

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention

Guidance for Applicants (GFA) No. SP-02-006
Part I - Programmatic Guidance

Cooperative Agreement
National Community Antidrug Coalition Institute
Short Title: Antidrug Coalition Institute

Application Due Date:
July 10, 2002

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Agency

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

Action and Purpose

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP) announces the availability of Fiscal Year 2002 funds for one cooperative agreement to develop and implement the National Community Antidrug Coalition Institute.

Approximately \$2 million (direct and indirect) will be awarded in FY 2002. Estimated subsequent annual awards are anticipated to be \$2 million in FY 2003; \$1 million in FY 2004; \$1 million in FY 2005; \$750,000 in FY 2006, and \$750,000 in FY 2007. Awards may be requested for up to 6 years. Annual continuation of the award depends on the availability of funds and progress achieved.

Who Can Apply?

Any national nonprofit organization that represents, provides technical assistance and training to, and has special expertise and broad, national-level experience in community antidrug coalitions under the Drug-Free Communities Support Program. (See Public Law 107-82, section 4(b), which cites section 1032 of the National Narcotics Leadership Act of 1988 (21 U.S.C. 1532) which also may be cited as the Drug-Free Communities Act of 1997.)

Please provide evidence of eligibility in appendix 4 of your application.

Develop Capacity:

Coalition Institute Program Goal

The goal of the National Community Antidrug Coalition Institute is to develop and build the capacity of community coalitions to successfully reduce substance abuse. Public Law 107-82, section (4) (c) authorizes the Institute to use approaches to address this goal:

- 1) provide education, training, and technical assistance for coalition leaders and community teams, with emphasis on the development of coalitions serving economically disadvantaged areas;
- (2) develop and disseminate evaluation tools, mechanisms, and measures to better assess and document coalition performance measures and outcomes; and
- 3) bridge the gap between research and practice by translating knowledge from research into practical information.

Coalition Institute Program Objectives

Assess Needs:

- To increase the number of community antidrug coalitions served by the Coalition Institute who collect and process local baseline data on the prevalence of substance abuse and other core measures, as required by the Drug Free Community Support Program, by 50% from FY 2003 to FY 2008.

- To increase the number of community antidrug coalitions served by the Coalition Institute which use local substance abuse data to plan and carry-out specific program objectives by 50% from FY 2003 to FY 2008.
- To increase the number of community antidrug coalitions served by the Coalition Institute which use their core measure data to make changes in their long term strategic plan by 50% between FY 2003 and FY 2008.
- To increase the number of coalition members served by the Coalition Institute who state that they are “very satisfied” with the organizational structure and performance of their coalitions by 50% between FY 2003 and FY 2008.
- To increase the number of community antidrug coalitions served by the Coalition Institute which have participated in a leadership mentoring program for coalition leaders by 20% from FY 2003 to FY 2008.

Select Program and practices:

- To increase the number of anti-drug coalitions served by the Coalition Institute which have implemented science-based intervention strategies among their coalition members by 50% from FY 2003 to FY 2008.

Implement Programs:

- To increase the number of community anti-drug coalitions served by the Coalition Institute, which report an increase in new sources of funding by 50% between FY 2003 and FY 2008.

- To increase the sustainability of coalitions so that 70% of coalitions served by the Coalition Institute in FY 2003 remain in existence in FY 2008.

Evaluation:

- To increase the number of antidrug coalitions served by the Coalition Institute which develop evaluation plans with measurable outcomes by 50% between FY 2003 and FY 2008.
- To increase the number of antidrug coalitions served by the Coalition Institute who are evaluating outcome measures by 50% between FY 2003 and FY 2008.
- To increase the number of anti-drug coalitions served by the Coalition Institute who are evaluating process measures by 50% between FY 2003 and FY 2008.

Note: Baseline data for all of the objectives will be data collected by the Coalition Institute in FY 2003.

Background

On February 12, 2002, President Bush announced three major national priorities and two principal goals for America's National Drug Control strategy. The priorities are 1) Stopping use before it starts-education and community action, 2) Healing America's drug users-getting treatment resources where they are needed and 3) Disrupting the Market- attacking the economic basis of the drug trade. These priorities are intended to achieve two-year and five-year goals.

Two-Year Goals:

- A 10 percent reduction in current use of illegal drugs by the 12-17 age group.
- A 10 percent reduction in current use of illegal drugs by adults age 18 and older.

Five-Year Goals:

- A 25 percent reduction in current use of illegal drugs by the 12-17 age group.
- A 25 percent reduction in current use of illegal drugs by adults age 18 and older.

The Drug-Free Communities Support Program is an important part of the National Drug Control Policy. Congress passed the Drug-Free Communities Act of 1997 (P. L. 105-20) that provided grant funds to be awarded to support community antidrug coalitions around the United States. The Office of National Drug Control Strategy has the principle oversight of the program while the Office of Juvenile Justice and Delinquency Prevention (Department of Justice) carries out the grants management functions of the program. The Center for Substance Abuse Prevention in the Substance Abuse and Mental Health Services Administration (Department of Health and Human Services) contributes additional scientific and technical support to community coalitions, primarily through its six regional Centers for the Application of Prevention Technology. As of April, 2002, some 463 communities in all 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands are currently receiving federal grant funds under this program.

In December of 2001, Congress approved legislation (H.R. 2291) re-authorizing the Drug-Free Communities Support Program for five additional years at a level of \$399 million. President Bush signed this legislation in law (P.L. 107-82) on Dec. 14, 2001. P.L. 107-82 provides for the award of a grant for the purpose of establishing a National Community Antidrug Coalition Institute to carry out three principal activities. These are to:

- provide education, training, and technical assistance for coalition leaders and community teams, with emphasis on the development of coalitions serving economically disadvantaged areas;
- develop and disseminate evaluation tools, mechanisms, and measures to better assess and document coalition performance measures and outcomes; and
- bridge the gap between research and practice by translating knowledge from research into practical information.

ONDCP has entered into an Inter-Agency Agreement with The Center for Substance Abuse Prevention (CSAP) to issue a cooperative agreement to implement the National Community Antidrug Coalition Institute. To avoid duplication of effort, the Institute will work in close cooperation with the six regional Centers for the Application of Prevention Technology (CAPTs) to help achieve the goals of the National Drug Control Strategy.

The Antidrug Coalition Institute will take advantage of the resources of multiple agencies located throughout the federal, state, and local governments, philanthropies, and universities to bring the best available knowledge, information, and technology to local community coalitions working to prevent and reduce drug use among the youth of America

Application Kit

Application kits have two parts. Part I is individually tailored for each GFA. Part II contains general policies and procedures that apply to all SAMHSA applications for discretionary grants. You will need to use both Parts I and Part II for your application. This document is Part I.

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. Go to “grants” link.

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:

1. Use application form PHS 5161-1.
2. Be sure to type:
“SP 02-006 “Coalition Institute” in item number 10 on the face page of the application form.
3. Effective immediately, all applications must be sent via a recognized commercial or government carrier. Hand-carried applications will not be accepted.

Application Date

Your application must be received by July 10, 2002.

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 1 week before the deadline date.

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

Contacts for Further Information

For questions on *program issues*, contact:

Boris Aponte, Ph. D.
CSAP, DPAE
Rockwall II, Room 800
5600 Fishers Lane
Rockville, MD 20857
(301) 443-2290
(301) 443-5592 (FAX)
E-mail: <mailto:baponte@samhsa.gov>

For questions on *grants management issues*, contact:

Steve Hudak
Division of Grants Management
Substance Abuse and Mental Health Services Administration
Rockwall II, 6th Floor
5600 Fishers Lane
Rockville, MD 20857
(301) 443-9666
E-Mail: <mailto:shudak@samhsa.gov>

Cooperative Agreement

This award is being made as a cooperative agreement because it requires substantial Federal staff involvement to ensure that appropriate coordination of efforts takes place between the Coalition Institute and other governmental substance abuse prevention entities.

Role of the Coalition Institute Awardee:

- Deliver technical assistance, training and education to community antidrug coalitions.
- Collaborate with CSAP and ONDCP staff, contractors, and programs in the development and implementation of all activities of the Community Antidrug Coalition Institute.
- Provide CSAP with data for provision to ONDCP required for the Government Performance Resource Act (GPRA) and other data reporting requirements.
- Convene a Steering Committee of no more than 12 members that will consist of a diverse group of experts appointed by the Institute in consultation with ONDCP and SAMHSA/CSAP to provide guidance on organizational development and substance abuse prevention issues pertaining to antidrug coalitions. Steering Committee members shall include representatives from ONDCP, OJJDP, the CAPT program, CSAP, NIDA, NIAAA, Dept. of Ed., community coalitions, state agencies, and academia. The Steering Committee must meet regularly but no more than two times per year and must convene within 60 days after this award.

Each member of the Steering Committee will have one vote. The Chair of the Steering Committee shall be elected from

among the non-Federal members of the Committee. The Steering Committee is expected to develop consensual agreements for decisions about the activities of the Coalition Institute. The CSAP Project Officer and Alternate Project Officer will also participate as full members of any subcommittees that are established. The Coalition Institute Steering Committee will receive scientific guidance from outside experts on an as-needed basis.

- Participate in relevant meetings defined by CSAP and ONDCP, including being part of monthly conference call meetings with the CAPT directors.
- Provide quarterly and annual reports to CSAP for provision to ONDCP.
- Comply with the terms and conditions of the Cooperative Agreement.

Role of Federal Staff:

The Federal Project Officer will:

- Provide guidance and technical assistance to help awardee achieve program goals.
- Monitor and review progress of the Coalition Institute project and make recommendations regarding its continuance for funding.
- Provide existing data, curricula, and evaluation products that will help awardee identify, select, and disseminate science-based community prevention practices and programs.
- Coordinate the design and content of the annual report to meet the needs of ONDCP, OJJDP, and CSAP in their current reporting requirements to various

entities. The annual report will not exceed 30 pages.

- Coordinate the work of the Coalition Institute with ONDCP, OJJDP, CSAP, and other federal agencies conducting prevention activities, to enhance program outcomes and to avoid duplication of effort .
- Participate as a full member of the Coalition Institute Steering Committee.
- An Alternate Project Officer will work with the Project Officer across components of the project, including coordinating necessary involvement of the governmental entities, and consulting regularly with the awardee on all aspects of the project.

Funding Criteria

Decisions to fund this grant are based on:

1. 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

Post Award Requirements

Programmatic Reports

Quarterly reports
Annual reports
Final report at the end of the six year cycle
Quarterly delivery of electronic copy of contact and service data
Additional reports as required on special projects and activities;

For more information on SAMHSA policy and requirements related to reporting, refer to the

Reporting Requirements Section in Part II of this GFA.

Provision of Data

Compliance with data reporting requirements including but not limited to Coalition Institute services provided to their customers and GPRA data so that SAMHSA and ONDCP can meet its reporting requirements.

Information collected from antidrug coalitions will require Office of Management and Budget (OMB) approval. The approval process may require up to 6 months. It will be the responsibility of the grantee to develop, on a timely fashion, all necessary materials to obtain the approval.

GPRA performance measures for this project will address outcomes and process. Outcome measures will include the assessment of the organizational development of the antidrug coalitions served. Process measures will include assessment of client satisfaction.

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. See Appendix A in Part II for instructions. 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 of the GFA 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 of A-D follows #10 of this checklist.** Sections A-D may not exceed 35 single spaced pages.

Section A - Project Rationale and Description

Section B - Project Plan

Section C - Evaluation Plan

Section D - Project Management and Staffing Plan

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 of the GFA.

Section H - Biographical Sketches and Job Descriptions

- 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 the person with his/her biosketch.
- Include job descriptions for key personnel. They should not be longer than 1 page.
- ***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.

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6. APPENDICES 1 THROUGH 5
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: Data collection/Instruments.

Appendix 3: 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.

Appendix 4: Evidence of your eligibility to apply to this grant

7. **ASSURANCES:** Non- Construction Programs. Use Standard form 424B found in PHS 5161-1.
8. **CERTIFICATIONS**
Use the “Certifications” forms, which can be found in PHS 5161-1.
9. **DISCLOSURE OF LOBBYING ACTIVITIES:** Use Standard Form LLL (and SF LLL-A, if needed), which can be found in PHS-5161-1. Part II of the grant announcement also contains information on lobbying prohibitions
10. **CHECKLIST:** See Appendix B In Part II of the GFA for instructions.
11. **INTERGOVERNMENTAL REVIEW (E.O. 12372):**
Executive Order (E.O.) 12372 sets up a system for State and local government review of applications. Applicants (other than Federall recognized Indian tribal governmentns) should contact the States’ Single Point of Contact (SPOC) as early as possible to alert him/her to the prospective application(s) and receive necessary instructions on the State’s

review process. Part II of the GFA provides additional information about E.O. 12372.

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 though D may not be longer than 35 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 plans to address cultural competence. Points will be assessed for the cultural aspects of each review criterion.

Section A: Project Rationale and Description (15 points)

In this section of your application, you must:

- Clearly state how your goals and objectives relate to the goal and objectives described under the Program Goal and under the Program Objectives sections of this document.

- Describe the unique role that community antidrug coalitions play in preventing substance abuse and identify their major strengths and weaknesses.
- Describe the main challenges that existing and developing antidrug coalitions face. Discuss strategies to address barriers to coalition effectiveness.
- Describe the stages of coalition development and of effective coalition building techniques.
- Demonstrate a clear understanding of the diverse types of community coalitions (in regards to such variables as geographic location, demographic makeup, ethnic makeup, membership size, length of existence, size of budget, and effectiveness) and provide a list and description of what you see as the major coalition types.
- Describe the challenges economically disadvantaged communities face in developing and sustaining antidrug coalitions and how the Institute can facilitate their development.

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

In this section, you must provide a detailed implementation plan including process measures, to achieve the goal and objectives you described in section A.

- Describe how you will assess and monitor the needs of diverse types of community antidrug coalitions.

- Describe a plan to provide both new and existing community coalitions with a range of technical assistance, training, and education, on the following issues that will address the needs identified and described under the previous bullet:

- Assessment of community needs;
 - Recruitment and engagement of coalition members from key community constituencies and sectors;
 - Establishment and development of leadership and organizational structure;
 - Building of organizational as well as leadership capacity for action;
 - Development of goals and objectives;
 - Selection of appropriate science- based interventions;
 - Development and implementation of action plans;
 - Coalition sustainability, including leadership development and funding; and
 - Program evaluation.

- Provide a detailed description and rationale of each activity or service to be provided (e.g. topic of training, number of trainings that will be provided, length of training, curricula used, channel of training, target population, number of people served).

- Provide a plan for training on coalition development and evaluation at the annual DFC grantees conference; the agenda will be developed in collaboration with ONDCP, OJJDP, and CSAP.

- Provide assurance that no fees will be charged to the community antidrug coalitions for these trainings and materials. If an organization other than a community antidrug coalition seeks to purchase material from the Coalition

Institute, any program income derived from such purchase will be deducted from the total Federal grant budget.

Describe how you will tailor and promote your services to meet the needs of the diverse types of community antidrug coalitions (in regards to such variables as geographic location, demographic makeup, ethnic makeup, size, length of existence, and effectiveness) that you outlined in Section A.

Describe how you will target economically disadvantaged areas to support the development of antidrug coalitions including how you plan to promote your services to their communities.

Indicate how you plan to collaborate with the CSAP's CAPTs (identified in Appendix B), with emphasis on use of existing training materials and avoiding duplication of effort, in the delivery of education, training and technical assistance.

Describe the process by which you will collaborate with the following substance abuse prevention entities, to advance the development of antidrug coalitions around the nation, advance the field of prevention technology transfer among antidrug coalitions, and eliminate duplication of effort:

- The Office of National Drug Control Policy (ONDCP);
- The Department of Justice (DOJ), including the Drug-Free Support program in the OJJDP;
- CSAP's support for communities, such as the State Incentive Grant (SIG) program, the State Prevention Advancement and Support (SPAS)

project, the National Registry of Effective Prevention Programs (NREPP), and the National Clearinghouse on Drug and Alcohol Information (NCADI).

- Non-governmental substance abuse prevention entities .

Describe the Computer Information Technology (CIT) system to be used for this program. This system must support and enhance existing prevention information systems, including CSAP's Prevention Decision Support System (DSS), and other related systems, and must enhance on-line mentoring and collaboration work among community antidrug coalitions.

Section C: Evaluation (20 points)

The evaluation plan must describe the applicant's proposed approach for evaluating both the work of the Community Antidrug Coalition Institute (process measures) and the resulting change in the actions of the community antidrug coalitions that receive Coalition Institute services (outcome measures). Specifically, the evaluation plan must:

- Describe the evaluation design, sampling, data collection, and analysis methods that will be used to evaluate the goal and objectives that you have detailed in sections A & B.
- Address how the proposed Coalition Institute will monitor client service requests and consumption of services (e.g., technical assistance and training), assess clients' satisfaction employing both qualitative and quantitative indicators, maintain the data for analysis and reporting purposes, and be used to improve the quality of technical assistance provided.
- State plans for providing on-site and Web-based strategies for data management, data processing and clean-up, quality control, data retention, and database formats. This must include provision of electronic content and services data.
- Provide an assurance statement that the Coalition Institute will supply the necessary GPRA data on: client tracking, delivery of services to clients, client ratings of satisfaction with services, and all outcome indicators required by the program objectives.

Section D: Project Management and Staffing Plan (35 points)

In this section of your application, you must:

- Describe your management structure and how it will ensure the effective delivery of services to the antidrug coalitions.
- Provide evidence of your organization's experience (specially for the Project Director) in building and working with antidrug coalitions. Include evidence of cultural sensitivity and work in delivering training and technical assistance on organizational development and science-based substance abuse prevention content to community antidrug coalitions on a local and a national basis.
- Provide a staffing plan for the Coalition Institute. Your staffing plan must include a Project Director, Evaluator and Marketing Director.
- Describe the expertise of proposed key personnel.
- Describe staff competencies in: cultural sensitivity, bilingual communications, technical assistance, technology transfer and related training, and substance abuse prevention knowledge.
- Demonstrate that your staff (or contractor) is competent with computer information technology and can create/maintain Web resources to support the Institute's field work and provide remote access to its programs and products.
- Describe your plan to recruit key members for the Institute Steering Committee and work collaboratively with

them. Include details on the structure and function of the Steering Committee according to the description included under the Cooperative Agreement section of this announcement.

- Create an initial three year time-line for the proposed work of the Coalition Institute. Include important categories of tasks (e.g., Steering Committee & staff recruitment, determination of priorities, start-up of service delivery, evaluation, etc.).
- Demonstrate the feasibility of accomplishing the project objectives within the proposed time-line in terms of: 1) delivery of proposed services, and 2) the adequacy and availability of resources (e.g., management, core and adjunct staffing, consultants, connections with collaborating entities, facilities that are ADA compliant, and equipment).
- Provide a plan for a minimum of 80% of funds for the direct delivery of services to community antidrug coalitions at the local, regional, and national levels. Examples of direct services include: preparation of materials, training, de-briefing of event and materials, preparation of on-line materials, technical assistance, de-briefing of technical assistance and materials, and travel. Examples of administrative services include: hiring process, supervising, in-house training, in-house logistics, preparation of materials for committees and meetings.
- Provide a plan to identify and leverage any external resources to support the goals and objectives of the Coalition Institute program.

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:

- Report any possible risks for people in your project.
- State how you plan to protect them from those risks.
- 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:

- ① Protect Clients and Staff from Potential Risks:
 - Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse effects.
 - Discuss risks which are due either to participation in the project itself, or to the evaluation activities.
 - 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.

- Give plans to provide help if there are adverse effects to participants, if needed in the project.
- Where appropriate, describe alternative treatments and procedures that might be beneficial to the subjects.
- Offer reasons if you do not decide to use other beneficial treatments.

② Fair Selection of Participants:

- 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.
- 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.
- Explain the reasons for including or excluding participants.
- Explain how you will recruit and select participants. Identify who will select participants.

③ Absence of Coercion:

- 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.

- If you plan to pay participants, state how participants will be awarded money or gifts.
- State how volunteer participants will be told that they may receive services and incentives even if they do not complete the study.

④ Data Collection:

- 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?

- 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.
- Provide in Appendix No. 2, "Data Collection Instruments/Interview Protocols," copies of all available data collection instruments and interview protocols that you plan to use.

5 Privacy and Confidentiality:

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

6 Adequate Consent Procedures:

- 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.

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.

- **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.

- 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?
- Include sample consent forms in your Appendix 5, 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.

- 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?

⑦ Risk/Benefit Discussion:

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

Appendix A: SAMHSA/CSAP Resources

CSAP takes a comprehensive, integrated, and systemic approach to prevention, which is designed to build the prevention infrastructure as well as organizational capacity at the State and community levels. The CSAP resources listed below are intended to provide the core foundation on which the Coalition Institute will build to develop a strong technical assistance and training delivery system. As such, the Coalition Institute should complement existing CSAP training and technical assistance activities and make extensive use of key CSAP resources such as the National Registry for Effective Prevention Programs, National Center for the Advancement of Prevention documents, and the Prevention Decision Support System. Also, it is expected that the Coalition Institute will draw from other Federal agencies and national organizations working on coalition development and capacity-building. In addition, CSAT offers complementary resources which may be of interest to prevention coalitions who are taking a holistic approach to prevention issues.

Training and Technical Assistance for Capacity Building

1. **CSAP's State Prevention Advancement and Support Program (SPAS)** was initiated to enhance the development of State prevention system infrastructure and youth tobacco control efforts in States and Territories. The primary focus is the \$320 million prevention set-aside for the Substance Abuse Prevention and Treatment Block Grant. The program addresses four inter-related infrastructure components: assessments of State prevention/Synar systems; development of State prevention/Synar **systems**; **support to State prevention leadership**;

and building a new web-based State Technical Assistance Network.

2. **CSAP's Centers for the Application of Prevention Technologies (CAPTs)** program supports the application and dissemination of substance abuse prevention interventions that are scientifically proven. The six CAPT projects 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. With regard to the Drug-Free Communities Support Program, the regional CAPTs provide technical assistance on core infrastructure issues such as community coalition principles, strategic planning, and evaluation as well as the application of science-based prevention to meet State and local needs. For more information, go to <http://captus.samhsa.gov>.
3. **SAMHSA/Center for Substance Abuse Treatment's Addiction Technology Transfer Centers (ATTCs)** is a nationwide, multi-disciplinary resource that draws upon the knowledge, experience and latest work of recognized experts in the field of addictions. Launched in 1993, the Network is comprised of 13 independent Regional Centers and a National Office. Although the size and areas of emphasis of the individual Centers may vary, each is charged as is the Network collectively with three key objectives:
 - to increase the knowledge and skills of addiction treatment practitioners from multiple disciplines by facilitating access to state-of-the-art research and education;
 - to heighten the awareness, knowledge, and skills of all professionals who have

the opportunity to intervene in the lives of people with substance use disorders;

- to foster regional and national alliances among practitioners, researchers, policy makers, funders, and consumers to support and implement best treatment practices.

Topics covered include: Cultivating systems change, advancing addiction education, addressing workforce development, communicating recommended approaches, fostering culturally competent practice, harnessing technologies, and evaluating the impact. For more information, go to www.nattc.org.

Decision-Making and Capacity-Building Tools

1. **CSAP's National Registry of Effective Prevention Programs (NREPP).** The NREPP is a system to catalog 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 interventions, replications of interventions, including cultural or local adaptations of existing programs or programmatic research (multiple studies) in a specific area which has evolved over time and is submitted for overall consideration, rather than as a single intervention trial. Programs that are determined to have been well-implemented, thoroughly evaluated; and produced consistently positive and replicable results may become **Model Programs**. In order to become models, programs must also be available for public use (i.e. have well developed program materials and/or training programs).

Programs become part of the NREPP by submitting journal article(s); and/or final project outcome evaluation reports. Teams of 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"). For more information, go to <http://modelprograms.samhsa.gov/nrepp.htm>.

2. **Model Substance Abuse Prevention Programs.** CSAP's Model Programs website (<http://modelprograms.samhsa.gov>) is for everyone involved in preventing substance abuse and creating positive change in the lives of youth. Applicants may visit this website to:
 - access materials on how to implement and evaluate your community's model substance abuse prevention program
 - request training and technical assistance from program developers
 - link to numerous prevention and funding resources
 - 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's Prevention Decision Support System for the Prevention of Substance Abuse (PreventionDSS).** 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 PreventionDSS web site 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 identifies "best and promising" approaches to needs assessment, capacity-building, intervention program selection, evaluation, and reporting. PreventionDSS 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 to access and use the DSS. For more information, access the DSS directly at www.preventiondss.org.

Information Dissemination and Public Education Initiatives

1. **SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI).** For the past 14 years, the National Clearinghouse for Alcohol and Drug Information has served at the Nation's single point of entry in the Federal government for comprehensive, customer-friendly information about substance abuse prevention, intervention, and treatment. NCADI serves the order fulfillment needs of the ONDCP National Youth Anti-Drug Media Campaign, SAMHSA's various targeted press efforts, CSAP's dissemination and application initiatives as well as its highly targeted public education campaigns, CSAT's knowledge application initiative and public affairs efforts, as well as the

dissemination efforts of NIAAA, NIDA, and the Department of Education. You may call the NCADI at 1-800 729-6686; TDD: 1-800-487-4889; or click on the NCADI link through the SAMHSA website at www.SAMHSA.gov.

2. **CSAP Public Education Initiatives.** CSAP designs and implements public education campaigns that range from raising the public awareness about the dangers of marijuana use to providing guidance to community-based organizations on how to help young girls develop a healthy, drug-free lifestyle. Visit the following Web site to learn more about these public education efforts. <http://prevention.samhsa.gov/campaigns/>

Networking

1. **Partners for Substance Abuse Prevention (PSAP).** To further CSAP's mission of bringing prevention to every community, the PSAP website is a virtual meeting place for all organizations and companies that want to become involved in the substance abuse prevention effort or want to enhance or expand their current substance abuse prevention activities. Substance abuse prevention includes preventing the use of illegal drugs, the abuse of legal drugs or other products (e.g. glue sniffing), underage drinking and underage tobacco use. The efforts to prevent underage drinking and drug use are also intrinsically linked to other serious youth problems such as crime, violence, academic failure and teen pregnancy. For more information, go to <http://www.samhsa.gov/preventionpartners>
2. **State Incentive Cooperative Agreements for Community-Based Action [State Incentive Grant (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 Grant funds are 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 antidrug 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 are able to more effectively increase the perception of harm and risk and reduce the incidence of drug use.

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 FY2001 presented as follows: **still active** (in bold) or concluded (underlined) .

Central Region:

North Dakota, South Dakota, **Minnesota, Iowa, Wisconsin, Illinois, Indiana**, Ohio, West Virginia, Michigan, Red Lake Chippewa Band

Northeast Region:

Connecticut, Delaware, Maine, Maryland, Massachusetts, Pennsylvania, Rhode Island, **New Hampshire**, New Jersey, **New York**, Vermont

Southeast Region:

Alabama, **District of Columbia, Florida**, Georgia, Kentucky, Mississippi, **North Carolina, Puerto Rico, South Carolina**, Tennessee, Virgin Islands, **Virginia**

Southwest Region:

Texas, **New Mexico, Colorado, Oklahoma, Louisiana**, Arkansas, Missouri, Kansas, **Nebraska**.

Western Region:

California, Nevada, **Utah, Arizona, Oregon, Washington**, Idaho, **Montana, Wyoming**, Guam, **Hawaii, Alaska**, American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia (Chuuk, Kosrae, Pohnpei, Yap), Marshall Islands, Palau)