

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

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OFFICE OF THE DIRECTOR (OD)

Organizational Changes

As of April 1, the Immediate Office of the Director is fully staffed.

- In November, Mr. Hyden Shen, Esq. came aboard as the Special Assistant to the Director
- In January, Ms. Mary Ewald came aboard as the Secretary to the CSAP Director.
- In April, Mr. William McConnell came aboard as the Secretary to the CSAP Deputy Director.
- Ms. Roukia Hamadi was selected as a member of the SAMHSA MEO (More Efficient Organization) Team and OD Greeter.

CSAP Reorganization: CSAP has finalized the reorganization of the Center.

CSAP Priorities

The Center for Substance Abuse Prevention has identified four prevention priority areas:

1. Youth with a Focus on Underage Drinking and Families: CSAP continues to support the Surgeon General's *Call to Action to Prevent and Reduce Underage Drinking* through its underage drinking prevention outreach and education efforts. Examples of ongoing efforts are listed below.

- **Building Blocks for a Healthy Future:** Supports children ages 3-6 by providing resources to parents, caregivers, and teachers.
- **Too Smart to Start:** Provides research-based strategies and materials to professionals and volunteers at the community level to assist them in conducting underage alcohol use prevention programs for 9 to 13 year-olds.
- **Reach Out Now:** This is a collaborative effort between SAMHSA and Scholastic, Inc. to develop school-based prevention materials targeting fifth- and sixth-graders. The materials educate students about the effects of alcohol on their developing brains and bodies, and effective alternatives to alcohol use.

2. Older Americans: Prevention among older adults continues to be a complex situation. CSAP continues to address the following challenges that lie ahead:

- Relatively few evidenced-based programs directed at older adults
- Proven practices not widely used
- Prevention networks are at a formative stage compared to those focused on youth

3. Vulnerable Populations: CSAP remains committed to reaching all sectors of the community. Most recently, CSAP has started working to address the prevention issues of our returning military members and their families. These populations have an increased risk of substance abuse and other problems such as violence, alienation, family conflict, difficulty at school or work, and suicide.

4. Workforce Development: CSAP continues to work to maintain a “pipeline” of individuals entering the field of prevention by:

- Clarifying the concept of prevention
- Establishing prevention as a vital ingredient in community life
- Providing prevention with a greater identity as a profession
- Working to attract people to prevention work

CSAP currently has 33 Prevention Fellows. The Prevention Fellows program promotes the Strategic Prevention Framework as a mechanism for planning, developing, and delivering evidence-based substance abuse prevention services. The program is currently in its second year.

Outreach Efforts

CSAP continues to work closely with its Prevention Partners to strengthen the visibility and viability of the prevention field.

National Institute of Drug Abuse’s Substance Abuse, Criminal Justice and HIV in African Americans: Research Development Workshop: On December 11, Dennis O. Romero, M.A., Acting Center Director, CSAP provided opening remarks during the National Institute of Drug Abuse’s *Substance Abuse, Criminal Justice and HIV in African Americans: Research Development Workshop*. The event was held at the Silver Spring Hilton in Silver Spring, Maryland. Mr. Romero’s presentation provided an overview of CSAP’s programs covering reentry into the general population.

Strategic Prevention Framework (SPF) State Incentive Grant (SIG) Program: On December 15, in response to a request from the Lt. Governor of Hawaii, the Acting CSAP Director provided Opening Remarks during the launch of Hawaii’s SPF SIG program. Mr. Romero presented on CSAP’s goals and objectives for the SPF SIGs.

Office of National Drug Control Policy’s Drug Free Community Grantee Meeting: On January 8, Mr. Romero provided opening remarks during the Office of National Drug

Control Policy's Drug Free Community Grantee Meeting at the Renaissance Hotel in Washington, D.C.

CSAP's Prevention Day Program: On February 12, Mr. Romero provided opening remarks during CSAP's Prevention Day Program. This year's theme was *Prevention Day: A Focus On Underage Drinking—Communities Connecting and Collaborating*.

Community Anti-Drug Coalitions of America (CADCA) National Leadership Forum: On February 15, Dennis Romero provided opening remarks during CADCA's XVII National Leadership Forum. This year's forum was held on February 12-15, 2007 at the Washington, D.C. Convention Center and was the nation's largest training conference for community coalition activists and substance abuse professionals, featuring more than 75 workshops on some of today's most pressing prevention issues.

Tribal Leaders Health Council Health: On April 2, Mr. Romero provided opening remarks during the Tribal Leaders Health Conference in Billings, Montana. The theme of this year's conference was *My Relations - Our journey begins. Listen, Learn, Heal and Educate! We are the future*. The goal of the presentation was to brief the Tribal Leaders Council on the role of prevention and strengthen linkages with the tribal community.

PRIDE Conference: On April 12, Mr. Romero served as the Keynote Speaker during the General Opening Session of the PRIDE Conference. The theme of this year's conference was *Together We Can Prevent Underage Drinking - Tobacco Use - Violence - Drug Use and Abuse*. The conference was held in Charlestown, West Virginia.

Prevention Leadership Academy: On May 15-16, Dennis Romero provided opening remarks during the 3rd Annual Prevention Leadership Academy in Houston, Texas.

National, State and Local Initiatives Working Together to Reduce Addiction: On May 17, Mr. Romero presented on CSAP's major prevention initiatives that address/reduce addiction. The conference was held in New Orleans, Louisiana.

15th Annual Society for Prevention Research (SPR) Conference: On May 31, Dennis O. Romero, M.A., Acting Director, Center for Substance Abuse Prevention, SAMHSA, participated as a panel member during the 15th Annual SPR Conference. The goal of the conference was to present the latest in prevention science from across international regions in the areas of epidemiology, etiology, preventive intervention trials, demonstration projects, policy research, natural experiments, program evaluations, clinical trials, prevention-related basic research, pre-intervention studies, efficacy and effectiveness trials, population trials, and studies of the diffusion/dissemination of science-based prevention. The conference was held in Washington, D.C.

National, State and Local Initiatives Working Together to Reduce Addiction: On May 17, Mr. Romero presented on CSAP's major prevention initiatives that address/reduce addiction. The conference was held in New Orleans, Louisiana.

2007 NASADAD/NPN/NTN Annual Meeting: On June 8, Dennis O. Romero, M.A., Acting Director, Center for Substance Abuse Prevention, SAMHSA, presented as part of a roundtable discussion. The theme of this year's meeting was *Strengthening State Systems: Promoting Healthy Families Through Prevention, Treatment and Recovery Support*. The meeting was held in Burlington, VT.

Health Disparities & Teens: How to Bring About Change. On June 12, Mr. Romero presented on behalf of Dr. Cline during the *Health Disparities & Teens: How to Bring About Change* meeting. Mr. Romero's presentation focused on prevention initiatives addressing the unique risks being experienced by young people. The meeting was held in Puerto Rico.

Annual Elks Training Conference: On July 7, Dennis Romero provided remarks during the Elks Training Conference held in Charlotte, North Carolina.

Faith-Based Regional Training: On July 9, Mr. Romero provided opening remarks during CSAP's Faith-Based Regional Training. The attendees consisted of pastors, executive directors, program managers, and local politicians. The training was held at the Living Waters Worship Center in Odenton, MD

Wisconsin's 2007 Prevention Conference: On July 24, Mr. Romero, M.A. provided an overview of CSAP's prevention initiatives. The Wisconsin 2007 Prevention Conference was held in Stevens Point, Wisconsin.

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

Budget Activities

The Center for Substance Abuse Prevention is currently implementing its fiscal year (FY) 2007 activities, and is in the process of funding an impressive range of grant and contract programs. CSAP is under a full year continuing resolution for FY07 which means that we will operate under almost the same level as FY06 with the Programs of Regional and National Significance (PRNS) totaling \$192,901,500. This funding level has allowed CSAP to initiate and implement the Strategic Prevention Framework (SPF) through a series of grant programs including: the SPF State Incentive Grant (SIG) program, with a total of 42 SPF SIG grants (\$87M); the HIV program, with a total of 148 grants (approximately \$39.4M); Methamphetamine grants (approximately \$4M); workplace grants (\$1.8M); and 10 conference grants (\$0.25M).

CSAP also continues to develop, assess, and disseminate effective, promising, and model programs through the National Registry of Effective Programs and Practices (NREPP) system; to support the SAMHSA Health Information Network (SHIN); and to support the Fetal Alcohol Spectrum Disorder Center for Excellence. We also continue to focus our key technical assistance mechanism, the Centers for the Application of Prevention Technologies (CAPT) contracts on the areas of greatest need, and we are in the process of awarding two new data collection and analysis contracts, the Information Technology Infrastructure Contract and Data Analysis Coordination and Consolidation Center (DACCC), which replaced the old Data Consolidated Coordinating Center (DCCC) contract. These two new contracts will continue to enable both grantees and SAMHSA entities to report and access data to guide the development of their programs. In addition, CSAP is also in the process of awarding two new contracts: 1) the Border Initiative, which will identify materials and best practices and expand evidence-based prevention services/activities within States bordering Mexico, and 2) the Native American Technical Assistance Resource Center, which will provide comprehensive substance abuse prevention support services to Native governments, organizations, and people. Other significant contract activities include our ongoing State Epidemiology Outcomes Workgroup contract, which provides technical assistance to non-SIG States; our Fellowship program, which provides funds to support prevention fellows in every State; and our Older Adults contract, which focuses on prevention needs across the lifespan of our aging population.

In addition to those activities funded through the PRNS budget lines, CSAP manages the Drug Free Communities grant program through an interagency agreement with Office of National Drug Control Policy (ONDCP), including a portfolio of 706 support services grants for a total of approximately \$69M and 37 Drug Free Community Mentoring grants for approximately a total of \$3M.

CSAP also is in the process of awarding and managing approximately \$336M in Substance Abuse Prevention Block Grants, \$10M in Block Grant Set-Aside programs, \$9M in Department of Health and Human Services (DHHS) HIV funds, and \$5M in interagency agreements with the National Institute on Drug Abuse and the Department of Education, for a total of \$625 million for substance abuse prevention program activities.

Grant Programs

CSAP plans to issue the following Requests for Applications (RFAs) for FY 2008:

- *The Drug Free Communities Support Program (DFCSP)*. The RFA is focused on improving community efforts to plan, promote, and deliver effective substance abuse prevention strategies. The DFCSP grants will be administered by SAMHSA/CSAP through an interagency agreement with ONDCP under the Drug Free Communities Support Program.
- *The Drug Free Communities Support Mentoring Program (DFC Mentoring)*. This is an effort to enhance the number and quality of local Drug Free Community coalitions through the assistance of capable, experienced coalitions. DFC Mentoring program grantees will use their experience and success as DFCSP grantees to support and encourage the development of new, self-supporting community anti-drug coalitions to meet the goals of the DFSCP. The DFC Mentoring grants will also be administered by SAMHSA/CSAP through an interagency agreement with ONDCP under the Drug Free Communities program.
- *Minority AIDS Initiative (MAI)*. The MAI supports an array of activities to assist grantees in building a solid foundation for delivering and sustaining effective substance abuse prevention and related services. Specifically, the program aims to engage community-level domestic public and private non-profit entities to prevent and reduce the onset of substance abuse and transmission of HIV and hepatitis among minority populations.

CSAP Interns and Emerging Leader

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

- Caryl Cabrera, a second year intern working in the Division of State Programs, is completing her Masters in Community Clinical Psychology at Johns Hopkins University.
- Forest Crumpler, a new Division of Workplace Programs intern, recently obtained his Master of Public Administration from Nova Southeastern University. In the summer of 2006, he worked as an intern at the U.S. Department of the Treasury.
- Tanya Geiger, a new intern in the Division of Community Programs, obtained her Master of Public Health at Johns Hopkins University and is currently pursuing her

doctoral degree in the Department of Public and Community Health at the University of Maryland.

- Lindsey Merchant, a new intern in the Division of Systems Development, graduated with her Bachelor of Science in Health Sciences with a concentration in public health at James Madison University.
- Elizabeth Steiner, a new intern for the Office of Program Analysis and Coordination, graduated in June of 2007 from Nova Southeastern University with her Master of Public Administration. Her previous experience includes working as a program analyst intern at the Department of Veterans Affairs.

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

- Workplace Helpline
- CSAP Communiqué
- Technical Assistance (TA) Tracking Database
- CSAP Organizational Assessment Analysis
- CSAP Strategic Planning
- DFC Project Officer Reference Guides
- SPF SIG Grantees Meeting Planning
- SPF SIG Benchmarking
- CSAP Staff In-Service Training
- HIV/AIDS grant programs/matrix workgroup

OPAC also hosted a participant of the U.S. Department of Health and Human Services' Emerging Leaders Program. The Emerging Leader Program identifies "best graduates" and, during a two year program, prepares them for leadership roles in the Federal Government. Our Emerging Leader, Erica Pearson, finished the program in July 2007 and is now working for CSAP a Public Health Advisor in OPAC on a variety of different policy and programmatic activities.

CSAP Staff In-Service Training

The goal of this training program is to support staff members in upgrading their skills and knowledge base in prevention and their ability to provide that expertise to grantees and the field through mechanisms such as learning communities. The workgroup recommended a focus on the following skill sets:

- The integration of and ability to discuss strategic prevention planning from a community systems perspective while addressing the Federal governments' national priorities and direction
- The integration of and ability to discuss cultural competency from a community systems perspective
- The integration of and ability to discuss sustainability of desired outcomes
- The ability to access and recommend appropriate reference materials
- The ability to assess gaps in grantee programs
- The ability to provide technical assistance to grantees while monitoring grants

- The acquisition of skills and a knowledge base that support prevention certification

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

Rural Health

In FY 2007, CSAP continued its annual support of the National Rural Institute on Alcohol and Drug Abuse in Menomonie, WI. This year CSAP provided 15 prevention scholarships to the June 3 - 7, 2007 meeting and the provision of a CSAP representative who staffed the 3-day Federal Agencies Resource Panel. In addition, CSAP supported a faculty member to staff the 4-day Substance Abuse Prevention Track.

Departmental Initiatives

- **HHS Rural Task Force**
On July 25, 2001, former Secretary Tommy Thompson issued a charge to all the HHS OpDivs to improve and enhance the provision of health care and social services to rural Americans. As a result, the HHS Rural Task Force was created under the leadership of the Health Resources and Services Administration's Office of Rural Health Policy (the Departmental lead on rural health issues) and the HHS Office of Intergovernmental Affairs. Initially charged with conducting a department-wide examination of how HHS programs can be strengthened to better serve rural communities, the Task Force currently serves as a forum where HHS divisions come together to share information and ideas.
- **Methamphetamine Workgroup**
Recently, the HHS Rural Task Force formed a Methamphetamine workgroup to serve as a forum for information exchange and collaboration. As SAMHSA prepared the Departmental-wide Methamphetamine Report to Congress, the agency shared the report with the Workgroup for their review and comments. In addition, Erica Pearson and Wilma Pinnock from CSAP attend the Workgroup meeting on July 17, 2007 to review and comment on a presentation by the Montana Meth Project (<http://montanameth.org>).
- **National Advisory Committee on Rural Health and Human Services (NACRHHS)**
Chartered in 1987, the NACRHHS is a 21-member citizens' panel of nationally recognized rural health experts. The Committee advises and provides recommendations to the Secretary of HHS on ways to address health and human service problems in rural America. Each year, the Committee produces a report for the Secretary on key health and human service issues affecting rural communities. One of the topics for the 2007 report is access to substance abuse treatment. SAMHSA has participated in the development and review of the

substance abuse section of the report. The final report was released in March 2007 and is available online at <ftp://ftp.hrsa.gov/ruralhealth/NACReport2007.pdf>.

SAMHSA Intradepartmental Workgroup

In response to former Secretary Tommy Thompson's request for HHS to improve the provision of health and human services to rural families and individuals, SAMHSA convened a work group to explore and analyze methods and interventions to improve rural health care delivery. Through the combined efforts and energy of the SAMHSA Rural Health Work Group, these issues have been elevated within SAMHSA and have fostered intra-agency collaboration. SAMHSA continues to align its rural health work with HHS, particularly through participation in the HHS Rural Task Force and its Methamphetamine Workgroup.

Children and Families Issues

The Children and Families Matrix Workgroup is focused on ensuring that children and families are a significant focus in SAMHSA's four redwood grant programs, as appropriate: Mental Health Systems Transformation SIG, Access to Recovery, the SPF SIG, and Co-Occurring State Incentive Grant (COSIG). A small workgroup will convene to discuss next steps on infusing the goals and objectives of the Children & Families Matrix Workgroup into these redwood areas.

Another new subgroup is the Subcommittee on Young Children. The purpose of the Subcommittee is to develop a plan with a series of unfolding steps to respond to the 2006-2007 Children and Families Strategic Action Item, "Establish a national initiative to promote healthy development and resiliency of young children, reaching their parents/caregivers earlier to prevent or reduce mental and/or substance use disorders." This subcommittee is currently working on its agenda for action in 2007.

Healthy People 2010

The Healthy People 2010 Substance Abuse Midcourse Review Chapter is now available on the Healthy People Web site. Work on the companion document on substance abuse will continue throughout 2007.

DIVISION OF COMMUNITY PROGRAMS (DCP)

DCP DRUG FREE COMMUNITIES SUPPORT PROGRAM

FY 2007 Request for Applications & Grants Management Process Update

- CSAP received Office of National Drug Control Policy (ONDCP) approval for 202 peer reviewers and issued peer review packets on May 17, 2007 with a two week turn-around time for review.
- CSAP participated in five ONDCP conference call trainings for peer reviewers from May 25-May 31, 2007. An additional training for Mentoring peer reviewers took place on June 21, 2007.
- 321 new applications were received that peer review staff screened for format and ONDCP screened for programmatic eligibility. A total of 269 were forwarded for review. Ineligible applicants received letters within 30 days confirming their ineligibility.
- 50 Mentoring applications were received that peer review staff screened for format and ONDCP for programmatic eligibility. ONDCP screened out six applications. A total of 44 applications will be sent for peer review.

FY 2007 Non-Competing Continuation Applications

SAMHSA/CSAP reviewed 664 non-competitive continuation applications for programmatic and grant compliance and forwarded a spreadsheet on received data elements to ONDCP on July 2, 2007. SAMHSA Grants Management plans to issue Notice of Grant Awards for continuation applications following ONDCP funding approval.

DFC Online System for Grantee Progress Reports

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

management data. Earlier this year, SAMHSA provided regional and offsite training for grantees to assist them in making the transition to a Web-based management system.

DCP BEHAVIORAL HEALTH BRANCH

New Personnel

United States Public Health Service (USPHS) Commissioned Officer, Lt. Christina Conyer Williams joined the Branch effective June 13, 2007. Lt. Williams is a Project Officer and will be working with the Minority AIDS Initiative (MAI) program.

Ms. Shalana Alleyne, Staff Assistant, joined the Branch effective June 24, 2007, as a permanent MEO employee.

New Online MAI HIV/AIDS Management Reporting System

Efforts are underway to develop and implement an online reporting system for our Minority HIV/AIDS Initiative grantees to submit required progress and performance reports starting in the fall of this year. This system is modeled after the Coalition Online Management and Evaluation Tool, an online reporting system currently implemented for the Drug Free Communities discretionary grant program. This system will be available and implemented online through CSAP's Service Accountability and Monitoring System (CSAMS) (www.csapdccc-csams.samhsa.gov). CSAMS is used by MAI grantees to report participant-specific outcome data that includes National Outcome Measures (NOMs). These data collection efforts capture the specific performance targets established for each grant project.

MAI Regional Technical Assistance Training with CAPTs

The Behavioral Health Branch planned and coordinated with the five regional Centers for the Application of Prevention Technology (CAPTs) to convene training and technical assistance workshops for the MAI discretionary grantees. The dates and locations of the 2007 MAI training and technical assistance meetings are listed below.

Southwest Region	June 5-7	Dallas, TX (62 attendees)
Central Region	June 25-28	Wheeling, IL (47 attendees)
Southeast Region	July 9-11	Orlando, FL (84 attendees)
Northeast Region	July 23-25	Philadelphia, PA (90 attendees)
Western Region	August 1-3	Los Angeles, CA (84 attendees anticipated)

Each of the 148 active MAI grantees are required to have two representatives participate in their designated CAPT region training session. These trainings include the latest information on: the Strategic Prevention Framework, Sustainability, National Registry of Evidenced-based Programs and Practices, Evaluation and Consultation (CSAMS), Cultural Competency, Participant Recruitment and Retention, and Community Mobilization.

Minority HIV/AIDS Initiative Grantee Meeting

The CSAP Annual MAI Grantee Meeting was convened September 19-21, 2006, in Miami, Florida with 148 grantees. This meeting was held in conjunction with the 2006 United States Conference on AIDS (USCA) in Hollywood, Florida. The first day of the grantee meeting included a Training of Trainers (TOT) session on Substance Abuse and HIV Prevention for the Re-Entry Population. There were 159 MAI participants in attendance at this training. This TOT training was offered to only Cohort 6. All eighty-one of the Cohort 6 grantees were represented.

Grantees participated in up to two of the four prevention training institutes held September 20 - 21, 2006. Over 300 participants representing 3 Cohorts (148 active MAI grantees) were in attendance. The four training institutes included the: Program Sustainability Institute; Strategies for Successful Implementation of Prevention Services Institute; Understanding the Challenges and Exploring Strategies for Successful Reentry Institute; and Performance Measurement Institute. These institutes provided the grantees with skills and knowledge on program sustainability; offered strategies for adapting and implementing evidence-based substance prevention interventions while maintaining fidelity; conveyed information on working with the re-entry minority population; and provided training and guidance on the data collection of the required SAMHSA/CSAP NOMs, Government Performance Results Act (GPRA), and Program Assessment Rating Tools (PARTs) reporting requirements.

SAMHSA HIV/AIDS Summit

On Friday, September 22, 2006, MAI grantees also participated in SAMHSA's HIV/AIDS Summit, a pre-conference to the 2006 USCA. The SAMHSA HIV/AIDS Summit was a cross-center initiative with staff participation from CSAT, CMHS, CSAP, and the Office of the Administrator. The primary goal of the SAMHSA Summit was to provide information to MAI grantees on ways to improve and enhance their understanding about integrated services for substance abuse prevention, treatment, and mental health services for persons living with, or who are at risk for, HIV/AIDS. The SAMHSA Summit presented best practices and addressed how grantees can maximize and manage resources, eliminate health disparities, and achieve sustainability and program effectiveness.

SAMHSA Center Directors (or their representatives) addressed central issues and topics of high importance relevant to each of their center's mission. This was followed by an interactive discussion with the audience. In addition, Mr. Christopher Bates, Acting Director of the Office of HIV/AIDS Policy at the U.S. Department of Health and Human Services, was a featured speaker.

CSAP's Minority Education Institution Initiative

In FY 2006, CSAP received \$2,000,000 in funding for a second year of the Minority Education Institution (MEI) Initiative. In FY 2007, CSAP received an increased amount of \$3,000,000 from the Department to continue the MEI Initiative. The Initiative supports the implementation of culturally appropriate substance abuse and HIV prevention services and increases awareness on the campuses of minority-serving institutions and their surrounding communities. Project activities include training, community outreach, information and referral services, material dissemination, and workshops led by trained student peer educators (SPEs).

CSAP has secured a contractor to function as the Minority Education Initiative Program Coordinating Center (MEI-PCC) and to administer this project. A total of 12 subcontracts were awarded through the MEI-PCC to 8 Historically Black Colleges and Universities (HBCUs), 2 Hispanic Serving Institutions (HSIs), and 2 Tribal Colleges and Universities (TCUs) to implement education and public awareness activities to prevent substance abuse and HIV. The MEI-PCC funded 2 new institutions and monitored their progress. TA was provided to the subcontracting institutions to assist them with accomplishing their project goals. MEI-PCC convened several major activities in FY 2007 (October 1, 2006 to June 2007) as summarized below:

- CSAP and the MEI-PCC convened a 2.5 day Technical Assistance Training for 34 participants on the SPF on June 20-22, 2007. Participants in attendance included student peer educators, university liaisons, and project evaluators who represented 12 minority institutions. The training covered SPF topics, sustainability, community mobilization, evaluation, cultural competency, adaptation and fidelity, selection of evidence-based interventions and SAMHSA's National Registry of Evidenced Based Programs and Practices.
- During February 2007, in conjunction with the annual CADCA Forum, CSAP and the MEI-PCC convened a 2-day meeting with University Liaisons and the lead SPEs from each of the 12 minority-serving institutions. The purpose for this meeting was to conduct training in key areas in order to accomplish program goals. The university liaisons were trained on program implementation and sustainability strategies. SPEs participated in training on presentation skills, social marketing/outreach, and materials development.

The MEI-PCC provided oversight and managed the 12 minority-serving universities and colleges that received subcontract awards. These institutions were funded for a 10-month period (December 1, 2006 - September 30, 2007) and are listed below:

Historically Black Colleges and Universities

Bowie State University, Maryland
Howard University, District of Columbia
Mississippi Valley State University, Mississippi
Prairie View A&M University, Texas

Savannah State University, Georgia
Southern University at Baton Rouge, Louisiana
University of the Virgin Islands, US Virgin Islands
Virginia Union University, Virginia

Hispanic Serving Institutions

University of Texas at San Antonio, Texas

Tribal Colleges and Universities

Salish Kootenai College, Montana, and University of New Mexico, New Mexico

MEI-PCC and 12 Subcontractors: Each subcontractor received an award amount of \$87K totaling \$1.044M.

CSAP and CSAT Collaboration Substance Abuse Lonnie E. Mitchell Conference

CSAP was a co-sponsor and collaborated with CSAT in planning for the 9th Annual Dr. Lonnie E. Mitchell National Historically Black Colleges and Universities (HBCU) Substance Abuse and Mental Health Conference. CSAP assisted in the planning for several prevention-focused workshops which included: *Fetal Alcohol Spectrum Disorder; Drugs, African Americans, and Criminal Justice Research: Implications for Career Choices and Job Excellence*; and the *Helping America's Youth: White House Initiative*.

The MEI institutions attended the 9th Annual HBCU Conference. There were over 500 students and faculty from 104 HBCUs. There were also 28 Federal attendees including staff from the three SAMHSA centers. During the Conference, CSAP Acting Director, Dennis O. Romero, presented the CSAP Addie Key Prevention Award to Dr. Faye Z. Belgrave of Virginia Commonwealth University.

The CSAP Project Officer, MEI Project Director, and 12 HBCU SPEs conducted an interactive presentation on the MEI Initiative entitled *Peer led Substance Abuse & HIV/AIDS Prevention Education*. Student peer educators spoke and presented various aspects of their peer led prevention projects discussing their unique outreach strategies and activities being conducted on their respective campuses. The session was extremely successful with an evening audience that exceeded 50 participants.

SAMHSA's World AIDS Day Observance

The Substance Abuse Mental Health Services Administration honored World AIDS Day Observance on Friday, December 1, 2006. Remarks were given by SAMHSA's Deputy Administrator, Dr. Eric Broderick who included a moment of silence. An AIDS quilt was displayed and a memorial paper tree created. There were three presenters and a play performance by Bowie State University students entitled *It's Best to Wait, but Never Too Late*. SAMHSA/CSAP served as the lead in the planning efforts that involved CSAT and CMHS. SAMHSA displayed exhibits, and distributed information about available HIV testing sites in the metro area. HHS' Promise of Partnerships was this year's theme. A DVD entitled *Voices of Hope* was shown during the presentation.

Prevention of Methamphetamine Abuse Initiative RFA (SP-06-005)

In September 2006 SAMHSA/CSAP awarded ten (10) grants to eight (8) different States (Colorado, Illinois, Massachusetts, Oregon, Oklahoma (2), Tennessee (2), Texas, and Washington) to support the expansion of methamphetamine prevention interventions and/or infrastructure development. This program addresses the growing problem of methamphetamine abuse and addiction by assisting localities to expand substance abuse prevention interventions that are effective and evidence based. Approximately 177 applications were received from public and private nonprofit entities, i.e., State and local governments, federally recognized tribes, State recognized tribes, urban Indian organizations and tribal organizations, public or private universities and colleges, and community and faith-based organizations.

Grantees will be expected to: (1) implement community-based prevention programs focusing on populations within the community that are most at risk for methamphetamine abuse and addiction; (2) assist local government entities to conduct appropriate methamphetamine prevention activities in rural and urban areas that are experiencing increases in methamphetamine abuse and addiction; (3) train and educate State and local law enforcement officials, prevention and education officials, members of community anti-drug coalitions and parents on the signs of methamphetamine abuse and addiction and the options for prevention; (4) plan, administrate, and convene educational activities related to the prevention of methamphetamine abuse and addiction; (5) monitor and evaluate methamphetamine prevention activities, and report and disseminate resulting information to the public; and (6) conduct targeted pilot programs with evaluation components to encourage innovative methodologies with drug-endangered children.

**FY 2006 SAMHSA/CSAP Grant Awardees
SP06-005: Prevention of Methamphetamine Use
Grant Period: FY 2006-2009**

Grant	Project Director	Grant Name	City	ST	Award
14008	Therese M. Grant	University of Washington	Seattle	WA	\$308,655
14018	Lilas Rajae-Moore	Colorado State Judicial Branch	Denver	CO	\$348,354
14042	Doris Vaughan	Centerstone Community Mental Health	Tullahoma	TN	\$350,000
14050	B.J. Boyd	Cherokee Nation Behavioral Health Services	Tahlequah	OK	\$350,000
14085	Joan Bacchus	Native American Rehab Association	Portland	OR	\$350,000
14088	Michael O. Sterling	Ridgeview Center, Inc.	Oak Ridge	TN	\$319,977
14100	Andrea N. LaFazia	Oklahoma State Department of Mental Health	Oklahoma City	OK	\$350,000
14113	Tammy Boose,	CRA-WA-LA Volunteers in Probation	Lawrenceville	IL	\$326,063

	M.S.				
14142	Rodney Vanderwarker	Fenway Community Health Center	Boston	MA	\$349,941
14156	Linda Tippins	San Antonio Fighting Back, Inc.	San Antonio	TX	\$348,000

Currently, SAMHSA/CSAP coordinates closely with Indian Health Services (IHS) of the U.S. Department of Health and Human Services to address methamphetamine abuse in the American Indian and Alaska Native communities. As a result, SAMHSA/CSAT participated in a collaborative planning effort led by IHS, to partner with the National Native American Law Enforcement Association (NNALEA) on the development of its first ever “Methamphetamine Prevention and Treatment” tracks at NNALEA’s 14th Annual Training Conference. The conference was held at the Albuquerque Hilton Hotel in Albuquerque, New Mexico, November 14-16, 2006. CSAP convened a Methamphetamine New Grantee meeting on November 12-13, 2006 for the 10 newly awarded grantees. Eighty-eight percent of the participants rated the overall meeting as “very useful”. SAMHSA/CSAP was also instrumental in sponsoring two CSAT presenters and three CSAP presenters (no-cost-extension grants) that participated as panelists and speakers at various workshops at the NNALEA conference.

SAMHSA/CSAP continues to coordinate and work closely with CSAT and the IHS. CSAP sponsored a former Native American grantee to present their updated outcomes at the 5th Annual IHS/SAMHSA National Behavioral Health Conference, *Weaving It All Together*, at the Albuquerque Convention Center in Albuquerque, New Mexico from June 12-14, 2007. The presentation, “Incorporating Creative Expression & Culture into an Inhalant Abuse Prevention Program for Urban Native American Youth,” drew a large crowd.

CSAP Collaboration with the National Native American Law Enforcement Association

SAMHSA/CSAP and IHS are currently coordinating planning session meetings at NNALEA’s D.C. headquarters for the upcoming 15th Annual NNALEA National Methamphetamine Prevention Training Conference, October 2-4, 2007, in Memphis, Tennessee. At the Conference CSAP grantees will attend the six SAMHSA-sponsored Meth-Substance Abuse training tracks, which will include an HIV/AIDS track.

CSAP/CSAT Collaboration with CDC on Interagency Workgroup

The SAMHSA-CDC Interagency Workgroup was created to develop a report to Congress that will examine and address the intersection of methamphetamine use and the transmission of HIV, sexually transmitted diseases (STDs), and other infectious disease. Combined agency data will be used to assess and address each agency’s needs and will include epidemiological data on methamphetamine abuse, HIV, other sexually transmitted infections, and will include data on risk and protective factors. The Workgroup has also been tasked with creating a geographic information system (GIS) data package which identifies States and communities with the highest incidences of use

and prevalence of methamphetamine abuse, HIV, and other STDs, as well as examine and assess the association between methamphetamine use and sexually transmitted infections.

The workgroup will focus on the five steps of the Strategic Prevention Framework: (1) needs assessment; (2) capacity building, (3) planning, (4) implementation of services, and (5) evaluation and future research with sustainability and cultural competency as an overarching framework.

DIVISION OF SYSTEMS DEVELOPMENT (DSD)

This has been a time of change for CSAP and for the Division of Systems Development. The recent CSAP reorganization centralized CSAP's training and technical assistance efforts as well as consolidated the data related activities. The Division of Systems Development was created primarily from the merging of the Division of Prevention Education (DPE) and the Division of Knowledge Application and Systems Improvement (DKASI). Kevin Mulvey is the Acting Division Director, overseeing the division activities as well as the Materials Development Team, led by Nelia Nadal. Patricia Getty is the Acting Branch Chief for the Prevention Technical Assistance Branch. The branch activities are divided between the Training and Technical Assistance Group and the Data Group. We are still in the process of forming these groups and developing coordination and communications processes. Each group has met with CSAP's Erica Pearson who facilitated group discussions in a staff retreat to discuss tasks and functions of the groups. Division management is reviewing these recommendations and will be meeting with staff to continue the process of structuring the division, branch, and groups.

We also added several staff including USPHS Commissioned Officer and Emerging Leader Daniel Bailey; Josefine Haynes-Battle, Commission Corp; Amber Waller, Secretary; and John Park, who relocated to DSD from DCP. Nikki Belamy, who served on the Data Group, has moved to CMHS. During this time period, Danielle Lesure came on board as an Intern; and departed on April 28. Intern Lindsey Merchant joined the division in late May.

DSD Staff

Kevin Mulvey, Acting Division Director
Monica Cole, Division Secretary
Amber Waller, Secretary

Materials Development Team

Nelia Nadal, Team Leader
Tracy Farmer
Valna Montgomery
Carolyn Smith
David Wilson

Prevention Technical Assistance Branch

Patricia Getty, Acting Branch Chief

Technical Assistance Group

Michele Basen	Carol McHale
Gwyndolyn Ensley	Pamela Roddy
Nancy Kennedy	Josefine Haynes-Battle
Jennifer Solomon	Maria Barrera

Data Group

Daniel Bailey
Beverlie Fallik
Javaid Kaiser
John Park
Charles Reynolds

Technical Assistance and Training

Centers for the Application of Prevention Technologies (CAPTs): National CAPT Program

The CAPTs continue to play a major role in promoting and improving substance abuse prevention services across the country by working with States to enhance the capacity of State prevention systems. This program consists of five regional contracts that cover all 60 States, jurisdictions and territories. The regions are the Northeast, the Southeast, the Southwest, the Central and the Western CAPTs. For the first three years of the CAPT contracts, CAPTs provided direct training and TA to Substance Abuse Prevention Block Grant States and their sub-recipient communities. At the end of FY 2006, CSAP modified the CAPT contracts to concentrate or target resources to the States and CSAP's discretionary grantees, otherwise known as Programs of Regional and National Significance. These include the SPF SIG grantees, the Minority HIV/Aids Grantees, and the Methamphetamine Prevention Grantees.

With regard to States, CAPT services have shifted to direct training of, and technical assistance to, State level staff and State technical assistance providers with an emphasis on a training of trainers (TOT) model. CAPTs provide technical support to States and work in partnership with States to demonstrate or model approaches to working with their sub-recipient communities on implementation of the SPF. The rationale for this change in focus is the goal of building capacity at the State level to ensure the sustainability of State and community level prevention outcomes. In accordance with CSAP's mission, direction and approval, all the CAPTs are focusing their TOT and technical assistance (TA) on the implementation of the SPF and its five components. Thus, they address State and local needs assessments, capacity building, planning, implementation of effective evidence-based programs, practices and policies and evaluation by the collection of performance measure data through the GPRA and NOMs.

The CAPT contract modification also emphasizes accountability for services provided and requires joint review and approval of training/TA requests by the respective State or Grant Project Officer and CAPT Project Officer prior to implementation and delivery to assure that the services delivered and the associated materials are of high quality, appropriate, and consistent in message within SAMHSA/CSAP and across the five CAPTs. In order to facilitate this review and approval process, CSAP has hired a Training and TA Coordinator and is establishing an automated system to support the tracking and timely review and approval of one TA and training requests. The contract modification also emphasizes accountability for securing official clearance of materials developed under the CAPT contracts that are distributed in hard copy or through the CAPT Web site.

CSAP held a meeting with the CAPT Directors and Co-Directors in September to discuss these changes. This meeting also addressed related matters including changes in GPRA performance measures and implementation of the NOMs as well as SAMHSA/CSAP policies related to clearance and approval of CAPT training materials and on-line

courses. CSAP held a follow-up meeting with the CAPT evaluators in November to discuss the implications of these changes regarding GPRA and NOMs issues. As a result of the contract modification, the number of persons served will decline since training/TA is targeted directly to State staff and providers with more limited outreach directly to sub-recipient communities. These GPRA matters have not yet been resolved because such changes have to be approved at levels above CSAP and SAMHSA. Also discussed were a series of issues for resolution on the interface of CAPT contracts with the new Data Coordination and Consolidation Center (DCCC). Work is underway within CSAP and with the DCCC and CAPTs to resolve these issues.

CAPT Data Base GPRA Reporting to OMB

The CAPTs have resolved issues related to GPRA reporting that arose because of their change in focus from providing general training to those at State and community levels, to providing more directed technical assistance and “training of trainers” at the State level and sub-region level in order to build capacity of State and local prevention systems. The two current GPRA Measures are now 1) to increase the number of persons provided TA services and 2) to increase the percent of clients reporting that the CAPT services substantially enhanced their ability to carry their prevention work, which is the outcome measure.

CAPT Training/TA Services to new Client Groups: CSAP’s Minority HIV/AIDS Grantees and Methamphetamine Prevention Grantees

In addition to continuing to provide training/TA services to the 42 SPF SIG grantees, the CAPTs will provide technical assistance to CSAP’s 148 MAI grantees and to CSAP’s 10 Methamphetamine Prevention grantees. In February 2007, CSAP with the five CAPTs convened an orientation meeting with representatives of the MAI Grantees during Community Prevention Day in Washington, D.C. They introduced themselves to the grantees in order to forge a new working relationship. CSAP described the services that CAPTs can provide within limited financial parameters. CAPTs also queried the grantees on topics and issues to be addressed through Regional Technical Assistance Workshops. The Northeast CAPT is the Lead CAPT Coordinator; each CAPT has a designated MAI coordinator.

Since that kick-off meeting, CAPTs have developed one national listserv and five regional listserves to serve as CSAP’s communication mechanism with the MAI grantees. During the summer of 2007, each CAPT convened a Technical Assistance Workshop with the MAI grantees in their respective regions. The schedule for these workshops can be found under the DCP Behavioral Branch section of this report.

The Southwest CAPT is taking the lead on providing training and TA to the 10 Methamphetamine grantees. This training will be conducted on a one-to-one basis until next year. The Southwest CAPT will establish a single listserv communication mechanism for the Meth Prevention grantees and will conduct a TA workshop for all Meth grantees in the fall of 2007.

CAPT Training/TA on the NOMs

Also new, CAPTs are the designated providers for technical assistance on the new SAMHSA NOMs, specifically for CSAP's Programs of Regional and National Significance (i.e. SPF SIG grantees, MAI grantees, and Meth Prevention grantees). To prepare CAPTs for this new technical assistance work, CSAP's DCCC conducted two-day briefings in each of the CAPT Regions during April and early May.

CAPT Training/TA on Epidemiology – SPF Step 1: Needs Assessment

Beginning in the fall of 2007, CAPTs will assume responsibilities for providing training/TA to SPF SIG grantees on the development of an epidemiologic profile or report intended to inform and guide State decision-making and allocation of funds to sub-recipients under the SPF SIG Program. The epidemiological work serves as the basis for Step 1, needs assessment, of the SPF.

New CSAP Training/TA Tracking System

The CAPTs now use the on-line training/TA tracker system to request approval from both the CAPT and the State Project Officer prior to implementing the training or TA. Using this system, CSAP can monitor the nature, frequency, assignment, timeliness or response and costs of training requests.

Department of Education's Grants to Reduce Alcohol Abuse (GRAA) Program

In January 2007, the U.S. Department of Education, Office of Safe and Drug-Free Schools convened its 8th National Technical Assistance Conference for the Grants to Reduce Alcohol Abuse Secondary Schools Program. As part of the interagency agreement with Department of Education, CSAP's CAPTs served as the program and logistics support for this conference as well as provide technical assistance and training to the GRAA projects. This year's conference had strong participation from several Federal partners: Centers for Disease Control and Prevention, Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Prevention, and the Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD). The conference goals were to:

- Showcase resources and activities of various Federal, State, and community partners working to prevent underage alcohol use,
- Highlight effective practices, programs, and strategies to prevent underage alcohol use,
- Identify strategies for sustaining projects through the use of State and community partnerships, and
- Present a public health approach to preventing and reducing underage alcohol use in secondary schools.

Communities That Care

The Substance Abuse and Mental Health Services Administration (SAMHSA) announced that Communities That Care (CTC) is now a part of the CSAP toolkit.

The CTC process is an operating system that provides research-based tools to help communities mobilize to promote the positive development of children and youth and to prevent adolescent problem behaviors that impede positive development including substance abuse, delinquency, teen pregnancy, school dropout, and violence. This program helps communities plan, implement, and evaluate proven-effective prevention programs to meet their particular needs.

SAMHSA has full copy rights to these materials and invites interested entities to download them from our Web site <http://preventionplatform.samhsa.gov> and use them in implementing programs.

Regional CAPT trainers participated in a TOT on the CTC program and are prepared to provide technical assistance and training to the States who in turn will work with communities to implement the CTC program.

Evidence-Based Programs

CAPTs are conducting Learning Communities on selecting evidence-based interventions with States as they become ready for this phase of work under the SPF. In the SPF SIG program, readiness benchmarks for selecting interventions include: identification of the State priority substance abuse problem and allocation of funds to SPF SIG sub-recipients.

In February 2006, CSAP's Expert Workgroup on Evidence-based Programming submitted recommendations to CSAP on new guidelines for "documented effectiveness" under the SPF SIG Program. The Expert Workgroup included nationally-recognized prevention researchers from diverse theoretical perspectives. These recommendations provided the basis for a Guidance Document for the SPF SIG program, *Identifying and Selecting Evidence-Based Interventions*, developed by senior staff, Division of Systems Development.

In addition, CSAP with the Strategic Prevention Framework Advancement and Support (SPFAS) contract is developing annotated logic models for specific substance use problems including (1) underage drinking, (2) consequences of alcohol misuse (binging/heavy drinking), (3) methamphetamine use, (4) marijuana use, and (5) alcohol related motor vehicle crashes. The logic models will assist States by providing easy access to prevention research on specific substance abuse problems and associated risk and protective factors. SPFAS has also begun looking at TA planning on a regional basis.

Faith Partners Initiative

CSAP's Faith-Based Initiative continues to provide capacity building assistance to community-based faith partners of Drug-Free Community (DFC) and MAI grantees. These grantees serve racial and ethnic minority community partners such as faith based and community organizations with a history of serving people who are affected by HIV/AIDS. Funds will be used to implement substance abuse and HIV/AIDS education

and awareness activities, distribute informational materials, and conduct community outreach activities using creative marketing efforts to empower individuals to get tested for HIV and avoid risky behaviors that could lead to HIV infection.

The initiative has 32 subcontracts that are completing their first grant year, 46 additional subcontracts were awarded in second year. To date, they have worked with the faith partners in their communities in developing targeted media messages and materials around HIV prevention and testing, and provided quarterly reports and completed various assessment forms. Each organization is required to work with the Faith Partners Initiative toward evaluating the outcome of their efforts by providing quarterly reports and completing various evaluation and assessment forms.

During Community Prevention Day and the CADCA Forum, technical assistance trainings and workshops were held to help the subcontractors with work plan development, data collection, analysis reports, and how to develop peer education programs, etc. Two representatives from each grantee organization were required to attend as a condition of the sub-award.

A major component of the Faith Based Initiative is conducting technical assistance and prevention awareness training meetings across the country in each of the public health regions. These trainings tie into the Presidential Executive Order to engage and bring faith organizations into a level playing field with regard to Federal funding, and CSAP's efforts also dovetail with the White House Faith-Based Initiative. Trainings for this fiscal year have taken place in:

Fiscal Year 2006-2007

<u>Locations</u>	<u>Date</u>	<u>Number of Attendees</u>
Charleston, SC	November 6-7, 2006	190
Reno, NV	January 15-16, 2007	150
Chicago, IL	March 5-6, 2007	167
St. Louis, MO	April 23-24, 2007	185

Prevention Fellowship Program

The Prevention Fellow Program has completed its first year and inducted the second class of Prevention Fellows this past March. There are a total of 34 Prevention Fellows with 9 new Fellows and 25 continuing Fellows from Year I representing 32 States, the National Association of State Alcohol Drug Abuse Directors (NASADAD), and CADCA. The prevention program has made several strides in improving the program.

Some of the recent accomplishments in the program include the creation and revision of project documents such as the application materials, program descriptions, Fellowship Accomplishment Plans, monthly reports, etc. Also, the Prevention Fellows Program has completed the second year of the Prevention Fellows Orientation Workshop for 17 of the

Year I Fellows and Mentors. The program has also started to create its own identity with the creation of a Prevention Fellows Logo.

Some of the projected targets for the program include:

- increasing outreach efforts to State offices, Historically Black Colleges and Universities, Hispanic Serving Institutions, and Tribal Colleges;
- successful completion of Core Competencies and Fellowship Accomplishment Plan Development Workshop for 50 Year II Fellows and Mentors;
- reviewing and providing quick feedback to Fellows Accomplishment Plans;
- developing an Exit Interview/Questionnaire for Fellows to complete when leaving the program;
- planning, organizing, and carrying out five additional trainings through November 2007—Year I Fellows will be trained on Steps 1 and 2 (Assessment and Capacity Building) of the Strategic Prevention Framework while Year II Fellows will explore certification options and participate in professional development activities as well as attend the SPF/SIG conference;
- quarterly conference calls to further engage Mentors in the program;
- developing a brochure that promotes the Prevention Fellowship Program;
- developing a Web site/ listserv for the Prevention Fellowship Program;
- identifying foundations and other resources that will support additional trainings and experiences for the Fellows;
- providing information and resources to Fellows to become certified preventionists;
- creating a document that profiles the Fellows and highlights their experiences and achievements in the program to be displayed on Web site; and
- creating an advisory group that would include CSAP, a mentor, and a Fellow to provide insight to the Fellowship program from their perspectives.

Fetal Alcohol Spectrum Disorders (FASD)

SAMHSA's FASD Center for Excellence was launched in September 2001, under authority of the Children's Health Act of 2000. The Center has six legislative mandates to explore innovative FASD prevention and treatment strategies, facilitate development of comprehensive systems of care, and provide training to professionals in various systems of care. This contract will end in June 2007. A new request for proposal (RFP) went out with a due date of May 25, 2007. The new contract will provide for the FASD Center for Excellence as well as funding for sub-recipient programs. DSD has been tasked to manage and evaluate the program.

CSAP Workforce Development

SAMHSA's recent reports, *Action Plan for Behavioral Health Workforce Development* and *Strengthening Professional Identity: Challenges of the Addictions Treatment Workforce* reinforce the need for sustained attention to workforce development issues in order to ensure the overall success of efforts to both prevent and treat mental and

substance use disorders in this country. As part of SAMHSA's larger workforce development strategy, CSAP is carrying out activities on the following topics:

- Recruitment and Retention – CSAP will conduct a comprehensive review of effective recruitment and retention strategies, both within behavioral health and across other fields.
- Stakeholder Inventory – CSAP will inventory stakeholders to identify existing workforce development activities and needs within behavioral health field.
- Behavioral Health Core Competencies– CSAP will produce a compendium of behavioral health core competencies developed by professional guilds, stakeholder agencies, consumer organizations, and other organizations.

CSAP's Science to Service Initiative

National Prevention Network Presentation

CSAP will convene a special Workshop during the September 2007 National Prevention Network (NPN) Annual Research Conference in September 2007 to feature CAPT evaluators and showcase several successful Service to Science “graduates” who have completed their one-year mini-subcontracts. CAPT evaluators will discuss how their customized and intensive evaluation technical assistance work over an extended period of time has helped innovative and emerging evidence-based programs enhance evaluation capacity to improve their documented evidence of effectiveness.

Competitive Award of 26 Mini-Subcontracts for FY2006 S/S Participating Programs

In January 2007, CSAP awarded 26 one-year mini-subcontracts (\$20 - \$30 K) to Service to Science programs who submitted proposals for review through a competitive process administered under CSAP's CAPT support contract. The mini-subcontracts support evaluation capacity enhancements to improve the rigor of evaluation methods, designs and strength of documented outcomes. In FY 2006, States nominated 52 programs that participated in Regional Service to Science Academies conducted throughout each region. Participating programs include those who receive the NASADAD recognition.

Plans for FY 2007 CAPT Regional Service to Science Academies

CAPTs have secured State nominations of approximately 65 emerging evidence-based and innovative prevention interventions to participate in Regional Service to Science Academies throughout FY 2007. CAPTs have actively engaged States to nominate specific programs, practices, and strategies deemed important in the State prevention system and that meet criteria for readiness to enhance their capacity for more rigorous evaluation to document evidence of effectiveness. To meet increasing demand for Service to Science evaluation technical assistance in all Regions, some CAPTs are pursuing a decentralized model for the Regional Academies, traveling their evaluators to specific States or single sites and meeting with entire program teams. Regardless of format, all Regional Academies consist of certain elements: a pre-assessment and

preparation phase to determine “where programs are” in terms of documenting, implementing and measuring their interventions; face-to-face delivery of information on evaluation topics of common interest (appropriate to specific subgroups, usually); individualized evaluation technical assistance and development of customized action plans; and follow-up on individualized evaluation technical assistance and consultation.

As evident in the chart below, several CAPTs are moving toward more decentralized formats to reduce costs and increase numbers of programs served.

FY 2007 Regional Academies-Preliminary Plans		
Central CAPT	Minneapolis, MN	April, 2007 (11 programs)
Southeast CAPT	Jackson, MS Decentralized (FL, TN, GA, DC)	January, 2007 Spring-Summer, 2007 (up to 38 programs)
Southwest CAPT	San Antonio, TX Oklahoma City, OK	April, 2007 TBD (24 programs)
Western CAPT	Decentralized (AZ, AK, ID, MT,OR, UT,WA) and Hawaii and Pacific Jurisdictions (TBD)	Spring and Summer, 2007 (11 programs)
Northeast CAPT	Decentralized (at program sites –all 11 NE States)	May - June, 2007 (22 programs)

FY 2007 Award of “Mini-Subcontracts” for Evaluation Capacity Enhancements

Again this year, CSAP will support the award of one-year mini-subcontracts (in the range of \$20,000 to \$30,000) to build evaluation capacity. CSAP awards the subcontracts through a competitive solicitation and review process administered by the CAPT support contract with CRP, Inc. CRP, Inc. awarded 26 subcontracts to participants coming through the FY 2006 Regional Academies. CRP, Inc. sent letters announcing the 26 awards to the successful applicants, copied to the appropriate State Single State Agency (SSA) and NPN.

Case Study Findings, Descriptive Analysis and Follow-Up

Based on the quarterly reports submitted by recipients of the FY 2006 subcontracts and follow up discussions, CAPT evaluators developed six case studies documenting the type of assistance offered to these programs, and more importantly, the ways in which the Service to Science effort helps these programs improve and grow, enabling them to show stronger evidence of effectiveness and sustain prevention efforts. A brief summary of

these case studies has been shared with CSAP management and the SAMHSA Science to Service Coordinator. CAPT evaluators will conduct additional case studies and analyze evaluation capacity advances reported by mini-subcontract awardees.

Learning Communities on Selecting Evidence-based Interventions

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

Each CAPT conducted the following activities: initiated discussions with SSAs to introduce the learning community approach; negotiated with States to identify one or more SPF SIG (or other appropriate) State per region ready to participate with State selected communities. Participating communities were selected with the State, using various readiness criteria. Each CAPT is convening learning community events – workshops of two or more days with between 10 -30 community teams. Through the Learning Communities, CAPTs will provide customized technical assistance and demonstrate critical thinking skills necessary to spell out and apply local needs assessment findings to develop a logic model that identifies risk and protective factors/conditions that are particular to each community. Additionally, CAPTs will work with States and communities to consider prevention strategies that fit local resources and are directed to those identified risk and protective factors/conditions that influence the substance abuse problem locally. Expected outcomes of the Learning Communities are: increase participant knowledge of the Strategic Prevention Framework and the SPF logic model; increase understanding of the underlying conditions associated with the problem in their community; and increased participant capacity to identify and select evidence-based programs, policies and practices that are appropriate for the identified problem, directed to the underlying conditions that drive changes in the problem, and are compatible with local resources.

CAPT Learning Communities 2007

CAPT Region	State	Priority	Readiness	Proposed date
Southwest CAPT	New Mexico	High rate of alcohol-related crash mortality among 18-24 year olds	This will be a follow-up activity at the request of the NPN & SPF SIG Coordinator. It is also listed in the NM State plan. More specific dialogue with stakeholders will be necessary to define design and implementation of follow-up activities/event.	April, 2007

Southwest CAPT	Colorado	Underage drinking	14 SPF SIG grantees have been funded (one of which is the Ute Tribe). A series of community infrastructure meetings have been held with grantees. Community plans are due to the State by the end of March. Plans will cover initial steps of the SPF. Strategy selection has not yet taken place. More specific dialogue with stakeholders will take place during RTEP meeting March 8-9 to identify next steps & possible plan for Learning Community (LC) event.	Spring/ Summer of 2007
Northeast CAPT	Maine	Underage Drinking Prescription Drug Misuse 18-25 year olds High Risk Drinking 18- 25 year olds	SPF SIG grantees have been funded to work through the first three steps of SPF and will reapply after June for implementation funding. Grantees have completed needs assessment and prioritization of risk/protective factors and will be ready to begin identifying and selecting interventions.	2 days: Feb 21, 2007 March 26, 2007
West CAPT	Arizona	Underage drinking	The event will be coupled with a State sponsored conference on underage drinking. On the last day of the event, the State will be leading a discussion among LC participants regarding next steps for creating their community plan and utilizing the LC and conference information. WCAPT will be providing TA to the State during this portion of the event.	April 30, 2007
West CAPT	Wyoming	Underage Drinking	Wyoming would like to do a similar LC event at the end of June. WCAPT is exploring options for providing intensive	June 2007

			TA to them on this and sharing materials from Arizona.	
Southeast CAPT	Florida	Underage drinking Young adult binge drinking Alcohol related car crashes	Expanded group of Coalition Mentor/Coaches will receive training to assist SPF funded county coalitions in data collection for local logic model development and evidence-based strategy selection as a part of training for supporting SPF funded counties through the steps of the SPF process.	February 26-28, 2007 2.5 days
Central CAPT	Michigan and/or Indiana	Michigan: Alcohol Related Motor Vehicle Crashes, Underage Drinking Indiana: TBD – IN is currently in discussion with CSAP regarding their comprehensive plan and priorities	Both Michigan and Indiana are in the early stages of their SPF SIG, and neither has identified their sub-recipients. Conversations are continuing around Learning Communities with each State as they solidify their comprehensive plans.	Anticipating a Learning Community event with at least one of our possible States in the fall of 2007.

Learning Communities Team Members

SWCAPT– Janette Cline (lead), Marie Cox, Joe Wiese, Dr. Tom James
 NECAPT – Deb McLean Leow (lead), Lisa McGlinchy, Carol Oliver, Chelsey Goddard
 WCAPT – Jill Manit (lead), Eric Albers, Denise Sheehan, Diane Hipp, Joshua Phillip
 SECAPT – Carol Hays
 CCAPT – Vanessa Kittelson (lead), Sheila Nesbitt, Tracy Johnson

Official SAMHSA-Approved CSAP Guidance Document for the SPF SIG Program:
Identifying and Selecting Evidence-based Interventions

Based on the thinking and recommendations of CSAP’s Expert Workgroup on Evidence-based Programming, CSAP/DSD developed a guidance document for SPF SIG Program which is now officially approved by SAMHSA. The document has been published and is

available in print form through the SAMHSA Clearinghouse (Publication No. SMA-4205).

State Epidemiological Outcome Workgroups (SEOW)

Program Mission

A State Epidemiological Outcome Workgroup (SEOW) is a network of people and organizations that bring analytical and other data competencies to substance abuse prevention. In some cases, SEOWs are part of SAMHSA/CSAP's SPF SIG; in areas without SPF SIG funds, CSAP has made funds available to support an SEOW through the Integrated Data for Substance Abuse Treatment Services contract. In addition, through the Technical Assistance to SEOW's contract and the CAPT contracts, CSAP provides technical assistance to support SEOW development and data work in the form of data resources, one-on-one interactions, and multi-State/other cross-State learning opportunities.

The mission of the SEOW is to integrate data about the nature and distribution of substance use and related consequences into ongoing assessment, planning, and monitoring decisions at State and community levels. SEOWs aim to bring systematic, analytical thinking about the causes and consequences of alcohol, tobacco, and illicit drug use to decisions that seek to effectively and efficiently utilize substance abuse prevention resources. SEOW TA aims to guide and strengthen efforts of States and jurisdictions to establish functioning SEOWs, and subsequently gather, analyze, interpret, and apply State and community epidemiological data to prevention decisions.

Program Objectives and Goals

Overall, SEOWs focus on using data to inform and enhance substance abuse prevention practice. Guided by steps of the Strategic Prevention Framework, CSAP's SEOWs examine, interpret, and apply data implications to prevention decisions. In the case of the multi-year SPF SIG sites, SEOWs are active across all steps of the SPF over the funded period (early efforts have focused on Steps 1-3):

1. In *Assessment*, SEOWs aim to identify and analyze a set of epidemiological data elements to describe substance-related consequences and consumption patterns.
2. In *Capacity*, SEOWs can assist the State to collect, analyze, and interpret capacity data, and also provide data and information to key stakeholders to mobilize and enhance State and community resources to address prevention priorities.
3. In *Planning*, SEOWs aim to determine key substance-related problems (i.e., target populations, geographic areas, particular substances), and contribute these findings to broader State discussions about prevention priorities and possibly allocating prevention funding for addressing them.
4. In *Implementation*, SEOWs can work with the State and communities to determine strategies that are aligned with and effectively address identified priorities.

5. In *Evaluation*, SEOWs can contribute to ongoing data collection, organization, and analysis to examine changes over time in substance-related problems and patterns of consumption.

A number of SEOW sites currently without SPF SIG initiatives have begun to build data capacity and infrastructure that will serve to strengthen their data competencies. SEOWs have been funded to focus on building infrastructure (e.g., charter) and develop an epidemiological profile (Step 1, Assessment, with implications for future prevention Planning) that describes substance use and related consequences.

Guided by these SPF Steps and SEOW objectives/tasks, SEOW TA provides support in:

- *Assessment* (developing a SEOW structure and procedures for examining and using data for substance abuse prevention decision making; determining data needs to describe the magnitude and distribution of substance use and related consequences in the State; gathering, analyzing, and summarizing implications from epidemiological and other data that describe need);
- *Capacity* (SEOW assisting the State to collect, analyze, and interpret capacity data, and communicating data implications to key stakeholders to mobilize and enhance State and community resources to address prevention priorities);
- *Planning* (criteria and processes for defining and interpreting data-guided priority problems; using data to define planning models that guide funding allocations to target priorities);
- *Implementation* (support selection of relevant, appropriate, and effective strategies for targeting priority problems); and
- *Monitoring and Evaluation* (developing data capacities and systems to use data in ongoing decisions).

Program Overview: History

To facilitate the use of data in prevention decision-making, SAMHSA/CSAP is supporting SEOWs across all U.S. States, jurisdictions, and tribes and tribal organizations. Nineteen States and two jurisdictions received SPF SIGs funds in September 2004 (Cohort I); five additional States received SPF SIG funds in July 2005 (Cohort II), and 11 States and jurisdictions and 5 tribal entities received SPF SIG funds in October 2006 (Cohort III).

In areas without SPF SIG funding, CSAP had made funds available in 2006 and 2007 to support SEOWs with particular emphases on developing epidemiological profiles and monitoring systems that makes data available for ongoing planning and evaluation. Thirty-one (31) SEOW sub-contracts were established in non-SPF SIG sites in March 2006. Eleven of those States/Jurisdictions were awarded SPF SIG funds (Cohort III), thus, as of March 2007, 20 continue to receive funds to complete the requirements of the SEOW funding. Three additional awards for SEOW funds were made to two territories and one tribal organization. In sum, the SEOW promotes data driven decision-making in the State substance abuse prevention system by bringing systematic and analytical

thinking to guide effective and efficient use of prevention resources and setting of priorities in all States and jurisdictions whether or not they have received SPF SIG awards. This year, six tribes and tribal organizations will receive technical assistance in beginning to implement their SEOW activities.

TA efforts have marched in step with these funding streams. TA to the SPF SIG SEOWs began in September of 2004. These efforts continue to expand in 2006-2007 to include all of the new SPF SIG grantees (Cohorts I, II, and III as well as to the non SPF SIG States and territories).

Budget Overview

CSAP funds the SEOW initiative and the TA initiative to support SEOWs through various funding mechanisms. Within the SPF SIG, each grantee is required to spend \$150,000 on the SEOW effort either directly from SPF SIG funds or in kind. In FY 2005, \$6.7 million supported the SEOW-only initiative and \$1.3 million supported the TA efforts. In FY 2006, \$4.1 million was allocated for the SEOW-only initiative and \$885,000 was allocated for TA.

Targeted Populations

In an effort to use data to inform and enhance prevention practice, SEOWs collaborate with and target State prevention systems involved in substance abuse prevention decision making. SEOW technical assistance efforts target SEOWs and related staff to enhance their capacity to understand and use epidemiological data and findings that emerge from SEOW activities.

Stakeholders

SEOWs involve agencies/organizations and individuals with the requisite data, skills, and/or decision making authority for using data to guide and improve substance-related prevention. Substance use problems pervade a wide variety of domains (e.g., school, traffic safety, crime, and public health), so numerous types of State and local agencies and organizations are likely to hold relevant data. Membership varies, but typically involves substance abuse agencies, public health agencies, including tobacco control, drug enforcement authorities, criminal justice and law enforcement, education, behavioral health, researchers/statisticians, and others representing the history and cultural diversity issues relevant to the context. Overall, SEOWs consist of members who provide the necessary access to data, competencies and skills for analyzing and communicating data implications, and collaborations with those agencies and State/community groups with decision making authority for substance abuse prevention.

Outcome Measures

As SEOW monitoring and evaluation efforts unfold, SEOWs are responsible for gathering, analyzing, and reporting substance-related epidemiological data (including National Outcome Measures and other data as indicated in State Epidemiological Profiles) to examine changes over time in substance-related problems and patterns of consumption.

Key Program Accomplishments

SEOW accomplishments are guided by their mission and objectives as outlined according to the steps of the Strategic Prevention Framework.

All SEOWs have completed or are finalizing development of an SEOW structure (including membership and operating/communication procedures) that aim to connect data to State substance abuse prevention decision making. Stage of development is based on initiation of efforts.

Technical assistance takes on many forms and includes:

- Individual technical assistance to SEOWs in the form of telephone calls, email, document reviews, and site visits/on-site training. One-on-one technical assistance with SPF SIG SEOWs includes:
 - Creating the structure and operations of an SEOW
 - Identifying and accessing epidemiological data on substance related consequences and consumption
 - Analyzing and interpreting such data
 - Organizing data into epidemiological profiles and other efforts to communicate data findings and driven decisions
 - Using data to make prevention decisions in States such as setting priorities in SPF SIG States and developing data guided plans to address these priorities.
- Updates of data available on CSAP's State Epidemiological Data System (SEDS) Web site (<http://www.epidcc.samhsa.gov/>). SEDS contains critical State and sub-State data on substance related consequences and consumption available from national sources. This data is made available to SEOWs for purposes of substance use prevention needs assessment, planning, and monitoring. SEDS provides valuable background and criteria that many States have applied while identifying substance related data relevant to their States.
- Multi-State technical assistance workshops for SEOWs. Three participants from each State have attended each workshop series along with CAPT and CSAP representatives. Workshops include:
 - Three multi-State workshops for Cohort I SPF SIG States (7 at each workshop) were held in March-April 2005, and one workshop for Cohort II SPF SIG States was held in December 2005. Workshops focused on understanding SEOW function and development, selection of substance-related consequence and consumption data elements, analysis and reporting of epidemiological profiles, and criteria and processes for determining priorities based on data.
 - Three multi-State workshops for the SEOW-only States (10-11 States at each workshop) were held in June-July 2006. Workshops focused on understanding SEOW function and development, selection of substance-

related consequence and consumption data elements, and developing epidemiological profiles.

- Two outcome based logic model planning workshops were held for Cohort I SPF SIG States in March and May 2006. A similar workshop for the Cohort II States occurred October of 2006. Workshops focused on applying epidemiological data findings to State Planning and Implementation steps of the SPF and developing logic models to address priorities.
 - SPF SIG Cohort III States attended a combined new Grantee and SEOW workshop in January 2007.
- Formal review of SPF SIG State Plans submitted to CSAP.

Workshop Evaluation Summary

Workshop attendees complete an evaluation form at the end of workshops. All of the workshops (SPF SIG and SEOW only) have received consistently high ratings by participants for process, overall relevance/quality, and utility.

- Over 90 percent of those attending agreed or strongly agreed that the workshops were a valuable use of time, expected to use information and skills gained from this training, and reported overall satisfaction with the workshop.
- Over 90 percent of participants reported that they agreed or strongly agreed that workshops were well-organized, with clear purpose and goals.
- Presenters were rated very favorably, while instruction and learning materials were considered to be both relevant and useful.

SEOW Accomplishments

- All SPF SIG and SEOW-only States have developed an SEOW structure (including membership and operating/communication procedures) that aim to connect data to State substance abuse prevention decision making. All SEOWs funded in March of 2006 have submitted draft and revised final SEOW charters.
- All Cohort I and four Cohort II SPF SIG SEOWs have identified and described the nature, patterns, and distribution of substance use and related consequences in their State/jurisdiction. The remaining one Cohort II SPF SIG State is completing its epidemiological assessment efforts. All SEOW-only sites have developed epidemiological profiles, submitted for feedback on December 15, 2006, and final profiles were received March 15, 2007. They will be updated in February 2008.
- Twenty five (25) SPF SIG SEOWs have completed data-guided prioritization activities and have completed or are finalizing their contribution to SPF SIG State Plans. One cohort II State is in the process of defining SPF SIG priority and one is completing the process of epidemiological needs assessment.
- Twenty-five (25) SPF SIG States have submitted their strategic plans for CSAP's review and twenty-three (23) have been approved by CSAP.

Future Training/Technical Assistance

Through SPF SIG and SEOW-only contracts to date, one-on-one technical assistance continued and multi-State workshops provided and developed resources for SEOWs to conduct epidemiological assessments. The workshops were specifically designed around a “learning community” concept, whereby States would interact with and learn from each other. State feedback highly favors this approach and SEOW recipients have consistently asked for additional opportunities for SEOWs to interact around such issues.

Keeping this workshop feedback in mind, training/TA plans are to:

- Provide multi-State workshops. In mid-2007, workshops will facilitate Cohort I, II and III States’ focus on further developing States’ capacity to monitor substance related consequences and consumption;
- Organize opportunities to address SEOW nominated issues for strengthening and advancing SEOW-related work through a combination of audio-conference calls open to all SEOWs and small group work focusing on specific topics of interest, such as analysis of hospital data, tribal epidemiology, and small area analysis using death data;
- Provide one-on-one technical assistance geared towards a SEOW’s particular stage and needs; and
- Work closely with the SEOW contract officer and CSAP standard operating procedures to support both CSAP and the States further develop States’ data infrastructure and data driven decision making capacities.
- More specifically, workshop plans for continued TA to SEOWs are:

**State Epidemiological Outcome Workgroup
Tentative Workshop Schedule 2007**

Month	Topic	Attendees
April	SEOW Meeting	SEOW- only (23)
June	CSTE	All SEOWs (64)
July	DSP SPF SIG Grantee Meeting	SPF SIG Grantees -SEW Chair, Evaluator, Manager (126)
August	Logic Model Workshop	SPF SIG Cohort III -SEW Chair, Evaluator, Manager (48)
September	Monitoring and Ongoing SEOW Role	All SEOWs (64)

Short-Term/Long-Term Goals

Long term, SEOWs aim to guide development and use of State data/monitoring systems that enable States and jurisdictions to effectively and efficiently (a) measure and monitor substance use and related problems, including the SAMHSA National Outcome Measures, and (b) allocate resources to address priority problems. In the short term, SEOWs aim to enhance current understanding of substance use and related problems, guide identification of priority problems, and assist State decision makers to apply data-guided implications for enhancing substance use prevention.

Program Outlook and Challenges

Thus, according to stages of development, SEOWs and supportive technical assistance will focus on continued capacity building around data collection, analysis, and use (for ongoing planning, implementation, and ultimately monitoring); developing epidemiological profiles for assessment; understanding and applying data for planning decisions; and developing and using data monitoring systems. SEOWs will also focus on integrating their data efforts into comprehensive State and community planning to support strategic implementation activities. As these efforts continue, States and Jurisdictions are experiencing a number of positive outcomes: application of epidemiological principles and personnel into substance abuse prevention, comprehensive examination of substance use (alcohol, tobacco, and illicit drugs), and guiding prevention programming with a focus on the consequences and contributing factors they seek to change. Efforts are also challenged by data access and quality issues, variations in data and analytical capacities across States and jurisdictions, and infusing a data-guided approach into the decision making structure.

Strategic Direction and Vision

SEOWs and supportive technical assistance are working with State prevention partners to build data systems and analytical capacities that position the State to reduce substance use and related problems. Building this kind of system to strengthen substance abuse prevention practice requires attention to data infrastructure as well as technical assistance and support for data syntheses, interpretation, and application. Current and ongoing SEOW efforts are focused on improving data systems (availability, quality, and access); enhancing human and organizational resources and capacities for using them; and fostering collaborative relationships across State and community stakeholders to understand and apply data implications to enhance prevention decision making.

Older Adults

In September of 2006, the Substance Abuse and Mental Health Older Americans Technical Assistance Center (TAC) managed by CSAP held a State planning meeting in with Hawaii, American Samoa, Guam, and the Northern Mariana Islands. At this meeting, participants were able to engage in extensive dialogue regarding planning around older adult behavioral health issues. They were also able to receive training in cultural competence, increasing provider comfort levels, and tools and resources for States/territories to utilize in working with the older adult population. These activities engendered discussion between key State, territory, and Federal stakeholders invested in older adults' behavioral health and long-term planning.

In an effort to ensure the most productive and successful State/territory planning events, the TAC held telephone interviews prior to the face-to-face meetings with representatives from the fields of aging, substance abuse prevention and intervention, and mental health promotion. Each conversation provided TAC staff as well as participants with important information regarding current strengths, weaknesses, opportunities and threats (SWOT) from multiple perspectives and served as the basis for discussions between participants during the 2-day planning event.

Reviews of these events were very positive and the territories are requesting further technical assistance.

The Older Americans TAC is working with SAMHSA's Center for Mental Health Services on a joint meeting focusing on Disaster Planning and Older Adults. This one-day event will take place on May 17, 2007 from 8:30 a.m. and 5:30 p.m., in New Orleans, Louisiana. The Older Americans TAC will work with Mississippi and Louisiana participants including State agency personnel in the fields of aging, substance abuse prevention and intervention, mental health promotion, disaster coordinators, public health, and emergency management. During late March and April 2007, these participants took part in the SWOT assessment (via conference call) of their State resources, programs, opportunities and challenges and their understanding of other agencies. Focusing on the SWOT approach, the Older Americans Center staff, in partnership with SAMHSA, and the Administration on Aging, and leading geriatric experts, will develop integrated SWOT analyses for Mississippi and Louisiana. The critical areas identified in this analysis will serve as the springboard for a day of discussion and planning. Drawing from the SWOT participants, approximately five participants will be selected from each State to attend a SAMHSA-sponsored one-day planning with travel costs handled by the TAC. The goal of this portion of the training is to facilitate participants' growth in knowledge regarding State strengths and areas for improvement along with preliminary planning to bridge the gaps identified and promote collaboration with peers.

Underage Drinking Initiatives

Underage Drinking Prevention: Follow-up to National Town Hall Meetings (THMs)

In spring 2006, over 1,200 THMs were conducted across the Nation in all 50 States, the District of Columbia, and four territories. More meetings were actually held than received funding support from SAMHSA. Communities worked with schools, local media, law enforcement, and other community organizations to conduct the THM. Youth were involved and included in all aspects of the meetings, presenting and talking about the issue, and sharing their ideas to help begin to solve the problem. Recommendations emerged to build on existing efforts and to better utilize CSAP's Strategic Prevention Framework as a guide for directing community efforts.

Media was considered a strong and positive supporter of the THMs. Prior to the events, the media in local communities assisted in promoting the THMs with public service announcements. Frequently, press releases were positioned at the "front of the line" in a busy news environment. After the events, follow-up TV reports, newspaper articles, and related human interest stories appeared in almost every community where a THM took place.

In order to share the varied and innovative THM efforts of communities, a *State Profiles Booklet* was developed and disseminated to the 2006 NPN Prevention Research

Conference attendees as well as e-mailed to Single State Agency Directors, State Prevention Coordinators and other State underage drinking prevention program contacts.

In preparation for a more in-depth assessment of the 2008 THMs, an Office of Management and Budget (OMB) evaluation package was developed to support the gathering of feedback on the 2008 THMs. The 2008 THMs will build upon the 2006 experiences. The evaluation package was shared with the ICCPUD for their feedback prior to submission for OMB clearance.

Underage Drinking Prevention: Partnerships

A related key function under CSAP's underage drinking initiatives is to develop partnerships with entities that can support the cause of underage alcohol use prevention. During this period four presentations or workshops were scheduled at major national conferences:

- "Reach Out Now Teach-In To Prevent Underage Drinking" at the PRIDE 2007 Conference, April 10-13, 2007, in Charleston, West Virginia
- "Targeting young children ages 3 to 6 for early childhood substance abuse prevention: SAMHSA's Building Blocks for a Healthy Future" at the National Head Start Association Training, April 16-18, San Antonio, TX
- "Town Hall Meetings: A Real-World Solution to Underage Alcohol Use Prevention" at the Prevention Research's 15th Annual Meeting May 30-June 1, 2007, in Washington, D.C.

Follow-up to the Reach Out Now/Reach Out Now Teach-In 2006 (RONTI)

For the third consecutive year, SAMHSA in collaboration with Scholastic, Inc. sponsored Reach Out Now National Teach-In (RONTI) during the week of April 3-7, 2006 in conjunction with Alcohol Awareness Month. Over 350,000 fifth- and sixth-grade classrooms received the Special Editions from Scholastic, Inc., discussing the dangers of alcohol use among young people. A new twist to this effort this year (2006) was combining the teach-ins with the community THMs. More than 1,100 organizations conducted over 1,400 teach-ins in their communities.

RONTI Data Collection Efforts: Receive Completed Feedback Forms—The final receipt count for the above RONTI data collection is as follows: 1,334 feedback forms were received from 605 Teach-In sites. A total of 271 sites held multiple Teach-In events. Responses were received from all States, the District of Columbia, and three U.S. jurisdictions (Guam, Palau, and the Virgin Islands). Responses were received from all (12) Too Smart To Start sites.

Reach Out Now 2007

This is the sixth year of Reach Out Now. The materials were developed by SAMHSA/CSAP and Scholastic, Inc., and were based on research supported by the National Institutes of Health's National Institute on Alcohol Abuse and Alcoholism and SAMHSA. The public/private partnership allows SAMHSA to merge its knowledge about underage drinking prevention with Scholastic, Inc.'s reputation for excellence in the development of classroom materials. The Special Edition supplements on preventing underage alcohol use assist teachers and parents to help children make smart and healthy choices that last a lifetime. In addition, the release of the Reach Out Now materials was in support of the Surgeon General's Call to Action to Prevent and Reduce Underage Drinking released in March 2007.

Four State Underage Drinking Prevention Meeting

On October 2-3, 2006, SAMHSA conducted a small meeting of those States (Mississippi, Arkansas, Louisiana, and Texas) that were unable to participate at the large national underage drinking prevention forum in October 2005 because of Hurricane Katrina and other natural disasters. In preparation for the meeting, SAMHSA coordinated conference calls between the State meeting facilitators, SAMHSA representatives, and State team leaders to ensure that issues important to the State were reflected during the meeting as well as during the State Team facilitation process. All attendees were sent pre-meeting packages that included preventing underage drinking State plans from Wyoming, New Hampshire, and Florida, to serve as model plans for the four States. Ten attendees participated from Arkansas, 11 attendees from Louisiana, 9 attendees from Mississippi, and 10 attendees from Texas.

Four-State Webcasts Pilot—To provide additional technical support to the States for the underage drinking prevention efforts, CSAP is piloting a series of webcasts with four States. The intent of each webcast is to assist States in raising awareness of underage drinking with the audience(s) identified by each State. The webcasts for Mississippi, Louisiana, and Arkansas are in the final stages of completion. The video shoots in Texas began in early May 2007 and final production will be completed in the summer. State video coordinators intend to gather feedback on the webcast process to assess its reach and utilization across each State.

Data Coordination and Consolidation Center (DCCC):

The DCCC is in its second year and has thus far completed:

Analysis and data management

- Produced standard operating procedures for data processing and standardization, including an inventory of data housed at the DCCC
- Completed cleaning of FY 2004-2006 CSAP GPRA, NOMs and PART program data

- Produced FY 2006 Accountability Report and draft of FY 2007 Trends and Directions Report
- Edited and submitted final Cost Benefit of Prevention Report (in publication clearance)
- Provided analytic support for PART results needed for Minority Education Institutions and Faith Based activities
- Provided analytic results for short turnaround queries from multiple sources
- Helped define and refine NOMs measures w/ particular emphasis on the SAPT Block Grant FY 2008 application.

IT systems

- Established online data collection, reporting and project monitoring system for HIV Cohort VI
- Supported COMET site for DFC data collection and reporting
- Created preliminary CSAMS public and CSAP staff Web site w/ access to eight legacy Web sites
- Supported State use of MDS and DbB data systems

Training

- Staffed a help center (online and phone) for CSAMS, and COMET
- Trained HIV 6 grantees on online data system
- Developed materials and assisted in training CSAP staff on Federal data requirements
- Developed program specific TOT NOMs binders and provided training for CSAP staff, CAPTs, SPFAs and other contractors in NOMs.

In progress:

- The Accountability report for FY 2007 is in progress as is a longitudinal study of risk and protective factor interaction and clustering using 10 year Department of Education database.
- Development of on-line data entry functions for methamphetamine Cohort III and SPF SIG Cohort III grantees
- Development of search capability for CSAMS
- Development of an online-analytic tool for use w/ DCCC data
- Modification of MDS and DbB to be consistent w/ NOMs data collection and reporting
- Data processing of current and legacy data
- Presentations provided at the American Public Health Association (APHA) and are planned for upcoming NPN

SAPT Block Grant Evaluation

- All 60 SAPT Block Grant (SAPT BG) applications have been approved for FY 2006.

- In response to OMB’s PART assessment that rated SAPT BG “ineffective” in 2003, a multi-year contract to conduct an independent and comprehensive evaluation of the program was subsequently awarded to Health Systems Research, Inc.
- In December 2006, John Park was designated the task order officer for the evaluation.
- A Federal Register Notice to announce the evaluation activity and to invite comments on the proposal dated March 20, 2007 was published on March 27, 2007. (Federal Register Volume 72, No. 58) The deadline to submit written comments to SAMHSA Reports Clearance Officer is May 20, 2007.

SPF SIG Cross-site Evaluation

Primary accomplishments include continued grantee committee work, State Infrastructure and Implementation Interview completion, Community Level Instruments Alpha testing, and on-going State evaluator discussions and ad-hoc consultation.

The New Grantee Meeting for all Cohort III grantees was held on January 23 through 25, 2007 in Bethesda, MD. The meeting was attended by representatives from 10 States, 1 territory and 5 Native American tribal organizations. CSAP is planning a meeting of all 42 SPF SIG grantees on July 17 through 19, 2007. The meeting will be first comprehensive gathering of all parties involved in SPF SIG project. The planning committee for the meeting consists of representatives from DSD and DSP, as well as evaluation contractors and TA providers.

Task Order Management

- *Strategic Prevention Framework State Incentive Grants:* Cohort III of SPF SIG grants were awarded to 16 States, territories and tribal organizations totaling \$145 million over five years to implement to advance community-based programs for substance abuse prevention, mental health promotion and mental illness prevention. These awards are for up to \$2.1 million in the first year and are renewable for up to a total of five years. The total funding for 2006 is \$29 million. Continuation of these awards is subject to both availability of funds and progress achieved by awardees. Grants were awarded to 10 States, 1 territory and 5 tribal organizations.
- The SPF SIG Cross-site Evaluation had recently completed its Year 2 Report in December 2006. The Year 2 Report reviews the cross-site evaluation design, evaluation questions, procedures and methods used for the report, and some preliminary results from the early State-level data collection and analysis by the Westat evaluation team (a copy of the Year 2 report can be made available upon request). Cross-site evaluation for Cohort III will be coordinated by CSAP’s DCCC through a contractual agreement with the Constella Group.
- The SPF SIG Cross-Site Evaluation contract underwent another change in Federal oversight staff at the programmatic level. With departure of Dr. Nikki Bellamy as the project officer, John Park has assumed Project Officer duties for this contract SPF SIG Cross-Site Evaluation with Westat and DCCC.
- Westat continues day-to-day management of the web board—a communication tool for SPF SIG grantees. The web board is the primary mechanism for circulating

draft documents for review and comment by grantee staff and other interested parties including draft data collection forms.

- The SPF SIG evaluation internet site continues to expand as a primary resource to sub-contractors. Documents posted during this reporting period include State strategic plans approved in Cohorts I and II, State Substance Abuse Prevention and Synar System Review reports, and evaluator discussion abstract forms. Data collection forms and documented recordings were posted on the contractor portion of the Web site for use by the evaluation team on the State Infrastructure Interviews.
- The next External Technical Advisory Group meeting is slated to occur in the fall of 2007.

Grantee sub-committee activities

- Environmental Strategies committee is updating the resource binder by conducting additional literature searches for environmental strategies to expand the search criteria and locate literature on strategies that encompass additional topic areas.
- Intervening Variables Committee distributed survey on intervening variable usage to committee members.
- Implementation Fidelity committee completed a draft of the integrated user's guide. Release of the fidelity assessment instrument and user's guide is scheduled for late April.

Evaluation Implementation (includes data collection and instrument development)

- Interview protocols and work plans for the Infrastructure Interviews and SPF Implementation interviews were refined during this reporting period. State Infrastructure Interviews were completed for the States of New Mexico, Tennessee, Louisiana, Washington, Missouri, Rhode Island, Florida, Colorado and Arizona. Summary forms and transcripts are being prepared. Texas and New Mexico respondents reviewed and concurred with interview notes. Interview data, including response codes, were submitted in February and March.
- State Implementation Interviews were completed for the States of Nevada, Maine, New Mexico, and Connecticut.
- Changes were made to the Community Level Instruments in an attempt to reduce respondent burden and to eliminate the need to require community partners to complete an additional questionnaire to collect demographic and cost band information at the intervention level.

Analysis

- Coding of Texas and New Mexico data from the Infrastructure Interviews was revised and extracted from word documents and saved in Substance Abuse Services (SAS) files for future analysis.
- The cross-site evaluation team supplemented the analysis data sets for Year 2 Report from multiple data sources. The SAS files of the National Survey on Drug Use and Health (NSDUH) data values for all SPF SIG grantees were checked and the significance levels of national estimates are being added to the report tables.

Performance Measurement Activities

Methamphetamine

- *Prevention of Methamphetamine Abuse:* SAMHSA announced the award of 10 grants, totaling over \$10.1 million over three years, to help local communities expand evidence-based substance abuse prevention programs and systems to stop abuse of methamphetamine. The 10 awards are for up to \$350,000 in the first year and are renewable for up to three years in all. Total funding for 2006 is just over \$3.4 million. Continuation of these awards is subject to both availability of funds and progress achieved by awardees.
- CSAP held a new grantee meeting for these 10 grantees on November 12-13, 2006.
- Data collection and evaluation of methamphetamine grants are coordinated by CSAP's DCCC through a contractual agreement with the Constella Group.
- Oversight of evaluation underwent another change at the programmatic level. With departure of Dr. Nikki Bellamy as the project officer, John Park has assumed project officer duties to coordinate evaluation activities with DCCC and its contractors.

All PART and GPRA updates have been provided on time for programs included in those reporting requirements. OMB has approved modifying PART measures to be consistent with CSAP NOMs for PRNS programs.

Materials Development

Community Prevention Day

CSAP convened its third annual "Community Prevention Day" on February 12, 2007 at the Washington, DC Convention Center with the theme "Prevention Day: A Focus On Underage Drinking—Communities Connecting and Collaborating."

This unique gathering brought together a record attendance of close to 1,400 CSAP grantees, community organizations, prevention leaders, and public health activists from across the country coming together at one venue to receive training and technical assistance specific to substance abuse prevention, treatment, and mental health; as well as network with other grantees, and partners within their region. These participants also had the opportunity to share experiences and information, establish new relationships in regional networking sessions, and take part in workshops to develop strategic organizational skills.

This year's event included a morning plenary hosted by Dennis Romero that introduced SAMHSA's new Administrator, Terry Cline to the prevention field. The session focused on one of CSAP major program priorities: Underage Drinking, and featured a special

presentation by Heidi Arthur of the Ad Council. In total the day provided participants with 16 different workshops, and a half-day faith-based symposium lead by the CSAP Faith Based Initiative Team.

Family Guide to Keeping Youth Mentally Healthy and Drug Free Web Site

In the past five months, the *Family Guide to Keeping Youth Mentally Healthy and Drug Free* Web site has earned seven national awards for quality and creativity, including the FREDDIE Finalist Award from MediMedia celebrating excellence in health media.

Awards, which are listed on the Web at www.family.samhsa.gov, include:

- World Wide Web Silver Level Health Award
- iNOVA Honor Award from MerComm, Inc.;
- Aesculapius Award of Excellence from the Health Improvement Institute;
- World Wide Web Health Merit Award from Health Information Resource Center;
- W3 Silver Award from the International Academy of the Visual Arts; and the
- WMA Government Standard of Excellence Web Award Web from the Web Marketing Association.

Comparisons

- Family Guide statistics indicate that more people are logging on and looking at numerous articles and activities developed for parents and other caring adults who interact with children ages 7 to 18.
 - The number of unique viewers (60,700) peaked November 2006, with a 119 percent increase comparing 2006 and 2005 fourth quarter averages.
 - During that same time, the average number of page views (1,021,540) increased 212.6 percent between November 2006 and the fourth quarter average in 2005. Thus, when people come to the Web, they are reading several articles.
 - Monthly contact hours also increased 80 percent (24,450 to 13,600).
 - Monthly visits increased 161 percent (135,185 compared to 51,780).
 - Direct traffic increased 202 percent (75,560 to 25,000).
 -

Specifically, the fourth quarter increases from 2003 illustrate the huge growth in 2006:

	Ave. Monthly Unique Visitors	Ave. Monthly Visits	Ave. Monthly Page Views	Direct Traffic	Search Engine Referrals
2003	9,820	20,900	48,830	5,800	6,325
2004	18,500	38,500	145,530	14,850	17,675
2005	24,500	51,780	326,740	2,500	18,650
2006	56,200	135,180	1,021,550	75,560	47,267

In December 2006, the top referrals were Google (42%), MySpace (24%), Yahoo (13%).

Content

In addition to evidence-based articles and factoids to promote good mental health and prevent use of substances by young people, the Family Guide emphasizes interesting and fun ways to encourage family interaction. This Web site offers conversation starters, provides an array of “Fun Coupons” (for one-on-one time for adults to give to young people), suggests encouraging words, lists family activities, and offers free animated e-cards.

This Web site supports the programs of SAMHSA’s SPF and the Matrix by helping adults increase protective factors and decrease risk factors for young people. Articles are based on the SAMHSA parenting principles, which emphasize that parents can make a difference in the choices their children make when parents. The numbers are the December 2006 percentages of total distribution throughout the site:

- Get involved in the child’s life. (29%)
- Establish and maintain good communication. (14%)
- Make clear rules and enforce them with consistency and appropriate consequences. (13%)
- Monitor each child’s activities. (11%)
- Teach children to choose friends wisely. (9%)
- Be a positive role model. (8%)

The “fun coupons” garnered 75 percent of all December 2006 downloads.

* (1) Advertising Age, “Traffic Plummets at Struggling Bud. TV,” April 12, 2007) AB employs a team of marketing experts with a budget of \$2 to \$3 million per year. ‘Bud TV’ is the most aggressive example yet of marketers bypassing traditional TV outlets and using broadband video downloads to bring content directly to consumers.

Making Prevention Work: A Strategic Framework for Success

Making Prevention Work: A Strategic Framework for Success provides an overview of the Strategic Prevention Framework planning process for CSAP grantees or prospective grantees. This book also introduces the SPF to people new to community coalitions and explains evidence-based practices, outcomes-based prevention, SPF concepts, prevention strategies, and evaluation.

Book contents, written in easy-to-understand language, include information about:

- Consequences of substance abuse; turning urgency into action, and National Outcomes Measures.
- SPF principles, cultural competence and sustainability, and how this Framework involves States and communities.
- The five SPF planning steps.
- Risk and protective factors (appendix A)
- Resources for SPF programs and for substance abuse prevention (appendix B).

The book currently is in the clearance process prior to printing.

Too Smart Too Start

The Too Smart To Start (TSTS) public health initiative, which began its fifth year in October 2006 with the 12 communities (sites) across the nation, targets 9- to 13-year-olds and their parents/caregivers. The objectives are to:

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

Communities

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

Location

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

These major updates were made to the TSTS Web site at <http://www.toosmarttostart.samhsa.gov>.

- New section on the Community Resources page. A link to a new page called Local Resources at <http://www.toosmarttostart.samhsa.gov/communities/localresources.aspx>.
- A search function has been added to the site.

Reprints arrived at the National Clearinghouse on Alcohol and Drug Information (NCADI) in the fall for the following TSTS products: the TSTS board game, the Don't Guess....Ask! poster (Male), and the Don't Guess....Ask! poster (Female).

The fourth year final reports were received by July 24 (exception: Pittsburgh required an extension). The reports included outcomes based on the National Outcome Measures, best practices, lessons learned, and recommendations.

CSAP Internet: New Sections and Links

CSAP senior staff bios are now posted on the CSAP Internet from the Contact page at <http://prevention.samhsa.gov/about/contactus.aspx>. Click on the individual's name to link to their bio.

A new section for the Methamphetamine Grants is now available at <http://prevention.samhsa.gov/grants/methamphetamine.aspx>

A new link to Communities That Care has been added to the home page of the CSAP Internet. This link is available on every page of the Web site.

A new link to Helping America's Youth Program Tool Database has been added to the Assessment section of the Web site at <http://prevention.samhsa.gov/assessment/default.aspx>.

Publications: Printed Materials

Identifying and Selecting Evidence-Based Interventions:
Guidance Document for the Strategic Prevention Framework
State Incentive Program

Fetal Alcohol Spectrum Disorders -Materials

Reach to Teach Manual
What Do I Do? Booklet
My Sibling Has A FASD Booklet
Fetal Alcohol Syndrome Disorder Education Program Manual

FASD Fact Sheets:

FASD by the Numbers
How FASD Co-occurs with Mental Illness
FASD and the Criminal Justice System
FASD Among Native Americans
FASD When Your Child Faces the Juvenile Justice System
Effects of Alcohol on Women

Publications: Reprinted Materials

Building Blocks for a Healthy Future Kit
Building Blocks for a Healthy Future: Easy Reader: (Ages 5-6)
Building Blocks for a Health Future: Activity Guide; Coloring Book

Too Smart to Start Board Game
Too Smart to Start: Posters 1. Don't Guess; Female
2. Don't Guess; Male

Tips for Teens Series: Revised
Methamphetamine

Inhalants
Steroids
Hallucinogens
HIV/AIDS
Cocaine
Club Drugs
Heroin
Marijuana

CSAP Communiqué: Keeping Our Eye on Prevention

On March 15, Dennis O. Romero launched the first edition of the *CSAP Communiqué: Keeping Our Eye on Prevention*. This communiqué is as an opportunity to share information on current events, new publications, upcoming trainings, statistics, and a snapshot of what CSAP can do for its grantees and constituents. It is an informal mechanism to strengthen our communications among CSAP grantees. The April edition, focusing on underage drinking prevention, was distributed via email on April 2. In response to the Virginia Tech tragedy on April 16, a special edition of the CSAP Communiqué was distributed via email on April 24. This edition offered a starting point for increasing community awareness about how to effectively deal with the mental health problems and/or substance use issues in the aftermath of a violent event. The May edition was distributed via email on May 3.

Partnership Development

National Association of State Alcohol/Drug Abuse Director Activities

Coordination between NASADAD and CSAP is provided by Tracy Farmer in our Division (In March 2007, this responsibility was transferred back to the Division of State Programs, although the *Prevention Works!* Initiative remains with Ms. Farmer.). CSAP's Acting Center Director and his Leadership team conducted the Leadership Summit at the NPN Research Conference on August 26. The objective of the Leadership Summit is to convene the leadership of CSAP, NASADAD, and NPN to discuss issues of mutual interest on a regular basis. Recent issues, updates and emerging topics were discussed.

The 2005 Exemplary Awards Luncheon was also held at the NPN Research Conference on August 29. Two programs, Youth Action Research for Prevention, Hartford, Connecticut and The ABCs of Secondhand Smoke, Springfield, Missouri, were the awardees. For more information on these programs, visit the following link at http://www.nasadad.org/resource.php?base_id=787.

- **NPN Prevention Research Conference**—CSAP staff disseminated “Start Talking Before They Start Drinking” kits for dissemination at the SAMHSA exhibit booth and the Underage Drinking Prevention: Town Hall Meetings

workshop session. Documents in the kits: *Reach Out Now*, *Reach Out Now* Teach-In, Too Smart To Start, Town Hall Meetings, and State profiles booklet.

- **Enforcing Underage Drinking Laws (EUDL) Conference**—“Start Talking Before They Start Drinking” kits were disseminated at the conference at the SAMHSA exhibit booth.
- **Red Ribbon Week Mailing**—As part of an ICCPUD activity, underage drinking prevention materials from all Federal partners were packaged into a Red Ribbon Week information packet and sent to all THM participants, National Prevention Network members, Single State Agency members, and State points of contact.
- **Marvel Comics Ads**—Two promotional print ads, expressly for use by Marvel Comics, were developed. Both ads were targeted to children between the ages of 9 and 11. One ad featured the Too Smart To Start initiative’s products and Web site address. The other ad featured a combination of age-appropriate materials from the ICCPUD agencies. The ads are featured in a Marvel Comic book focusing on alcohol use prevention, which has been disseminated throughout the Nation’s school system.

CSAP/NPN Prevention Works!

CSAP’s collaboration with the NPN Public Information and Media (PIM) Committee continues to produce important training materials for the NPNs and their State and local prevention specialists.

- The *Preventions Works!* monthly conference calls with the NPN PIM committee were held on July 11, August 8, September 12, October 10, November 14, December 12, January 9, February (canceled due to CSAP’s Prevention Day), March (canceled due to technical difficulties), April 10, and May 8. Some of the topics discussed were SAMHSA/CSAP’s Underage Drinking Prevention Initiatives, ONDCP Media Campaign updates, SAMHSA/CSAP Community Prevention Day, *Prevention Works!* resource kits and other PIM business. Minutes are available on the *Prevention Works!* password-protected Web site.
- The PIM Committee met at the NPN Research Conference in Lexington, Kentucky on August 29. The draft *Prevention Handbook* (a revision of the 2001 *Prevention Background*) was distributed for review by the PIM committee. Gem Benozza, ONDCP National Youth Anti-Drug Media Campaign Deputy Director, presented for Robert Denniston.
- The Rapid Response Advisory on the 2005 National Survey on Drug Use and Health was mailed to NPN members and posted on the *Prevention Works!* password-protected Web site on September 29th.

- The final version of the *Prevention Handbook* was distributed to the NPN PIM committee in late December 2006. This handbook provides States and communities with information about substance abuse prevention, NPN's history and mission, and the resources SAMHSA/CSAP and others offer to support comprehensive, evidence-based substance abuse prevention nationwide. Electronic files of the handbook are available to the NPNs on the *Prevention Works!* password-protected Web site.
- The Rapid Response Advisory on the 2006 Monitoring The Future Study was mailed to NPN members and posted on the *Prevention Works!* password-protected Web site on January 19th.
- The PIM Committee met informally at CSAP's Prevention Day on February 12th. The next in-person meeting will be at the NASADAD Annual Meeting in Burlington, Vermont, June 7 to 10th.
- The draft version of the *Talking About Prevention Resource Kit* was distributed to the NPN PIM committee for their comments in May. This new kit offers tools, information, and suggestions to help NPN members take advantage of opportunities to talk about prevention, including both informal and formal encounters with decision-makers, media, community leaders, and constituents.

IHS/SAMHSA National Behavioral Health Conference

CSAP will sponsor several workshops at the upcoming IHS/SAMHSA National Behavioral Health Conference in Albuquerque, New Mexico, June 11 through June 14. Topics will include Older Adults, Underage Drinking Prevention, Fetal Alcohol Syndrome Disorders, SAMHSA/CSAP's Strategic Prevention Framework and Evidence-based Programs (NREPP). CSAP is also responsible for the evaluation of the conference.

OTHER

DSD employees continue to be involved in SAMHSA-wide activities. For example, Nancy Kennedy is a CSAP representative on the SAMHSA Cultural Competency and Eliminating Disparities Work Group headed by Dr. Larke Huang. The members of the work group received a Group Award for their efforts in planning internal and external activities to meet the mission of the Work Group. Similarly, Ms. Kennedy represents CSAP in meetings involving not only electronic health records but also the work of Health Level Seven (HL7), a [Standards Developing Organization](#) that is accredited by the [American National Standards Institute](#). Ms. Kennedy also participates in four other SAMHSA Matrix groups: SPF; Co-occurring Disorders; Suicide Prevention and Seclusion and Restraint. She is working with CSAP's Andrea Kamargo and SAMHSA's Nancy Brady in the mid-course revisions of the appropriate sections of Healthy People 2010.

**DIVISION OF STATE PROGRAMS
(DSP)**

**STRATEGIC PREVENTION FRAMEWORK STATE INCENTIVE
GRANT PROGRAM**

CSAP's Division of State Programs oversees SAMHSA/CSAP's SPF SIG Program. Made up of 42 grants to date, the flagship program provides funding to States, territories and tribal organizations to implement SAMHSA's SPF. The SPF SIG Program is intended to build a solid foundation for delivering effective, community-based substance abuse prevention programs, policies and practices.

The SPF is built on a community-based risk and protective factors approach to prevention and a series of guiding principles that can be utilized at the Federal, State/tribal and community levels. The SPF requires grantees to systematically assess their prevention needs based on epidemiological data, build their prevention capacity, strategically plan for and implement effective community prevention programs, policies and practices, and evaluate their efforts for outcomes.

Cohort III SPF SIGs Awards: 16 New Grants Awarded in September, 2006

In September of 2006, SAMHSA/CSAP awarded 16 grants to States, Territories and (for the first time) to Tribal organizations totaling \$145 million over five years to implement SPF SIGs to advance community-based programs for substance abuse prevention, mental health promotion and mental illness prevention. Grants were made for up to \$2.1 million in the first year and are renewable for up to five years. The total funding for 2006 came to \$29 million. (Continuation of these awards is subject to both availability of funds and progress achieved by grantees.)

Cohort III SPF SIG awards were made to the following States, Territories and Tribal organizations:

American Samoa Government, Pago Pago -- \$1,313,095 in the first year to develop Fa'a Samoa (the Samoan Way). This program includes comprehensive, integrated, strategic prevention framework-focused, data-driven, and community-based substance abuse prevention activities for American Samoan youth and families.

The Cherokee Nation, Tahlequah, Oklahoma -- \$2,093,000 in the first year to forge a comprehensive, data-driven, community-based integrated system of prevention across the nation. This substance abuse prevention system will provide the infrastructure for delivering and sustaining effective, efficient, and culturally appropriate substance abuse prevention services to American Indian citizens who live in the area served by the Tribe.

Cook Inlet Tribal Council, Inc., Anchorage, Alaska -- \$1,633,546 for the first year will support a tribal infrastructure development project to establish a solid foundation for delivering and sustaining effective substance abuse prevention services for the Anchorage tribal community.

Georgia Department of Human Resources, Atlanta -- \$2,093,000 for the first year will support an extensive State/local collaboration to build and implement a data-driven prevention system that provides tools and supports to promote substance abuse prevention and health promotion. The program will create unified structures for local planning and programming, and provide guided funding for local delivery of evidence-based prevention strategies statewide.

Grand Traverse Band of Ottawa and Chippewa, Peshawbestown, Michigan -- \$513,831 for the first year to work in partnership with the Michigan Public Health Institute's Center for the Collaborative Research in Health Outcomes and Policy to implement, evaluate, and sustain a strategic prevention framework-focused substance abuse prevention effort among the population of the Grand Traverse Band. The program is designed to prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking.

Great Lakes Intertribal Council, Inc., Lac du Flambeau, Wisconsin -- \$1,104,835 for the first year to develop and implement the Great Lakes Intertribal Council Strategic Prevention Framework State Incentive Project to help the 11 tribes of Wisconsin build the infrastructure and capacity needed to better prevent substance abuse in their communities, with an emphasis on underage drinking.

Hawaii Office of the Governor, Honolulu -- \$2,093,000 in the first year will enable Hawaii to build and implement a coordinated, comprehensive approach to substance abuse prevention based on the strategic prevention framework model of community-based prevention that helps ensure that prevention is the first line of defense against illegal drug use and underage drinking. The program establishes effective alcohol and other substance abuse prevention efforts that are evidence-based, culturally appropriate, and sustainable.

Kansas Office of the Governor, Topeka -- \$2,093,000 for the first year will support the Substance Abuse Prevention for the Twenty-first Century project to build on existing interagency efforts, to address identified service gaps and policy needs, and to build the coordinated infrastructure at the State and community levels. Together these activities will result in more efficient and effective deployment of prevention resources that will have a positive effect at the level of the individual, community and State on substance abuse and related problems.

Commonwealth of Massachusetts, Boston -- \$2,093,000 in the first year will support the Massachusetts Collaborative for Action, Leadership, and Learning (Mass CALL2), which is working at the State and community levels to: prevent the onset and reduce the progression of substance abuse including underage drinking; reduce substance abuse and related problems; and promote mental health in communities statewide. The program will build substance abuse prevention and mental health promotion capacity and infrastructure at the State and community levels.

Mississippi Office of the Governor, Jackson -- \$2,093,000 in the first year to build on Mississippi's recent success of cross-agency collaboration at both the State and community levels to address identified infrastructure and program gaps in substance abuse prevention activities. The program will build on existing known needs, improve cultural competencies, initiate an underage drinking initiative, and target substance abuse prevention resources to areas of identified greatest need.

Native American Health Center, Inc., Oakland, California-- \$1,455,143 for the first year to support the One with All program to expand the capacity of Northern California tribal organizations to provide culturally appropriate, evidence-based substance abuse prevention services for American Indians and Alaska Natives in the region. Built on the principles of the strategic prevention framework, it will include not only a needs assessment and development of a comprehensive strategic plan, but also an in-depth evaluation of the approaches utilized and their impact on the growing community.

Nebraska Office of the Governor, Lincoln -- \$2,093,000 for the first year to produce sustained outcomes in preventing the onset and reducing the progression of substance abuse and related mental disorders and other problems among Nebraskans by developing sustainable, coordinated, and data-driven prevention systems at the State, sub-State and local levels that include effective needs assessment, mobilization, planning, implementation and evaluation processes.

New Jersey Office of the Governor, Trenton -- \$2,093,000 for the first year to implement a strategic prevention-framework-oriented system of substance abuse prevention activities that integrates State and local efforts, under the aegis of the State Department of Human Services/Division of Addiction Services, building and utilizing a common set of goals, expectations and accountabilities throughout the substance abuse prevention infrastructure.

Pennsylvania Department of Health, Harrisburg -- \$2,093,000 in the first year to coordinate and implement enhancements to the substance abuse prevention infrastructure, service capacity, and service systems. The program will build an interagency substance abuse prevention coalition across the State to focus on both underage drinking and drug abuse, with common goals, and a standardized reporting system based on the principles of the strategic prevention framework.

Utah Department of Human Services, Salt Lake City -- \$2,093,000 in the first year to continue the State's transformation of its substance abuse prevention services into a statewide, integrated comprehensive, data-driven, culturally competent, seamless, and sustainable system that is based upon the six guiding principles and five steps of the strategic prevention framework.

Wisconsin Office of the Governor, Madison -- \$2,093,000 for the first year for a program that combines the comprehensive strategic prevention initiative model with existing State and local efforts to prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking; to reduce substance abuse-related problems in communities; and to build prevention capacity and infrastructure. This project joins with the Governor's Kids First Initiative and the Healthiest Wisconsin 2010 State Health Plan.

SPF SIG New Grantees Meeting (Cohort III) Held in January, 2007

This well received meeting was designed to enhance the ability of the latest group of SPF SIG Grantees (Cohort III) to meet the goals and challenges of their grant projects. Presentations by CSAP staff were designed to guide grantees through the first year requirements and milestones of their grant. SPF SIG participants included the SPF SIG Project Directors, the State Epidemiological Workgroup Chairs, and the SPF SIG Lead Evaluators.

SPF SIG National Grantees Meeting (Cohorts I-III) Held in July, 2007

This learning community event brought together SPF SIG Cohort I, II and III grantees to discuss topics of interest and concern to each cohort as well as to the entire group. The meeting was primarily made up of multiple breakout sessions, facilitated by CSAP and SPF SIG grantees, which offered interactive discussion, panel presentations and dialogue. The predominant theme was to allow grantees to gain new insights and ideas and explore innovative strategies and concepts through the sharing of lessons learned and case by case examples. SPF SIG participants included the SPF SIG Project Directors, the State Epidemiological Workgroup Chairs, and the SPF SIG Lead Evaluators.

SYNAR AMENDMENT

The Synar Amendment (Section 1926 of the PHS Act) was established as Federal legislation in 1992 to restrict the sale and distribution of tobacco products to youth under the age of 18. SAMHSA/CSAP developed the implementing regulations in 1996 (45 CFR Part 96) and is responsible for administering the requirements of the Amendment.

State Annual Synar Reports

DSP has completed its review of all 59 FFY 2007 State Annual Synar Reports.

Based on this review, 49 States, the District of Columbia, and 5 U.S. Territories (American Samoa, Guam, Micronesia, Northern Mariana Islands, Puerto Rico) met the annual Synar target rate for FY 2007. One State, Massachusetts, reported a tobacco sale violation rate of 22.7 percent, which is higher than the State's target rate of 20.0 percent; however, given its reported rate is an estimate based on a sample of all tobacco retailers across the State, Massachusetts was found to be in substantial compliance with this regulatory requirement since SAMHSA provides a 3 percentage point margin of error for such sample estimates. Three U.S. jurisdictions (Marshall Islands, Palau, and the Virgin Islands) did not comply with all Synar regulatory requirements. Specifically, the Marshall Islands and the Virgin Islands neither conducted the required annual Synar inspections nor provided evidence that they enforced their tobacco access laws in FY 2006. Palau reported a retailer violation rate of 37 percent, which is 17 percent higher than its negotiated target rate of 20 percent; however, PHS Act Sec 1933(c) allows a US Jurisdiction, other than Puerto Rico and the District of Columbia, to apply for a waiver of the penalty for Synar noncompliance.

FY 2007 Synar Compliance

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

Synar National Meetings

8th National Workshop CSAP convened the 8th National Synar Workshop in Gaithersburg, Maryland from September 14-15, 2006. The well attended meeting featured a session chronicling “A Brief History of Tobacco and the Media” among many others of interest to the tobacco control and prevention field. Poster sessions from the various States spurred participants to engage in valuable discussion and networking.

9th National Workshops The 9th National Synar Workshops will be held in August and October, 2007, in Indianapolis, Indiana and Salt Lake City, Utah, respectively. The theme for this year’s National Meeting is “The Next Ten Years: Collaborating for Innovations in Synar Compliance and Enforcement.” Participants will include the Synar lead and the SSA Director or designee from each State and US Jurisdiction, and marks the first ever Annual Synar Workshop convened in collaboration with the CDC’s Office on Smoking and Health. This event celebrates a decade of steady progress in achieving Synar performance goals and provides States an opportunity to share innovative methods for planning and implementing effective youth tobacco access reduction strategies for sustaining compliance with the tobacco retailer violation rate target of 20%, as well as to implement new strategies to reduce these rates even more, so as to contribute more to State general tobacco prevention successes.

Synar Coverage Survey Requirement

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

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

In their 2007 annual Synar report, 23 States reported they had completed a coverage study in calendar year 2006 and 25 States reported they plan to conduct a coverage study this year. The remaining 3 States conducted a coverage study according to the requirement that one is completed in the three years prior to September 30, 2007. A total of 9 States have received technical assistance on coverage studies between October 1, 2006 and May 1, 2007.

Other Synar Efforts

The Synar Sampling Support task was added to the Strategic Prevention Framework Advancement and Support activities Task Order in FY 2006. Under this task, expert statisticians review States' annual Synar reports for sampling and statistical issues, and advise DSP on questions that may affect reliability or validity of the Synar surveys. This sampling review helps CSAP State project officers work with the States to validate the Retailer Violation Rates that States report as a condition for receipt of federal SAPT Block Grant funding.

SAPT BLOCK GRANT APPLICATIONS

For the Synar portion of State FFY 2007 SAPT Block Grant applications, all 59 Annual Synar Reports have been approved. In addition, the Secretary found no State out of compliance with the Synar regulatory requirements.

For the Prevention portion of the FFY 2007 SAPT Block Grant applications, all 60 SAPT Block Grant applications have been approved.

State Workforce Development

CSAP implemented the third Prevention Leadership Academy (PLA) event for State National Prevention Network members in Houston, TX. CSAP made use of extensive input from the NPN Workforce Development Committee and Executive Committee to design this ongoing series of leadership events for State prevention leadership development. The focus of the PLA was on experiences and skills NPNs need to adapt and exert leadership in continually changing national, State, and local environments.

Site Visits (State System Reviews)

Since January, 2007, CSAP has conducted combined prevention and Synar system review site visits in 7 States and Territories. A total of 7 more system reviews are scheduled between now and the end of the fiscal year.

Pacific Island Jurisdictions Activities

Technical Assistance/Support During this Reporting Period:

National Synar Workshop (2006)

Lodging and travel to Gaithersburg, MD in September 2006 to attend meeting.
(11 participants from American Samoa, Guam, Marshall Islands, Federated States of Micronesia, Northern Mariana Islands and Palau.)

CSAP Prevention Day (2007)

Lodging and travel to Washington, DC to attend meeting.

(4 participants from Federated States of Micronesia, Guam, Northern Mariana Islands, and Palau.)

CSAP Prevention Leadership Academy (2007)

Lodging and travel to Washington, DC to attend meeting.

(5 participants from American Samoa, Guam, Marshall Islands, Northern Mariana Islands, and Palau.)

Pacific Jurisdiction Technical Assistance Workshop (2007)

Lodging and travel to Bethesda, MD to attend meeting.

(4 participants from Federated States of Micronesia, Guam and Marshall Islands.)

National Synar Workshop – October, 2007

Lodging and Travel to Salt Lake City, UT to attend meeting.

(1 participant from each of the Pacific Jurisdictions will be funded to attend this meeting.)

**DIVISION OF WORKPLACE PROGRAMS
(DWP)**

A. Organizational Changes

Charles Reynolds, Lead, GIS, left DWP to Division of Systems Development in a CSAP reorganization, August, 2006.

Betty Matthews, Secretary to the Director, retired October 2006.

Dr. Sean Belouin, Pharm D., LCDR, PHS, joined the Drug Testing Team, January 2, 2007.

Deadrae Nicholson joined the Division of Workplace Programs as Secretary to the Director, February 5, 2007.

Forest Crumpler joined the Division of Workplace Programs as a Summer Intern in June 2007.

Drug Testing Advisory Board Members:

Drs. Robert Turk and Louis Baxter were appointed as new members of the Drug Testing Advisory Board in December 2006. Dr. Turk is the Director of Forensic Toxicology at the Center for Toxicology Services, Inc. Dr. Baxter is the Executive Medical Director for the Professional Assistance Program of New Jersey.

B. Update on Program Activities

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

The Division of Workplace Programs established the NLCP contract to manage the initial and ongoing certification of laboratories engaged in federally mandated workplace drug testing for Federal agencies. This requirement for maximum quality assurance in forensic drug testing was first directed by Executive Order 12564 and Public Law 100-71, 19 years ago and is still required. On April 13, 2004, proposed revisions to the Guidelines were published in the Federal Register that would allow Federal agencies to go beyond urine testing and include workplace testing for hair, oral fluid, and sweat specimens as well as to allow on-site testing of urine and oral fluid specimens. The proposal is predicated on scientific advances that will allow the use of these alternative/complementary biological matrices and drug testing technologies to be used with the same level of confidence that has been applied to the use of urine. The proposed changes indicate when these alternative specimens and testing devices may be used, the procedures that must be used in collecting specimens, and the certification process for

approving a laboratory to test these alternative specimens. The proposed revisions, as published in the Federal Register, were open for a 90-day public comment period. More than 2,000 separate comments were received from 285 commenters. All comments were evaluated, and recommendations for the final text for both technical and administrative were prepared and submitted for review and action at higher levels of Federal government.

Federal Drug-Free Workplace Program – Federal Agencies

DWP works closely with the Office of National Drug Control Policy and the Department of Justice (DoJ) to fulfill their shared policy setting and oversight responsibilities in the operation of the Federal Drug-Free Workplace Program (DFWP). During this period, DWP was instrumental in the issuance of a very important memorandum from the Director, ONDCP to all Federal agencies, reinforcing the importance of the Federal DFWP. The letter encouraged the agencies to assure their DFWPs were operating effectively and consistently. The letter also commended DWP for doing an outstanding job of working with the Federal agencies to ensure compliance with Federal DFWP requirements.

DWP continues to coordinate requests from numerous Federal agencies to make modifications to their Drug-Free Workplace Program plans. DWP works closely with the ONDCP and the DoJ in reviewing these requests to determine appropriateness before recommending concurrence. DWP also continues to work with personnel from all the Federal agencies in the Executive Branch to gather data summarizing their DFWP activities.

DWP has established a close and ongoing working relationship with the department level officials of the Department of Homeland Security (DHS) who are working on how best to structure and implement the DFWP within the Department. DWP has met with DHS officials on numerous occasions concerning their draft DFWP plan, and is currently closely involved in considering the concerns of DHS components. DWP is providing advice and technical assistance to those officials as this process moves closer to the goal of achieving a certified DHS-wide DFWP.

Papers and Findings

Worker Substance Use and Workplace Policies and Programs. On July 15, 2007, Office of Applied Studies published a 188-page report presenting data on several issues related to worker substance use, attitudes, drug testing, and workplace policies and programs. Data are presented on (a) fulltime workers substance use by demographics, geographic characteristics, occupations, industry, and establishment size, (b) availability of drug information programs and policies in the workplace, (c) prevalence of drug testing pre-hire and randomly after hire by workers' alcohol or drug dependence and by workplace size, and (d) workplace behaviors and attitudes toward drug testing by worker demographics. [NCADI inventory SMA number 07-4273.] The publication can be

found at <http://oas.samhsa.gov/work2k7/toc.cfm> and at the Workplace Resource Center's Web site (<http://workplace.samhsa.gov>) under Resources.

Following the publication, there was a SAMHSA press release (<http://www.samhsa.gov/newsroom/advisories/070713survey0610.aspx>) as well as public radio, and news media interviews with DWP Director, Robert Stephenson. Multi-media presentations were well over 700 national/international locations including news reports, and internet blogs and commentary. Additionally, the story appeared on CBS Evening News with Katie Couric on July 16, 2007.

Conferences, Meetings, Drug Testing Advisory Board and Medical Review Officer Training

Charles LoDico went on a NLCP lab inspection at the South Bend Medical Foundation, South Bend, Indiana, July 12-14, 2006.

Dr. Donna Bush gave lectures to medical review officers at the ASAM MRO certification course in Phoenix, AZ July 21-22, 2006.

Robert Stephenson and the Drug Testing Team attended the Society of Forensic Toxicologists annual conference and presented our annual Laboratory Inspectors Workshop, October 2-9, 2006, in Austin, TX.

Dr. Deborah Galvin presented several papers on the Young Adult in the Workplace grant program and GetFit.SAMHSA.GOV and served as a participant at the annual APHA conference Boston, Mass. November 4-9, 2006.

Robert Stephenson, Dr. Donna Bush and the Drug Testing Team held a Drug Testing Advisory Board meeting on December 12-13, 2006 in the SAMHSA building.

Dr. Donna Bush and the Drug Testing Team went to RTI for a quarterly site visit to our NLCP contractor, Research Triangle Institute, Chapel Hill, NC on January 8-12, 2007.

Dr. Donna Bush participated in the annual meeting of the Educational Development Committee of the Medical Review Officer Certification Council, January 20-21, 2007, in Orlando, Florida.

Dr. Donna Bush attended the annual meeting of the American Academy of Forensic Sciences in San Antonio, Texas, February 20-23, 2007.

Charles LoDico went on a NLCP lab inspection at the VA Hospital Laboratory, Minneapolis, MN, February 28-30, 2007.

Dr. Sean Belouin attended the HHS Crisis Emergency Risk Communication Conference in Washington, DC on March 16, 2007.

Ron Flegel was a participant on the NLCP inspection at the Quest Diagnostics Laboratory, in Atlanta, GA, March 21-23, 2007.

Dr. Donna Bush and the Drug Testing Team went to RTI for a quarterly site visit to our NLCP contractor, Research Triangle Institute, Chapel Hill, NC on March 26-29, 2007.

Dr. Deborah Galvin went on site visits to Young Adult in the Workplace cooperative agreements including: ISA Associates in Manhattan, NY, January 28-30, 2007; OWLS in Ft. Worth, TX on March 6-9, 2007; RMC in Portland, OR, April 15-19, 2007.

Dr. Donna Bush and Dr. Sean Belouin went on a NLCP lab inspection at Fort Meade, Maryland, January 2007.

Dr. Sean Belouin went on a NLCP lab inspection at Quest Diagnostics Lab, Raritan, NJ, May 16-18, 2007.

Ron Flegel, Drug Testing Section, and Bill Sowers, Workplace Helpline, presented an illustrated lecture and discussion to a Risk Control Conference entitled, "Substance Abuse and Violence: Hidden Dangers in the Workplace." Following the Workplace Violence portion, Ron reviewed the drug testing process and Bill promoted the Drug-Free Workplace concept to 50 safety, legal, risk control, and human resource supervisors and managers in Greenbelt, Maryland. The conference was sponsored by Riggs, Counselman, Michaels, and Downes, Inc., Insurers, of Baltimore, Maryland, on May 22, 2007.

Charles LoDico went on a NLCP lab inspection at the Baptist Medical Center, Little Rock, AR, May 30 to June 1, 2007.

Dr. Deborah Galvin attended to the Society for Prevention Research conference in Washington, DC, and led a round table on Young Adults in the Workplace on May 30 to June 1, 2007.

Dr. Deborah Galvin attended the Indian Health Service/Substance Abuse and Mental Health Service Administration National Behavioral Health Conference in Albuquerque, NM and provided 2-hour training on Prevention in Health and Wellness Programs including interactive programs on June 5 – 8, 2007.

Dr. Donna Bush and the Drug Testing Team went to RTI for a quarterly site visit to the NLCP contractor, Research Triangle Institute, Chapel Hill, NC, June 25-28, 2007.

Dr. Sean Belouin went on a NLCP lab inspection at the South Bend Medical Foundation, INC. in South Bend, IN, July, 2007.

Workplace Helpline

The Workplace Helpline (1 800 WORKPLACE) continues to provide unique resources, information, and technical assistance to employers and the public whose activities are related to Drug-Free Workplaces, health/wellness programs having substance abuse prevention components, and drug testing issues. Those calling into the toll-free telephone-based service for assistance included large to small employers, managers, union officials, and operators of community-based substance abuse prevention programs, who were concerned with the development and implementation of workplace substance abuse prevention initiatives and programs across the nation. The Workplace Helpline Specialist uses telephones, Web sites, faxes, and e-mail to disseminate information and responses to myriad policy and workplace substance abuse prevention situations and problems.

On July 16, 2007, the synergy of the release of the publication, *Worker Substance Use and Workplace Policies and Programs*, simultaneously with updated resources for the *The Drug-Free Workplace Kit*, has been remarkable. The statistically documented press release and media coverage included factual eye-openers for business owners and managers that precipitated an immediate need for guidance. That guidance is now available at the fingertips of anyone with a computer. The updated resources available within the Kit provide exceptional guidance. Although calls to The Helpline average 20 – 25 calls per day, an increase is expected in the future.

Workplace Substance Abuse Prevention Special Populations and Applications

Young Adults in the Workplace Cooperative Agreement and Cross-Site Analysis

Six Young Adults in the Workplace (YIW) grantees began Phase II of the study on October 1, 2006. DWP, with support from the cross-site evaluation team, conducted a site visit to each grantee during the first and second quarters of the fiscal year. The cross-site team, in conjunction with DWP, created site visit protocols and updated evaluation templates in preparation for these visits. The steering committee has met via conference calls on a quarterly schedule to coordinate subcommittee, implementation, and data collection and analysis activities.

Five of the grantees have begun collecting baseline data and implementing their programs on independent but coordinated timelines. By the end of May 2007, four of the six grantees had collected baseline NOMs data and submitted the data to the YIW Coordinating Center. The Center submitted aggregated NOMs data (n = 780) to DWP and DWP submitted the NOMs baseline data to CSAP.

In May, representatives from each steering committee entity, along with DWP staff, presented preliminary process findings at the Society for Prevention Research Conference in Washington, DC. The cross-site evaluation contractor is currently working on two papers to support this initiative: one which recently received Institutional Review Board approval for a secondary analysis on the co-morbidity of mental health and substance use, and another that examines stress and mood management in the workplace.

In addition to the activities listed above, the following products and activities have been completed since the last report:

- Updated YIW briefing book
- Created map of grantee sites
- Completed technical assistance calls with all grantees
- Reviewed grantee documentation for economic evaluation
- Submitted cross-site evaluation Institutional Review Board package and received approval
- Revised data file specifications for YIW cross-site survey
- Developed a protocol for cross-site survey data cleaning and provided technical assistance to grantees to clean their site-specific data
- Provided technical assistance and sample tables for administrative records data
- Developed list of and submitted abstracts to future conferences
- Presented project at Indian Health Services/SAMHSA conference in Albuquerque, NM
- Updated YIW one-page initiative summary for dissemination
- Updated YIW one page grantee program summaries for dissemination

- Maintained information management systems
- Incorporated grantee process findings into dissemination materials

The following is a summary of process findings from the program's grantees:

- It is important to get support and feedback from all levels of management (e.g., administrative staff, union representatives and department heads)
- Stakeholder involvement is important to securing workplace commitment
- Focus groups with young adult employees provided helpful insights. For example, young adults acknowledged the importance of building stress management skills, learning the connection between work and health behaviors, and addressing specific issues related to the accessibility of prescription drugs
- Understanding a specific worksite's culture is essential to the development of a recruiting and training strategy with top-down involvement ensuring motivated recruitment and participation
- Understanding the importance of the context and culture (including socialization), the training schedules, and venues all must be adapted to the target population
- Adaptation of materials to worksite, including existing training materials, ensures relevance, retention, and bolsters involvement
- Significant numbers of program participants have found the program to be useful, engaging, and appropriate
- Participants have indicated that they will use the activities and materials both at work and in their personal lives
- "Awareness" training has a strong impact
- Conducting research in academic medical centers can pose a number of challenges
- For the implementation strategy, occupational intervention for work where mistakes may be catastrophic is imperative

The cross-site evaluation contract has had a significant reduction of funding and will not be able to produce the level of work formally described. The initiative and supporting contract will continue to operate and attempt to produce valid and reliable results with the funding available. Additionally, there is no funding available for the final year of the grant program which is the critical period for the analysis of the outcome data.

Workplace NREPP Programs

Dr. Joel Bennett, from Organizational Wellness & Learning Systems, Inc. (Fort Worth, TX) and developer of the NREPP model program, "Team Awareness", is working with SAMHSA to assist the National Guard to adopt the program for a new project within the Guard entitled "Prevention, Treatment, Outreach" (PTO). The PTO Initiative, directed by Lt. Col. Johnny Boatman, National Guard Bureau, with the mission of bringing prevention services to guard members, has been partnering with Dr. Bennett since February, 2007. To date, Dr. Bennett has provided certification training to 12 pilot States (approximately 15 prevention coordinators), technical assistance, action plan coaching, needs assessment, and process evaluation as the guard adapts the new program, which is currently titled, "Team Readiness." The new program places a strong emphasis on

prevention, using the SAMHSA treatment locator, and additional capacity building support from SAMHSA and CADCA.

CADCA Partnership

CADCA along with CSAP and DWP continue to collaborate in bringing more employers and businesses into the existing Community Coalition process nationally.

CSAP Workplace Resource Center Web site

The DWP Workplace Resource Center Web site continues to enhance and add content materials. Significant additions have been added in drug testing, drug-free workplace programs, young adults in the workplace, and health/wellness. The Web site continues to be monitored for working links and older articles and materials are archived. The organization of the Web site has continued to be responsive to the needs of the users and has been recently updated to address new needs. The updated resources in the Drug-Free Workplace Kit now connect to GetFit.SAMHSA.gov. Links to Federal agencies with workplace materials have been added. The workplace Web site has had over one million visitors to the Web site from July 2006 to July 2007, with the most frequent visits to Drug Testing and the Drug-Free Workplace. The most popular document to download is the Current List of Certified Labs. Although most people visit the site one time, there are sufficient numbers of visitors more than 10 times a month indicating there are stable users on the Web site. Due to a continued significant 40% reduction in funding, the contract will not be able to produce as much as previously expected and there has been a modification to the contract reflecting a reduction in deliverables and amount of work.

In the next month, it is expected that the Workplace Resource Center Web site will add the health/wellness interactive training program researched by ISA's Drs. Royer Cook and Rebekah Hersch. *Prevention Connection*, which will be made free to the public and become part of the resources available on the Web, was developed under a Small Business Innovation Research contract from NIDA. It has been used by DWP grantees in their substance abuse prevention programs and is designed to teach workplace wellness providers to integrate substance abuse prevention content into standard health promotion program. This training program is being donated to the Workplace Resource Center by ISA Associates, a YIW grantee.

CSAP Workplace Kit and Get Fit

The CSAP Workplace Kit is one of the sought after a product on the Workplace Web site, and the old version was viewed over 600 times a day. The print version of the revised Workplace Kit is in SAMHSA review. It is expected to be approved and sent to be printed in the next few months.

DWP along with RTI and DSG continue to assist YIW grantees in their enhancement of GetFit for young adults in the workplace. There are 510 workplaces using GetFit and 16 new workplaces adapted GetFit since July 2006. In the past year, there were more than 201,000 visits to the GetFit site. As there was no formal social marketing campaign or

processes related to the Web site, this is a decent number. Current meetings are being held with several small to large business related to adopting GetFit. GetFit is monitored weekly and new links and information are systematically added.

Due to an approximate 40% reduction in funding for the second year in a row, the contract will not be able to produce as much as previously defined and a modification to the contract was made.

CSAP/DWP Research Report Finding

Under the CSAP Research and Report Finding Contract, DWP and PIRE had five research papers published or accepted for publication during the past year and three others progressed.

One paper (Substance Abuse and the Uninsured Worker, D Galvin, T Miller, R Spicer, G Waehrer, Journal of Public Health Policy, 28:1, 102-117, 2007) laid out a range of policy issues, research questions, and demonstration needs around substance abuse problems and prevention in the growing population of uninsured workers. DWP also completed and began the process of publishing a follow-up paper (" Substance Use Problems: Are Uninsured Workers at Greater Risk?", Geetha M. Waehrer, Eduard Zaloshnja, Ted Miller, Deborah Galvin, Journal of Studies on Alcohol and Drugs, revise & resubmit requested), that examines the differential levels of substance abuse frequency and indicated treatment between uninsured and insured workers.

Another paper (Random Alcohol Testing Reduced Alcohol-Involved Fatal Crashes of Drivers of Large Trucks, C Snowden, T Miller, G Waehrer, R Spicer, Journal of Studies on Alcohol and Drugs, accepted 5/07) supported by the contract illustrates that random alcohol testing reduced alcohol-involved fatal crashes of drivers of large trucks.

Two papers (Employer Costs of Alcohol Involved Injuries, E Zaloshnja, T Miller, D Hendrie, D Galvin, American Journal of Industrial Medicine. accepted 11/06; The Employer Costs of Motor Vehicle Crashes, E Zaloshnja, T Miller, International Journal of Injury Control and Safety Promotion, 13:3, 145-150, 2006.) show that alcohol-involved injuries on and off the job cost employers billions of dollars annually. They provide data and rationales to help sell prevention and early intervention.

A further paper (Effectiveness and Benefit-Cost of Peer-Based Workplace Substance Abuse Prevention Coupled with Random Testing, T Miller, E Zaloshnja, R Spicer, Accident Analysis & Prevention, accepted 10/06 and recently published) supported through the contract, shows that a peer-to-peer workplace substance abuse prevention and early intervention program evaluated under the earlier Workplace Managed Care demonstration grant program yielded a large positive return on investment to the company. The program was run by the company's unions with company funding.

Finally, the contract has started two future analyses. The first analyses the relationship between adolescent work intensity and past-30 day use of alcohol, cigarettes and marijuana using NSDUH data on approximately 9,000 15-17 year-olds. Separate models for white, black, and Hispanic youth examined whether the effects of work varied by peer influences on youth. Work intensity was significantly associated with recent use of alcohol and cigarettes especially among white youth. At the same time, for white youth

who perceive that the majority of their school peers engage in such use, adolescent work exerts a significant protective effect against substance use.

The second should be a landmark research focused on alcohol abuse and the elderly worker. It uses the 2004 Health and Retirement Survey to probe the relationship between drinking habits and retirement for persons born between 1931 and 1941. Elderly who reported being 'completely retired' drink more often, while those who continue to work exhibit more abusive behavior towards alcohol.

DWP Papers and Publications

Peer-Reviewed Publication:

The U.S. Mandatory Guidelines for Federal Workplace Drug Testing Programs: status and future considerations Donna M. Bush, Ph.D. Forensic Science International, April 12, 2007, e-publication ahead of print.

Employer Costs of Alcohol Involved Injuries, E Zaloshnja, T Miller, D Hendrie, D Galvin, American Journal of Industrial Medicine. accepted 11/06; The Employer Costs of Motor Vehicle Crashes, E Zaloshnja, T Miller, International Journal of Injury Control and Safety Promotion, 13:3, 145-150, 2006

Substance Abuse and the Uninsured Worker, D Galvin, T Miller, R Spicer, G Waehrer, Journal of Public Health Policy, 28:1, 102-117, 2007

Substance Use Problems: Are Uninsured Workers at Greater Risk?," Geetha M. Waehrer, Eduard Zaloshnja, Ted Miller, Deborah Galvin, Journal of Studies on Alcohol and Drugs (to be published by the end of the year)

Posters and Papers:

Paper and training presented at IHS/SAMHSA National Behavioral Health Conference in Albuquerque, NM on Prevention in Health and Wellness Programs June 7 2007. Deborah M. Galvin, Ph.D., Division of Workplace programs, Substance Abuse and Mental Health Services Administration, Rockville, MD.

Paper, Society for Prevention Research, Washington, DC, May 30 2007, "History and Need for Young Adult in the Workplace Substance Abuse Prevention Program."

Paper, APHA, Boston, Mass. November 4-9, 2006, "Young Adults in the Workplace," Dr. Deborah M. Galvin.

Paper, APHA, Boston, Mass. November 4-9, 2006, "Interactive Web sites in Substance Abuse Prevention," Dr. Deborah M. Galvin

Poster Presented at the Society of Forensic Toxicologists meeting, Austin, TX, October 2-6, 2006: Influence of Basic pH on Federal Regulated Drugs in Urine at Room Temperature

Francis M. Esposito, John M. Mitchell, and Michael R. Baylor (RTI International, Research Triangle Park, NC) and Donna M. Bush (Division of Workplace Programs, CSAP, SAMHSA)

Poster Presented at the Society of Forensic Toxicologists meeting, Austin, TX, October 2-6, 2006: Preliminary Observations of the NLCP Hair Pilot Performance Testing Program Part II: Confirmatory Analysis of Opiates, Phencyclidine, and Marijuana

Jeri D. Roper-Miller, F. Leland McClure III, Michael R. Baylor, John M. Mitchell, and Meredith Meaders (RTI International, Research Triangle Park, NC) and Donna M. Bush (Division of Workplace Programs, CSAP, SAMHSA)

Poster Presented at the Society of Forensic Toxicologists meeting, Austin, TX, October 2-6, 2006: Preliminary Observations of the NLCP Oral Fluid Pilot Performance Testing Program: Confirmatory Analysis of THC, Opiates, and PCP
Peter R. Stout, Francis M. Esposito, E. Dale Hart, F. Leland McClure III, Michael R. Baylor, John M. Mitchell (RTI International, Research Triangle Park, NC) and Donna M. Bush (Division of Workplace Programs, CSAP, SAMHSA)

Poster Presented at the Society of Forensic Toxicologists meeting, Austin, TX, October 2-6, 2006: Evaluating Workplace Testing Results from a Medical Review Officer Data Source

J. Michael Walsh, Andrew von Brand, and Leo A. Cangianelli (The Walsh Group, Bethesda, MD), James Ferguson (Verifications, Inc, Minneapolis, MN), Donna M. Bush, Robert L. Stephenson II, Ronald R. Flegel (Division of Workplace Programs, CSAP, SAMHSA), John M. Mitchell and Michael R. Baylor (RTI International, Research Triangle Park, NC)

C. Intergovernmental Agencies Collaborations

DWP continues to meet on a regular basis with a variety of government agencies in DWP regarding drug testing, Federal and non-Federal Drug-free Workplace Programs, substance abuse prevention and early intervention in the workplace.

Dr. Sean Belouin, PharmD, LCDR with the PHS, continues to train with the United States Public Health Service Rapid Deployment Force Team #2 (RDF#2) as a clinical pharmacist. This is the 2nd year LCDR Belouin has been part of one of five newly developed rapid deployment force teams that respond in the event of natural or man made disasters. LCDR Belouin also performs weekly clinical hours in support of the National Naval Medical Center's pharmacy department providing clinical pharmacy care to soldiers, sailors, and airmen and their families. Lastly, LCDR Belouin works with the PHS Pharmacy Professional Advisory Committee (PharmPAC) in support of a variety of functions, from mentoring new PHS officers to the Corps, coordinating career

development issues, and giving talks to college pharmacy students and high school students regarding potential careers in the United States Public Health Service.

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ACRONYM GLOSSARY

APHA	American Public Health Association
BG	Block Grant
CADCA	Community Anti-Drug Coalitions of America
CAPT	Centers for the Application of Prevention Technology
COMET	Coalition Online Management and Evaluation Tool
COSIG	Co-occurring State Incentive Grant
CSAMS	CSAP Service Accountability Monitoring System
CSAP	Center for Substance Abuse Prevention
CTC	Communities that Care
DCCC	Data Coordination and Consolidation Center
DCP	Division of Community Programs
DFC	Drug Free Community
DFCSP	Drug Free Communities Support Program
DFWP	Drug Free Workplace Program
DHHS	Department of Health and Human Services
DoJ	Department of Justice
DSD	Division of Systems Development
DSP	Division of State Programs
DWP	Division of Workplace Programs
FASD	Fetal Alcohol Spectrum Disorders
GAO	Government Accountability Office
GIS	Geographic Information System
GPRA	Government Performance Results Act
GRAA	Grants to Reduce Alcohol Abuse
HBCU	Historically Black Colleges and Universities
ICCPUD	Interagency Coordinating Committee on the Prevention of Underage Drinking
IHS	Indian Health Services
LC	Learning Community
MAI	Minority Aids Initiative
MEI	Minority Education Institution
MEI-PCC	Minority Education Initiative Program Coordinating Center
NACRHHS	National Advisory Committee on Rural Health and Human Services
NASADAD	National Association of State Alcohol/Drug Abuse Directors
NCADI	National Clearinghouse on Alcohol and Drug Information
NLCP	National Laboratory Certification Program
NNALEA	National Native American Law Enforcement Association
NOM	National Outcome Measure
NPN	National Prevention Network
NREPP	National Registry of Evidence-based Programs and Practices
NSDUH	National Survey on Drug Use and Health
NTN	National Treatment Network
ONDCP	Office of National Drug Control Policy
OPAC	Office of Program Analysis and Coordination
PART	Program Assessment Rating Tool
PIM	Public Information and Media
PLA	Prevention Leadership Academy
PRNS	Programs of Regional and National Significance
RFA	Request for Application

RONTI	Reach Out Now National Teach-In
SAPT	Substance Abuse Prevention and Treatment
SAS	Substance Abuse Services
SEDS	State Epidemiological Data System
SEOW	State Epidemiological Outcome Workgroup
SIG	State Incentive Grant
SPE	Student Peer Educators
SPF	Strategic Prevention Framework
SPFAS	Strategic Prevention Framework Advancement and Support
SPR	Society for Prevention Research
SSA	Social Security Administration
STD	Sexually Transmitted Disease
SYNAR	Law named for the late Representative Mike Synar of Oklahoma
TA	Technical Assistance
TAC	Technical Assistance Center
THM	Town Hall Meeting
TOT	Training of Trainers
TSTS	Too Smart To Start
USPHS	United States Public Health Service
YIW	Youth in the Workplace