likewise, you know our emails are easy to access, with our first names, last names, and a dot in the middle, at SAMHSA.HHS.GOV. It's all the same for everybody. So please, if we can ever do anything to better connect with you, we're here to do so.

MS. RUSCHE: That's great. Thank you.

MR. ROMERO: Peggy, would you mind maybe introducing some of your branch chiefs and those who are present from your division?

MS. QUIGG: Not at all. I didn't do that initially not out of lack of forethought, but several of them ran upstairs to take care of a couple of other fires that are going on right now. So they're back in the room, I guess.

Again, Richard Moore, our branch chief for the eastern branch and really our lead over this last year for Drug-Free Communities.

Jayme Marshall, who has done States and Drug-Free and joins us now with the western branch.

Again, Claudia Richards with the Behavioral Health Branch.

DR. ANDREW: Could they stand, please, so we can see you? Thank you.

(Applause.)

MS. QUIGG: We have several of our project officers in the room. I won't introduce them individually, but I'd like you to at least know who they are so you can connect at break.

If you would all stand, please?

(Applause.)

DR. ANDREW: Peggy, the other thing that I did want to do is say that at least CSAP has always been sort of on the front end of initiating partnerships with other federal organizations as well, and it's really to the

organization's credit because we know that substance abuse is implicated in just about every work of every federal entity, be it Children Youth and Families or the Department of Justice. So I think that CSAP has always been the ones that initiate that kind of dialogue and bringing people to the table, and I just wanted to comment on that.

MR. ROMERO: Thank you, Sylvia.

Thank you, Peggy.

MS. QUIGG: Thank you.

MR. ROMERO: As we wait for Peggy Thompson, the director of our OPAC office, I'd like to just make a couple of comments on a few things that Peggy Quigg mentioned which go in line truly with the focus of CSAP as a whole.

The first thing is that if we are to be successful, and if we are truly serious about prevention and making an impact across this great nation, that we truly need to see ourselves not as a silo but as a member of the team. There's a sandbox, and we have to invite as many folks as possible to come and play in that sandbox with us. So it's not to my credit but to the credit of the division directors and the focus of CSAP from the past that truly has focused on always bringing new collaborators, new friends to the table to discuss.

Sylvia, just to answer your specific question, I do believe that there are federal partners in Washington

that want to be part of the solution, that want to contribute to issues that impact our youth, our older Americans, our workforce, and everyone in between. Most recently, the Department of Education, under the leadership of the Secretary of Education, has requested the creation of an advisory council to address drug-free schools and communities, to look at issues of truancy, look at issues of violence in the schools, look at issues of substance abuse, domestic violence, neglect, or gangs and poor academic performance issues.

So to that end, a committee of 19 members was formed, and of those 19 members, 8 are federal partners, and I am one of them, as well as ONDCP, the CDC, and a few other departments, as well as people from the community. We have representation from law enforcement, school principals, teachers, folks from the universities, from academia.

One group that I did not see, and I did make a comment about that, is that I didn't see anyone representing communities or representing families at that gathering. To that end, I see that that is also an area that we need to pay attention to. But nonetheless, it is truly a step forward when we're starting to have these discussions and dialogues.

The work is great. The need is great, but I

truly believe that we are moving forward within CSAP, within prevention. We're truly moving forward to making ourselves as accessible, raising the bar for states, raising the availability of services to communities, and that's what really we are about. We need to be about that.

So thank you, Peggy, for your presentation.

Peggy is on her way. Do you have any other questions or comments in the interim?

DR. TELLERMAN: Just about the funding with the ONDCP grants. Who is funding what with those grants? Are we funding part and they're funding part?

MR. ROMERO: Congress gave the money -- it was originally with the Department of Justice, and it went then to ONDCP, the Office of National Drug Control Policy. ONDCP is not a service agency. It's more of a policy agency, so they cannot provide services or give grants. So it had to go to a service agency. SAMHSA happens to be a service agency, and it makes perfect sense that the Drug-Free Communities initiative ought to be overseeing or have tremendous input from SAMHSA. Within SAMHSA, it's prevention where it truly has its home.

So to that end, we are responsible for the oversight and the day to day management of the grants. We have project officers that oversee the grantees and have direct communication with them. The administrative

oversight or the administrative piece comes from ONDCP, and those are issues that continue to be addressed and fine-tuned.

I will say that since my coming here, we have established a stronger, healthier productive relationship with ONDCP. Peggy Quigg has ongoing conversations and has regular access to the administrator at ONDCP who has direct oversight for Drug-Free Communities. I also speak and meet on a regular basis with ONDCP, and the SAMHSA liaison for the Department of Justice also is very much involved and has communications with ONDCP on a regular basis.

I was over at ONDCP maybe about two weeks ago, I believe, to give a briefing to the new deputy director of demand reduction, Dr. Bertha Madras, and out of that briefing we agreed to spearhead a cosponsored conference later this year which will focus primarily on prescription drug abuse, which is an issue that is from a demand reduction, law enforcement, but also from a public health standpoint an issue that needs to be addressed.

So this is great. This is a wonderful opportunity for a collaboration to be established and to remain moving forward. Those are the kinds of things that we are doing.

DR. TELLERMAN: So they're funding grants that go out to the communities?

MR. ROMERO: The money comes here, and then from here it gets obligated from here.

DR. TELLERMAN: Is that considered our budget or is it like the way an earmark would be where it comes in and we distribute it but it's really part of ONDCP's budget?

MR. ROMERO: I don't know how to answer that question clearly. The money is spoken for before it comes here because it's earmarked, it's targeted for Drug-Free Communities initiatives.

DR. TELLERMAN: I'm just thinking about when I look at our budget and it says we got cut a certain amount or whatever, but in real dollars what's actually coming in? We saw a million coming in from one specific grant earlier, and now I'm just wondering if this is also money that's coming in.

The secondary question would be if the money is coming in, funneled through us and going out to the communities, yet we're still using staff, where is that money coming from to pay our staff that administers it?

MR. ROMERO: Part of those monies, there is a line that's allocated for administrative fees. So there's not a lot, but there is some.

DR. TELLERMAN: So who should I direct that question to?

MR. ROMERO: Peggy would be the right person to ask, and she should be here any minute.

MR. DeWISPELAERE: That's not one that we approve, either.

DR. TELLERMAN: We don't approve those grants as a council.

MR. SAHN: They're pass-through grants.

MR. DeWISPELAERE: They're pass-through like all of these that we're going to talk about this afternoon, agency grants. The council has to approve them, but in the pass-through we don't even see them.

MR. ROMERO: I'm sorry to interrupt for one second. I was just informed that we need to make sure that we're using the mikes because this is a public hearing and we need to record our discussions in an open forum. So I appreciate that.

MR. SAHN: And if you're talking offline, don't do like the President did. Make sure you cover your mike.

(Laughter.)

MS. RUSCHE: He was talking about Shiites, right?

(Laughter.)

MR. DeWISPELAERE: That's my man. I do that every day.

MR. ROMERO: Just to provide some background

information, on Tuesday mornings we hold a SAMHSA-wide leadership meeting. It's called ELT, Executive Leadership Team meeting, and it's chaired by Charlie Curie and/or the deputy administrator, Dr. Ric Broderick. Today is Tuesday, and we usually have that meeting, and because it happens that we are also holding our National Advisory Council, I had appointed Peggy Thompson, since she would be later in the agenda this morning. But apparently there is a very lively discussion upstairs right now, so it will take her another 10 minutes before she comes down.

So we could do one of two things. We could either take a little break for a few minutes, and I believe we have some refreshments out in back, and then we'll reconvene in approximately 10 minutes if everyone is in agreement. Yes?

MS. RUSCHE: Yes.

MR. ROMERO: Wonderful. So we will reconvene in 10 minutes. Thank you very much, folks.

(Recess.)

MR. ROMERO: We're going to get started. Thanks, everybody. Thanks for your cooperation.

I'm happy to introduce Peggy Thompson, the director of our OPAC office, also known as our budget and finance guru of the Center. I know that we've decided to table a couple of questions from both Judith and Mitch that

I thought it would be more appropriate when Peggy was here to answer.

So, Peggy, would you please start?

MS. THOMPSON: Well, good morning. I apologize for making everybody wait and coming in late. I was trying to cover meetings. But I dragged myself down here, and I'm happy to be here and to do the presentation for OPAC to you. If you have any questions as we go along, feel free to ask and I'll do my best to either answer now or to get the answers for you after the meeting is adjourned.

I want to talk a bit about OPAC and what we're up to, where we've been, where we're going, what we look like, and the issues that we're involved in. I did this really cool PowerPoint presentation for you. I hope you like it. Some of the slides are repetitive from ones you've seen before, but not many. I did take almost all of the repetitive ones out and just tried to highlight the new activities that OPAC is involved in. So if I can get this thing to work, it will be really good.

Well, here we are. We are small, but we are mighty. This is a picture of some of the OPAC staff. You need to go back one more, if you can. We missed a couple of people when we were having our pictures taken that day, but basically there are about eight full-time folks in OPAC. We had our budget execution specialist who was

actually out on maternity leave at the time this was taken, and another member who was not in that particular day. It's not a big office but it's a very intense office. We cover a great many activities within CSAP, basically because OPAC stands for the Office of Program Analysis and Coordination. We do a whole range of activities that CSAP is involved with and try to coordinate and provide overall direction, guidance, scheduling, quality, whatever, to everything that CSAP does. So just in case you'd like to know what we look like, there's the core staff.

Sharmal is going to be pushing a lot of buttons for me because I have a lot of little animations here. But basically we do a full range of activities. We do budget formulation and the budget execution, and I'm going to talk to you a little bit more about where we are in the budget process in just a second. As you heard before, we coordinate the RFAs, which are the grant applications, and the RFCs, which are the contract applications and process.

We don't write them or anything, but we do coordinate the processing of them.

We do some in-service training. We coordinate the minority initiatives. We coordinate the intern and emerging leader programs. We are in charge of the Healthy People 2010 for CSAP, and for 2006 we have increased our scope of activities to coordinate personnel actions, to

coordinate the awards process, and to coordinate -- and you may know this one -- the National Advisory Council.

All of these activities have now been centralized within OPAC so that they are available and consistent across all the divisions and offices, and yet everybody can relate to them well. This year, I don't know why I put this in but I just thought it was particularly important, we do the SAMHSA Employee Appreciation Day. I think I actually put that in as a sample of the type of thing that's just constant cross-center activities that may become part of the OPAC agenda.

So I want to talk a bit more about the budget.

That's me, because I do the budget formulation process. Again, you may remember part of this slide, but I talked before briefly about why the budget formulation is important. To my way of thinking it's important because our spending reflects our program priorities, and at the same time it enables are programs to become effective or to become funded, in any case. So the formulation isn't just a mathematical exercise but rather it helps us to plan what we want to do and how we're going to do it. The execution is the other end of the budget process in which we actually spend the money, and I wish I had a picture of our execution person but she was the lady who was out on maternity leave, Ms. Hong Tang. But she has been working

with us for many years on budget execution and is just a joy to have around because you can always count on her, her accuracy, her attitude and everything is just exceptional.

So it's just nice to have people like that on staff.

You may wonder where we are in '06 and what we're doing. What we're doing is we're very busy spending our money. All of our funds must be obligated by September 1, and I quoted the PRNS line, our discretionary line up there, the \$192 million. But all of our funds must be obligated by September 1 because all of SAMHSA is transitioning to a new accounting system, which probably is not particularly interesting to you but it's critical to us. It's called UFMS. In case you hear that acronym somewhere along the line, you'll know that it has something to do with how we obligate our money.

MR. SAHN: Is this typical use it or lose it funding?

MS. THOMPSON: The lose it part, not an option. But we do use it by the end of the year. We have never had to turn money back, any significant amount of money back to Congress on this.

MR. ROMERO: If I could just interrupt for one second. There is a tab on your binder that has the heading of "Acronyms." So if you hear acronyms and you don't know what that means --

MS. THOMPSON: United Financial Management System.

MR. SAHN: I'll tell you, those acronyms, I've long waited to understand what all these acronyms are about.

MR. ROMERO: That's just a condensed version. I have one for myself. It's a pretty thick one.

Go ahead.

MS. THOMPSON: In 2006, in case you wanted to know a little bit more about what we're actually doing with the funds, you've heard about the plans, and now it's becoming a reality, and the reality looks like this. We are doing quite a few or several grant programs. The one that you know the best is called the SPF SIG program. In that program we have received 48 applications. They have all gone through review. We intend to make 12 to 16 awards under this program, and you have received some restatements for, I believe -- I don't know the exact number -- 25 of them that you'll be reviewing later on this afternoon.

MR. DeWISPELAERE: Question. If it's budget driven, how do you come up with 12 to 16? Do different states and different tribes get different money?

MS. THOMPSON: Well, we set a funding maximum, which is \$2.3 million. The applications come in requesting certain amounts of money, and then in general the IRG will

make a recommendation of funding level, and our staff will make a recommendation of funding level.

MR. DeWISPELAERE: So they're not all the same, then, in other words.

MS. THOMPSON: Not all exactly the same. There is a ceiling, though, of \$2.3 million.

MR. SAHN: Jay, 99.9 percent of them come in at \$2.3 million.

MR. DeWISPELAERE: I know that. That's why I wondered how, when you get 12 to 16, you're either going to have 15 or 12.

MR. SAHN: And Jay, 99.9 percent of them also have requested and recommended at the maximum.

MS. THOMPSON: But not all, which is kind of surprising, I think.

MR. DeWISPELAERE: So is that the discrepancy? Not the discrepancy, but the difference between 12 and 15?

MS. THOMPSON: The range of 12 to 16 was taken from the original RFA, the Request for Applicants. It was published to let people know about the program, and it was based on an estimated number of funds that were available for the same number of programs, and that specific, exact, precise, down to the dollar number changes a little bit during the year. It is always in the same approximate range, but it is not to the penny.

MR. DeWISPELAERE: When do you know?

MS. THOMPSON: We have a fairly reasonable idea now about what we're going to be spending.

MR. DeWISPELAERE: Will it be 12 or 15?

MS. THOMPSON: Yes.

(Laughter.)

MR. DeWISPELAERE: Have you been hanging out with my wife?

(Laughter.)

MS. THOMPSON: No comment.

(Laughter.)

MR. SAHN: Is that kind of like, "Senator, I have no recollection"?

(Laughter.)

MR. DeWISPELAERE: Thank you. I won't ask any more questions. Thank you.

MS. THOMPSON: The Drug-Free Communities program, of course, you've heard infinitely about, but that is a second major program of grants that we have been managing for ONDCP. We did receive 383 applications, and they have all been reviewed, and we anticipate making approximately 135 awards for that program. That's combined both services and mentoring. The mentoring component is about 15 awards out of that total. So the vast majority is the services program.

DR. TELLERMAN: What was your total budget for that?

MS. THOMPSON: Richard knows more precisely than I do. About \$72 million. I don't have that number with me. I knew I should have brought more backup.

MS. KITTRELL: I think it's 80, including the continuation.

MS. THOMPSON: It also includes a few other items, like the Coalition Institute and things like that.

MR. SHINN: I have a question. We don't do a secondary review on Drug-Free Communities?

MS. THOMPSON: That's correct.

MR. SHINN: Because of the dollar threshold?

MS. THOMPSON: Because of the dollar threshold, yes. Because these are limited to \$100,000, and our threshold is over \$100,000.

MR. SHINN: I see. Thank you.

MS. THOMPSON: I was so hoping there'd be no questions. Not really.

MR. DeWISPELAERE: We're not done. You're just getting started.

(Laughter.)

MS. THOMPSON: The meth grants are the third major announcement that we had, the third major new grant program that we had, and it was amazing the interest and

the number of applications that were received. There were 177 applications received for this program. That was announced in the RFA that only 9 to 11 awards would be made. So the competition there was very intense. It either shows an awareness of need or an awareness of interest. But in any case, I think that's an interesting statistic, and it's frustrating that so many good applications were received that there just isn't funds available for.

MR. DeWISPELAERE: What's the ceiling on the meth grant?

MS. THOMPSON: Dollars per grant? It's either \$250,000 or \$350,000. It's in that range, each.

MR. ROMERO: It's \$300,000, \$350,000.

PARTICIPANT: They average about a million dollars.

MS. THOMPSON: I think these were actually limited to \$350,000 each.

PARTICIPANT: Then a lot of these people aren't getting what they asked for.

MS. THOMPSON: You're seeing all three years combined.

MR. DeWISPELAERE: And how many year grants are they? Three-year grants?

MS. THOMPSON: They're actually two-year

grants.

MR. ROMERO: No, I believe they're three-year grants.

MS. THOMPSON: Okay. Yes, you have three down there. I'm sorry.

MS. RUSCHE: Is the number of grant applications that you receive public information, and may we tell that to people back home?

MS. THOMPSON: I believe it is.

MR. ROMERO: Well, I'm not sure. We're in the process right now of going through the awarding process, so I don't think you should be letting them know in advance that that's going to happen. We can let you know once it's gone through the process, and if you want to have more information, we can certainly provide that information.

MS. RUSCHE: There are going to be people who are going to be disappointed, and I think if we're able to tell them once they've been awarded, that would be helpful, to let them know how stiff the competition is.

MR. ROMERO: Sure.

DR. ANDREW: But I think it speaks to the fact that what so many service providers have said, that the problem is quite intense in certain communities and there has long been a need for this kind of special initiative. I think the fact that you received 177 applications only

confirms that.

MS. RUSCHE: I agree with you, and I hope Congress gets that information.

DR. ANDREW: That's exactly my point.

MS. THOMPSON: I also wanted to share with you that as each of the divisions and offices makes their presentation, the division or office that actually manages these programs can delve into a lot more detail about the actual program requirements, some of the situations that went on during the development of the RFA and those kinds of things. Because I basically coordinate the different offices, I try to stay on top of most of the information. But if you really want the extreme details, then I guess this would be Mike's area or Peggy's area.

MR. ROMERO: Peggy.

MR. DeWISPELAERE: She's gone. Now you're the only one left to grill.

(Laughter.)

MS. THOMPSON: I'll do it.

The last relatively minor, at least from a dollar point of view, new grant program that we have -- it's an ongoing program and I'm sure you're familiar with it -- is our conference grant program, and we have set aside enough to fund approximately 20 new conference grants. So we expect to do that fairly soon also.

MR. DeWISPELAERE: Question. Will you be part of the process this afternoon with the grants?

MS. THOMPSON: I will be in the audience. Is that a clue that I should not be?

MR. DeWISPELAERE: No. I'll save my question for this afternoon, then. Thank you.

MS. THOMPSON: You won't be seeing the conference grants at this afternoon's session because they, again, don't meet the threshold of \$100,000.

MR. DeWISPELAERE: No, I'm talking about a question I had in relationship to the grant process.

MR. ROMERO: Jay, just for clarification, we will have folks from grants review here as well. So they will be able to provide some of the technical answers.

MR. DeWISPELAERE: Well, as long as I'm talking about it, I might as well bring it up, because it's not something that we can't discuss. If we as a council don't, there's only a short window here to approve these grants. Is that correct? What happens if, for some reason, we couldn't come to agreement on the grants today?

MS. THOMPSON: Well, I assume you'll reach a quorum. You have a quorum. I assume you're reach a consensus.

MR. SAHN: Jay, if you remember, I think it was two years ago, we ended up not because we didn't have the

information on time. We ended up not voting on the grants and rescheduled a phone conversation, I guess it was two weeks later.

MS. THOMPSON: In the unlikely event that should happen, it is hoped that you will be able to reach a resolution through a follow-up telephone conference. That would be the most desirable outcome.

The funding plans for all of these grants are due to the Administrator on 8/1, August 1. That's a week from now, which makes the time very tight. This wasn't really our devious plan, to put you under an incredible time crunch, but rather we advertised these things back in April and May, and then they had to be open to the public to reply, of course, typically 60 days. The applications had to be processed, they had to be reviewed, summary statements had to be produced, and we literally got the ones for mentoring last Friday.

PARTICIPANT: Thursday.

MS. THOMPSON: Thursday. It is amazing the number of systems and hoops that are necessary to accomplish the goal of awarding the grants.

We are also continuing a number of our programs, and I just kind of highlighted the key ones up there so that you could remember that we're not just doing new grants but also continuing some good existing grants.

There are currently 26 SPF SIG grants out in the community.

There are 142 continuing HIV grants. There are approximately 592 existing Drug-Free Community support grants and 23 continuing Drug-Free Community mentoring grants. We do have other small programs that we fund, but those are the main ones.

Sharmal, you might want to click repeatedly on this. These are the contracts that we're currently funding, and I made a list of the key ones. Of course, there are other minor contracts, but these are the ones you may want to be aware of. The CAPTs, of course, are our key technical assistance mechanism. There are five CAPTs, one per region, and they provide technical assistance primarily to states, but also to community organizations about how to do their grant programs.

The second one is the FASD, the Fetal Alcohol Spectrum Disorders contract, which is a very large contract. This is the final year for this particular contractor, although we do expect the program to continue in future years.

The third one is the --

MR. COYHIS: Is that going to be given to another contractor, the FASD?

MS. THOMPSON: The existing contract will be ending this fiscal year. So the intent is that the program

will continue, so it will be readvertised. We don't know who will get it. The same contractor could, in theory, get it next time as well, but it will be readvertised.

NREPP, the National Registry of Effective Programs and Policies, Practices and Programs and Policies, whatever the second P is. This is, of course, the registry that CSAP initiated that SAMHSA has assumed that is an attempt to present useful information to all kinds of grantees about things, policies, practices and programs that they may implement in their area and which populations they are effective with.

The Prevention Fellowship Program I believe you're going to hear a little more about later, but it has to do, as it says, with sponsoring fellowships in the states to help develop the future prevention workforce.

DR. TELLERMAN: Are you saying that all of those are a subset of NREPP?

MS. THOMPSON: No. Each one is an independent contract. It's just highlighting as you go. That's all.

DR. TELLERMAN: Oh, I see. The bullet comes out.

MS. THOMPSON: No. NREPP has its own contract, and the others are also discrete.

SEOW. Again, acronyms are so much fun for everybody. It's the State Epidemiological Outcomes

Workgroup, and that has to do with states which do not have an SPF SIG grant and are also working to develop epi workgroups to do needs assessments in their states, and this contract helps to fund those needs assessment workgroups.

MR. DeWISPELAERE: Whose department is that? Back to Mike when he gives a report?

MR. ROMERO: It's in the state. Well, that's Kevin Mulvey, who is in the Division of Systems Development.

MR. DeWISPELAERE: I'll wait, then. I'll put him on the hot seat instead of you.

MS. THOMPSON: The DCCC is the Data Consolidated --

MR. ROMERO: Coordinating Center.

MS. THOMPSON: Coordinating Center. Thank you. We use the acronym so frequently and so freely that we almost forget what they stand for, at least some of us do.

(Laughter.)

MR. DeWISPELAERE: I have the definitions in the back of the book if you want them.

(Laughter.)

MS. THOMPSON: It's like you say Washington, D.C. You don't say Washington, District of Columbia. You almost forget what the D.C. stood for.

But that is, of course, the major contract that collects data from all of the grantees and prepares reports based on their outcomes, and a million other things. Kevin, again, will be updating you on what those millions of other things are.

I should speed up a little bit here, probably.

So we also have the faith-based substance abuse HIV prevention contract, the minority education HIV prevention contract, a small contract that is focused on older adults, and another key contract is the lab certification contract that we are mandated to perform.

So those are the main ones. I can give you another 30 or 40 of them, but those are probably the key ones that you would be most interested in.

MS. RUSCHE: Does CSAP still do a clearinghouse or has that gone up to SAMHSA?

MS. THOMPSON: CSAP contributes to a consolidated clearinghouse that is both for drug abuse prevention, treatment, and mental health services.

MS. RUSCHE: So that comes out of SAMHSA now?

MS. THOMPSON: It comes out of each center. The Office of Communications, I believe, actually manages that contract. That would be Mark Weber's office.

Okay, enough about '06. That's what we've been doing. In '07, I want to give you an update of the status

of what's going on potentially next year. We did submit a President's budget, and our PRNS line -- again, that's our discretionary grants line -- we were able to put in or we were instructed to put in \$180 million, which is a significant reduction from what we had this year. It was a \$12 million reduction from what we had this year, and we were pretty concerned about that. It did not even allow us sufficient funds to continue all the SIG grants at their full level. Of course, they would all continue, but they would all have to have been cut.

Then the next step in the great budget process would be that the budget went to the House committee for action, and the House, in their wisdom, restored us back. They have increased our level by \$15 million over the President's budget. So it's slightly more than what we had to deal with this year, which is really nice. They also included an emphasis on underage drinking. They also increased our block grant funds by \$15 million over the President's budget, which again we hope will stay until the end.

The next slide shows the Senate action. You'll remember that first it goes to the President, then it goes to the House, then it goes to the Senate, and then finally it is a bill. The Senate did something very similar. They increased it to \$16 million over the President's budget.

They specified that they would like to see us fund the SIG program at the level of \$106 million, which is a significant increase from what we're doing now, and again an emphasis on underage drinking.

MR. DeWISPELAERE: A question. When we started the SPF SIG, it's my understanding that \$30 million of that money was underage drinking money.

MS. THOMPSON: It was a target established by the Department of \$30 million for underage alcohol, yes.

MR. DeWISPELAERE: Is that annually?

MS. THOMPSON: Yes.

MR. DeWISPELAERE: Okay, thank you.

MR. SAHN: Question. What percentage of that money is earmark money?

MS. THOMPSON: I can't give you an honest, accurate answer, and the term "earmark" is interpretable a couple of ways. There's very little pork in that, but there are specific earmarks for specific programs. There is what you would call a programmatic earmark for HIV, for instance, for almost \$40 million.

MR. SAHN: I guess what Judy was driving at before, and I just want to note, is that when I look at the budget, our budget, is it a large percentage of our budget that is pass-through dollars that have already been targeted or earmarked or is it just odds and ends here and

there?

MS. THOMPSON: A large percent of the budget will help to support continuing grants. That leaves a small proportion of the budget to support new initiatives.

Of that small new part, part of that will most likely be earmarked for such things as the Ad Council, such things as the HIV program, probably a meth line for \$4 million, as we had this year. So there are earmarks that likely will come through, but we don't have the final language, so we don't know for certain.

MR. SAHN: And of the continuing programs, some of those are earmarked for continuation?

MS. THOMPSON: It is unlikely we would continue an existing grant program. They aren't specifically earmarked, but we told Congress we would be continuing the existing SIG grants, for instance, and it's not like we would discontinue them.

MS. RUSCHE: I think Mitch's question has to do with the specific earmarks that come into SAMHSA and go right back out, like the (inaudible). Is that correct, Mitch? That's what you're asking about?

MR. SAHN: Right.

MS. THOMPSON: You're looking for the specific earmarks, \$500,000 to this center?

MR. SAHN: I just want to know generally the

percentage. I mean, when I look at the aggregate budget, I was curious about how much of this money is allocated based on Departmental evaluation and review. I was a little concerned, very concerned, when you mentioned that we don't discontinue SIG programs.

MS. THOMPSON: I should have used the word "reduce." I hope I did. Not discontinue, just reduce.

DR. TELLERMAN: I think it's a two-pronged question, one being how much money is coming in that isn't reflected in our budget that we see that comes from these earmarks, and the second point is how much is actually in our budget that is going to earmarks.

MS. THOMPSON: We're in '06 now. In '05 we had about \$3 million worth of specific program earmarks that had to go to specific agencies. In '06, the current year, we had zero, which is very unusual. Typically we have \$2 or \$3 million worth of specific program earmarks. What impacts us more than that is the amount of money we have to commit to continuing programs and the amount that we have to commit to continuing program areas such as HIV or meth.

MS. RUSCHE: But I think from our point of view it had more to do with the fact that we actually have oversight over those and we have review procedures, whereas with the earmarks we don't. So that answered the question in terms of the budget, and then just out of curiosity how

much external to the budget is passing through as earmarks?

MS. THOMPSON: The earmarks are part of the budget. They are not external.

MS. RUSCHE: But what she said is that last year there were none, and the year before there was about \$3 million worth of earmarks that came into the agency and went right back out.

MS. THOMPSON: Right. They don't, actually. That's accurate, but it's not the way we like to think of the earmarks. We actually do monitor the money that comes in and goes out. We do talk to the applicants, we do help to develop acceptable grant proposals, we do progress reports. So it's not that it comes in and goes out with absolutely no CSAP oversight.

MS. RUSCHE: Related to that, in the budget figures, the House and Senate, are the Drug-Free Communities monies included in this budget? Are they above and beyond it?

MS. THOMPSON: They're above and beyond.

MS. RUSCHE: Okay, great. So your budget is really --

MS. THOMPSON: Money that's appropriated to SAMHSA.

MS. RUSCHE: Right. So your budget is \$80 million more than what we're looking at here. Is that

right?

MS. THOMPSON: We manage \$80 million more than what you're looking at here.

MS. RUSCHE: There you go. Thank you.

MS. THOMPSON: But it's not a part of our budget.

MS. RUSCHE: I got you.

DR. TELLERMAN: I'm still confused, because earlier we saw what I thought was \$1-something million that was an earmark that had come through. I thought it was an earmark. I don't know.

MS. THOMPSON: In my presentation?

DR. TELLERMAN: No, it was another presentation.

MR. ROMERO: In Peggy's presentation?

DR. TELLERMAN: Yes, and maybe you don't call it an earmark, but --

MS. THOMPSON: The Coalition Institute grant? Was it an Ad Council?

DR. TELLERMAN: No, I think it was something else.

DR. ANDREW: I think what Judy is talking about is that there are several kinds of definitions of earmark, and I think one of the ones that I think maybe Mitch was talking about were the Congressional earmarks. Those, of

course, are very different. You would still monitor them.

The money just comes, I guess, through Congress because it was approved, so we have no real options in terms of whether to fund or not fund. But I would think that there would be a monitoring process, an accountability process, which is what you were talking about, because those are probably program specific, probably just to a program in a special district that's very specific, as opposed to earmarks that are class earmarks.

Is that what you were asking about, Judy?

DR. TELLERMAN: Well, I'm not clear, because I thought there were amounts of money that were going out that had just come to us externally. That was my impression earlier.

MS. THOMPSON: It was in Peggy's presentation, the other Peggy.

DR. TELLERMAN: I think so.

MS. THOMPSON: My assumption is that she may have been talking about the Coalition Institute, the \$1.98 million?

DR. TELLERMAN: That was one of them.

MS. THOMPSON: Okay. That is an ONDCP appropriation, and it is an earmark. It's not involved in this discussion because it's not a SAMHSA appropriation. The money goes to ONDCP from Congress, and then we manage

it.

DR. TELLERMAN: I now understand, I think. Richard explained it to us, and I think I understand that one. But there was something else, I think for meth, that was \$1.2 million or something like that.

MS. QUIGG: The \$4 million meth was directed by Congress but not given to us as an earmark. That's what we were talking about.

MS. THOMPSON: The \$4 million is what I would call or what is typically called a programmatic earmark. It is for a program, and this is for meth, but the actual specific recipient is not identified. Congress doesn't tell us who has to get the money. They just say we want you to do a meth program for \$4 million.

DR. TELLERMAN: Oh, but that comes out of our budget?

MS. THOMPSON: Yes.

DR. TELLERMAN: Okay. Thank you very much.

MS. THOMPSON: Working in three different years with three different budget lines can get pretty darn confusing, and I tried to keep it as simple as I could, but maybe it was too simple. Then you knew more and you were bringing in extra information.

MR. ROMERO: Can I interrupt for one second? The presentation that Peggy is doing, it's vitally

important that we all understand it, and I know we have a lot of questions, but I think it's important that we get through the presentation because then we're really going to have a time issue. I know you've been very flexible up until now, but maybe we could hold off some of the questions. We do have time slotted for discussions for the committee, so maybe we could table some of these issues for those discussions. Our staff will be here, available to answer any questions at that point.

MS. THOMPSON: Okay. Well, one of the purposes of these last three slides is to give you an idea about how the budget process, the budget formulation process fluctuates through the different parts of the cycle. It's a little hard to see that red line, but it shows the '06 level, the '07 President's budget, and then how the House and Senate levels are significantly higher than the initial read on what '07 would look like.

The assumption is that what would '07 finally look like? The assumption is that nobody really knows, but given historical likelihood, it's going to look very much like the House and the Senate levels, which is good news for CSAP, which means it's a slightly improved funding level over this year.

Again, '08 is very tentative. We have submitted an initial request to HHS. We will be developing

a submission to OMB in approximately November, and the President's budget will be developed approximately in March, but all of those numbers are unknown as of this time. So this is just to let you know that we're thinking through what '08 will look like at this point.

This is my favorite table, probably not yours, and we don't have to dwell on it, but it does show historically how the funding for prevention activities has increased from 1998 to the projection for '07. The last bar on the right, the red one in each case, is the total funds that CSAP manages for that particular year. The first little bar is the drug-free part. The second bar is the discretionary grants, called PRNS. The third yellow bar is the block grant. The red bar is the total. So it does show a very positive, slightly fluctuating but nevertheless a very positive picture.

Let's get off the budget. I think we're all exhausted with budget talk, so I want to talk very briefly about other things that OPAC is doing. I want to talk a little bit about the fact that we are now coordinating personnel actions. There's a little picture up there of Joyce Weddington and Eliza Jones, who are our main personnel coordinators. I'm particularly happy to have this function in OPAC, or anywhere for that matter in CSAP, because we didn't have it previously, and it was very

awkward to say who sat where and when. The personnel process was actually decentralized in all of SAMHSA. Although conceptually that still makes sense, it is also really important to have a shadow office that knows who sits where, when their details are due, and how we can best use our folk to their best advantage and not miss out on anything.

I almost put the words "human capital" in there, and then I realized how much I really hate that term. It's so cold and demeaning. So I'll just use the words "our staff," a better utilization of our staff.

There's another familiar face for you. Awards is another area that we have centralized in OPAC, coordinated in OPAC I should say, and having it coordinated in OPAC does help assure that it is done fairly and consistently across the centers. You may or may not be interested to know that we have for this year \$433,000 in awards that we are able to distribute amongst deserving staff in a range of different categories. So it's important that these funds be distributed fairly and appropriately.

We do have, and I'm not going to get into it now because we're close to lunch and we're all ready to move on, but there is an elaborate budget awards review process and sign-off procedure. So it's not just, well, I

think I'll give my boss \$50,000 today, but rather a very carefully orchestrated and reviewed process in place.

Finally, OPAC now helps to coordinate the National Advisory Council, and what more do I need to say about that?

MS. RUSCHE: You do a good job.

MS. THOMPSON: One of the things I wanted to highlight, which I assume Dennis did earlier, but if he didn't I want to give kudos to him for having recent conversations with each of you, I believe at this point, about your priorities, our priorities, and how they mesh and the needs. That's been a real nice plus for the council, I believe. I also wanted to mention how much we do appreciate your insight, your comments. It really helps to keep us out of our little isolated world and in the real community and what's going on in the world, and your view of it and your recommendations as to how we best would interact with it.

Those were the main key new areas. We do a lot more, but you've probably heard enough and you've heard the others before. So do we have time for questions?

MR. ROMERO: Yes. We can entertain a few questions.

MS. RUSCHE: Would it be possible for the council to receive a copy of the budget that you work from

with the detailed tables of how the funds are requested and spent so that we can get a better sense of the total budget?

MS. THOMPSON: There are varying levels of detail that I can share with you and varying levels that I can't. Are you interested mostly in '06, '07?

MS. RUSCHE: I think the budget for '07, and then '08 when it's final, because then we can advocate.

MS. THOMPSON: The '08 is really a planning document at this point, and that is not considered to be open to the public. But the '07 that has been published in the Blue Book, definitely, and I can get you a copy of that.

MS. RUSCHE: Great. That would be lovely. That would be helpful to us.

MR. SAHN: Isn't it on the website?

MS. THOMPSON: I believe it is.

MR. SAHN: I believe you can download it off the website.

MS. RUSCHE: Where is it? Do you know the URL?

MS. THOMPSON: I don't, but I can get it.

Any other questions?

MR. DeWISPELAERE: Good job, girl.

(Applause.)

MR. ROMERO: Thank you, Peggy.

Being that it's literally 12:01, I think we will adjourn for lunch and we'll reconvene at 1:15. For those of you who would like, we're going to go to a restaurant right across the street. For those who would like to walk, you're more than welcome to. We have a few cars who will be driving. Those of you who would like to go in a car, we'll meet in about 10 minutes.

I was just informed that we need to do one thing before we adjourn. We need to open this session for public comment at this time. Are there any comments?

(No response.)

MR. ROMERO: Okay. Well, being that there aren't any public comments at this time, we will adjourn and reconvene at 1:15, and that will be a closed session to the public. Thank you.

(Whereupon, at 12:02 p.m., the open session of the meeting was recessed, to reconvene at 9:00 a.m. on Wednesday, July 26, 2006.)