

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

**Minutes
March 6, 2008**

**SAMHSA Building
Rockville, Maryland**

The Center for Substance Abuse Prevention (CSAP) National Advisory Council convened in open session on March 6, 2008, at the SAMHSA Building in Rockville, Maryland. Anna Marsh, Ph.D., Acting Director, and Dennis O. Romero, M.A., Deputy Director, co-chaired the meeting.

Council members present: Karel A. Ares, M.Ed., Sharyn L. Geringer, John Glover, M.A., Dennis W. Griffith, Don J. Maestas, M.S.W., Alan H. Shinn, Hope R. Taft, D.Ed., D.H.L., and Natalie Zaremba

Acting CSAP Director: Anna Marsh, Ph.D.

Deputy CSAP Director: Dennis O. Romero, M.A.

Designated Federal Official: Tia Haynes

Welcome, Opening Remarks, and Introductions

CSAP's Acting Director, Anna Marsh, called the meeting to order at 9:05 a.m. Dr. Marsh welcomed new Council members Dennis W. Griffith, John Glover, Don J. Maestas, and Natalie Zaremba. Council members and Service to Science awardees introduced themselves, and CSAP Deputy Director Dennis Romero added his words of welcome.

SAMHSA Administrator's Report

SAMHSA Administrator Terry L. Cline highlighted a recent report, "A Day in the Life of American Adolescents: Substance Use Facts," encouraging Council members to envision the prevention efforts necessary to counteract the problems it describes. The report estimates how many adolescents ages 12 to 17 used illegal substances for the first time on any given day in 2006: 8,000 took their first drink of alcohol, 4,300 used an illicit drug, 4,000 smoked a first cigarette, 3,600 smoked marijuana, and 2,500 misused a prescription pain reliever.

Dr. Cline reported that SAMHSA has begun to implement a strong public health approach that aggressively incorporates prevention along with treatment of mental health and substance abuse problems. He highlighted SAMHSA's National Guard Substance Abuse and Treatment Program, a peer-oriented, train-the-trainer program to train National Guard staff to provide screening and brief interventions for substance abuse and mental health problems. The Minority Education HIV/AIDS Prevention Initiative, a partnership with SAMHSA and 13 minority educational institutions, a peer-led awareness program that emphasizes cultural competence in delivering information.

Illicit drug use has declined nationwide, a significant 24 percent drop since 2001 that reflects a comprehensive prevention approach. Dr. Cline acknowledged the contributions of the Strategic Prevention Framework (SPF), and its use in a public health-oriented State Incentive Grant (SIG) program now in 34 states, three territories, and five tribal organizations. Many States find the conceptual model helpful in areas beyond substance abuse prevention, including gathering data, telling their story, and evaluating programs.

More than 800 communities participate in the Drug-Free Communities program, local grassroots efforts that involve clergy, teachers, parents, law enforcement, and other community members to create sustainable change. Helping America's Youth, an initiative led by First Lady Laura Bush, focuses on forging connections between at-risk youth and caring adults in families, communities, and schools. Its Web site, www.helpingamericasyouth.gov, posts a community guide that maps funds and services available from 10 Federal agencies.

Dr. Cline stated that the dual challenge of the high rate of underage drinking and misuse of prescription drugs continues. To address the prescription drug problem, SAMHSA is engaged in a point-of-sale educational effort that involves 6,300 pharmacies in 26 states that distribute flyers on the risk and appropriate disposal of unused medications. Data reveal that most people find risky pharmaceuticals in medicine cabinets, not on the street or the Internet.

Dr. Cline encouraged Council members to access information through the SAMHSA Health Information Network (SHIN). SHIN receives about 50,000 inquiries monthly from parents, teachers, and others. Dr. Cline noted that the National Registry of Evidence-based Practices and Programs (NREPP), a Web-based decision-support system to help faith- and community-based organizations access programs, now has 170 interventions available and 120 in the queue awaiting review.

Science and Service Awards

Dr. Cline congratulated the 2007 Science and Service Awardees honored for their exemplary programs that have contributed to knowledge about lessening the lag time between development of science and knowledge, and implementation in the field. In offering his congratulations, Dr. Kevin Hennessy, SAMHSA Science to Service Coordinator, noted that each organization honored has an important story that assists SAMHSA and stakeholders in translating evidence-based interventions for communities to offer exemplary substance abuse and mental health services. Dr. Cline presented awards and letters of commendation to awardees, and each recipient described his or her program.

Granite Falls School District, Washington State, received an award in the substance abuse prevention category for implementing LifeSkills Training. Prevention Coordinator Tom Arlt explained that 2001 survey results revealed that 40–60 percent of the 1,100 students in third through eighth grade were at risk for or involved in substance use. To address the most serious risk factors—favorable attitudes and friends' use of drugs—the district investigated evidence-based programs, in line with the School Board's mandate to implement a comprehensive prevention program in the community. The district implemented LifeSkills Training for whose good outcomes, Arlt asserted, strict fidelity in program implementation and buy-in from teachers were critical. After 5 years of the program, surveys showed significant declines in risk factors and 30-day use rates for substances, including alcohol and methamphetamine.

Ms. Zaremba observed the need to publicize such results to highlight the need for consistent program implementation communities. Mr. Arlt responded that awareness of program results has benefited the community in implementing other programs. In response to a question from Ms. Ares, Mr. Arlt stated that Federal support covered the large initial training expenses for the program. Subsequently, LifeSkills conducted a train-the-trainer program that enabled registration and licensing of Granite Falls trainers, a move that has resulted in costs savings. Mr. Arlt explained to Dr. Taft that major program elements include social skills, communication skills, and anger management, in addition to specific drug and alcohol information.

Sutton Place Behavioral Health, Fernandina Beach, Florida, received an award in the substance abuse prevention category for Project SUCCESS. Director of Operations, Lauren Pagel, Ph.D., stated that the agency, a community-based substance abuse and mental health treatment provider, serves a wide spectrum of populations and offers Project Success at every middle and high school in the rural county. SPF guides all agency decisions. Project Success incorporates six different, evidence-based practices, whose success depends on training and supervision as essential elements of fidelity. Sutton Place belongs to a local network of agencies that use similar evidence-based practices, enabling resource sharing to train new staff. Dr. Pagel stated that her agency works closely with its drug coalition to prevent underage drinking. Project SUCCESS provides classroom education and identifies children who need individual and group attention on specific topics. Sutton Place is the only agency with a full-time counselor in all middle and high schools in the county.

To Mr. Maestas' question on implementation costs and the number of students involved, Dr. Pagel responded that training is a large expense (\$6,000 to import the trainer) in addition to staff time spent in training. A Drug-Free Communities and three additional grants covered that expense when the need arose again. The program reaches approximately 1,500 children at seven schools. Mr. Shinn inquired about the demographics of the students and families served. Dr. Pagel stated that the county includes wealthy Amelia Island, where prescription medications are an issue, and the rural mainland, where poverty, isolation, and high tobacco, marijuana, and alcohol use are issues.

The Council on Alcohol and Drugs Houston, Houston, Texas, received an award in the substance abuse prevention category for implementing LifeSkills Training. Program Manager, Brenda Patton stated that her nonprofit agency provides programs and information, referral services, counseling, treatment, and prevention services for infants and women, children, and senior citizens in 30 Houston communities and 15 schools. School survey data from 2004 showed a doubling of youth's use of alcohol between fourth and sixth grades as well as increased substance abuse. The Council selected LifeSkills Training to address targeted behaviors with cultural and geographical competence be delivered with fidelity in schools in 13 counties. A train-the-trainer arrangement addresses problems of staff turnover. The agency collaborates with many supportive Houston-area organizations. Outcomes for elementary students showed that 77 percent significantly increased knowledge about tobacco and alcohol and 75 percent increased life skills knowledge. In middle schools, 58 percent of students increased significantly in knowledge about tobacco, alcohol, and life skills.

Dr. Hennessy explained that SAMHSA will seek key informant input from Science and Service Award winners to compile information about lessons learned. He noted that common success themes include implementation with fidelity, funding available for training, and staff retention.

Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD) and *The Surgeon General's Call to Action to Prevent and Reduce Underage Drinking 2007: Overview*

Steve Wing, Associate Administrator for Alcohol Prevention and Treatment Policy, Division of Policy Coordination, Office of Policy Planning and Budget, SAMHSA, briefly described SAMHSA's focus on alcohol, which has increased only in recent years. For reasons of science and law, SAMHSA's policy is that persons under age 21, recovering alcoholics, and pregnant women should not drink, but persons over age 21 have discretion, and it is hoped that they will follow moderate drinking guidelines. When SAMHSA began its work on underage drinking, few resources were available to tackle the problem, but now most SPF SIGS focus on underage drinking directly or indirectly; thus, CSAP's single largest discretionary program addresses alcohol problems and also underage drinking.

In 2003, the Institute of Medicine (IOM) published *Underage Drinking: A Collective Responsibility*, whose recommendations were consonant with SAMHSA's strategy to create and sustain a broad societal commitment to reduce underage drinking, pursue opportunities to reduce the availability of alcohol to underage drinkers, the occasions for underage drinking, and the demand for alcohol among young people. In 2004, SAMHSA convened the Federal Interagency Coordinating Committee to Prevent Underage Drinking (ICCPUD) recommended by the IOM, and, in fall 2006, Congress passed the STOP Act. This legislation calls on ICCPUD to guide policy and program development across the Federal Government with respect to underage drinking. Representatives of the 13 member agencies speak at least monthly to help avoid duplication of services and to support each other's activities.

ICCPUD activities included a 2005 meeting attended by high-level teams from each State; the StopAlcoholAbuse.gov Web site, which posts cross-agency information and work with the Ad Council to develop public service announcements. ICCPUD's first report to Congress in 2006 described measurable targets, its action plan, an inventory of Federal programs, and extensive data. The second report currently is in the clearance process, and work is ongoing on the annual State report mandated by the STOP Act. ICCPUD has worked with SAMHSA on town hall meetings and has enhanced SAMHSA's relationship with the National Institute on Alcohol Abuse and Alcoholism (NIAAA) in order to facilitate moving the science into services.

Mr. Wing noted that publication of the *Surgeon General's Call to Action to Prevent and Reduce Underage Drinking 2007* represents a science-based call to join a national effort to address underage drinking early, continuously, and in the context of human development. It also serves as SAMHSA's policy statement on the prevention and reduction of underage drinking.

The *Call to Action* describes the scope of the problem, discusses alcohol use in the context of adolescent development, proposes a developmental approach to preventing alcohol use and alcohol use disorders in adolescents, and presents a vision for the future, including various strategies to achieve that vision. Topics addressed include the extent of underage drinking, acute and longer-term consequences of underage drinking, second hand effects, key transition points in adolescence when alcohol use increases, and the need for "scaffolding" around adolescents as protection from their natural risk-taking and sensation-seeking tendencies.

In addition, Mr. Wing mentioned the effects of alcohol appear to fit with certain of the developmentally determined needs or desires of adolescents, which in part accounts for the challenges in dealing with underage drinking. For example, animal studies suggest that adolescents may be more sensitive to alcohol's effects on social facilitation, and less sensitive to some of the aversive effects of acute alcohol intoxication, such as sedation and hangovers.

The *Call to Action* is based on the following overarching principles:

- Underage alcohol use is a phenomenon directly related to human development
- Factors that protect adolescents from alcohol use and put them at risk change during the course of adolescence
- Protecting adolescents from alcohol use requires a comprehensive, developmentally based approach
- Prevention and reduction of underage drinking are the Nation's collective responsibility

The *Call to Action* presents six goals for the Nation:

Goal 1: Foster changes in American society that facilitate healthy adolescent development and that help prevent and reduce underage drinking.

Goal 2: Engage parents and other caregivers, schools, communities, all levels of government, all social systems that interface with youth, and youth themselves in a coordinated national effort to prevent and reduce underage drinking and its consequences.

Goal 3: Promote an understanding of underage alcohol consumption in the context of human development and maturation that takes into account individual adolescent characteristics as well as environmental, ethnic, cultural, and gender differences.

Goal 4: Conduct additional research on adolescent alcohol use and its relationship to development.

Goal 5: Work to improve public health surveillance on underage drinking and on population-based risk factors for this behavior.

Goal 6: Work to ensure that policies at all levels are consistent with the national goal of preventing and reducing underage alcohol consumption.

Since its release in March 2007, the Acting Surgeon General has visited 12 States where he has conducted roll outs of the *Call to Action*. These visits are being coordinated by SAMHSA, NIAAA, and the Leadership to Keep Children Alcohol Free, of which Mrs. Taft is the CEO. The visits typically include a press conference and other media events, as well as meetings with a wide range of interested parties, such as the First Spouses; executive and legislative leadership; medical professionals; prevention, law enforcement, education and highway safety officials; and community-based organizations.

The *Call to Action* is being used to encourage the use of science-based policies to address underage drinking. Next steps include additional roll outs in the States, continued work with the Ad Council, continued town hall meetings, and the recommendation (and in some cases the expectation) that grantees align their work with *Call to Action* strategies.

Although progress has been made in reducing the extent of underage drinking over several decades, and though several national surveys have shown modest declines in recent years, Mr. Wing asserted that rates remain too high and negative consequences too serious to ignore. Change in underage drinking requires rethinking cultural attitudes, changing the view that it is inevitable and a rite of passage, and pushing against the social norms.

Council Discussion

Hope Taft acknowledged the contributions of ICCPUD, NIAAA, SAMHSA, current and former governors' spouses to generate support for the *Call to Action*. In response to a question from Mr. Shinn, Mr. Wing stated that the STOP Act requires the Government to seek input from all interested parties, including the alcohol industry. The *Call to Action* sets forth responsibilities of the alcohol, entertainment, and media industries in marketing and portraying alcohol use, and the Federal Trade Commission monitors advertising. Many community groups have pushed back against such products as energy drinks. Dr. Taft noted that the National Association of Attorneys General has a standing committee on underage drinking.

Underage Drinking Town Hall Meetings: Update

Gwyndolyn Ensley, Senior Public Health Analyst, Division of Systems Development, CSAP, described plans for the Town Hall Meetings (THM) projected for spring 2008. More than 1500 community-based organizations in the 50 States, District of Columbia, and the U.S. Territories had confirmed their participation. Several First Spouses made a commitment to participate, and some produced promotional videos for the THM events. The National Prevention Networks (NPNs) made over 2,000 recommendations for participating communities. Materials provided for the THMs included the Surgeon General's Call To Action community, family, and educator guides. SAMHSA plans to conduct town hall meetings every 2 years. Many communities that participated in the 2006 THM event have sustained their efforts despite funding cuts. Ms. Ensley responded to a question from Dr. Taft that a list was not kept of communities that committed to meetings regardless of funding status. Ms. Ensley noted that the THMs will raise awareness of the devastating impact of underage drinking on youth and on the economy.

CSAP Community Prevention Day Review

Peggy Quigg, Director, Division of Community Programs, CSAP, asked Council members for feedback to strengthen future Community Prevention Day events. Launched in 2004 to help Drug-Free Communities grantees forge connections and foster networking with their State prevention systems, CSAP sponsored Community Prevention Day as supplement to CADCA's National Leadership Forum. It also provides a venue for CSAP/SAMHSA to network with HIV, Methamphetamine, and SPF SIG grantees, in addition to Drug-Free Communities grantees.

The 2008 agenda included an address by Dr. Cline, who emphasized the seriousness of underage drinking and other behavioral problems young people experience every day. Participants attended workshops on priority areas and received resources to use in their communities. Attendees also participated in regional sessions in an effort to promote geographically oriented networking. The afternoon agenda permitted participants to attend CADCA programming,

provided breakout sessions, and repeated the morning's workshops. CSAP staff facilitated the breakout sessions, enabling learning from participants about the services and programs they need to reach vulnerable populations. Feedback groups were less well attended than other aspects of the program, but nevertheless produced good information. CSAP also hosted separate HIV grantee meetings, a Native American track, and a faith-based track.

Council Discussion

Council members offered guidance regarding the event's benefit to the field, the advantages of working with the National Leadership Forum, and ideas for future activities. Dr. Taft stated that the Leadership to Keep Children Alcohol Free Foundation networked with CSAP grantees, and hosted an Education Day for its membership and a breakfast for State breakouts with involvement of governors' spouses. Council members supported Community Prevention Day as a networking opportunity, particularly in conjunction with the CADCA conference. Dr. Taft urged CSAP to continue its focus on underage drinking. Ms. Ares urged CSAP leadership to enlist the official participation of National Advisory Council members in Community Prevention Day activities. Ms. Geringer suggested scheduling a National Advisory Council meeting to coincide with Community Prevention Day and the CADCA conference in order to conserve time and resources. Mr. Shinn suggested offering attendance incentives to this important networking opportunity. Mr. Romero explained that CSAP and CADCA have contributed scholarship funds for some grantees. He stated also that the Leadership foundation has expressed interest in further collaboration. He stated that Council members will be informed of the date of the event well in advance.

CSAP Budget Overview

Peggy Thompson, Director, Office of Program Analysis and Coordination, CSAP, described programmatic aspects of the budget process for FY 2008 and FY 2009. Having just completed the FY 2007 budget year, CSAP currently is spending FY 2008 funds and awaiting congressional action on the FY 2009 budget. Ms. Thompson stated that CSAP's FY 2008 discretionary budget includes \$104 million for SPF SIGs; workforce activities, including mandatory drug testing, \$6.5 million; Minority AIDS, \$39 million with \$18 million available for new grants; methamphetamine, \$2.9 million; program coordination, \$6 million; small STOP Act grants on underage drinking, \$5.4 million; and congressional projects (earmarks), \$3.6 million. Science and Service activities supplement the main capacity programs, including \$9.8 million for Fetal Alcohol Spectrum Disorders (FASD); Centers for the Application of Prevention Technologies (CAPTs), \$8.5 million; coordination of underage drinking programs, Native American Technical Assistance Center, and border initiative, \$4.8 million; SAMHSA Health Information Network (SHIN), \$2.7 million; and Minority Fellowships, \$60,000. Additional funding sources include \$80 million from the Office of National Drug Control Policy (ONDCP) to manage Drug-Free Communities grant programs and the Substance Abuse Prevention and Treatment (SAPT) Block Grant, totaling \$351 million. From 1998 through 2008, CSAP funding has grown steadily.

The FY 2009 President's proposed budget dips slightly from FY 2008 levels, but may increase when Congress passes the final budget. The FY 2009 budget allocates \$158 million in discretionary funding, a decrease of \$36.1 million from the 2008 enacted level. Proposed new activities include a Prevention Targeted Capacity Expansion (TCE) program for approximately \$7 million that would offer funding to fill gaps left by SPF SIG grants or that have emerged since the end of SPF SIG. Programs that would continue at the same or increased levels include FASD, HIV/AIDS, NREPP, and SHIN. Reduced funding would be available for SPF SIGs, but many of

the projects will come to a natural end, freeing up about \$38.1 million for new SPF SIG grants; Lab Certification, as a result of contracts terminating; and the Data Coordination Consolidation Center. Programs that will come to a natural end or be eliminated include Workplace Youth grants, Methamphetamine grants, and the new STOP Act grants; CAPTs though another funding stream will continue them at a reduced level; and the program coordination function. The proposed budget includes \$20 million to be awarded to the 20 best-performing Block Grant recipients.

Ms. Thompson observed that enacted budgets historically have exceeded Presidents' proposed budgets. The proposed overall FY 2009 budget provides 94 percent of CSAP funding from FY 2008.

Council Discussion

Ms. Ares suggested scheduling a facilitated discussion on future budgets at a subsequent Council meeting. On a different issue, Ms. Thompson responded to Ms. Ares's question that high-level officials in SAMHSA, the Office of Management and Budget (OMB), and the Department of Health and Human Services will define performance for the Block Grant's bonus provision. Mr. Romero stated that NPNs and other interested parties have commented on next steps following SPF SIGs, and an internal CSAP discussion is ongoing. Ms. Geringer suggested a discussion at the next Council meeting of the process to determine performance measures.

Ms. Thompson explained to Mr. Shinn that 42 SPF SIG continuation awards were made in 2008, with 17 new awards at \$2 million each proposed for FY 2009. She clarified for Ms. Geringer that the future of STOP Act funding will be known only after Congress acts on the FY 2009 budget; SAMHSA is considering such a program for FY 2010, along with other ideas.

Sober Truth on Preventing Drinking (STOP) Act

Jayne Marshall, Western Drug Free Communities Branch Chief of the Division of Community Programs, CSAP, reported that Dr. Cline had just signed the FY 2008 program announcement for STOP Act grants. The \$3.9 million program will fund up to 80 grants for \$50,000 each. If funding is restored in FY 2009, the program would cover a period of up to 4 years. In designing the program CSAP staff worked closely with Steve Wing and relied heavily on the environmental strategies described in the Surgeon General's *Call to Action*. Grantees must build on plans that incorporate the SPF process to strengthen or expand existing programs, and must respond to the solicitation within 30 days.

Council Discussion

Ms. Geringer inquired whether CSAP will provide assistance to former grantees. Ms. Marshall replied that CSAP will respond publicly to questions and that the Coalition Institute will be available for technical assistance. Ms. Marshall responded to Mr. Glover that training in environmental strategies will be conducted in conferences after award. Mr. Romero explained that the program announcement was written to impose as small a burden as possible on grantees.

CSAP Data Accountability

Beverlie Fallik, Ph.D., Senior Public Health Analyst/Acting Branch Chief of Performance and Technical Assistance Branch for CSAP, described CSAP's efforts to promote accountability across its programs. SAMHSA's strategic plan incorporates the goals of accountability, capacity, and effectiveness, and data activities provide the data to demonstrate progress toward these goals. Federal GPRA data requirements help Congress make budget decisions based on program performance. OMB's Program Assessment Rating Tool (PART) more stringently examines performance data, and National Outcome Measures (NOMs) represent common measures aligned with SAMHSA's vision—a life in the community for everyone. One contractor manages performance data submitted by grantees, and another contractor performs data cleaning and analysis and produces reports.

SAMHSA has developed OMB-approved surveys for all grantees to report on NOMs, an online data-collection mechanism for HIV Cohort 6 and Methamphetamine Cohort 3 and soon for SPF SIG Cohort 3. Management and reporting tools aid project officers to monitor compliance with data requirements for their grant portfolios. Reports analyze, for example, constructs related to prevention that are not tracked elsewhere and annual State NOMS trends. Special reports are developed to fill specific needs.

Dr. Fallik gave several examples of SAMHSA's data analysis. The accountability report demonstrates a measure of prevention efforts, "non-user stability," in the target population—defined as people who continue *not* to use substances by the end of a program and over time; CSAP programs record 91 percent nonuser stability. Data are broken out by gender, race, and other factors. CSAP looks at risk factors to measure reducing risk and increasing resiliency. One report, for example, reveals good results in perceived risk for particular substances among youth.

When reports indicate unfavorable data or trends, CSAP uses the data to improve programs. When the Family Strengthening/Mentoring Program overall was not generating good outcome data, more detailed analysis revealed a dosage threshold effect—where more hours of mentoring were offered, results were better. The next iteration of the program announcement stipulated a minimum number of mentoring hours. Because of the lengthy process inherent in the SPF SIG program, CSAP has tracked outputs rather than outcomes prior to the availability of outcome data in fall 2008; although aggregate data are not impressive, cohort-specific data show good results.

NOMs trends reports for each State compare each NOM against its national median and presents explanatory tables and 3-year trends. Plans are under way to look at Drug-Free Communities outcomes in relationship to SPF SIG community outcomes when they become available. One ad hoc report generated in 2001 presented a cost-benefit ratio on States' health care expenditures related to smoking compared to revenues from taxes. The upcoming publication *Cost/Benefit of Substance Abuse Prevention: Dollars and Cents* includes data that demonstrate the value of expenditures for prevention. The report explains how to select programs and which programs have the best cost/benefit ratios for specific substances.

CSAP has developed a feedback loop to help grantees submit complete, accurate data. Training and training materials on meeting data requirements are provided to grantees.

Council Discussion

Dr. Fallik explained to Ms. Ares that while half OMB's PART score is based on outcomes, the other half is based on program management, program design, and other factors noted online at expectmore.gov. Mr. Romero stated that he will investigate NOMs training for interested Council members.

Ms. Ares expressed appreciation for CSAP's emphasis on the nonuser stability construct in measuring prevention. She inquired whether funding decision makers understand that data is used to improve programs. Mr. Romero responded that CSAP's continuing challenge is to translate data meaningfully to policy makers. Performance outcomes are a major OMB focus, and CSAP works to ensure that data speak to the value of prevention activities and of investing money at front end. The new cost/benefit publication will support that effort. A new data project looks at how States allocate the 20 percent of the Block Grant mandated for prevention services.

Mr. Glover inquired whether CSAP data captures increased knowledge, attitude change, and/or behavior change. Dr. Fallik stated that self-report works well in the absence of hair and urine testing. To Ms. Zaremba's question about cost measures, Dr. Fallik enumerated health-related use costs, juvenile justice costs, property crime, violent crime, and drunk- or drug-related car injuries. Upon publication, Mr. Romero stated that CSAP will send copies to Council members of the cost/benefit report and its executive summary. Dr. Fallik responded to Ms. Ares that CSAP analyzes data associated with the Block Grant as well as its discretionary funds. She added that OMB's PART process several years ago rated CSAP's discretionary portfolio very well, but failed the Block Grant due to lack of outcome data. The NOMs process and clearance of a revised Block Grant application will generate outcome data this year. Dr. Taft inquired whether CSAP shares information with other Departments. Mr. Romero stated that clearance of information prior to sharing it with the Federal prevention partners is coordinated by the Office of Communications. A press release will announce publication of the cost/benefit report.

Council Roundtable Discussion

Mr. Shinn stated that the Substance Abuse HIV Prevention Initiative excludes certain States and localities from applying because of excessively high numbers of infection required under a CDC protocol for eligibility. The rule affects States and localities where subpopulations or ethnic groups have emerging HIV infection rates and not necessarily reported AIDS rates. Hawaii and Guam are affected, for example, partly due to inaccessibility of testing and lack of outreach to high-risk target populations, and Mr. Shinn speculated that American Indian tribes may be affected as well for the same reason. He suggested that CSAP use HIV infection rates or rates of sexually transmitted diseases in the program announcement and ask applicants to make their case, as in the past. Mr. Glover added that certain localities have the added disadvantage of lack of testing confidentiality. Mr. Romero noted that CDC has established evidence-based guidelines for maximal impact in communities at this threshold. He stated the importance of connecting substance abuse prevention with the impact of use and risk of HIV. Based on prior conversations with Mr. Shinn, Mr. Romero stated that he has submitted this issue to the SAMHSA HIV Workgroup. Council members recommended unanimously that CSAP explore alternatives to CDC AIDS infection rates as criteria in future program announcements for applicants for Substance Abuse HIV Prevention Initiative grants, in order to be more inclusive of communities.

Ms. Ares observed the need to provide ongoing, cost-effective training and supervision to the workforce to ensure that evidence-based programs are implemented with fidelity and sustained over time. She noted the generational divide in familiarity with digital learning technologies and stated the need to incorporate more technology into workforce and prevention program development. Mr. Maestas added that CSAP should foster online data systems in States that respond to community needs. Council members unanimously recommended that CSAP consider development of and support for an infrastructure for new technologies for online learning systems to be used by the current and future prevention workforce, as well as to engage young people who learn through these new technologies.

Ms. Zaremba noted that recruiting technologically savvy young people into the workforce requires the field to offer a degree of sophistication that younger people expect. Mr. Robert Stephenson, Director, Division of Workforce Programs, introduced CSAP materials that help employers establish comprehensive programs with greater health and wellness perspectives, with a focus on young people. Another resource documents the aging workforce and its composition by industry niche, incidence, and prevalence. Mr. Stephenson invited Council members' input on workforce issues.

Mr. Maestas noted that the Block Grant represents some States' only source of prevention funds. Council members recommended unanimously that CSAP support raising States' minimum prevention set-aside in the SAPT Block Grant from 20 percent to 25 percent. Mr. Romero stated that the proposed FY 2009 budget offers a monetary incentive for increased performance.

Mr. Romero invited Council members to offer suggestions for topics to discuss at future meetings. Mr. Griffith suggested that CSAP staff provide members with background materials prior to Council meetings. Ms. Ares suggested that CSAP educate its funders, oversight agencies, and other stakeholders that some prevention activities, including assessment and resource development, do not necessarily relate directly to such outcome measures as students' increased knowledge about the harmful effects of substances. Mr. Romero stated that he will report back to the Council on the disposition of their recommendations.

Public Comment

Dr. Alan Moghul, NASADAD and NPN, thanked CSAP for support to bring 20 members to Community Prevention Day and suggested the value of more substantive involvement of NPN members in formulating future events. NASADAD and NPN continue collaboration with CSAP in work on NOMs. He acknowledged the Prevention Leadership Academy for NPN members and the Fellows Training Program, which brings younger people into the prevention field. Mr. Moghul responded to Mr. Shinn's earlier question that 20 to 25 Block Grant recipients provide additional State resources for prevention.

Member Award Presentation

Mr. Romero expressed appreciation for the service of Sharyn Geringer and Jay DeWispelaere, Council members whose tenure was ending. The members received plaques of recognition. Ms. Geringer acknowledged Council and CSAP/SAMHSA staff's tireless efforts.

Closing Remarks

Mr. Romero thanked Council members for their involvement and dedication to helping people and alleviating suffering.

Adjournment

The meeting adjourned at 4:15 p.m.