

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

Request for Applications (RFA) No. SP 03-002

**Cooperative Agreements for
The Centers for the Application of Prevention Technologies**

Short Title: CAPTs

Part I- Programmatic Guidance

**Application Due Date:
March 10, 2003**

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*This program is being announced prior to the full annual appropriation for fiscal year (FY) 2003 for the Substance Abuse and Mental Health Services Administration's (SAMHSA) programs. Applications are invited based on the assumption that sufficient funds will be appropriated for FY 2003 to permit funding of a reasonable number of applications being hereby solicited. This program is being announced in order to allow applicants sufficient time to plan and to prepare applications. Solicitation of applications in advance of a final appropriation will also enable the award of appropriated grant funds in an expeditious manner and thus allow prompt implementation and evaluation of promising projects. All applicants are reminded, however, that we cannot guarantee sufficient funds will be appropriated to permit SAMHSA to fund any applications. Questions regarding the status of the appropriation of funds should be directed to the Grants Management Officer listed under Contacts for Additional Information in this announcement.

Table of Contents

[Note to Applicants: To prepare a complete application, “Part II – General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements,” must be used in conjunction with this document, “Part I - Programmatic Guidance.”]

Agency.....	3
Purpose of this Announcement.....	3
Availability of Funds.....	3
Who Can Apply.....	3
Application Kit.....	3
How to Get an Application Kit.....	4
Where to Send the Application.....	4
Application Due Date.....	4
How to Get Help.....	4
Cooperative Agreements.....	5
Award Criteria.....	7
Post Award Requirements.....	7
Program Overview.....	8
What to Include in Your Application.....	10
Face Page	
Abstract	
Table of Contents	
Budget Form	
Project Narrative and Supporting Documentation	
Appendices	
Assurances	
Certifications	
Disclosure of Lobbying Activities	
Checklist	
Project Narrative – Sections A through D.....	12
Section A: Project Overview	
Section B: Project Approach	
Section C: Management Plan	
Section D: Evaluation	
SAMHSA Participant Protection.....	18
Special Considerations and Requirements.....	21
Appendices	
Appendix A: SAMHSA/CSAP Resources.....	22
Appendix B: Overview of the CAPT Programs.....	28
Appendix C: The CAPTs’ Evaluation Procedures and Instruments	29

Agency

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

Purpose of this Announcement

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP) is accepting applications for Fiscal Year 2003 cooperative agreements for the five regional Centers for the Application for Prevention Technologies or CAPTs. (The States and other jurisdictions served by these CAPT regions are shown at the end of Appendix A.) The CAPTs are SAMHSA/CSAP's primary knowledge application and capacity expansion program supporting CSAP's mission to bring effective substance abuse prevention to every community. As such, the CAPTs form the cornerstone of CSAP's efforts to move science into services. Under the guidance of CSAP, the CAPTs work to expand the capacity of the substance abuse prevention field through the application of effective evidence/science-based programs, practices, and policies within every State prevention service system and community (see Appendix A – NREPP). To accomplish this, the CAPTs provide their clients with timely and effective technical assistance, training, dissemination, and communication services that increase the transfer and application of substance abuse prevention knowledge and skills.

Availability of Funds

It is expected that approximately \$8 million will be available for up to five awards in FY 2003. The annual award will be \$1.5 million in total costs (direct and indirect). Cost-sharing is not

required in this program. Actual funding levels will depend on the availability of funds. While not guaranteed, it is possible that the actual funding levels may be supplemented on a discretionary basis if additional funds become available (e.g., from Inter-Agency Agreements for CAPT services). Such funding will be restricted to enhancing the basic activities under this program. Supplemental funds will not be competed but will be limited to the applicants funded under this announcement.

Applications with proposed budgets that exceed \$1.5 million per year will be returned without review.

Awards may be requested for up to five years. Annual continuation awards will depend on the availability of funds.

Who Can Apply?

Applications may be submitted by public and domestic private non-profit entities (e.g., universities, faith-based organizations, etc.). It is required that applicants have offices physically located within the CAPT region to be served. Applicants must also be experienced in the delivery of prevention technical assistance and training. Applicants are required to include a certification in Appendix 6 to certify that - for a minimum of two years prior to the date of the application - the organization has been providing the general types of training and technical assistance services being proposed for this RFA.

Application Kit

SAMHSA application kits include the following:

- 1. PHS 5161-1 - (revised July 2000)** - Includes the Face Page, Budget forms, Assurances, Certifications and Checklist.

2. PART I - of the Program Announcement (PA) or Request for Applications (RFA) includes instructions for the specific grant or cooperative agreement application. This document is Part I.

3. PART II - of the Program Announcement (PA) or Request for Applications (RFA)- provides general guidance and policies for SAMHSA grant applications. The policies in Part II that apply to this program are listed in this document under "Special Considerations and Requirements."

You must use all of the above documents of the kit in completing your application.

How to Get an Application Kit:

- Call: The National Clearinghouse for Alcohol and Drug Information (NCADI): 800-729-6686 (800-487-4889 TDD)
or
e-mail: info@health.org
- Download **Part I, Part II and the PHS 5161-1** of the application kit from the SAMHSA web site at www.samhsa.gov. Click on "Grant Opportunities" and then "Current Grant Funding Opportunities."

Where to Send the Application

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

Ray Lucero, Review Administrator
Grant Review Branch
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane, Room 17-89

Rockville, MD 20857

All applications MUST be sent via a recognized commercial or governmental carrier. Hand carried applications will not be accepted. Faxed or e-mailed applications will not be accepted. You will be notified by mail that your application has been received.

If you require a phone number for delivery, you may use 301-443-4266.

Application Due Date

Your application must be received by March 10, 2003

Applications received after this date must have a proof-of-mailing date from the carrier before March 3, 2003.

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

How to Get Help

For questions on program issues, contact:

Jon Rolf, Ph.D.
CSAP/SAMHSA
Rockwall II, Room 800
5600 Fishers Lane
Rockville, MD 20857
(301) 443-0380; FAX (301) 443-7072
E-Mail: jrolf@samhsa.gov

For questions on grants management issues, contact:

Stephan Hudak
Division of Grants Management
Substance Abuse and Mental Health Services Administration/OPS

5600 Fishers Lane/ Rockwall II, 6th floor
Rockville, MD 20857
(301) 443-9666; FAX 301-443-6468/1358
shudak@samhsa.gov

Cooperative Agreements

These awards are being made as cooperative agreements because they require substantial Federal staff involvement.

Awardees Must:

- Comply with the Terms and Conditions in the award of the Cooperative Agreement (see Appendix C for those related to data).
 - Agree to provide SAMHSA with data required to comply with the Government Performance and Results Act (GPRA). The awardee must meet with the CSAP Project Officer within two months after the award of the cooperative agreement to begin discussing the awardee's evaluation strategy and how it will meet CSAP GPRA requirements.
 - Budget for and attend the following meetings annually: four CAPT National Steering Committee meetings (in Washington, D.C.), two AI/AN-NRC National Steering Committee meetings, ten collaborative workshops or conferences, and one ATTC National Network Meeting (see Appendix A).
 - Provide the programmatic, product development, adaptation, dissemination and collaboration activities described in this CAPT RFA project narrative. The latter includes (but is not limited to) collaboration with the national programs of SAMHSA's American Indian-Alaska Native National Resource Center for Substance Abuse Services (AI/AN-NRC), SAMHSA-ONDCP National Anti-Drug Coalition Institute and other SAMHSA/CSAP programs involved in the dissemination of evidence-based prevention information and activities (see Appendix A).
- Meet the performance evaluation expectations established for the CAPT program (See Appendix C).
 - Collaborate with CSAP's State Prevention Advancement and Support (SPAS) technical assistance program to leverage their respective funds and avoid duplication of effort.
 - Participate with CSAP staff in the development and refinement of the existing national CAPT policies, evaluation designs, measures, products, websites, and databases.
 - Work with SAMHSA staff during the first three months of the project to identify expected performance standards for the CAPTs along with performance measures related to those standards that can be objectively/externally monitored. These measures will provide critical information about the success of the program as well as the success in achieving SAMHSA's Science to Services goals.
 - Assure that the CAPT's services and products are current, accurate, and consistent with SAMHSA/CSAP's policies and national program guidance regarding publications, data sharing, and access to data. (Note that copies of the CAPT performance data are provided to CSAP's Data Coordinating center twice a year.)
 - Comply with the requirements regarding the national CAPT-US website where the CAPTs will post an integrated CAPT event calendar and lists of current CAPT products, products in development, and other items as

determined by CSAP or the CAPT National Steering Committee.

- Cooperate fully with the directions of the National CAPT Steering Committee.
- Coordinate with the other regional CAPTs to ensure non-duplicative efforts across the CAPT program.

SAMHSA/CSAP Staff Will:

- Work with the CAPTs to help coordinate activities across the CAPT regions.
- Provide guidance and technical assistance across all the project's components, including conducting site visits.
- Monitor and review progress of the CAPT program and make recommendations regarding future directions of the program.
- Participate in any necessary development and refinement of the existing CAPT policies, and their national products, evaluation system, performance measures, websites, and databases.
- Work with the CAPTs during the first three months of the project to identify expected performance standards for the CAPTs along with performance measures related to those standards that can be objectively/externally monitored. These measures will provide critical information about the success of the program as well as the success in achieving SAMHSA's Science to Services goals.
- Ensure the coordination of this program with SAMHSA and CSAP program policies and operations.
- Participate as full members of the CAPT National Steering Committee.

- Advise on issues and components of the program that cross prevention and treatment, relate to SAMHSA's matrix of cross-cutting issues (see first page of Appendix A) and/or involve coordinating with CSAP contractors and other groups.
- Review national CAPT products prior to publication and dissemination including posting on the national CAPT website to assure consistency with CSAP program guidance and directions.
- Consult regularly with the awardees on all aspects of the program and participate in the National CAPT Steering Committee meetings as full members.

The National Steering Committee Will:

- Have among its members:
 - The Director and Deputy Director of each regional CAPT,
 - A National Prevention Network (NPN) CAPT representative from each of the five NPN regions,
 - A representative from the AI/AN-NRC,
 - A representative from the National Association of State Alcohol and Drug Abuse Directors (NASADAD),
 - A representative from the Community Anti-Drug Coalition of America (CADCA)
 - The Deputy Director of CSAP (who serves as a Co-Chair)
 - The CAPT Project Officers and Staff Collaborators, and
 - CSAP Division Directors
- Elect a Co-Chair of the Steering Committee from among the CAPT Directors. Each Chair will serve a one-year term.
- Meet up to four times annually. The first meeting of the Steering Committee will be

convened at the request of the CSAP's CAPT Project Officers. The Steering Committee Chair and CSAP staff will be jointly developing the agendas.

- Assist in developing consensual agreement for most decisions about the CAPTs' collaborative activities. Decisions that cannot be made by consensus will be made by majority vote. Each member has one vote.
- Provide coordination to assure maximization of collective resources and eliminate duplication of effort.
- Take a lead role in the development, refinement, and implementation of the CAPT policies, product development guidelines, and the cross-CAPT evaluation designs, measures, and databases.
- Review policies for consistency with 45 CFR 74.36, on data sharing, access to data and materials, and publications. (The Privacy Act authorizes discretionary disclosure of this information within the Department of Health and Human Services – DHHS - and outside the Agency to the public, as required by the Freedom of Information Act and the associated DHHS regulations 45 CFR 5). Publications will be written and authorship decided using procedures adopted by the Steering Committee. The quality of the publications will be the responsibility of the authors, although a draft must be provided to CSAP prior to publication. No additional SAMHSA/CSAP clearance will be required, except that publications on which SAMHSA staff are included as authors or coauthors must receive internal agency clearance prior to publication. Awardees must use standard SAMHSA language regarding attribution of funds and disclaimers in all publications.

Award Criteria

Decisions to fund this cooperative agreement are based on:

1. The strengths and weaknesses of the application as identified by the Peer Review Committee and approved by the CSAP National Advisory Council.
2. One award per region (C, NE, SE, SW, W) as defined at the end of Appendix A.
3. The strengths and weaknesses as shown during potential pre-award site visits to the peer review committee's top rated applications. The pre-award site visits will apply the same scoring criteria as indicated in the RFA Project Narrative. During the visit, the applicants can clarify key issues in their narratives and substantiate their capacities to implement their proposed activities successfully.
4. The availability of funds.

Post Award Requirements

1. The CAPT is expected to provide the following types of reports.
 - Quarterly progress reports
 - Annual progress and fiscal reports
 - Final summary report at the end of the third year cycle.
 - Periodic delivery of electronic copies of contact and service data to the contractor providing data coordination of the cross-CAPT databases.

Additional reports may be required on special projects and activities (e.g., collaborative services delivered with supplemental funding by another Federal

agency partnering with SAMHSA in this program).

2. The CAPTs are expected provide services in accord with the program policies of SAMHSA/CSAP. The awardee will:
 - Participate in meetings as typically required of cooperative agreement awardees. These may be conducted in person or electronically by conference call with web facilitation.
 - Collaborate with CSAP program units, the AI/AN-NRC, the ONDCP-SAMHSA Anti-Drug Coalition Institute, and other Agencies supporting CAPT services via Inter-Agency Agreements.
 - Convene CAPT Region Steering Committee meetings two or three times per year. The proceedings of these meetings will provide regional input for the CAPT National Steering Committee. The CAPT's Project Officer and Staff Collaborator will participate as full members in the Regional Steering Committee meetings.
3. The awardee must inform the Project Officers of any publication based on the grant project. Additionally, the awardee must also ensure consistency with relevant CSAP and SAMHSA editorial guidelines and policies (e.g., use of logos, text, format, and related production qualities) before disseminating any CAPT product. It must also comply with Title IV, Sec. 711 of the Americans with Disabilities Act (ADA) that applies when developing promotional public service announcements.
4. The CAPTs have collaborated to establish a cross-CAPT evaluation plan assuring comparability of data and reporting. There are five Web-enabled databases: Event,

Systemic Outcomes, Technical Assistance (TA), Products, and Success Stories. Each CAPT is expected to help shape and maintain these databases. The databases are accessed via the national CAPTUS website. Examples of these databases are presented in Appendix C.

5. Awardees must provide information needed by SAMHSA to comply with the Government Performance and Results Act (GPRA) reporting requirements. GPRA mandates accountability and performance-based management by Federal agencies, focusing on results or outcomes in evaluating the effectiveness of Federal activities and on measuring progress toward achieving national goals and objectives. Awardees must comply with GPRA data collection and reporting requirements. A description of the CAPTs' evaluation procedures and measures (including those pending as GPRA and performance measures) are presented in Appendix C. The final CAPT GPRA and performance measures for the program have not yet been determined, and SAMHSA will be working with the awardees to finalize them and obtain necessary clearances once the grant awards have been made.

Program Overview

CSAP's CAPT program was initiated in 1997 to serve CSAP's major technical assistance and training resource for CSAP's State Incentive Grant (SIG) awardees and their sub-recipient communities.

The CAPTs help carry out SAMHSA/CSAP's mission and its Science to Services initiative by serving as its primary direct-service national resource for transferring substance abuse prevention science into effective services within every State and community. The CAPTs have rapidly responded to the requirements of SAMHSA's Goals for Accountability, Capacity,

and Effectiveness (A-C-E) by delivering each year thousands of technical assistance hours and hundreds of prevention training/collaboration facilitation events on A-C-E topics.

(Additional background information on the CAPTs can be found in the article “Closing the Gap Between Research & Practice: Lessons of the First Three Years of CSAP’s National CAPT System” located in the PreventionDSS Library feature at <http://preventiondss.samhsa.gov>.)

Currently, the CAPT program is nearing the end of its second funding cycle. For the new five-year cycle of funding, the CAPTs will adapt their technical assistance and training services to support the expanded needs of:

- Prevention-related themes and activities contained in SAMHSA’s Matrix of crosscutting issues (Appendix A, first paragraph);
- The increased number and types of the State Incentive Grants (SIGs – see Appendix A);
- SAMHSA’s Federal partners as defined in inter-agency Memoranda of Understanding (e.g., such Federal Agencies as ED; OJJDP, ONDCP);
- Recent advancements in the application of prevention science into effective services via on-line resources such as SAMHSA/CSAP’s PreventionDSS.

Program Goals and Objectives

The overall CAPT program goals are to:

- Serve as one of SAMHSA/CSAP’s major resource for expanding capacity, increasing effectiveness, and strengthening the performance accountability of substance abuse

prevention services at both the State and community levels.

- Disseminate effective evidence/science-based substance abuse prevention programs, practices, and policies so that they can be applied successfully within the diverse contexts of life within U.S. communities, States, Tribes, and other US Jurisdictions.
- Provide effective technical assistance and training that expand the capacity of States and communities to implement effective substance abuse prevention services. Such training and technical assistance is coordinated with the ongoing work of SAMHSA’s other dissemination efforts.

These goals will be met by the following required activities:

- Furthering SAMHSA/CSAP’s program policies in support of the prevention elements of SAMHSA’s matrix issues and the National Drug Control Strategy (<http://www.whitehousedrugpolicy.gov/>);
- Building collaborations and organizational/agency capacities to work effectively with SAMHSA/CSAP’s “science to services” dissemination programs for improving substance abuse prevention;
- Working collaboratively with the CAPTs’ State and community clients as well as CSAP program units requiring CAPT services. The CAPT’s primary clients are States with current State Incentive Grants (SIGs) and sub-recipients. Other States or U.S. Jurisdictions (without SIGs); Tribes, and community level prevention projects may use CAPT services, but they are a secondary client group. CAPT services to

community projects typically involve CSAP grantees or grantees of another Agency. With the latter, the CAPT services are supported via supplemental funding provided through Inter-Agency Agreements;

- Selecting appropriate staff, associates and steering committee members that can plan, deliver, and guide the regional CAPT's programs to achieve its goals;
- Identifying the most effective technology transfer methods to promote the adopting and sustaining of effective prevention programs, practices, and policies that produce effective systems change;
- Providing technical skill training and selected large-scale training (e.g., summer institutes) as may be indicated by guidance from the CAPT National Steering Committee;
- Promoting increased awareness of effective science to service prevention programs, practices, and policies that are culturally appropriate and adaptable to the local needs of prevention service providers by using multiple methods and channels of information dissemination;
- Developing readily adaptable products for training and technical assistance for substance abuse prevention services at the State and community levels;
- Expanding the accessibility of CAPT services and enhancing the service capacity by collaborating with SAMHSA's other technical assistance and dissemination programs;
- Evaluating and reporting the CAPTs' performance measures including the CAPT Government Performance and

Results Act – GPRA - and other measures in the CAPT on-line evaluation system.

The Project Narrative/Review Criteria section provides additional details on the expected CAPT activities.

What to Include in Your Application

In order for your application to be complete, 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, which is part of the PHS 5161-1. See Appendix A in Part II of the RFA for instructions. In signing the face page of the application, you are agreeing that the information is accurate and complete.

2. ABSTRACT

Your total abstract should not be longer than 35 lines. In the first 5 lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.

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 (SF) 424A, which is part of the PHS 5161-1 is to be used for the budget. Fill out sections B, C, and E of the SF 424A. Follow instructions in Appendix B of Part II of the RFA.

□ **5. PROJECT NARRATIVE AND SUPPORTING DOCUMENTATION**

The Project Narrative describes your project. It consists of Sections A through D. These sections may not be longer than 30 pages. More detailed information about Sections A through D follows #10 of this checklist.

Section A - Project Overview

Section B - Project Approach

Section C - Management Plan

Section D - Evaluation

The Supporting Documentation section of your application provides additional information necessary for the review of your application. This Supporting Documentation should be provided immediately following your Project Narrative in Sections E through H. There are no page limits for these sections, except for Section G, the Biographical Sketches/Job Descriptions.

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

G **Section F** - Budget Justification, Existing Resources, Other Support. You must provide a narrative justification of the items included in your proposed budget as well as a description of existing resources and other support you expect to receive for the proposed project. **(See Part II of the RFA/PA, grant announcement, Example A, Justification).**

G **Section G** - 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**. If the person has not been hired, include a letter of commitment from the individual with a current biographical sketch.
- Include job descriptions for key personnel. They should not be longer than **1 page**.
- **Sample sketches and job descriptions are listed on page 22, Item 6 in the Program Narrative section of the PHS 5161-1.**

G **Section H** - SAMHSA's Participant Protection. The elements 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.
- **Do not** use appendices to extend or replace any of the sections of the Project Narrative unless specifically required in this RFA (reviewers will not consider them if you do).
- **Do not** use more than **35** pages (plus all instruments) for the appendices.

Appendix 1: Letters of collaborations, commitments, and support for the proposal. Please photocopy letters so that each page of the appendix shows two reduced (but legible) letter pages.

Appendix 2: Copy of letters to Single State Agencies – SSAs. (Note: You may photocopy these with two letter pages on one landscape oriented appendix page).

Appendix 3: Data collection instruments, interview protocols, and consent forms that may be used.

Appendix 4: Other. For example: diagrams and other depictions of organizational structure, time-line or staffing patterns;

Appendix 5: Listings of recent publications relevant to training and technical assistance; and listings of any recent exemplary training and technical assistance activities.

Appendix 6: Certification that the applicant has been providing technical assistance and training services in the region for two years.

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. See Part II of the RFA for instructions.

9. DISCLOSURE OF LOBBYING ACTIVITIES (See form in PHS 5161-1)

Appropriated funds, other than for normal and recognized executive-legislative relationships, may not be used for lobbying the Congress or State legislatures. Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before the Congress or State legislatures. This includes "grass roots" lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way. (Please read **Part II** of the RFA, General Policies and Procedures for all SAMHSA applications for additional details.)

10. CHECKLIST (Found in the PHS 5161)

You must complete the Checklist. See Part II Appendix C of the RFA for detailed instructions.

Project Narrative

Sections A through D

In developing your application, use the instructions below that have been tailored to this program. These are to be used in lieu of the "Program Narrative" instructions found in the PHS 5161 on page 21.

Sections A through D are the Project Narrative of your application. These sections describe what you intend to do with your project. Below you will find detailed information on how to respond to Sections A through D. Sections A through D may not be longer than 30 pages.

- **Your application will be reviewed and scored against the requirements described below for sections A through D. These sections also function as review criteria.**
- A peer review committee will assign a point value to your application based on how well you address **each** of these sections.
- The number of points after each main heading shows the maximum number of points a review committee may assign to that category.
- Bullet statements do not have points assigned to them; they are provided to invite attention to important areas within the criterion.
- Reviewers will also be looking for evidence of cultural competence **in each section** of the Project Narrative. Points will be assigned based on how well you address cultural competency aspects of the review criteria. SAMHSA's guidelines for cultural

competence are included in Part II of the RFA, Appendix D.

Section A: Project Overview
15 points

- Provide a brief overview of the proposed structure and function of the regional CAPT and describe how it will address the three CAPT goals listed in the Program Overview section;
- C. Describe briefly the substance abuse prevention needs that the proposed CAPT will address. Include your views on the priority recipients and contexts of the CAPT's products and services (e.g., prevention service providers, population groups in their multi-ethnic contexts, high-risk environments, as well as emerging issues and priorities in the field); Note that proposals for the West and Southwest CAPTs should also include a focus on the Mexican-U.S. border issues.
- Introduce how the proposed CAPT will provide its clients with a range of programs and products (e.g., primarily technical assistance but also training services) and the extent to which the CAPT will strive to link traditional and innovative approaches to service delivery. (Add details in Section B.);

Section B: Project Approach
40 points

1. Describe how you propose to create a CAPT that identifies and nurtures effective and culturally appropriate substance abuse prevention technology transfer services for the region. Include information on:
 - § Your approach to establishing and managing the CAPT's Regional Steering Committee.

These regional committees traditionally have included representatives from the CAPT region's principal clients (e.g., SIG directors, SSAs) and constituents (e.g., NPNs, prevention service providers). The work of the Regional Steering Committees should inform the work of the National CAPT Steering Committee.

- § Procedures to recruit experts and other participants for any CAPT working groups needed to guide the regional CAPT's efforts to develop priority activities;
 - § Your plans for proactive outreach and working relationships with service providers and others that will use and apply the products of the CAPT regionally;
 - X The proportions of resources that the CAPT proposes to devote to technical assistance and to training.
2. Describe your plans to increase the availability and use of effective substance abuse prevention practices that are culturally appropriate and adaptable by providers serving regional populations. Include information on how you will work with CSAP to:
 - § Determine what existing programs, practices, and policies with evidence of effectiveness are appropriate to address the region's prevention service needs and gaps. Note that proposals for the West and Southwest CAPTs should also include a focus on the Mexican-U.S. border issues;
 - § Assess the potential of these appropriate programs, practices, and policies for dissemination as potentially successful adaptations and applications in diverse regional contexts;
 - § Organize information about existing evidence-based prevention programs,

practices, and policies;

§ Determine changes in regional substance abuse prevention service needs, resources, and gaps;

§ Demonstrate how the CAPT will address the issues of age, culture, race, ethnicity, language, literacy, disability, gender, and sexual orientation among the targeted populations to be served.

3. CSAP uses a five-step logic model framework for bringing effective prevention to every community. These are: 1) assess needs, 2) assess and develop capacity, 3) select programs and practices, 4) implement programs and practices, and 5) evaluate programs and practices. Using this logic model, outline how you will provide technical assistance and deliver priority training (combined with follow-on technical assistance) to clients in SIG States, Non-SIG States, and other CAPT clients to build their respective organizational readiness and staff skills for the application of effective programs, practices, and policies for substance abuse prevention and their interface with substance abuse treatment. Include information on plans to:

- Provide training with subsequent technical assistance for the CAPT's clients on applying effective practices within the diverse contexts of the delivery of prevention services (e.g., schools, family, community, media, environmental and other contexts deemed to be appropriate);
- Provide technical assistance and selected training opportunities to help clients better:
 - Understand prevention fundamentals (including risk and protective factors and how prevention works best in different settings);

- Plan and undertake organizational capacity development and sustainability;

- Promote effective programs, practices, and policies in collaboration with CSAP's National Registry of Effective Prevention Programs (NREPP – see p. 23) and other appropriate systems;

- Implement effective programs, practices, and policies appropriately;

- Conduct performance evaluations;

- Produce appropriate service reports.

- Provide technical assistance to build technical capacities (e.g., skills to use web-based and other information technology resources) among services systems at the State and community levels. Include plans to link CAPT technical assistance to use CSAP's family of Web-based resources across CSAP's prevention planning logic model including the PreventionDSS and its Evaluation System for planning, conducting, and managing performance evaluations at State and community levels.

- Provide training for writing successful grant applications (e.g., SIG sub-recipient proposals) for securing external funds for prevention service capacity expansion and accountability.

4. Outline the methods you propose to use in developing products for technical assistance and training. Include information on:

§ Customizing and repackaging existing prevention service products and approaches, as needed, to make them more appropriate for adoption and application within State and community service systems and the diversity of regional daily life contexts (for the West and Southwest CAPTs this also includes a

focus on the Mexican-U.S. border issues);

§ Giving priority to developing products that improve capacity at different levels (e.g., the individual, organization, and service system levels). Examples include but are not limited to: a) increasing readiness to adopt and adapt effective practices; b) promoting skills for collaboration; and c) implementing effective methods for prevention.

§ Collaborating to make CAPT products compatible with CSAP's PreventionDSS decision support tools (e.g., develop content and measures for sustainability and other CSAP decision support tool programming);

§ Making CAPT clients and prevention technology transfer partners aware of (e.g., via the <http://captus.samhsa.gov> Website: (a) on-going CAPT products in development or ready for use, and b) the CAPT training calendar.

5. Present your plans for developing and sustaining multiple channels of communication and dissemination with the CAPT's clients. Provide information about how the plans will:

- Communicate the CAPT's mission as a technical assistance and training arm of CSAP as well as the CAPT programs, information, training, and technical assistance resources to providers, service systems, and other relevant groups at the national, tribal, State, and community levels;
- Disseminate products in appropriate formats to inform the many constituencies of the regional CAPT;
- Provide collaboration with the National Clearinghouse of Alcohol and Drug Information (NCADI) and other SAMHSA/CSAP dissemination programs while assuring non-duplication of effort;

6. Explain your vision for expanding the reach of the CAPT and enhancing its resources by collaborating with other programs. Provide information that demonstrates how you plan to:

- Collaborate with CSAP's State Prevention Advancement and Support (SPAS) technical assistance program to leverage resources and avoid duplication of effort;
- Use and promote CSAP's family of Web-based resources including the PreventionDSS and its Evaluation System to support the expansion of the CAPT's technical assistance, on-line collaborative work, dissemination, and other activities;
- Access and apply NIH-sponsored knowledge resources as well as other publicly or privately sponsored ones;
- Expand the reach of the CAPTs and enhancing their resources by collaborating with SAMHSA's other technical assistance and dissemination programs including but not limited to the SPAS, SAMHSA's NCADI, Prevline, PreventionDSS, NREPP, RADAR Network, ATTCs, the AI/AN-NRC, and the SAMHSA-ONDCP Anti-Drug Coalition Institute (see Appendix A).
- Initiate, with CSAP's guidance, new activities and initiatives supporting:
 - The National Drug Control Strategy;
 - Prevention elements of SAMHSA's matrix issues (e.g., early intervention, the prevention of co-occurring disorders, and substance abuse in older adults).
- Work collaboratively with
 - States with State Incentive Grants (SIGs and their sub-recipients) as

well as the other States and US Jurisdictions;

- Grantees of other Agencies providing additional funds for CAPT services via SAMHSA's MOUs with other Federal agencies;
- SAMHSA/CSAP-ONDCP National Anti-Drug Coalition Institute supporting the Drug Free Community Program grantees while avoiding duplication of effort;
- CSAP program units requiring CAPT services;
- CSAT's ATTCs, CMHS's National Technical Assistance Center (NTAC), and other appropriate public and private organizations involved in prevention work;
- SAMHSA's American Indian/Alaska Native National Resource Center (AI/AN-NRC) to identify priority areas for coordinated expansion of training and technical assistance services for substance abuse prevention among American Indians and Alaska Natives

X Explore joint staff positions and/or to access the AI/AN-NRC staff expertise in bridging research-based knowledge into locally adapted effective practices within American Indian – Alaska Native population groups;

§ Identify collaborative ways to support, enhance, and sustain CAPT national outreach activities through national, regional, and local infrastructures;

§ Provide the guidance and technical support to the CAPT clients in the use of the PreventionDSS collaboration support

features.

§ Follow the guidance of the CAPT National Steering Committee.

Section C: Management Plan 35 points

§ Outline an overall work plan for the CAPT. Include important categories of tasks (e.g., recruitment of the Steering Committee and staff, determination of priorities for program and product development, start-up/continuance of other service delivery, etc.). Note: All applicants (e.g., not currently delivering CAPT services to a CAPT region) should include a statement regarding plans and timelines to prevent a drop-off in the level of ongoing CAPT services if you were to replace the existing CAPT organization. Indicate how the proposed time-line for start-up of service delivery will be efficient and cost-effective in sustaining the regional CAPT capacity for the application of science-based prevention.

§ Explain the feasibility of accomplishing the proposed work plans in terms of the adequacy and availability of resources (e.g., management, core and adjunct staffing, consultants, connections with collaborating entities, facilities, and equipment and time available – i.e., five years); Include timeline graphs in Appendix 4

§ Describe the composition of the different types of prevention service systems and organizations serving the region. Please document and justify any exclusion with regard to SAMHSA's population inclusion policy. (See Part II of the GFA).

§ Describe how key staff are competent in areas such as: knowledge dissemination; technical assistance and training related to

substance abuse prevention; understanding evidence-based intervention approaches; assessment of priorities for knowledge and technology transfer across regions and sub-groups of providers; and the determination of the cost-effectiveness of options for proposed innovations in knowledge and technology transfer;

- § Summarize the commitments from key stakeholders for collaborating with the applicant if it were to be awarded the CAPT cooperative agreement. Include photocopies of the commitment letters in Appendix 1;
- § Summarize any relevant working relationships and work projects, both previous and current, with the region's CAPT's clients (Additional information can be included in Appendix 6 documenting the required statement of the applicant's two or more years' work in providing technical assistance and training services);
- § List the proposed CAPT's key positions and their qualifications (resumes must be placed in Section E). Describe how key staff are competent in areas such as: knowledge dissemination; technical assistance and training related to substance abuse prevention; understanding evidence-based intervention approaches; assessment of priorities for knowledge and technology transfer across regions and sub-groups of providers; and the determination of the cost-effectiveness of options for proposed innovations in knowledge and technology transfer;
- § Describe the extent to which the proposed CAPT's project management, Regional Steering Committee members, and consultants have the relevant leadership, management, and collaboration experience for providing CAPT services across the region's diverse populations, communities, and cultures. Summarize competencies of the

CAPT's key staff in working with the CAPT's client groups;

- § Describe the extent of recent activities that the applicant organization has had (current or previously) with the key collaborators on this CAPT application;
- § Describe both the applicant organization's and the proposed CAPT's collaborators' experience for inclusiveness and sensitivity to cross-cultural issues. (Note that cultural competencies as used here relate to issues of language, race, ethnicity, age, gender, sexual orientation, disability, and literacy.);
- § Describe how the CAPT leadership will leverage external resources to further and sustain the work of the CAPT.
- § Describe how you will work with the CAPT National Steering Committee to maximize the use of total CAPT resources and eliminate duplication of effort.

<Section D: Evaluation 10 points

In this section you must explain how you propose to evaluate and report the CAPT's performance including quantification of service provision and client satisfaction. Provide information on how in the evaluation procedures you will:

- Conduct evaluations of CAPT performance as to the quantity and quality of services delivered to Center clients;
- Enable the evaluators to prepare and deliver quarterly; annual, and other reports on the CAPT's documenting:
 - Progress toward its program objectives including those related to the

Government Performance and Results Act (GPRA);

- Achievements in customer satisfaction;
 - Outcome effects of CAPT services
 - Collaborations among SAMHSA's CAPTs, ATTCs, NTAC, AI/AN-NRC, and the SAMHSA-ONDCP Anti-Drug Coalition Institute;
 - Cost-effectiveness and return on investment of options for proposed innovations in knowledge and technology transfer;
- X Work with the Cross-CAPT evaluation team and the CSAP Project Officers / Staff Collaborators to design improvements in the cross-CAPT process and outcome evaluation measures in order to meet GPRA evaluation requirements and the CAPT's other national CAPT program evaluation plans;
- X Supply the necessary agency GPRA data and other data (e.g. HP2010, ONDCP PMEs) on the project's performance. This would also include core data for any cross-site evaluations that are determined post-award by CSAP with the awardees and other specified representatives.
- Train and monitor CAPT staff and associates so that the planned process, performance, and outcome assessments are performed as intended and entered via the cross-CAPT on-line evaluation system (see Appendices C);
 - Obtain and manage the evaluation data;
 - Adopt other relevant measures to integrate reporting on the evaluation of the CAPT's prevention activities;

- Describe the competencies of key staff to use the CAPT web-based evaluation system and measures described in Appendix C.;
- Indicate and describe any plans to adapt any existing Web-based data entry/data management system to the CAPT's evaluation needs.

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

SAMHSA's Participant Protection Requirements

Part II of the PA/RFA provides a description of SAMHSA's Participant Protection Requirements Regulations.

SAMHSA will place restrictions on the use of funds until all participant protection issues are resolved. Problems with participant protection identified during peer review of your application may result in the delay of funding. See Part II of the RFA for more information on participant protection.

You must address each element regarding participant protection in your supporting documentation. If any one or all of the elements is not relevant to your project, you must document the reasons that the element(s) does not apply.

This information will:

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

Projects may expose people to risks in many different ways. In this section of your application, you will need to:

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

Each of the following elements must be discussed:

– Protect Clients and Staff from Potential Risks

- Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse affects.
- Discuss risks that 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 risks, including risks to confidentiality.
- Give plans to provide help if there are adverse effects to participants.
- Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you do not decide to use these other beneficial treatments, provide the reasons for not using them.

^ Fair Selection of Participants

- Describe the target population(s) for the proposed project. Include age, gender, racial/ethnic background and note if the

population includes homeless youth, foster children, children of substance abusers, pregnant women, or other groups.

- Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, 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.

∨ 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.

↔ Data Collection

- Identify from whom you will collect data; for example, participants themselves, family members, teachers, others. Describe the data collection procedure and specify the sources for obtaining data; for example, school records, interviews, psychological assessments, questionnaires, observation, or other sources. Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.

- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
- Provide in Appendix 3, “Data Collection Instruments/Interview Protocols,” copies of all available data collection instruments and interview protocols that you plan to use. You do not need to provide copies of the on-line CAPT instruments presented in Appendix C.

⇐ Privacy and Confidentiality:

- Explain 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, awardees 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.**

↑ 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:
 - Whether or not their participation is voluntary,
 - Their right to leave the project at any time without problems,
 - Possible risks from participation in the project,
 - Plans to protect clients from these risks.
- Explain how you will get consent for youth, the elderly, those 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 **must** 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 Appendices 3, 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 participant protection in treatment intervention and for the collection and use of data.
- Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your

project, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

⇒ Risk/Benefit Discussion:

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

Special Considerations and Requirements

SAMHSA's policies and special considerations requirements related to this program are found in **Part II** of the RFA/PA. SAMHSA's policies, special considerations, and requirements can be found in Part II of the GFA in the sections by the same names. The policies, special considerations, and requirements related to the program are:

X Population Inclusion Requirement

X Government Performance Monitoring

X Healthy People 2010: The Healthy People 2010 focus areas related to this program are in Chapter 26: Substance Abuse

X Consumer Bill of Rights

X Promoting Non-use of Tobacco

X Letter of Intent

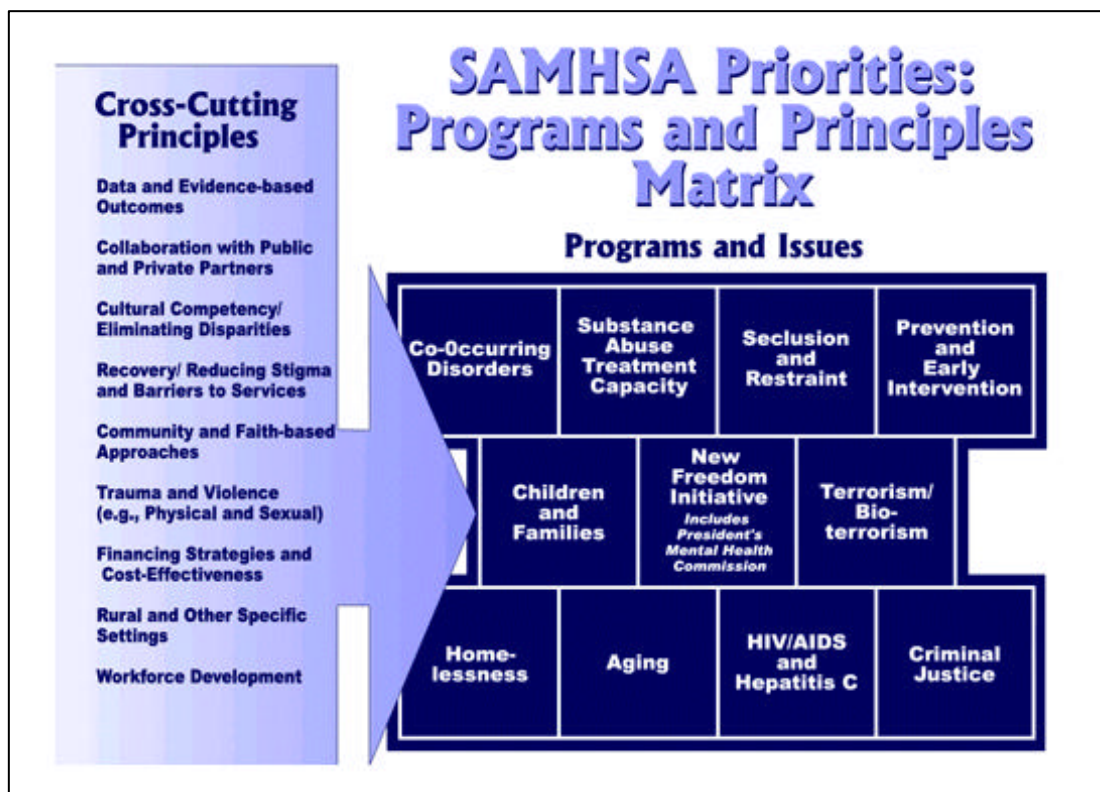
X Single State Agency Coordination (include documentation in Appendix 2)

X Intergovernmental Review (E.O. 12372)

X Confidentiality/SAMHSA Participant Protection

Appendix A SAMHSA and CSAP Resources

SAMHSA Programs and Policies - The Substance Abuse and Mental Health Services Administration (SAMHSA) is part of the US Department of Health and Human Services. SAMHSA is the Federal agency charged with improving the quality and availability of prevention, treatment, and rehabilitative services in order to reduce illness, death, disability, and cost to society resulting from substance abuse and mental illnesses. SAMHSA works in partnership with States, communities and private organizations to address the substance abuse and mental health treatment gaps as well as the community risk factors that contribute to these illnesses. SAMHSA has developed the SAMHSA matrix of crosscutting principles and programmatic priorities to focus our mission. The crosscutting principles guide SAMHSA's strategies and interventions for each of the program priorities established. The matrix is shown below, and the SAMHSA Website provides links to additional information about a number of topics referenced in this RFA including the SAMHSA Matrix of Issues at the following URL:
<http://www.samhsa.gov/policy/policy.html>.



CSAP – SAMHSA's Center for Substance Abuse Prevention (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 paragraphs on SAMHSA/CSAP resources below are intended to provide additional background information about the programs referenced in the body of this RFA.

Training and Technical Assistance for Capacity Building

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.

CSAP's Centers for the Application of Prevention Technologies (CAPTs) program – the subject of this RFA- 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. For more information, go to <http://captus.samhsa.gov>.

SAMHSA/CSAP-CSAT American Indian/Alaska Native National Resource Center for Substance Abuse Services (AI/AN-NRC). The Substance Abuse and Mental Health Services Administration (SAMHSA) with its Center for Substance Abuse Prevention (CSAP) and Center for Substance Abuse Treatment (CSAT) is anticipating the funding of a cooperative agreement in 2003 for implementing the American Indian/Alaska Native National Resource Center for Substance Abuse Services. The AI/AN-NRC is envisioned as an innovative national resource center dedicated to the identification and fostering of effective and culturally appropriate substance abuse prevention and treatment programs and systems to support American Indian and Alaska Native populations. The AI/AN NRC is intended to address a number of gaps in substance abuse prevention and treatment services for AI/AN people. It is expected that the successful applicant for the AI/AN-NRC will provide culturally appropriate and effective technical assistance, training, dissemination, and communication to increase the transfer and application of substance abuse prevention and treatment knowledge and skills among service providers, policy makers, Tribal communities, funding organizations, and consumers.

The overall AI/AN-NRC program goals are to:

- Create an AI/AN-NRC that promotes and nurtures effective and culturally appropriate substance abuse prevention and treatment services for AI/AN populations.
- Identify effective evidence-based AI/AN substance abuse prevention and treatment practices and disseminate them so that they can be applied successfully with American Indians and Alaska Natives across their diverse contexts of life within U.S. communities, States, Tribes, and tribal communities.
- Provide increased training and technical assistance resources that expand the capacity and quality of substance abuse prevention and treatment services for AI/AN populations. Such training and technical assistance is to be coordinated with and adds resources to the ongoing AI/AN work of SAMHSA's existing CAPTs and ATTCs.

Additional information can be found in the AI/AN-NRC GFA at http://www.samhsa.gov/grants/content/2003/sp03-001_aian_nrc.htm.

SAMHSA-ONDCP National Community Anti-drug Coalition Institute This is a new training and technical assistance resource supported with a cooperative agreement. The Institute goal 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 the following approaches to address this goal:

- 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.

SAMHSA/CSAT'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, <http://www.samhsa.gov/csat/csat.htm>, <http://www.samhsa.gov> the Network is comprised of 13 independent Regional Centers <http://134.193.108.18/nointernet2/regLocations.asp> 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 Resources

- **CSAP's PreventionDSS Decision Support System 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 projects. 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 assessing needs, building and sustaining capacities for prevention; selecting Model, Promising, and other effective prevention programs and practices, Implementing programs and practices, evaluating prevention projects, obtaining

training and technical support, and reporting on prevention work. PreventionDSS also provides States and communities with software for planning all types of evaluation of prevention services and projects. Included are tools to collect, enter, and manage customized evaluation databases. CSAP's Centers for the Application of Prevention Technologies (CAPTs) work closely with SIG states to access and use PreventionDSS. For more information, access the PreventionDSS, view its resources, and get overviews from "About the DSS" link at <http://preventiondss.SAMHSA.gov>.

- **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 that has evolved over time and is submitted for overall consideration, rather than as a single intervention trial.

In CSAP's terminology, an Effective Program is an intervention that builds upon established theory, comprises elements and activities grounded in that theory, demonstrates practical utility for the prevention field, has been well implemented and well evaluated, and has produced a consistent pattern of positive outcomes (*Achieving Outcomes*, 12/2001). Effective Prevention Programs (as defined by CSAP's National Registry of Effective Prevention Programs [NREPP]) are science-based programs that produce a consistent positive pattern of results. Effective Programs (i.e., 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>.

- **Model Substance Abuse Prevention Programs.** CSAP's Model Programs website (<http://modelprograms.samhsa.gov> or <http://www.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.

Information Dissemination and Public Education Initiatives

- **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 <http://www.SAMHSA.gov>.
- **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/>
- **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 www.samhsa.gov/preventionpartners.

SIGs – SAMHSA/CSAP's State Incentive Grants

- **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. A copy of the GFA for the program funding the existing SIGs and the GFAs for the other types of SIGs can be found at <http://prevention.samhsa.gov/progs/funded/StateIncentive.asp>. The present SIG States are listed below within their respective NPN-CAPT Regions.

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 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 are able to more effectively increase the perception of harm and risk and reduce the incidence of drug use.

- **State Incentive Grants in the CAPT-NPN Regions** The CAPT-National Prevention Network (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)

Appendix B

Links to Additional Information about SAMHSA/CSAP's CAPT Programs

CSAP's Centers for the Application of Prevention Technologies (CAPT) program started in 1997 to serve as a major national resource supporting the application and dissemination of effective science-based substance abuse prevention services. Five regional CAPTs provide their respective 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. An additional CAPT - The Border CAPT - coordinates with the regional CAPTs to provide coordinated and enhanced CAPT services to communities within 20 miles of the US-Mexico border.

The CAPTs' primary clients are States with CSAP's State Incentive Grants (SIGs), and their secondary clients are non-SIG US States and other US Jurisdictions plus designated community-level prevention projects (e.g., Drug Free Community Support Grantees). Additional information on the CAPTs' evaluation systems is available in Appendix B.

Additional information on the CAPTs is available at <http://captus.samhsa.gov> and from the links to their respective regional CAPT websites.

An informative document on the achievements and lessons learned from the CAPTs' early years can be found at <http://preventiondss.samhsa.gov> by clicking on the "Get Training and Support" tab and looking under "Featured Resources" the document titled: "Closing the Gap Between Research & Practice: Lessons of the First Three Years of CSAP's National CAPT System" (PDF, 200K).

Appendix C

The CAPTs' Evaluation Procedures and Instruments

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. The National CAPT Evaluation processes and databases include the CAPTs' GPRA measures and other measures needed to monitor performance and service trends.

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. While CAPTs may provide technical assistance and training on evaluation, they **are not** expected, however, to conduct evaluations of 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 CAPT evaluation measures have been implemented in electronic formats. There are currently five databases that together contain the required and voluntarily collected measures:

The Technical Assistance Database – This database contains information about the CAPT client's needs for and use of technical assistance as the clients 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 technical assistance 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 CAPT clients' training and consultation needs, client readiness for specific types of prevention activities. The database is also used to quantify the various aspects of training workshops and consultative meetings that are designed to increase the CAPT clients' knowledge and skills for planning, collaboration, project implementation, and evaluation of prevention programs, practices, and policies.

Products Database – This database catalogs the type of products available to CAPT staff and clients. With this database, the CAPTs are able to track products available, by target audience and by content area, and alternate formats or languages.

Systemic Outcomes Database –This database documents the type of significant changes in prevention systems that the CAPT clients attribute to CAPT efforts. With this database, the CAPTs are able to track systemic outcomes by type including changes in law, funding, administrative changes, enforcement, increased coordination, policy, and implementation of science-based programs.

Success Stories Database - This database documents the testimonies of clients about the successful work of the CAPTs in collaboration with their clients throughout the CAPT regions.

2. 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) and other performance objectives. The two-fold purpose was to 1) assess the impact of the CAPT program regionally, and 2) to assess the national impact of the CAPT collaborations in meeting client needs. As indicated above, the CAPT evaluation system and measures have been implemented in web-based electronic formats. 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 five databases. Each CAPT summarizes its activities and provides quarterly reports to the CSAP CAPT program staff. The National Cross-CAPT evaluation is supported by an external contract (CSAP's Technology Transfer Support). 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 CAPT data collection, management, and analysis. The CAPTs individually are responsible for the daily management of their respective databases with technical assistance from the Technology Transfer Support Contract. Each CAPT is also responsible for the analyses of their respective regional data and for using their data in their regional quarterly reporting system. Part of the data management process includes the CAPT's periodic deliveries of their regional data to the Technical Transfer Support contractor who aggregates these data across the CAPTs. The aggregated data permit the reporting of the CAPT activities at the national level. The Technical Assistance, Events, and Outcomes data are used by SAMHSA/CSAP to report on the CAPT GPRA outcome measures. The CAPT program provides copies of their cross-CAPT performance data to CSAP's Data Coordinating Center twice a year (November and June) as well as copies of the cross-CAPT GPRA data at least once per year no later than June of that year.

3. CAPT Evaluations During the Five-Year Cooperative Agreement Period

The CAPT awardees will convene (post award of the cooperative agreements) for a meeting with CSAP staff to discuss the specific Government Performance and Results Act (GPRA) and the "Other" voluntary cross-CAPT evaluation instruments. The CSAP CAPT Project Officers will be responsible for obtaining any necessary OMB clearances.

As described above, the CAPT grant recipients will use the five types of evaluation database instruments and procedures to collect the required GPRA data and other types of data in order to quantify the types, extent, and effects of CAPT technical assistance, training, and collaboration services. The CAPT performance measures (related to customer satisfaction, GPRA, and other measures) use a Web-based evaluation and data entry system. These are Event, Systemic Outcomes, Technical Assistance (TA), Products, and Success Stories. They are best viewed by going to <http://staff.captus.org> and clicking on the "Demo Area" link at the bottom of the page.

A printed copy of the CAPT data entry forms for the five different CAPT databases are presented in Appendix C.

4. Terms and Conditions Related to the CAPT Evaluations

45 C.F.R. 74.36(a) provides that the recipient may copyright any work that is subject to copyright and was developed under a grant. SAMHSA reserves a royalty-free, nonexclusive and irrevocable right to publish or otherwise use the work under a grant. In this regard, SAMHSA plans to use the data under the grant and to publish the results of the data. Study sites are required to share their data and associated data documentation as soon as the data are cleaned, coded, and ready for analyses by SAMHSA/CSAP, including the relevant Program Coordinating Center or Group (PCCs) and CSAP's Data Coordinating Center (DCC). These data will be used to perform cross-site (PCC) and cross-program (DCC) analyses.

The specific, common data to be submitted to the PCCs and DCC will be communicated shortly after award and, where applicable, be determined by consensus of the program's steering committee. The data will be submitted according to an agreed-upon schedule and will include, at a minimum, data to meet programmatic and CSAP GPRA requirements (including demographics and relevant intervention characteristics) and any other core measures deemed appropriate by the steering committee and/or necessary to address ONDCP's Performance Measures of Effectiveness and Healthy People 2010. If no steering committee exists, common data requirements will be determined as defined by the individual program. Data typically are submitted by grantees to the PCC who will then forward copies to the DCC. Where no PCC exists, data will be forwarded to the DCC by CSAP program staff.

Those entities (e.g., the PCC, the DCC) that will have responsibilities for and access to the data will strictly follow all regulations and protocols concerning protection of human subjects, confidentiality, and privacy. All steering committee agreements, e.g. publication policies, guidelines about sensitivity to cultural issues, will be honored.

CAPT Event Data Collection Form

Event Name:		CAPT Trainer(s)/Facilitator(s):	
Event Description:		Event Duration (hours, excluding travel):	
Start/End Dates: START-	END-	Location - City:	Location - State/Area:
Total Staff Time (in hours, increments of .5) devoted to development & delivery (by quarter and fiscal year):			
Fiscal Year 2002 – Q1 _____ Q2 _____ Q3 _____ Q4 _____		Fiscal Year 2003 – Q1 _____ Q2 _____ Q3 _____	
Oct-Dec Jan-Mar Apr-Jun Jul-Sep		Q4 _____ Oct-Dec Jan-Mar Apr-Jun Jul-Sep	

Please describe the results or outcomes of the event:

- 1. Type of event?** (check *one*)
 - CAPT Regional Advisory Board
 - Conference (information dissemination)
 - Training (skill development)
 - Training of Trainers
 - Other (*specify*) _____

- 2. Mode of contact?** (check *all* that apply)
 - Face-to-Face
 - Video Conference
 - Teleconference
 - Virtual Conference (computer)

- 3. Relationship to CSAP's Logic Model?** (check *all* that apply)
 - Not Applicable
 - Assess Needs
 - Develop Capacity
 - Select Programs
 - Implement Programs
 - Evaluate Programs
 - Write Your Reports

- 4. CSAP prevention strategies addressed?** (check *all* that apply)
 - Not Applicable
 - Information Dissemination
 - Prevention Education
 - Alternatives
 - Problem Identification and Referral
 - Community-based Process
 - Environmental

- 5. Topic(s) addressed?** (check *all* that apply)
 - CAPT Information
 - Collaboration
 - Community Development
 - Cultural Competence/Diversity
 - Decision Support System (DSS)
 - Developing Prevention Systems
 - Environmental Strategies
 - Evaluation
 - Faith Community
 - Grant Writing/Funding/Resource Development
 - Identifying/Selecting/Implementing Science-Based Programs
 - Information Technology (e.g., web page development, compressed video)
 - Marketing/Communications
 - Needs Assessment
 - Organizational Development
 - Prevention Fundamentals (e.g., SAPST)
 - Prevention in Specific Settings (e.g., workplace, correctional facilities)
 - Risk and Protective Factors
 - Strategic Planning/Sustainability
 - Substance Use/Abuse

- Violence Prevention
- Youth Involvement
- Other (*specify*) _____

6. Decision Support System (DSS) discussed? (check *one*)

- Yes – The DSS was a primary focus
- Yes – Critical aspects of the DSS were reviewed
- Yes – The DSS was mentioned
- No – DSS discussion was not appropriate
- No – DSS discussion was appropriate but DSS was not mentioned

7. Event requested by a DFC grantee? (check *one* for each item)

- a. DFC grantee?** Yes No
- b. SIG grantee?** Yes No
- c. USED Underage Drinking grantee?** Yes No
- d. USED SDFS grantee?** Yes No

8. Total Number of Attendees: _____

9. Number of attendees from each state/area? (write in)

- | | | |
|-----------------------|-----------------------------|----------------------------|
| _____ Alabama | _____ Maine | _____ Palau |
| _____ Alaska | _____ Marshall Islands | _____ Pennsylvania |
| _____ American Samoa | _____ Maryland | _____ Puerto Rico |
| _____ Arizona | _____ Massachusetts | _____ Red Lake Nation |
| _____ Arkansas | _____ Mexico – <i>state</i> | _____ Rhode Island |
| _____ Baja California | _____ <i>unknown</i> | _____ Sonora |
| _____ California | _____ Michigan | _____ South Carolina |
| _____ Chihuahua | _____ Minnesota | _____ South Dakota |
| _____ Coahuila | _____ Mississippi | _____ States of Micronesia |
| _____ Colorado | _____ Missouri | _____ Tamaulipas |
| _____ Connecticut | _____ Montana | _____ Tennessee |
| _____ Delaware | _____ Nebraska | _____ Texas |
| _____ D.C. | _____ Nevada | _____ Tribal Governments |
| _____ Florida | _____ New Hampshire | _____ Utah |
| _____ Georgia | _____ New Jersey | _____ Vermont |
| _____ Guam | _____ New Mexico | _____ Virgin Islands |
| _____ Hawaii | _____ New York | _____ Virginia |
| _____ Idaho | _____ North Carolina | _____ Washington |
| _____ Illinois | _____ North Dakota | _____ West Virginia |
| _____ Indiana | _____ N. Mariana Isl. | _____ Wisconsin |
| _____ Iowa | _____ Nuevo Leon | _____ Wyoming |
| _____ Kansas | _____ Ohio | _____ Don't Know |
| _____ Kentucky | _____ Oklahoma | |
| _____ Louisiana | _____ Oregon | |

10. Number of attendees by *primary* affiliation? (write in)

- | | |
|--------------------------------|-----------------------------------|
| _____ Single State Agency-ATOD | _____ Faith Community |
| _____ Business | _____ Health Care Provider |
| _____ Prevention Organization | _____ Public Health Agency |
| _____ DFC Grantee | _____ Mental Health Provider |
| _____ Military | _____ Substance Abuse Treatment |
| _____ Media | _____ Welfare Agency |
| _____ Criminal Justice | _____ Other Social Services |
| _____ Community Coalition | _____ Other Government Agencies / |
| _____ Cooperative Extension | _____ Elected Official |
| _____ Education – K-12 | _____ Don't Know |
| _____ Education – Higher Ed. | _____ Other (<i>specify</i>) |

11. Number of people attending from each ethnic/racial group? (write in)

- | | |
|--------------------------------|--------------------------------|
| _____ African American | _____ White |
| _____ Asian / Pacific Islander | _____ Don't Know |
| _____ Hispanic / Latino | _____ Other (<i>specify</i>) |
| _____ Native American | _____ |

PARTICIPANT RATINGS (Check "N/A" if data are not available. If data are available, enter the total *number* of respondents in each category.)

12. **Satisfaction with Event:** N/A Very Dissatisfied Somewhat Dissatisfied Somewhat Satisfied Very Satisfied Unknown
13. **Likelihood of Using Information:** N/A Not at All Likely Not Very Likely Somewhat Likely Very Likely Unknown

CAPT Systemic Outcome Form

Directions: This form is designed to capture both quantitative and qualitative information on outcomes that occur in the CAPT service region which are somehow linked to the work of the CAPT. An outcome is a significant change or occurrence that will influence the entire prevention system at the local, county, regional, state, national, or multi-national level. To be recorded as an outcome, the CAPT must have participated in or contributed something toward the resulting change. Note that definitions of outcome "types" are listed on the back of this page.

1. **Identify the type of outcome (see definitions on the back of this page).** (check one)
- Change in laws Funding Administrative change
 Enforcement Increased coordination Policy change
 Implementation of science-based programs
2. **Describe the nature of the outcome.** (write in)
3. **Is this outcome related to the *implementation of science-based programs*?** (check one)
- No Yes
- 3a. **If "Yes", describe how the outcome is related to the implementation of science-based programs.** (write in)
4. **What is the source of your information on this outcome?** (write in)

5. **How important were CAPT staff or activities in promoting this outcome?** (check one)
- Minimally Important Fairly Important Very Important
6. **Describe the role of the CAPT and/or CAPT activities that contributed to this outcome.** (write in)
7. **At what level did the outcome occur?** (check all that apply)
- Local/Municipal Statewide National/Federal
 County Multi-State Multi-National
 Multi-County/Regional (within a state) Tribe/Indian Nation Non-State Jurisdiction (e.g., Puerto Rico)
 Other (specify) _____
8. **In what state(s) did the outcome occur (if applicable)?** (write in)
9. **When did this outcome take place?** Write in *month, day, and year*
 – mm/dd/yyyy. ___/___/___
 Enter "01" for the day if unsure of the exact day. mm dd yyyy
10. **Name of CAPT staff person reporting outcome.** (write in)

SYSTEMIC OUTCOME FORM DEFINITIONS

Type	Description
Change in laws	These are new laws or amended laws that result from action taken by a state, county, or city legislative body.
Enforcement	The enforcement of laws or policies that currently are not enforced, not enforced consistently or uniformly, or efforts to increase the level of coverage of enforcement activities already in place. For example, efforts by the state Department of Education to require local schools to enforce a "no-smoking policy" on school grounds (that currently is ignored), or increased efforts to consistently enforce laws prohibiting the sale of alcohol to those underage.
Funding	Provision of funding for new prevention programs or activities or increased funding for existing programs or activities. For increased funding, the increase should more than would have been expected under "normal" conditions. For example, a policy official (e.g., governor, head of appropriation committee, etc.) advocates and secures an increase in funding based on an expressed need to place more emphasis on addressing substance abuse issues.

Increased coordination	Systematic efforts by two or more entities to cooperate in prevention-related activities. Coordination could take place through, for example, task forces, commissions, or working groups that could engage in activities such as joint planning, sharing of resources (e.g., people, money, materials), or joint training programs. The increased coordination should take place through active efforts; memoranda of agreement without action is not sufficient.
Administrative change	This includes changes in personal or bureaucratic structure within organizations or changes in the organization or focus of responsibilities within the overall prevention system. For example, a state Department of Health might consolidate activities from several offices with the organization into a Bureau of Substance Abuse Prevention in order to enhance visibility and improve efficiency and effectiveness. The governor or legislature might create a new entity or reassign responsibilities for prevention among existing organizations.
Policy change	These are changes in the actions and activities of governmental bodies and officials at the state, regional, or county level that are intended to enhance the prevention resource system and the outputs and outcomes of that system. For example, a state agency now requires that at least 75 percent of the funds distributed through an RFP process go to entities that commit to implementing science-based interventions (heretofore, no such requirement existed). The Department of Education mandates that all 6th, 9th, and 12th grade students will receive a three-week unit on substance abuse. Outcomes that appear under Change in Law or Enforcement would not be included again in this category.
Implementation of science-based programs	This includes the actual implementation (as opposed to the intent to do so) of programs or practices demonstrated to be effective.

CAPT Technical Assistance Database Form

CONTACT/ORGANIZATION INFORMATION

CAPT Staff: _____ Start Date: _____ End Date: _____

Contact Name: _____ Position/Title: _____

Organization: _____

Address(1): _____

Address(2): _____

Address(3): _____

City: _____ State: _____ Country: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____ Web: _____

Check here if contact should be on mailing list.

Check here if the contact involves the RADAR Network.

1. Is the TA related to a:

a. **DFC grant?** (check one) Yes No Don't Know

b. **SIG grant?** (check one) Yes No Don't Know

c. **USED Underage Drinking grant?** (check one) Yes No Don't Know

d. **USED SDFS grant?** (check one) Yes No Don't Know

3. Level of the Organization? (check one)

Local/Municipal

County

Multi-County/Regional (within a state)

Statewide

Multi-State

Tribe/Indian Nation

National/Federal

Multi-National

Non-State Jurisdiction (e.g., Puerto Rico)

Other (specify): _____

4. Primary Focus of Organization? (check one)

Single State Agency for ATOD

Business

Prevention Organization

Military

Media

Criminal Justice

Community Coalition

Cooperative Extension

Education – K-12

Education – Higher Education

Faith Community

Health Care Provider

Public Health Agency

Mental Health Provider

Substance Abuse Treatment

Welfare Agency

Other (specify): _____

Don't Know

TECHNICAL ASSISTANCE INFORMATION

CWhat is the TA Request?

CTo whom is the response assigned?

CResponse Details:

CTotal hours (increments of .5) for *thisTA* – includes *all staff effort and delivery time* (by quarter and fiscal year):

Fiscal Year	Q1 _____	Q2 _____	Q3 _____	Q4 _____		Fiscal Year	Q1 _____	Q2 _____	Q3 _____	Q4 _____
2002	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep		2003	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep

9. Number of people from this organization receiving *thisTA*: _____

10. Primary Service Provided? (check one)

- Dissemination of general CAPT information**
- Referral-Not CAPT related**
- Referral-DSS**
- Referral-CAPT Related**
- Materials customizing/repackaging
- Materials provision and/or identification
- Other Technical Assistance
- Request for CAPT Training



*For items with **, the form is now complete. Otherwise, continue on with the remainder of the form.*

11. How does this TA relate to CSAP's Logic Model? (check all that apply)

- | | | | |
|-------------------------------------|-------------------------------------------|---------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Not | <input type="checkbox"/> Assess Needs | <input type="checkbox"/> Select Programs | <input type="checkbox"/> Evaluate Programs |
| <input type="checkbox"/> Applicable | <input type="checkbox"/> Develop Capacity | <input type="checkbox"/> Implement Programs | <input type="checkbox"/> Write Report |

12. Which of CSAP's prevention strategies were addressed? (check all that apply)

- | | | | |
|-------------------------------------|----------------------------------------------------|------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Not | <input type="checkbox"/> Information Dissemination | <input type="checkbox"/> Alternatives | <input type="checkbox"/> Community-based Process |
| <input type="checkbox"/> Applicable | <input type="checkbox"/> Prevention Education | <input type="checkbox"/> Problem Identification & Referral | <input type="checkbox"/> Environmental |

13. Content/Topic Area? (check all that apply)

- CAPT Information
- Collaboration
- Community Development
- Cultural Competence/Diversity
- Decision Support System (DSS)
- Developing Prevention Systems
- Environmental Strategies
- Evaluation
- Faith Community
- Grant Writing/Funding/Resource Development

- Identifying/Selecting/Implementing Science-Based Programs
 - Information Technology (e.g., web page development, compressed video)
 - Marketing/Communications
 - Needs Assessment
 - Organizational Development
 - Prevention Fundamentals (e.g., SAPST)
 - Prevention in Specific Settings (e.g., workplace, correctional facilities)
 - Risk and Protective Factors
 - Strategic Planning/Sustainability
 - Substance Use/Abuse
 - Violence Prevention
 - Youth Involvement
 - Other (specify): _____
-

14. Did the request focus on any of the following special populations?

No –You are finished with the form Yes –Continue to on with items (a-f) below and the remainder of the form

a) Age group(s): (check all that apply)

- | | | |
|-----------------------------------------|---------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> No Distinction | <input type="checkbox"/> Prenatal | <input type="checkbox"/> Young Adults (18-20) |
| | <input type="checkbox"/> Young Children (birth-4) | <input type="checkbox"/> Adults (21-64) |
| | <input type="checkbox"/> Children (5-11) | <input type="checkbox"/> Older Adults (65 and older) |
| | <input type="checkbox"/> Adolescents (12-17) | <input type="checkbox"/> Don't Know |

b) Gender group(s): (check all that apply)

- No Distinction Female Male Transgender Don't Know

c) Ethnic/racial group(s): (check all that apply)

- | | | |
|-----------------------------------------|-------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> No Distinction | <input type="checkbox"/> African American | <input type="checkbox"/> White |
| | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Other (specify): _____ |
| | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Don't Know |
| | <input type="checkbox"/> Native American | |

d) Sexual orientation: (check all that apply)

- No Distinction Bisexual Gay Lesbian Don't Know

e) Offered in a language other than English? (check all that apply)

- | | | |
|-----------------------------|-------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Spanish | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Asian/Pacific Islander | (specify): _____ |
| | (specify): _____ | <input type="checkbox"/> Don't Know |
| | <input type="checkbox"/> Native American | |
| | (specify): _____ | |

f) Adaptations for people with disabilities? (check all that apply)

- | | | |
|-----------------------------|------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> Other (specify): _____ |
| | <input type="checkbox"/> Hearing Impaired/Deaf | <input type="checkbox"/> Don't Know |

15. Client satisfaction with *this*TA:

- Not Applicable Very Dissatisfied Somewhat Dissatisfied Somewhat Satisfied Very Satisfied

16. Client rating of the utility of *this*TA:

- Not Applicable Not at All Useful Not Very Useful Somewhat Useful Very Useful

17. General notes regarding this TA:

CAPT Product Database Form

1. Product Name (Use the language in which *this* version of the product is written. Complete one form for each language in which the product is available):

2. Product Description:

3. What is the origin of the product? (check Original Adapted/Repackaged (enter _____)

4. Author(s):

5. What were the external product review procedures (not including review by CSAP)? (check all that apply)

No external review Other CAPT review Other external review

6. Product Status: (check one)
 Ongoing Completed – final version available

7. (a) Date Available (mm/dd/yyyy):
(b) Date Revised (mm/dd/yyyy):

8. Point of Contact's Name:

9. Point of Contact's Phone #:

10. Point of Contact's E-mail:

11. Is the product downloadable? No Yes – If “Yes”, follow the directions in the database for uploading the file.

12. This version of the product is in... (check one)

E ng lis h Sp an is h Other (write in)

13. It is also available in... (check all that apply)

No other languages
 English Spanish Other (write in)

14. Target audience(s)? (check all that apply)

CAPT Staff
 Community Coalition
 Educators
 General Public
 Parents
 Policy-Makers
 Prevention Professionals
 Youth
 Other

(specify) _____

15. CAPT(s) involved in producing the product?

(check *all* that apply)

- Border
- Central
- Northeast
- Southeast
- Southwest
- West

16. Product type? (check *one*)

- Article (includes conference papers)
- Annotated Bibliography
- Display Material
- Exhibit
- Fact Sheet
- Newsletter, Brochure, Bulletin
- Presentation Material
- Tools and Aids (e.g., decision-tree)
- Training Curricula
- Other

(specify) _____

17. Type of media? (check *all* that apply)

- Printed CD
- Audio Web
- Video Other

(specify) _____

18. Content area(s)? (check *all* that apply)

- CAPT Information
- Collaboration
- Community Development
- Cultural Competence/Diversity
- Decision Support System (DSS)
- Developing Prevention Systems
- Environmental Strategies
- Evaluation
- Faith Community
- Grant Writing/Funding/Resource Development
- Identifying/Selecting/Implementing S.B. Programs
- Information Technology (e.g., web page development, compressed video)
- Marketing/Communications
- Needs Assessment
- Organizational Development
- Prevention Fundamentals (e.g., SAPST)
- Prevention in Specific Settings (e.g.,

- workplace, correctional facilities)
- Risk and Protective Factors
 - Strategic Planning/Sustainability
 - Substance Use/Abuse
 - Violence Prevention
 - Youth Involvement
 - Other
(specify) _____

19. Total amount of staff time (in hours, increments of .5) **devoted to development of this product**

(by quarter and fiscal year):

<i>Fiscal Year</i>	Q1 _____	Q2 _____	Q3 _____	Q4 _____
2002	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep
<i>Fiscal Year</i>	Q1 _____	Q2 _____	Q3 _____	Q4 _____
2003	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep

Success Story Database Narrative Form

1. **Name of Success Story**
2. **Description (Include the role of the CAPT)**
3. **Date of Occurrence**
4. **Source of Information**
5. **State or Area Where it Occurred**