

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Prevention**

**Guidance for Applicants (GFA) No. SP-01-004  
Part I - Programmatic Guidance**

**Cooperative Agreement  
Border Center for the Application of Prevention Technologies**

**Short Title: Border CAPT**

Application Due Date:  
**May 21, 2001**

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## Agency

Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration.

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## Action and Purpose

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP) announces the availability of Fiscal Year 2001 funds for a cooperative agreement for implementing the Border Center for the Application of Prevention Technologies (Border CAPT).

CSAP is making \$3 million available for a three year award. The award in FY 2001 will be approximately \$1 million per year in total costs (direct and indirect), assuming the award is funded exclusively by CSAP funds. Actual funding levels may be augmented on a discretionary basis if interagency funds are transferred to CSAP for this program. Funding expansion based on interagency agreements will not be competed but will be limited to the applicant funded under this announcement.

Awards may be requested for up to 3 years. Annual continuation awards depends on the availability of funds and progress achieved.

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## CAPT Program Overview

CSAP's CAPT program started in 1997, as part of the DHHS Secretarial Initiative called the Youth Substance Abuse Prevention Initiative, and it is a major national resource supporting the application and dissemination of substance abuse preventive interventions that are scientifically proven.

The CAPTs provide their clients with technical assistance and training in order to apply consistently the latest research-based knowledge about effective substance abuse prevention programs, practices, and policies.

The Border CAPT primary clients are communities within the border territories - the 60 - mile corridor running along both sides of the U.S.- Mexico border. Beyond this boundary the Border CAPT coordinates the provision of services with the Western CAPT and the Southwest CAPT across the four border States of California, Arizona, New Mexico, and Texas. The other CAPT clients are: States receiving funds through CSAP's State Incentive Cooperative Agreements for Community-Based Action (SIGs) as well as non- SIG States, U.S. territories, Indian tribes and tribal organizations, local communities, and substance abuse prevention organizations, and practitioners. **See Appendix D.**

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## Program Goals

The overall CAPT program goals are:

- G** Increase the capacities of State and community prevention systems to identify, plan, and implement scientifically sound and effective prevention programs by improving the CAPT prevention technology transfer system.
- ' Increase the capacity of CAPT clients (through technical assistance and training) so that they can identify, adaptively apply, and evaluate effective science-based prevention programs, practices, and policies in ways appropriate to the characteristics and environmental contexts of their populations and environments.
- ' Implement proactive outreach and marketing strategies for engaging the CAPT clients and encouraging them to adopt scientifically sound and effective prevention approaches as appropriate to their prevention needs;
- ' Provide guidance and technical support in the use of on-line interactive resources such as the CSAP's Decision Support System (See Appendix F), that the CAPT's clients find useful in accessing substance abuse prevention information, scientific methods, and application technologies.
- ' Customize existing prevention products and approaches, as needed, to make them more appropriate for the Border CAPT's clients in terms of agency/organizational capacity, cultural diversity, age, and gender so that the products are adapted to the client's needs and environmental contexts;
- ' Strengthen the National Substance Abuse Prevention System (NPS) and assist the CAPT clients in identifying their respective contributions to this system and their places in it.

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## **CAPT Program Objectives**

CSAP's core objectives for the CAPTs are:

- ' Increase the transfer and application of substance prevention abuse research-based knowledge by increasing organizational skills and preventive intervention expertise among CAPT clients;
- ' Conduct technical assistance and training through conventional and innovative procedures;
- ' Assess and monitor the border region's substance abuse prevention needs including ongoing services and program gaps and determine what existing prevention programs practices, policies, and related technologies are appropriate to meet these needs;

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## **Who Can Apply?**

Applications may be submitted by domestic public and private non-profit entities, such as States or local government, community-based organizations, universities, colleges, and hospitals. It is required that applicants have offices physically located within the 60-mile border corridor running across California, Arizona, New Mexico, and Texas, which is the region to be served. Applicants must also put a citation in appendix 5 to certify that the organization has provided the border region population the types of services being proposed in the narrative (e.g.

technical assistance and training in order to apply research based knowledge about effective substance abuse prevention programs, practices, and policies.)

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## Application Kit

Application kits have several parts. The grant announcement has two parts. Part I is different for each GFA. Part II has general policies and procedures that apply to SAMHSA grants and cooperative agreements. You will need to use both Parts I and II for your application. **This document is Part I.**

The Application kit also includes the blank application forms PHS - 5161 and SF - 424 that you need to complete your application.

### **To get a complete application kit, including Parts I and II, you can:**

Call the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686; TDD: 1-800-487-4889; or download from the SAMHSA site at [www.SAMHSA.gov](http://www.SAMHSA.gov). Go to “grants” link.

CSAP’s Division of Prevention Application and Education (DPAE) will accept concept papers (not to exceed 4 pages) from prospective applicants. (Note that the concept paper is not a requirement, therefore not submitting it will not affect the application’s evaluation.) DPAE staff will review them and provide technical assistance within 5 days of receipt. Concept papers may be submitted up to 20 days prior to the application receipt date. Send to the attention of:

Luisa del Carmen Pollard, M.A.  
Branch Chief, DPAE

or  
Rosa Merello, Ph.D.  
CSAP/DPAE  
Rockwall II, Room 800  
5600 Fishers Lane  
Rockville, MD 20857  
(301) 443-5592 (FAX)

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## Where to Send the Application

Send the original and 2 copies of your complete grant application to:

### **SAMHSA Programs**

Center for Scientific Review  
National Institutes of Health, Suite 1040  
6701 Rockledge Drive MSC-7710  
Bethesda, MD 20892-7710\*

\*Change the zip code to 20817 if you use express mail or courier service.

### **Please note:**

Use application form PHS 5161-1.

1. Be sure to type:  
“SP 01-004 Border CAPT” in Item Number 10 on the face page of the application form, also known as SF 424 “Application for Federal Assistance.”

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## Application Date

**Your application must be received by May 21, 2001.**

Applications received after this date will only be accepted for the appropriate receipt date if they have a proof-of-mailing date from the carrier no later than May 14, 2001.

Private metered postmarks are not acceptable as proof of timely mailing. Late applications will be returned without review.

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## Contacts for Further Information

### For questions on *program issues*, contact:

Luisa del Carmen Pollard, M.A.

(301) 443- 6728

or

Rosa I. Merello, Ph.D.

(301) 443-7462

Division of Prevention Application and Education

Center for Substance Abuse Prevention

Substance Abuse and Mental Health Services

Administration

Rockwall II, Suite 800

5600 Fishers Lane

Rockville, MD 20857

### For questions on *grants management issues*, contact:

Edna Frazier

Division of Grants Management

Substance Abuse and Mental Health Services

Administration

Rockwall II, 6<sup>th</sup> Floor

5600 Fishers Lane

Rockville, MD 20857

(301) 443-3958

E-Mail: [Efrazier@SAMHSA.gov](mailto:Efrazier@SAMHSA.gov)

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## Cooperative Agreements

This award is being made as cooperative agreement which requires substantial Federal staff involvement.

## Role of the Border CAPT Awardee:

- ' Provide the training, technical assistance, and prevention technology services to the border area in collaboration with the Western CAPT, Southwest CAPT, and the National CAPT program.
- ' Comply with the terms and conditions of the agreement and collaborate with CSAP staff in project implementation.
- ' Provide SAMHSA with data required for GPRA and other data reporting requirements for the National CAPT program.
- ' Convene a Border CAPT Advisory Board. The Board will consist of a group of experts identified by the Border CAPT to provide guidance and advice on substance abuse issues pertaining to the region. The Advisory Group will meet with its Border CAPT and CSAP staff twice a year.
- ' Participate in the National CAPT Steering Committee.

The Steering Committee will consist of the six CAPT Directors and one member of the CAPT Management Team. The committee chair is elected by consensus vote by the CAPT Directors; CSAP's CAPT Management Team member will participate in but not chair the Steering Committee. The Steering Committee members meet four times annually.

Among the functions of the Steering Committee are:

- C Develop consensual agreement for most decisions about CAPT's collaborative activities. Decisions

that cannot be made by consensus will be made by majority vote.

- C Has responsibilities for the development and refinement of the existing CAPT policies, evaluation designs, measures, and databases.
- C Develop policies consistent with 45 CFR 74.36, on data sharing, access to data and materials, and publications.

Additional requirements are indicated in the Post Award Requirements section.

### **Role of Federal Staff:**

Two CSAP staff - a Project Officer and a Staff Collaborator- will be specifically assigned to work with the Border CAPT.

The Project Officer's involvement will include, but is not limited to:

- ' Provide guidance and technical assistance across all the program's components, including conducting site visits;
- ' Monitor and review progress of the Border CAPT project and make recommendations regarding its continuance;
- ' Facilitate the coordination of this program with other CSAP program operations, as appropriate;
- ' Participate as a full member of the Border CAPT's regional advisory board.

A CSAP Staff Collaborator will:

- ' Work with the Project Officer across components of the project, including coordinating necessary involvement with CSAP contractors and other groups;
- ' Review of products prior to publication and dissemination; Consult regularly with the awardee on all aspects of the project.

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## **Funding Criteria**

Decisions to fund a grant are based on:

1. The strengths and weaknesses of the application as shown by the Peer Review Committee and approved by the CSAP National Advisory Council.
2. Availability of funds

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## **Post Award Requirements**

### **Reports:**

- C Quarterly reports
- C Annual reports
- C Final summary report at the end of the third year cycle.
- C Periodic delivery of electronic copy of contact and service data
- C Additional reports as required on special projects and activities (e.g., services delivered with ONDCP/OJJDP.)

For more information on SAMHSA policy and requirements related to reporting, refer to the Reporting Requirements Section in Part II.

### **Meeting attendance:**

- C Provide funds for up to three CAPT

staff to attend four CAPT Steering Committee meetings annually.

- C Collaborate in planning and participate in four learning workshops held in the Washington, D.C. area annually.
- C Attendance at other meetings is typically required or is conducted electronically by conference call with web facilitation.
- C Attendance at meetings taking place on the Mexican side of the border region are limited to the 60 miles established as the Border CAPT regional boundaries.

#### **Publications and Marketing:**

- C The grantee must ensure consistency with CSAP editorial guidelines and CAPT policies before disseminating any CAPT product e.g., use of logos, text, format, and related production qualities.
- C Title IV, Sec. 711 of the Americans with Disabilities Act (ADA) applies when developing promotional public service announcements.

#### **Provision of Data**

- C Compliance with data reporting requirements including but not limited to CAPT services provided to their customers and GPRA data so that SAMHSA can meet its reporting requirements.

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## **Detailed Information on What to Include in Your Application**

In order for your application to be **complete and eligible**, it must include the following in the order listed. Check off areas as you complete them for your application.

1. ***FACE PAGE:*** Use Standard Form 424. In signing the face page of the application, you are agreeing that the information is accurate and complete.
2. ***ABSTRACT:*** In the first 5 lines or less of your abstract, write a summary of your project that can be used in publications, reporting to Congress, or press releases, if funded. Your total abstract may not be longer than 30 lines.
3. ***TABLE OF CONTENTS:*** Include page numbers for each of the major sections of your application and for each appendix.
4. ***BUDGET FORM:*** Standard Form 424A. See Appendix B in Part II for instructions.
5. ***PROJECT NARRATIVE AND SUPPORT DOCUMENTATION:*** **These sections describe your project.** The program narrative is made up of Sections A through D. **More detailed information A-D follows #10 of this checklist.** Sections A-D may not exceed 25 single spaced pages.

**Section A** - Project description with supporting documentation

**Section B** - Project Plan: Goals, target

population, data on prevention needs and resources in the region.

**Section C** - Evaluation .

**Section D** - Project Management and Staffing Plan, Equipment/Facilities, and Other Support.

The support documentation for your application is made up of sections F through I.

There are no page limits for the following sections, except for Section H, the Biographical Sketches/Job Descriptions.

**Section F** - Literature Citations. This section must contain complete citations, including titles and all authors, for any literature you cite in your application

**Section G**- Budget Justification, Existing Resources, Other Support.

Fill out sections B, C, and E of the Standard Form 424A according to the instructions in Part II Appendix B. A line item budget and specific justifications for the first project year's costs AND for each future year must be provided. For contractual costs, provide a similar yearly breakdown and justification for all costs (including overhead or direct costs showing any anticipated annual increases).

All "Other Support" (e.g., staff, funds, office space) equipment necessary to accomplish the project for the life of the grant must be specified.

NOTE: Although the budget for the proposed project is not a review criterion, the Review Group will be asked to comment on the budget after the

merits of the application have been considered.

**Section H** - Biographical Sketches and Job Descriptions

- C Include a biographical sketch for the project director and for other key positions. Each sketch should not be longer than **2 pages** in length. If the person has not been hired, include a letter of commitment from him with his sketch.
- C Include job descriptions for key personnel. They should not be longer than **1 page**.

**L** *Sample sketches and job descriptions are listed in Item 6 in the Program Narrative section of the PHS 5161-1.*

**Section I**- Confidentiality and SAMHSA Participant Protection (SPP)

The seven areas you need to address in this section are outlined after the Project Narrative description in this document.

- 6.** **APPENDICES 1 THROUGH 6**  
Use only the appendices listed below. **Don't** use appendices to extend or replace any of the sections of the Program Narrative (reviewers will not consider them if you do).

**Don't** use more than **30 pages** (excluding all instruments) for the appendices.

**Appendix 1:** Letters of Coordination/Support.

**Appendix 2:** Copy of letters to SSA's.

**Appendix 3:** Data collection/Instruments/ Interviews.

**Appendix 4:** Sample of Consent Forms.

**Appendix 5:** Certification of services for two years.

**Appendix 6:** Other. For example: Diagrams and other depictions of organizational structure, time- line or staffing patterns; listings of recent publications relevant to training and technical assistance; Listing of any recent exemplary training and technical assistance activities.

7. **ASSURANCES:** Non- Construction Programs. Use Standard form 424B found in PHS 5161-1.
8. **CERTIFICATIONS**
9. **DISCLOSURE OF LOBBYING ACTIVITIES:** Please see Part II for lobbying prohibitions.
10. **CHECKLIST:** See **Appendix B In Part II** for instructions.

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## **Project Narrative - Sections A Through D Highlighted**

Your application consists of responding to sections A through I. **Sections A through D, the project narrative of your application, describe what you intend to do with the project.** Below is detailed information on how to respond to sections A through D.

Sections A through D may not be longer than 25 pages.

A peer review committee will assign a point value to your application based on how well you address these sections.

The number of points after each main heading shows the maximum points a review committee may assign to that category.

Reviewers will also be looking for cultural competence. Points will be deducted from applications that do not adequately address the cultural aspects of the criterion.

### **Section A: Project description including: statement of the problem, target population, and purpose and goals. (15 points)**

This section of your application should:

Describe the substance abuse problems and prevention needs that the Border CAPT should address. Include how these demonstrated prevention needs will link substance abuse prevention research and effective prevention practice.

Describe how it will provide Border CAPT's clients with a range of technical assistance and training services to help them identify and apply the latest research-based prevention technologies.

Describe the Border CAPT clients and prevention targets including a) the region's at-risk populations, e.g., migrant and farm-

workers; b) high-risk environments; and c) any specific emerging drug problems and their demographics.

- ' Demonstrate cultural competencies in a) working with the region's various populations; and b) understanding of the composition of the region's State prevention service system and prevention service organizations on both the U.S. and the Mexican sides of the border region. Indicate, if appropriate, the extent to which adequate justification was given for specific exclusion of any target population. **(See Part II.)**
- ' Demonstrate a thorough understanding of the CAPT program goals and objectives as defined in this GFA and how they are congruent with the applicant's proposed goals and objectives. Indicate how achieving the proposed goals will support both: 1) reducing the severity of the region's substance abuse problems, and 2) advancing the field of prevention technology transfer.
- ' Demonstrate thoughtful understanding of the unique role of the border CAPT in the region, and identify the organizations you plan to collaborate with.

## **Section B: Project Plan (30 points)**

The applicant should clearly describe and justify the overall design chosen for the proposed Border CAPT. Specifically, the applicant should:

- ' Provide brief overview statements of the proposed overall service plan, applicants' current capacity to provide CAPT services in the border region, and how the literature

supports the chosen design and approaches to technology transfer in the border. Include how to: a) develop client readiness and ability to acquire and apply new prevention technologies, as well as competence in the use of new methods or skills; b) identify and organize local experts into a comprehensive network in the border region; c) recruit key members, and work collaboratively with a regional advisory group; and d) assess and monitor the regions' substance abuse prevention services and needs including ongoing efforts and program gaps.

- ' New applicants (e.g., not currently delivering CAPT services in the Border region) should include a statement regarding plans and timelines to prevent a drop-off in the level of ongoing CAPT services if replacing the existing Border CAPT organization.
- ' Indicate how the proposed time-line for Border CAPT start-up and service delivery will be efficient and cost-effective in rapidly building the region's capacity for the application of science-based prevention.
- ' Provide a plan for rapid expansion of the Border CAPT service if additional funds become available (e.g., from an additional interagency agreement to provide CAPT services. For example, OJJDP's Drug Free Community Support Program grantees in the border region.)
- ' Justify and describe strategies for involving key stakeholders and prevention providers in the initial design and throughout the implementation of the project.
- ' Clearly state how the proposed design will meet the needs of their prevention systems,

and the at-risk target populations in their respective environmental conditions (including but not limited to migrant, farmwork populations, and the Colonias.)

- ' Indicate the extent to which the proposed plan fits the scope of work, can competently implement the proposed design, is realistic, and is culturally appropriate.
- ' Describe how the Border CAPT will closely monitor both prevention system needs and the substance abuse problems identified at the border regional level and relate them to the prevention priorities identified by CSAP.
- ' Describe how the Border CAPT program will support the collaborative program activities across CAPT regions, specifically, a) collaborative program activities with the Western CAPT and Southwest CAPT in the border area across California, Arizona, New Mexico, and Texas, and b) the CAPT collaboration with CSAP's Decision Support System (DSS).
- ' Describe how the proposed Computer Information Technology (CIT) system will support compatible file exchange across computer platforms, will have Web access, and can be created/ maintained at high levels of function for the duration of the project.

### **Section C: Evaluation (20 points)**

The CAPTs participate in a cross-CAPT evaluation that focuses on clients requests for Technical Assistance (TA) service and the delivery of TA and training.

- ' Provide an evaluation plan addressing: 1) the project goals and objectives; 2) the process of data collection; and 3) the need and use of the collaborative cross-CAPT client tracking protocols. (See Appendix C.)
- ' State readiness to work collaboratively with CAPT and CSAP staff in future evaluation planning sessions in order to make improvements in the common frameworks for measures, databases, and evaluation plans.
- ' Address how you will monitor client service requests and consumption of services (e.g., technical assistance and training), and assess clients' satisfaction employing both qualitative and quantitative indicators.
- ' Indicate approaches to assess the relative effectiveness of the various training and technical support strategies, including traditional as well as Web-based approaches (e.g., DSS.)
- ' Indicate the extent to which the proposed plan will enable the CAPT to assess the relative effectiveness of and client satisfaction with different types of technology transfer.
- ' Provide plans for understanding the strategies for data management, data processing and clean-up, quality control, data retention, and database formats.  
(See [www: captus.org](http://www.captus.org) for more information on CAPT data management system.)
- ' Provide assurance that the Border CAPT will be compatible with the existing CAPT system enabling voluntary sharing of regional databases to create a national CAPT databases.

- ' Indicate extent to which the proposed project can supply the necessary GPRA data on: client tracking, delivery of CAPT services to clients, client ratings of satisfaction with CAPT services, and indicators of effects on client ability to apply science-based prevention programming.

**Section D: Project Management: Implementation Plan, Organization, Staff, Equipment/Facilities, and Other Support (35 points)**

- ' Indicate how the proposed timeline for service development and delivery will be efficient and cost-effective in building capacity for the application of effective science-based prevention among State systems and community-based practitioners.
- ' Demonstrate the feasibility of accomplishing the project in terms of 1) delivery of proposed services, 2) adequacy and availability of resources (e.g., staffing, consultants, collaborating agencies, facilities, equipment), 3) management plan, and 4) cross-CAPT collaboration.
- ' Clearly show that the staffing is highly competent in: bilingual communications, technical assistance, computer information technology, technology transfer and related training, substance abuse prevention knowledge, science-based prevention; assessing prevention technology priorities for its region; and determining the cost-effectiveness of proposed options for innovations in technology transfer.
- ' Demonstrate how the Border CAPT staff is competent with computer information

technology and can create/maintain a home page with URL in the captus.org format (e.g.,www.bordercapt.org), link to the other CAPT home pages, and support access to national databases and the field testing and operations of CSAP’s Decision Support System.

- ' Provide a plan to identify and employ available resources to support the goals and objectives of the Border CAPT program.
- ' Demonstrate adequacy and availability of resources and equipment.

NOTE: Although the **budget** for the proposed project is not a review criterion, the Review Group will be asked to comment on the budget after the merits of the application have been considered.

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**Confidentiality and SAMHSA Participant Protection (SPP)**

You must address 7 areas regarding confidentiality and SAMHSA participant protection in your supporting documentation. However, no points will be assigned to this section.

This information will:

- / Reveal if the protection of participants is adequate or if more protection is needed.
- / Be considered when making funding decisions.

Some projects may expose people to risks in many different ways. In Section I of your application, you will need to:

- C Report any possible risks for people in your project.
- C State how you plan to protect them from those risks.
- C Discuss how each type of risk will be dealt with, or why it does not apply to the project.

The following 7 issues must be discussed:

**Ø Protect Clients and Staff from Potential Risks:**

- C Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse effects.
- C Discuss risks which are due either to participation in the project itself, or to the evaluation activities.
- C Describe the procedures that will be followed to minimize or protect participants against potential health or confidentiality risks. Make sure to list potential risks in addition to any confidentiality issues.
- C Give plans to provide help if there are adverse effects to participants, if needed in the project.
- C Where appropriate, describe alternative treatments and procedures that might be beneficial to the subjects.
- C Offer reasons if you do not decide to use other beneficial treatments.

**Û Fair Selection of Participants:**

- C Describe the target population(s) for the proposed project. Include age, gender,

racial/ethnic background. Address other important factors such as homeless youth, foster children, children of substance abusers, pregnant women, or other special population groups.

- C Explain the reasons for using special types of participants, such as pregnant women, children, institutionalized or mentally disabled persons, prisoners, or others who are likely to be vulnerable to HIV/AIDS.

- C Explain the reasons for including or excluding participants.

- C Explain how you will recruit and select participants. Identify who will select participants.

**Û Absence of Coercion:**

- C Explain if participation in the project is voluntary or required. Identify possible reasons why it is required. For example, court orders requiring people to participate in a program.

- C If you plan to pay participants, state how participants will be awarded money or gifts.

- C State how volunteer participants will be told that they may receive services and incentives even if they do not complete the study.

**Û Data Collection:**

- C Identify from whom you will collect data. For example, participants themselves, family members, teachers, others. Explain how you will collect data and list the site. For example, will you use school records, interviews, psychological assessments, observation,

questionnaires, or other sources?

C Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation and research or if other use will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.

C Provide in Appendix No. 3, "Data Collection Instruments/Interview Protocols," copies of all available data collection instruments and interview protocols that you plan to use.

### Ü Privacy and Confidentiality:

C List how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.

C Describe:

- < How you will use data collection instruments.
- < Where data will be stored.
- < Who will or will not have access to information.
- < How the identity of participants will be kept private. For example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

NOTE: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of Title 42 of the Code of Federal Regulations, Part II.

### Ý Adequate Consent Procedures:

C List what information will be given to people who participate in the project. Include the type and purpose of their participation. Include how the data will be used and how you will keep the data private.

C State:

- < If their participation is voluntary.
- < Their right to leave the project at any time without problems.
- < Risks from the project.
- < Plans to protect clients from these risks.

C Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

Note: If the project poses potential physical, medical, psychological, legal, social, or other risks, you should get written informed consent.

C Indicate if you will get informed consent from participants or from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

C Include sample consent forms in your Appendix 4, titled "Sample Consent Forms." If needed, give English translations.

Note: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

C Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both the treatment intervention and for the collection of data? Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

**P** Risk/Benefit Discussion:

C Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

## Appendix A

### CAPT Program Supporting Documentation

The CAPTs address SAMHSA/CSAP's support of the Public Health Service (PHS) commitment to achieving the health promotion and disease prevention objectives, a PHS-led national activity for setting priority areas. This GFA, entitled "Border Center for the Application of Prevention Technologies," is related to the Substance Abuse: Alcohol and Other Drugs priority area of Healthy People 2000(see GFA Part II). Information about Healthy People 2010 is also available at <http://www.health.gov/partnerships/>.

The CAPTs also support SAMHSA/CSAP's commitment to the Office of National Drug Control Policy's (ONDCP) National Drug Control Strategy's goals and objectives that present the Federal Government's blueprint to reduce drug use and its negative consequences. The CAPT program is particularly responsive to Goal 1: "Educate and enable America's youth to reject illegal drugs as well as the use of alcohol and tobacco." Goal 1 and its supporting objectives are geared toward increasing the resiliency of American children to prevent them from experimenting with alcohol and drugs (see Appendix E and <http://www.whitehousedrugpolicy.gov>).

The CAPTs are an important part of SAMHSA/CSAP's Knowledge Development and Application (KDA) and Targeted Capacity Enhancement (TCE) programs as they focus on the application of proven prevention approaches at the State and community levels. In essence, the CSAP created the CAPT program as a necessary intermediary infrastructure that accelerates the application of scientific knowledge into effective prevention actions. Thus, the CAPTs are designed to help practitioners to *Apply Prevention that Works* by connecting scientific dissemination of prevention knowledge with effective application of that scientific knowledge. Since 1997, the CAPTs have been rapidly transferring knowledge about effective science-based substance abuse prevention strategies, programs, and policies to assist their primary clients (i.e., SIG grantees and other States, U.S. territories, Tribes, and Jurisdictions) and other clients (e.g., communities, prevention organizations and providers) in implementing effective prevention practices that meet State and local needs.

It is important that applicants understand the CSAP's distinction between the *dissemination of information*, *knowledge synthesis*, and the *application of science-based prevention*. Information dissemination is a process of broadly distributing informational materials. Knowledge synthesis involves analyzing information obtained from evaluation and research programs, Federally-funded prevention initiatives, practitioners, and professionals to develop state-of-the-art recommendations for best and promising practices for substance abuse prevention. The concept of "application" refers to adapting these synthesized recommendations to local needs and putting them into effective practice in local contexts.

The CAPTs are **not** intended to be one-way prevention information clearinghouses. SAMHSA/CSAP supports several such dissemination resources including: The National Clearinghouse for Alcohol and Drug Information (NCADI) and the Regional Alcohol and Drug Awareness Resource (RADAR) Network. NCADI is operated under a contract funded by CSAP, and it serves as the primary Federal clearinghouse for the national dissemination of all types of substance abuse information. The RADAR Network Centers are State-based and

primarily serve as information dissemination channels to communities within a State. CSAP's knowledge synthesis activities are undertaken primarily by the National Center for the Advancement of Prevention (NCAP). NCAP is operated under a contract funded by CSAP, and it works closely with the CAPTs on identifying needed areas for new knowledge synthesis and related training activities.

## APPENDIX B

### CAPT-RELATED PREVENTION PROGRAMS AND PERSPECTIVES

The CAPT program operates in a context of a number of prevention perspectives and ongoing prevention programs that together promote the practice of scientifically sound and effective substance abuse prevention. This appendix presents information on these CAPT-related topics in the following order:

1. The National Youth Substance Abuse Prevention Initiative
2. Knowledge Development Phases: Dissemination To Synthesis To Application
3. CSAP Prevention Topic Areas and Prevention Strategies
4. Opportunity and Situational Analyses

#### **1. The National Youth Substance Abuse Prevention Initiative (YSAPI)**

The Secretary of Health and Human Services has established a special National Youth Substance Abuse Prevention Initiative. The primary goal of this Secretarial Initiative is to prevent marijuana use among America's teenagers. Associated goals include the reduction of all illicit drugs and the reduction of underage drinking. This Initiative reflects the number one goal of the 1997 National Drug Control Strategy--to "Educate and enable America's youth to reject illegal drugs as well as the use of alcohol and tobacco." The Initiative will specifically address four objectives of the National Drug Control Strategy:

- Encourage and assist the development of community coalitions and programs in preventing and treating drug abuse and underage alcohol and tobacco use.
- Promote zero tolerance policies for the use of illegal drugs, alcohol, and tobacco by youth within the family, school, workplace and community.
- Pursue a vigorous advertising and public communications program dealing with the dangers of drug, alcohol and tobacco use by youth.
- Support and highlight research, including the development of scientific information, to inform drug, alcohol, and tobacco prevention and treatment programs targeting young Americans.

#### SAMHSA's Role in the YSAPI Initiative

The Secretary of Health and Human Services has given the Substance Abuse and Mental Health Services Administration (SAMHSA) the lead in coordinating and implementing this important Initiative. Consistent with

Office of National Drug Control Policy (ONDCP) goals, and in full cooperation and collaboration with Federal, national, State and community organizations, SAMHSA is mounting a sustained effort to mobilize the Nation to reduce the incidence of drug use by youth. With this announcement, SAMHSA's Center for Substance Abuse Prevention (CSAP) is implementing one major component of this Initiative, the *Centers for the Application of Prevention Technologies* program.

### Components of YSAPI

SAMHSA/CSAP has implemented the Secretary's Initiative through several mechanisms. This Initiative builds upon prior Federal programs, including several SAMHSA programs. It does not, however, represent an expansion or a replication of the Community Partnership, High Risk Youth, or State Block Grant programs. Nevertheless, the findings from SAMHSA prevention programs and others now underway will serve as guidance for both State and community-based strategies.

Since FY 1997, SAMHSA/CSAP has implemented the three key components of the Initiative (Mobilize and Leverage Resources, Raise Public Awareness and Measure Outcomes) through the following mechanisms: 1) the award of twenty eight State Incentive Cooperative Agreements for Community-Based Action; 2) the award of six cooperative agreements for regional Centers for the Application of Prevention Technologies (CAPT); 3) increased collaboration with national organizations serving youth in support of this Initiative; 4) coordination of a major public education campaign in cooperation with the Office of National Drug Control Policy (ONDCP); and 5) expansion of the National Household Survey on Drug Abuse to provide State-level estimates on drug use.

Listed below are summaries of the State Incentive Program, CAPTs, collaborations with national organizations serving youth, a public education campaign, data collection efforts, and expansion of the Secretarial Initiative in FY 1998.

#### State Incentive Cooperative Agreements for Community-Based Action [State Incentive Program (SIG)]

The State Incentive Program calls upon Governors to coordinate, leverage and/or redirect, as appropriate and legally permissible, all Federal and State substance abuse prevention resources directed at communities, families, schools, and workplaces to develop and implement an effective, comprehensive, new State-wide prevention strategy aimed at reducing drug use by youth.

State Incentive Program funds are intended to be used, to the extent possible, to support *existing community-based organizations* in order to re-energize and mobilize communities, families, schools, youth, and workplaces to reduce drug use by youth, and to identify and fill gaps in prevention efforts. States and communities are encouraged to form appropriate linkages with an array of other anti-drug coalitions and related community-based organizations throughout the United States, in order to avoid the costly process of starting up new organizations. Through this systematic coordination with important segments of the community that interact with youth, States will be able to more effectively increase perception of harm and risk and reduce the incidence of drug use.

#### Centers for the Application of Prevention Technologies (CAPTs)

To ensure consistent implementation of research-based prevention practices, methods, and policies among State Incentive Program cooperative agreement recipients and their subrecipients, CSAP has funded six Centers for the Application of Prevention Technologies (CAPTs) via this cooperative agreement program. These centers are located in the five regions corresponding to the National Prevention Network's five regions, and the territory encompassing the 60-mile corridor running parallel to the US-Mexico border.

### Collaboration with National Organizations Serving Youth

Mobilizing national organizations, particularly those with a youth-serving mission, is an important aspect of this Initiative. This effort is intended to form partnerships with existing national organizations that have a recognized presence and effective programming at the local level. By expanding the traditional prevention field with other organizations serving youth, these partnerships can collectively amplify national substance abuse prevention messages developed as part of the Secretarial Initiative, and support and facilitate substance abuse prevention efforts at the community level.

### National Public Education Campaign

SAMHSA/CSAP is continuing to develop an array of anti-drug messages by building on its recent campaigns to alert youth and their caregivers about the very real dangers associated with drug use. This outreach effort will alert police officers, educators, coaches, the faith community and others about what actions they can take to prevent substance abuse among youth. It will also continue to disseminate prevention materials through the National Clearinghouse for Alcohol and Drug Information and its RADAR Network of State and Specialty centers. Building on this work in prevention awareness, SAMHSA/CSAP is coordinating a major public education campaign in cooperation with ONDCP.

### Data Collection

SAMHSA is strengthening the role of the States and increasing the availability of State-level estimates of youth drug use, so that Governors and others will know where efforts are succeeding and where improvement is needed. SAMHSA has increased the sample size of its National Household Survey on Drug Abuse (NHSDA) to collect State-level estimates on marijuana, alcohol, and tobacco use by the population age 12 and older.

Note: Complete description of the ONDCP policies and goals is available at [whitehousedrugpolicy.org](http://whitehousedrugpolicy.org)

### SAMHSA Strategic Plan and Office of National Drug Control Policy Strategy

The SAMHSA Strategic Plan provides the basis for the CAPT program priorities ([www.samhsa.gov](http://www.samhsa.gov)) Priorities for this program are also based on the Office of National Drug Control Policy Strategy's goals.

## **2. Knowledge Development Phases: From Dissemination to Synthesis to Application**

## Knowledge Transfer and Application Principles

It is important that applicants understand the CSAP's distinction between 'dissemination' and 'application'. Dissemination is a process of broadly distributing information and materials. This is already being done by NCADI, RADAR Network and other programs. Application is the process of turning information into scientifically sound practical procedures that can be used effectively by prevention practitioners.

In their CAPT grant proposals, applicants must address each of the critical steps in this section. The most critical steps include:

- 1) Information dissemination (alone, it is insufficient for effective application and utilization):
  - a) Awareness of the purpose, functions, and effectiveness of a proven prevention technology.
  - b) Detailed knowledge of the underlying theory and implementation needed prior to making a "buying decision" regarding the prevention technology.
- 2) Application - steps facilitated by a CAPT:
  - a) Skill acquisition regarding the application, use, and evaluation of the prevention technology.
  - b) Preparation of the organization in which the prevention technology will be used, to integrate and support its use.
  - c) Customization and/or re-engineering of the prevention technology to better fit the organization's context and environment to obtain improved results from the technology.
  - d) Routine use of the customized prevention technology by the CAPT's clients (e.g., State Incentive grantees (SIGs), the SIG subrecipients, other States and territories and their respective communities and prevention organizations).

This transfer process moves the knowledge and information "off the shelf" and into practice so that the CAPTs' clients rapidly get the benefit of the substance abuse prevention research in efficient, direct, and user-friendly ways.

As indicated above, The CAPT program's primary purpose is to take already available science-based knowledge from a variety of sources, package it into practical, user-friendly formats, and facilitate its adoption into the field. A variety of models for accomplishing this type of goal have been developed including Everett Rogers "Diffusion of Innovations", Thomas Backer's "Technology Transfer and Utilization", and social marketing.

### **3. CSAP Prevention Topic Areas and Prevention Strategies**

Prevention priority areas: youth illicit drug use (with an emphasis on marijuana); underage drinking; alcohol, drugs, and violence; and HIV/AIDS as it relates to substance abuse.

Six primary substance abuse prevention strategies have been outlined by CSAP as holding the most promise for the implementation of a comprehensive approach to prevention. These strategies and examples of successful efforts include:

- 1) Information Dissemination -- launching a community-based media campaign to increase the perception of harm of marijuana use among youth and adults in that community. There is scientific evidence that increasing the perception of harm precedes a reduction in the use of a drug.
- 2) Education -- A school district adopts a comprehensive approach in all junior high schools that includes the Botvin Life Skills Curriculum, adoption of Schap's cultural environmental changes, policies that prevent youth from leaving school during lunch periods and breaks (so that they cannot purchase drugs), and a student assistance program that identifies and provides counseling to children of alcoholics and drug abusers.
- 3) Alternatives -- Since the National Structured Evaluation showed that skills enhancement can help lead to self-efficacy which appears to be a protective factor for drug abuse, a community implements an after school alternatives program that incorporates the learning of social and interpersonal skills as part of the program.
- 4) Problem Identification and Referral -- Managed care organizations implement a policy whereby all health care providers in their plan, who interact with 10-14 year olds, advise adolescent patients to not start using alcohol, tobacco, or marijuana, giving their adolescent patients compelling reasons why these substances are harmful to their healthy development. Scientific evidence exists to support face-to-face interventions for prevention.
- 5) Community-Based Process -- All communities within a State are mobilized to educate about and implement the regulations of the SYNAR Amendment, which is designed to decrease access and availability of tobacco products to youth.
- 6) Environmental Interventions -- A State increases its enforcement of 0.02 BAC (blood alcohol content) laws among underaged youth.

### **4. Opportunity and Situational Analyses**

#### Opportunity Analysis

Opportunity analysis is the process of identifying naturally occurring opportunities for partnering or collaborating on transfer and utilization efforts with other organizations.

In a knowledge transfer process, one looks specifically for opportunities for collaborating with organizations that are likely to produce the highest visibility, greatest application of innovations or new knowledge, and disseminate or replicate the innovation and produce significant outcomes.

The object of opportunity analysis is to identify organizations that are already doing, or clearly want to do, work in a mutual area of interest and who have already committed some planning or resources in that direction. The analysis uncovers situations where a transfer agent can easily fit their transfer interest into activities the organization is already engaged in, or is likely to publicize, or disseminate widely.

The analysis would ask respondents where they are headed with substance abuse prevention, how they are doing what they do, what they would need to do it better, how far they intend to go with it and whether they intend to disseminate it further in their organization or other organizations, and how that would happen.

### Situational Analysis

In the process of offering prevention training to State agencies, health professionals, and community groups, CSAP has learned many lessons about the process of developing and delivering training to support prevention initiatives.

Situational Analysis is a process in which members of an organization endeavor to undertake a learning experience:

- C Reach consensus on a shared vision
- C Assess their capacity to reach the vision, and
- C Create a plan for learning that will allow them to succeed.

Situational analysis accomplishes three functions. First, it identifies local resources that are already present or that can be mobilized to support training implementation. This process, called *leveraging*, helps ensure that learning will be successfully applied. The second function is to identify who should attend the training. The third is to ensure that participants come to the training with identified learning needs and the understanding that they will be held accountable for their learning.



## Appendix C

### References

Andreasen, A.R., Marketing Social Change. Changing Behavior to Promote Health, Social Development, and the Environment, San Francisco, CA: Jossey-Bass Publishers, 1995.

Backer, T., David, S. and Soucy, G., eds. Reviewing the Behavioral Science Base on Technology Transfer. Rockville, MD: NIH Publication No. 95-4053, 1995.

Backer, T.E. & Rogers, E.M. & Sopory, P., Designing Health Communications Campaigns: What Works?, Newbury Park, CA: Sage Publications, 1992.

National Cancer Institute, Making Health Communication Programs Work. A Planner's Guide, Rockville, MD: April 1989.

National Institute on Drug Abuse. Community Readiness for Drug Abuse Prevention: Issues, Tips, and Tools. National Institutes of Health, Publication No. 97-4111.

Rogers, E.M. Diffusion of Innovations (3rd ed.) New York, NY: The Free Press, 1983.

Rogers, E.M., and Storey, J.D., "Communication Campaigns." In: Handbook of Communication Science, E. Berger and S. Chafee, (Eds). Beverly Hills: Sage Publications, 1987.

Sechrest, L., Backer, T.E., and Rogers, E.M. eds., Effective Dissemination of Health Care Information, Rockville, MD: US Department of Health & Human Services, Agency for Health Care Policy and Research, 1994.

Senge, Peter. The Fifth Discipline. New York: Doubleday Press, 1990.

## Appendix D

### NPN-CAPT Regions and Their State Incentive Grants

The NPN regions are listed below with the States with State Incentive Grantees (SIGs) funded up through FY2000 presented in bold. Additional State Incentive Cooperative Agreement awards may be made in future years depending on available funding. CAPT grant applicants should propose annual budgets, with justification, that reflect any additional effort required for possible new SIG grantees in the proposed CAPT's region.

Central Region:	North Dakota, South Dakota, <b>Minnesota</b> , Iowa, Wisconsin, <b>Illinois</b> , <b>Indiana</b> , Ohio, West Virginia, Michigan, Red Lake Chippewa Band
Northeast Region:	<b>Connecticut</b> , <b>Delaware</b> , Maine, <b>Maryland</b> , <b>Massachusetts</b> , Pennsylvania, Rhode Island, <b>New Hampshire</b> , New Jersey, <b>New York</b> , <b>Vermont</b>
Southeast Region:	Alabama, <b>District of Columbia</b> , <b>Florida</b> , Georgia, <b>Kentucky</b> , Mississippi, <b>North Carolina</b> , Puerto Rico, <b>South Carolina</b> , Tennessee, Virgin Islands, <b>Virginia</b>
Southwest Region:	Texas, <b>New Mexico</b> , <b>Colorado</b> , <b>Oklahoma</b> , <b>Louisiana</b> , Arkansas, Missouri <b>Kansas</b> , Nebraska.
Western Region:	California, Nevada, <b>Utah</b> , <b>Arizona</b> , <b>Oregon</b> , <b>Washington</b> , Idaho, <b>Montana</b> , Wyoming, Guam, <b>Hawaii</b> , <b>Alaska</b> , American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia (Chuuk, Kosrae, Pohnpei, Yap), Marshall Islands, Palau

## Appendix E

### CAPT Evaluation

This appendix contains:

1. Evaluation of CAPT Program/ Data collection and Management
2. CAPT GPRA Outcome Measures

#### **1. Evaluation of CAPT Program/Data Collection and Management**

Each regional CAPT is responsible for conducting appropriate evaluation of its services and products, as well as collaborating on the National CAPT Evaluation process.

Because a main purpose of the CAPT program is to transfer effective, science-based prevention technologies into routine practice in the field, a CAPT will, in part, measure its performance by the extent to which: requested services are delivered; clients met their technical assistance and training needs; client-oriented CAPT services change to appropriately meet those needs; and clients make changes in their own services and/or policies appropriate to science-based prevention practices. CAPTs **are not** expected, however, to evaluate the effectiveness of the prevention approaches put into practice by their clients as a result of CAPT assistance.

The CAPTs have collaboratively developed protocols for tracking client service needs and requests and for the quantification of the CAPT delivered activities. The data collection procedures currently used by the CAPTs are posted on the <http://www.captus.org/exhibits/>.

The evaluation measures have been implemented in electronic formats that build databases in Microsoft Access. By the end of the CAPTs' second funding year (September 1999), there were three principal types of evaluation databases:

- The Technical Assistance Contact Database – This is a database for information about the CAPT client's needs for and use of technical assistance as they work with their chosen target populations. Examples of data elements include client characteristics, relationship to State Incentive Grant and State Prevention Block Grant Programs, initial prevention program plans and goals, technical assistance and training needs, and the client's beginning state of sophistication in understanding science and applying effective best and promising prevention practices. The contact database also tracks changes in the client's needs, program planning and objectives, and client reports of applying the recommended principles of prevention science and best and/or promising prevention practices.
- The Event Database – This database is used to assess the training needs and readiness of its clients and to

quantify the aspects of training workshops that are designed to increase the CAPT clients' knowledge and skills for planning, implementation, and evaluation of prevention programs, practices, and policies.

- Special Activity Assessments – This is a database to evaluate CAPT-specific activities and several of the more focused cross-CAPT collaborative activities (e.g., assessing their clients' need for information about prevention infrastructures including the National Prevention System and the client's place within it).

#### Data Collection/ Management/Analyses

During the first two years of the CAPT program (1997 and 1998), the CAPTs formed a collaborative Cross-CAPT Evaluation Work Group to develop and refine a common set of client contact and CAPT service delivery process measures related to the Government Performance and Results Act (GPRA) (see CAPT GPRA outcome measures below). The two-fold purpose was to assess the impact of the CAPT program both regionally and to assess the national impact of the CAPT collaborations in meeting client needs. As indicated above, the CAPT measures have been implemented in electronic formats that build databases in Microsoft Access. There are two principal types of databases: The Technical Assistance Contact and Outcome Database, and The Events Database. The latter pertains primarily to training related activities. Congruent with GPRA, the CAPT data are used to assess the CAPT program's benefits to the prevention field.

Each CAPT is responsible for collecting data on the activities and information listed in the Technical Assistance Contact and Event databases. Each CAPT summarize its activities and provides quarterly reports to the CSAP CAPT program staff. The National CAPT evaluation is supported by an external contract: CSAP's Technology Transfer Support contract. It provides data base technology infrastructure support and expert evaluation support to the regional CAPTs. Evaluators under the Technology Transfer Support contract provide recommendations for the improvement of the National CAPTs data collection, management and analysis. Part of the process includes CAPT's periodic deliveries of data to the Technical Transfer Support contractor who aggregates these data across the CAPTs to permit reporting of the CAPT activities at the national level. The TA Contact data is used by CSAP to report on the CAPT GPRA outcome measures. Each CAPT is also responsible for the analyses of their respective regional data and for using their data in their regional quarterly reporting system. The CAPTs are responsible for the daily management of the databases with technical assistance from the Technology Transfer Support Contract.

## **2. CAPT GPRA Outcome Measures**

### **Goal-by-Goal Presentation of Performance**

**Measure 1: Increase (a) the number of technical assistance contact hours and (b) the number of prevention technologies introduced to all SIGs and their local subrecipients.**

Rationale: States require sound technical support to ensure that their selections of prevention strategies, programs and policies (prevention technologies) are based on scientific evidence.

The intent is to increase the number of proven prevention technologies adopted at the community level; assess how well the technology transfer activities were implemented; and deliver ongoing technical assistance to SIGs and their subrecipients, as well as non-SIG States, and to build community capacity to ensure their successful adoption of prevention technologies.

Note: After FY 2000, CSAP will no longer report on measure 1. However, this measure which was developed prior to the beginning of the CAPT program in October 1997, assesses process and will continue being collected and reported by the CAPTs to their CSAP Project officers. The proposed outcome measures (#3 and #4 below) were developed by the CAPT evaluators collaboration with CSAP and are impact indicators of the CAPT Program. As the first three-year cycle of the CAPT Program has end and the second three-year cycle has begin, it is appropriate to replace the process measures with outcome measures that reflect the current program.

Data Source and Validity of Data: CAPT data are obtained from requests and responses for technical assistance and training. The simplicity and direct nature of the questions provides face validity to the data.

Target: Technical assistance contact hours, FY 2000 25% increase from baseline data FY 1999. Prevention technologies, FY 2000 25% increase from baseline data FY 1999.

**Measure 2: By FY 2001, past month substance use will decrease by 15% from the baseline among youth ages 12-17 (YSAPI measure).**

Rationale: Comprehensive public education efforts can effect a change in the perception of risk/harm and associated drug use by youth 12-17 years old.

Data Source and Validity of Data: NIDA Monitoring the Future National High School Senior Survey and SAMHSA National Household Survey on Drug Abuse. These are national surveys with known and established reliability and validity.

Baseline FY 1997: 11.4%

Target: FY 2000: 15% decrease from baseline data; FY 2001 and 02: Maintain at 15% decrease from baseline data .

**Measure 3: Increase the number of CAPT TA contacts for the purpose of building State-level capacity.**

Rationale: Following start-up in year one, the National CAPT Program developed program measures to assess the reach of their services to build State-level capacity. One of the indicators to measure the CAPTs' ability to increase State-level capacity is to assess how many TA contacts have been made within the region.

Data source and Validity of Data: The data is compiled on a national basis from the CAPT TA contacts database. Each CAPT uses the same database format for reporting.

Baseline: FY 1999, 3,496 contacts

Target: FY 2000: 4,000 contacts.

**Measure 4: Assist in the initiation of systemic changes to promote the development of State prevention systems.**

Rationale: Following start-up in year one, the National CAPT Program developed program measures to assess the impact of their services on State prevention systems. These outcomes are identified as changes in laws, enforcement, funding, increased coordination, administrative change, policy changes, and implementation of science-based programs. Measure 4, an outcome measure, will replace measure 1, a process measure.

Abbreviated definitions of these change-oriented outcomes follow: *Law*—new or amended laws emanating at the State, county, or city level; *Enforcement*—to uphold existing laws or policies or increase level or coverage of enforcement efforts already in place; *Funding*—to foster new or increased prevention funding for prevention; *Increased coordination*—to stimulate systematic program coordination for prevention; *Administrative change*--includes changes in personnel or bureaucratic structure within organizations or changes in the organization or locus of responsibilities in an overall prevention system; *Policy changes*--changes in the actions and activities of governmental bodies and officials at the state, regional, or county level to enhance the prevention system and the outcomes of that system; and *Implementation of science-based programs*--includes the actual implementation (as opposed to the intent to do so) of programs or practices demonstrated to be effective.

Data Source and Validity of Data: CAPT data on the outcomes or impacts.

Baseline: FY 99, 551 changes

Target: FY 2000, maintain at 551 changes. Note that the target represents the number of changes per year and is not cumulative.

## Appendix F

### CSAP Resources

#### **SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI)**

SAMHSA's NCADI is a one-stop resource for information about substance abuse prevention, intervention, and treatment. NCADI's public library has more than 80,000 journals, newspapers, magazines, and reference books, plus equipment for reviewing audiotapes and videotapes. The Clearinghouse also provides access to 11 computer data bases, including the Educational Resources Information Center (ERIC) of the U.S. Department of Education, the ETOH data base of the National Institute on Alcohol Abuse and Alcoholism, and the bibliographic data base of the Centers for Disease Control and Prevention's Office on Smoking and Health. NCADI's own Prevention Materials Data Base lists more than 8,000 prevention products, such as curricula, videocassettes, posters, brochures, specialty items, and educational material.

**You may call the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800 729-6686; TDD: 1-800-487-4889; or click on the NCADI link through the SAMHSA web site at [www.SAMHSA.gov](http://www.SAMHSA.gov).**

#### **CSAP's Prevention Decision Support System (DSS) for the Prevention of Substance Abuse**

CSAP encourages applicants to make use of this valuable repository of information resources and web-based tools designed to assist States and communities in making sound decisions concerning substance abuse prevention programs.

CSAP's DSS web site ([www.preventiondss.org](http://www.preventiondss.org)) promotes scientific methods and programs for substance abuse prevention. The DSS is designed to actively guide practitioners and State systems toward making well-informed decisions concerning a broad range of prevention programming options. Its seven-step approach to on-line technical assistance, training and other resources identify "best and promising" approaches to needs assessment, capacity-building, intervention program selection, evaluation, and reporting. The DSS also provides States with software for collecting and managing information about Substance Abuse Block Grant programs. **CSAP's Centers for the Application of Prevention Technologies (CAPTs) work closely with SIG states access and use the DSS.**

**For more information, access the DSS directly at [www.preventiondss.org](http://www.preventiondss.org).**

#### **Model Substance Abuse Prevention Programs**

CSAP's Model Program website ([www.samhsa.gov/csap/modelprograms](http://www.samhsa.gov/csap/modelprograms)) is for everyone involved in preventing substance abuse and creating positive change in the lives of youth. Applicants may visit this website to:

- C access materials on how to implement and evaluate your community's model substance abuse prevention program
- C request training and technical assistance from program developers
- C link to numerous prevention and funding resources

C check out and order many free publications on all model programs and the latest in science-based substance abuse prevention

The successful model programs featured on this website can be replicated at the community level--adopted in their entirety or used to guide improvements or expanded services in an existing substance abuse prevention program.

CSAP expects to make available its Guide to Science Based-Practices available through the Model Programs website listed above in early 2001.

### **CSAP's National Registry of Effective Prevention Programs (NREPP)**

The NREPP is a system to catalogue and assess formally evaluated substance abuse and related prevention programs sponsored by Federal agencies, State governments, local communities, foundations, non-profit organizations, and private sector businesses.

Programs nominated for the NREPP may be innovative intervention existing programs or programmatic research (multiple studies) in a specific rather than as a single intervention trial. Programs that are determined to have positive and replicable results may become Model Programs. In order to become a Model Program, programs must have well developed program materials and/or training programs)

Programs become part of the NREPP by submitting journal article(s); and/or final report. Trained evaluators independently rate programs based on 15 dimensions to determine the quality of the program in question. Programs rated as model programs are those that are well-implemented, are rigorously evaluated, and have consistent positive findings (integrity ratings of "4" or "5").