DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

Request for Applications (RFA) No. SP03-006

Cooperative Agreements to

Conduct Targeted Capacity Expansion (TCE) of Methamphetamine and Inhalant Prevention Interventions and/or Infrastructure Development

Short Title: Prevention of Meth and Inhalant Abuse

Part I- Programmatic Guidance

Application Receipt Date: May 23, 2003

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Catalog of Federal Domestic Assistance (CFDA) No. 93.243
Authority: Section: 519E of the Public Health Service Act, as amended and subject to the availability of funds

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[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

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

Purpose of this Announcement

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention is accepting applications for fiscal year 2003 for cooperative agreements to conduct targeted capacity expansion of methamphetamine and inhalant prevention interventions and/or infrastructure development.

Approximately $4 million will be available for 14 awards in FY 2003. The average annual award will range from $300,000 to $350,000 in total costs (direct and indirect). Cost sharing is not required in this program. Actual funding levels will depend on the availability of funds.

Applications with proposed budgets that exceed $350,000 will be returned without review.

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

Who Can Apply?

Eligible applicants are public and domestic private non-profit entities such as:

- Units of State and local governments
- Indian tribes and tribal organizations
- Community-based organizations
- Managed care and other health care delivery systems
- Universities and colleges
- Faith-based organizations and
- Local law enforcement agencies
- Current grantees as well as entities that are not current grantees

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 Clearing House for Alcohol and Drug Information (NCADI) at 1-800-729-6686: TDD: 1-800 487-4889*;* or

- 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:

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

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

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 letter that your application has been received.

Be sure to type "SP03-006, Targeted Capacity Expansion of Methamphetamine and Inhalant Prevention Interventions and/or Infrastructure Development" in Item Number 10 on the face page of the application form.

If you require a phone number for delivery, you may use (301) 435-0715.

Application Due Date

Your application must be received by May 23, 2003

Applications received after this date must have as proof-of-mailing date from the carrier before May 16, 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:

Pamela C. Roddy, Ph.D
Project Officer
Center for Substance Abuse Prevention
5600 Fishers Lane, Rockwall II, Suite 1075
Rockville, MD 20857
(301) 443-1001
E-Mail: proddy@samhsa.gov

For questions on grants management issues, contact:

Stephen Hudak
Grants Management Officer
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
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 of the agreement.
- Agree to provide SAMHSA and the Program Coordinating Center (PCC)

with data required for the Government Performance and Results Act (GPRA) and for SAMHSA/CSAP Core Measures, when applicable on a quarterly basis.

- Participate in PCC cross-site activities.

- Work with the PCC by providing data for the preparation of year-end Reports to Congress.

SAMHSA Staff Will:

- Review and provide substantive guidance and technical assistance regarding individual awardee designs, selection of measures, and analytical plans.

- Work with the PCC and the awardees using similar programs to facilitate cross-site evaluations to build the knowledge base related to the programs' effectiveness. Collect, evaluate, report, and disseminate individual study results.

- Monitor and review progress of awardees including conducting site visits.

- Participate in PCC meetings, as well as on advisory and other groups.

The Program Coordinating Center (PCC) that is funded under a Contract will:

- Work with the Government Project Officer (GPO) and awardees to conduct an evaluation of the methamphetamine and inhalant targeted capacity expansion of prevention interventions and/or infrastructure development.

- Prepare year-end Reports to Congress on the results of the targeted capacity expansion of prevention interventions and infrastructure development. This report should discuss the scope of the problem, the state of the art of prevention interventions and infrastructure development that can address the problem, and results of the funded programs.

- If individual level data are to be collected, work with the GPO and awardees to collect GPRA and SAMHSA/CSAP Core Measures data in a data repository; maintain the repository; provide periodic data summaries to the GPO and the awardees; and forward data summaries and updates to CSAP on a quarterly basis.

- Provide coordination, technical assistance, support and strategic and operational advice to awardees for the cross-site analyses.

- Set up a new grantee meeting within 90 days of the award and continue to hold regularly scheduled meetings at least once a year with CSAP and the awardees.

- Provide logistics for awardee meetings.

Award Criteria

Decisions to fund a grant are based on:

1. The strengths and weaknesses of the application as identified by the Peer Review Committee and approved by the Center for Substance Abuse Prevention National Advisory Council.

2. Availability of funds

3. In accordance with Section 519E Prevention of Methamphetamine and Inhalant Abuse and Addiction, "The administrator will give priority in awarding grants to rural and urban areas that are experiencing increases in methamphetamine or inhalant abuse and addiction."

Post Award Requirements

1) Program Reports
   a) Quarterly reports for year 01
   b) Biannual reports for year 02 and 03
   c) Year-end reports for years 01 and 02
   d) Final reports for year 03

2) Final Financial Status reports

3) Grantees must inform the Project Officer of any planned publications or presentations at professional forums based on the grant project.

4) Grantees must provide information required by SAMHSA to comply with the Government Performance and Results Act (GPRA) reporting requirements.

GPRA mandates accountability and performance-based management by Federal agencies. The instruments are attached as Appendix A. The goal is to focus on results or outcomes in evaluating the effectiveness of Federal activities and on measuring progress toward achieving national goals and objectives. Pursuant to this, all grantees providing direct services data for participants 12 and older must comply with GPRA data collection and reporting requirements by using the instruments listed below.

- GPRA Youth Instrument
- GPRA Adult Instrument

In rare instances, it might not be appropriate for a grantee to collect GPRA data. In that case, the grantee must discuss the feasibility of an exemption with the project officer.

If grantees wish to measure other domains, they should use the SAMHSA/CSAP Core Measures Instrument, if applicable. This instrument can be obtained from www.PreventionDSS.org.

Grantees that perform infrastructure development activities will be required to provide different data, which may include number and types of trainings provided, documentation of improvement in prevention capacity, etc. Exact measures will be determined after award and discussion with project officers.

Program Overview

In support of the authorizing legislation, this targeted capacity expansion and infrastructure development program addresses the growing problem of methamphetamine and inhalant abuse and addiction by assisting localities conduct targeted capacity expansions of prevention interventions that are effective and evidence-based and/or infrastructure development. The goal is to intervene effectively so as to prevent, reduce or delay the use and/or spread of methamphetamine and inhalants.

Methamphetamine (also referred to as "speed," "crystal," "crank," "go," or "ice"), abuse is an extremely serious and escalating problem. According to the 2000 National Household Survey on Drug Abuse (NHSDA), an estimated 8.8 million persons

have tried methamphetamine. This use has increased over the recent past. According to data from the 2000 Drug Abuse Warning Network, the number of methamphetamine-related episode admissions to hospital emergency rooms in 21 metropolitan areas increased 30 percent from 10,400 in 1999 to 13,500 in 2000. Although methamphetamine use was initially limited to Southwestern urban areas such as San Diego, it is now spreading rapidly to other Western and Mid-Western cities and Hawaii. In addition, it has spread to rural areas and communities across the country. While traditionally popular among white male blue collar workers, methamphetamine is becoming increasingly popular among more diverse populations including children and youth.

These recent increases are related to the fact that methamphetamine is a powerfully addictive stimulant that is easily made in clandestine laboratories (often located in rural communities) with relatively inexpensive over the counter ingredients. At the same time, many of these same populations and rural communities are not aware of its dangers. As such, there is need to implement and expand effective and evidence-based substance abuse prevention interventions targeting methamphetamine use in order to prevent further rises in its use and abuse.

Inhalants are volatile substances that produce chemical vapors that can be inhaled to induce psychoactive, or mind-altering, effects. Data from the NHSDA indicate that the number of new inhalant abusers increased more than 50 percent from 618,000 in 1994 to 979,000 in 2000. Inhalant abuse is a concern because volatile solvent, gas and aerosol inhalants are often among the first drugs used by young children. Inhalant abuse can become chronic and extend into adulthood. While inhalant use is a problem in both urban and rural areas, it appears to be associated with adverse socioeconomic conditions, and is particularly high among Native American youth living on reservations. Given these rises in use, there is a need to expand prevention interventions targeting inhalants particularly in low socioeconomic urban and rural areas across the county. The program will build on the knowledge developed from the past Community-Initiated Prevention Intervention (CIPI) programs and other demonstrably effective interventions targeted towards other drugs. This knowledge concerning effective prevention, early intervention services and capabilities can inform those efforts and capacity requirements that will be needed to deal effectively with methamphetamine and inhalant use and developing a relevant prevention infrastructure.

This TCE program will address these prevention needs by supporting the targeted capacity expansion of evidence-based and effective prevention interventions tailored for methamphetamine and inhalant use and/or infrastructure development. Such projects can include but not be limited to:

- Replicating, developing, implementing and/or adapting evidence-based, effective prevention interventions.
- Conducting school-based programs about the dangers of methamphetamine and inhalant abuse that are focused on those districts with high or increasing rates of methamphetamine and inhalant abuse and addiction and targeted at populations who are most at risk for methamphetamine and inhalant abuse.
- Conducting community-based prevention programs about the dangers of methamphetamine and inhalant abuse that

are focused on children, youth, young adults and parents in the community who are most at risk for methamphetamine and inhalant abuse and addiction.

- Targeting pilot programs with evaluation components to encourage innovation and experimentation with new methodologies.

- Training and educating State and local law enforcement officials, prevention and education officials, members of community anti-drug coalitions and parents on the signs of methamphetamine or inhalant abuse and addiction and the options for treatment and prevention.

- Monitoring and evaluating methamphetamine or inhalant prevention activities, and reporting and disseminating resulting information to the public.

- Establishing prevention referral and linkage systems to other supportive services such as transportation, child-care, counseling etc.

- Conducting outreach strategies to expand prevention services/activities to under-served populations residing in rural communities, inner cities and Native American reservations

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. In addition, write a 10-line abstract for SAMHSA internal reporting purposes.

❑ **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 25 pages. More detailed information about Sections A through D follows #10 of this checklist.

❑ **Section A –** Project Description

❑ **Section B** – Project Approach

❑ **Section C** – Project Evaluation

❑ **Section D** – Project Management and Staffing

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.

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

❑ **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).**

❑ **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 <u>on page 22</u>, Item 6 in the Program Narrative section of the PHS 5161-1.**

❑ **Section H –** Protection of Human Subjects, 45 CFR Part 46. The elements you need to address in this section are outlined after the Project Narrative description in this document.

❑ **<u>6. APPENDICES 1 THROUGH 4</u>**

❑ 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 **30** pages (plus all instruments) for the appendices.

Appendix 1:
Letters of Coordination and Support including any Memoranda of Understanding (MOU).

Appendix 2:
Data Collection Instruments and Interview Protocols

Appendix 3:
Copy of Letter(s) to the Single State Agencies (SSA's). Please refer to Part II of the RFA.

Appendix 4
Sample Consent Forms

❑ **<u>7. ASSURANCES</u>**

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 25 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 Description
15 points

- Document the current need for prevention targeted capacity expansion or infrastructure development using local incidence and/or prevalence data

appropriate for the target population in the community you propose to influence. Include additional data regarding lack of educational programs for persons at risk, training programs for professionals, law enforcement personnel and the like.

- Describe the target population in terms of number, race, ethnicity, age and gender as well as its risk for methamphetamine and/or inhalant abuse and addiction.

- Describe how the proposed targeted capacity expansion prevention intervention and /or infrastructure development project will address the availability and access to prevention services and/or activities in the community.

- Document the effectiveness of the proposed adopted/adapted intervention and how it relates to methamphetamine or inhalants and changes that will be made to it to better address these drugs through a current literature review or preliminary supporting data, and provide a clear rationale for its choice.

- Document the decision making process used to select the targeted capacity expansion prevention intervention or infrastructure development project to be implemented. Specify who and what community members and organizations along with their particular expertise will participate. List key aspects of the decision making process.

Section B: Project Approach
30 points

- Describe how the proposed project addresses the purpose of the RFA, the number of people to be served and expected outcomes

- Describe what services/activities comprise the proposed prevention targeted capacity expansion and/or infrastructure development project. Provide letters of coordination and support and MOUs in Appendix 1.

- Describe how the proposed targeted capacity expansion of prevention interventions and/or infrastructure development project is appropriate for the age, gender, sexual orientation and culture of the target population.

- Describe how the project will be implemented.

- Describe participant outreach, retention and follow-up procedures.

Section C: Project Evaluation
30 points

- Describe how the project will be evaluated. CSAP encourages but does not require a comparison group or a pre-post design to determine if the project addresses the purpose of the RFA. Specify what the process and outcome measures will be. Outcome measures can be qualitative and/or quantitative measures.

- All grantees collecting individual service data from participants aged 12 and older must use the SAMHSA/CSAP GPRA data collection tool to collect entry, exit and 6-month follow-up data with an

80 percent response rate to determine outcomes

- Grantees who wish to measure other domains, should use the CSAP Core Measures Instrument, if applicable.

- Describe strategies for data collection and analyses to determine whether or not the project addresses the purpose of the RFA.

- Describe the data management, processing and clean-up, quality control and confidentiality procedures.

Section D: Project Management and staffing 25 points

- Provide a project management implementation plan in table format that includes a time line that lists specific activities, completion dates and responsible persons.

- Develop a sustainability plan for securing resources to sustain the project once Federal funding ends and document progress made in implementing this plan in the quarterly, biannual and year-end reports.

- Describe the capabilities of the organization and collaborating agencies with similar projects and populations.

- Describe the proposed staffing plan and the qualifications and relevant experience of the key staff. This experience must pertain to substance abuse prevention and related services.

- Describe the cultural capabilites of the staff to ensure cultural competence in communicating with the target populations.

- Describe the relevant resources such as computer facilities and equipment, as well the location/facility on terms of space, accessibility (in compliance with the Americans with Disabilities Act) and environment.

- Describe other resources not accounted for in the proposed budget but necessary for the project, an plans for securing resources to sustain the project once federal funding is terminated, or for reducing the project if it is not possible to obtain additional resources.

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 Participant Protection and Protection of Human Subjects Regulations

Part II of the PA/RFA provides a description of SAMHSA's Participant Protection Requirements and the Protection of Human Subjects Regulations (45 CFR 46). The Federal policy for the protection of human subjects is stipulated in the Code of Federal Regulations (CFR), Title 45, Part 46.

SAMHSA Participant Protection

For this announcement, all grant applications must adhere to the following requirements:

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.

Each of the following elements must be discussed:

❶ 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.

❷ 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.

❸ 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 even if they do not complete the study.

❹ 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 2, "Data Collection Instruments/Interview Protocols," copies of <u>all</u> available data collection instruments and interview protocols that you plan to use.

❺ <u>Privacy and Confidentiality:</u>

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

❻ <u>Adequate Consent Procedures:</u>

- 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, 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 <u>written</u> informed consent.

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

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

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

- 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?

❼ Risk/Benefit Discussion:

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

Protection of Human Subjects Regulations

All grant programs collecting individual level data and administering GPRA measures at pre- and post-intervention or with comparison groups MUST adhere to Protection of Human Subjects Regulations (45 CFR 46) and MUST propose plans to implementing these regulations including obtaining Institutional Review Board (IRB) approval. IRB approval is not required at the time of grant award, however the process for IRB approval should be discussed fully in the grant application and obtained before the recruitment of participants. As a condition of grant award, funds will be restricted for recruitment of participants until a grantee submits an approved IRB plan to the CSAP Project Officer.

You must refer to Part II of the RFA/PA, SAMHSA Participant Protection and Protection of Human Subjects for additional information regarding confidentiality and the requirements of 45 CFR Part 46, Protection of Human Subjects, including Assurance of Compliance and documentation of Institutional Review Board (IRB) approvals.

Special Considerations and Requirements

SAMHSA's policies and special considerations requirements related to this program are found in **Part II** of the RFA.

The following special topics are applicable to the Prevention of Methamphetamine and Inhalant Abuse Cooperative Agreement:

- Population Inclusion Requirement
- Government Performance Monitoring
- Healthy People 2000
- Consumer Bill of Rights and Responsibilities
- Promoting Nonuse of Tobacco
- Supplantation of Existing Funds
- Letter of Intent
- Coordination with Other Federal/Non Federal Programs (Include response in Appendix 1 of your Application)
- Single State Agency Coordination
- Intergovernmental Review (E.O. 12372)
- Public Health System Reporting Requirements
- Confidentiality/SAMHSA Participant and Human Subject Protection

(Note: Provide your responses to Participant Protection under Supporting Documentation (Section I) in your Application. Provide your response to Data Collection Initiatives/Interview Protocols (Item 4 of Participant Protection) in Appendix 2 of your Application; and Sample Consent

Forms [Item 6 of Participant Protection] in Appendix 3 of your Application.)

Appendix A: Data Reporting Requirements

Methamphetamine and Inhalant awardees who plan on collecting individual level data will agree to provide data responding to the Government Performance and Results Act of 1993 (GPRA).

CSAP's GPRA Strategy

The Government Performance and Results Act of 1993 (Public Law-103-62) requires all federal departments and agencies to develop strategic plans that specify what they will accomplish over a three- to five-year period, to annually set performance targets related to their strategic plan, and to annually report the degree to which the targets set in the previous year were met. In addition, agencies are expected to regularly conduct evaluations of their programs and to use the results of those evaluations to "explain" their success and failures based on the performance monitoring data. While the language of the statute talks about separate Annual Performance Plans and Annual Performance Reports, ASMB/HHS has chosen to incorporate the elements of the annual reports into the annual President's Budget and supporting documents.

The GPRA Measures relevant to the Methamphetamine and Inhalant program are as follows:

1. Decrease past month methampehtamine and inhalant as well as other substance use by youth 12 and older and by adults 18 and older.

2. Increase negative attitudes about methamphetamine and inhalant as well as other substance use by youth 12 and older and by adults 18 and older.

CSAP's GPRA Client Outcome Measures for Discretionary Programs (commonly referred to as the GPRA "Cross Cutting Tool") should be consulted and used as part of this important program-level reporting process.

Note: This document is contained in the kit that accompanies this grant announcement, and may also be accessed through CSAP's Prevention Decision Support System, located on the website www.preventiondss.org. (Click on the "Search" link at the top of the home page. Type GPRA in the Search Box. Click "Search DSS Portal"; then select the link called "Government Performance Outcome Measures (GPRA) Sample Instrument (PDF)." View a PDF example of a GPRA evaluation instrument, which CSAP and other federal agencies use to collect certain basic information about prevention activities funded by the federal block grants and other funding mechanisms.

CSAP's Core Outcome Measures

If Methamphetamine and Inhalant Program awardees are collecting individual level data, they may also use CSAP's Core Outcome Measures for the data collection and evaluation as per OMB approval 0930-0230.

The CSAP Core Outcome Measures relevant to the Methamphetamine and Inhalant Program pertain to the individual, family and community domains.

The CSAP Core Measures Initiative may be accessed through CSAP's Prevention Decision Support System, located on the website www.preventiondss.org. Go to preventiondss.org; Scroll down to "Links to More Resources...."; Click on GO; Scroll down to "CSAP Core Outcome Measures Initiative"; Click on "CSAP's Core Outcome Measures"; Click "Here to Continue"; Click on "CMI Viewer"; that last click will give you access to each of the domains, constructs and recommended instruments in the Core Measures.

Data Access, Sharing and Publication

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 Centers (PCCs) and CSAP's Data Coordinating Center (DCC). These data will be used to perform cross-site (PCC) and cross-program (DCC) analyses.

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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
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Form Approved
OMB No. 0930-0208
Expiration Date 10/31/2005

CSAP GPRA Participant Outcome Measures for Discretionary Programs

ADULTS

RECORD MANAGEMENT

Participant ID |____|____|____|____|____|____|____|____|____|____|____|____|

Contract/Grant ID |____|____|____|____|____|____|____|____|____|____|

Grant Year |____|____|____|____|
Year

Interview Date |____|____| / |____|____| / |____|____|____|____|

Interview Type

1. Pre-Test 2. Post-Test 3. 6-Month Follow-up

A. DEMOGRAPHICS (QUESTIONS 1-4 ASKED ONLY AT BASELINE)

1. Gender

- ○ Male
- ○ Female

2. Are you Hispanic or Latino?

○ Yes ○ No

3. What is your race? (Select one or more)

- ○ Black or African American
- ○ Asian
- ○ American Indian
- ○ Native Hawaiian or Other Pacific Islander
- ○ Alaska Native
- ○ White
- ○ Other (specify)_____

4. What is your date of birth? |____|____| / |____|____| / |____|____|____|____|
Month / Day / Year

B. DRUG AND ALCOHOL USE

1. What is your best estimate of the number of days you used chewing tobacco during the past 30 days?

0 0 days
1 1 or 2 days
2 3 to 5 days
3 6 to 9 days
4 10 to 19 days
5 20 to 29 days
6 all 30 days

2. What is your best estimate of the number of days you smoked all or part of a cigarette during the past 30 days?

0 0 days
1 1 or 2 days
2 3 to 5 days
3 6 to 9 days
4 10 to 19 days
5 20 to 29 days
6 all 30 days

3. What is your best estimate of the number of days you drank alcohol during the past 30 days?

0 0 days
1 1 or 2 days
2 3 to 5 days
3 6 to 9 days
4 10 to 19 days
5 20 to 29 days
6 all 30 days

4. What is your best estimate of the number of days you used marijuana or hashish during the past 30 days?

0 0 days
1 1 or 2 days
2 3 to 5 days
3 6 to 9 days
4 10 to 19 days
5 20 to 29 days
6 all 30 days

5. What is your best estimate of the number of days you used cocaine during the past 30 days?

0 0 days
1 1 or 2 days
2 3 to 5 days
3 6 to 9 days
4 10 to 19 days
5 20 to 29 days
6 all 30 days

6. What is your best estimate of the number of days you used "crack" during the past 30 days?

0 0 days
1 1 or 2 days
2 3 to 5 days
3 6 to 9 days
4 10 to 19 days
5 20 to 29 days
6 all 30 days

7. What is your best estimate of the number of days you used any inhalant for kicks or to get high during the past 30 days?

0 0 days
1 1 or 2 days
2 3 to 5 days
3 6 to 9 days
4 10 to 19 days
5 20 to 29 days
6 all 30 days

8. What is your best estimate of the number of days you used heroin during the past 30 days?

0 0 days
1 1 or 2 days
2 3 to 5 days
3 6 to 9 days
4 10 to 19 days
5 20 to 29 days
6 all 30 days

9. What is your best estimate of the number of days you used hallucinogens during the past 30 days?

0 0 days
1 1 or 2 days
2 3 to 5 days
3 6 to 9 days
4 10 to 19 days
5 20 to 29 days
6 all 30 days

10. How old were you the <u>first time</u> you smoked part or all of a cigarette?
____ years old If never smoked part or all of a cigarette please mark the box. □

11. Think about the <u>first time</u> you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink.
____ years old If never had a drink of an alcoholic beverage please mark the box. □

12. How old were you the <u>first time</u> you used marijuana or hashish?
_____ years old If never used marijuana or hashish please mark the box. □

13. How old were you the <u>first time</u> you used any other illegal drugs?
_____ years old If never used any illegal drugs please mark the box. □

D. EDUCATION, EMPLOYMENT, AND INCOME

1. What is the highest level of education you have finished, whether or not you received a degree? [01=1st grade, 12=12th grade, 13=college freshman, 16=college completion]

|____|____| level in years

1a. If less than 12 years of education, do you have a GED (General Equivalency Diploma)?
O Yes O No

G. ATTITUDES AND BELIEFS

1. How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?
- O No risk
- O Slight risk
- O Moderate risk
- O Great risk

2. How much do people risk harming themselves physically and in other ways when they smoke marijuana once a month?
- O No risk
- O Slight risk
- O Moderate risk
- O Great risk

3. How much do people risk harming themselves physically and in other ways when they:

a. Have four or five drinks of an alcoholic beverage nearly every day?

- ○ No risk
- ○ Slight risk
- ○ Moderate risk
- ○ Great risk

b. Have five or more drinks of an alcoholic beverage once or twice a week?

- ○ No risk
- ○ Slight risk
- ○ Moderate risk
- ○ Great risk

4. How do you feel about adults smoking one or more packs of cigarettes per day?

- ○ Neither approve nor disapprove
- ○ Somewhat disapprove
- ○ Strongly disapprove

5. How do you feel about adults trying marijuana or hashish once or twice?

- ○ Neither approve nor disapprove
- ○ Somewhat disapprove
- ○ Strongly disapprove

6. How do you feel about adults having one or two drinks of an alcoholic beverage nearly every day?

- ○ Neither approve nor disapprove
- ○ Somewhat disapprove
- ○ Strongly disapprove

7. How do you feel about adults driving a car after having one or two drinks of an alcoholic beverage?

- ○ Neither approve nor disapprove
- ○ Somewhat disapprove
- ○ Strongly disapprove

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CSAP GPRA Participant Outcome Measures for Discretionary Programs

YOUTH - Age 12 to 17 Years

RECORD MANAGEMENT

Participant ID |____|____|____|____|____|____|____|____|____|____|____|____|

Contract/Grant ID |____|____|____|____|____|____|____|____|____|____|

Grant Year |____|____|____|____|
Year

Interview Date |____|____| / |____|____| / |____|____|____|____|

Interview Type
1. Pre-Test 2. Post-Test 3. 6-Month Follow-up

A. DEMOGRAPHICS (QUESTIONS 1-4 ASKED ONLY AT BASELINE)

1. Gender
- ○ Male
- ○ Female

2. Are you Hispanic or Latino?
○ Yes ○ No

3. What is your race? (Select one or more)
- ○ Black or African American
- ○ Asian
- ○ American Indian
- ○ Native Hawaiian or Other Pacific Islander
- ○ Alaska Native
- ○ White
- ○ Other (specify)_____

4. What is your date of birth? |____|____| / |____|____| / |____|____|____|____|
Month / Day / Year

B. DRUG AND ALCOHOL USE

1. How frequently have you smoked cigarettes during the past 30 days?

1 Not at all
2 Less than one cigarette per day
3 One to five cigarettes per day
4 About one-half pack per day
5 About one pack per day
6 About one and one-half packs per day
7 Two packs or more per day

2. How often have you taken smokeless tobacco during the past 30 days?

1 Not at all
2 Once or twice
3 Once to twice per week
4 Three to five times per week
5 About once a day
6 More than once a day

3. To be more precise, during the past 30 days about how many cigarettes have you smoked per day?

1 None
2 Less than 1 per day
3 1 to 2
4 3 to 7
5 8 to 12
6 13 to 17
7 18 to 22
8 23 to 27
9 28 to 32
10 33 to 37
11 38 or more

Alcoholic beverages include beer, wine, wine coolers, and liquor.

4. On how many occasions during the last 30 days have you had alcoholic beverages to drink (more than just a few sips)?

1 0 occasions
2 1 to 2 occasions
3 3 to 5 occasions
4 6 to 9 occasions
5 10 to 19 occasions
6 20 to 39 occasions
7 40 or more occasions

5. On how many occasions during the last 30 days (if any) have you been drunk or very high from drinking alcoholic beverages?

1 0 occasions
2 1 to 2 occasions
3 3 to 5 occasions
4 6 to 9 occasions
5 10 to 19 occasions
6 20 to 39 occasions
7 40 or more occasions

6. On how many occasions during the last 30 days (if any) have you used marijuana (grass, pot) or hashish (hash, hash oil)?

1 0 occasions
2 1 to 2 occasions
3 3 to 5 occasions
4 6 to 9 occasions
5 10 to 19 occasions
6 20 to 39 occasions
7 40 or more occasions

7. During the LAST MONTH, about how many marijuana cigarettes (joints, reefers), or the equivalent, did you smoke a day, on the average? (If you shared them with other people, count only the amount YOU smoked).

1 None
2 Less than 1 a day
3 1 a day
4 2 to 3 a day
5 4 to 6 a day
6 7 to 10 a day
7 11 or more a day

8. On how many occasions during the last 30 days (if any) have you sniffed glue, or breathed the contents of aerosol spray cans, or inhaled any other gases or sprays in order to get high?

1 0 occasions
2 1 to 2 occasions
3 3 to 5 occasions
4 6 to 9 occasions
5 10 to 19 occasions
6 20 to 39 occasions
7 40 or more occasions

9. On how many occasions (if any) during the last 30 days have you taken LSD ('acid')?

1 0 occasions
2 1 to 2 occasions
3 3 to 5 occasions
4 6 to 9 occasions
5 10 to 19 occasions
6 20 to 39 occasions
7 40 or more occasions

Amphetamines are sometimes called: uppers, ups, speed, bennies, dexies, pep pills, diet pills, meth or crystal meth. They include the following drugs: Benzedrine, Dexedrine, Methedrine, Ritalin, Preludin, Dexamyl, and Methamphetamine.

10. On how many occasions (if any) during the last 30 days have you taken amphetamines on your own that is, without a doctor telling you to take them?

1 0 occasions
2 1 to 2 occasions
3 3 to 5 occasions
4 6 to 9 occasions
5 10 to 19 occasions
6 20 to 39 occasions
7 40 or more occasions

11. On how many occasions (if any) during the last 30 days have you taken 'crack' (cocaine in chunk or rock form)?

1 0 occasions
2 1 to 2 occasions
3 3 to 5 occasions
4 6 to 9 occasions
5 10 to 19 occasions
6 20 to 39 occasions
7 40 or more occasions

12. On how many occasions (if any) during the last 30 days have you taken cocaine in any other form (like cocaine powder)?

1 0 occasions
2 1 to 2 occasions
3 3 to 5 occasions
4 6 to 9 occasions
5 10 to 19 occasions
6 20 to 39 occasions
7 40 or more occasions

13. Tranquilizers are sometimes prescribed by doctors to calm people down, quiet their nerves, or relax their muscles. Librium, Valium, and Miltown are all tranquilizers. On how many occasions (if any) have you taken tranquilizers on your own that is, without a doctor telling you to take them...during the last 30 days?

1 0 occasions
2 1 to 2 occasions
3 3 to 5 occasions
4 6 to 9 occasions
5 10 to 19 occasions
6 20 to 39 occasions
7 40 or more occasions

14. Barbiturates are sometimes prescribed by doctors to help people relax or get to sleep. They are sometimes called downs, downers, goofballs, yellows, reds, blues, rainbows. On how many occasions (if any) have you taken barbiturates on your own that is, without a doctor telling you to take them...during the last 30 days?

1 0 occasions
2 1 to 2 occasions
3 3 to 5 occasions
4 6 to 9 occasions
5 10 to 19 occasions
6 20 to 39 occasions
7 40 or more occasions

15. On how many occasions (if any) have you smoked (or inhaled the fumes of) crystal meth ('ice')...during the last 30 days?

1 0 occasions
2 1 to 2 occasions
3 3 to 5 occasions
4 6 to 9 occasions
5 10 to 19 occasions
6 20 to 39 occasions
7 40 or more occasions

16. Amphetamines have been prescribed by doctors to help people lose weight or to give people more energy. They are sometimes called uppers, ups, speed, bennies, dexies, pep pills, and diet pills. Drugstores are not supposed to sell them without a prescription from a doctor. Amphetamines do NOT include any non-prescription drugs, such as over-the-counter diet pills (like Dexatrim) or stay-awake pills (like No-Doz), or any mail-order drugs. On how many occasions (if any) have you taken amphetamines on your own that is, without a doctor telling you to take them...during the last 30 days?

1 0 occasions
2 1 to 2 occasions
3 3 to 5 occasions
4 6 to 9 occasions
5 10 to 19 occasions
6 20 to 39 occasions
7 40 or more occasions

17. On how many occasions (if any) have you used heroin...during the last 30 days?

1 0 occasions
2 1 to 2 occasions
3 3 to 5 occasions
4 6 to 9 occasions
5 10 to 19 occasions
6 20 to 39 occasions
7 40 or more occasions

18. There are a number of narcotics other than heroin, such as methadone, opium, morphine, codeine, demerol, paregoric, talwin, and laudanum. They are sometimes prescribed by doctors. On how many occasions (if any) have you taken narcotics other than heroin on your own that is, without a doctor telling you to take them...during the last 30 days?

1 0 occasions
2 1 to 2 occasions
3 3 to 5 occasions
4 6 to 9 occasions
5 10 to 19 occasions
6 20 to 39 occasions
7 40 or more occasions

19. On how many occasions (if any) have you used MDMA ('ecstasy') during the last 30 days?

1 0 occasions
2 1 to 2 occasions
3 3 to 5 occasions
4 6 to 9 occasions
5 10 to 19 occasions
6 20 to 39 occasions
7 40 or more occasions

20. On how many occasions (if any) have you used Rohypnol ('rophies,' 'roofies') during the last 30 days?

1 0 occasions
2 1 to 2 occasions
3 3 to 5 occasions
4 6 to 9 occasions
5 10 to 19 occasions
6 20 to 39 occasions
7 40 or more occasions

21. During the last 30 days, on how many occasions (if any) have you used GHB ('liquid G,' 'grievous bodily harm')?

1 0 occasions
2 1 to 2 occasions
3 3 to 5 occasions
4 6 to 9 occasions
5 10 to 19 occasions
6 20 to 39 occasions
7 40 or more occasions

22. During the last 30 days, on how many occasions (if any) have you used Ketamine ('special K,' 'super K')?

1 0 occasions
2 1 to 2 occasions
3 3 to 5 occasions
4 6 to 9 occasions
5 10 to 19 occasions
6 20 to 39 occasions
7 40 or more occasions

23. On how many occasions (if any) in your lifetime have you had an alcoholic beverage-more than just a few sips?

○ Never
○ 1 to 2
○ 3 to 5
○ 6 to 9
○ 10 to 19
○ 20 to 39
○ 40 or more

24. How old were you the <u>first time</u> you smoked part or all of a cigarette?

_____ years old If you never smoked part or all of a cigarette please mark the box. □

25. Think about the <u>first time</u> you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink.

_____ years old If never had a drink of an alcoholic beverage please mark the box. □

26. How old were you the <u>first time</u> you used marijuana or hashish?

_____ years old If never used marijuana or hashish please mark the box. □

27. How old were you the <u>first time</u> you used any other illegal drugs?

_____ years old If never used any illegal drugs please mark the box. □

D. EDUCATION, EMPLOYMENT, AND INCOME

1. What is the highest level of education you have finished, whether or not you received a degree? [01=1st grade, 12=12th grade, 13=college freshman, 16=college completion]

|____|____| level in years

G. ATTITUDES AND BELIEFS

1. It is clear to my friends that I am committed to living a drug-free life.

- ○ False
- ○ Maybe
- ○ True

2. I have made a final decision to stay away from marijuana.

- ○ False
- ○ Maybe
- ○ True

3. I have decided that I will smoke cigarettes.

- ○ False
- ○ Maybe
- ○ True

4. I plan to get drunk sometime in the next year.

- ○ False
- ○ Maybe
- ○ True

5. How much do you think people risk harming themselves (physically or in other ways) if they smoke one or more packs of cigarettes per day?

- ○ No risk
- ○ Slight risk
- ○ Moderate risk
- ○ Great risk
- ○ Can't say/Drug unfamiliar

6. How much do you think people risk harming themselves (physically or in other ways) if they try marijuana once or twice?

- ○ No risk
- ○ Slight risk
- ○ Moderate risk
- ○ Great risk
- ○ Can't say/Drug unfamiliar

7. How much do you think people risk harming themselves (physically or in other ways) if they smoke marijuana regularly?

- ○ No risk
- ○ Slight risk
- ○ Moderate risk
- ○ Great risk
- ○ Can't say/Drug unfamiliar

8. How much do you think people risk harming themselves (physically or in other ways) if they take one or two drinks nearly every day?

- ○ No risk
- ○ Slight risk
- ○ Moderate risk
- ○ Great risk
- ○ Can't say/Drug unfamiliar

9. How much do you think people risk harming themselves (physically or in other ways) if they have five or more drinks once or twice each weekend?

- ○ No risk
- ○ Slight risk
- ○ Moderate risk
- ○ Great risk
- ○ Can't say/Drug unfamiliar

10. How wrong do you think it is for someone your age to drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?

- ○ Very wrong
- ○ Wrong
- ○ A little bit wrong
- ○ Not wrong at all

11. How wrong do you think it is for someone your age to smoke cigarettes?

- ○ Very wrong
- ○ Wrong
- ○ A little bit wrong
- ○ Not wrong at all

12. How wrong do you think it is for someone your age to smoke marijuana?

- ○ Very wrong
- ○ Wrong
- ○ A little bit wrong
- ○ Not wrong at all

13. How wrong do you think it is for someone your age to use LSD, cocaine, amphetamines or another illegal drug?

- ○ Very wrong
- ○ Wrong
- ○ A little bit wrong
- ○ Not wrong at all

Appendix B: References

1. NIDA Research Report Series: Methamphetamine Abuse and Addiction.www.drugabuse.gov/ResearchReports/methamph/methamph2.html

2.NIDA InfoFacts. www.drugabuse.gov

3. SAMHSA, Office of Applied Studies, National Household Survey of Drug Abuse, 2000 and 2001.www.samhsa.gov/oas/nhsda/2k2/inhalTX/inhalTX.cfm

4. Hansen, Glen R. Rising to the Challenges of Inhalant Abuse, NIDA Notes. 17:4, November, 2002

5. Leshner, Alan I. Research Report- Inhalant Abuse: NIH Publication No. 00-38

Appendix C Glossary

Cultural Competence - The capacity of individuals to incorporate ethnic/cultural considerations into all aspects of their work relative to substance abuse prevention and reduction. Cultural competence is maximized with implementer/client involvement in all phases of the implementation process, as well as in the interpretation of outcomes (Achieving Outcomes, 12/01).

Cultural Competence Promotion - Educated interventions to develop capacity for culturally competent knowledge, attitudes, and behaviors. Typically they involve how to: avoid use of stereotypes and biases, identify positive characteristics of a particular group, increase readiness to take into account cultural differences, and use of language and terminology that will best convey culturally sensitive prevention messages to a particular group. (CSAP has sponsored the development of prevention training for various ethnic minority groups. See http://p2001.health.org/courses.htm).

Cultural Diversity - Differences in race, ethnicity, language, nationality, or religion among various groups within a community, organization, or nation.

Cultural Sensitivity - The ability to recognize and demonstrate an understanding of cultural differences (Achieving Outcomes, 12/01).

Culture - The values, traditions, norms, customs, arts, history, folklore, and institutions that a group of people who are unified by race, ethnicity, language, nationality, or religion, share.

Effective Intervention - One that has published references that are cited which document its effectiveness. These references can include both peer and non-peer reviewed journals. If the selected intervention results have not yet been published, the applicant must justify its effectiveness in sufficient detail to convince the reviewers that it has empirical support. Other definitions of effective programs are provided in the Brounstein et al reference listed above. Simply cited an intervention as “exemplary or “model” is not sufficient, these citations must be supported by empirical evidence justifying the intervention’s effectiveness.

Gender-specific substance abuse prevention interventions - Programmatic strategies and activities designed to prevent substance abuse among either females or males by addressing the risk and protective factors for substance abuse which are specific to females or males. These interventions should be based upon gender-specific theoretical models and should take into account the research literature on gender differences in risk factors and protective factors, in the relative importance of these factors, and in the consequences of substance use.

Substance abuse prevention theories, models, and programs to serve both females and males have been (a) traditional or generic, (b) gender-informed, or (c) gender-specific. In traditional or generic programs, boys and girls get similar interventions, but gender-specific differences in outcomes may be explored. In gender-informed programs, activities based on more traditional theories or models may be adapted to take into account research on effectiveness of different strategies for girls or boys. For example, the mode of presentation, setting, or sequencing of topics, etc. may be adjusted. In gender-specific programs, the theoretical underpinnings of programmatic activities take into account critical issues such as gender-role socialization and gender-role development. For girls, other important issues also include their tendency toward internalization, their strong relationship orientation, and power inequities in intimate relationships. (Please reference Amaro, et al.)

Science-Based Prevention - "Science-based" refers to a process in which experts use commonly agreed-upon criteria for rating research interventions and come to a consensus that evaluation research findings are credible and can be substantiated. From this process, a set of effective principles, strategies, and model programs can be derived to guide prevention efforts. This process is sometimes referred to as research-or evidence-based. Experts analyze programs for credibility, utility, and generalizability. Credibility refers to the level of certainty concerning the cause and effect relationship of program to outcomes. Utility refers to the extent to which the findings can be used to improve programming, explain program effects or guide future studies. Generalizability refers to the extent to which findings from one site can be applied to other settings and populations. (Link tohttp://www.miph.org/capt/what.ssdp.html.) Lists of science-based programs are beginning to appear in CSAP and other internetsites, notably in the Centers for the Application of Prevention Technologies. (Link tohttp://www.captus.org.)

Science-Based Program - In CSAP's terminology, a program that is theory-driven, has activities related to theory, and has been reasonably well implemented and well evaluated (Achieving Outcomes, 12/01).

Appendix D
Terms & Conditions; RFP; RFA language

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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.

REVIEW CRITERIA FOR RFAs

The extent to which the proposed project can 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 cross-site evaluations, which are determined post-award by CSAP, grantees and other specified representatives.