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MEMORANDUM

To: James Reardon, Commissioner of Finance & Management

From: Rebecca Buck, Staff Associate RB

Date: March 3, 2006

Subject: Status of Grant and Position Requests

Following a request, the following four (4) items were held for legislative review:

JFO #2224 – $1,331,250 landowner's incentive program grant from the U.S. Department of the Interior to the department of fish and wildlife. These grant funds will be used to provide technical assistance and financial incentives to landowners to protect, conserve, and enhance rare, threatened, or endangered wildlife, plants and wildlife habitat. The establishment of three (3) new sponsored limited service positions — Fish and Wildlife Specialist I — is authorized in fiscal year 2006 for the duration of the grant.

JFO #2237 – $3,340,290 grant from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration to the department of health. These funds will be used to develop integrated treatment services for individuals with co-occurring substance and mental health disorders. The establishment of seven (7) new sponsored limited service positions — one (1) Integrated Treatment Project Chief, one (1) Mental Health Quality Management Coordinator, two (2) Mental Health Community Services Coordinator, one (1) Public Health Analyst II, one (1) Systems Developer III, and one (1) Administrative Assistant B — is authorized in fiscal year 2006 for the duration of the grant.

JFO #2241 – $999,751 grant from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration to the department of health. These grant funds will be used to enhance and improve the coordination of services to adolescents with co-occurring mental health and substance abuse disorders. The establishment of two (2) new sponsored limited service positions — one (1) Substance Abuse Program Coordinator and one (1) Administrative Assistant — is authorized in fiscal year 2006 for the duration of the grant.

JFO #2243 – $2,332,000 grant from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration to the department of health. These grant funds will be used to prevent the onset and reduce the progression of substance abuse including childhood and underage drinking, reduce substance abuse–related problems in communities, and build prevention capacity and infrastructure at state and community levels. The establishment of three (3) new sponsored limited service positions — one (1) New Directions Coordinator, one (1) Administrative Assistant, and one (1) Research and Policy Analyst — is authorized in fiscal year 2006 for the duration of the grant.

The above items have been approved by the general assembly in Sec. 88 (a)(1)-(4) of H-617 of 2006 and the Governor's approval may now be considered final. We ask that you inform the Secretary of Administration and your staff of these actions.

cc: Linda Morse
Tom Torti
Wayne Laroche
Cynthia LaWare
Paul Jarris
Molly Paulger
Laurie Grimm

JFO# 2243

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Implementing Research-Based Substance Abuse Prevention in Communities: Effects of a Coalition-Based Prevention Initiative in Vermont

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Abstract

Despite the popularity and perceived potential effectiveness of community-based coalitions in helping to reduce and prevent adolescent substance use, empirical evidence supporting this approach is sparse. Many reasons have been suggested for why coalition-based prevention initiatives, and community-level interventions in general, have failed to demonstrate stronger and more consistent results. Among these explanations are lack of uniformity and control over activities implemented by coalitions, and inadequate numbers of communities used in evaluative studies. This article reports findings from the evaluation of a non-randomized community trial in Vermont in which 23 community coalitions were funded for three years to select and implement a comprehensive mix of research-based prevention strategies designed to reduce substance use prevalence among adolescents. Data from three successive biennial administrations of the statewide Youth Risk Behavior Survey were used to assess this goal. Across the communities served by these coalitions, greater reductions in student substance use prevalence were achieved, relative to the remainder of the state, for all nine substance use measures examined. The greatest relative reductions were observed for past 30-day use of marijuana and cigarettes (both $p<.05$). These findings suggest that collaborative community-based efforts implemented within a supportive framework such as Vermont's New Directions project can have a meaningful impact on the prevalence of substance use behaviors among youth.

Implementing Research-Based Substance Abuse Prevention in Communities: Effects of a Coalition-Based Prevention Initiative in Vermont

Over the past fifteen years, there has been a surge in the popularity and perceived potential importance of comprehensive community-based substance abuse prevention interventions, especially those involving community coalitions (Cook, Roehl, Oros, & Trudeau, 1994; Wandersman, Goodman, & Butterfoss, 1997; Drug Strategies, 2001). Prominent federally-funded initiatives such as the Community Partnership Program sponsored by the Center for Substance Abuse Prevention (CSAP), the Drug Free Communities Program sponsored by the Office of Juvenile Justice and Delinquency Prevention (OJJDP), and the Robert Wood Johnson Foundation's Fighting Back Initiative, have all sought reductions in adolescent substance use through the activation and support of community-based coalitions. Research demonstrating meaningful and statistically significant effects of these and other types of community-level interventions on the community-wide prevalence of substance use among adolescents, however, is surprisingly sparse. This is especially true in regards to prevalence of use among high school students, as most community-based substance abuse prevention efforts that include a prominent school-based component have been directed primarily towards middle school students. Efforts that have been targeted more broadly, and that have specifically examined substance use prevalence among high school students as an outcome, have generally shown only limited success in producing significant effects with this population (e.g., Yin, Kafatarian, Yu, & Jansen, 1997; Wagenaar et al, 2000). The challenges in reducing substance use prevalence in the high school-aged population are formidable, thus creating a critical need for studies that may help advance our knowledge regarding effective strategies to accomplish this goal.

Several recent reviews have described many of the challenges encountered when implementing and evaluating community-based substance use prevention efforts, and have identified some of the factors that appear to influence their effectiveness. Features that are believed to have hampered their ability to demonstrate definitive outcomes include lack of community interest and involvement and not enough attention to changing community-level processes (Gorman & Speer, 1996). Design inadequacies have also been noted. These include insufficient numbers of communities, poor specification of outcomes, inflated expectations regarding the size of the intervention effects, and weakness in the planning and implementation

of the interventions (Wandersman & Florin, 2003; Gabriel, 2000). Green & Kreuter (2003) also mention unrealistic expectations as a barrier to demonstrating effectiveness, along with lack of standards regarding the nature of the intervention across participating sites and the many uncontrollable factors that may also influence community-level rates of substance use.

Inflated expectations regarding the intervention effects, combined with the reduction in statistical power due to clustering effects within the units of assignment may be especially problematic issues in this area of research. Even relatively large numbers of individual participants (e.g., students) within the units of assignment cannot usually compensate for the relatively few degrees of freedom provided by designs with small numbers of communities (see Murray, Moskowitz, & Dent, 1996). Studies that employ larger number of communities will help to address these constraints. Due to their greater statistical power, they will allow detection of more reasonable effect sizes. In this regard, it should be reiterated that even relatively small effects may translate into a greater net impact in the population than much larger effects achieved by programs that target only small groups of high risk individuals or segments of the community. Hence, it is especially important that community-based studies be designed with adequate number of communities to be able to detect relatively small effects. Larger numbers of communities will also serve to help balance the influence of external factors, and in this regard reflect a design feature that may be just as important as the use of randomized assignment. Although less commonly used in prevention research, multiple time-series designs can provide an alternative approach to attaining adequate statistical power when the number of communities is limited (e.g., Holder et al, 2000).

As noted by Holder and Giesbrecht (1990), the term "community-based intervention" covers a broad spectrum of prevention approaches, ranging from individually-focused programs that happen to be implemented within a community setting to efforts that explicitly seek to affect community-level influences through changes to policies, organizations, and other features of the social environment. One strategy that can potentially accommodate both of these approaches simultaneously is the activation of community-based coalitions. Coalitions representing multiple factions from within the community may be in a unique position to facilitate a coordinated and comprehensive set of prevention activities, ranging from more traditional prevention programs focused directly on individual change to efforts that seek organizational and environmental change. As some recent research studies indicate, activation of community coalitions does not

necessarily result in desirable outcomes at the community level (Hallfors, Hyunsan, Livert, & Kadushin , 2002). With adequate resources and training, however, along with grassroots support from within the community and adoption of evidence-based strategies within a comprehensive approach, there remains ample conceptual justification to believe that community-based coalitions may be an effective vehicle for coordinating prevention activities within communities and producing meaningful reductions in substance use prevalence among adolescents.

This paper describes the findings from a non-randomized community trial in which 23 community-based coalitions in Vermont were funded to select and implement research-based prevention strategies designed to reduce adolescent substance use. The source of the funding was a State Incentive Grant (SIG) awarded to the State of Vermont in 1997 by the Center for Substance Abuse Prevention (CSAP). The process for allocating funds to communities was through a competitive community grants program managed by Vermont's Division of Alcohol and Substance Abuse Programs (ADAP). Grant recipients (also referred to as "subrecipients") were required to be existing multi-agency coalitions from one or more geographically defined communities. The coverage boundaries for the subrecipients were required to coincide with the boundaries of one or more of Vermont's 60 school districts, or Supervisory Unions (SUs) as they are called in Vermont. Therefore, each coalition was defined as serving either one complete district or, in a few cases, several contiguous districts. Total population sizes within the coalition catchment areas ranged from approximately 4,000 to 60,000 residents, with a mean of 15,000. Outcome data from both the intervention communities and the remainder of the state were provided by biennial surveys of students in grades 8 through 12.

Methods

Intervention

Vermont's SIG, titled "New Directions" (ND), represented a major shift in the state's approach to substance abuse prevention through its funding of community coalitions rather than individual programs. The ND project was based on the premise that effective community wide prevention of adolescent ATOD use requires coordination among multiple organizations and institutions, encompassing a comprehensive mix of prevention activities. To that end, full time coalition coordinators were hired and trained in principles of effective community mobilization in order to increase local sense of community, enhance mobilization capacity, and increase

community readiness for coordinated research-based prevention activities. The sequence of training and technical assistance provided to coalitions was guided by known stages of coalition development and was designed to help coalitions progress through these stages. Coalition planning efforts employed logic models incorporating risk and protective factors as a framework for conducting a needs assessment, developing goals and objectives, and selecting, implementing and evaluating research-based programs and strategies. Coalitions were required to implement a core set of prevention programs and activities selected from a menu of programs and strategies that had been identified by CSAP as effective or promising based on the research literature at the time. Coalition coordinators worked with coalition members and community-based organizations to facilitate acceptance and implementation of these practices, and to increase overall attention and commitment to substance use prevention efforts in their communities.

The coalitions were funded in the fall of 1998 for a three year period. Funding levels ranged from $80,000 to $125,000 per year. Most coalitions used much of their first year for planning and revising their interventions, thus extending their funded programmatic activities into a fourth year. At the state level, the project was coordinated by a full time project director and overseen by a multi-agency advisory board. Coalition coordinators participated in bimonthly workshops on a variety of topics relevant to maintenance of effective coalitions and the selection, implementation, and evaluation of research-based prevention practices. Aside from the coordinator salaries and administrative expenses, the bulk of each coalition's operating budget was used to coordinate and implement research-based prevention programs or strategies from one or more of the following categories: middle school (MS) curricula programs, middle and high school student assistance programs (SAPs), community-based environmental strategies to reduce and prevent substance abuse, alternative activities for adolescents with specific attention to substance use prevention, and selected and indicated prevention programs for high risk youth and their families. Coalitions selected and implemented between two and four such research-based programs or activities. In addition, coalitions engaged in a variety of less formalized activities designed to increase collaboration and information exchange regarding substance use issues and prevention needs in their communities.

Study Design

An overall assessment of the effects of the ND project was conducted by comparing changes in outcome measures based on repeated cross-sectional student survey data from schools within SUs served by ND coalitions with corresponding changes experienced by schools in the remainder of the state. Fortunately, the majority of public schools in Vermont participate in the Youth Risk Behavior Survey (YRBS). Because the YRBS targets all students in the eligible grades (8 through 12), it therefore provides outcome measures that are community-wide. This differs from evaluation approaches that focus only on participants of specific individual-focused programs. The predefined outcome measures used in the analyses were self-reported past month and/or lifetime use of selected substances, plus items pertaining to personal disapproval of substance use, perceived risk of substance use, and perceived availability of various substances. The period over which changes were assessed was from 1997 to 2001. Evidence of intervention effects were based on changes in outcome measures between 1999 and 2001. Although a few coalitions began implementing some ND-sponsored prevention activities several months prior to the 1999 YRBS administration, full scale implementation was not underway in most coalitions until the fall of 1999, thus justifying the use of the spring 1999 survey as the baseline from which subsequent changes were measured. Changes in outcome measures from 1997 to 1999 were also examined, however, in order to assess pre-intervention trends in ND and non-ND communities. To minimize potential biases due to changes in the sample of participating school across the years, the analyses were limited to students from schools that participated in all three years. Process evaluation information regarding the activities of the coalitions were also collected and used to support interpretation and ancillary analyses of the outcome data.

Data Source and Measures

The YRBS has been administered to Vermont students in grades 8 through 12 on a biennial basis since 1985. The survey is coordinated and co-sponsored by the Vermont Department of Health's Division of Alcohol and Drug Abuse Programs and the Vermont Department of Education. The core survey instrument was developed by the Federal Centers for Disease Control and Prevention, and covers a variety of health-related behaviors including the use of alcohol, tobacco, and other drugs.

The survey is administered in the classroom by school staff in the early spring during odd-numbered years. Student participation in the survey is anonymous and voluntary, and

requires passive parental consent. The survey data are collected using self-completed scannable forms that contain both the questions and the responses options. Participation by schools is also voluntary. In 1997, the overall participation rate in the survey among public school students in grades 8 through 12 was 62 percent. This rate is a function of both the percentage of schools that elect to participate, and the percentage of eligible students within participating schools who complete the survey. Overall statewide participation rose to 77 percent in 1999 and 78 percent in 2001 due to increased participation by schools. Within participating schools, approximately 85 percent of students completed the survey in each of the three years.

The outcome measures included self-reported substance use behaviors and responses to several attitudinal and/or perceptual questions reflecting risk and protective factors related to substance use. Measures of 30-day and lifetime use were defined for marijuana, alcohol, and cigarettes. Two additional lifetime measures were defined for inhalants and for a residual category of other illicit substances, which include cocaine, steroids, heroin, methamphetamines, and hallucinogens. In addition to measuring any alcohol use in the past 30 days, a measure of 30-day heavy drinking was defined as reporting "having five or more alcoholic drinks in a row, within a couple hours."

The items that pertain to the three psychosocial risk factors were adapted from the Social Development Research Group Student Survey (Arthur, Hawkins, & Catalano, 1997), and were added to Vermont's YRBS survey instrument for the 1999 and 2001 surveys. Items regarding disapproval of substance use asked respondents how wrong they thought it was for persons their age to engage in each of four substance use behaviors. Perceived risk items asked about the level of risk to one's health associated with various substance use behaviors, and items regarding availability asked about how easy it would be to obtain various substances.

The variable used to distinguish the ND from the non-ND group was based on the school district of each respondent's school. The other measures used in the study were year (1997, 1999, or 2001), plus two individual-level control variables (gender and age).

Analytic Approach

For each of the substance use outcomes described in the preceding section, prevalence rates were calculated for each year of the YRBS separately for students in ND and non-ND SUs. The rates were calculated for all students in grades 8 through 12. The ND and non-ND groups

were compared with respect to how the prevalence rates for each outcome measure changed across the three years of the survey. To ensure comparability of the groups across the years, only students from schools that participated in the YRBS for all three years were included. Based on this criterion, student survey data from 20 of the 23 ND coalitions contributed to the analysis.

Logistic regression models were used to test the statistical significance of the differences observed between the ND and non-ND groups in the degree of change in the outcome measures across years. Each outcome measure was assessed separately and all models included age and gender as covariates. The models tested for the significance of time by condition interaction effects, where time is measured by year and condition refers to group membership (ND or non-ND). Two such interactions were tested: (1) the time by condition interaction effect for changes between 1997 and 1999, and (2) the time by condition interaction effect for changes between 1999 and 2001. To adjust for the within district correlations (see Murray, 1997; 1998) the models used were run using Generalized Estimating Equations (GEE) assuming an exchangeable working correlation matrix, as provided by the Multilog program in the SUDAAN statistical software package (Shaw, Barnwell, & Bieler, 1997). A similar analytic strategy was applied to the risk/protective factor items. Because these measures were not included in the 1997 YRBS, however, the risk factor analyses focus only on changes between the 1999 and 2001 YRBS.

Of the various prevention activities implemented by the coalitions, those with the strongest base of research evidence regarding their efficacy were the MS curricula programs (i.e., Project Northland, Life Skills Training, and Project Alert). It was, therefore, plausible that the effects of ND might be strongest among eighth grade students. Most students who were in eighth grade in the spring of 2001 had been in middle school throughout the life of the SIG grants in their communities, and therefore would have experienced the greatest level of exposure to these multi-year curricular programs. Therefore, the analyses described above for eighth to twelfth grader students collectively were repeated with eighth grade students only. For comparison purposes, the results for the other grade levels were also examined.

In addition to the overall comparisons, it was noted that coalitions varied widely in the levels of change experienced in the outcome measures. To exemplify the range in the changes experienced across coalitions, a summary chart was prepared showing the percentage point changes in 30-day marijuana use between 1999 and 2001 for each of the 20 coalitions in relation to the remainder of the state. Comparable levels of variation were also observed for the other

substance use measures. Because the range in the observed changes was substantial, it was reasonable to then investigate whether certain coalition characteristics were associated with the magnitude of the reductions in student substance use rates experienced. Except for the size of the population served by the coalition, the characteristics examined for this study all focused on the types and/or levels of various prevention activities implemented by the coalitions. Definitions and variable names are provided in Table 1. With the exception of the MS curriculum, each characteristic was measured using either three or four ordered subgroups. To succinctly summarize the relationships between these measures and changes in student substance use prevalence, we report the bivariate correlations between each measure and the percentage point decrease between 1999 and 2001 for each substance use measure. The relationships for the MS curriculum measure are depicted by reporting the mean percentage point decreases for each subgroup as defined by their selected MS curriculum. These analyses were intended primarily to explore patterns of relationship between coalition characteristics and changes in the outcome measures assessed. They were conducted using aggregate-level summary statistics for the coalitions (N=23). To give greater weight to coalitions with more students, the coalitions were assigned weights proportionate to the square root of the total number of students who participated in the 1999 YRBS. Because the small sample sizes do not provide sufficient power to identify modest but potentially important associations as being statistical significant, more attention is paid to the magnitude and patterns of the relationships examined than their statistical significance. Consequently, findings from these subgroup analyses should be interpreted with caution and used primarily to generate hypothesis for further research.

(insert Table 1 about here)

Results

Sample Description

Demographic characteristics of the students from all schools that contributed to the primary analysis, based on data from the 1999 YRBS, are provided in Table 2. Because only data from schools that participated in all 3 years of the survey were used for the analysis, the distributions of demographic characteristics for 1997 and 2001 were very similar to those based on the 1999 survey. In general, the ND and non-ND groups were similar with respect to most

characteristics examined. Students from schools in ND districts, however, were noticeable higher in the percent who reported that their mother's educational attainment extended beyond high school completion (63.1 % vs. 58.5%).

(insert Table 2 about here)

Changes from 1997 to 2001 Among Students in Grades 8 through 12

Table 3 presents substance use prevalence rates for the ND and non-ND groups for each of the three years of the YRBS, and therefore provides the values necessary to examine differences in the trends between the two groups for each measure. In addition, the adjusted change statistics in the right-most columns reflect the net percentage point change in the ND group that was experienced relative to (i.e., adjusted for) the degree of change experienced in the non-ND group. For example, whereas past 30-day use of marijuana dropped 3.1 percentage points (from 29.5 to 26.4) between 1999 and 2001 among students in ND schools, the same rate dropped 0.4 percentage points among students in non-ND schools. The net difference, therefore, between the ND and non-ND groups was an excess decrease of 2.7 percentage points (expressed as -2.7) in the ND group.

(insert Table 3 about here)

The results show that the prevalence of substance use among Vermont's 8th to 12th grade students decreased between 1997 and 1999, and again between 1999 and 2001, in both ND and non-ND areas for all of the substance use measures examined. The decreases were especially pronounced for lifetime and past 30-day cigarette use, and are consistent with national data that have also identified a strong recent downward trend in adolescent smoking (Johnston, O'Malley, and Bachman, 2002). Baseline prevalence rates (in 1999) for the two groups were generally similar. Pre-intervention trends (from 1997 to 1999) were also similar, expect for lifetime use of inhalants and other illicit drugs. For both these measures, however, declines during this period were larger in the comparison schools, with both of these differences approaching statistical significance ($p<.10$). In fact, the non-ND group experienced greater declines during this period than the ND group for seven of the nine substance use measures examined, although most of these relative difference in the degree of change between 1997 and 1999 were small – less that one percentage point and not statistically significant. These patterns are consistent with the fact

that very few ND-sponsored activities were underway by spring of 1999, thus reinforcing the appropriateness of examining changes between 1999 and 2001 as the primary focus of the outcome evaluation.

Between 1999 and 2001, the decreases were greater in the ND group for every substance use measure examined. The magnitude of the adjusted change varied across measures, from –0.5 percentage points for binge drinking in the past 30 days to –2.7 percentage points for past 30-day use of marijuana. The relatively greater declines observed in the ND group were statistically significant for 30-day use of both cigarettes and marijuana ($p<.05$), and approached statistical significance for lifetime use of cigarettes and marijuana ($p<.10$).

Parallel analyses conducted separately by grade level showed that the pattern of effects was generally similar across grades. In particular, they data did not indicate that ND effects were any stronger among students in 8th grade relative to the other grade levels. In fact, for most substance use measures, the adjusted percentage point changes were somewhat less pronounced and more variable among 8th grade students that the students in higher grade levels.

Changes in Risk Factors

Following the same analysis strategy used for the behavioral outcomes, changes between 1999 and 2001 in the response rates for each item pertaining to disapproval, perceived risk, and perceived availability were compared across the two conditions. For all grade levels combined, the percent of students reporting that substance use behaviors were wrong or very wrong increased more among students in the ND schools than the rest of the state for all four behaviors listed (the adjusted percentage point changes ranged from 0.6 to 1.1 across the four items). A similar pattern was observed for the percent of students perceiving moderate or great risk for various substance use behaviors (with adjusted changes ranging from 0.3 to 1.2). For items regarding perceived availability, however, the adjusted changes were mixed and relatively close to zero. Only one measure, perceived risk of smoking a pack or more of cigarettes per day, approached a statistically significant effect ($p=.06$). The patterns observed for all grades combined were generally maintained when the data were examined separately by grade levels.

Variation in New Directions Effects Observed Across Coalitions

Figures 1 demonstrates the variability in the degree of change in the prevalence of 30-day marijuana use experienced across by coalitions between 1999 and 2001. These data illustrate the substantial range in the changes observed among the ND coalitions, and how these changes compare to the average change across all non-ND areas. Each bar in the figure reflects the percentage point change for an individual coalition. The dashed line represents the level of change experienced in the remainder of the state (i.e., the non-ND group). As the figure shows, the changes in the percent of students reporting 30-day use of marijuana across the coalitions ranged from a 13.3 percentage point decrease to a 4.0 percentage point increase. Consistent with the results presented previously, the majority of coalitions experienced larger declines that the non-ND group. Similarly high levels of variation in percentage point changes across the coalitions were observed for the other substance use measures.

(insert Figure 1 about here)

Given the large variations across the coalitions in their levels of student substance use change, additional analyses were conducted to determine if activities implemented by coalitions and the size of the population served were related the magnitude of these changes. The analysis focused exclusively on the changes observed between 1999 and 2001, and involved comparisons among subgroups of ND coalitions rather than comparisons with the non-ND group. For these reasons, and in order to maximize the N in each subgroup, data from all schools that participated in both the 1999 and 2001 surveys were used (i.e., participation in the 1997 survey was not required). Schools from all 23 ND coalitions, therefore, were allowed to contribute to the analysis. All analyses were conducted at the coalition (N=23) level, with coalitions weighted according to the number of students who participated in the 1999 YRBS.

Table 4 shows the correlations between each ordinal scaled characteristic and the percent change in each substance use measure between 1999 and 2001. The mean values shown in the final row are simply the means of the correlations within each column, and provide a summary indicator of the importance of each characteristic with respect to overall reductions in student substance use. As shown in the table, only a few of the relationships reported are statistically significant at the $p<.05$ or even $p<.10$ level. Even so, the correlations reflect a consistent pattern of small to moderate positive correlations between the intensity of implementation for each of the four types of prevention activities assessed. In general, the strongest correlations were for the level of SAP implementation and the weakest were for the implementation level of indicated

and selected programs. Population size exhibited consistent negative associations with the decline in use for each substance, although only one of these approached statistical significance.

(insert Table 4 about here)

The specific middle school curriculum implemented by the coalitions was also of interest, but could not be captured with an ordinal scale and therefore was not included among the variables shown in Table 4. Most coalitions did implement a research-based middle school substance use prevention curriculum as a core component of their overall strategy. Specifically, ten coalitions implemented Life Skills Training (LST) as their primary school-based strategy, six implemented Project Northland, and two chose Project Alert. Five coalitions did not implement a substance use prevention curriculum in their middle schools identified by CSAP as being effective, at least for students who were in 8th grade by the time of the 2001 YRBS.

For this characteristic, it was more appropriate to examine changes in the prevalence of use among 8th grade students only rather than all grades 8 through 12. Table 5 presents the mean change from 1999 to 2001 across coalitions within each subgroup in the prevalence of use among eighth grade students for each of the nine substance use measures. The change measures are expressed in terms of absolute percentage point differences, so that even small changes in the percentage of users can still indicate large relative differences. Comparing the four ND subgroups, the table shows that the mean percentage point decline for the Project Northland subgroup was highest on seven of the nine measures. The Northland group and the Project Alert group had equally high percentage point declines in lifetime alcohol use, and the LST subgroup experienced the highest declines in lifetime use of other illicit drugs. Declines in substance use prevalence among the subgroup that did not implement a research-based MS curriculum were generally either similar to or lower than those observed for the other subgroups, and were substantially lower for most lifetime use measures. Tests based on a one-way analysis of variance across subgroup means, however, did not detect statistically significant differences for any of the outcomes examined.

(insert Table 5 about here)

Discussion

Overall effects of New Directions

The findings presented above show some encouraging and consistent patterns in the YRBS data with respect to the likely impacts of the ND project on student substance use prevalence and related risk/protective factors. Among students in grades 8 through 12, differences between the ND and non-ND groups in the extent to which substance use decreased between 1997 and 1999 were relatively slight. In fact, the data showed that most of the substance use prevalence measures decreased slightly more in the non-ND schools during this interval. In contrast, all nine of the substance use measures examined showed differential rates of decline favorable to ND between 1999 and 2001. Relatively greater declines were especially apparent for past 30-day cigarette use (a net decrease relative to the non-ND group of 2.4 percentage points, $p<.05$) and 30-day marijuana use (2.7 percentage points, $p<.05$). It was significant that these effects appeared across all grade levels, thereby supporting the evidence for a generalized, community-wide effect of the intervention.

The magnitude of ND effect on substance use prevalence rates varied across the substance use measured examined. For some measures the net declines were neither statistically significant nor particularly dramatic. Despite the absence of larger and more consistent statistically significant effects, several features of the ND intervention itself, the evaluation design, and the patterns of results provide justification for interpreting the findings in a manner that suggests favorable impacts of the project and the potential effectiveness of interventions similar to ND in the future. A brief discussion of these considerations follows.

First, it is important to note the context for this evaluation. The prevalence of substance use among youth, both nationally and in the State of Vermont, was in decline between 1997 and 2001. This is evident in the Vermont YRBS data as shown in Table 3. The statewide declines in student substance use are of course encouraging, and suggest that prevention efforts collectively may be having a positive impact on Vermont's students. The backdrop of generally declining rates of student substance use, however, tends to make the effects of any particular preventive intervention less apparent (Bauman, Suchindran, & Murray, 1999).

Second, to the extent that ND may have either been responsible for, or contributed to, the greater decreases in substance use, it is important to consider the implications of the excess declines in substance use prevalence observed in the ND communities. Although an additional 2.4 percentage point drop in past 30-day cigarette use may seem small, this figure translates to a relative decline of 7.6 percent from the 1999 statewide baseline prevalence rate of 31% (i.e., a

7.6% drop beyond the decline already experienced in the non-ND group). Because these percentages represent community-wide declines in prevalence, even small percentage translate into hundred of students in the intervention communities who may have been successfully prevented from using cigarettes, alcohol, and other substances.

Third, the greater relative declines for many of the substance use measures observed in the ND group between 1999 and 2001 occurred despite a countervailing trend during the prior period. Not only do the trends between 1999 and 2001 reflect more positive prevention outcomes in the ND communities, they also reflect a reversal of the pattern that was observed between 1997 and 1999 for seven of the nine outcome measures (i.e., greater declines in the non-ND communities). These reversals in the relative trend differences were especially apparent for lifetime use of inhalants and other also other drugs. For example, whereas lifetime inhalant use prevalence declined 1.8 percentage points more among students in the non-ND schools between 1997 and 1999, this pattern was reversed between 1999 and 2001. Additional analyses were conducted at the SU level to compare the declines in ND and non-ND communities between 1999 and 2001, adjusting for the difference in declines experienced between 1997 and 1999. The regression results indicated greater declines in ND communities for 30-day use of marijuana and lifetime use of inhalants after adjusting for the 1997-1999 trends (both $p<.05$), and for 30-day use of cigarettes and lifetime use of other drugs (both $p<.10$).

Fourth, the patterns of findings for the risk/protective factor items also are consistent with the overall assessment that ND was effective in helping to reduce student substance use in the areas served by its coalitions. Survey items pertaining to the two risk/protective factors that presumably would be more amenable to the intervention (personal disapproval of substance use and perceived risk of harm from substance use) exhibited a consistent pattern of more positive (although not statistically significant) changes from 1999 to 2001 in the ND group relative to the non-ND group. Because little coalition activity was directed towards reductions in substance use access and availability, it was not surprising to see inconsistent and fairly trivial differences between the groups on changes in the perceived availability measures.

Fifth, the findings from the additional subgroup analyses suggest that each of the prevention activity categories examined may have contributed to the overall reductions in student substance use achieved by ND coalitions. That is, the greater the level of exposure to these activities, the stronger the reductions in student substance use. This finding serves to support the

evidence for an overall impact of the ND project, as it suggests a dose-response relationship between the types of activities supported by ND and the desired outcomes. It also supports the comprehensive approach adopted by most ND coalitions, by suggesting that each of a number of different strategies contributed to the reductions in substance use that were achieved.

Finally, unlike many formally evaluated preventive interventions, ND permitted considerable flexibility to coalitions regarding the specific activities and programs they implemented. Although efforts were made to encourage and facilitate fidelity of program implementation for all research-based programs, it is unlikely that programmatic activities were implemented with the same degree of fidelity as in tightly controlled research-oriented demonstration projects. In these respects, ND was similar to previous multi-site prevention initiatives involving community coalitions, such as CSAP's Community Partnership Program and the Fighting Back Initiative sponsored by RWJ. As others have suggested, a lack of uniformity across sites with respect to the choice and quality of program implementation most likely reduces the aggregate effectiveness of these community-based efforts (Green & Kreuter, 2003). On the other hand, interventions that allow for such variations are probably more likely to be implemented routinely by states and communities under current funding mechanisms. The favorable patterns observed here, therefore, are all the more encouraging because the intervention was implemented in a real world context without the level of extensive oversight and control applied in more rigorous experimental research.

Variations in observed effects across coalitions and across outcome measures

Although the YRBS data provide support for the overall effectiveness of the ND project, there was a substantial range in the substance use reductions experienced across the coalitions. If assessed separately for each community, it is clear that the data would be unable to suggest any beneficial effects of ND for certain coalitions. In the absence of very strong evidence of serious implementation failure, it is difficult to know whether such findings can be attributed to the ineffectiveness of the intervention as implemented in those communities, or due to unmeasured counteractive factors external to the intervention. Individual communities, therefore, must always be extremely cautious in attributing success of failure to community-based prevention initiatives based solely on their own outcome data. The variations observed across the coalitions in this study reinforce the importance of using large multi-site designs, or meta-analysis, in

evaluating community-based prevention strategies. Important topics for further study will be the identification of factors that influence variability across communities in the outcomes achieved by community-based prevention efforts, and the distinction between those factors that are attributes of the intervention and its implementation, and those that arise from factors unrelated to the intervention.

The exploratory analysis of subgroup differences suggested that greater levels of community-wide exposure to intervention components were one factor that may have contributed to the observed effects. These subgroup analyses also facilitated a direct comparison of Project Northland versus Life Skills Training with respect to changes in prevalence of substance use among 8th grade students. As discussed previously below, these subgroup comparisons were not designed to produce definitive evidence regarding the relative efficacy of different approaches adopted by the coalitions, but may identify some apparent differences worthy of consideration and further assessment. The most striking pattern in the findings regarding these two programs was the substantially greater levels of reduction experienced in the Project Northland sites with respect to alcohol use outcomes. Differences in the reductions in all other measures except other illicit drug use, while still greater in the Northland subgroup, were not as pronounced. These findings are consistent with the fact that many of the Project Northland activities, as described by Perry et al (1996), have a clear and specific focus on alcohol, and in general this program appears to place a relatively greater emphasis on alcohol use than other substances. This finding is also consistent with results from a separate evaluation of an unrelated intervention that was recently conducted in a subset of the same Vermont communities. That study (Flynn et al, in press) reported significantly greater reductions ($p=.03$) in regular drinking among 7th and 8th grade students in ND communities compared to non-ND communities. Furthermore, among the 10 ND coalitions involved, Project Northland was the most widely implemented MS prevention curriculum. Together, these findings provide support for community-based approaches that include Project Northland in helping reduce adolescent alcohol use among middle school students. Effective strategies for reducing underage drinking among older adolescents, however, remain elusive. The least encouraging overall effects of ND observed in this study were for the alcohol use outcomes. This finding is consistent with other research showing a relatively greater resistance of underage drinking to substance use prevention programs, compared to other substance use behaviors (e.g., Botvin, Baker, Dusenbury, Tortu, &

Botvin, 1990; Johnson et al, 1990), and with the view that prevailing community and societal norms are more tolerant of underage drinking than other substance use behaviors (Perry et al, 2000).

Study Limitations

Several aspects of the evaluation design represent limitations that should be considered when interpreting the findings of this study. Perhaps most important is that communities were not randomly assigned to the ND intervention. Rather, coalitions were selected on the basis of the merits of their grant applications, which suggest that there could be meaningful differences between these communities and those that were not selected or did not apply. Even though baseline rates of substance use were similar between the two groups, the possibility that unmeasured pre-existing differences between ND and non-ND communities may have influenced the trends in student substance use within those communities cannot be ruled out.

A second limitation is the reliance on self-report measures. However, this is not seen as a major concern for two reasons. Numerous studies have affirmed the reliability and validity of self-reported measures of substance use, as long as the information is collected in a manner that ensures confidentiality and supports the legitimacy and importance of the survey. Second, any sources of inaccuracy in the self-report data are expected to operate in the same manner in both groups, thus minimizing their potential to distort the overall patterns observed. This is true both for concerns regarding accuracy of the responses, and for any potential biases due to student non-participation in the survey. There also does not appear to be any realistic and valid alternative sources of data on substance use prevalence in student populations. Assessment of longer term impacts, however, might include archival measures, such as the percent of traffic accidents involving minors in which impairment was a factor, as an adjunct to self-report measures.

A third limitation pertains to the small sample sizes for the subgroup analyses used to examine the associations between coalition characteristics and magnitude of observed effects. The relatively small subgroup sizes make it difficult to detect statistically significant relationships unless they are exceptionally strong. The findings from these subgroup analyses, therefore, should be considered as exploratory only, and as an adjunct to the assessment of the overall impacts of ND described above. Because the numbers of coalitions within each subgroup were not large, the associations between the various characteristics examined could not be statistically controlled due to the limited number of coalitions. In addition, many other

unmeasured characteristics of coalitions and the communities that they serve may also have influenced trends is student substance use. With these limitations in mind, however, differences in outcomes observed across subgroups of coalitions were used to suggest attributes of coalitions that may have contributed to their success in reducing student substance use, and provide hypothesis for larger and more focused studies of coalition attributes and their association with coalition effectiveness.

Fourth, no control was possible over the prevention activities implemented in the school districts that comprised the comparison group. Essentially, these sites represented a "business as usual" condition, meaning that there could be considerable variation in what sorts of prevention activities were conducted in those areas. Data collected from ADAP's regional prevention consultants, however, indicated that programs and strategies designated as "research-based" were far less common in non-ND communities than in the ND sites.

Finally, the extent to which these findings may be generalized to other settings is uncertain. The predominantly small size and rural character of most Vermont communities may have been a necessary attribute for achieving the effects that were observed, especially given the modest inverse relationship observed in this study between community size and outcomes. Communities in Vermont are also more racially and ethnically homogeneous that most other areas of the country. For these reasons it will be important replicate community coalition-based approaches such as ND is larger and more heterogeneous communities. We expect that the core components of the ND intervention, especially the emphasis on use of research-based practices within a coordinated and comprehensive approach supported by adequate training and technical assistance, are applicable and potentially effective in a variety of settings.

Several strengths of the design used for this evaluation are also noted. As the results suggest, the study did have a marginally adequate sample size, both in terms of numbers of school districts and numbers of students, to detect (as statistically significant) meaningful overall effects of ND. Participation in the YRBS by the majority of Vermont's public schools was critical to the execution of this study, and highlights the value of routinely collected statewide and community-level student survey data to help both plan and assess the impacts of community-based preventive interventions. Second, because the sample of schools included in the analysis was essentially determined by which schools participated in the 1997 survey (before the coalition grants were awarded), the possibility of differential participation rates by schools was

minimized, and the possibility of differential rates of attrition by schools after the baseline assessment was eliminated. The use of consecutive cross-sectional surveys may also be viewed as a strength of the study design. Although evaluations of individually-focused interventions generally seek to follow individuals over time, a more appropriate unit of analysis for multi-faceted community-focused interventions is the community itself (or, in this case, the target population of 8th through 12th grade students in the community). Assessment of intervention efforts, therefore, focused on changes in prevalence rates for the target population as assessed cross-sectionally at different points in time, even though different individuals comprised each cross-section. To the extent that follow-up survey participants included students who only recently moved to an area and therefore were not fully exposed to the intervention, the findings probably provide a somewhat conservative assessment of intervention effects that might otherwise be observed in a completely stable population.

Implications and lessons learned

Before concluding, it may be helpful to briefly speculate about features of ND that may have helped this project achieve the encouraging outcomes reported here, especially given the sparseness of definitive positive findings from coalition-based prevention projects. One important distinguishing feature of the project was the heavy emphasis on the provision of programs that were either already identified as being effective through rigorous review of the research studies, or otherwise consistent with research-based principles of effective prevention practice (e.g., as summarized in publications by NIDA [1997] and CSAP [1997] that were available when the coalitions were funded). A second feature that was deemed critically important by the coalition coordinators and project administrators was the extensive training, technical assistance, and networking opportunities provided to the coalition coordinators. A third feature that may have contributed to the positive outcomes observed was the activation and maintenance of the community coalition itself. Qualitative evidence gathered from the coalition coordinators suggests that many of the programs and activities implemented would have been either impossible or much more difficult to implement without the support and political leverage provided by the coalition. In addition, the coalitions served as a catalyst for information exchange and public visibility, thus heightening community awareness regarding substance use issues to a degree that may not otherwise have been possible. This study, however, was not

designed to distinguish the contributions of the intrinsic and perhaps indirect effects of the coalition itself from those of the specific programmatic activities it supported. It is certainly possible that some communities may find they are able to implement comprehensive and effective prevention strategies without the benefit of a formal coalition or paid coalition coordinator. Vermont's experience, however, suggests that well organized and adequately supported community-based coalitions, with paid coordinator positions, provide a structure that greatly facilitates effective planning, implementation, and evaluation of research-based prevention practices within the communities they serve.

What might be done in the future to enhance the effectiveness of community-based initiatives such as ND? The findings described above suggest that coalitions that achieved greater levels of exposure among eligible residents to research-based intervention components also achieved better outcomes. Therefore, efforts to increase the level of penetration and exposure to such programs would seem to be very important. At the same time, there was also a noticeable absence of activities specifically focused on systemic and/or policy change. Compelling arguments have been presented regarding the importance and potential efficacy of prevention strategies that seek to change features of the community context, especially via enactment and enforcement of policies designed to reduce availability of substances and enhance social norms that may help circumvent their use and abuse (Gorman & Speer, 1996; Wagenaar & Perry, 1994; Holder et al, 1997). Another area where enhancement of the ND model would seem beneficial is in the needs assessment and strategy identification process. Needs assessment is now a common mandate for community coalitions and other organizations seeking funding for prevention efforts, and can serve to energize and focus coalition efforts. Translating needs assessment data and other important considerations into appropriate and justifiable choices for specific prevention activities, however, is often a tenuous and inexact process. Clearly, perceptions regarding how well candidate programs and activities fit with the values and orientation of the community, including those providing the services, are important considerations in selecting prevention strategies for implementation. Ways in which other types of needs assessment data can effectively guide prevention planning are not always so clear. In fact, because the needs assessment process may serve to increase the flexibility and options afforded to local providers for the purpose of "tailoring" services to unique needs and conditions, there is a danger that vitally important core prevention activities could be overlooked. Although

models for research-based community prevention planning have been developed and are currently in use (e.g., Hawkins, Catalano & Arthur, 2002), the relative efficacy of these models has yet to be rigorously assessed. An important challenge for prevention research, especially as lists of "research-based" prevention programs and strategies lengthen and proliferate, is to design and test decision models and/or guidelines that can be readily used by communities, provider organizations, and funding agencies for helping select maximally effective, affordable, and appropriate comprehensive prevention strategies. A fourth and vitally important consideration for future coalition-based prevention efforts is that of sustainability. Although most ND coalitions continued to function after CSAP funding for the project ended, some did not and the level of funding for many others was reduced. To the extent that community-based coalitions do help to meaningfully reduce adolescent substance use, the long-term viability of these coalitions needs to be an explicit goal both for the coalitions and the agencies that help support them.

Conclusions

Vermont's New Directions Project relied on the efforts of community-based coalitions to identify and implement appropriate research-based prevention strategies, facilitated by the necessary training and technical assistance plus financial support. The findings from this study suggest that this approach did lead to reductions in substance use behaviors among students in grades 8 through 12. These results should provide both encouragement and justification for continued efforts to implement and assess preventive interventions based on a community coalition model such as Vermont's New Directions. The extent to which reductions in substance use prevalence among the general student population can lead to reductions in more serious problems for the community in subsequent years is not known, but certainly an important research question for future studies.

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Table 1. Coalition Characteristics Examined in Subgroup Analyses.

Variable name	Description
MS curriculum	The primary middle school-based curriculum used by the coalition, provided that the majority of students who were in eighth grade in spring 2001 received the program for at least one year.
SAP level	Number of grade levels in which students (who were in grades 8 through 12 in spring 2001) had access to an SAP program (averaged across years)
Env level	Number of years in which environmental strategies were implemented
Alt level	Percent of students (who were in grades 8 through 12 in spring 2001) that participated in coalition-sponsored alternate activities programs (averaged across years)
Ind/Sel level	Percent of students (who were in grades 8 through 12 in spring 2001) that participated in coalition-sponsored indicated and selected prevention programs (averaged across years)
Pop size	Population of area served by coalition (categories were reverse coded)

Table 2. Description of Sample Based on 1999 YRBS Data[1]

	ND (N=13891)	Non-ND (N=11041)	Total (N=24932)
Grade Level			
8th	19.1	20.0	19.5
9th	25.0	23.7	24.4
10th	22.5	22.1	22.3
11th	18.9	18.7	18.8
12th	14.5	15.4	14.9
Gender			
Female	50.4	49.8	50.1
Male	49.6	50.2	49.9
Race/Ethnicity			
White	90.8	89.4	90.2
Other or multiple	9.2	10.6	9.8
Mother's Education			
Beyond high school	63.1	58.5	61.0
High school or less	36.9	41.5	39.0

[1]Sample includes only students from schools that participated in the all three years (1997, 1999, and 2001) of the YRBS survey. The Ns for all three years are reported in Table 3.

Table 3. Substance Use Prevalence Rates for New Directions and Non-New Directions Supervisory Unions Based on Data from the 1997, 1999, and 2001 Vermont YRBS:[1] Grades 8 Through 12

	New Directions			Non-New Directions			Adjusted Change[2]	
Substance Use Measure	**1997** N=12889	**1999** N=13891	**2001** N=13965	**1997** N=10938	**1999** N=11041	**2001** N=10719	**97-99**	**99-01**
Percent who used marijuana past 30 days	31.2	29.5	26.4	32.2	29.6	29.2	0.9	-2.7**
Percent who used alcohol past 30 days	50.1	44.1	40.8	52.3	45.9	43.5	0.4	-0.9
Percent who binge drank past 30 days	30.6	27.3	24.4	33.0	29.2	26.8	0.5	-0.5
Percent who smoked cigarettes past 30 days	35.5	31.3	22.2	36.1	31.4	24.7	0.5	-2.4**
Percent who ever used marijuana	47.4	46.3	42.8	48.3	47.5	45.3	-0.3	-1.3*
Percent who ever used Alcohol	73.6	71.2	68.1	76.6	73.3	70.9	0.9	-0.7
Percent who ever smoked cigarettes	56.9	53.2	43.0	57.4	54.8	46.1	-1.1	-1.5*
Percent who ever used inhalants	20.9	17.6	15.0	21.7	16.6	15.1	1.8*	-1.1
Percent who ever used other drugs	24.4	23.2	20.0	26.1	22.9	20.5	2.0*	-0.8

** p<.05 * p<.10

[1]Includes only those schools that participated in all three years.

[2]This quantity is the net change in the ND areas after adjusting for the amount of change in the non-ND areas. For example, the adjusted change from 1997 to 2001 is calculated as [(ND01 – ND97) – (NND01 – NND97)].

Note: Actual Ns for each substance use measure are slightly lower than those shown at the top of the table because of missing data.

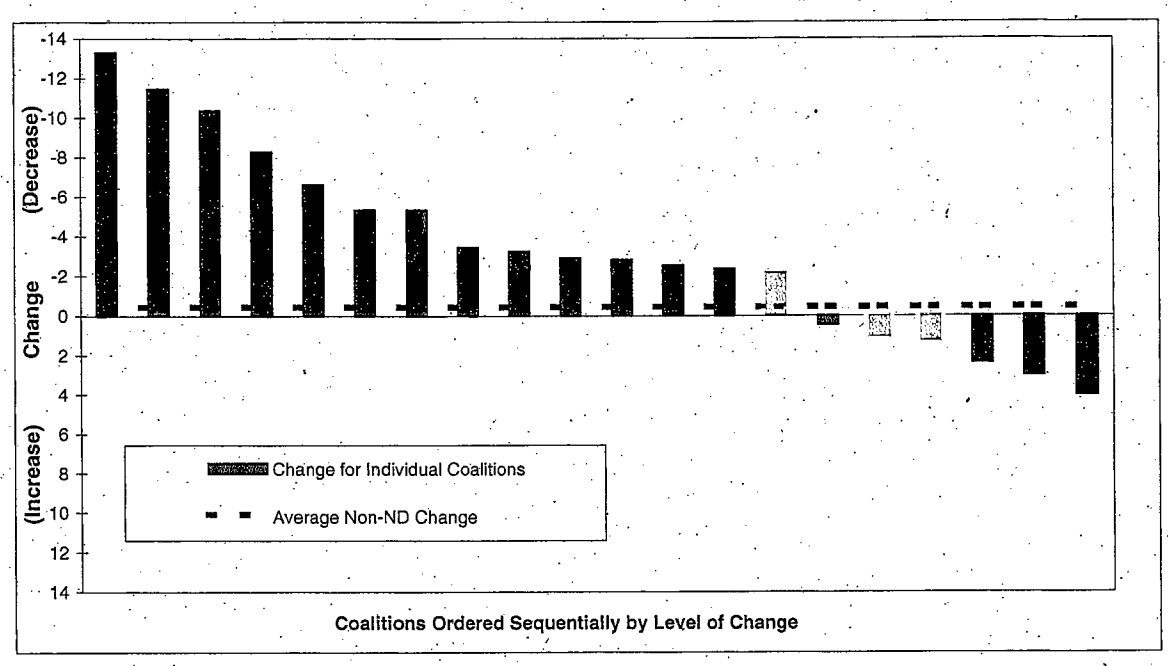

Figure 1. Percentage Point Change in Prevalence of 30-Day Marijuana Use Among Students in Grades 8-12, from 1999 to 2001, by Coalition.

Table 4. Correlations Between Coalition Characteristics and Percentage Point Changes[1] in Grade 8-12 Substance Use Prevalence Rates Between 1999 and 2001 (N=23)[2]

	SAP level	Env level	Alt level	Ind/Sel level	Pop Size[3]
30-day Measures:					
Marijuana	.36*	.11	.16	-.07	.23
Alcohol	.23	.27	.07	.04	.16
Binge Alc	.24	.27	.10	.00	.19
Cigarettes	.42**	.27	.26	.00	.23
Lifetime Measures:					
Marijuana	.13	.07	-.08	.18	.21
Alcohol	.37*	.13	.10	.23	.35
Cigarettes	.20	.06	.15	.14	.27
Inhalants	.07	.08	.19	.04	.26
Other drugs	.29	-.14	.22	.14	.41*
Mean (All measures)	.26	.13	.13	.08	.25

**p<.05 *p<.10

[1]For this analysis, decreases in prevalence rates were assigned positive values, so that positive correlations indicate that a characteristic is positively correlated with the level of decrease in the prevalence rate for each substance use measure. Conversely, negative correlations indicate that a characteristic is inversely associated with the level of decrease.

[2]Coalitions received weights proportionate to the square root of the total number of students that participated in the 1999 YRBS.

[3]Reverse coded (higher values = smaller population sizes).

Table 5. Mean Percentage Point Changes in Substance Use Prevalence Measures from 1999 to 2001 among Students in Grade 8 Only, By Primary School-Based Prevention Program Subgroups (N=23)[1]

	Primary School-Based Prevention Program				
Substance Use Measures	LST (N=10)	Northland (N=6)	Alert (N=2)	None (N=5)	(Non-ND)
Marijuana (30 day)	-3.7	-4.6	-1.0	-1.7	-4.6
Alcohol (30 day)	-3.1	-11.7	9.1	-5.7	-6.0
Binge Drinking (30 day)	-2.1	-7.3	-1.8	-2.2	-3.9
Cigarettes (30 day)	-7.7	-9.4	-3.4	-3.7	-6.0
Marijuana (lifetime)	-5.4	-9.8	-5.9	-1.5	-5.5
Alcohol (lifetime)	-9.4	-15.0	-15.0	-5.5	-6.3
Cigarettes (lifetime)	-12.4	-17.3	-13.1	-7.4	-10.4
Inhalants (lifetime)	-5.1	-7.6	-3.1	-3.2	-4.6
Other drugs (lifetime)	-4.2	-1.8	-2.4	-0.7	-3.2

[1]Coalitions received weights proportionate to the square root of the total number of students that participated in the 1999 YRBS

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STATE OF VERMONT
JOINT FISCAL COMMITTEE
1 Baldwin Street
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MEMORANDUM

To: Joint Fiscal Committee Members

From: Rebecca Buck, Staff Associate RB

Date: December 14, 2005

Subject: Request for Legislative Review and Action

It has been requested that the following item be held for legislative review and action during the 2006 legislative session:

JFO #2243 – $2,332,000 grant from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration to the Department of Health. These grant funds will be used to prevent the onset and reduce the progression of substance abuse including childhood and underage drinking, reduce substance abuse – related problems in communities, and build prevention capacity and infrastructure at state and community levels. Joint Fiscal Committee approval is being requested to establish three (3) new sponsored limited service positions: one (1) New Directions Coordinator, one (1) Administrative Assistant, and one (1) Research and Policy Analyst for the duration of the grant.
[*JFO received 12/06/05*]

In accordance with 32 V.S.A. §5, JFO #2243 will be held for legislative review and action during the 2006 legislative session.

cc: Charles Smith, Secretary
James Reardon, Commissioner
Linda Morse, Administrative Assistant
Michael Smith, Secretary
Paul Jarris, Commissioner
Molly Paulger, Classification Manager
Laurie Grimm, Human Resources Specialist

From: <Senatorbartlett@aol.com>
To: <rbuck@leg.state.vt.us>
Date: 12/13/2005 7:34:08 AM
Subject: Re: Hi Susan question on a new JFC item ...looking for an answer

see I've fallen behind on my paperwork and catching them all please hold it as well

would you please call Kevin Ellis at Sherman Kimbell I want to schedule an afternoon in that first 2 weeks and have EDS come in and talk about a number of technological issues from saving money in health care, to health care cards, to digital archiving they will need at least 2 to 3 hours so will be the better part of an afternoon I will work with them and get a specific schedule of what they want to talk about as we get closer and have them send you names and maybe some cover material they are doing some very interesting things in a number of other states thanks sen sue

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STATE OF VERMONT
JOINT FISCAL COMMITTEE
1 Baldwin Street
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MEMORANDUM

To: Joint Fiscal Committee Members

From: Rebecca Buck, Staff Associate RB

Date: December 8, 2005

Subject: Grant and Position Requests

Enclosed please find three (3) requests which the Joint Fiscal Office recently received from the Administration:

JFO #2242 – $749,460 grant from the U.S. Department of Justice, Office on Violence against Women to the Department for Children and Families. These grant funds will be used in partnership with the Vermont Network Against Domestic and Sexual Violence, the Vermont Office of the Court Administrator and the ten Supervised Visitation Programs to broaden our system of supervised visitation and exchange services to include all fourteen counties.
[*JFO received 12/05/05*]

JFO #2243 – $2,332,000 grant from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration to the Department of Health. These grant funds will be used to prevent the onset and reduce the progression of substance abuse including childhood and underage drinking, reduce substance abuse – related problems in communities, and build prevention capacity and infrastructure at state and community levels. Joint Fiscal Committee approval is being requested to establish three (3) new sponsored limited service positions: one (1) New Directions Coordinator, one (1) Administrative Assistant, and one (1) Research and Policy Analyst for the duration of the grant.
[*JFO received 12/06/05*]

JFO #2244 – Request from the Department of Public Safety to establish one (1) new limited service position: Information Technology Specialist II. This sponsored position is 100% federally funded and associated with activities in connection with a U.S. Department of Justice COPS Technology grant originally accepted by the State in 2002. [*JFO received 12/06/05*]

The Joint Fiscal Office has reviewed these submissions and determined that all appropriate forms bearing the necessary approvals are in order.

In accordance with the procedures for processing such requests, we ask you to review the enclosed and notify the Joint Fiscal Office (Rebecca Buck at 802/828-5969; rbuck@leg.state.vt.us or Stephen Klein at 802/828-5769; sklein@leg.state.vt.us) if you would like any item(s) held for legislative review. Unless we hear from you to the contrary by December 22 we will assume that you agree to consider as final the Governor's acceptance of these requests.

cc: Charles Smith, Secretary
James Reardon, Commissioner
Linda Morse, Administrative Assistant
Michael Smith, Secretary
Steven Dale, Commissioner
Paul Jarris, Commissioner
Kerry Sleeper, Commissioner
Molly Paulger, Classification Manager
Laurie Grimm, Human Resources Specialist

STATE OF VERMONT
GRANT ACCEPTANCE FORM

JFO # 2243

DATE: November 14, 2005

DEPARTMENT: AHS / Health

GRANT/DONATION (brief description and purpose): To prevent the onset and reduce the progression of substance abuse including childhood and underage drinking; to reduce substance abuse-related problems in communities, and to build prevention capacity and infrastructure at the state and community levels.

GRANTOR/DONOR: Substance Abuse and Mental Health Services Administration (SAMHSA)

GRANT PERIOD: 07/01/05 – 6/30/10

AMOUNT/VALUE: $2,332,000

POSITIONS REQUESTED (LIMITED SERVICE):
1 FTE New Directions Coordinator
1 FTE Administrative Assistant
1 FTE Research & Policy Analyst

ANY ON-GOING, LONG-TERM COSTS TO THE STATE: The grant is to "build infrastructure" to improve substance abuse prevention programs at the state and community levels. This will inevitably require additional resources both for prevention and treatment.

COMMENTS: This grant is supportive of the administration's goal of reducing substance abuse through improved preventive programs.

DEPT. FINANCE AND MANAGEMENT: (INITIAL) 11/25/05
SECRETARY OF ADMINISTRATION: (INITIAL) 12/1/05
SENT TO JOINT FISCAL OFFICE: (DATE)

RECEIVED NOV 1 9 2005

DEC 6 2005

FORM AA-1 (Rev. 9-90)

STATE OF VERMONT
REQUEST FOR GRANT ACCEPTANCE

1. Agency: Human Services
2. Department: Health
3. Program: Alcohol & Drug Abuse Programs
4. Legal Title of Grant: New Directions – Completing the Vision Vt. State Incentive Project
5. Federal Catalog No.: 93.243
6. Grantor and Office Address: Substance Abuse & Mental Health Services Administration, Rockville, MD 20857
7. Grant Period: From: 7/1/2005 To: 6/30/2010

8. Purpose of Grant:
   The purpose of this grant is to address pressing substance abuse prevention needs (see attached summary).

9. Impact of Existing Programs if Grant is not Accepted:
   None

10. Budget Information	(1st State FY) FY 2006	(2nd State FY) FY 2007	(3rd State FY) FY 2008
EXPENDITURES:			
Personal Services	$ 212,336	$ 519,300	$ 513,632
Operating Expenses	$ 99,169	$ 158,701	$ 181,368
Other	$ 0	$ 1,654,000	$ 1,637,000
TOTAL	$ 311,505	$ 2,332,000	$ 2,332,000
REVENUES:			
State Funds:			
Cash	$	$	$
In-Kind	$	$	$
Federal Funds:			
(Direct Costs)	$ 276,906	$ 2,260,869	$ 2,258,878
(Statewide Indirect)	$ 1,730	$ 3,557	$ 3,656
(Dept. Indirect)	$ 32,869	$ 67,575	$ 69,466
Other funds:			
(source)	$	$	$
TOTAL	$ 311,505	$ 2,332,000	$ 2,332,000

Grant will be allocated to these appropriation expenditure accounts:

Appropriation Nos.	Amounts
3420060000	$311,505

11. Will grant monies be spent by one or more personal service contracts?
[XX] YES [ ] NO

If YES, signature of appointing authority here indicates intent to follow current guidelines on bidding. X Barbara Cimaglo

12a. Please list any requested Limited Service positions:

Titles	Number of Positions
New Directions Coordinator	1
Administrative Assistant	1
Research and Policy Analyst	1
TOTAL	3

12b. Equipment and space for these positions:
[xx] Is presently available.
[ ] Can be obtained with available funds.

13. Signature of Appointing Authority

I certify that no funds have been expended or committed in anticipation of Joint fiscal Committee approval of this grant.

Barbara Cimaglo — 10/14/2005 — Cynthia D. Laware 11/16/05
Signature — Date
Deputy Commissioner, Department of Health
Title

14. Action by Governor:

[ ] Approved
[ ] Rejected
_____ (Signature) _____ (Date)

15. Secretary of Administration:

[ ] Request to JVO
[} Information to JFO
S M Gobeil — 12/1/05
(Signature) (Date)

16. Action by Joint Fiscal Committee: (Dates)
[ ] Request to be placed on JVC agenda _____
[ ] Approved (not placed on Agenda in 30 days) _____
[ ] Approved by JFC _____
[ ] Rejected by JFC _____
[ ] Approved by Legislature _____

_____ (Signature) _____ (Date)

K800

11/15

Request for Grant Acceptance and Establishment of Three Positions
New Directions – Completing the Vision Vermont State Incentive Project
Summary

10/14/2005

The Department of Health has received a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), providing $2,332,000 annually over five years to assist States to implement SAMHSA's Strategic Prevention Framework.

The purpose of this program is to: 1) prevent the onset and reduce the progression of substance abuse including childhood and underage drinking; 2) reduce substance abuse-related problems in communities; and 3) build prevention capacity and infrastructure at the State and community levels. We will focus on substance use and abuse among targeted populations as well as decreasing the rate of underage drinking statewide, and particularly in the 10 communities with the highest prevalence. We will also focus on decreasing substance abuse-related problems (e.g., mortality and disability, economic costs, dependence, and drug-related crime) among targeted populations as indicated by the Strategic Prevention Framework's strategic plan. Building prevention capacity and infrastructure at the State and community levels will be accomplished by using an incremental process during which state and local groups develop a growing sophistication and clarity about the use of epidemiological data. Training will be essential to strengthen the use of data in planning, as well as help the Department and its partners provide effective prevention programming to high-need audiences that, until now, have not been addressed. Much of the first year will be spent in identifying Vermont's highest need areas through an epidemiological process and in preparing partners around the state to expand their understanding of and skill in planning for and carrying out prevention programming.

The majority of the funds would be used to cover grants to communities. Personal service costs, including a New Direction Coordinator, an Administrative Assistant, and a Research Policy Analyst would also be covered. We have submitted a "Request to Approve the Establishment of Positions" form to the Department of Personnel and have attached a copy of that submittal.

The Health Department is hereby requesting acceptance of $311,505 in new Federal funds during State Fiscal Year 2006. The remainder of the Federal funding under this grant has been included in the Department's budget request for State Fiscal Year 2007 and will be included in the Department's future budget requests.

STATE OF VERMONT
Position Request Form

This form is to be used by agencies and departments when additional positions are being requested. The *Request for Temporary Position Form* should be used for temporary positions. Review and approval by the Department of Personnel must be obtained prior to review by the Department of Finance and Management. An updated organizational chart showing to whom the new position(s) would report must be attached to this form, as must a justification for this request as an essential program need. Please attach additional pages as necessary to provide enough detail.

Agency/Department: Human Services / Health Program/Appropriation No.: ADAP / 3420060000

Check the type of Position being requested and enter the anticipated end date for limited service positions.

[ ] Permanent Classified [X] Limited Service Classified 6/30/10 (end date)
[ ] Permanent Exempt [ ] Limited Service Exempt _____ (end date)

2. List below the number(s) and titles of each position being requested. Specify the source and percent of funds for the position(s), giving as much detail as possible (e.g. 85% general funds; 15% special fund). This will enable the Department of Personnel to place the position into the correct category: core, partnership, or sponsored.

Number of Positions	Title of Position Requested	Funding Source and Percent
1	New Directions Coordinator	100% Federally funded through SAMHSA grant identified below
1	Administrative Assistant	Same as above
1	Research and Policy Analyst	Same as above

NOTE: Final determination of title and pay grade to be made by the Department of Personnel Classification Division upon submission and review of a PER-10 Request for Classification Action form.

3. Funds for this position request are available as follows:
State Funds in FY ___ budget allocation.
Federal Funds XX. List the source of federal funds and if a grant, submit a copy of the grant.
Grant funds (non-federal)__. List the source of grant funds and submit a copy of the grant.

4. List below the source of grant funds and attach a copy of the grant proposal to this form:

Grant of $2,332,000 annually from the Substance Abuse & Mental Health Services Administration for the New Directions – Completing the Vision Vermont State Incentive Project

5. If this request is for conversion of a temporary position or a personal services contract that is performing the on-going and continued work of State Government, please indicate below.

☐ Temporary Position -- Position No.: _____ Job Title: _____
☐ Personal Services Contract – Contract No.: _____ [ ] On Payroll at Present

I certify that this information is correct and that necessary space and equipment for the above position(s) are available (required by 32 VSA Sec. 5(b).

Barbara Cimaglio CW Laware 10/14/05
Signature of Agency or Department Head Date

Molly Paulk 10/27/05
Approved/Denied by Department of Personnel Date

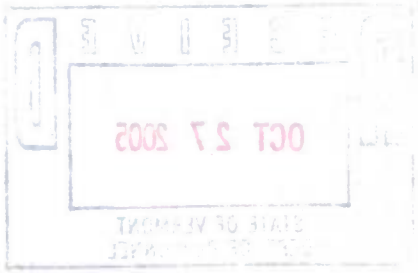
Jim Reardon 12/1/05
Approved/Denied by Finance and Management Date

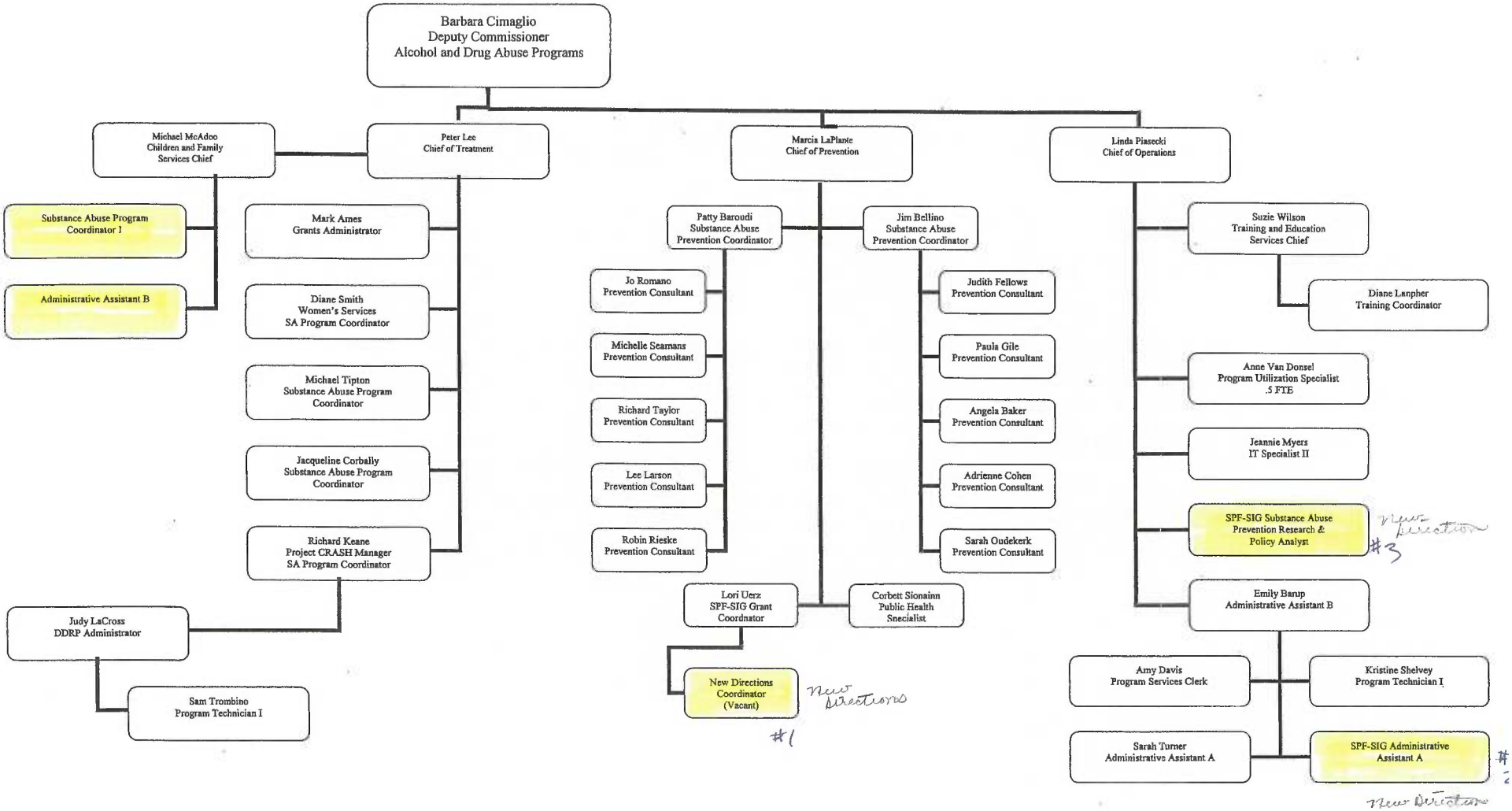
12/1/05
Approved/Denied by Secretary of Administration Date

Comments:

RECEIVED OCT 31 2005

RECEIVED OCT 27 2005 STATE OF VERMONT DEPT. OF PERSONNEL


OCT 27 2005


Barbara Cimaglio
Deputy Commissioner
Alcohol and Drug Abuse Programs
Michael McAdoo
Children and Family
Services Chief
Peter Lee
Chief of Treatment
Marcia LaPlante
Chief of Prevention
Linda Piasecki
Chief of Operations
Substance Abuse Program
Coordinator I
Administrative Assistant B
Mark Ames
Grants Administrator
Diane Smith
Women's Services
SA Program Coordinator
Michael Tipton
Substance Abuse Program
Coordinator
Jacqueline Corbally
Substance Abuse Program
Coordinator
Richard Keane
Project CRASH Manager
SA Program Coordinator
Judy LaCross
DDRP Administrator
Sam Trombino
Program Technician I
Patty Baroudi
Substance Abuse
Prevention Coordinator
Jim Bellino
Substance Abuse
Prevention Coordinator
Jo Romano
Prevention Consultant
Michelle Seamans
Prevention Consultant
Richard Taylor
Prevention Consultant
Lee Larson
Prevention Consultant
Robin Rieske
Prevention Consultant
Judith Fellows
Prevention Consultant
Paula Gile
Prevention Consultant
Angela Baker
Prevention Consultant
Adrienne Cohen
Prevention Consultant
Sarah Oudekerk
Prevention Consultant
Lori Uerz
SPF-SIG Grant
Coordinator
Corbett Sionainn
Public Health
Specialist
New Directions
Coordinator
(Vacant)
New Directions
#1
Suzie Wilson
Training and Education
Services Chief
Diane Lanpher
Training Coordinator
Anne Van Donsel
Program Utilization Specialist
.5 FTE
Jeannie Myers
IT Specialist II
SPF-SIG Substance Abuse
Prevention Research &
Policy Analyst
New Direction
#3
Emily Barup
Administrative Assistant B
Amy Davis
Program Services Clerk
Kristine Shelvey
Program Technician I
Sarah Turner
Administrative Assistant A
SPF-SIG Administrative
Assistant A
New Directions

Request for Classification Review
Position Description Form A (New)

For Department of Personnel Use Only

Notice of Action # _____

Action Taken: _____

New Job Title _____

Current Class Code _____ New Class Code _____

Current Pay Grade _____ New Pay Grade _____

Current Mgt Level____ B/U ____ OT Cat. ____EEO Cat. ____FLSA ____

New Mgt Level _____ B/U ____ OT Cat. ____EEO Cat. ____FLSA ____

Classification Analyst _____ Date _____

Comments:

Date Received (Stamp)

RECEIVED
OCT 27 2005
STATE OF VERMONT
DEPT. OF PERSONNEL

Effective Date: _____

Date Processed: _____

Willis Rating/Components: Knowledge & Skills: _____ Mental Demands: _____ Accountability: _____
Working Conditions: _____ Total: _____

Incumbent Information:

Employee Name: [ ] Employee Number: [ ]

Position Number: [ ] Current Job/Class Title: [ ]

Agency/Department/Unit: [ ] Work Station: [ ] Zip Code: [ ]

Supervisor's Name, Title, and Phone Number: [ ]

How should the notification to the employee be sent: ☐ employee's work location [ ] or ☐ other address, please provide mailing address: [ ]

New Position/Vacant Position Information:

New Position Authorization: [ ] Request Job/Class Title: [New Directions Coordinator] #1

Position Type: ☐ Permanent or ☒ Limited / Funding Source: ☐ Core, ☐ Partnership, or ☐ Sponsored

Vacant Position Number: [ ] Current Job/Class Title: [ ]

Agency/Department/Unit: [AHS/VDH/ADAP] Work Station: [Burlington] Zip Code: [05402]

Supervisor's Name, Title and Phone Number: [ ]

Type of Request:

☒ **Management:** A management request to review the classification of an existing position, class, or create a new job class.

☐ **Employee:** An employee's request to review the classification of his/her current position.

1. Job Duties

This is the ***most critical*** part of the form. Describe the activities and duties required in your job, **noting changes (new duties, duties no longer required, etc.) since the last review**. Place them in order of importance, beginning with the single most important activity or responsibility required in your job. The importance of the duties and expected end results should be clear, including the tolerance that may be permitted for error. Describe each job duty or activity as follows:

- **What** it is: The nature of the activity.
- **How** you do it: The steps you go through to perform the activity. Be specific so the reader can understand the steps.
- **Why** it is done: What you are attempting to accomplish and the end result of the activity.

For example a Tax Examiner might respond as follows: **(What)** *Audits tax returns and/or taxpayer records.* (**How**) *By developing investigation strategy; reviewing materials submitted; when appropriate interviewing people, other than the taxpayer, who have information about the taxpayer's business or residency.* (**Why**) *To determine actual tax liabilities.*

Job Duty 1

Coordinates community level activities of Strategic Prevention Framework State Incentive Grant (SPF SIG) under the supervision of the SICA Grants Coordinator

Collect and collate information from substance abuse prevention community stakeholders and grantees on needs and resources via surveys and focus groups, and assures this data is communicated to SPF SIG Advisory Council as part of State Prevention Strategic Plan development. Communicate regularly with AHS Partnership Chairs and Substance Coalition Coordinators on the plans, actions and funding opportunities available through the SPF SIG. Provide information on State and national prevention resources through presentations to large and small groups, electronic listervs and written communications, such as newsletters.

Job Duty 2

Develops professional development system for substance abuse prevention practitioners with special attention to the needs of community coalitions

Assist the SICA Grants Coordinator to implement a training and technical assistance plan for regional and local prevention organizations that enables local communities to conduct needs assessments, develop substance abuse prevention plans, carry out evidence-based prevention programs and interact with grant evaluators. Coordinate with contractors and VDH staff to implement this plan. Organize networking meetings and trainings for substance abuse coalitions. Serve as state Community Alcohol and Drug Coalitions of America coordinator. Inform ADAP of resources available through this national organization. Organize Vermont teams to attend national CADCA Leadership Conference and visit Vermont Congressional delegation. Provide written and verbal guidance to CADCA national staff on needs of Vermont community coalitions and technical assistance requests. Serve as liaison with Vermont Alcohol and Drug Counselors Assoc. on ICRC national and state Standards for substance abuse prevention specialists by becoming informed about these standards, leading task force on training and supervision needs of prevention practitioners and developing proposals for

sustainable professional development strategies, at the direction of the Prevention Chief and with input from the Training Chief

Job Duty 3

Coordinates New Directions Coalition Grants Program.

Update RFP and review process for New Directions Coalition Grants. Plan and implement a bidder's conference for community members on how to complete the New Directions application. Provide technical assistance to potential grantees on issues ranging from coalition development to logic models. Oversee grant review process by recruiting and training reviewers, managing logistics for distribution of applications, organizations of scores and review meetings. Summarize findings of grant review committees. Write summaries of funded programs. Oversee granting system by summarizing deliverables and timelines for grant contracts. Work with appropriate staff to assure funds are issued on a timely basis. Monitor grants via report collection and review, face-to face interviews, and site visits when necessary. Integrate New Directions Coalition Program with other substance abuse prevention grants by 2008, by working with other ADAP staff and grantees to develop common funding and quality assurance practices, as informed by the strategic prevention framework.

Job Duty 4

Assist SPF SIG coordinator in reporting to Center for Substance Abuse Prevention on SPF SIG grant requirements.

This may include developing written reports for CSAP on grant funded goals, planned and completed activities. At directions of SPF SIG Coordinator, attend national SPF SIG meetings. Communicate Vermont's needs and accomplishments on the SPF via written and elctronic communications and presentations.

2. Key Contacts

This question deals with the personal contacts and interactions that occur in this job. Provide brief typical examples indicating your primary contacts (**not** an exhaustive or all-inclusive list of contacts) other than those persons to whom you report or who report to you. If you work as part of a team, or if your primary contacts are with other agencies or groups outside State government describe those interactions, and what your role is. For example: you may *collaborate, monitor, guide, or facilitate change.*

Collaborates with managers of other statewide prevention programs, monitors statewide contractors and community grantees, such as community coalition coordinators, and facilitates planning processes with local prevention planners such as legislators, school superintendents, police chiefs, youth, parents, etc.

3. Are there licensing, registration, or certification requirements; or special or unusual skills necessary to perform this job?

Include any special licenses, registrations, certifications, skills; (such as counseling, engineering, computer programming, graphic design, strategic planning, keyboarding) including skills with specific equipment, tools, technology, etc. (such as mainframe computers, power tools, trucks, road equipment, specific software packages). Be specific, if you must be able to drive a commercial vehicle, or must know Visual Basic, indicate so.

Must have basic skills in microsoft office programs such as word and excell. Must have considerable knowledge of the principles and practices of public health. Must have considerable skills in prevention planning, community development and evaluation.Must have a working knowledge of grants development and management. Must have presentation skills and basic training design skills; Must have the ability to communicate in writing. Must have the ability to establish and maintain effective working relationships; Must have a basic knowledge of confllict resolution.

4. Do you supervise?

In this question "supervise" means if you direct the work of others where you are held **directly** responsible for assigning work; performance ratings; training; reward and discipline or effectively recommend such action; and other personnel matters. List the names, titles, and position numbers of the classified employees reporting to you:

No

5. In what way does your supervisor provide you with work assignments and review your work?

This question deals with how you are supervised. Explain how you receive work assignments, how priorities are determined, and how your work is reviewed. There are a wide variety of ways a job can be supervised, so there may not be just one answer to this question. For example, some aspects of your work may be reviewed on a regular basis and in others you may operate within general guidelines with much independence in determining how you accomplish tasks.

Supervisor assigns duties and reviews on a regular basis. Supervisor determines workload priorities based on requirements of the Strategic Prevention Framework Grant

6. Mental Effort

This section addresses the mental demands associated with this job. Describe the most mentally challenging part of your job or the most difficult typical problems you are expected to solve. Be sure to give a specific response and describe the situation(s) by example.

- For example, a purchasing clerk might respond: *In pricing purchase orders, I frequently must find the cost of materials not listed in the pricing guides. This involves locating vendors or other sources of pricing information for a great variety of materials.*
- Or, a systems developer might say: *Understanding the ways in which a database or program will be used, and what the users must accomplish and then developing a system to meet their needs, often with limited time and resources.*

New Directions coordinator must translate complex findings from university based prevention/community change research into language that is easy for the general public to understand. New Directions coordinator must be able to assist community groups to develop an action plan based on need statistics. This requires both strong knowledge of prevention planning, and strong community development, group facilitation and conflict resolution skills.

7. Accountability

This section evaluates the job's expected results. In weighing the importance of results, consideration should be given to responsibility for the safety and well-being of people, protection of confidential information and protection of resources.

What is needed here is information not already presented about the job's scope of responsibility. What is the job's most significant influence upon the organization, or in what way does the job contribute to the organization's mission?

Provide annualized dollar figures if it makes sense to do so, explaining what the amount(s) represent.

For example:

- A social worker might respond: *To promote permanence for children through coordination and delivery of services*;
- A financial officer might state: *Overseeing preparation and ongoing management of division budget: $2M Operating/Personal Services, $1.5M Federal Grants.*

To increase capacity of local leaders to plan and sustain effective substance abuse prevention strategies.Oversees New Directions ubdget of approx. $450,000

8. Working Conditions

The intent of this question is to describe any adverse conditions that are routine and expected in your job. It is not to identify special situations such as overcrowded conditions or understaffing.

a) What significant mental stress are you exposed to? All jobs contain some amount of stress. If your job stands out as having a significant degree of mental or emotional pressure or tension associated with it, this should be described.

Type	How Much of the Time?
Mental stress. Must handle angry community leaders who do not receive funds. Must handle high degrees of conflict with groups and individuals	20%

b) What hazards, special conditions or discomfort are you exposed to? (Clarification of terms: **hazards** include such things as potential accidents, illness, chronic health conditions or other harm. Typical examples might involve exposure to dangerous persons, including potentially violent customers and clients, fumes, toxic waste, contaminated materials, vehicle accident, disease, cuts, falls, etc.; and **discomfort** includes exposure to such things as cold, dirt, dust, rain or snow, heat, etc.)

Type	How Much of the Time?

c) What weights do you lift; how much do they weigh and how much time per day/week do you spend lifting?

Type	How Heavy?	How Much of the Time?

d) What working positions (sitting, standing, bending, reaching) or types of effort (hiking, walking, driving) are required?

Type	How Much of the Time?
Requires driving statewide to meetings and trainings. Some winter evening travel may be required	20%
Requires significant time working on computer	50%

Additional Information:

Carefully review your job description responses so far. If there is anything that you feel is important in understanding your job that you haven't clearly described, use this space for that purpose. Perhaps your job has some unique aspects or characteristics that weren't brought out by your answers to the previous questions. In this space, add any additional comments that you feel will add to a clear understanding of the requirements of your job.

Employee's Signature **(required)**:_____Date:_____

Supervisor's Section:

Carefully review this completed job description, but **do not** alter or eliminate any portion of the original response. Please answer the questions listed below.

1. What do you consider the most important duties of this job and why?

This is a management request. Please see above

2. What do you consider the most important knowledge, skills, and abilities of an employee in this job (not necessarily the qualifications of the present employee) and why?

3. Comment on the accuracy and completeness of the responses by the employee. List below any missing items and/or differences where appropriate.

4. Suggested Title and/or Pay Grade:

New Directions Coordinator PG23

Supervisor's Signature **(required):** Marcia LaPlante Date: 10/10/05

Personnel Administrator's Section:

Please complete any missing information on the front page of this form before submitting it for review.

Are there other changes to this position, for example: Change of supervisor, GUC, work station?

☐ Yes ☐ No If yes, please provide detailed information. New position

Attachments:

☑ Organizational charts are **required** and must indicate where the position reports.

☐ Draft job specification is **required** for proposed new job classes.

Will this change affect other positions within the organization? If so, describe how, (for example, have duties been shifted within the unit requiring review of other positions; or are there other issues relevant to the classification review process).

New position - no impact expected

Suggested Title and/or Pay Grade:

support request

Personnel Administrator's Signature **(required)**: [signature] Date: 10/12/05

Appointing Authority's Section:

Please review this completed job description but **do not alter** or eliminate any of the entries. Add any clarifying information and/or additional comments (if necessary) in the space below.

Suggested Title and/or Pay Grade:

Barbara Comb

Appointing Authority or Authorized Representative Signature **(required)**

10-17-05

Date

JOB SPECIFICATIONS NEW DIRECTIONS COORDINATOR

Occupational Category: Human Services

Class Definition:

Public education, administrative and coordinating work at a professional level for the Department of Health. Duties include contract and grant development and monitoring, consultation with state and local substance abuse prevention professionals and coalitions, and coordination of statewide training events. Work is performed under the general supervision of the SICA Grant Coordinator.

Examples of Work:

Develops and implements all aspects of community grant programming. Conducts quality assurance review of prevention grantees and monitors contracts with numerous statewide and local private and public organizations. Provides technical assistance on coalition development and substance abuse prevention best practices to community and statewide organizations. Design and carry out workshops and training sessions. Assist in developing evaluation techniques to measure program effectiveness. Represent the program at a variety of public meetings. Provides consultation and technical assistance regarding policies, procedures and best practices in prevention. Will participate in meetings at the local level to resolve difficult issues and disputes, oversee the equitable distribution of state and federal funds. Prepare and present speeches to large audiences. Performs related duties as required.

Environmental Factors:

Duties are performed primarily in a standard office setting. Frequent travel to public meetings requires that private means of transportation be available. Considerable interaction with community coalition chair people and coordinators, state officials, advocacy groups, the media, private and public organizations, non-profit organizations, program managers, educators and the public is required.

Minimum Qualifications:

Knowledge, Skills and Abilities
Considerable knowledge of the principles and practices of public health.

Considerable knowledge and skill in planning, developing, and coordinating programs and initiatives.

Working knowledge of substance abuse prevention principles and practices

Working knowledge of grant development and management.

Knowledge of the principles and practices of health promotion.

Ability to develop training programs.

Ability to oversee the activities of contractual and grant staff.

Ability to establish and maintain effective working relationships.

Ability to communicate effectively, both orally and in writing.

Awareness of state fiscal procedures.

Education and Experience
Education: Bachelor's Degree

Experience: Three years experience working in a public health program in areas such as: prevention program planning and implementation, grant and contract management; assessment and implementation of training programs.

NOTE: Preference will be given to candidates with experience in the substance abuse prevention field, and a working knowledge of coalition development and public health practice.

A Master's degree in Public Health, Public Administration or a health field may be substituted for one year of the general work experience on a semester for six months basis.

Special Requirements

Request for Review
New or Vacant Positions
Position Description Form C/Notice of Action

For Department of Personnel Use Only

Date Received (Stamp)

RECEIVED
OCT 27 2005
STATE OF VERMONT
DEPT. OF PERSONNEL

Notice Of Action #_____

Action Taken: _____

New Job Title _____

Current Class Code _____ New Class Code _____

Current Pay Grade _____ New Pay Grade _____

Management Level ____ OT Cat. _____EEO Cat. _____ FLSA _____

Classification Analyst_____Date _____ Effective Date: _____

Comments:

Date Processed: _____

Willis Rating/Components: Knowledge & Skills: _____ Mental Demands: _____ Accountability: _____
Working Conditions: _____ Total: _____

Position Information:

Incumbent: **Vacant or New Position**

Position Number: [ ] Current Job/Class Title: [ ]

Agency/Department/Unit: [VDH/ADAP] GUC: [74603]

Pay Group: [74A] Work Station: [Burlington] Zip Code: [05401]

Position Type: ☐ Permanent ☒ Limited Service (end date) [ ]

Funding Source: ☐ Core ☒ Sponsored ☐ Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.) [ ]

Supervisor's Name and Title: [Emily Barup, Administrative Assistant B]

Check the type of request (new or vacant position) and complete the appropriate section.

☒ **New Position(s):**

a. Allocation requested: Class Code [050100] Job/Class Title: [Administrative Assistant A] #2

b. Position authorized by:

☐ Joint Fiscal Office – JFO # [ ] Approval Date: [ ]

☐ Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session) [ ]

☐ Other (explain) -- Provide statutory citation if appropriate. [ ]

☐ **Vacant Position:**

a. Position Number:

b. Date position became vacant:

c. Current Job/Class Code: Current Job/Class Title:

d. Requested Job/Class Code: Requested Job/Class Title:

e. Are there any other changes to this position; for example: change of supervisor, GUC, work station? Yes ☐ No ☐ If Yes, please provide detailed information:

For All Requests:

1. List the anticipated job duties and expectations; include all major job duties:

(1) Development and tracking of all required reports on The Strategic Prevention Framework State Incentive Grant

-The Administrative Assistant, at the direction of the Project Coordinator and the Chief of Prevention Services, will be responsible for completing a variety of reports as required by federal and state agencies. This will include: (1) completion of yearly, quarterly and monthly reports required by the federal Center for Substance Abuse Prevention (CSAP); (2) gathering regular activity and data reports from grantees across the state; (3) advising Project Coordinator of any barriers to timely submission of required data, activity or progress reports.

(2) Communication with the Strategic Prevention Framework Advisory Council, the Epidemiology Workgroup, Prevention Unit Staff, sub-grantees, and the general public.

-The Administrative Assistant will be the first line of communication with the groups identified above. Tasks will include: (1) Keeping the Advisory Council and Epidemiology Workgroup informed about upcoming meetings, agendas, timelines, grant requirements, and the prevention plan via written, telephone and email communications; (2) keeping staff, evaluators, and sub-grantees abreast of federal and state requirements on reporting and other issues via written, telephone and email communications; (3) responding to telephone and written inquires about the Strategic Prevention Framework Grant from the general public and assuring the distribution of materials outlining the goals, guidelines and parameters of the project.

(3) Secretarial Duties:

-The Administrative Assistant will: (1) produce a variety of documents including meeting agendas, minutes, narrative and data reports, and letters. These documents will, at times, be highly sensitive and confidential communication with the Governor, department commissioners, non-profit agency directors, and federal project officers; (2) assure proper logistical support for the program including scheduling of training and meeting sites, equipment, food, travel arrangements, etc; (3) filing, copying, typing,collating, etc.

2. Provide a brief justification/explanation of this request: The Department of Health, Division of Alcohol and Drug Abuse Programs, will be administering and implemeting the Strategic Prevention Framework State

Incentive Grant. This federal grant, representing approximately $11 million over a five year period, will require a complex series of operations. These include: (1) Coordination of a diverse advisory council and an Epidemiology Workgroup to guide the project; (2) Development of a strategic state substance abuse prevention plan; (3) Development of a sub-granting and evaluation system involving grantees , contractors, the Governor's Office and federal funders; Managing a system to assure that all requirements, reports and evaluation plans are completed and submitted to the Center for Substance Abuse Prevention (CSAP) in a timely manner. This large project can only be implemented with the additional staff requested as described in the grant budget.

3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well). N/A

Personnel Administrator's Section:

4. If the requested class title is part of a job series or career ladder, will the position be recruited at different levels? Yes ☐ No ☒

5. The name and title of the person who completed this form: [ ]

6. Who should be contacted if there are questions about this position (provide name and phone number): [ ] Linda Plaseed

7. How many other positions are allocated to the requested class title in the department: [ ]

8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.) NO

Attachments:

☒ Organizational charts are **required** and must indicate where the position reports.

☒ Class specification (optional).

☐ For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position, etc.

☐ Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).

This position is more of a program (in this case, grant) assistant (technical) than an Admin. Asst. Could be Program Services Clerk or Program Tech I.?

Irene E. Barnes — 10/12/05

Personnel Administrator's Signature **(required)** — Date

X Virginia LaPlante — 10/10/05

Supervisor's Signature **(required)** — Date

Barbara Cromb

Appointing Authority or Authorized Representative Signature **(required)**

10-17-05

Date

Job Specifications

ADMINISTRATIVE ASSISTANT A

Job Code: 050100

Pay Plan: CLS Salary Administration Plan

Pay Grade: 17

Occupational Category: Admin. Srvcs. HR &Fiscal Oper.

Effective Date: 02/10/2002

Class Definition:

Administrative work as an assistant to a manager, unit or program chief, or with direct responsibility for a specific assigned program or function. While actual duties may vary, positions in this class are characterized by work in a technical or specialized field, decision making with little concurrent supervisory review, and accountability for results. The role differs from higher level administrative assistants by a more limited program or functional area, and less impact upon total department activities. Assignments may generally be characterized as a first level administrative role with clearly indicated functional and authority dimensions. Assigned duties may include employee supervision. Work is performed under the direction of an administrative superior.

Examples of Work:

As delegated, may perform assigned tasks of a technical nature requiring independent action and full accountability for program results. Examples include but are not limited to managing support services such as budget, personnel, purchasing or space and communications needs for a board, director or program administrator; administering a licensing or service application procedure requiring analysis of data and an approval or disapproval decision; receiving requests and complaints from consumers and taking substantive action(s) to resolve or alleviate the problem; and serving as coordinator of various support services at a department or institutional level. Duties frequently may include staff supervision with delegated authority for hiring, training, assigning and evaluating work, and disciplining lower level employees. May prepare a variety of fiscal, statistical, or narrative reports. May serve as acting head or represent unit in supervisor's absence. May personally perform complex and confidential secretarial related duties. May develop and implement program procedures. Performs related work as required.

Environmental Factors:

Duties are typically performed in an office setting with normal working conditions, some of which may be within an institutional environment. Depending upon duties assigned, some travel may be necessary, for which private transportation may be needed.

Minimum Qualifications:

Knowledge, Skills and Abilities
Working knowledge of the principles and practices of public administration.

Working knowledge of modern office management methods.

Awareness of supervisory principles and practices.

Ability to interpret and apply statutes and regulations of considerable complexity.

Ability to work independently in difficult and complex tasks.

Ability to communicate effectively orally and in writing.

Ability to prepare and deliver clear oral and written reports.

Ability to establish and maintain effective working relationships.

Education and Experience
Associate's degree in business technology, secretarial science or office management; OR High school graduation or equivalent and three years of office clerical experience.Completion of a one-year vocational/technical training program in business and office occupations or related area may be substituted for one year of the work experience.College coursework may be substituted for the work experience on a semester for six months basis.

Special Requirements
n/a

Back

Request for Classification Review
Position Description Form A (New)

For Department of Personnel Use Only

Date Received (Stamp)

RECEIVED
OCT 27 2005
STATE OF VERMONT
DEPT. OF PERSONNEL

Notice of Action #_____

Action Taken: _____

New Job Title _____

Current Class Code _____ New Class Code _____

Current Pay Grade _____ New Pay Grade _____

Current Mgt Level____ B/U____ OT Cat. ____EEO Cat. ____FLSA ____

New Mgt Level _____ B/U____OT Cat. ____EEO Cat. ____FLSA ____

Classification Analyst_____Date _____ Effective Date: _____

Comments:

Date Processed: _____

Willis Rating/Components: Knowledge & Skills: _____ Mental Demands: _____ Accountability: _____
Working Conditions: _____ Total: _____

Incumbent Information:

Employee Name: [ ] Employee Number: [ ]

Position Number: [ ] Current Job/Class Title: [ ]

Agency/Department/Unit: [ ] Work Station: [ ] Zip Code: [ ]

Supervisor's Name, Title, and Phone Number: [ ]

How should the notification to the employee be sent: ☐ employee's work location [ ] or ☐ other address, please provide mailing address: [ ]

New Position/Vacant Position Information:

New Position Authorization: [ ] Request Job/Class Title: [Substance Abuse Prevention Services #3 Research and Policy Analyst]

Position Type: ☐ Permanent or ☒ Limited / Funding Source: ☐ Core, ☐ Partnership, or ☐ Sponsored

Vacant Position Number: [ ] Current Job/Class Title: [New]

Agency/Department/Unit: [Department of Health, Division of Alcohol and Drug Abuse Programs] Work Station: [Burlington] Zip Code: [05402]

Supervisor's Name, Title and Phone Number: [Linda Piasecki, ADAP Operations Chief, 651-1558]

Type of Request:

☒ **Management:** A management request to review the classification of an existing position, class, or create a new job class.

☐ **Employee:** An employee's request to review the classification of his/her current position.

1. Job Duties

This is the ***most critical*** part of the form. Describe the activities and duties required in your job, **noting changes (new duties, duties no longer required, etc.) since the last review.** Place them in order of importance, beginning with the single most important activity or responsibility required in your job. The importance of the duties and expected end results should be clear, including the tolerance that may be permitted for error. Describe each job duty or activity as follows:

- **What** it is: The nature of the activity.
- **How** you do it: The steps you go through to perform the activity. Be specific so the reader can understand the steps.
- **Why** it is done: What you are attempting to accomplish and the end result of the activity.

For example a Tax Examiner might respond as follows: **(What)** *Audits tax returns and/or taxpayer records.* (**How**) *By developing investigation strategy; reviewing materials submitted; when appropriate interviewing people, other than the taxpayer, who have information about the taxpayer's business or residency.* (**Why**) *To determine actual tax liabilities.* Prevention

Assist the director or unit chiefs in the planning, development, and analysis of a departmental program on a statewide basis. Advise director and key managers in the design of new and revision of existing programs. Provide coordination and consultation with federal agencies on program issues and impact. Develop, supervise, and consult with pertinent department staff on the development of program and automated-system procedures and forms. Review community activities and organizations to assist in achieving statewide consistency in the application of substance abuse prevention activities. Develop, plan, supervise, and/or conduct special surveys, studies and projects or reports to collect key information, e.g. National Outcomes Measures (NOMS) reporting systems. May maintain State Plans and Block Grant application within area(s) of program responsibility, e.g. NOMS. May develop policy, practice standards, and related procedural guidelines. May recommend areas for staff training and participate in training programs. May assist in developing necessary computer support to assigned program(s).

Responsible for development of a comprehensive assessment of prevention service needs and resources, in part through participation on, and staffing to, an Epidemiological Workgroup that will examine social indicator and risk factor data and create a template for strategic statewide and regional planning for prevention priorities, consistent with the CSAP Strategic Prevention Framework. Facilitate and support input from a statewide advisory group on planning and prioritization of services, based on outputs from the Epidemiological Workgroup. Provide leadership and management to Division program and operations staff on technical assistance, training, program and coalition monitoring activities directed to local community coalitions and organizations funded under the grant. Provide staffing and management support to Division managers and evaluation contractor on implementation, fidelity and evaluation activities of the grant to include data collection and analysis of process and outcome information at state and community levels. Integrate evaluation activities and outputs from the Epidemiology Workgroup into planning, direct guidance and technical assistance to community organizations. Work will focus on creating concrete, aggregate, regional presentations or reports of data to facilitate planning and priorities for community groups, based on the results and advice of the Epidemiological Workgroup. Develop specific guidelines and quality assurance processes for reporting, monitoring and evaluation of substance abuse prevention programs.

Technical, analytical and consulting work involving the planning, development and

continuing review and assessment of one or more program areas in a 5-year statewide grant project funded by the Center for Substance Abuse Prevention(CSAP) to develop data-driven strategic planning and implementation of research-based community alcohol and drug abuse prevention activities. Also includes research, statistical and program evaluation work at a professional level.

Assess health data needs and data gaps, evaluate the quality of existing data, integrate existing data to ensure its usefulness for decision-making. Develop and maintain interagency liaisons to establish effective statistical systems to serve these purposes. Assist communities in assessing health needs and planning health improvements. Monitor effectiveness of interventions based on health status outcomes and cost. Assist in the development and implementation of program evaluation criteria, techniques, and data needs. Provide consultation to key stakeholders (Advisory Group, community providers) on interpretation of data.

2. Key Contacts

This question deals with the personal contacts and interactions that occur in this job. Provide brief typical examples indicating your primary contacts (**not** an exhaustive or all-inclusive list of contacts) other than those persons to whom you report or who report to you. If you work as part of a team, or if your primary contacts are with other agencies or groups outside State government describe those interactions, and what your role is. For example: you may *collaborate, monitor, guide, or facilitate change.*

Responsible for coordination and communication between program, operations and evaluation staff (including an outside evaluation contractor) at the Division of Alcohol and Drug Abuse Programs and several management and administrative workgroups.

Duties are performed under the direction of Division of Alcohol and Drug Abuse Operations Chief, but involve extensive interaction with departmental division directors, program coordinators, unit chiefs, other program managers, federal officials, state and community stakeholders and external contractors.

3. Are there licensing, registration, or certification requirements; or special or unusual skills necessary to perform this job?

Include any special licenses, registrations, certifications, skills; (such as counseling, engineering, computer programming, graphic design, strategic planning, keyboarding) including skills with specific equipment, tools, technology, etc. (such as mainframe computers, power tools, trucks, road equipment, specific software packages). Be specific, if you must be able to drive a commercial vehicle, or must know Visual Basic, indicate so.

Considerable knowledge of research principles, methods and statistics.

Ability to correctly interpret and apply statistics and social indicator data to strategic planning.

Ability to organize and conduct detailed studies and analyses of an assigned human services program area.

Ability to evaluate program effectiveness and to recommend improvements.

Ability to prepare and deliver clear, concise, timely and persuasive reports and presentations, both orally and in writing.

Knowledge of data system design and strategic planning.

Ability to establish and maintain effective working relationships.

Working knowledge of the principles and practices of public administration

Considerable knowledge of state and federal laws, rules and regulations applicable to public programs.

4. Do you supervise?

In this question "supervise" means if you direct the work of others where you are held **directly** responsible for assigning work; performance ratings; training; reward and discipline or effectively recommend such action; and other personnel matters. List the names, titles, and position numbers of the classified employees reporting to you:

NA, no direct supervision required.

5. In what way does your supervisor provide you with work assignments and review your work?

This question deals with how you are supervised. Explain how you receive work assignments, how priorities are determined, and how your work is reviewed. There are a wide variety of ways a job can be supervised, so there may not be just one answer to this question. For example, some aspects of your work may be reviewed on a regular basis and in others you may operate within general guidelines with much independence in determining how you accomplish tasks.

Position will be directly supervised by the ADAP Operations Chief. Bulk of work assignments will be assigned and prioritized by direct supervisor. Tasks may also be assigned by the Public Health Analyst, the Project Coordinator, and the Prevention Chief to support program, research and evaluation activities of the grant.

6. Mental Effort

This section addresses the mental demands associated with this job. Describe the most mentally challenging part of your job or the most difficult typical problems you are expected to solve. Be sure to give a specific response and describe the situation(s) by example.

- For example, a purchasing clerk might respond: *In pricing purchase orders, I frequently must find the cost of materials not listed in the pricing guides. This involves locating vendors or other sources of pricing information for a great variety of materials.*
- Or, a systems developer might say: *Understanding the ways in which a database or program will be used, and what the users must accomplish and then developing a system to meet their needs, often with limited time and resources.*

This job will provide complex and challenging mental demands. This individual in this position will need to be knowledgable and conversant in the areas of research, epidemiology, evaluation and statistics in order to be a key member of the Epidemiological Workgroup and to lead the work on the needs and resource assessment. However, this individual will also need to be able to transform complex data from multiple sources into an easy to understand framework that can used by policy makers and community leaders for state and local strategic systematic planning for specific prevention activities and programs. For example, understanding and using GIS mapping information will be important to identify and describe "hot spots" in the state, or specific populations of concern, e.g.young adults aged 18-25. This individual needs to be comfortable providing leadership, management and consultation to state and community leaders. They need to be able to communicate complex information professionally, through multiple means, in an easy to understand and persuasive manner. They need to be able to teach prevention professionals how to

prioritize, select and plan for evidence-based prevention programs that are best matched to identified needs and resources in specific communities.

7. Accountability

This section evaluates the job's expected results. In weighing the importance of results, consideration should be given to responsibility for the safety and well-being of people, protection of confidential information and protection of resources.

What is needed here is information not already presented about the job's scope of responsibility. What is the job's most significant influence upon the organization, or in what way does the job contribute to the organization's mission?

Provide annualized dollar figures if it makes sense to do so, explaining what the amount(s) represent.

For example:

- A social worker might respond: *To promote permanence for children through coordination and delivery of services*;
- A financial officer might state: *Overseeing preparation and ongoing management of division budget: $2M Operating/Personal Services, $1.5M Federal Grants.*

This position will be responsible for integrating the work in various areas of this grant, that is, the work of the Epi Workgroup, the Advisory Group, the evaluation and local community efforts into an organized and systematic prevention services system framework that will be used to direct and prioritize prevention services in the state over the period of the grant, and in the future, in such a way that evidence-based programs and activities will be most effectively used to reduce the negative consequences of drug and alcohol abuse, e.g. alcohol-related motor vehicle fatalities. This position will also be responsible for developing the means and methods to track the National Outcome Measures, in conjunction with the work on this grant.

8. Working Conditions

The intent of this question is to describe any adverse conditions that are routine and expected in your job. It is not to identify special situations such as overcrowded conditions or understaffing.

a) What significant mental stress are you exposed to? All jobs contain some amount of stress. If your job stands out as having a significant degree of mental or emotional pressure or tension associated with it, this should be described.

Type	How Much of the Time?
Providing leadership, management and facilitation to diverse groups (Epidemiological Workgroup, Advisory Council, community grantees, etc.)	40%
Complex research and evaluation interactions and information	35%
Leading discussions developing consensus and strategic plans between people with strongly held, diverse beliefs and/or varying levels of understanding of data, prevention research and programming activities.	25%

b) What hazards, special conditions or discomfort are you exposed to? (Clarification of terms: **hazards** include such things as potential accidents, illness, chronic health conditions or other harm. Typical examples might involve exposure to dangerous persons, including potentially violent customers and clients, fumes, toxic waste, contaminated materials, vehicle accident, disease, cuts, falls, etc.; and **discomfort** includes exposure to such things as cold, dirt, dust, rain or snow, heat, etc.)

Type	How Much of the Time?
NA	

c) What weights do you lift; how much do they weigh and how much time per day/week do you spend lifting?

Type	How Heavy?	How Much of the Time?
NA		

d) What working positions (sitting, standing, bending, reaching) or types of effort (hiking, walking, driving) are required?

Type	How Much of the Time?
Normal office work (sitting, standing, bending, reaching, typing, answering the phone, etc.) and some driving	100%

Additional Information:

Carefully review your job description responses so far. If there is anything that you feel is important in understanding your job that you haven't clearly described, use this space for that purpose. Perhaps your job has some unique aspects or characteristics that weren't brought out by your answers to the previous questions. In this space, add any additional comments that you feel will add to a clear understanding of the requirements of your job.

Employee's Signature **(required)**:_____Date:_____

Supervisor's Section:

Carefully review this completed job description, but **do not** alter or eliminate any portion of the original response. Please answer the questions listed below.

1. What do you consider the most important duties of this job and why?

Integrating the work in various areas of this grant, that is, the work of the Epi Workgroup, the Advisory Group, the evaluation and local community efforts into an organized and systematic prevention services system framework. This position will serve a pivotal role in this project by being responsible for developing valid and reliable methods to use data for effective and efficient planning and evaluation of drug and alcohol prevention activities in the State of Vermont that will have the maximum long-term impact on the negative consequences of alcohol and drug abuse. This position will also be responsible for developing the means and methods to track the National Outcome Measures, in conjunction with the work on this grant. These are the most important duties because they are the highest priorities in the grant, because they will lead to the most effective use of drug and alcohol prevention resources, and because the success of these efforts will lead to planning and priortization of resources based on evaluation, science and outcomes.

2. What do you consider the most important knowledge, skills, and abilities of an employee in this job (not necessarily the qualifications of the present employee) and why?

Knowledge or research, evaluation and statistics as well as high level communication and leadership skills.

3. Comment on the accuracy and completeness of the responses by the employee. List below any missing items and/or differences where appropriate.

4. Suggested Title and/or Pay Grade:

Substance Abuse Prevention Services Research and Policy Analyst - PG 24

Supervisor's Signature **(required)**: _____ Date: 9-30-05

Personnel Administrator's Section:

Please complete any missing information on the front page of this form before submitting it for review.

Are there other changes to this position, for example: Change of supervisor, GUC, work station?

☐ Yes ☑ No If yes, please provide detailed information. New position

Attachments:

☑ Organizational charts are **required** and must indicate where the position reports.

☐ Draft job specification is **required** for proposed new job classes.

Will this change affect other positions within the organization? If so, describe how, (for example, have duties been shifted within the unit requiring review of other positions; or are there other issues relevant to the classification review process).

Suggested Title and/or Pay Grade:

Does not appear to have significant role in policies but primarily in data & statistical analysis. Perhaps PH Analyst I or II more appropriate

Personnel Administrator's Signature **(required):** Maura E. Banks Date: 10/13/15

Appointing Authority's Section:

Please review this completed job description but **do not alter** or eliminate any of the entries. Add any clarifying information and/or additional comments (if necessary) in the space below.

Suggested Title and/or Pay Grade:

Barbara Cimaglio 10-17-05

Appointing Authority or Authorized Representative Signature **(required)** Date

1. DATE ISSUED (Mo./Day/Yr.) 06/21/2005 | 2. CFDA NO. 93.243

3. SUPERSEDES AWARD NOTICE dated / / except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.

4. GRANT NO. 1 U79 SP11203-01 | 5. ADMINISTRATIVE CODES SP-U79/SIG-SPF

Formerly:

6. PROJECT PERIOD Mo./Day/Yr. From 07/01/2005 Through 06/30/2010

7. BUDGET PERIOD Mo./Day/Yr. From 07/01/2005 Through 06/30/2006

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

NOTICE OF GRANT AWARD

AUTHORIZATION (Legislation/Regulation)

As authorized under Section 516 of the PHS Act
Awarded by CSAP

8. TITLE OF PROJECT (OR PROGRAM) (Limit to 56 spaces)

New Directions- Completing the Vision Vermont State Incentive Project

9. GRANTEE NAME AND ADDRESS

a. State of Vermont

b. 108 Cherry Street

c. P.O. Box 70

d. Burlington e. VT f. 05402-0070

10. DIRECTOR OF PROJECT *(PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)* (LAST NAME FIRST AND ADDRESS)

Cimaglio, Barbara
Vermont Department of Health
PO Box 70
Burlington, VT 05402

11. APPROVED BUDGET (Excludes PHS Direct Assistance)

I PHS Grant Funds Only
II Total project costs including grant funds and all other financial participation
(Select one and place NUMERAL in box.) [I]

a. Salaries and Wages	$	105,956
b. Fringe Benefits	$	32,035
c. Total Personnel Costs	$	137,991
d. Consultant Costs		0
e. Equipment		6,184
f. Supplies		6,417
g. Travel		20,852
h. Patient Care - Inpatient		0
i. - Outpatient		0
j. Alterations and Renovations		0
k. Other		1,763,726
l. Consortium/Contractual Costs		316,930
m. Trainee Related Expenses		0
n. Trainee Stipends		0
o. Trainee Tuition and Fees		0
p. Trainee Travel		0
q. TOTAL DIRECT COSTS →	$	2,252,100
r. INDIRECT COSTS (Rate 60.00 % of S&W/TADC)	$	79,900
s. TOTAL APPROVED BUDGET	$	2,332,000
t. SBIR Fee	$	
u. Federal Share	$	2,332,000
v. Non-Federal Share	$	0

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE

a. Amount of PHS Financial Assistance *(from item 11u)*	$	2,332,000
b. Less Unobligated Balance From Prior Budget Periods	$	0
c. Less Cumulative Prior Award(s) This Budget Period	$	0
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	$	$2,332,000

13. RECOMMENDED FUTURE SUPPORT *(SUBJECT TO THE AVAILABILITY OF FUNDS AND SATISFACTORY PROGRESS OF THE PROJECT)*:

YEAR	TOTAL COSTS (DIRECT and INDIRECT)	YEAR	TOTAL COSTS (DIRECT and INDIRECT)
a. 02	2,332,000	d. 05	2,332,000
b. 03	2,332,000	e.	
c. 04	2,332,000	f.	

14. APPROVED DIRECT ASSISTANCE BUDGET (IN LIEU OF CASH):

a. Amount of PHS Direct Assistance	$	
b. Less Unobligated Balance From Prior Budget Periods	$	
c. Less Cumulative Prior Award(s) This Budget Period	$	
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	$	N/A

15. PROGRAM INCOME SUBJECT TO 45 CFR PART 74, SUBPART F, OR 45 CFR 92.25, SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: (Select One and Place LETTER in box.)

a. DEDUCTION
b. ADDITIONAL COSTS
c. MATCHING
d. OTHER RESEARCH *(Add/Deduct Option)* [B]
e. OTHER *(See REMARKS)*

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE PHS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

a. The grant program legislation cited above. b. The grant program regulation cited above.
c. The award notice including terms and conditions, if any, noted below under REMARKS.
d. PHS Grants Policy Statement including addenda in effect as of the beginning date of the budget period.
e. 45 CFR Part 74 or 45 CFR Part 92 as applicable.

In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS: (Other Terms and Conditions Attached - ☑ Yes ☐ No)

Recommended future support (Line 13) reflects Total Cost (Direct + Indirect).
See attached Terms and Conditions.

GMS: Reyes, William I (240)276-1406 PO: Hills, Grant (240)276-2562

PHS GRANTS MANAGEMENT OFFICER: (Signature) (Name-Typed/Print) Pendleton, Kimberly (Title) Grants Management Officer, SAMHSA

17. OBJ. CLASS. 41.45 | 18. CRS - EIN 1036000274A8 | 19. LIST NO:

	FYCAN	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT. ACTION FIN. ASST.	AMT. ACTION DIR. ASST.
20.a.	2005C96P402	b. U9SP11203A	c.	d. $2,332,000	e.
21.a		b.	c.	d.	e.
22.a.		b.	c.	d.	e.

PHS-5152-3 (REV. 7/92) (Note: See reverse for payment information.)

Abstract

Vermont's 1997 State Incentive Grant achieved statistically significant reductions in substance use. Governor James Douglas now proposes to address the state's most pressing substance abuse and underage drinking prevention needs, as defined by epidemiological data. The Strategic Prevention Framework is consistent with his DETER initiative (Drug, Education, Treatment, Enforcement and Rehabilitation), a comprehensive substance abuse strategy.

In 2003 the Center for Substance Abuse Prevention found that Vermont's substance abuse prevention system already had many of the elements for a viable strategic planning process, but not a formalized strategic planning process or effective system to collect and analyze data that measure and track program outcomes. An in-state survey of key stakeholders confirms this need. Gov. Douglas has asked the Vermont Department of Health (VDH) Division of Alcohol and Drug Abuse Programs (ADAP) to lead the SPF process on the state and local level. Gov. Douglas notes that "the proposed activities in the SPF-SIG expand this vision of the potential for effective substance abuse prevention programming."

VDH proposes to use the SPF process to formalize the development and periodic refinement of a strategic plan to guide allocation of prevention resources. Evidence-based approaches that counter risk factors and support protective factors for youth, adults, families and communities will be emphasized, particularly when they have the potential to support positive mental health and reduce substance use. Traditionally, prevention has been directed at youth and treatment has been directed at adults. VDH has aggressively implemented evidenced-based treatment services for youth and now is planning to expand the scope of prevention to other high-risk populations, including women of child-bearing age in general and pregnant women in particular, young adults from 18 to 24 years of age, and elders. Much of the first year will be spent in carrying out Vermont's epidemiological process and in preparing partners around the state to expand their understanding of how to best carry out prevention programming.

A major strategy in addressing priority prevention needs, particularly those needs that respond to underage drinking, will be expansion of the community coalitions which mobilize professionals and volunteers to respond to risk and protective factors. VDH will also seek out organizations that serve areas of the state or populations that are not now benefiting from evidence-based prevention programming.

Barbara Cimaglio, Deputy Commissioner for ADAP, has been named chair of the SPF Advisory Council by the Governor. She will serve as Project Director. She will be supported by staff who were active participants in implementation and evaluation of Vermont's first successful SIG. Vermont's network of community coalitions, an evidence-based approach to prevention, engages more than 800 volunteers in communities serving 70% of Vermont's population.

A. Statement of Need

In 2003 the Center for Substance Abuse Prevention (CSAP) conducted an assessment of Vermont's substance abuse prevention system. CSAP's report on Vermont's system says: "Vermont's ability to plan and manage the prevention system in such a way that outcomes are achieved, documented, and reported is at a critical juncture. Many of the elements for a viable strategic planning process are in place, including strong needs assessment systems, effective local planning procedures, and a body of knowledge and expertise about planning and providing best practices. What is lacking is a formalized strategic planning process and a consistent, standardized, and effective management information system to collect and analyze data that measure and track program outcomes, both at the local and state level." (CSAP, 2003) To strengthen Vermont's prevention efforts, Gov. James Douglas proposes the following Strategic Prevention Framework (SPF) plan, addressing CSAP's concerns.

The need for an enhanced infrastructure to increase Vermont's capacity is critical. Preliminary results from a survey of key stakeholders in Vermont support CSAP's assessment. The survey (funded through the State Prevention Advancement and Support Project) is of 50 key stakeholders, including managers of prevention programs, coordinators of regional programs and partnerships (non-profit organizations); state prevention staff and organizations receiving grants from VDH for prevention services (coalition coordinators, parent educators, trainers and local prevention groups). Preliminary results from this assessment indicate that the majority (90%) of those interviewed identified a community and state-level need for facilitation of a strategic planning process, as well as the need for skill-building training programs, such as planning, evaluation, youth leadership and involvement and evidence-based programs. When asked to identify what prevention strategy should be a top priority for funding in the next five years, stakeholders identified two critical components of the Strategic Prevention Framework (SPF): conducting a needs assessment to determine Vermont's top substance abuse prevention priorities, and the need for inter-connected environmental strategies, such as media and communications strategies.

In view of CSAP and survey information, VDH proposes to strengthen its prevention infrastructure by integrating the use of epidemiological data in its ongoing planning process and to formalize the development and periodic refinement of a strategic plan to guide allocation of prevention resources. Institutionalization of the SPF process will foster and expand the use of evidence-based programs. Among the opportunities to further strengthen the system are to:

- Broaden alcohol and other drug prevention efforts beyond the traditional target group of youth 12-17, primarily those in schools.
- Develop a uniform process shared by VDH, other state agencies and local communities for the collection and assessment of data on prevalence, and risk and protective factors.
- Develop an evidence-based tool for allocation of prevention resources that factors in not only the extent of the problem for a specific community or population, but also social and individual costs of substance use and abuse, the efficacy of prevention strategies, the readiness of communities to address specific target groups and behaviors, and the sustainability of such efforts.
- Increase the number of communities that benefit from community and professional mobilization for prevention, which to date has been strongest in the more densely populated areas of the state.
- Strengthen use of evidence-based programs among agencies that are not under VDH supervision (i.e. local law enforcement agencies, OJJDP-funded communities and Safe and Drug Free Schools).
- Expand use of indicated prevention models and integrated environmental approaches.
- Address the larger issue of mental health promotion through prevention resources.

In particular, expansion of prevention activities beyond traditional school-aged populations is extremely important. The traditional attitude that "Prevention is for kids; treatment is for adults" is well in the past for ADAP, which has aggressively implemented evidenced-based treatment services for youth. Prevention services must also be extended to high-risk populations, including women of child-bearing age in general and pregnant women in particular, young adults from 18 to 24 years of age, and elders.

Epidemiologic data from a variety of sources confirm the discomforting magnitude of substance abuse and related problems among Vermont adults, and various subpopulations of adults, in addition to its youth. Among the prevalence data that point to the need for a more effective strategic prevention plan are:

Problem	Source	Subpopulation	Indicators
Alcohol Use	2000/2001 NSDUH	Youth, young adults, and adults	All three age groups had higher estimated prevalence rates of past month alcohol use than the national average. Vermont adults aged 26+ had the highest prevalence rate of any state (65.7%).
Binge drinking	2000/2001 NSDUH	Youth, young adults, and adults	All three age groups also had higher estimated prevalence rates of binge drinking than the national average. Young adults aged 18 to 25 had the third highest prevalence rate of any state (48.21%).
Binge drinking	2001 Core Alcohol and Drug Survey	College students	53% of Vermont's college students reported binge drinking in the past 2 weeks, which was higher than the national average. Only 43% of Vermont's college students felt binge drinking posed a health risk.
Marijuana use	2000/2001 NSDUH	Youth and young adults	Estimated rates for both youth (13.2%) and young adults (28.6%) were the highest in the nation
Impaired driving	2003 YRBS	Students in grade 12	40% of 12th graders in VT rode with a driver in the past year that had been using marijuana and 24% with a driver who had been drinking.
Perceived risk from marijuana	1999 and 2000/2001 NSDUH	General population	Vermont had the lowest estimated rate of "perceived great risk" for monthly use of marijuana among the population 12 or older, both in 1999 and 2000-01.
Treatment for marijuana	VT 2003 Tx Admissions Report	Persons aged 12 to 18	More teens enter treatment with a primary diagnosis for marijuana dependence than for alcohol and all other illicit drugs combined.
Drug treatment	2003 SATIS data	Women	Women in treatment increased from 1,237 in 1998 to 2,399 in 2002, with the largest increase occurring in the 18-24 age group. 50% of the state methadone clinic's clients are young pregnant and postpartum women.
Need for treatment	1995 VT Household survey	Young adults	35.3% of 18-24 year old males and 13.5 of 18-24 year old females were found to be in need of treatment or intervention for substance abuse.
Mental Illness	2000/2001 NSDUH	Young adults	The estimated percent of young adults with serious mental illness in Vermont (13.3%) was the highest of any state.

Vermont proposes a specific plan for effectively implementing the five steps of the SPF process. The plan involves fundamental enhancements of Vermont's prevention infrastructure and planning process. It will institutionalize processes that will endure long after the conclusion of the five-year grant.

VDH will make significant staff contributions to this effort. Specifically, support for the project has been committed by the VDH Commissioner, by the Divisions of Community Public Health, Health Surveillance, and Tobacco Control, by Mental Health staff, and by ADAP'S Deputy Commissioner, Chief of Prevention, experienced project coordinators, and data specialists. Their efforts will support both the administration of the project and the State Epidemiological Workgroup (Epi Workgroup). ADAP also brings to this process 10 full-time prevention consultants, working regionally, who will assist in training leaders of local coalitions, provide technical assistance to local planning processes, and provide resource assessment data to the Epi Workgroup. In addition Vermont's network of community coalitions directly engages more than

800 volunteers in communities serving an estimated 70% of Vermont's population. The community volunteers involved with these coalitions, and those involved with new groups that may develop as a result of the SPF-SIG, represent a significant leverage for SPF funds.

B. Proposed Approach

B.1. Introduction and Purpose of the Project

Gov. James Douglas proposes a five year process designed to address pressing substance abuse prevention needs, including underage drinking, with the goal of prevention and reduction of substance abuse, reduction of problems related to substance abuse use, and strengthened prevention capacity and infrastructure at the state and community level. Gov. Douglas, in his letter of commitment says: "I am very proud that Vermont's first State Incentive Grant achieved statistically significant reductions in substance abuse among 8-12th graders for past 30-day and lifetime use of marijuana and cigarettes." He has asked the Vermont Department of Health (VDH) and its Division of Alcohol and Drug Abuse Programs (ADAP) to take the lead in the strategic prevention framework on the state and local level.

Gov. Douglas recognizes that the further enhancement of prevention activities is consistent with his DETER initiative. DETER—an acronym for Drug, Education, Treatment, Enforcement and Rehabilitation—is the Governor's comprehensive long-term strategy to both address today's substance abuse problems and also reduce the risk for tomorrow's problems. Vermont's legislature has joined with the governor in recognizing the importance of this issue and has increased funding for substance abuse services in spite of the current budget constraints. Gov. Douglas notes that "the proposed activities in the SPF-SIG expand this vision of the potential for effective substance abuse prevention programming."

VDH proposes an incremental process during which state and local groups develop a growing sophistication and clarity about the use of epidemiological data. Training will be essential to strengthen the use of data in planning, as well as to help VDH and its partners provide effective prevention programming to high-need audiences that, until now, have not been addressed. Much of the first year will be spent in carrying out Vermont's epidemiological process and in preparing partners around the state to expand their understanding of and sophistication in planning for and carrying out prevention programming.

The goals and objectives for Vermont's SPF-SIG are:

1. Prevent the onset and reduce the progression of SA including childhood and underage drinking

- Decrease substance use and abuse among targeted populations as indicated by the Strategic Prevention Framework's strategic plan
- Decrease the rate of underage drinking statewide, and particularly in the 10 communities with the highest prevalence

2. Reduce SA related problems in communities

- Decrease substance abuse-related problems (e.g., mortality and disability, economic costs, dependence, and drug-related crime) among targeted populations as indicated by the Strategic Prevention Framework's strategic plan

3. Build prevention capacity and infrastructure at the state and community levels.

- Increase the number of communities in which evidence-based prevention strategies are applied to targeted populations
- Increase statewide access to prevention training consistent with the national ICRC standards
- Build state capacity to inform and educate the public (e.g. public education campaign) on substance abuse and related risk and protective factors
- Develop, refine, and institutionalize an ongoing prevention needs assessment process and the necessary data infrastructure to support it
- Increase Performance Partnership Grant (PPG) readiness and ability to gather data from grantees to continue to inform the planning process

Healthy Vermonters 2010: VDH has adopted targets for five substance abuse-related indicators to be achieved by 2010. The SPF process will enhance the state's progress towards achieving the following outcomes:

- Reduce alcohol-related motor vehicle deaths to 4 per 100,000.
- Reduce the percentage of youth who use alcohol before age 13 to 0%.
- Reduce the percentage of youth engaging in binge drinking during the past 20 days to 3%.
- Reduce the percentage of college students engaging in binge drinking during the past two weeks to 20%.
- Reduce the percentage of youth reporting use of marijuana during the past 30 days to 0.7%.

As required, 85% of the SPF-SIG funding will be re-granted to other organizations. VDH expects that a major strategy in addressing priority prevention needs, particularly those needs that respond to underage drinking, will be expansion of both the geographic coverage and the range of problems and target populations addressed by effective community-based coalitions. Re-grants may also be made to other more specialized organizations that are needed to reach populations not easily served by community-based coalitions.

B.2. Prevention in a Rural State

VDH faces a number of opportunities and challenges that arise out of Vermont's small size and extremely rural population. With a population of 608,000, Vermont is in one respect the most rural state in the nation: a higher percentage of its residents live in communities of 2,500 or less than any other state in the nation. The largest city, Burlington, has a population of 38,000. No other town or city has more than 20,000 residents. Operationally, counties in Vermont have no governmental function aside from the court system. Municipalities confine their activities to the most basic services (roads and solid waste). As a result, the State depends on local not-for-profit organizations and coalitions to carry out a host of services including prevention and treatment services. The benefits are that the state can move quickly to improve systems and that its partners have a high level of participation by residents and local leaders.

B.3. Background and Developments Leading to this Application

Vermont's first SIG (1997), titled "New Directions," resulted in a major shift in the approach to substance abuse prevention: funding of community coalitions rather than individual programs. New Directions was based on the premise that effective prevention of adolescent Alcohol, Tobacco and Other Drug (ATOD) use requires coordinated, community-based strategies, involving a range of organizations and institutions. Coalition planning efforts employed logic models incorporating risk and protective factors as a framework for conducting needs assessments, developing goals and objectives, and selecting, implementing and evaluating research-based programs and strategies.

New Directions led to reductions in student substance use prevalence relative to the remainder of the state, for all nine substance use measures examined. The greatest relative reductions were observed for past 30-day use of marijuana and cigarettes (both $p<.05$). In general, larger reductions in student substance use were experienced by coalitions that were more successful in providing research-based primary prevention services to a large percentage of the eligible population. These findings suggest that collaborative community-based efforts implemented within a supportive framework such as Vermont's New Directions project can have a meaningful impact on the prevalence of substance use behaviors among youth (Flewelling, 2003).

The long-term impact of New Directions has been a continued commitment to the mobilization and support of communities to implement evidence-based approaches to prevention. ADAP now uses Substance Abuse Prevention and Treatment (SAPT) block grant funds and other state resources to continue its funding of community-based prevention coalitions. However,

the CSAP assessment indicates that these efforts lack guiding priorities and public information messages on the state level. For example, several local coalitions have implemented modest media campaigns, all with a slightly different message on underage drinking. VDH expects that the SPF process, including a communications and workforce development plan, will improve the effectiveness of the community-based system. At the same time, a more comprehensive assessment of available epidemiologic and other planning data is expected to broaden the focus of the system beyond its traditionally, almost exclusive, emphasis on teens and adolescents.

B.4. Implementing the Five Steps of the SPF

VDH will implement the five-step SPF process to address infrastructure needs identified in Section A and achieve the goals proposed in section B.2. Each step includes a state-level component and a community-level component. Although presented as discrete steps, the steps are highly interdependent, and the success of the project depends on effective implementation of all five steps. At the heart of the project is the mobilization of communities and other partners to become increasingly strategic in the identification of and planning for the most significant substance use and abuse needs. This mobilization will be achieved through the re-granting of SPF resources, in a manner consistent with the underlying philosophy of the SPF. An essential prelude to implementing the five steps will be convening these two workgroups:

State Epidemiological Workgroup: Kelly Hale-Lamonda of VDH will be chairperson of the Epi Workgroup. Members of the Epi Workgroup will include Lori Uerz of VDH/ADAP, David Murphey, Agency of Human Services Planning Division, Charles Bennett of VDH Health Surveillance Division, William Clements, Ph.D., of the Vermont Center for Justice Research, and John Pandiani, of the VDH Division for Mental Health. The Workgroup will be assisted by the evaluation contractor, on-site evaluation staff and a Data Analyst. It will call upon staff from other agencies, including Department of Education, Department of Liquor Control, Juvenile Justice Council and local organizations, to provide data and commentary.

SPF Advisory Council: Barbara Cimaglio, Deputy Commissioner for ADAP, has been named chair of the SPF Advisory Council by the Governor. The full Council will meet at least four times a year, while committees will meet more frequently—as often as monthly. The Council will include a representative from the Governor's office, the Deputy Commissioner of Juvenile Justice, the Chief of Prevention Services, the demand reduction coordinator from DEA, a SAMSHA/CSAP representative and approximately 30 individuals representing other state agencies, organizations and local coalitions. (letters of commitment are in the appendix). VDH is Vermont's lead agency for OJJDP's Enforcing Underage Drinking Laws Program.

B.4.1. Profile population needs, resources, and readiness to address the problems and gaps in service delivery.

A statewide prevention needs assessment will be conducted within the first six months by the State Epidemiology Workgroup (Epi Workgroup; membership defined above). The Epi Workgroup will organize and conduct analyses of data to assist VDH in directing resources to the state's most pressing prevention needs. Data will include state-level, regional-level, and local (i.e., school supervisory union or community) data, when the data are available. The recipient of the analyses and recommendations will be the State Advisory Council (SPF Council) and the SPF Project Director. The SPF Council, CSAP, Director Barbara Cimaglio, and Project Coordinator will use this information to make data-driven decisions at all stages of the SPF, including the development of a strategic plan for prevention activities. In addition, data and analyses (at both the state and sub-state levels) will be made available to community coalitions and other local-level stakeholders to strengthen needs assessment and planning efforts. Community organizations will also conduct local assessments, using data provided by the Epi Workgroup and augmented by local information. Vermont will selectively adopt many of the process, tools and strategies outlined in the Getting To Outcomes 2004 (Chinman et al, 2004) and other recent

community monitoring and planning models (e.g., Mrazek, Biglan, and Hawkins, 2004) to guide the needs assessment process.

State-level: Vermont's plans for addressing the seven needs assessment components are below. The state-level assessment will provide county or community level data when such data are collected in a standardized form across the state, in addition to data that are state-level only.

Assessment of the magnitude of substance abuse and related mental health disorders. This component includes data on the prevalence and incidence of substance use, substance use-related problems, and mental illness related to substance use. Several data sources are available. The National Survey of Drug Use and Health (NSDUH) provides state-level estimates for 18 substance use behaviors and related conditions, including binge drinking and drug and/or alcohol dependence. Separate estimates are provided for persons aged 12 to 17, 18 to 25, and 26 and older. Estimates for prevalence of serious mental illness are also provided for these age groups. Other surveys that provide estimates of substance use and related problems include the Behavior Risk Factor Surveillance Survey (BRFSS), the Core Alcohol and Drug Survey, and the Youth Risk Behavior Survey (YRBS.) The BRFSS provides state and county level estimates of substance use behaviors among adults, the Core provides estimates for participating colleges, and the YRBS provides state, county, and school district level estimates of substance use, other health risk behaviors, and selected risk/protective factors and assets among public school students in grades 8-12. A variety of archival-based indicators that provide direct or indirect measures of substance abuse, related problems, and mental health will also be assembled. These include indicators such as DUI arrest rates, ATOD-related deaths, and arrest rates for possession of illicit drugs. An advantage of the archival indicators is that most of them are available at the community or supervisory union level, a feature that is not available for estimates provided by the NSDUH and BRFSS. Many of these indicators, along with YRBS survey-based measures, were reported in the community-level prevention social indicator report sponsored by the CSAP-funded prevention needs assessment project (Spencer, Kuo, and Flewelling, 2001). The Epi Workgroup will review all such measures (see Appendix 2), as well as additional potential measures, for their usefulness in the needs assessment process.

Assessment of risk and protective factors associated with substance abuse and related mental health disorders in the state. Several of the same sources providing substance abuse prevalence data also provide state and substate measures of risk factors for substance abuse and related problems. The NHSDA provides state-level estimates regarding perceived harm of substance use, and the YRBS provides state and school district estimates for perceived harm, perceived availability, and favorable attitudes towards use of several different substances, for students in grades 8 to 12. A number of social indicators from archival sources also provide measures of risk factors at both the state and local levels (e.g., retail alcohol outlet density, school dropout rate, children in state custody).

Assessment of community assets and resources. "Assets" are the personal or environmental attributes promoting positive health behaviors and protecting against unhealthy behaviors. Both generic and specific indicators for conceptualizing and measuring community assets, including those developed and tested by the Search Institute (Benson, 1999), are available. Vermont will use both of these approaches for assessing positive community features (along with other data) in assessing prevention needs. For the statewide 2003 YRBS, six of the Search Institute "external" asset measures were included on the survey instrument. These measures incorporate health promoting attributes of families, schools, and communities. A study based on the survey data confirmed the validity of these measures by examining their association between the asset measures and a range of health-related behaviors including substance use (Murphey et al, 2004). These measures will continue to be included in the statewide YRBS and will be incorporated into the needs assessment. Broader community features will also be considered, including archival-based social indicators that may be considered measures of assets (e.g., percent of the

adult population voting in the general election). Community-level partners will identify site-specific assets in their local needs assessments. Potential service delivery entities (coalitions, community-based organizations, and statewide organizations) will be considered a specific type of asset in the needs assessment. The prevention resource assessment will be modeled after the study conducted as part of the previous CSAP-funded statewide needs assessment (Kuo, Dahlberth, and Flewelling, 2002). That effort involved collecting both regional and school district level information on prevention resources and perceived prevention needs, as reported by ADAP's 10 regional prevention consultants. The data collection instrument was adapted from one developed by a CSAP-sponsored work group and was based on the risk/protective factor framework (See instrument in Appendix 2).

Identification of gaps in services and capacity. Vermont will conduct its statewide assessment of resources in several steps, or "layers." These are:

Layer	Information
One	Functionality of a community-based substance abuse prevention coalition in every community of the state.
Two	Types and levels of underage drinking prevention activities in each community.
Three	Perceived prevention needs, available resources, and resulting gaps identified in the statewide community resource assessment described above.

Assessment of community readiness to act. This concept is appropriately used here, given Vermont's effective mobilization of communities. The statewide readiness assessment will identify a community's ability, interest, and willingness to initiate prevention efforts, and has been shown to enhance prevention program effectiveness and continuity (Robertson et al, 2003). Communities will be asked to compliment statewide assessments with locally collected information. To apply for the SPF-SIG funding, community coalitions and other organizations will be required to include in their applications an assessment of community readiness for planning and implementation. Standard elements and procedures for collecting these data will be adapted from NIDA's Community Readiness for Drug Abuse Prevention Report (Kumpher et al, 1997). See tool in Appendix 2 for seven readiness factors.

Identification of priorities based on epidemiologic analysis, including the identification of target communities to implement the SPF. This component, the heart of the needs assessment, will integrate and translate needs assessment data into operable priorities. This process will generate state-level priorities as defined by: a) specific substance abuse behaviors and related problems, b) specific risk and protective factors and environmental assets links to those outcomes, c) the level of need for prevention planning and service delivery infrastructure and specified prevention activities (e.g., underage drinking prevention strategies) within geographically defined areas, and what can be done at the state level to help communities meet these needs, and d) other specific needs and gaps in prevention services and activities at both the state and community levels. Initially, the needs assessment effort will use commonly used criteria for determining priorities, such as the relative levels of specific substance abuse measures and related problems in one area vs. another (e.g., Vermont relative to the nation, or individual communities relative to Vermont), and trends in those measures (e.g., recent sharp increases in specific problems or risk factors), combined with knowledge regarding available and potential resources to address those issues along with assessed levels of community readiness. Other important criteria that will be emphasized in the needs assessment process are the availability, cost and relative efficacy of prevention strategies to address the problems identified, and the seriousness and societal costs of these problems. These criteria are not as well developed or integrated into current planning models, and will be more fully developed and incorporated into the needs assessment process over the life of the project. Because prevention resources are limited it will be important to develop and apply this structured statewide approach to establishing priorities.

Specification of baseline data against which progress and outcomes of the SPF can be measured. Many of the data elements collected for the initial needs assessment will also serve as baseline data for the evaluation of Vermont's SPF-SIG. This is one of several important rea-

sons for involving members of the evaluation team on the Epi Workgroup. The state strategic plan will define processes and outcomes. These, in turn, will be included in the evaluation plan. The ultimate goal is to build and maintain an ongoing data infrastructure that will simultaneously support the state's prevention needs assessment, planning, and evaluation needs.

Community-Level: As described in the re-grant process in Section B.4.4., local organizations will apply for first year funding to carry out local needs assessments, planning and service plans. The state will provide support and training to communities for this process. The SPF process described above will generate local data to be used in community-level needs assessments. Communities will then add locally-collected data and other information to inform and enhance their efforts. They will integrate these data in developing their own prevention priorities, aided by guidance and standards provided by the state. In addition, communities will be trained and required to use processes and selected tools developed for Getting to Outcomes (GTO). GTO is a prevention system planning and accountability model that has been successfully applied to state and community prevention systems (Chinman et al, 2001), and for which guidelines and materials are publicly available (Chinman et al, 2004). The GTO model has eight steps that begin with identifying a community-based group that will collect and conduct the needs assessment and planning, and end with selecting appropriate prevention strategies to implement. (See Appendix 2).

Preliminary community needs assessments will be required as part of the applications from community coalitions and other organizations for SPF-funded subgrants. During the first year of the project, community coalitions, partnerships and other potential partners in this project will receive training on mobilizing their communities, conducting needs assessments, and preparing strategic plans so that they may prepare applications for first-year subgrants. During the first three to six months of the community grants (i.e., year 2 of the project), subgrantees will be expected to refine their needs assessments and finalize their strategic plans.

B.4.2. Mobilize and/or build capacity to address needs

State-level: Upon receipt of the award, the state will finalize the organizational structure for the project, fill all positions, and convene the SPF State Advisory Council (SPF Council). The Council will be oriented to the SPF concept, introduced to the six prevention principles and assisted in defining the standards for allocation of prevention resources. They will begin this process by meeting with the Epi Workgroup and jointly identifying questions they wish to address through analysis of data. SPF Council members will participate in training at the beginning of the process so that they understand the SPF process, the meaning of evidence-based prevention, theories of prevention and Vermont's approach to setting priorities for local grants.

The State will, with SAPT Block Grant funding, conduct a prevention workforce assessment with, at a minimum, regional prevention consultants, coalition coordinators and AmeriCorps volunteers currently staffing prevention programs, in order to design a training system for the prevention workforce carrying out the SPF.

VDH will also develop and provide trainings and other resources for communities to mobilize their resources and build capacity. Finally, during this phase an inventory of local and statewide communications campaigns targeting underage drinking in Vermont will be conducted to determine where and by whom public education, social marketing, media advocacy and media literacy activities are being carried out.

In addition, although firmly committed to the documented effectiveness of local coalitions to carry out prevention activities, VDH at the state level is prepared to strengthen the capacity of organizations that have expertise with specific target populations (i.e. Vermont College Alcohol Network to reach college students, or Parent-Child Centers for young mothers).

Community level: Vermont's network of local prevention coalitions covers approximately 70% of the state's population. These groups are in an ideal position to expand their focus to priority populations and issues, such as underage drinking. VDH will provide training, based on the SPF Strategic Plan, to assist groups in this expansion of vision. For those communities without local coalitions, project staff will work with Prevention Consultants to identify organizations capable of taking the lead in mobilizing professionals and volunteers to focus on prevention. In some rural communities (Essex County, for example, has only 6000 residents), there may be relatively few individuals or organizations able to coalesce around a prevention agenda.

Community Forums: During the first year VDH District Directors and regional Prevention Consultants will initiate community forums in communities that do not currently have active coalitions, to generate interest in the SPF process. These communities and organizations will be provided on-going technical assistance, and small pre-planning grants to prepare for the first subgrant application cycle. Groups receiving these non-competitive pre-planning grants will be required to establish active linkages with representatives from the following sectors: substance abuse treatment, mental health, Community Partnerships, Agency of Human Services district offices, schools and colleges, Court Diversion and criminal justice. Groups, if ready, will be offered the opportunity to attend the CADCA Mid-Year Training Institute Coalition "Boot Camp" to give them a head start in coalition development needs. Those not ready to form coalitions may seek a mentor coalition to help build their capacity over a year's period and then potentially initiate programming in year 2.

To participate in the SPF process, groups must attend trainings that will help ensure a consistent and successful process. The SPF training sessions will include: 1) Collecting and interpreting data; 2) Using state level data to inform local planning; 3) Identifying local resources and gaps in services; 4) Steps needed to build or enhance community/coalition level capacity to address the needs; and 5) Using data, resources and capacity to develop a strategic plan. Organizations that intend to apply for subgrants at the end of the first year (see section B.4.4.) must attend a Bidders Conference in June 2005 to ensure that all applicants understand the SPF process, reflect state priorities, have a solid plan for local needs assessments and planning, and ensure that local proposals engage essential local partners.

Community Training and Services: In designing a training program, VDH will consider the varying levels of readiness among community coalitions, community-based groups and other potential partners. VDH District Directors and Regional Prevention Consultants will be trained on the SPF process, and a consistent strategy for assessing levels of community readiness. Communities will be identified as having a low, medium or high level of readiness to take on the SPF process. VDH will also work with other partners should the epidemiological data point to specific populations that will be most effectively targeted through statewide or regional organizations. The following chart indicates a menu of services to communities that will be tailored to their identified level of readiness.

	Menu of services to be provided based on level of readiness
Public Info Campaign	All communities to be engaged in the initial public information process. Media messages and materials targeted to communities to generate interest in SPF process. Prevention Consultants follow up media messages with community forums to generate further interest, assess readiness to participate in needs assessment process.
Training	SPF training sessions held on Getting To Outcomes process. Bidders Conference. Pre-planning grants to generate interest in SPF process and to attend CADCA mid-year training (coalition building "boot camp").
Technical Assistance	SPF staff and prevention consultants are available to provide technical assistance. Prevention Consultants provide guidance to state about specific community technical assistance needs and also provide on-going technical assistance as needed to communities.
Support	Regular networking meetings, planned by sub-committee of coalitions, are held throughout the five-year process to share strategies and resources. New Directions Listserve continues to be used as vehicle for sharing and learning. Prevention Consultants and project staff provide ongoing support as needed.

B.4.3. Develop a Comprehensive Strategic Plan

State-level: The strategic plan will provide the blueprint for how including all five steps of the SPF framework will be implemented. It will articulate how the plan is consistent with the vision that Vermont has for the long-term development of its substance abuse prevention system and based on the six prevention principles. The Advisory Council will guide the development of the plan, with the SIG project director compiling the document.

Through a facilitated strategic planning process the SPF Advisory Council (SPF Council) will develop prioritized needs and develop five year goals and measurable objectives. The plan will identify specific populations, geographic areas and contributing factors in targeting prevention efforts. Communications, training and funding strategies will follow from the strategic plan. The strategic plan will also consider the types of organizations most likely to be effective in reaching target populations (See subgrant program section below).

A critical element in the development of the strategic plan will be first steps in the development of a matrix for deciding how best to use prevention resources. Because there are more factors than just the prevalence of substance use or abuse, VDH will consider issues such as the degree of risk to individuals or society, community readiness and resources, the potential for sustainability, and the availability of evidence-based approaches. VDH expects its own data and that from local communities will confirm CSAP's continued emphasis on underage and youth substance use as a priority. The strategic plan will address those issues specifically. VDH expects that the strategic plan will direct a considerable percentage of re-grant funds specifically toward addressing underage drinking and data will help to determine our balances between enforcement strategies, environmental approaches, and community mobilization.

Funding Plan Design: The SPF Council will determine strategies for distributing SPF SIG funds and formalize these strategies within the strategic plan. The SPF Council will prioritize objectives for re-grants activities. All sub-grantees will be required to carry out activities related to and disseminate key messages of the State's Underage Drinking Prevention communications campaign.

Communications: A sub-group of the SPF Council will work with SPF staff to develop a communications strategy supporting Vermont's strategic plan priorities. At a minimum the committee will 1) review the resource assessment of all the communications campaigns being conducted by the Governor's Traffic Safety Team, The Department of Education, START, and local coalitions, and 2) develop one coherent communications strategy, components of which will be targeted to specific groups (i.e. parents, middle school students, underage youth, and college students). The sub-committee will recommend where separate, evidence-based efforts run through different programs can be combined in line with the SPF, in each of these 4 categories: public education, social marketing, media advocacy and media literacy.

All planning for communication activities will reflect best practices identified by NIDA, SAMHSA, and the Higher Education Center (i.e. the NE Center for the Application of Prevention Technologies' "Communication: A Strategy for Prevention Practitioner"). Activities will also be informed by input from target groups (i.e. youth and parents for underage drinking).

One or two key environmental strategies will be a requirement for all SPF SIG grantees. These will aim at blanketing the State will a consistent message. (This will be based on a highly successful strategy implemented by VDH's Tobacco Control Program.)

Training Plan: Much of the training plan has been defined in B.4.1. and B.4.2. To achieve this, VDH expects to contract with appropriate organizations (including VDH's Training Unit, see commitment letter from Training Unit for training framework). Topics for training will include the use of data, strategic planning, identification of evidence-based prevention approaches, and community mobilization. All applicants will get training in elements of the Getting to Outcomes model. Specific training will be developed as high-need target groups are identified in the strategic planning process. Within the first two months of the project, the SPF

project director will define the training services to be delivered and secure those services. The nature of the training to be provided will be developed during the grant period as the state and local communities become more involved in the specific strategies called for in the plan and as the epidemiological and planning processes become routine and ingrained at VDH and in local communities. The RFP will be segmented in such a way that applicants may propose to deliver specific services or all of the services requested. Strong emphasis will be on building competencies based on ICRC Role Delineation study. VDH will build on the strong current training system in place in Vermont that benefits from additional training supported by appropriate prevention trainers for the topics identified by the SPF Council goals, the CAPT, and PIRE's Center for Underage Drinking Enforcement.

Community-level: The strategic planning process will be incorporated into first-year re-grants to coalitions and other organizations, and sustained throughout the five-year grant period (See section B.4.4. for process). As part of this process, applicants must describe their level of community readiness. Preliminary strategic plans, based on available needs assessment data, will be required of all applicants for first-year re-grants. VDH will encourage local communities to be realistic in the development of their strategic plan. Because mature coalitions with strong community participation, are in a better position to plan and carry out prevention programming, their plans will be more sophisticated and comprehensive.

As noted above, applicant organizations will receive training on the use of epidemiological data to formulate community plans that take into account not only prevalence, but also risk and protective factors, resources and readiness. All coalitions will be encouraged to attend the CADCA mid-year Institute to get basic and advanced coalition training, and coalitions with a low to medium level of readiness will be offered assistance to attend the training if they are interested. Vermont's Prevention infrastructure is able to provide basic community planning support adapted from professionally mediated processes such as Getting to Outcomes, Communities that Care (Hawkins, Catalano, and Assoc., 1992), and the National Research Council's, Reducing Underage Drinking a Collective Responsibility (NRC, 2003)." Vermont's coalitions have been extremely successful in acquiring Drug Free Communities Support Program grants as a result of their use of a logic model process. They have been used as mentors in our new Coalition mentor grant and several have been recognized nationally by CADCA and the Search Institute.

While time and resources for refining local strategic plans are incorporated into the first-year re-grant, VDH will reserve the right to withhold continued funding from grantees that 1) do not complete a satisfactory needs assessment; 2) do not develop a strategic plan based on that data; or 3) adopt a strategic plan that does not adhere to the six principles of prevention or use evidence-based approaches.

B.4.4. Implement evidence-based prevention programs and infrastructure development activities.

State-level: The state will support and expand the implementation of evidence-based prevention practices through of all five steps of the SPF. These efforts will be facilitated through the provision of sub-recipient grants (or "re-grants") to coalitions or other organizations by the end of the first year of the project. The re-grant process will be modeled on CSAP's "cooperative agreement" through which grant applicants will document planned processes for carrying out needs assessments, strategic planning and service activities. VDH staff will work with grantees to assure that they make satisfactory progress on their efforts, change directions as needed, and have the support necessary to be successful. The initial months of the re-grants will be devoted to refining the local needs assessment and finalizing strategic plans. Continued funding during the first year will require that VDH approve local strategic plans, including measurable out-

comes and an evidence-based approach to be used consistent with the state strategic plan. Local groups will also need to address the degree to which activities will address those risk and protective factors that are common to substance abuse issues and to mental health promotion.

It is anticipated that SPF grants will be awarded to a) established coalitions that are ready to enhance and expand their current evidence-based activities to include new priority subpopulations, b) newly formed coalitions serving communities where there may be little if any evidence-based practice currently being implemented, and c) not-for-profit organizations positioned to address prevention priorities which extend past local coalitions reach or skills. In addition, there will be some strategies or activities that will be required of all grantees as determined by statewide priorities, such as the underage drinking initiative. To further support infrastructure development the state will work closely with all grantees over the life of the grants, and will regularly provide opportunities for networking among coalitions, training and technical assistance as identified above (SPF item #2).

Re-grant Process: The proposed re-grant process will emulate VDH's current system for awarding grants to community-based coalitions, which involves outside readers in the review and scoring of proposals. During the first SIG VDH developed a process that used the members of the Advisory Council, supplemented by professionals with expertise in evidence-based approaches, to review proposals for funding. Out of that process VDH developed 1) a common guidance document for both applicants and reviewers; 2) a training process for grant reviewers; 3) a training process for potential applicants; and 4) a system to avoid conflicts of interest. VDH has maintained this highly organized and objective system since the first SIG The re-grant process, which will be overseen by the Project Coordinator (responsible for the New Directions re-grant process under the first SIG), will involve the solicitation of applications from established community-based coalitions focused on substance abuse prevention, and other types of organizations specifically identified in the state's strategic plan. As indicated in the first-year timeline, an RFP will be released in May of 2005, applications will be due the end of July, and awards will be announced by September 30. Extensive training and support, including resource materials, for potential applicants will be available. Applicants will be required to include a statement of need and preliminary data-based needs assessment, a plan for how they will prioritize and address their needs through evidence-based strategies, evidence regarding their capability to complete and implement their plans, and a budget.

Reviews will be structured so that at least five members of the Advisory Council will review each proposal and assign scores. When there are significant differentials in the scores assigned by reviewers, they will have the opportunity to adjust scores following discussion. An ADAP staff member with expertise on evidence-based programs will assist review teams with a technical review of adherence to best practices and prevention principles (August 2005). Scored grants will then be reviewed by policy team comprised of representatives from the Governor's office, Secretary of Human Services, Commissioner of Health, Commissioner of Education, Deputy Commissioners for Mental Health and for ADAP, CSAP representative and DEA enforcement liaison. This review will consider geographic distribution, appropriate consideration of high-need and targeted populations, and cultural competency of applicant organizations or approaches. Up to 40 grant awards are expected to range from approximately $60,000 to $100,000 and will be renewable (although sometimes for lower amounts than the first-year awards) for additional years. As mentioned in Section B.3.2, applications for new subgrants will be accepted and reviewed in year two of the SPF in order to not exclude coalitions and other applicant organizations that were either not ready or unsuccessful in year 1.

Grants will be monitored using a team approach. Quarterly program and fiscal reports will be required each year. A re-application process will be incorporated into one of the quarterly reports. The ADAP prevention consultant, evaluation staff person, and SPF coordinator will re-

view reports, conduct site visits as required and conduct one or two face to face review meetings each grant year. Fortunately, Vermont has the benefit of local prevention consultants who work side by side with grantees in the community and serve as the local "eyes and ears". The monitoring process will be modeled on the process used in the original SIG, as this was very successful in providing the level of oversight and technical assistance needed for successful implementation. We view the monitoring process as a way to work in partnership with grantees and to help them to be as successful as they possibly can.

Community-level: The state's efforts to ensure implementation of evidence-based strategies will be apparent in the programmatic requirements for community sub-grantees, and in the training and technical assistance provided to communities and other organizations throughout the project. ADAP will apply the CSAP criteria for evidence-based practices, which is that such practices be shown to be effective in a peer-reviewed and published scientific study. Practices that have demonstrated an effect on Vermont's priority outcomes and are identified on the WestCAPT, National Registry of Effective Prevention Programs, the Department of Education or Department of Justice Best Practices lists will be encouraged, in addition to evidence-based environmental strategies (Mosher, 1999). As with the initial SIG, ADAP will help to coordinate and facilitate the scheduling of trainings for evidence-based practices, in order to make such trainings accessible and affordable to community organizations. In addition, checklists for core elements of evidence-based practices will be completed by program implementers to help ensure that such programs are delivered with fidelity, as part of the process evaluation effort.

Applicants will develop applications for funding based on their plans to carry out needs assessment, planning and implementation. Applicants must demonstrate that their proposed prevention activities are 1) evidence-based; 2) responsive to their identified needs; 3) reflect their level of organizational and community readiness, and 4) culturally appropriate. Grantees adapting evidence-based strategies in order to enhance cultural appropriateness will need to demonstrate that they have not undercut the core elements of these strategies.

Grant awards will be made by Sept. 30, 2005. A formal announcement, however, will be made at a press conference at the October 2005 ADAP Substance Abuse Conference. The New Grantee Orientation will also be held in conjunction with the Conference. Grantees will come a day early to the conference site for an orientation. In addition, a conference track will be created for new grantees at the conference that will ready them for program/strategy implementation. For example, because under-age drinking will be a focus for all grantees, the conference will address this issue.

B.4.5. Monitor process, evaluate effectiveness, sustain effective programs/activities, and improve or replace those that fail

Process and outcome evaluation findings, at both the state and community-levels, will be provided to the Advisory Council, Epi Workgroup, the SPF project director and other administrative staff, and to subrecipient grantees, as such findings become available. The details regarding the evaluation plan, including how the findings from the evaluation will be disseminated and applied to the decision making process, are provided in Section D.

B.5. Adherence to the Six SPF Principles

The overarching theme of the six SPF principles is that substance use and abuse occur on a continuum that includes a range of related problems and issues, often with common risk and protective factors, and a range in severity. Like other foci for prevention, this problem requires a broad and comprehensive approach that recognizes the commonalities across multiple problem behaviors and mental health conditions, and the use of coordinated strategies that will be mutually supportive and reinforcing. This proposal reflects the six principles by considering the broad prevention needs of communities in the application of evidence-based approaches. This

will be achieved by ensuring that: 1) epidemiological data collected statewide and in local communities is inclusive rather than tightly focused on a few target groups (i.e. teens or young adults), and includes consideration of those risk and protective factors with broad rather than narrow implications; 2) community capacity building activities and training include the requirement that local coalitions involve mental health providers in community-based efforts in the data collection, planning and implementation process (in many communities mental health providers are also substance abuse treatment sites); 3) state and local strategic plans will address opportunities to select objectives and strategies that will impact on not only substance use but mental health promotion as well, and reduce the "silo" effect among local agencies involved in prevention; 4) evidence-based approaches that have the potential to benefit multiple audiences and risk/protective factors will be considered for use at the state level and in local communities; and 5) the evaluation plan will collect data on indicators of individual, family and community health that extend beyond substance abuse usage rates, and consider the growth of community protective factors and decrease in risk factors.

VDH will ensure that evidence-based approaches will be used throughout the SPF process, and that approaches with the greatest impact will be emphasized whenever possible. Training for local organizations and coalitions will include material that assists those groups in coordinating prevention with other organizations and avoiding exclusive attention to substance abuse when it is possible to use approaches with a broader impact.

As noted above, local coalitions around Vermont have used Search Institute instruments to explore how best to address protective factors in individual communities. A number of communities have also used the Communities that Care model to address risk factors that have implications for violence, educational failure, substance abuse, criminal activity and mental health. The needs assessment will identify risk and protective factors common to the entire state as well as those specific to communities. Training for community coalitions and organizations will include attention to the role of risk and protective factors, how to inventory those community factors, and how to use this knowledge to reduce risk and increase protective factors. Evidence-based approaches that counter risk factors and support protective factors for youth, adults, families and communities will be emphasized, particularly when they have the potential to support positive mental health and reduce substance use.

Vermont communities are highly collaborative because of their small population base, organizational infrastructure and limited resources. Local prevention coalitions have a documented effectiveness of engaging schools, law enforcement, the faith community, treatment providers (both substance abuse and mental health), youth organizations and other partners in the implementation of evidence-based approaches across domains and for a variety of target groups. This professional and community mobilization has increased the engagement of more than 800 individuals around the state in prevention coalitions, youth councils and programs targeted to specific groups, both those who are at high risk of unhealthy behaviors and those who have benefited from support for continuing healthy behaviors.

B.6. Emphasis on Childhood and Underage Drinking

Vermont is heavily engaged in efforts to reduce the rate of childhood and underage drinking and will continue to do so under the SPF-SIG. The need for this emphasis is strongly supported by the epidemiologic data (presented in Section A) and therefore will be prominent in each of the five steps of the SPF. VDH is Vermont's designated recipient of Office of Juvenile Justice and Delinquency Prevention "Enforcing the Underage Drinking Laws" [EUDL] funding. This funding has leveraged community change in enforcing underage drinking laws by supporting community coalitions. VDH helped form a statewide taskforce on underage drinking called the "Stop Teen Alcohol Risk Team" (START) which in turn supports the twelve regional START enforcement efforts. These coalitions, which include a strong law enforcement membership, seek to increase underage drinking enforcement. These local efforts have: reduced youth access to

alcohol, reduced teen highway fatalities, reduced rural drinking parties, and reduced adult approval and support of youth alcohol use. The community grant process asks Vermont's law enforcement personnel to connect with judicial, reparative, and community prevention groups to improve enforcement protocols, change community norms, and improve public policies by looking for the weakest local area in underage drinking enforcement and addressing it. This effort is supported by such other interventions as increased compliance checks by the Department of Liquor Control and two separate phone lines, one for ID verification and the other is a teen party/drinking report hotline. The information collected by the Epi Workgroup and refined by the SPF Council will inform the distribution of START funding by considering the ratio of compliance checks, general enforcement, environmental approaches, and other strategies.

Two separate clusters of teen deaths in 1998 and 2000 heightened the sensitivity to underage drinking problems and giving START additional community and legislative support. The legislature has now decriminalized underage alcohol possession and made it far easier for officers to intervene with underage drinkers and has mandated that youth be screened in Diversion's Teen Alcohol Safety Program (TASP), and referred to treatment if indicated. Over the past few years, EUDL funding has also been devoted to improving screening and assessment of youth in trouble.

B.7. Cultural Appropriateness and Sensitivity

According to the 2000 census, Vermont is 96.8% white with .5% identified as African American, .9% Asian, .9% Hispanic and .4% Native American. Even though the numbers remain small, the percentages in all categories increased by over 50% from the 1990 census. In Burlington the white percentage is 92.6% with more minorities in all reporting categories than in the state as a whole. The number of students of color in the Burlington school district is 14%. Vermont has also been very open to accepting immigrants from Africa, the Balkans and the near East with much success in their acceptance into the mainstream life of the community.

Training for the Epi Workgroup, Advisory Council, community coalitions and other community partners will include attention to minority and cultural issues which are specific to the target community in which training is being conducted. People of color in Vermont, particularly African Americans, are represented in substance abuse treatment in greater numbers than their percentage in the general population. To accomplish this program, we will be able to draw upon VDH's Office of Minority Health, the Refugee Health Program, and the Agency of Human Services Refugee Resettlement Project and faith based groups, to address the culturally diverse needs these groups have experienced with language, cultural issues and can often provide ombudsmen to help these populations navigate the medical and human service delivery networks.

Among Vermont populations, young adults between 18 and 25 are particularly vulnerable to substance abuse if they identify themselves as gay/lesbian. While Vermont is the first state in the nation to provide a legal commitment (Civil Union) for same sex couples, this public acceptance of the same sex lifestyle does not permeate deeply enough to protect young people from the insecurity that their discovery brings and provides little protection from the heavy drug and alcohol use seen in the gay/lesbian community.

VDH's "New Directions" community prevention coalitions established a web resource called "Equal Partners" so that coalitions can learn about the cultural communities throughout Vermont's geographic areas. Coalitions are encouraged to include all diverse populations in their project. Equal Partners suggests six recommended steps toward reaching and serving diverse communities, and provides access to the National Standards for Cultural and Linguistically appropriate health care services. The web page also provides cultural resources and Vermont's cultural demographics for coalitions to reference in their planning.

New Directions coalitions and New Directions grant reviewers have requested that VDH address this topic further. Specifically, both groups have identified the difficulty in naming diversity in Vermont communities, and identifying the needs and gifts of diverse cultures and norms.

The inability to identify diversity limits the ability to address culturally diverse sets of experience and realities in relationship to skills, knowledge and attitude regarding substance use/abuse prevention. As a result, VDH has been collaborating with the NECAPT to develop a two-day training for current grantees and ADAP prevention unit staff on cultural diversity. The training is planned for Sept. 10 and Nov. 10 2004. The training goals are; to develop the skills, knowledge and attitudes of cultural competency; develop strategies across the prevention domains that display cultural competency in general; develop specific awareness of diversity as it exists in their community, to learn the norms of those diverse groups and to define and develop respectful and inclusive relationships with the diverse populations living within the areas of their coalitions; and to be able to perceive, name and develop relationships with the groups and hear and respect the group's diverse norms and experiences in order to address substance abuse prevention effectively, in partnership with those groups.

B.8. Involvement of Target Population

The target population for the SPF includes all providers and recipients (or potential recipients) of substance abuse prevention programming in Vermont. Service providers, particularly the community-level infrastructure that has developed as a result of the first SIG grant, are stakeholders that are well connected at the local level to their target populations. These stakeholders include managers of state prevention program partners, coordinators of regional programs and partnerships; state staff; and prevention grantees. Early results from a survey now underway with 50 stakeholders indicate that the majority (90%) of those interviewed identified a community and state-level need for facilitation of a strategic planning process, as well as the need for skill-building training programs, such as planning, evaluation, youth leadership and involvement and evidence-based programs.

In addition, the high-level of collaboration in Vermont, in the spirit of town meetings, generates significant local and statewide commitment to prevention issues and encourages youth participation in the planning process. In addition to those local coalitions which focus directly on substance abuse, other coalitions are well positioned to address newly identified prevention foci support. These include Recovery Centers, Community Justice Centers, Reparative Boards, Drug Courts, START teams, homeless coalitions, AIDS community planning groups, tobacco coalitions and runaway youth centers.

B.9. Plans for Sustaining Infrastructure Enhancements

Vermont has a track record of making permanent the advances achieved under the first SIG grant. VDH has continued to fund and support active community coalitions. The New Directions Coordinator, originally a grant-funded position, has become a permanent position at VDH. The individual who served as the in-house evaluation staff for the contractor under the SIG grant has joined VDH to assist in the continued collection and analysis of data from all prevention programs funded through state and SAPT funds. To strengthen this process, VDH strategically began providing support and consultation to communities in 2000 that were seeking to apply for OJJDP Drug-Free Communities Support Program grants. Prior to 2000, we had 4 DFCSP grants in the state. From 2000 - 2003, 16 more were awarded.

VDH, which is using state staff from a number of agencies to expand VDH's epidemiological process, expects that the process of collecting and analyzing epidemiological data, and using that data to maintain a strategic plan for prevention services, will be strongly enough embedded in VDH practices to become permanent. VDH is also interested in making permanent the communications function to be initiated under this grant. The administration of Gov. James Douglas has taken leadership to strengthen prevention services and reduce the negative impact of substance abuse on Vermont residents.

B.10. Anticipated Barriers

VDH anticipates two linked, but surmountable barriers to the successful completion of the SPF process: the ability of local organizations to carry out epidemiological studies and strategic planning and the development of a logical process for resource allocation.

Local communities in Vermont have been actively engaged in collecting data about local prevalence of substance use and abuse, particularly for youth in schools. The Youth Risk Behavior Survey is widely used in Vermont communities to pin-point particular ages and substances for consideration. Many communities have also used the Search Institute survey to measure assets, and some have used Communities That Care models for linking specific risk and protective factors with specific behaviors. In many communities, nonetheless, the ability to balance assessment of prevalence with risk and protective factors to develop both targeted and environmental approaches has been streamlined, often with a relatively simple linking of a high-prevalence group with an easily implemented evidence-based approach. Few of these communities are accustomed to using data about prevalence, risk/protective factors or resources in evaluating target audiences that are beyond the traditional middle- or high-school age population. Fewer surveys or data sources are available to the communities for these non traditional populations.

To address this ADAP's prevention consultants will provide ongoing support, as will SPF staff, the SPF Council, and the Epi Workgroup. Whenever possible communities will be encouraged to use a logic model driven planning process. ADAP staff supported coalitions through local processes that were modeled on the Communities That Care model during the original SIG. They will also introduce communities to Getting to Outcomes, a risk/protective factor based model that is in the public domain, and to the 2003 National Research Council report on reducing underage drinking as a means of considering areas of need.

At the state level, VDH faces a related challenge with still more complexity. While Vermont will be able to gather extensive data related to many populations and has the professional expertise to analyze this data, development of the strategic plan requires consideration of a wide range of factors other than prevalence, risk/protective factors and resources. There is little literature on models for resource allocation and cost benefit analyses based on the range of factors that must be considered, including community readiness, individual and public benefits and the availability of evidence-based programs (Miller, 2004). Vermont will use the SPF process as an opportunity to explore ways to formalize the allocation process and, over the five-year grant period, test that model. ADAP will secure a trained facilitator to design the strategic planning process, knowing that strongly divergent views about priorities and theories of change are likely to emerge.

C. Staff and Management Capacity, and Relevant Experience

C.1. Project Management and Organization

The SPF project will be housed within the Vermont Department of Health (VDH), with key responsibility for implementation assigned to the Division of Alcohol and Drug Abuse Programs (ADAP). VDH is well positioned to expand its current compilation and analysis of epidemiological data relating to the prevalence of substance abuse and the social impact of substance abuse on the community. VDH's Health Surveillance Division actively collects and analyzes data on a wide range of health conditions and behaviors. Health Department publications include The Behavioral Risk Factor Survey, the Vermont Youth Risk Behavior Survey, and the Women's and Men's Health Status Report. In addition to the statistical presentation of data, the Division interprets the data and makes recommendations for prevention, intervention and treatment. The Health Surveillance Division has agreed to partner with ADAP's Prevention Unit in the formalization and maintenance of a State Epidemiological Workgroup (Epi Workgroup) for the full five years of the grant. VDH is confident that this effort's results will justify its continuation.

The SPF process will also benefit from the unique opportunity created by the move of the Division of Mental Health to VDH. This will enable sub-recipients to incorporate effective

strategies that are designed to both promote mental health and prevent and reduce substance use. Local planning that occurs under SPF will be connected to the VDH district level, which will now involve mental health promotion. VDH districts will be informed about and connected to local coalition efforts and local coalition efforts will be connected to district level planning.

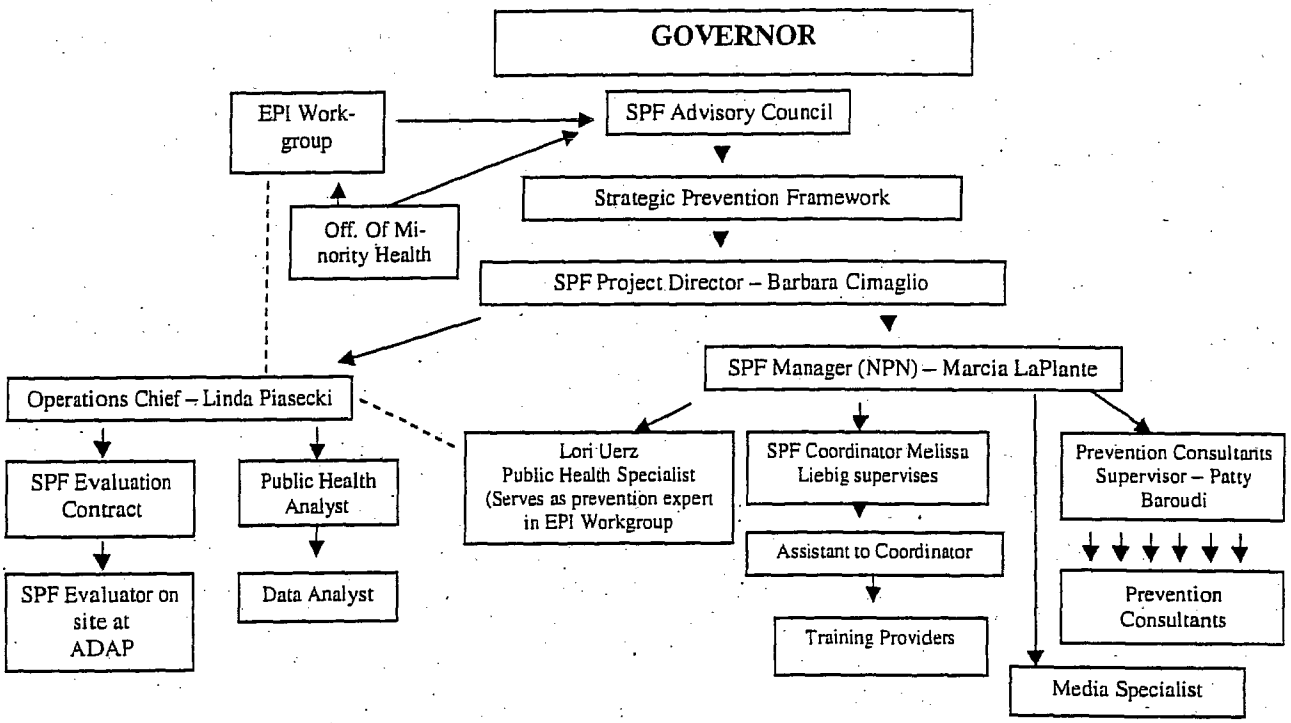
C.2. Staffing Plan and Qualifications

VDH will carry the major responsibility for the SPF SIG under the guidance the State Advisory Council (SPF Council) and State Epidemiological Workgroup (Epi Workgroup). Barbara Cimaglio (BA, Social Therapist Certificate), Deputy Commissioner for ADAP will be project director. Ms. Cimaglio has more than 30 years experience in the ATOD field and has overseen two previous SIG projects. Prior to joining Vermont ADAP, Ms. Cimaglio was Manager of Community Prevention Programs for Oregon Office of Mental Health and Addictions.

Key project staff are shown below, and a project organization chart is provided on the following page.

Position	Responsibilities	Experience
Marcia LaPlante, MA, Prevention Services Chief, Project Manager	Ms. LaPlante will oversee and provide direct staff work on state infrastructure issues because of her expertise in management, planning and coordination of statewide substance abuse prevention systems and program activities. Ms. LaPlante is also responsible for the direct supervision of current central office staff and will be responsible for the initiation of the hiring process for the project coordinator and communication specialist recruitment of trainer and a facilitator for the strategic planning process.	Project manager for VDH's previous SIG; extensive experience with VDH as prevention consultant and Prevention Chief since 1994. National Prevention Network member.
Melissa Liebig, MA, Project Coordinator	Ms. Liebig will immediately assume the responsibility of the project coordination of the SPF SIG. Immediate tasks will include convening the first meeting of the Advisory Council and Epi Workgroup, assist the project manager with the hiring of staff and training consultants, and ultimately overseeing all training and grant process to communities. As a part of her role as SPF SIG coordinator, Ms. Liebig will supervise, mentor and train a newly hired Assistant to Project Director.	Coordinator of first SIG and currently responsible for the developmental, consultative, facilitative and administrative work involved in coordination and oversight of Vermont's ongoing New Directions program.
Lori Uerz, MPH, Public Health Specialist	Ms. Uerz will assist in the convening of the Epi Workgroup until the contracted evaluation staff is on site. Ms. Uerz will also oversee data collection on SAPT Block Grant supported services. She will assure that SPF evaluation systems address Government Performance and Results Act (GPRA) requirements and are also relevant to evaluation of the Block Grant and state funded services.	Served as in-house staff for Research Triangle Institute during first SIG. She has since served ongoing evaluation role for ADAP New Directions program.
Linda Piasecki, MA, ADAP Chief of Operations	Ms. Piasecki will supervise the evaluation function. She will supervise the Public Health Analyst and the Data Analyst.	Chief of Operations since 2000. As a Program Specialist she was co-manager of SIG Evaluation Team.
Kelly Hale-Lamonda, MA, Public Health Analyst,	Ms. Hale-Lamonda will chair the Epi Workgroup during the five-year grant process and oversee the evaluation contract for VDH.	Ms. Hale-Lamonda was part of first SIG evaluation team. Prior responsibilities for Vermont YRBS, Core Alcohol and Drug Survey and prevention data.
Rrunehsa Jacques Muderhwa, MPH	The Director of VDH'S Office of Minority Health will support Epi Workgroup, sit on Advisory Council, and work with our partners and community coalitions in assuring that the needs of minority populations receive focus.	Rrunehsa Jacques Muderhwa, MPH has twenty years experience advocating for Minority Health needs.
New Positions	**Responsibilities**	
Data Analyst (to be named)	Analyst will assist the Public Health Specialist, Health Analyst and on-site evaluation staff member in data collection and organization of a data management system which will support the Epi workgroup effort.	
Assistant to Project Coordinator (to be named)	The Assistant will support the efforts of the Project Coordinator (who will be state-funded), particularly in integrating the new SPF activities with existing ADAP support for New Directions community coalitions. The assistant will be involved in a range of support activities for training, distribution of the RFP, technical support and scheduling.	
Communications Specialist (to be named)	Specialist will be responsible for conducting resource assessment of existing public information, social marketing and media literacy initiatives specific to the reduction of underage drinking. The specialist will work closely with the SPF Council to identify resources and campaigns that could address SPF priorities, and develop public information activities in which every grantee will be expected to participate. To specialist will be responsible for providing technical assistance to staff, partners and grantees on implementing these strategies in line with best practice recommendations thus increasing capacity to implement effective communications strategies throughout the substance abuse and mental health system. In years 2 and beyond, the Communications Specialist will lead to development of Vermont specific campaigns aimed at the reduction of underage drinking.	

VDH anticipates that its current evaluation contractor, Pacific Institute for Research and Evaluation (PIRE), will be the evaluator for this project (pending completion of the state's contracting process). PIRE staff will also assume the leadership role in conducting the initial (i.e. year 1) statewide prevention needs assessment and in providing guidance to communities on conducting their local needs assessments. The evaluation effort will be led by Dr. Robert Flewelling, a Senior Research Scientist with PIRE's Chapel Hill Research Center in North Carolina (see complete information in Section D).



C.3. VDH Resources

VDH will make significant staff contributions to this effort, including those of the project director, data specialists to assist the Epi Workgroup, and administrative services. VDH also brings to this process 10 ADAP prevention consultants working in regional offices throughout the state. Vermont will commit at least 30% of the time of these consultants. ADAP's prevention consultants are skilled in program development, consultation, education, training, organization, community mobilization and evaluation. The PC's are supervised by Patty Baroudi, Substance Abuse Prevention Coordinator and Community Grants Manager. Ms. Baroudi will devote 20% of her time to this project. Ms. Baroudi will work closely with the project manager and coordinator to assure that the PC's work supports not only the community level SPF process, but regional and statewide processes related to the SPF SIG. They will assist in training leaders of local coalitions, participating in local planning processes, providing risk and protective factor information for the Epi Workgroup.

In addition Vermont's network of community coalitions engages more than 800 volunteers in communities serving an estimated 70% of Vermont's population. The community volunteers involved with these coalitions, and those involved with new groups that may develop as a result of the SPF-SIG, represent a significant leverage for SPF funds.

C.4. Timetable of Project Activities and Milestones

Date	Action Steps	Milestone
10/04	Governor announces SPF program at ADAP SA conference	SPF Begins
	New Directions Coordinator assumes responsibilities of SPF SIG Coordinator within 3 weeks (Project Coor)	
	Initiate hiring process for Assistant to Project Coordinator (Project Manager), Communications Specialist (Project Manager), and Evaluation Contract (ADAP Director of Operations)	Positions announced
11/04	Convene first meeting of Advisory Council; Formulate questions for Epi Workgroup (Project Coor., Project Mgr)	Council meets
	Convene first meeting of Epi Workgroup for orientation, identification of relevant data sources and division of tasks (Project Coordinator and Data Specialists)	Workgroup meets
	Conduct prevention training need assessment with Prevention Consultants; coalition coordinators and other members of prevention workforce (funded through Block Grant) (Project Manager)	Needs assessment complete
12/04	Recruitment of SPF SIG Trainer (Project Coordinator w/Project Manager's assist)	Trainer contracted
1/05	Complete staffing	All positions filled
	Orientation to prevention consultants, VDH district directors; and Agency of Human Service regional coordinators on SPF SIG (Managed by trainer but Project Coordinator does content)	Training completed
	Regional VDH staff assist with resource mapping (Data Analyst)	
2/05	Epi Workgroup meets with Advisory Co to review data and identify high priority needs by substance, target group, and geographic region. This will include those needs most specific to underage drinking. Group will also review compilation of evidenced based strategies already being conducted in Vermont.	Initial Epi study completed
	Training to VDH staff on mental health/substance abuse common risk and protective factors; Training of Trainers for community assessment and Getting To Outcomes (Project Coordinator, trainer, & help from Project Manager on MH/SA and Data Analyst on community assessment)	Training completed
	Prevention Consultants and VDH District Directors provide information to communities on SIG process. (All work on this with input from Project Director)	
3/05	Advisory Strategic Planning Process begins with identification of priority target groups and geographic hot spots. Advisory Council develops a strategic plan. (All work on this with Project Director & Project Manager guiding process – with facilitator)	Strategic plan finalized
4/05	SPF Council/Epi Workgroup collects assessment information from priority target populations, if more needed for development of RFA. For example, target group: college students. Gather existing focus group material from UVM and VCAN (PIRE data analyst with guidance from Project Manager and ADAP Data Analyst)	
	Regional VDH staff and Assistant to Project Coordinator do outreach to priority "hotspot" communities and other organizations who serve priority target groups identified through strategic planning process. (Strategy developed by ADAP/MH/and CPH staff)	Potential applicants identified
	VDH issues Invitation and requests letters of intent. Organizations who submit letter of intent that have not previously had VDH grants can apply for a "pre-planning stipend" to do preliminary planning for SPF process. Contact person is identified. (Project Coordinator & Assistant)	Pre-planning stipends awarded
5/05	SPF Council meets to further develop statewide underage drinking plan and identify requirements for SPF SIG grantees on alcohol strategy (i.e. participate in Alcohol Awareness Month Activities, contribute in focus groups on Vermont's alcohol prevention communications strategy, etc) (Project Manager and Communications Specialist)	Underage drinking strategy finalized
6 -7/05	Training for applicants (Project Coordinator, Trainer, Assistant to Project Director); Intensive TA to letter of intent orgs with low–medium level of readiness (Project Coordinator, Trainer, Assistant to Project Director)	
7/30/05	SPF SIG Applications Due (Project Coordinator)	Proposals submitted
9/05	Advisory Council reviews grants; Grants awarded (Project Coordinator)	Grants Awarded
Year Two		
10/05	Awards announced at Vermont Substance Abuse Conference (Communications Specialist) Orientation for new grantees held at conference, including required participation in Underage Drinking activities. Grantees conduct needs and resource assessment (Project Coordinator and PIRE)	
11/05	Advisory Council and Epi Workgroup begin next phase of planning process, with latest 05 YRBS results. This will include more strategic planning on long term infrastructure for sustaining the SPF process: Training and TA.	Second-year epi process underway
	Grantees review evidence-based practices and programs and develop strategic plan.	
12/05	Grantees will participate in Drunk and Drugged Driving Awareness activities and link them to other local strategies. (Communications Specialist)	
1/06	Grantees submit plan for prevention services for review by SPF Council and staff (Project Coordinator)	Local plans completed
2/06	Sub-grant prevention services begin.	Services begin
5/06	Formal RFP for second year is issued by 5/30/06	RFP released
7/30/06	SPF SIG Applications Due	

9/06	Grants awarded	Grants awarded
Year Three, Year Four, Year Five (these activities will occur each year, following the same monthly schedule)		
Oct	Orientation for new grantees, including required participation in Underage Drinking activities	
Nov	Advisory Council and Epi Workgroup begin next phase of planning process, with latest 05 YRBS results. This will include more strategic planning on long term infrastructure for sustaining the SPF process and include SAPT block grant training: Training and TA.	Yearly process begins
May	Formal RFP for second year is issued by the end of May	RFP released
July	SPF SIG Applications Due by the end of July	
Sept	**Advisory Council reviews grants and Grants awarded**	Grants awarded

C.5. Facilities

VDH, with its central office in Burlington and 12 regional offices around the state, is fully ADA compliant. Grant-funded employees will be based at VDH's central offices, while regional facilities will be used by Prevention Consultants and for local planning meetings.

D. Evaluation

D.1. Overview

As stated in Section B.4.5, the evaluation will include both process monitoring and outcome assessment, at both the state and the subgrantee levels. Process evaluation findings will be used to track project implementation, identify actual or potential problems in implementing the projects as planned, and initiate corrective actions as needed. Outcome evaluation findings will be used by state and local decision makers to assess the progress in achieving the goals and objectives articulated in the state and community level strategic plans, and to make empirically-guided decisions regarding whether and how these plans and how they are being implemented need to be sustained or modified.

VDH anticipates that its current evaluation contractor, Pacific Institute for Research and Evaluation (PIRE), will be the evaluator for this project (pending completion of the state's contracting process). PIRE is a non-profit research organization with extensive experience in prevention system planning and evaluation at the national, state, and local levels, and has successful prior collaboration with ADAP on its prevention needs assessment and initial SIG projects. PIRE will assume responsibility for the development and execution of the SPF-SIG evaluation plan, which includes instrumentation, data collection, data analysis, and the preparation of evaluation reports. PIRE will work closely with (and as an integral part of) the Epi Workgroup to ensure that the data necessary to support the needs assessment and evaluation requirements of the project are readily available, and to develop and refine resource allocation strategies based on needs assessment data over the life of the project. To facilitate communication and dissemination or evaluation-related materials and findings, PIRE will host a website where all such files will be maintained and be readily available to state agency staff and community subgrantees.

The evaluation effort will be led by Dr. Robert Flewelling, a Senior Research Scientist with PIRE's Chapel Hill Research Center in North Carolina. Dr. Flewelling will assume overall responsibility and directorship for the evaluation, and will oversee and coordinate the efforts of PIRE support staff involved in this effort. He will participate in weekly conference calls with the other members of the evaluation team (described below). These calls will also include the participation of the ADAP project director and/or project staff, as necessary. He will also regularly attend the meetings of the Epi Workgroup and will lead the development and execution of the state-level needs assessment in the first year of the project, with the support of the Epi Workgroup and evaluation team staff. Dr. Flewelling directed both the Prevention Needs Assessment Project and the SIG evaluation for Vermont, and therefore has extensive knowledge of Vermont's prevention system and supporting data infrastructure. In conjunction with these roles, he has authored or co-authored a series of reports to the state and to CSAP on findings from these needs assessment studies and the Vermont SIG evaluation. He also directed the preven-

tion needs assessment project for the state of Louisiana, provided consultation to needs assessment and SIG evaluation efforts for numerous additional states including NC, ME, WA, and NE, and has presented needs assessment and SIG evaluation results at numerous CSAP-sponsored and other national research conferences (e.g., Flewelling, 2002).

In addition to Dr. Flewelling, the evaluation team will include a Research Associate (RA) serving in the role of the onsite evaluator, and another RA located in the PIRE Chapel Hill Center. The onsite evaluator will be stationed in VDH's main office in Burlington and will have immediate access to ADAP project staff and to the day-to-day operation of the grant. He/she will serve as the point person for coordinating process and outcome data collection at the state level, and will maintain close contact with community-based subrecipient organizations regarding needs assessment, data collection, and other evaluation-related activities at the local level. The onsite evaluator will also participate on the Epi Workgroup, and will be responsible for assembling the year 1 statewide needs assessment data in a format that will effectively support the operation of the SPF-SIG at both the state and community levels. The RA located in the Chapel Hill office will assist Dr. Flewelling on all aspects of the evaluation. These activities will include design, distribution, tracking, and processing of data collection instruments, data analysis, conducting literature searches and reviews, and providing support for the data management and analysis activities needed for the needs assessment component of the project.

D.2. *State-level process evaluation*

For the process evaluation, the implementation of the SPF-SIG by ADAP and it's partnering agencies will be followed closely by the evaluator in order to: 1) accurately describe the steps taken to plan and implement the project, 2) track the state's progress in implementing the project as planned, 3) provide feedback to the state project director and Advisory Council regarding implementation, and 4) support the interpretation of outcome data. To facilitate the provision of feedback to the project director, the on-site evaluator will meet monthly with the director to review implementation progress and challenges, and will submit an evaluation section for each quarterly report to the PD one week prior to when the reports are due to CSAP.

Two important observations can be drawn from the evaluation of the New Directions (ND) project, Vermont's name for its original SIG. First, a certain amount of carefully selected process information is extremely valuable to help describe and understand important activities and milestones of projects such as the SIG, provide formative feedback to the Project Director and SPF Council, and facilitate interpretation of outcome data. Second, it is possible to collect more process data than will likely be needed or used, and therefore data collection efforts should be carefully planned so as to not unduly burden the sources of such information. To the extent possible, the evaluation effort will rely on making use of information routinely collected for other purposes (e.g., meeting agendas and minutes, quarterly and annual reports, public memos, training and technical assistance materials, fiscal records, public policy documents, etc.) to help document and understand the operation of the SIG. Direct observation of SPF-SIG activities will also be employed. Some more formal methods of obtaining data will, of course, also be necessary. For example, based on the ND evaluation experience, we found that annual personal interviews with the ADAP director to review the formalization of the Advisory Council, and annual collaboration surveys with key members of the Council, were especially helpful in assessing the degree of interagency collaboration and dissemination of SIG concepts attributable to the project (copies of the instruments used may be found in Appendix 2).

D. 3. Community-level process evaluation

Process evaluation activities conducted at the community level will focus primarily on gathering accurate information regarding coalition functioning, the needs assessment and planning processes employed, and the programs and strategies implemented. Various types of information regarding coalition plans and operations will be submitted on a regular basis by each

funded coalition to the state project director. These data will be fully accessible to the project evaluator for purposes of process evaluation. Our experience with the initial SIG has demonstrated that detailed information regarding the specific interventions implemented, their timing and duration, and the populations or subgroups served, are especially important to the process evaluation and for linking outcomes observed to programmatic activities. In the initial SIG, this information was collected via standardized program activity reporting forms (see Appendix 2). The data from these forms were assembled into an expandable database that was later used to link levels and types of programmatic activities with community-level outcomes. We will compare the efficiency of activity reporting forms to a web-based approach utilizing CSAP's interactive MDS system, and select the most accurate and cost-effective method at the appropriate time. Over the course of the project, the evaluation team will work with ADAP to transition to a completely web-based system for collecting program delivery data. Additional process evaluation activities will include annual coalition formalization checklists and surveys of coalition coordinators, the completion of program implementation checklists to encourage fidelity of program delivery, and focus group discussions with coalition coordinators and coalition members. The instruments used to collect this information (see Appendix 2) were designed to assess characteristics of coalitions and other service providers, such as breadth and diversity of membership, strong leadership, access and commitment to training and TA, and commitment to evidenced-based practices, all of which are believed to be important for their effectiveness and long term viability (Drug Strategies, 2001; Wandersman and Florin, 2003).

D.4. State-level outcome evaluation

Outcome data will be collected to assess the statewide impacts of the SPF-SIG at two levels. First, statewide outcomes measures will be examined to determine if the SPF-SIG is linked to lower levels of substance use prevalence and substance use related problems, both relative to other states and relative to prevalence levels in Vermont prior to the initiation of the SPF-SIG. These measures will also be examined to determine the state's progress in achieving its Healthy People 2010 objectives. All such comparisons will be made purely at a descriptive level, as these data would be insufficient to support statistical analyses for conclusively attributing observed differences to the SPF-SIG. Nevertheless, evidence that statewide measures of substance use and related problems declined during or immediately after SPF-SIG implementation would be a welcome indicator of possible beneficial effects of the project and a sign that the state is moving in the desired direction. Based on the findings from the ND evaluation, it is certainly conceivable that a project as significant as the SPF-SIG, especially in a small state like Vermont, could in fact influence statewide indicators of specific outcome measures.

Second, the outcome evaluation will capitalize on the fact that the focus and the timing of SIG-sponsored activities will vary across communities. For example, nascent community coalitions funded by the SIG may be expected reduce substance use among middle and early high school students to a greater degree than other communities, as they transition to using more effective evidence-based strategies for middle and high school youth. Similarly, community coalitions receiving support to implement strategies aimed at reducing underage drinking among 16 to 20-year olds will be collectively compared with other communities in the state to determine the impact of their efforts, in aggregate, on reducing indicators of underage drinking. It is also possible that some areas of the state will not benefit from community subgrants until later in the five year project, and thus provide a "non-exposed" comparison group against which outcome measures from funded communities can be compared.

State and community-level outcome data will be acquired from a variety of sources. For example, the NSDUH provide state-level estimates, the BRFSS provides state and county-level estimates, and the YRBS, the Core Survey, and numerous archival indicators (e.g., traffic accidents attributable to driver impairment) provide outcome measures at the state, county, and community levels. All four of these surveys have been rigorously developed, widely used, and

show to have acceptable psychometric properties. The state is especially fortunate to already have in place a student survey (the YRBS) in which virtually all of its 60 school districts participate. Outcome data collected for both the state-level and community-level (see below) evaluations will include the CSAP-required SPF-SIG national performance measures as listed in the RFA and the CSAP GPRA measures. For performance measures that have not yet been operationalized by CSAP, ADAP will develop interim measures and share them with CSAP and the cross-site evaluator. Copies of Vermont's 2003 YRBS instrument, the Core survey, and a partial listing of archival indicators that will be examined in this effort are included in Appendix 2. Descriptive analysis of these data will be employed to illustrate the magnitude of apparent SPF-SIG effects, along with inferential statistical tests where possible. For example, the analysis of YRBS data from the ND project provided a rigorous statistical comparison of trends in substance use prevalence among high school students between communities served by ND-funded community coalitions and communities that did not participate in ND. Generalized estimating equations (GEE) were appropriately employed to adjust for the statistical clustering of observations within communities (Murray, 1998), and effectively demonstrated statistically significant differences in substance use prevalence trends between intervention and comparison communities.

D.5. Community-level outcome evaluation

All community coalitions receiving SPF-SIG funding for prevention activities will be required to collect certain process and outcome data elements as directed by the state project director (and as specified by the project evaluator). Two types of data will be collected: 1) data that are representative of the community (or communities) served by the coalitions; and 2) data from participants of prevention services that are provided to individuals. The community-wide data will be the primary source of data used to inform the state-level evaluation of the SPF-SIG described above. These data, along with the program-level data from individual participants, will be used by the coalitions to monitor and assess their progress in achieving both community-level and program-level goals. Together, the collection and submission of these data to CSAP will ensure that the state meets the CSAP GPRA requirements, and will position the state to meet anticipated requirements for the PPGs. Major sources of community-wide data will be the YRBS, the Core surveys, and certain community-level archival indicators. Other community-wide outcome measures will also be developed for specific types of interventions (for example, retail compliance rates for sales of alcohol to underage persons as collected through purchase attempt surveys will be used as an outcome measure for environmental strategies designed to reduce underage access to alcohol). Sources of data for individual-focused programs will primarily be brief pre- and post-test surveys of individual participants.

The evaluation team will provide guidance and technical assistance to community coalitions and other subgrantees regarding the specific measures needed for both the community-wide and program-specific outcomes, and regarding strategies for data collection. Procedures for safeguarding confidentiality and the protection of research study participants are provided in Section H. Examples of participant consent forms from the New Directions evaluation that will be used for all data collection efforts not already covered under existing procedures (such as the YRBS) are provided in Appendix 3. At least two options for submission of data will be provided, including the use of a web-based data entry system such as CSAP's Database Builder, and the option of using scannable forms that can be processed centrally at PIRE. In either case, PIRE will identify appropriate outcome measures to be used for specific programs based on the goals, objectives, and logic models underlying each program. These measures will be selected from CSAP's core measures initiative (CMI), and thus are known to have evidence of acceptable reliability and other psychometric qualities, and will be consistent with GPRA requirements. Measures will be screened for appropriateness if to be used with specific cultural and ethnic subpopulations, and alternative measurers will be expxlored if any concerns are identified. Although language barriers have generally not been encountered when collecting data from prevention

service recipients in Vermont, we will develop or acquire translated versions of survey instruments if a significant need is identified.

One of the critical challenges in properly using pre and post data collected from individuals is understanding the degree of change that can or should be expected as an effect of the program. Because the pre/post program-level evaluations will not typically provide comparison or control group data, they do not generate standards against which the degree of change in program participants can be compared. In these cases, interpretation of pre and post data must be made with due caution, especially as many outcome measures are expected to change over time due to maturation of the participants. This issue will be a prominent theme in the guidance and technical assistance provided to the subrecipients. The evaluation team will also work with the grantees on developing reasonable program-level goals and objectives to help guide the interpretation of the pre and post data, and on identifying data sources that could provide some standard for comparison. For example, in the program-level evaluation for Project Northland in selected ND sites, control group summary data were obtained from the published evaluation study of that program, thus providing a standard against which to compare changes observed for the New Directions program participants. Additionally, as pre/post data from multiple sites and multiple programs are collected at the state level, these data will be analyzed to determine if there are patterns that indicate whether some programs with similar goals and target populations appear to be more or less effective than others. Such findings will be shared with subgrantees, and with CSAP in annual and final project reports.

D.6. Reporting and Dissemination of Evaluation Findings

For the original New Directions project, a series of evaluation brief reports based on outcome data were produced for administrative purposes and to share with the Advisory council, the subrecipients, and other members of Vermont's prevention community. A similar strategy is envisioned for the SPF-SIG. Evaluation briefs, when finalized, will be posted on the PIRE SPF-SIG evaluation website and also ADAP's website. Efforts will also be made to transform evaluation briefs into articles submitted for publication in peer-reviewed research journals (e.g., Flewelling et al, 2004). Where useful, evaluation reports will include maps showing the geographic distribution of various outcome indicators, overlayed against measures of prevention services and resources. Applications of recently developed cost-benefit analysis procedures for substance abuse prevention (e.g. Miller et al, 2004), using the data generated from the evaluation, will also be explored. More generally, data and reports will be routinely shared between the Epi workgroup and the evaluation effort for the mutual benefit of both.

Progress reports and updates on all evaluation activities and findings to date will be provided in the evaluation sections of the quarterly and annual reports, and the final project report to CSAP. Also as in the case with New Directions, data files used for these analyses will be documented and provided to CSAP's cross-site evaluator. ADAP and the PIRE evaluation team are entirely supportive of the purposes of CSAP's planned cross-site evaluation, and will participate in the development of the cross-site evaluation plan and are committed to meeting the requirements established for cross-site data collection.

All grantees will be encouraged to prepare local-level evaluation reports based on the data collected though the YRBS and other sources of community-level data where applicable (e.g., Core Alcohol and Drug Survey data, selected archival-based indicators), and also on pre and post data collected for their evaluations of individually-focused programs. The PIRE evaluation team will provide training and technical assistance to subgrantees on all phases of both process and outcome evaluation, including data analysis, interpretation, and preparation of reports. Consequently, subgrantees will be expected to increase their capacity for using data to monitor fidelity and effectiveness of their prevention activities, adjust or refine their practices as needed, and develop reports that are useful for their own planning, evaluation, and grant seeking efforts, as well as for ADAP and CSAP.

Strategic Prevention Framework State Incentive Grants
SPF-SIG
Proposed Budget - Year One

	Grant Expenditures	State Expenditures	Total Grant
85% for Grant Expenditures	**$1,982,200**		
15% for State Expenditures		**$349,800**	
Total Grant			**$2,332,000**
Grant Expenditure Categories			
Media Campaign	**Not in year one**		
Training	**$79,972**		
Communications Contract	**$40,726**		
20% Office of Minority Health Director w/ Benefits	**$11,502**		
Evaluation Contract - Community Level	**$175,000**		
Research/Prevention/Intervention Grants Community Planning/Organization Grants	**$1,675,000**		
State Expenditure Categories			
Advisory Council and EPI Workgroup (SEW)		**$17,500**	
Contracts :			
Data Collection-Other Data Sources		$22,275	
Vermont Center for Justice Research		$7,500	
Facilitator Advisory Co.		$10,000	
Total Contracts		**$39,775**	
Evaluation Contract - State Level		**$43,264**	
State Employee Expenditures:			
100% of 1 FTE Prevention Program Administrator		$43,139	
100% of 1 FTE Administrative Assistant		$28,808	
80% of 1 FTE Data Analyst Position (additional position)		$34,511	
Total Salaries		$106,458	
Benefits - 30%		$31,937	
Total Personnel Costs		**$138,395**	
Travel:			
In-State		$19,200	
Out-of-State		$7,169	
Total Travel		**$26,369**	

Supplies		**$7,800**	
Equipment Computers/Phones/Desks		**$7,500**	
Indirect Costs: Indirect (50% of Salaries)		**$69,197**	
TOTAL EXPENDITURES	**$1,982,200**	**$349,800**	**$2,332,000**

Strategic Prevention Framework State Incentive Grants
SPF-SIG
Proposed Budget - Year Two

	Grant Expenditures	State Expenditures	Total Grant
85% for Grant Expenditures	**$1,982,200**		
15% for State Expenditures		**$349,800**	
Total Grant			**$2,332,000**

Grant Expenditure Categories

Media Campaign	**$35,000**
Training	**$59,359**
Communications Contract	**$41,744**
20% Office of Minority Health Director w/ Benefits	**$11,847**
Evaluation Contract - Community Level	**$180,250**
Research/Prevention/Intervention Grants **Community Planning/Organization Grants**	**$1,654,000**

State Expenditure Categories

Advisory Council and EPI Workgroup (SEW)	**$17,500**
Contracts :	
Data Collection-Other Data Sources	$10,000
Vermont Center for Justice Research	$7,500
Facilitator Advisory Co.	$10,000
Total Contracts	**$27,500**
Evaluation Contract - State Level	**$44,561**

State Employee Expenditures:

100% of 1 FTE Prevention Program Administrator		$44,217	
100% of 1 FTE Administrative Assistant		$29,672	
80% of 1 FTE Data Analyst Position (additional position)		$35,546	
Total Salaries		$109,435	
Benefits - 30%		$32,831	
Total Personnel Costs		**$142,266**	
Travel:			
In-State		$24,373	
Out-of-State		$7,169	
Total Travel		**$31,542**	
Supplies		**$8,300**	
Equipment			
Computers/Phones/Desks		**$7,000**	
Indirect Costs:			
Indirect (50% of Salaries)		**$71,132**	
TOTAL EXPENDITURES	**$1,982,200**	**$349,800**	**$2,332,000**

Strategic Prevention Framework State Incentive Grants
SPF-SIG
Proposed Budget - Year Three

	Grant Expenditures	State Expenditures	Total Grant
85% for Grant Expenditures	**$1,982,200**		
15% for State Expenditures		**$349,800**	
Total Grant			**$2,332,000**

Grant Expenditure Categories

Media Campaign	**$70,000**
Training	**$43,833**
Communications Contract	**$42,788**
20% Office of Minority Health Director w/ Benefits	**$12,204**
Evaluation Contract - Community Level	**$176,375**
Research/Prevention/Intervention Grants	
Community Planning/Organization Grants	**$1,637,000**

State Expenditure Categories

Advisory Council and EPI Workgroup (SEW)		**$17,500**	
Contracts :			
Data Collection-Other Data Sources		$3,500	
Vermont Center for Justice Research		$7,500	
Facilitator Advisory Co.		$6,000	
Total Contracts		**$17,000**	
Evaluation Contract - State Level		**$45,897**	
State Employee Expenditures:			
100% of 1 FTE Prevention Program Administrator		$45,322	
100% of 1 FTE Administrative Assistant		$30,563	
80% of 1 FTE Data Analyst Position (additional position)		$36,612	
Total Salaries		$112,497	
Benefits - 30%		$33,749	
Total Personnel Costs		**$146,246**	
Travel:			
In-State		$29,066	
Out-of-State		$7,169	
Total Travel		**$36,235**	
Supplies		**$8,800**	
Equipment			
Computers/Phones/Desks		**$5,000**	
Indirect Costs:			
Indirect (50% of Salaries)		**$73,122**	
TOTAL EXPENDITURES	**$1,982,200**	**$349,800**	**$2,332,000**

Strategic Prevention Framework State Incentive Grants
SPF-SIG
Proposed Budget - Year Four

	Grant Expenditures	State Expenditures	Total Grant
85% for Grant Expenditures	**$1,982,200**		
15% for State Expenditures		**$349,800**	
Total Grant			**$2,332,000**

Grant Expenditure Categories

Media Campaign	**$73,648**

Training	**$36,630**		
Communications Contract	**$43,858**		
20% Office of Minority Health Director w/ Benefits	**$12,570**		
Evaluation Contract - Community Level	**$163,494**		
Research/Prevention/Intervention Grants Community Planning/Organization Grants	**$1,652,000**		
State Expenditure Categories			
Advisory Council and EPI Workgroup (SEW)		**$17,500**	
Contracts :			
Data Collection-Other Data Sources		$3,500	
Vermont Center for Justice Research		$3,500	
Facilitator Advisory Co.		$5,750	
Total Contracts		**$12,750**	
Evaluation Contract - State Level		**$47,273**	
State Employee Expenditures:			
100% of 1 FTE Prevention Program Administrator		$46,455	
100% of 1 FTE Administrative Assistant		$31,479	
80% of 1 FTE Data Analyst Position (additional position)		$37,710	
Total Salaries		$115,644	
Benefits - 30%		$34,693	
Total Personnel Costs		**$150,337**	
Travel:			
In-State		$30,303	
Out-of-State		$7,169	
Total Travel		**$37,472**	
Supplies		**$9,300**	
Indirect Costs:			
Indirect (50% of Salaries)		**$75,168**	
TOTAL EXPENDITURES	**$1,982,200**	**$349,800**	**$2,332,000**

Strategic Prevention Framework State Incentive Grants
SPF-SIG
Proposed Budget - Year Five

	Grant Expenditures	State Expenditures	Total Grant

85% for Grant Expenditures	**$1,982,200**		
15% for State Expenditures		**$349,800**	
Total Grant			**$2,332,000**

Grant Expenditure Categories

Media Campaign	**$73,458**
Training	**$36,443**
Communications Contract	**$44,954**
20% Office of Minority Health Director w/ Benefits	**$12,947**
Evaluation Contract - Community Level	**$168,398**
Research/Prevention/Intervention Grants Community Planning/Organization Grants	**$1,646,000**

State Expenditure Categories

Advisory Council and EPI Workgroup (SEW)		**$16,500**
Contracts :		
Data Collection-Other Data Sources		$3,500
Vermont Center for Justice Research		$3,500
Facilitator Advisory Co.		$5,000
Total Contracts		**$12,000**
Evaluation Contract - State Level		**$48,691**
State Employee Expenditures:		
100% of 1 FTE Prevention Program Administrator		$47,616
100% of 1 FTE Administrative Assistant		$32,423
80% of 1 FTE Data Analyst Position (additional position)		$38,841
Total Salaries		$118,880
Benefits - 30%		$35,664
Total Personnel Costs		**$154,544**
Travel:		
In-State		$26,501
Out-of-State		$8,293
Total Travel		**$34,794**
Supplies		**$6,000**
Indirect Costs:		
Indirect (50% of Salaries)		**$77,271**

TOTAL EXPENDITURES	**$1,982,200**	**$349,800**	**$2,332,000**

Revised Budget Narrative

Vermont Expenditures

This revised narrative explains the first through fifth year budget supports provided by resources from the State of Vermont and the SAPT block grant which will build on the SPF-SIG funding from SAMHSA. These efforts are expected to remain generally the same in their basic components over the life of this cooperative agreement. Although it is anticipated that additional resources will become available as funding streams are merged and coordinated through the planning, envisioned in this proposal, the activities and underlying justification for their efficacy will remain the same.

Although the actual responsibility for administering this proposal falls on Vermont Department of Health's Division of Alcohol and Drug Abuse Programs, the commitment of effort for making this proposal successful and effective ranges from Office of the Governor [Advisory Council member] to the Agency of Human Services (AHS) [Deputy Secretary is an Advisory Council member] and across government into the Department of Education [Commissioner is an advisory Council member]. It is impossible to calculate the levels of staff support that has been committed and promised in all of these areas of Vermont's state system. It is worthy of note that the Epi workgroup will be supported by David Murphey from AHS and our advisory Council members include representatives from AHS's Juvenile Justice Council. The letters of support include many of our proposed advisory council partners who are from outside of state government.

The work done by Vermont Department of Health to support this effort ranges from the commitment of Commissioner Paul Jarris M.D. [Advisory Council member], the Health Surveillance Unit [Epidemiological workgroup], Community Public Health [Advisory Council member], and Training Unit. This doesn't even take into account the business, data, and other support functions provided by the Department for its Division of Alcohol and Drug Abuse Programs. Some of the administrative support effort is covered by Vermont's cost allocation plan [see below] but that is not sufficient to cover the costs of even the business functions let alone the support of a system of care which includes Commissioner Jarris's time, 12 District Offices around the state and all of the other resources at the disposal of a state Health Department.

Responsibility for administering this proposal falls on Division of Alcohol and Drug Abuse Programs. ADAP's prevention staff are going to have their priorities informed by the SPF process and thus their commitment to this project, all embracing. The commitment of the key administrative staff in ADAP ranging from our leader, Barbara Cimaglio [15% time], on through our operations, business, and support staff functions will be reflected in the percentages of devoted time outlined below. All staff will be called on to support this effort at times just as they were during our original SIG process. The value of currently funded prevention staff efforts which will be used to DIRECTLY support the SPF-SIG process is **$355,000 support from ADAP budgets**. A prime example of tangential support is provided by our treatment unit. They will be peripherally involved but our experience with major prevention initiatives is that they are the ultimate recipients of treatment case finding.

Marcia LaPlante, Prevention Services Chief, will serve as the project manager and commit 50% of her time during the first 6 months of the grant and 25% thereafter. Ms. LaPlante was the project director for VDH's previous successful SIG. As the project manager, Ms. LaPlante will oversee and provide direct staff work on state infrastructure issues because of her expertise in management, planning and coordination of statewide substance abuse prevention system and program. Ms. LaPlante will be responsible for the initiation of the hiring process for the assistant SPF-SIG coordinator [100% SPF-SIG funded] and communication contract, recruitment of trainer and a facilitator for the strategic planning process. Lori Uerz, the New Directions Coordinator, will serve as the full time [100%] project coordinator for the SPF SIG. As the former

Public Health Specialist who served as the process evaluator for New Directions, Ms. Uerz had significant responsibilities for implementation of the first SIG and is currently responsible for the developmental, consultative, facilitative and administrative work involved in coordination and oversight of New Directions. The ability of the State to strengthen its prevention infrastructure relies on the sustainability of VDH's network of New Directions Coalitions and their role in the SPF SIG process. Vermont community based prevention efforts are currently funded with **$643,000 support from ADAP's prevention unit's budget**. As a part of her role as SPF SIG coordinator, Ms. Uerz will supervise, mentor and train a newly hired assistant SPF-SIG Coordinator. This will assure that all activities of the New Directions Program are integrated into and strengthen The SPF process.

Public Health Specialist, Corbett Sionainn will commit 50% of her time to serving as the key prevention expert on the Epi Workgroup and will assist ADAP's Public Health Analyst, Kelly Hale-Lamonda in the convening of the Epi Workgroup until our contractual evaluation staff are on site. Ms. Hale-Lamonda will commit 20% of her time, and will report to Linda Piasecki [10%], ADAP Director of Operations. She will continue to support the Epi Workgroup with her expertise in prevention and data analysis. Ms. Piasecki will be responsible for hiring and supervising the Data Analyst [80% SPF-SIG funded] who will be charged with supporting the epidemiological process and workgroup. This position will be key in the development and maintenance of a data base and supporting data base infrastructure that supports the ongoing work of the Epi Workgroup and the SPF model of prevention delivery.

Ms. Hale-Lamonda will oversee the evaluation contract for VDH. Ms. Sionainn will report to the Prevention Services Chief and oversees data collection on SAPT Block Grant supported services. It will be her role to assure that SPF SIG evaluation systems address Government Performance and Results Act (GPRA) requirements and are also relevant to evaluation of the Block Grant and state funded services.

The Communications Specialist will be secured for the SPF SIG and this contracted position will report to the Prevention Services Chief. During Year 1 the Communications Specialist [100% grant funded] will be responsible for conducting a resource assessment of existing public information, social marketing and media literacy initiatives specific to the reduction of underage drinking. The specialist will work closely with the SAC to identify existing national resources and campaigns that could be adapted to address SPF priorities, and develop public information activities in which every grantee will be expected to participate and benefit from. To assure sustainability, the specialist will be responsible for providing technical assistance to community coalitions and partners on implementing these strategies in line with best practice recommendations thus increasing capacity to implement effective communications strategies throughout the substance abuse and mental health system in every community in Vermont. This will also include working with local grantees to develop and review public information products (materials and media spots), and development of statewide materials and spots. In years 2 and beyond, the Communications Specialist will lead the development of Vermont specific campaigns that may be needed to fill gaps and enhance education, policy and enforcement strategies aimed at the reduction of underage drinking in every community in Vermont. This position will support the local communities and they will have access to the communication specialist in the planning and implementation of local communication efforts.

The VDH Office of Minority Health Director, currently vacant, will support community coalitions in assuring the needs of minority populations throughout Vermont receive focus. Through this work with the local communities, the Minority Health Director will inform the Epidemiological Workgroup [20% time SPF-SIG funded] of local findings and needs.

SAMHSA Expenditures Year 1

85% for Community Support

The primary area of grant expenditure in the proposed SPF-SIG budget will be in the area of cooperative agreements with Vermont's communities and prevention service delivery organizations. **$1,982,200 will be distributed** through process described in the text above which includes the distribution of up to **20-30 grants/cooperative agreements** which could range from $60,000 to $100,000. These proposed, evidence-based interventions, based on the data driven SPF plan will be compliment a smaller group of planning grants. Communities and organizations in areas where Vermont lacks functioning coalitions or a functioning prevention service delivery infrastructure will be invited to apply for as many as 5-10 planning grants ranging from $3,000 to $7,000. These groups will be required to attend CADCA Mid-Year Training Institute Coalition "Boot Camp. SPF training sessions will include: 1) Collecting and interpreting data; 2) Using state level data to inform local planning; 3) Identifying local resources and gaps in services; 4) Steps needed to build or enhance community/coalition level capacity to address the needs; and 5) Using data, resources and capacity to develop a strategic plan. "

Training- In year one **$79,972 will be devoted to training** for the implementation of needs and resource assessments, as well as, community readiness assessment and strategic planning. Training on mental health/substance abuse common risk and protective factors will be required as well as a Training of Trainers for community assessment and approaches such as Getting To Outcomes which is clearly indicated as are trainings on approaches to underage drinking prevention and environmental approaches to change. Skill-building training programs for such activities as planning, evaluation, youth leadership and involvement, social marketing, media advocacy, media literacy and specific evidence-based programs are certainly going to be required but it is too soon to specify what the planning process will dictate. We will prioritize prevention training consistent with the national ICRC standards, including training on mobilizing communities, conducting needs assessments, and preparing strategic plans in order to support coalitions in preparing applications for first-year subgrants.

The recipients of training will range from members of Community based coalitions, to community decision makers. They will include strong representation from the groups that the Epidemiological Workgroup and Advisory Council focus on as being Vermont's highest need prevention target groups and areas. The letters of commitment include our regional CAPT and a VDH training unit with a menu of existing trainings which will add **$250,000 in additional Vermont support** to the SPF-SIG process. We have also been assured strong support from PIRE's Underage Drinking Enforcement Training Center, which has already provided Vermont with training on enforcement strategies for underage drinking and in environmental prevention approaches.

A **Communications Specialist Contract for $40,726** will be responsible for conducting resource assessment of existing public information, social marketing and media literacy initiatives specific to the reduction of underage drinking to inform local communities and the SPF Council to identify resources and campaigns that could address SPF priorities, and develop public information activities in which every grantee will contribute to and participate in. The specialist will be responsible for providing technical assistance to communities, grantees, staff and partners on implementing these strategies in line with best practice recommendations thus increasing capacity to implement effective communications strategies throughout the substance abuse and mental health system. The Communications Specialist will work with the local communities to develop a Vermont specific campaign(s) aimed at the reduction of underage drinking

20% **Office of Minority Health Director $11,502,** currently vacant, will support local communities to assure that the needs of minority populations receive focus and that plans on state and local levels are reflective of the needs of minority populations.

Data collection and evaluation- VDH anticipates that its current evaluation contractor, Pacific Institute for Research and Evaluation (PIRE), will be the evaluator for this project (pending completion of the state's contracting process). The evaluation contract will be divided into two sections that acknowledge SAMHSA's separation of funding between community and administration services. In the attached budget it is clear that we have divided the evaluation budget between the two and have determined that the **$175,000 devoted to community level evaluation** will be appropriately balanced by evaluation activities which support $43,264 in administrative expenditures. A strong evaluation, including the building of the necessary data infrastructure to support it, is critical to the success and sustainability of the SPF-supported enhancements in the state's prevention system. The evaluation contractor will design, coordinate and implement the evaluation of Vermont's SPF-SIG. We have used our current evaluator, PIRE, to help us construct this proposal and will work with them (subject to state contracting procedures) to lead the first year needs assessment effort in conjunction with the State Epi Workgroup, and continue to participate on the Epi Workgroup over the life of the project. A detailed justification for the budget that would be needed to support this contract follows. The justification notes that a significant percentage (approximately 70%) of that effort would be directed to assisting community-level subrecipients in conducting local needs assessment and evaluation studies. We have, therefore, divided the annual costs for the evaluation contract as specified in PIRE"s budget justification into two components. One is the component for state-level evaluation (and included in the 15% allocation for state-level activities), and the other for community-level evaluation (and included in the 85% allocation for community-level activities).

15% for Administrative Expenditures

Administrative expenditures include **$17,500 in support of the Advisory Council and Epidemiological Workgroup**. This figure includes $12,500 to support travel reimbursement at the rate of $.405 per mile. Site rental of $ 1,000 and refreshment costs of $4,000.

Data collection **$22,275 to fund small contracts for support of the Epidemiological** Workgroup's activities have included the potential need for such items as the potential administration of the Core college drug and Alcohol survey [$18,775] and the use of additional staff time [$3,500] for mining data from sources around Vermont to support the work of the Epidemiological Workgroup. It is hard to specify exactly what the workgroup's data needs will be but early projections by the group members indicate that this budget will be sufficient to their needs. William Clements from Vermont's Center for Justice Research at Norwich University will need a **contract of $7,500** to support his time and that of a data assistant so that he can participate in the Epidemiological Workgroup as these activities lie out of his currently funded workload. The facilitator for the Advisory Council and Epidemiological Workgroup meetings that develop the SPF balance of priorities will require a **$10,000 contract for guiding the SPF decision making process.**

The **evaluation contract** will be divided into two sections that acknowledge SAMHSA's separation of funding between community and administration services. In the attached budget it is clear that we have divided the evaluation budget between the two and have determined that the $175,000 devoted to community level evaluation will be appropriately balanced by evaluation activities which support **$43,264 devoted to administrative expenditures**.

Personnel Costs

The following personnel costs have been described in the section above relating to the considerable state funded ADAP staff involvement in this effort to demonstrate their integration into Vermont's existing prevention infrastructure. 100% of 1 FTE assistant **SPF-SIG Coordi-**

nator Position $43,139 The Assistant will support the efforts of the Project Coordinator (who will be state-funded), particularly in integrating the new SPF activities with existing ADAP support for New Directions community coalitions. The assistant will be involved in a range of support activities for training, distribution of the RFP, technical support and scheduling.
80% of 1 FTE **Data Analyst Position $34,511** the analyst will assist the Public Health Specialist, Health Analyst and on-site evaluation staff member in data collection and organization of a data management system which will support the Epi workgroup effort.
100% Administrative Assistant $28,808 who will provide administrative support for all staff involved with the SPF SIG.

Travel required will include **$19,200 in instate travel** @ $.405 per mile which will support travel by 6 central and 10 regional staff in the mobilization of Coalitions and prevention practitioners in the SPF process and resulting evidence-based prevention programs.

Out of **state travel $7,169** for staff to attend SAMHSA CSAP meetings. In the previous SIG we were required to include additional travel for staff to CSAP meetings in addition to the annual meeting so we have budgeted for two staff to be able to attend two three day meetings.

Supplies $7,800 for this project include massive amounts of paper and print materials, basic office supplies for three staff members and materials for dissemination of proven practice resources.

Equipment $7,500 required includes computers, phones, desks, chairs and partitions for four work stations.

Indirect Costs $69,197 The Vermont Department of Health uses a Cost Allocation Plan, not an Indirect Rate. This Cost Allocation Plan was approved by the U.S. Department of Health and Human Services effective October 1, 1987. The Cost Allocation Plan summarizes actual, allowable costs incurred in the operation of the program. These costs include items which are often shown as direct costs, such as telephone and general office supply expenses, as well as items which are often included in an indirect rate, such as the cost of office space and administrative salaries. These costs are allocated to the program based on the salaries and wages paid in the program relative to the total salaries and wages paid in the department [or division] bearing the original expense. Because these are actual costs, unlike an Indirect Cost Rate , these costs will vary from quarter to quarter and cannot be fixed as a percentage of program costs. Based on actual costs allocated to similar programs in recent quarters, we currently estimate these allocated costs at 50% of the direct salary line item.

SAMHSA Expenditures Year 2

85% for Community Support

The primary area of grant expenditure in the proposed SPF-SIG budget will be in the area of cooperative agreements with Vermont's communities and prevention service delivery organizations. **$1,982,200 will be distributed** through process described in the text above which includes the distribution of up to 20-30 grants/cooperative agreements which will range from $60,000 to $100,000. These proposed, evidence-based interventions, based on the data driven SPF plan will be compliment a smaller group of planning grants.

Training- In year two, **$59,359 will be devoted to training** for the implementation of evidence based prevention approaches. The recipients of training will range from members of Community based coalitions, to community decision makers, and include strong representation from the groups that the Epidemiological Workgroup and Advisory Council focus on as being Vermont's highest need prevention target groups and areas. The letters of commitment include

our regional CAPT and a VDH training unit with a menu of existing trainings which will add **$250,000 in additional Vermont support** to the SPF-SIG process. We have also been assured strong support from PIRE's Underage Drinking Enforcement Training Center, which has already provided Vermont with training on enforcement strategies for underage drinking and in environmental prevention approaches.

Media $35,000- After the first planning year the proposed media efforts will begin to require budgetary support. Obviously it is difficult to predict exactly what media efforts will be chosen for focus by the Advisory Group in their development of a SPF document to guide Vermont media in support of prevention.

A **Communications Specialist Contract for $41,744** will be responsible for leading the development of Vermont specific campaigns aimed at the reduction of underage drinking 20% **Office of Minority Health Director $11,847,** currently vacant, will continue to support communities and inform the Epi Workgroup and the Advisory Council on needs of minority populations receive focus and that implementation of evidence-based programs are reflective of the needs of minority populations.

Data collection and evaluation- VDH anticipates that its current evaluation contractor, Pacific Institute for Research and Evaluation (PIRE), will be the evaluator for this project (pending completion of the state's contracting process). We have determined that in year two the **$180,000 devoted to community level evaluation** will be appropriately balanced by evaluation activities which support $44,561 in administrative expenditures. A strong evaluation, including the building of the necessary data infrastructure to support it, is critical to the success and sustainability of the SPF-supported enhancements in the state's prevention system. The evaluation contractor will continue to design, coordinate and implement the evaluation of Vermont's SPF-SIG, as well as working in conjunction with and participation on the Epi Workgroup over the life of the project. A detailed justification for the budget that would be needed to support this contract follows. The justification notes that a significant percentage (approximately 70%) of that effort would be directed to assisting community-level subrecipients in conducting local needs assessment and evaluation studies. We have, therefore, divided the annual costs for the evaluation contract as specified in PIRE"s budget justification into two components. One is the component for state-level evaluation (and included in the 15% allocation for state-level activities), and the other for community-level evaluation (and included in the 85% allocation for community-level activities).

15% for Administrative Expenditures

Administrative expenditures include **$17,500 in support of the Advisory Council and Epidemiological Workgroup**. This figure includes $12,500 to support travel reimbursement at the rate of $.405 per mile. Site rental of $ 1,000 and refreshment costs of $4,000.

Data collection **$10,000 to fund small contracts for support of the Epidemiological** Workgroup's activities have included the potential need for such items as any follow-up with the administration of the Core college drug and Alcohol survey [$7,000] and the use of additional staff time [$3,000] for mining data from sources around Vermont to support the work of the Epidemiological Workgroup. William Clements from Vermont's Center for Justice Research at Norwich University will continue his **contract of $7,500** to support his time and that of a data assistant so that he can participate in the Epidemiological Workgroup as these activities lie out of his currently funded workload. The facilitator for the Advisory Council and Epidemiological Workgroup meetings that develop the SPF balance of priorities will require a **$10,000 contract for guiding the SPF decision making process.**

The **evaluation contract** will be divided into two sections that acknowledge SAMHSA's separation of funding between community and administration services. In the attached budget it is clear that we have divided the evaluation budget between the two and have deter-

mined that the $180,000 devoted to community level evaluation will be appropriately balanced by evaluation activities which support **$44,561 devoted to administrative expenditures.**

Personnel Costs

The following personnel costs have been described in the section above relating to the considerable state funded ADAP staff involvement in this effort to demonstrate their integration into Vermont's existing prevention infrastructure. 100% of 1 FTE assistant **SPF-SIG Coordinator Position $44,217** The Assistant will support the efforts of the Project Coordinator (who will be state-funded), particularly in integrating the new SPF activities with existing ADAP support for New Directions community coalitions. The assistant will be involved in a range of support activities for training, distribution of the RFP, technical support and scheduling.
80% of 1 FTE **Data Analyst Position $35,546** the analyst will assist the Public Health Specialist, Health Analyst and on-site evaluation staff member in data collection and organization of a data management system which will support the Epi workgroup effort.
100% Administrative Assistant $29,672 who will continue administrative support for all staff involved with the SPF SIG.

Travel required will include **$24,373 in instate travel** @ $.405 per mile which will support travel by 6 central and 10 regional staff in the mobilization of Coalitions and prevention practitioners in the SPF process and resulting evidence-based prevention programs.
Out of **state travel $7,169** for staff to attend SAMHSA CSAP meetings. In the previous SIG we were required to include additional travel for staff to CSAP meetings in addition to the annual meeting so we have budgeted for two staff to be able to attend two three day meetings.

Equipment $7,000 required includes computers, phones, desks, chairs and partitions for four work stations.

Supplies $8,300 for this project include massive amounts of paper and print materials, basic office supplies for three staff members and materials for dissemination of proven practice resources.

Indirect Costs $71,132 The Vermont Department of Health uses a Cost Allocation Plan, not an Indirect Rate. This Cost Allocation Plan was approved by the U.S. Department of Health and Human Services effective October 1, 1987. The Cost Allocation Plan summarizes actual, allowable costs incurred in the operation of the program. These costs include items which are often shown as direct costs, such as telephone and general office supply expenses, as well as items which are often included in an indirect rate, such as the cost of office space and administrative salaries. These costs are allocated to the program based on the salaries and wages paid in the program relative to the total salaries and wages paid in the department [or division] bearing the original expense. Because these are actual costs, unlike an Indirect Cost Rate , these costs will vary from quarter to quarter and cannot be fixed as a percentage of program costs. Based on actual costs allocated to similar programs in recent quarters, we currently estimate these allocated costs at 50% of the direct salary line item.

SAMHSA Expenditures Year 3

85% for Community Support

The primary area of grant expenditure in the proposed SPF-SIG budget will be in the area of cooperative agreements with Vermont's communities and prevention service delivery organiza-

tions. **$1,982,200 will be distributed** through process described in the text above which includes the distribution of up to 20-30 grants/cooperative agreements which will range from $60,000 to $100,000. These proposed, evidence-based interventions, based on the data driven SPF plan will be compliment a smaller group of planning grants.

Training- In year three **$43,833 will be devoted to training** for the implementation of evidence based prevention approaches. The recipients of training will range from members of Community based coalitions, to community decision makers, and include strong representation from the groups that the Epidemiological Workgroup and Advisory Council focus on as being Vermont's highest need prevention target groups and areas. The letters of commitment include our regional CAPT and a VDH training unit with a menu of existing trainings which will add **$250,000 in additional Vermont support** to the SPF-SIG process. We have also been assured strong support from PIRE's Underage Drinking Enforcement Training Center, which has already provided Vermont with training on enforcement strategies for underage drinking and in environmental prevention approaches.

Media $70,000- After the first planning year and year two of beginning the implementation of the plan, the proposed media efforts will begin to require additional budgetary support. Obviously it is difficult to predict exactly what media efforts will be chosen for focus by the Advisory Group in their development of a SPF document to guide Vermont media in support of prevention.

A **Communications Specialist Contract for $42,788** will be responsible for leading the development of Vermont specific campaigns aimed at the reduction of underage drinking 20% **Office of Minority Health Director $12,204,** currently vacant, will continue to support Epi Workgroup, sit on Advisory Council, and work extensively with our partners and community coalitions to assure that the needs of minority populations receive focus and that implementation of evidence-based programs are reflective of the needs of minority populations.

Data collection and evaluation- VDH anticipates that its current evaluation contractor, Pacific Institute for Research and Evaluation (PIRE), will be the evaluator for this project (pending completion of the state's contracting process). The evaluation contract will be divided into two sections that acknowledge SAMHSA's separation of funding between community and administration services. In the attached budget it is clear that we have divided the evaluation budget between the two and have determined that the **$176,375 devoted to community level evaluation** will be appropriately balanced by evaluation activities which support $45,897 in administrative expenditures. A strong evaluation, including the building of the necessary data infrastructure to support it, is critical to the success and sustainability of the SPF-supported enhancements in the state's prevention system. The evaluation contractor will continue to design, coordinate and implement the evaluation of Vermont's SPF-SIG, as well as their key role in with the State Epi Workgroup. A detailed justification for the budget that would be needed to support this contract follows. The justification notes that a significant percentage (approximately 70%) of that effort would be directed to assisting community-level subrecipients in conducting local needs assessment and evaluation studies. We have, therefore, divided the annual costs for the evaluation contract as specified in PIRE"s budget justification into two components. One is the component for state-level evaluation (and included in the 15% allocation for state-level activities), and the other for community-level evaluation (and included in the 85% allocation for community-level activities).

15% for Administrative Expenditures

Administrative expenditures include **$17,500 in support of the Advisory Council and Epidemiological Workgroup**. This figure includes $12,500 to support travel reimbursement at the rate of $.405 per mile. Site rental of $ 1,000 and refreshment costs of $4,000.

Data collection **$3,500 to fund small contracts** for support of the Epidemiological Workgroup's activities for mining data from sources around Vermont to support the work of the Epidemiological Workgroup. William Clements from Vermont's Center for Justice Research at Norwich University will continue his **contract of $7,500** to support his time and that of a data assistant so that he can participate in the Epidemiological Workgroup as these activities lie out of his currently funded workload. The facilitator for the Advisory Council and Epidemiological Workgroup meetings that develop the SPF balance of priorities will require a **$6,000 contract for guiding the SPF decision making process.**

The **evaluation contract** will be divided into two sections that acknowledge SAMHSA's separation of funding between community and administration services. In the attached budget it is clear that we have divided the evaluation budget between the two and have determined that the $176,375 devoted to community level evaluation will be appropriately balanced by evaluation activities which support **$45,897 devoted to administrative expenditures**.

Personnel Costs

The following personnel costs have been described in the section above relating to the considerable state funded ADAP staff involvement in this effort to demonstrate their integration into Vermont's existing prevention infrastructure. 100% of 1 FTE assistant **SPF-SIG Coordinator Position $45,322** The Assistant will support the efforts of the Project Coordinator (who will be state-funded), particularly in integrating the new SPF activities with existing ADAP support for New Directions community coalitions. The assistant will be involved in a range of support activities for training, distribution of the RFP, technical support and scheduling.
80% of 1 FTE Data Analyst Position $36,612 the analyst will assist the Public Health Specialist, Health Analyst and on-site evaluation staff member in data collection and organization of a data management system which will support the Epi workgroup effort.
100% Administrative Assistant $30,563 who will continue administrative support for all staff involved with the SPF SIG.

Travel required will include **$29,066 in instate travel** @ $.405 per mile which will support travel by 6 central and 10 regional staff in the mobilization of Coalitions and prevention practitioners in the SPF process and resulting evidence-based prevention programs.

Out of **state travel $7,169** for staff to attend SAMHSA CSAP meetings. In the previous SIG we were required to include additional travel for staff to CSAP meetings in addition to the annual meeting so we have budgeted for two staff to be able to attend two three day meetings.

Supplies $8,800 for this project include massive amounts of paper and print materials, basic office supplies for three staff members and materials for dissemination of proven practice resources.

Equipment $5,000 required includes computers, phones, desks, chairs and partitions for four work stations.

Indirect Costs $73,122 The Vermont Department of Health uses a Cost Allocation Plan, not an Indirect Rate. This Cost Allocation Plan was approved by the U.S. Department of Health and Human Services effective October 1, 1987. The Cost Allocation Plan summarizes actual, allowable costs incurred in the operation of the program. These costs include items which are often shown as direct costs, such as telephone and general office supply expenses, as well as items which are often included in an indirect rate, such as the cost of office space and administrative salaries. These costs are allocated to the program based on the salaries and wages paid in the program relative to the total salaries and wages paid in the department [or division] bearing the original expense. Because these are actual costs, unlike an Indirect Cost Rate , these costs will

vary from quarter to quarter and cannot be fixed as a percentage of program costs. Based on actual costs allocated to similar programs in recent quarters, we currently estimate these allocated costs at 50% of the direct salary line item.

SAMHSA Expenditures Year 4

85% for Community Support

The primary area of grant expenditure in the proposed SPF-SIG budget will be in the area of cooperative agreements with Vermont's communities and prevention service delivery organizations. **$1,982,200 will be distributed** through process described in the text above which includes the distribution of up to 20-30 grants/cooperative agreements which will range from $60,000 to $100,000. These proposed, evidence-based interventions, based on the data driven SPF plan will be compliment a smaller group of planning grants.

Training- In year four **$36,630 will be devoted to training** for the implementation of evidence based prevention approaches and community mobilization and readiness. The recipients of training will range from members of Community based coalitions, to community decision makers, and include strong representation from the groups that the Epidemiological Workgroup and Advisory Council focus on as being Vermont's highest need prevention target groups and areas. The letters of commitment include our regional CAPT and a VDH training unit with a menu of existing trainings which will add **$250,000 in additional Vermont support** to the SPF-SIG process. We have also been assured strong support from PIRE's Underage Drinking Enforcement Training Center, which has already provided Vermont with training on enforcement strategies for underage drinking and in environmental prevention approaches.

Media $73,648- The proposed media efforts will continue to require budgetary support and will encompass the entire state. The focus of the media campaign will be determined by the comprehensive planning and development of the campaign by the communication consultant contract.

A **Communications Specialist Contract for $43,858** will be responsible for leading the development of Vermont specific campaigns aimed at the reduction of underage drinking working with local communities to develop and implement the campaign.

20% **Office of Minority Health Director $12,570,** currently vacant, will continue will continue to support communities and inform the Epi Workgroup and the Advisory Council on needs of minority populations receive focus and that implementation of evidence-based programs are reflective of the needs of minority populations.

Data collection and evaluation- VDH anticipates that its current evaluation contractor, Pacific Institute for Research and Evaluation (PIRE), will be the evaluator for this project (pending completion of the state's contracting process). It has been determined that the **$163,494 devoted to community level evaluation** will be appropriately balanced by evaluation activities which support $47,273 in administrative expenditures. The justification notes that a significant percentage (approximately 70%) of that effort would be directed to assisting community-level subrecipients in conducting local needs assessment and evaluation studies. We have, therefore, divided the annual costs for the evaluation contract as specified in PIRE"s budget justification into two components. One is the component for state-level evaluation (and included in the 15% allocation for state-level activities), and the other for community-level evaluation (and included in the 85% allocation for community-level activities).

15% for Administrative Expenditures

Administrative expenditures include **$17,500 in support of the Advisory Council and Epidemiological Workgroup**. This figure includes $12,500 to support travel reimbursement at the rate of $.405 per mile. Site rental of $ 1,000 and refreshment costs of $4,000.

Data collection **$3,500** for mining data from sources around Vermont to support the work of the Epidemiological Workgroup. William Clements from Vermont's Center for Justice Research at Norwich University will require a **contract of $3,500** to support his time and that of a data assistant so that he can participate in the Epidemiological Workgroup as these activities lie out of his currently funded workload. The facilitator for the Advisory Council and Epidemiological Workgroup meetings that develop the SPF balance of priorities will require a **$5,750 contract for guiding the SPF decision making process.**

The **evaluation contract** will be divided into two sections that acknowledge SAMHSA's separation of funding between community and administration services. In the attached budget it is clear that we have divided the evaluation budget between the two and have determined that the $163,494 devoted to community level evaluation will be appropriately balanced by evaluation activities which support **$47,273 devoted to administrative expenditures**.

Personnel Costs

The following personnel costs have been described in the section above relating to the considerable state funded ADAP staff involvement in this effort to demonstrate their integration into Vermont's existing prevention infrastructure. 100% of 1 FTE assistant **SPF-SIG Coordinator Position $46,455** The Assistant will support the efforts of the Project Coordinator (who will be state-funded), particularly in integrating the new SPF activities with existing ADAP support for New Directions community coalitions. The assistant will be involved in a range of support activities for training, distribution of the RFP, technical support and scheduling.
80% of 1 FTE **Data Analyst Position $37,710** the analyst will assist the Public Health Specialist, Health Analyst and on-site evaluation staff member in data collection and organization of a data management system which will support the Epi workgroup effort.
100% Administrative Assistant $31,479 who will continue administrative support for all staff involved with the SPF SIG.

Travel required will include **$30,303 in instate travel** @ $.405 per mile which will support travel by 6 central and 10 regional staff in the mobilization of Coalitions and prevention practitioners in the SPF process and resulting evidence-based prevention programs.
Out of **state travel $7,169** for staff to attend SAMHSA CSAP meetings. In the previous SIG we were required to include additional travel for staff to CSAP meetings in addition to the annual meeting so we have budgeted for two staff to be able to attend two three day meetings.

Supplies $9,300 for this project include massive amounts of paper and print materials, basic office supplies for three staff members and materials for dissemination of proven practice resources.

Indirect Costs $75,168 The Vermont Department of Health uses a Cost Allocation Plan, not an Indirect Rate. This Cost Allocation Plan was approved by the U.S. Department of Health and Human Services effective October 1, 1987. The Cost Allocation Plan summarizes actual, allowable costs incurred in the operation of the program. These costs include items which are often shown as direct costs, such as telephone and general office supply expenses, as well as items which are often included in an indirect rate, such as the cost of office space and administrative salaries. These costs are allocated to the program based on the salaries and wages paid in the program relative to the total salaries and wages paid in the department [or division] bearing the original expense. Because these are actual costs, unlike an Indirect Cost Rate , these costs will vary from quarter to quarter and cannot be fixed as a percentage of program costs. Based on actual costs allocated to similar programs in recent quarters, we currently estimate these allocated costs at 50% of the direct salary line item.

SAMHSA Expenditures Year 5

85% for Community Support

The primary area of grant expenditure in the proposed SPF-SIG budget will be in the area of cooperative agreements with Vermont's communities and prevention service delivery organizations. **$1,982,200 will be distributed** through process described in the text above which includes the distribution of up to 20-30 grants/cooperative agreements which will range from $60,000 to $100,000. These proposed, evidence-based interventions, based on the data driven SPF plan will be compliment a smaller group of planning grants.

Training- In year five **$36,443 will be devoted to training** for the continued implementation of evidence based prevention approaches and community mobilization. The recipients of training will range from members of Community based coalitions, to community decision makers, and include strong representation from the groups that the Epidemiological Workgroup and Advisory Council focus on as being Vermont's highest need prevention target groups and areas. The letters of commitment include our regional CAPT and a VDH training unit with a menu of existing trainings which will add **$250,000 in additional Vermont support** to the SPF-SIG process. We have also been assured strong support from PIRE's Underage Drinking Enforcement Training Center, which has already provided Vermont with training on enforcement strategies for underage drinking and in environmental prevention approaches.

Media $80,000- Continued media campaign implementation throughout Vermont at the state and local level.

A **Communications Specialist Contract for $44,954** will be responsible for leading the development of Vermont specific campaigns aimed at the reduction of underage drinking 20% **Office of Minority Health Director $12,947,** currently vacant, will continue to support communities and inform the Epi Workgroup and the Advisory Council on needs of minority populations receive focus and that implementation of evidence-based programs are reflective of the needs of minority populations.

Data collection and evaluation- The evaluation contract will be divided into two sections that acknowledge SAMHSA's separation of funding between community and administration services. In the attached budget it is clear that we have divided the evaluation budget between the two and have determined that the **$168,398 devoted to community level evaluation** will be appropriately balanced by evaluation activities which support $48,691 in administrative expenditures. The justification notes that a significant percentage (approximately 70%) of that effort would be directed to assisting community-level subrecipients in conducting local needs assessment and evaluation studies. We have, therefore, divided the annual costs for the evaluation contract as specified in PIRE"s budget justification into two components. One is the component for state-level evaluation (and included in the 15% allocation for state-level activities), and the other for community-level evaluation (and included in the 85% allocation for community-level activities).

15% for Administrative Expenditures

Administrative expenditures include **$16,500 in support of the Advisory Council and Epidemiological Workgroup**. This figure includes $12,500 to support travel reimbursement at the rate of $.405 per mile. Site rental of $ 1,000 and refreshment costs of $3,000.

Data collection **$3,500** for mining data from sources around Vermont to support the work of the Epidemiological Workgroup. William Clements from Vermont's Center for Justice Research at Norwich University will need a **contract of $3,500** to support his time and that of a data assistant so that he can participate in the Epidemiological Workgroup as these activities lie out of his currently funded workload. The facilitator for the Advisory Council and Epidemiologi-

cal Workgroup meetings that develop the SPF balance of priorities will require a **$5,000 contract for guiding the SPF decision making process.**

The **evaluation contract** will be divided into two sections that acknowledge SAMHSA's separation of funding between community and administration services. In the attached budget it is clear that we have divided the evaluation budget between the two and have determined that the $168,398 devoted to community level evaluation will be appropriately balanced by evaluation activities which support **$48,691 devoted to administrative expenditures.**

Personnel Costs

The following personnel costs have been described in the section above relating to the considerable state funded ADAP staff involvement in this effort to demonstrate their integration into Vermont's existing prevention infrastructure. 100% of 1 FTE assistant **SPF-SIG Coordinator Position $47,616** The Assistant will support the efforts of the Project Coordinator (who will be state-funded), particularly in integrating the new SPF activities with existing ADAP support for New Directions community coalitions. The assistant will be involved in a range of support activities for training, distribution of the RFP, technical support and scheduling.
80% of 1 FTE **Data Analyst Position $38,841** the analyst will assist the Public Health Specialist, Health Analyst and on-site evaluation staff member in data collection and organization of a data management system which will support the Epi workgroup effort.
100% Administrative Assistant $31,479 who will continue administrative support for all staff involved with the SPF SIG.

Travel required will include **$26,501 in instate travel** @ $.405 per mile which will support travel by 6 central and 10 regional staff in the mobilization of Coalitions and prevention practitioners in the SPF process and resulting evidence-based prevention programs.

Out of **state travel $8,293** for staff to attend SAMHSA CSAP meetings. In the previous SIG we were required to include additional travel for staff to CSAP meetings in addition to the annual meeting so we have budgeted for two staff to be able to attend two three day meetings.

Supplies $6,000 for this project include massive amounts of paper and print materials, basic office supplies for three staff members and materials for dissemination of proven practice resources.

Indirect Costs $77,271 The Vermont Department of Health uses a Cost Allocation Plan, not an Indirect Rate. This Cost Allocation Plan was approved by the U.S. Department of Health and Human Services effective October 1, 1987. The Cost Allocation Plan summarizes actual, allowable costs incurred in the operation of the program. These costs include items which are often shown as direct costs, such as telephone and general office supply expenses, as well as items which are often included in an indirect rate, such as the cost of office space and administrative salaries. These costs are allocated to the program based on the salaries and wages paid in the program relative to the total salaries and wages paid in the department [or division] bearing the original expense. Because these are actual costs, unlike an Indirect Cost Rate , these costs will vary from quarter to quarter and cannot be fixed as a percentage of program costs. Based on actual costs allocated to similar programs in recent quarters, we currently estimate these allocated costs at 50% of the direct salary line item.

Evaluation Contract Budget Justification (PIRE) ALL YEARS

The state of Vermont plans to award a subcontract to the Pacific Institute for Research and Evaluation (PIRE) for conducting an evaluation of the SPF-SIG. This effort will also include PIRE participation on the SEW, execution of the statewide needs assessment in the first year of the project, and provision of support and technical assistance for continuing statewide needs assessment efforts over the life of the project. PIRE is a prominent national research organization with extensive experience and expertise in the design and evaluation of state and community prevention systems, including specifically the evaluation of a number of CSAP-funded SIG projects. Dr. Robert Flewelling, who will direct the evaluation, also directed both the CSAP-funded prevention needs assessment project and the initial SIG evaluation for the state of Vermont, and is therefore thoroughly familiar with the state's prevention system and data infrastructure.

The activities funded through this subcontract include both those that are designed to meet the needs for state-level needs assessment and planning, and those that are clearly intended to support and augment needs assessment and evaluation efforts at the community level. For example, responsibility for the coordination of program-level pre/post data collection and the processing of these data will be assumed by PIRE. This arrangement is expected to increase the overall efficiency and standardization of these efforts, and help ensure their compliance with state and CSAP requirements, even though these activities are directed primarily to community level planning and evaluation needs. A similar situation pertains to needs assessment data that will be used in local needs assessment efforts, but which may more efficiently be assembled and standardized centrally. In considering the relative burden of what might be best categorized as state-level vs. community-level focused activity, the estimated proportion of the subcontract budget devoted to community-level issues is 70% across all five years of the project. This proportion is not expected to change significantly from one year to the next.

Personnel:

Dr. Robert Flewelling will serve as the Director for PIRE's role in the needs assessment and evaluation components of Vermont's SPF-SIG, and will assume overall responsibility for the technical and fiscal integrity of this effort. He will lead and/or oversee the development and implementation of all study components, including the preparation of quarterly and annual progress reports on the evaluation and a final project evaluation report. Dr. Flewelling will contribute 50% of his time to the project in the first year of the project, 45% in year 2, and 40% in each subsequent year.

A yet to be named research assistant will be hired within the first two months of the project to provide general assistance to the project. Responsibilities will include locating reference materials, conducting literature reviews, interacting with the on-site evaluator (see below) and various ADAP staff members as appropriate, and participating in the design and execution of data collection, management, and analysis tasks. The research assistant's level of effort in years 1 through 5 of the project will be at 80%.

A yet to be named research associate, to be located on-site at the Vermont Department of Health's Division of Alcohol and Drug Abuse Programs (ADAP), will be hired within the first three months of the project. Office space, including telephone and access to the internet and to necessary office equipment such as printer, fax machine, and copier, will be provided by ADAP. The on-site research associate will be the primary point of contact between the evaluation team and both ADAP staff and the community-based subrecipient organizations. This person will also interact regularly with ADAP administrators and program staff to assure coordination and understanding between ADAP and the research team regarding state and subrecipient activities and requirements pertinent to needs assessment and evaluation issues, and will participate on

the SEW. The on-site research associate will maintain a 100% level of effort in all years of the project.

Dr. Sandra Putnam of PIRE directed the Community Health Research Group for the State of Tennessee and developed their web-based data archive for community health indicators. Dr. Putnam will provide expert consultation on design issues regarding data management, geographic processing and graphical display of epidemiologic data , and web-based data access and dissemination. She will provide 2.5% of her time (approximately 52 hours) to this activity in each of the first two years of the project. Because the exact level and configuration of expertise regarding data management and dissemination technology that may be called upon for this project is difficult to specify in advance, this budget item may be reallocated to other PIRE consultants and resources as specific needs become apparent.

Additional information regarding personnel roles, responsibilities, and qualifications may be found is Section C.2 of the project narrative.

Fringe Benefits:

Fringe benefits include: FICA, Workers' Compensation, Unemployment Insurance, Disability Insurance, Pension, and Cafeteria Plan. The 30.5% fringe rate breaks down as follows:

Compensated Leave	0.7%	STD Premium Actual	0.3%
Long Term Disability Insurance	0.3%	Actual Annuity	10.8%
FSA	2.1%	Workman's Compensation Insurance	0.3%
Actual Health Exp.	8.0%	FICA	7.1%
Cafeteria Plan	0.3%	Unemployment Insurance	0.6%
			30.5%

Supplies:

Cost for general office and computer supplies is estimated at $50/month.
A laptop computer ($1800) will be purchased in year 1 for use by evaluation team personnel while traveling

Travel:

1. Travel for PD from Chapel Hill to Burlington, VT for workshops/meetings with ADAP and Coalition Coordinators.

   6 trips per year in years 1 and 2, 4 trips per year in years 3 to 5, 3 nights/4 days per trip.

   Estimated cost per trip $1029

2. Travel for RA from Chapel Hill to Burlington, VT for workshops/meetings with ADAP and Coalition Coordinators.

   2 trips per year in years 1 and 2, 1 trip per year in years 3 to 5, 3 nights/4 days per trip.

   Estimated cost per trip $983

3. Travel for PD and RA from Chapel Hill to Washington, D.C. for workshops/meetings with CSAP.

   2 trips per year in each of the five years, 2 nights/3 days per trip.

   Estimated cost per trip $973

4. Travel for on-site evaluator from Burlington, VT to Washington DC for workshops/meetings with CSAP.

1 trips per year in each of the five years, 2 nights/3 days per trip.

Estimated cost per trip $1032

5. Travel within VT by on-site evaluator

4 trips in year 1, 12 trips in years 2 through 5, 2 days and 1 night per trip.

Estimated cost per trip $218

Total anticipated travel costs:

Year 1 $12015
Year 2 $13761
Years 3, 4, and 5 $10712

Other Expenses:

Phone: Estimated at $50/month $600 per year
Postage: Estimated at $30/month $360 per year
Reference materials: Estimated at $10/month $120 per year
Duplication: Estimated at $25/month $300 per year
Pre/post survey form printing and scanning
30 grantees x 2 programs x 60 participants x 2 $6156 in year 2
40 grantees x 4 programs x 60 participants x 2 $16416 in year 3 through 5
Printing Needs Assessment Reports $1200 in year 1

Vermont Department of Health
Agency of Human Services

July 28, 2005

Grant Hills
Division of State & Community Assistance
1 Choke Cherry Road, Rm. 4-1090
Rockville, MD 20857

RE: Grant No: 1 U79 SP11203-01 Administrative Code: SP-U79/SIG-SPF

Dear Mr. Hills,

It is my pleasure to submit to you Vermont's budget revision and narrative for FY 01-05 Strategic Prevention Framework State Incentive Grant. While the budgets and narrative enclosed covers all five years of the grant period, a yearly budget is submitted for each consecutive year.

The budgets submitted will support the Strategic Prevention Framework process to formalize the development and periodic refinement of a strategic plan to guide allocation of prevention resources. Much of the first year will be spent in carrying out Vermont's epidemiological process and in preparing partners around the state to expand their understanding of how to best mobilize substance abuse prevention efforts and programming. A major strategy addressing priority prevention needs, particularly those needs that respond to underage drinking, will be expansion of the community coalitions which have been successful in Vermont in mobilizing professionals and volunteers to respond to risk and protective factors.

Please contact Barbara Cimaglio at (802) 951-1258 if you have any questions.

Sincerely,

Barbara Cimaglio

Barbara Cimaglio
Deputy Commissioner
for Alcohol and Drug Abuse Programs

file

108 Cherry Street • PO Box 70 • Burlington, VT 05402-0070 **TEL** 802-863-7281 **FAX** 802-865-7754

Strategic Prevention Framework State Incentive Grants
SPF-SIG
Proposed Budget - Year One

$2.3 million @ 85% = $1,955,000
15% = $345,000

	Community Expenditures	Administrative Expenditures	Total Grant
85% for Community Grant Expenditures	~~$ 2,550,000~~ 1,955,000		
15% for Administrative Expenditures		~~$ 450,000~~ 345,000	
Total Grant			~~$ 3,000,000~~ 2,300,000

Community Grant Expenditure Categories

Media Campaign	Not in year one	
Training	$ 100,000	$700,000
Evaluation Contract - Community Level	$ 200,000	
Research/Prevention/Intervention Grants		
Community Planning/Organization Grants	$ ~~2,230,000~~	

Administrative Expenditure Categories

Advisory Council and EPI Workgroup (SEW)		**$ 18,500**
Contracts :		
Data Collection-Other Data Sources		$ 15,500
Vermont Center for Justice Research		$ 7,500
Facilitator Advisory Co.		$ 10,000
Total Contracts		**$ 33,000**
Evaluation Contract - State Level		**$ 74,259**
Employee Expenditures:		
100% of 1 FTE SPF-SIG Coordinator Position		$ ~~43,139~~
100% of 1 FTE Communications Specialist Position		$ 40,726
100% of 1 FTE Data Analyst Position		$ 43,139
20% Office of Minority Health Director		$ 8,848
Total Salaries		$ 135,852
Benefits - 30%		$ 40,756
Total Personnel Costs		**$ 176,607**
Travel:		
In-State		$ 19,200
Out-of-State		$ 7,169
Total Travel		**$ 26,369**
Supplies		**$ 7,800**
Equipment		
Computers/Phones/Desks		**$ 7,500**
Indirect Costs:		
Indirect (60% of Salaries)		$ 105,964
	1,955,000	345,000
	~~$2,550,000~~	$ ~~450,000~~ $ ~~3,000,000~~ $2,300,000

Strategic Prevention Framework State Incentive Grants
SPF-SIG
Proposed Budget - Year Two

	Community Expenditures	Administrative Expenditures	Total Grant
85% for Community Grant Expenditures	$ 2,550,000		
15% for Administrative Expenditures		$ 450,000	
Total Grant			$ 3,000,000
Community Grant Expenditure Categories			
Media Campaign	$ 70,000		
Training	$ 60,000		
Evaluation Contract - Community Level	$ 200,000		
Research/Prevention/Intervention Grants Community Planning/Organization Grants	$ 2,220,000		
Administrative Expenditure Categories			
Advisory Council and EPI Workgroup (SEW)		$ 18,500	
Contracts :			
Data Collection-Other Data Sources		$ 15,000	
Vermont Center for Justice Research		$ 7,500	
Facilitator Advisory Co.		$ 6,500	
Total Contracts		$ 29,000	
Evaluation Contract - State Level		$ 78,630	
Employee Expenditures:			
100% of 1 FTE SPF-SIG Coordinator Position		$ 44,217	
100% of 1 FTE Communications Specialist Position		$ 41,744	
100% of 1 FTE Data Analyst Position		$ 44,217	
20% Office of Minority Health Director		$ 9,069	
Total Salaries		$ 139,248	
Benefits - 30%		$ 41,774	
Total Personnel Costs		$ 181,023	
Travel:			
In-State		$ 19,600	
Out-of-State		$ 7,134	
Total Travel		$ 26,734	
Supplies		$ 7,500	
Indirect Costs:			
Indirect (60% of Salaries)		$ 108,614	
TOTAL EXPENDITURES	$ 2,550,000	$ 450,000	$ 3,000,000

Strategic Prevention Framework State Incentive Grants
SPF-SIG
Proposed Budget - Year Three

	Community Expenditures	Administrative Expenditures	Total Grant
85% for Community Grant Expenditures	$ 2,550,000		
15% for Administrative Expenditures		$ 450,000	
Total Grant			$ 3,000,000
Community Grant Expenditure Categories			
Media Campaign	$ 70,000		
Training	$ 60,000		
Evaluation Contract - Community Level	$ 200,000		
Research/Prevention/Intervention Grants Community Planning/Organization Grants	$ 2,220,000		
Administrative Expenditure Categories			
Advisory Council and EPI Workgroup (SEW)		$ 18,500	
Contracts :			
Data Collection-Other Data Sources		$ 11,000	
Vermont Center for Justice Research		$ 7,500	
Facilitator Advisory Co.		$ 6,000	
Total Contracts		$ 24,500	
Evaluation Contract - State Level		$ 76,452	
Employee Expenditures:			
100% of 1 FTE SPF-SIG Coordinator Position		$ 45,322	
100% of 1 FTE Communications Specialist Position		$ 42,788	
100% of 1 FTE Data Analyst Position		$ 45,322	
20% Office of Minority Health Director		$ 9,296	
Total Salaries		$ 142,728	
Benefits - 30%		$ 42,818	
Total Personnel Costs		$ 185,547	
Travel:			
In-State		$ 20,200	
Out-of-State		$ 6,973	
Total Travel		$ 27,173	
Supplies		$ 6,500	
Indirect Costs:			
Indirect (60% of Salaries)		$ 111,328	
TOTAL EXPENDITURES	$ 2,550,000	$ 450,000	$ 3,000,000

VERMONT

Vermont Department of Health
108 Cherry Street, P.O. Box 70
Burlington, VT 05402-0070
www.HealthyVermonters.info

[phone] 802-863-7200
[fax] 802-865-7754

Agency of Human Services

MEMORANDUM

To: Molly O. Paulger, Department of Human Resources

From: Karen Kelley, Grants Program Specialist, Department of Health

Re: Request for Grant Acceptance & Establishment of Positions:
New Directions – Completing the Vision Vermont State Incentive Project

Date: 10/21/05

The Department of Health has received a grant from the Substance Abuse and Mental Health Services Administration, providing $2,332,000 annually over five years to assist Vermont in implementing SAMHSA's Strategic Prevention Framework. These funds will support three new positions.

As you've requested, I am submitting to you all of the documents associated with these requests. Enclosed you will find the Requests for Classification Action, each with pertinent organization chart, the Position Request Form, the Request for Grant Acceptance (the AA-1) and attached summary, a copy of the grant award document, and a copy of the grant application.

I would appreciate knowing when you have completed your review and have sent the appropriate parts of the package along to Jan Westervelt at Finance and Management. Thanks for your help and please let me know (657-4258) if you have questions or need further information.

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

	2. DATE SUBMITTED: 7/1/2004	Applicant Identifier:
1. TYPE OF SUBMISSION: *Application* / *Preapplication* __ Construction / __ Construction X Non-Construction / __ Non-Construction	3. DATE RECEIVED BY STATE	State Application Number
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: **State of Vermont**	Organizational Unit: **Office of the Governor**
Address (*give city, county, state, and zip code*): **Vermont Department of Health Division of Alcohol and Drug Abuse Programs 108 Cherry Street P.O. Box 70 Burlington, Vt. 05402-0070**	Name and telephone number of the person to be contacted on matters involving this application (give area code) **Barbara Cimaglio 802-651-1553 802-651-1573 (Fax) bcimagl@vdh.state.vt.us**
6. EMPLOYER IDENTIFICATION NUMBER (EIN): **03-6000274**	7. TYPE OF APPLICANT: *(enter appropriate letter in box)* **A** A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special district N. Other *(Specify)*:_____
8. TYPE OF APPLICATION: X New __ Continuation __ Revision If Revision, enter appropriate letter(s) in box(es): __ __ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other *(specify)*: _____	9. NAME OF FEDERAL AGENCY: **SAMHSA - CSAP**
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: **93-243** TITLE: **SP 04-002 SPF-SIG**	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: **New Directions - Completing the Vision Vermont State Incentive Project**
12. AREAS AFFECTED BY PROJECT *(CITIES, COUNTIES, STATES, ETC.)*: **State of Vermont**	

13. PROPOSED PROJECT: Start Date	Ending Date	14. CONGRESSIONAL DISTRICTS OF: a. Applicant	b. Project
10/1/2004	9/30/2009	Vermont	Vermont

15. ESTIMATED FUNDING:	
a. Federal	$ 3,000,000
b. Applicant	
c. State	
d. Local	
e. Other	
f. Program Income	
g. TOTAL	$ 3,000,000

16. IS APPLICANT SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: _____

b. NO __ PROGRAM IS NOT COVERED BY E.O. 12372
X OR PROGRAM HAS NOT BEEN SELECTED FOR REVIEW

17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?

__ YES If "yes" attach an explanation. _X_ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative	b. Title	c. Telephone Number
Hon. James Douglas	Governor	802-828-3333
d. Signature of Authorized Representative		e. Date Signed: 6/28/04

Previous Editions Not Usable

Standard Form 424 (Rev 4-88)
Prescribed by OMB Circular A-102

Table of Contents

STATE OF VERMONT
POSITION ACCEPTANCE FORM

GRANT SUMMARY: To prevent the onset and reduce the progression of substance abuse including childhood and underage drinking; to reduce substance abuse-related problems in communities, and to build prevention capacity and infrastructure at the state and community levels.

DATE: November 14, 2005

DEPARTMENT: AHS / Health

GRANT AMOUNT: $2,332,000

GRANT PERIOD: 07/01/05 – 6/30/10

GRANT/DONOR: Substance Abuse and Mental Health Services Administration (SAMHSA)

POSITIONS REQUESTED (LIMITED SERVICE):
1 FTE New Directions Coordinator
1 FTE Administrative Assistant
1 FTE Research & Policy Analyst

LONG-TERM COSTS TO STATE:

COMMENTS: This grant is supportive of the administration's goal of reducing substance abuse through improved preventive programs.

DEPT. OF FINANCE & MANAGEMENT: (INITIAL) 12/1/05
SECRETARY OF ADMINISTRATION: (INITIAL) 12/1/05
SENT TO JOINT FISCAL OFFICE: (DATE)

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the
Regional Director

Region I
John F. Kennedy Federa
Government Center
Boston, MA 02203

March 2, 1989

Ms. Nancy Clermont
Agency Financial Management Specialist
State of Vermont
Agency of Human Services
103 South Main Street
Waterbury, Vermont 05676

Dear Ms. Clermont:

This is to inform you of the approval of the enclosed Administrative Cost Allocation Plan originally submitted on December 30, 1987 and revised May 9, 1988 and September 26, 1988. The approval is effective October 1, 1987 and will remain in effect until such time as the allocation methods contained therein are outdated or otherwise determined to be inappropriate. Responsibility for monitoring the continued accuracy of the plan rests solely with the State.

Approval of this plan is predicated upon conditions that (1) no costs, other than those incurred pursuant to the approved State Plan, are included in claims to HHS and that such costs are legal obligations, (2) the same costs treated as indirect costs have not been claimed as direct costs, and (3) similar types of costs have been accorded consistent treatment.

This approval also presumes the existence of an accounting system with internal controls adequate to protect the interests of both the State and Federal governments. Approval of the cost allocation plan does <u>not</u> constitute the approval of the estimated costs submitted with the plan. The approval relates only to the accounting treatment accorded the costs of your programs, and nothing herein should be construed to approve activities or costs not otherwise authorized by program plans, Federal legislation or regulations.

The operation of the plan may, from time to time, be reviewed by authorized Federal staff, including DCA, OPDIV, HHS Audit and General Accounting Office personnel. The disclosure of inequities during such reviews may necessitate changes to the plan and could result in the disallowance of improperly allocated costs.

Thank you for your cooperation in maintaining an accurate and current cost allocation plan.

Sincerely yours,

Walter M. Boland, Director
Division of Cost Allocation

Enclosure

cc:
Alfred Fuoroli, HCFA
Peter Shanley, USDA

Strategic Prevention Framework
State Incentive Cooperative Agreements
Grant # SP11203-01
TERMS AND CONDITIONS OF AWARD
Cooperative Agreement with the Vermont Department of Health
Project Director: Barbara Cimaglio

This cooperative agreement sets out the general conditions governing a collaborative effort between the Vermont Department of Health and the Center for Substance Abuse Prevention (CSAP), Substance Abuse and Mental Health Services Administration (SAMHSA). The purpose of this funding is to assist States to implement SAMHSA's Strategic Prevention Framework in order to: 1) prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking; 2) reduce substance abuse-related problems in communities; 3) build prevention capacity and infrastructure at the State and community levels. While the responsibility for conducting these activities lies primarily with the Office of the Governor or with his or her designee or authorized organization, CSAP and its designated representatives shall provide continuing technical assistance, consultation, and coordination in the conduct of the project during the period of this agreement. In addition to these terms and conditions and the applicable statutes and regulations, grantees are bound by the PHS Grants Policy Statement and all requirements in the Guidance for Applicants (GFA), No. SP04-002, document.

A. Role of the Grantee

Refer to GFA, page 11, Section II, AWARD INFORMATION, 2. Funding Mechanism

B. Role of Federal Staff

The Government Project Officer (GPO) will serve as an active member of the State's SPF Advisory Council. Through participation on the Advisory Council, the GPO will provide guidance and technical assistance to help awardees achieve SPF SIG goals. The GPO also will: participate on policy, steering, advisory or other workgroups; assure that SPF SIG projects are responsive to SAMHSA's mission and implement the SAMHSA Strategic Prevention Framework; monitor and review progress of SPF SIG projects; monitor development and collection of process and outcome data from SPF SIG grantees; ensure compliance with SAMHSA's National Outcome Measures, including Government Performance and Results Act (GPRA) and Performance Assessment Rating Tool (PART) data requirements; ensure the SPF SIG's collaboration with the SPF SIG State Epidemiological Workgroup; and review and approve the State's Strategic Plan and relevant subrecipient funding mechanisms to distribute and award the 85% for community-level activities.

C. Role of the Grants Management Officer

The Grants Management Officer is responsible for all of the business management aspects of grant negotiation, award, financial and administrative aspects of the cooperative agreement. The Grants Management Officer will utilize information from site visits, reviews of expenditure and audit reports, and other appropriate means to assure that the project is operated in compliance with all applicable Federal laws, regulations, guidelines, and terms and conditions of award. Questions concerning the applicability of regulations and policies to this cooperative agreement, and all required prior approvals, such as requests for permission to expend funds for certain items, should be directed to the Grants Management Officer. The Grants Management Officer is the only person who may grant such required approvals. All changes in the terms of the cooperative agreement award must be in writing by the Grants Management officer.

D. Role of the Strategic Prevention Framework Advisory Council

Refer to GFA, Page 6, Section 2.4

SPECIAL CONDITIONS OF AWARD:

Failure to comply with the special condition(s) may result in a drawdown restriction on your Payment Management Account or denial of funding in the future.

1. The SIG Program Director will provide the CSAP Project Officer a written response to issues identified in the "Strengths" and "Weaknesses" sections of the IRG Summary Statement, within 30 days of the grant award.

2. The grantee will provide within 30 days of grant award (i.e., by October 30, 2004) revised budgets for all years of the grant reflecting the actual grant award amount and in accordance with all budget requirements identified in the Terms and Conditions of Award. The grantee must submit the revised budgets using Form 424A "Budget Form for Non-Construction Program," and must provide a detailed budget breakdown and a detailed budget narrative justification. See attached budget sample.

3. Grant funds intended for "Community-level organizations" Prevention Subrecipient Contracts in the amount of $1,982,200 (85% of the total grant amount) is restricted and may not be used for any other purpose without the prior written approval of the CSAP Grants Management Officer and Project Officer. Additionally, the State may use up to 15% of its award (direct and indirect) for administrative and State-level evaluation and epidemiological expenses. These funds may be used to enhance the States' prevention data infrastructure and the capacity to collect and analyze prevention data.

4. SIG representatives may be required to attend one or more CSAP Grantees meetings. Grant funds will be used to support travel and attendance at these meetings.

5. Grantees must include the prevention of underage alcohol consumption as part of their SPF SIG project and provide a comprehensive strategy that addresses this problem. Underage drinking must be included in all five steps of the Strategic Prevention Framework implemented by each SPF SIG grantee.

6. Although the grantee is expected to draw from the allocation for State level Administrative Funds (i.e., 15%) to establish and maintain a State Epidemiological Workgroup and State-level evaluation, the grantee may, following written approval from the Government Project Officer, charge the costs associated with evaluation and epidemiological analyses performed at the community level to the 85% community portion of the grant, but not to exceed $100,000 annually.

7. The grantee is required to confirm that the State will expend a minimum of $150,000 each year from grant or other funds on the state epidemiological workgroup (SEW) activities, including the statewide needs assessment.

8. In implementing the 85% community portion of the SPF SIG, the grantee is required to confirm that the State will utilize Drug Free Community (DFC) grantees as community sub recipients if DFC grantees are located in that target arreas that will be identified through the State's strategic planning process, and if the CSAP State Project Officer concurs.

SPECIAL TERMS AND CONDITIONS OF AWARD:

1. The total amount of this award is $2,332,000 is restricted and may not be used for any other purposes. Full funding will be based on satisfactorily addressing participant protection concerns reported on the summary statement within 30 days upon receipt of Notice of Grant Award (NGA). Written responses must include a list of each participant protection concern mentioned in the summary statement and the organization's response to that concern. Responses should be sent to the identified Program Project Officer and Grants Management Officer listed on the NGA.

STANDARD TERMS OF AWARD:

1. This grant is subject to the terms and conditions, included directly, or incorporated by reference on the Notice of Grant Award. Refer to the order of precedence in Block 16 on the Notice of Grant Award.

2. The grantee organization is legally and financially responsible for all aspects of this grant, including funds provided to subrecipients.

3. Grant funds cannot be used to supplant current funding of existing activities.

4. The recommended future support as indicated on the Notice of Grant Award reflects TOTAL costs (direct plus indirect). Funding is subject to the availability of Federal funds, and that matching funds, (if applicable), is verifiable, progress of the grant is documented and acceptable.

5. By law, none of the funds awarded can be used to pay the salary of an individual at a rate in excess of the Executive

Level I, which is $180,100 annually.

6. "Confidentiality of Alcohol and Drug Abuse Patient Records" regulations (42 CFR 2) are applicable to any information about alcohol and other drug abuse patients obtained by a "program" (42 CFR 2.11), if the program is federally assisted in any manner (42 CFR 2.12b).

Accordingly, all project patient records are confidential and may be disclosed and used only in accordance with (42 CFR 2). The grantee is responsible for assuring compliance with these regulations and principles, including responsibility for assuring the security and confidentiality of all electronically transmitted patient material.

7. Accounting Records and Disclosure - Awardees and subrecipients must maintain records with that adequately identify the source and application of funds provided for financially assisted activities. These records must contain information pertaining to grant or subgrant awards and authorizations, obligations, unobligated balances, assets, liabilities, outlays or expenditures, and income. The awardee, and all its subrecipients, should expect that SAMHSA, or its designee, may conduct a financial compliance audit and on-site program review annually on grants with significant amounts of Federal funding.

8. Per (45 CFR 92.34) and the PHS Grants Policy Statement, any copyrighted or copyrightable works developed under this cooperative agreement/grant shall be subject to a royalty free, nonexclusive and irrevocable license to the government to reproduce, publish, or otherwise use them and to authorize others to do so for Federal Government purposes. Income earned from any copyrightable work developed under this grant must be used as program income.

9. A notice in response to the President's Welfare-to-Work Initiative was published in the Federal Register on May 16, 1997. This initiative is designed to facilitate and encourage grantees and their subrecipients to hire welfare recipients and to provide additional needed training and/or mentoring as needed. The test of the notice is available electronically on the OMB home page at www.whitehouse.gov/wh/eop/omb.

10. The DHHS Appropriations Act requires that, to the greatest extent practicable, all equipment and products purchased with funds made available under this award should be American made.

11. Program Income accrued under the award must be accounted for in accordance with the additional costs alternative described in (45 CFR 74.24(b)(1)) or (45 CFR 92.25(g)(2)) as applicable. Program income must be used to further the grant objectives and shall only be used for allowable costs as set forth in the applicable OMB administrative requirements.

12. Actions that require prior approval must be submitted in writing to the Grants Management Officer (GMO), SAMHSA. The request must bear the signature of an authorized business official of the grantee organization as well as the project director. Approval of the request may be granted by the GMO and will be in writing. No other written or oral approval should be accepted and will not be binding on SAMHSA.

13. Any replacement of, or substantial reduction in effort of the Program Director (PD) or other key staff of the grantee or any of the subrecipients requires the written prior approval of the Grants Management Officer. The GMO must approve the selection of the PD or other key personnel, if the individual being nominated for the position had not been named in the approved application, or if a replacement is needed should the incumbent step down or be unable to execute the position's responsibilities. A resume for the individual(s) being nominated must be included with the request. Key staff (or key staff positions, if staff has not been selected) are listed below:

Marcia LaPlante, Project Director at 100% level of effort
Lori Ruiz, Evaluator at 100% level of effort

14. None of the Federal funds provided under this award shall be used to carry out any program for distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

15. Refer to the back of the Notice of Grant Award for information regarding grant payment information (1) and the Health and Human Services Inspector General's Hotline for information concerning fraud, waste or abuse.

16. As the grantee organization, you acknowledge acceptance of the grant terms and conditions by drawing or otherwise obtaining funds from the Payment Management System. In doing so, your organization must ensure that you exercise prudent stewardship over Federal funds and that all costs are allowable, allocable and reasonable.

17. No DHHS funds may be paid as profit (fees) per (45 CFR Parts 74.81 and 92.22(2)).

18. RESTRICTIONS OF GRANTEE LOBBYING (Appropriations Act Section 503).

(A) No part of any appropriation contained in this Act shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress, except in presentation to the Congress itself or any State legislature, except in presentation to the Congress or any State legislature itself.

(B) No part of any appropriation contained in this Act shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.

REPORTING REQUIREMENTS

1. Financial Status Report, Standard Form 269 (long form) is due within 90 days after expiration of the budget period, and 90 days after the expiration of the project period. Include the required match on this form under Recipient's share of net outlays (#10 a-i) in order for SAMHSA to determine whether matching is being provided and the rate of expenditure is appropriate. Adjustments to the award amount, if necessary, will be made if the grantee fails to meet the match. Disbursements reported on the Financial Status Report must equal/or agree with the Final Payment Management system Report (PMS-272).

2. Submission of Programmatic Quarterly Reports is due no later than the dates as follows:

1st Quarterly Report: October 30, 2005 2nd Quarterly Report: January 30 , 2006
3 rd Quarterly Report: April 30, 2006 4th Quarterly Report: July 30, 2009

3. The grantee must comply with SAMHSA's National Outcome Measure (NOM) Requirements, including Government Performance and Results Act (GPRA) and Performance Assessment Rating Tool (PART) data requirements. NOM requirements include the collection, periodic reporting, and delivery of performance data as specified in the RFA or by the Project Officer. This information is needed in order to comply with PL 102-62 which requires that SAMHSA report evaluation data to ensure the effectiveness and efficiency of its programs.

4. Submission of audit reports in accordance with the procedures established in OMB Circular A-133 is required by the Single Audit Act Amendments of 1966 (P.L. 104-156). An audit is required for all entities which expend $500,000 or more of Federal funds in each fiscal year and is due to the Clearinghouse within 30 days of receipt from the auditor or within nine (9) months of the fiscal year, whichever occurs first, to the following address:

Federal Audit Clearinghouse
Bureau of the Census
1201 E. 10th Street
Jeffersonville, IN 47132

Failure to comply with this requirement may result in DHHS sanctions placed against your organization, i.e., classification as high risk, conversion to a reimbursement method of payment, suspension or termination of award.

HUMAN SUBJECTS:

Under government regulations, Federal funds administered by the DHHS shall not be expended for, and individuals shall not be enrolled in research involving human subjects without prior approval by the substance Abuse and Mental Health Services Administration of the project's procedures for protection of human subjects. This restriction applies to all Multiple Project Assurance grantee institutions and performance sites without human subject certification. For institutions with a Single Project Assurance, but no certification at time of award, no funds may be expended or individuals enrolled in research without prior approval by the Office for Human Research Protection (OHRP) of an assurance to comply with the requirements of (45 CFR 46) to protect human research subjects.

INDIRECT COSTS:

Grantees that have established indirect cost rates are required to submit an indirect cost proposal to the appropriate office within 90 days from the start date of the project period. If the grantee requests indirect cost reimbursement but does not have an approved rate agreement at the time of award, the grantee shall be limited to a provisional rate equaling one-half of the indirect costs requested, up to a maximum of 10 percent of salaries and wages only.

SAMHSA will not accept a research indirect cost rate. The grantee must use an other-sponsored program rate or lowest rate available.

Please contact the appropriate office of the Division of Cost Allocation to begin the process for establishing an indirect cost rate. A list of the offices was included with your application package and through the SAMHSA website. Go to www.samhsa.gov, then click on "grant opportunities," then find DHHS Division of Cost Allocation Regional Offices.

CONTACTS:

Grants Management Specialist:

Name: William Reyes
Address: See Below

Phone :{240) 276-1406
Fax :{240) 276-1430
E-mail : william.reyes@samhsa.hhs.gov

Federal Project Officer:

Name: Grant Hills
Address: Division of State & Community Assistance
1 Choke Cherry Road, Room 4-1090
Rockville, MD 20857

Phone :{240} 276-2562
Fax :{240) 276-2580}
Email :grant.hills@samhsa.hhs.gov

All responses to special terms and conditions of award and postaward requests must be mailed to the Division of Grants Management, OPS, SAMHSA below:

For Regular Delivery:

Division of Grants Management
Management,
OPS, SAMHSA
1 Choke Cherry Road, Room 7-1091
Rockville, MD 20857

For Overnight or Direct Delivery:

Division of Grants
OPS, SAMHSA
1 Choke Cherry Road, Room 7-1091
Rockville, MD 20850

Strategic Prevention Framework State Incentive Grants
SPF-SIG
Proposed Budget - Year Four

	Community Expenditures	Administrative Expenditures	Total Grant
85% for Community Grant Expenditures	$ 2,550,000		
15% for Administrative Expenditures		$ 450,000	
Total Grant			$ 3,000,000
Community Grant Expenditure Categories			
Media Campaign	$ 80,000		
Training	$ 50,000		
Evaluation Contract - Community Level	$ 200,000		
Research/Prevention/Intervention Grants Community Planning/Organization Grants	$ 2,220,000		
Administrative Expenditure Categories			
Advisory Council and EPI Workgroup (SEW)		$ 18,500	
Contracts :			
Data Collection-Other Data Sources		$ 10,000	
Vermont Center for Justice Research		$ 7,000	
Facilitator Advisory Co.		$ 5,750	
Total Contracts		$ 12,750	
Evaluation Contract - State Level		$ 80,952	
Employee Expenditures:			
100% of 1 FTE SPF-SIG Coordinator Position		$ 46,455	
100% of 1 FTE Communications Specialist Position		$ 43,858	
100% of 1 FTE Data Analyst Position		$ 46,455	
20% Office of Minority Health Director		$ 9,528	
Total Salaries		$ 146,296	
Benefits - 30%		$ 43,889	
Total Personnel Costs		$ 190,185	
Travel:			
In-State		$ 21,000	
Out-of-State		$ 6,502	
Total Travel		$ 27,502	
Supplies		$ 6,000	
Indirect Costs:			
Indirect (60% of Salaries)		$ 114,111	
TOTAL EXPENDITURES	$ 2,550,000	$ 450,000	$ 3,000,000

Strategic Prevention Framework State Incentive Grants
SPF-SIG
Proposed Budget - Year Five

	Community Expenditures	Administrative Expenditures	Total Grant
85% for Community Grant Expenditures	$ 2,550,000		
15% for Administrative Expenditures		$ 450,000	
Total Grant			$ 3,000,000
Community Grant Expenditure Categories			
Media Campaign	**$ 90,000**		
Training	**$ 40,000**		
Evaluation Contract - Community Level	**$ 200,000**		
Research/Prevention/Intervention Grants Community Planning/Organization Grants	**$ 2,220,000**		
Administrative Expenditure Categories			
Advisory Council and EPI Workgroup (SEW)		**$ 18,500**	
Contracts :			
Data Collection-Other Data Sources		$ 7,000	
Vermont Center for Justice Research		$ 4,000	
Facilitator Advisory Co.		$ 3,000	
Total Contracts		**$ 14,000**	
Evaluation Contract - State Level		**$ 83,896**	
Employee Expenditures:			
100% of 1 FTE SPF-SIG Coordinator Position		$ 47,616	
100% of 1 FTE Communications Specialist Position		$ 44,954	
100% of 1 FTE Data Analyst Position		$ 47,616	
20% Office of Minority Health Director		$ 9,766	
Total Salaries		$ 149,953	
Benefits - 30%		$ 44,986	
Total Personnel Costs		**$ 194,939**	
Travel:			
In-State		$ 13,500	
Out-of-State		$ 5,201	
Total Travel		**$ 18,701**	
Supplies		**$ 3,000**	
Indirect Costs:			
Indirect (60% of Salaries)		$ 116,964	
TOTAL EXPENDITURES	$ 2,550,000	$ 450,000	$ 3,000,000

Budget Justification

Vermont Expenditures

The initial justification narrative below explains the first through fifth year budget supports provided by resources from the State of Vermont and the SAPT block grant which will build on the SPF-SIG funding from SAMHSA. These efforts are expected to remain generally the same in their basic components over the life of this cooperative agreement. Although it is anticipated that additional resources will become available as funding streams are merged and coordinated through the planning, envisioned in this proposal, the activities and underlying justification for their efficacy will remain the same.

Although the actual responsibility for administering this proposal falls on Vermont Department of Health's Division of Alcohol and Drug Abuse Programs, the commitment of effort for making this proposal successful and effective ranges from Office of the Governor [Advisory Council member] to the Agency of Human Services (AHS) [Deputy Secretary is an Advisory Council member] and across government into the Department of Education [Commissioner is an advisory Council member]. It is impossible to calculate the levels of staff support that has been committed and promised in all of these areas of Vermont's state system. It is worthy of note that the Epi workgroup will be supported by David Murphey from AHS and our advisory Council members include representatives from AHS's Juvenile Justice Council. The letters of support include many of our proposed advisory council partners who are from outside of state government.

The work done by Vermont Department of Health to support this effort ranges from the commitment of Commissioner Paul Jarris M.D. [Advisory Council member], the Health Surveillance Unit [Epidemiological workgroup], Community Public Health [Advisory Council member], and Training Unit. This doesn't even take into account the business, data, and other support functions provided by the Department for its Division of Alcohol and Drug Abuse Programs. Some of the administrative support effort is covered by Vermont's cost allocation plan [see below] but that is not sufficient to cover the costs of even the business functions let alone the support of a system of care which includes Commissioner Jarris's time, 12 District Offices around the state and all of the other resources at the disposal of a state Health Department.

Responsibility for administering this proposal falls on Division of Alcohol and Drug Abuse Programs. ADAP's prevention staff are going to have their priorities informed by the SPF process and thus their commitment to this project, all embracing. The commitment of the key administrative staff in ADAP ranging from our leader, Barbara Cimaglio [15% time], on through our operations, business, and support staff functions will be reflected in the percentages of devoted time outlined below. All staff will be called on to support this effort at times just as they were during our original SIG process. The value of currently funded prevention staff efforts which will be used to DIRECTLY support the SPF-SIG process is **$355,000 support from ADAP budgets**. A prime example of tangential support is provided by our treatment unit. They will be peripherally involved but our experience with major prevention initiatives is that they are the ultimate recipients of treatment case finding.

Marcia LaPlante, Prevention Services Chief, will serve as the project manager and commit 50% of her time during the first 6 months of the grant and 25% thereafter. Ms. LaPlante was the project director for VDH's previous successful SIG. As the project manager, Ms. LaPlante will oversee and provide direct staff work on state infrastructure issues because of her expertise in management, planning and coordination of statewide substance abuse prevention system and program. Ms. LaPlante will be responsible for the initiation of the hiring process for the assistant SPF-SIG coordinator [100% SPF-SIG funded] and communication specialist [100% SPF-SIG funded], recruitment of trainer and a facilitator for the strategic planning process. Melissa Liebig, the New Directions Coordinator, will serve as the full time [100%] project coordinator

for the SPF SIG. As the New Directions coordinator, Ms. Liebig had significant leadership responsibilities for implementation of the first SIG and is currently responsible for the developmental, consultative, facilitative and administrative work involved in coordination and oversight of New Directions. The ability of the State to strengthen its prevention infrastructure relies on the sustainability of VDH's network of New Directions Coalitions and their role in the SPF SIG process. Vermont community based prevention efforts are currently funded with **$643,000 support from ADAP's prevention unit's budget.** As a part of her role as SPF SIG coordinator, Ms. Liebig will supervise, mentor and train a newly hired assistant SPF-SIG Coordinator. This will assure that all activities of the New Directions Program are integrated into and strengthen The SPF process.

Public Health Specialist, Lori Uerz will commit 50% of her time to serving as the key prevention expert on the Epi Workgroup and will assist ADAP's Public Health Analyst, Kelly Hale-Lamonda in the convening of the Epi Workgroup until our contractual evaluation staff are on site. Ms. Hale-Lamonda will commit 20% of her time, and will report to Linda Piasecki [10%], ADAP Director of Operations. She will continue to support the Epi Workgroup with her expertise in prevention and data analysis. Ms. Piasecki will be responsible for hiring and supervising the Data Annalist [100% SPF-SIG funded] who will be charged with supporting the epidemiological process and workgroup. This position will be key in the development and maintenance of a data base and supporting data base infrastructure that supports the ongoing work of the Epi Workgroup and the SPF model of prevention delivery.

Ms. Hale-Lamonda will oversee the evaluation contract for VDH. Ms. Uerz and Ms. Piasecki filled comparable roles in the first SIG. Ms. Uerz will report to the Prevention Services Chief. Ms. Uerz also oversees data collection on SAPT Block Grant supported services. It will be her role to assure that SPF SIG evaluation systems address Government Performance and Results Act (GPRA) requirements and are also relevant to evaluation of the Block Grant and state funded services. Ms. Uerz and Ms. Piasecki filled comparable roles in the first SIG.

The Communications Specialist will be devoted full time to the SPF SIG and report to the Prevention Services Chief. During Year 1 the Communications Specialist [100% grant funded] will be responsible for conducting a resource assessment of existing public information, social marketing and media literacy initiatives specific to the reduction of underage drinking. The specialist will work closely with the SAC to identify existing national resources and campaigns that could be adapted to address SPF priorities, and develop public information activities in which every grantee will be expected to participate. To assure sustainability, the specialist will be responsible for providing technical assistance to staff, partners and grantees on implementing these strategies in line with best practice recommendations thus increasing capacity to implement effective communications strategies throughout the substance abuse and mental health system. This will also include review of subgrants, local public information products (materials and media spots), and development of statewide materials and spots. In years 2 and beyond, the Communications Specialist will lead to development of Vermont specific campaigns that may be needed to fill gaps and enhance education, policy and enforcement strategies aimed at the reduction of underage drinking.

The VDH Office of Minority Health Director Rrunehsa Jacques Muderhwa, MPH, [20% time SPF-SIG funded] will support the Epidemiological Workgroup, sit on Advisory Council, and work with our partners and community coalitions in assuring that the needs of minority populations receive focus.

SAMHSA Expenditures Year 1

85% for Community Support

30-40 Grants/Cooperative Agreements-The primary area of grant expenditure in the proposed SPF-SIG budget will be in the area of cooperative agreements with Vermont's commu-

nities and prevention service delivery organizations. **$2,220,000 will be distributed** through process described in the text above which includes the distribution of up to **30-40 grants/cooperative agreements** which will range from $60,000 to $100,000. These proposed, evidence-based interventions, based on the data driven SPF plan will be compliment a smaller group of planning grants. Communities and organizations in areas where Vermont lacks functioning coalitions or a functioning prevention service delivery infrastructure will be invited to apply for as many as 5-10 planning grants ranging from $3,000 to $7,000. These groups will be required to attend CADCA Mid-Year Training Institute Coalition "Boot Camp. SPF training sessions will include: 1) Collecting and interpreting data; 2) Using state level data to inform local planning; 3) Identifying local resources and gaps in services; 4) Steps needed to build or enhance community/coalition level capacity to address the needs; and 5) Using data, resources and capacity to develop a strategic plan. "

Training- In year one **$130,000 will be devoted to training** for the implementation of evidence based prevention approaches. The recipients of training will range from members of Community based coalitions, to community decision makers. They will and include strong representation from the groups that the Epidemiological Workgroup and Advisory Council focus on as being Vermont's highest need prevention target groups and areas. The letters of commitment include our regional CAPT and a VDH training unit with a menu of existing trainings which will add **$250,000 in additional Vermont support** to the SPF-SIG process. We have also been assured strong support from PIRE's Underage Drinking Enforcement Training Center, which has already provided Vermont with training on enforcement strategies for underage drinking and in environmental prevention approaches.

At this moment, it is difficult to specify exactly what levels of training will be required but it is certain to include a focus on the SPF process, the meaning of evidence-based prevention, theories of prevention and Vermont's approach to setting priorities for local services. Training on mental health/substance abuse common risk and protective factors will be required. A Training of Trainers for community assessment and approaches such as Getting To Outcomes is clearly indicated as are trainings on approaches to underage drinking prevention and environmental approaches to change. Skill-building training programs for such activities as planning, evaluation, youth leadership and involvement, social marketing, media advocacy, media literacy and specific evidence-based programs are certainly going to be required but it is too soon to specify what the planning process will dictate. We will prioritize prevention training consistent with the national ICRC standards, including training on mobilizing communities, conducting needs assessments, and preparing strategic plans in order to support coalitions in preparing applications for first-year subgrants.

Data collection and evaluation- VDH anticipates that its current evaluation contractor, Pacific Institute for Research and Evaluation (PIRE), will be the evaluator for this project (pending completion of the state's contracting process). We have calculated the percentages of SPF-SIG support that will be devoted to **Data collection and evaluation: 11.5% of the budget in year one, 11.7% of the budget in year two, 11.5% of the budget in year three, 11.7% of the budget in year four, and 11.8% of the budget in year five.**

The evaluation contract will be divided into two sections that acknowledge SAMHSA's separation of funding between community and administration services. In the attached budget it is clear that we have divided the evaluation budget between the two and have determined that the **$200,000 devoted to community level evaluation** will be appropriately balanced by evaluation activities which support $74,259 in administrative expenditures. A strong evaluation, including the building of the necessary data infrastructure to support it, is critical to the success and sustainability of the SPF-supported enhancements in the state's prevention system. The evaluation contractor will design, coordinate and implement the evaluation of Vermont's SPF-SIG. We have used our current evaluator, PIRE, to help us construct this proposal and will work with them (subject to state contracting procedures) to lead the first year needs assessment

effort in conjunction with the State Epi Workgroup, and continue to participate on the Epi Workgroup over the life of the project. A detailed justification for the budget that would be needed to support this contract follows. The justification notes that a significant percentage (approximately 70%) of that effort would be directed to assisting community-level subrecipients in conducting local needs assessment and evaluation studies. We have, therefore, divided the annual costs for the evaluation contract as specified in PIRE"s budget justification into two components. One is the component for state-level evaluation (and included in the 15% allocation for state-level activities), and the other for community-level evaluation (and included in the 85% allocation for community-level activities).

15% for Administrative Expenditures

Administrative expenditures include **$18,500 in support of the Advisory Council and Epidemiological Workgroup**. This figure includes $12,500 to support travel reimbursement at the rate of $.375 per mile. Site rental of $ 2,000 and refreshment costs of $4,000.

Data collection **$15,500 to fund small contracts for support of the Epidemiological** Workgroup's activities have included the potential need for such items as the potential administration of the Core college drug and Alcohol survey [$12,000] and the use of additional staff time [$3,500] for mining data from sources around Vermont to support the work of the Epidemiological Workgroup. It is hard to specify exactly what the workgroup's data needs will be but early projections by the group members indicate that this budget will be sufficient to their needs. William Clements from Vermont's Center for Justice Research at Norwich University will need a **contract of $7,500** to support his time and that of a data assistant so that he can participate in the Epidemiological Workgroup as these activities lie out of his currently funded workload. The facilitator for the Advisory Council and Epidemiological Workgroup meetings that develop the SPF balance of priorities will require a **$10,000 contract for guiding the SPF decision making process.**

The **evaluation contract** will be divided into two sections that acknowledge SAMHSA's separation of funding between community and administration services. In the attached budget it is clear that we have divided the evaluation budget between the two and have determined that the $200,000 devoted to community level evaluation will be appropriately balanced by evaluation activities which support **$74,259 devoted to administrative expenditures.**

Personnel Costs

The following personnel costs have been described in the section above relating to the considerable state funded ADAP staff involvement in this effort to demonstrate their integration into Vermont's existing prevention infrastructure. 100% of 1 FTE assistant **SPF-SIG Coordinator Position $43,139** The Assistant will support the efforts of the Project Coordinator (who will be state-funded), particularly in integrating the new SPF activities with existing ADAP support for New Directions community coalitions. The assistant will be involved in a range of support activities for training, distribution of the RFP, technical support and scheduling.
100% of 1 FTE **Communications Specialist Position $40,726** will be responsible for conducting resource assessment of existing public information, social marketing and media literacy initiatives specific to the reduction of underage drinking. The specialist will work closely with the SPF Council to identify resources and campaigns that could address SPF priorities, and develop public information activities in which every grantee will be expected to participate. To specialist will be responsible for providing technical assistance to staff, partners and grantees on implementing these strategies in line with best practice recommendations thus increasing capacity to implement effective communications strategies throughout the substance abuse and

mental health system. In years 2 and beyond, the Communications Specialist will lead to development of Vermont specific campaigns aimed at the reduction of underage drinking
100% of 1 FTE **Data Analyst Position $43,139** the analyst will assist the Public Health Specialist, Health Analyst and on-site evaluation staff member in data collection and organization of a data management system which will support the Epi workgroup effort.
20% **Office of Minority Health Director $8,848**. Rrunehsa Jacques Muderhwa, MPH will support Epi Workgroup, sit on Advisory Council, and work with our partners and community coalitions to assure that the needs of minority populations receive focus and that plans on state and local levels are reflective of the needs of minority populations. Benefits at 30% $40,756

Travel required will include **$19,200 in instate travel** @ $.375 per mile which will support travel by 6 central and 10 regional staff in the mobilization of Coalitions and prevention practitioners in the SPF process and resulting evidence-based prevention programs.
Out of **state travel $7,169** for staff to attend SAMHSA CSAP meetings. In the previous SIG we were required to include additional travel for staff to CSAP meetings in addition to the annual meeting so we have budgeted for two staff to be able to attend two three day meetings.

Supplies $7,800 for this project include massive amounts of paper and print materials, basic office supplies for three staff members and materials for dissemination of proven practice resources.

Equipment $7,500 required includes computers, phones, desks, chairs and partitions for four work stations.

Indirect Costs $105,964 The Vermont Department of Health uses a Cost Allocation Plan, not an Indirect Rate. This Cost Allocation Plan was approved by the U.S. Department of Health and Human Services effective October 1, 1987. [A copy of the approval document is attached.] The Cost Allocation Plan summarizes actual, allowable costs incurred in the operation of the program. These costs include items which are often shown as direct costs, such as telephone and general office supply expenses, as well as items which are often included in an indirect rate, such as the cost of office space and administrative salaries. These costs are allocated to the program based on the salaries and wages paid in the program relative to the total salaries and wages paid in the department [or division] bearing the original expense. Because these are actual costs, unlike an Indirect Cost Rate , these costs will vary from quarter to quarter and cannot be fixed as a percentage of program costs. Based on actual costs allocated to similar programs in recent quarters, we currently estimate these allocated costs at 60% of the direct salary line item.

<u>SAMHSA Expenditures Year 2</u>

85% for Community Support

30-40 Grants/Cooperative Agreements-The primary area of grant expenditure in the proposed SPF-SIG budget will be in the area of cooperative agreements with Vermont's communities and prevention service delivery organizations. **$2,220,000 will be distributed** through process described in the text above which includes the distribution of up to **30-40 grants/cooperative agreements** which will range from $60,000 to $100,000. These proposed, evidence-based interventions, based on the data driven SPF plan will be compliment a smaller group of planning grants.

Training- In year two **$60,000 will be devoted to training** for the implementation of evidence based prevention approaches. The recipients of training will range from members of Community based coalitions, to community decision makers, and include strong representation from the groups that the Epidemiological Workgroup and Advisory Council focus on as being

Vermont's highest need prevention target groups and areas. The letters of commitment include our regional CAPT and a VDH training unit with a menu of existing trainings which will add **$250,000 in additional Vermont support** to the SPF-SIG process. We have also been assured strong support from PIRE's Underage Drinking Enforcement Training Center, which has already provided Vermont with training on enforcement strategies for underage drinking and in environmental prevention approaches.

At this moment, it is difficult to specify exactly what levels of training will be required but it is certain to include a focus on the SPF process, the meaning of evidence-based prevention, theories of prevention and Vermont's approach to setting priorities for local services. Training on mental health/substance abuse common risk and protective factors will be required. A Training of Trainers for community assessment and approaches such as Getting To Outcomes is clearly indicated as are trainings on approaches to underage drinking prevention and environmental approaches to change. Skill-building training programs for such activities as planning, evaluation, youth leadership and involvement, social marketing, media advocacy, media literacy and specific evidence-based programs are certainly going to be required but it is too soon to specify what the planning process will dictate. We will prioritize prevention training consistent with the national ICRC standards, including training on mobilizing communities, conducting needs assessments, and preparing strategic plans in order to support coalitions in preparing applications for first-year subgrants.

Media $70,000- After the first planning year the proposed media efforts will begin to require budgetary support. Obviously it is difficult to predict exactly what media efforts will be chosen for focus by the Advisory Group in their development of a SPF document to guide Vermont media in support of prevention.

Data collection and evaluation- VDH anticipates that its current evaluation contractor, Pacific Institute for Research and Evaluation (PIRE), will be the evaluator for this project (pending completion of the state's contracting process). We have calculated the percentages of SPF-SIG support that will be devoted to **Data collection and evaluation: 11.5% of the budget in year one, 11.7% of the budget in year two, 11.5% of the budget in year three, 11.7% of the budget in year four, and 11.8% of the budget in year five.** The evaluation contract will be divided into two sections that acknowledge SAMHSA's separation of funding between community and administration services. In the attached budget it is clear that we have divided the evaluation budget between the two and have determined that the **$200,000 devoted to community level evaluation** will be appropriately balanced by evaluation activities which support $78,630 in administrative expenditures. A strong evaluation, including the building of the necessary data infrastructure to support it, is critical to the success and sustainability of the SPF-supported enhancements in the state's prevention system. The evaluation contractor will design, coordinate and implement the evaluation of Vermont's SPF-SIG. We have used our current evaluator, PIRE, to help us construct this proposal and will work with them (subject to state contracting procedures) to lead the first year needs assessment effort in conjunction with the State Epi Workgroup, and continue to participate on the Epi Workgroup over the life of the project. A detailed justification for the budget that would be needed to support this contract follows. The justification notes that a significant percentage (approximately 70%) of that effort would be directed to assisting community-level subrecipients in conducting local needs assessment and evaluation studies. We have, therefore, divided the annual costs for the evaluation contract as specified in PIRE"s budget justification into two components. One is the component for state-level evaluation (and included in the 15% allocation for state-level activities), and the other for community-level evaluation (and included in the 85% allocation for community-level activities).

15% for Administrative Expenditures

Administrative expenditures include **$18,500 in support of the Advisory Council and Epidemiological Workgroup**. This figure includes $12,500 to support travel reimbursement at the rate of $.375 per mile. Site rental of $ 2,000 and refreshment costs of $4,000.

Data collection **$15,000 to fund small contracts for support of the Epidemiological** Workgroup's activities have included the potential need for such items as the potential administration of the Core college drug and Alcohol survey [$12,000] and the use of additional staff time [$3,000] for mining data from sources around Vermont to support the work of the Epidemiological Workgroup. It is hard to specify exactly what the workgroup's data needs will be but early projections by the group members indicate that this budget will be sufficient to their needs. William Clements from Vermont's Center for Justice Research at Norwich University will need a **contract of $7,500** to support his time and that of a data assistant so that he can participate in the Epidemiological Workgroup as these activities lie out of his currently funded workload. The facilitator for the Advisory Council and Epidemiological Workgroup meetings that develop the SPF balance of priorities will require a **$6,500 contract for guiding the SPF decision making process.**

The **evaluation contract** will be divided into two sections that acknowledge SAMHSA's separation of funding between community and administration services. In the attached budget it is clear that we have divided the evaluation budget between the two and have determined that the $200,000 devoted to community level evaluation will be appropriately balanced by evaluation activities which support **$78,630 devoted to administrative expenditures**.

Personnel Costs

The following personnel costs have been described in the section above relating to the considerable state funded ADAP staff involvement in this effort to demonstrate their integration into Vermont's existing prevention infrastructure. 100% of 1 FTE assistant **SPF-SIG Coordinator Position $44,217** The Assistant will support the efforts of the Project Coordinator (who will be state-funded), particularly in integrating the new SPF activities with existing ADAP support for New Directions community coalitions. The assistant will be involved in a range of support activities for training, distribution of the RFP, technical support and scheduling.
100% of 1 FTE **Communications Specialist Position $41,744** will be responsible for conducting resource assessment of existing public information, social marketing and media literacy initiatives specific to the reduction of underage drinking. The specialist will work closely with the SPF Council to identify resources and campaigns that could address SPF priorities, and develop public information activities in which every grantee will be expected to participate. To specialist will be responsible for providing technical assistance to staff, partners and grantees on implementing these strategies in line with best practice recommendations thus increasing capacity to implement effective communications strategies throughout the substance abuse and mental health system. In years 2 and beyond, the Communications Specialist will lead to development of Vermont specific campaigns aimed at the reduction of underage drinking
100% of 1 FTE **Data Analyst Position $44,217** the analyst will assist the Public Health Specialist, Health Analyst and on-site evaluation staff member in data collection and organization of a data management system which will support the Epi workgroup effort.
20% **Office of Minority Health Director $9,069**. Rrunehsa Jacques Muderhwa, MPH will support Epi Workgroup, sit on Advisory Council, and work with our partners and community coalitions to assure that the needs of minority populations receive focus and that plans on state and local levels are reflective of the needs of minority populations. Benefits at 30% $41,774

Travel required will include **$19,600 in instate travel** @ $.375 per mile which will support travel by 6 central and 10 regional staff in the mobilization of Coalitions and prevention practitioners in the SPF process and resulting evidence-based prevention programs.

Out of **state travel $7,134** for staff to attend SAMHSA CSAP meetings. In the previous SIG we were required to include additional travel for staff to CSAP meetings in addition to the annual meeting so we have budgeted for two staff to be able to attend two three day meetings.

Supplies $7,500 for this project include massive amounts of paper and print materials, basic office supplies for three staff members and materials for dissemination of proven practice resources.

Indirect Costs $108,614 The Vermont Department of Health uses a Cost Allocation Plan, not an Indirect Rate. This Cost Allocation Plan was approved by the U.S. Department of Health and Human Services effective October 1, 1987. [A copy of the approval document is attached.] The Cost Allocation Plan summarizes actual, allowable costs incurred in the operation of the program. These costs include items which are often shown as direct costs, such as telephone and general office supply expenses, as well as items which are often included in an indirect rate, such as the cost of office space and administrative salaries. These costs are allocated to the program based on the salaries and wages paid in the program relative to the total salaries and wages paid in the department [or division] bearing the original expense. Because these are actual costs, unlike an Indirect Cost Rate , these costs will vary from quarter to quarter and cannot be fixed as a percentage of program costs. Based on actual costs allocated to similar programs in recent quarters, we currently estimate these allocated costs at 60% of the direct salary line item.

SAMHSA Expenditures Year 3

85% for Community Support

30-40 Grants/Cooperative Agreements-The primary area of grant expenditure in the proposed SPF-SIG budget will be in the area of cooperative agreements with Vermont's communities and prevention service delivery organizations. **$2,220,000 will be distributed** through process described in the text above which includes the distribution of up to **30-40 grants/cooperative agreements** which will range from $60,000 to $100,000. These proposed, evidence-based interventions, based on the data driven SPF plan will be compliment a smaller group of planning grants.

Training- In year two **$60,000 will be devoted to training** for the implementation of evidence based prevention approaches. The recipients of training will range from members of Community based coalitions, to community decision makers, and include strong representation from the groups that the Epidemiological Workgroup and Advisory Council focus on as being Vermont's highest need prevention target groups and areas. The letters of commitment include our regional CAPT and a VDH training unit with a menu of existing trainings which will add **$250,000 in additional Vermont support** to the SPF-SIG process. We have also been assured strong support from PIRE's Underage Drinking Enforcement Training Center, which has already provided Vermont with training on enforcement strategies for underage drinking and in environmental prevention approaches.

At this moment, it is difficult to specify exactly what levels of training will be required but it is certain to include a focus on the SPF process, the meaning of evidence-based prevention, theories of prevention and Vermont's approach to setting priorities for local services. Training on mental health/substance abuse common risk and protective factors will be required. A Training of Trainers for community assessment and approaches such as Getting To Outcomes is clearly indicated as are trainings on approaches to underage drinking prevention and environmental approaches to change. Skill-building training programs for such activities as planning, evaluation, youth leadership and involvement, social marketing, media advocacy, media literacy and specific evidence-based programs are certainly going to be required but it is too soon to

specify what the planning process will dictate. We will prioritize prevention training consistent with the national ICRC standards, including training on mobilizing communities, conducting needs assessments, and preparing strategic plans in order to support coalitions in preparing applications for first-year subgrants.

Media $70,000- After the first planning year the proposed media efforts will begin to require budgetary support. Obviously it is difficult to predict exactly what media efforts will be chosen for focus by the Advisory Group in their development of a SPF document to guide Vermont media in support of prevention.

Data collection and evaluation- VDH anticipates that its current evaluation contractor, Pacific Institute for Research and Evaluation (PIRE), will be the evaluator for this project (pending completion of the state's contracting process). We have calculated the percentages of SPF-SIG support that will be devoted to **Data collection and evaluation: 11.5% of the budget in year one, 11.7% of the budget in year two, 11.5% of the budget in year three, 11.7% of the budget in year four, and 11.8% of the budget in year five.** The evaluation contract will be divided into two sections that acknowledge SAMHSA's separation of funding between community and administration services. In the attached budget it is clear that we have divided the evaluation budget between the two and have determined that the **$200,000 devoted to community level evaluation** will be appropriately balanced by evaluation activities which support $76,452 in administrative expenditures. A strong evaluation, including the building of the necessary data infrastructure to support it, is critical to the success and sustainability of the SPF-supported enhancements in the state's prevention system. The evaluation contractor will design, coordinate and implement the evaluation of Vermont's SPF-SIG. We have used our current evaluator, PIRE, to help us construct this proposal and will work with them (subject to state contracting procedures) to lead the first year needs assessment effort in conjunction with the State Epi Workgroup, and continue to participate on the Epi Workgroup over the life of the project. A detailed justification for the budget that would be needed to support this contract follows. The justification notes that a significant percentage (approximately 70%) of that effort would be directed to assisting community-level subrecipients in conducting local needs assessment and evaluation studies. We have, therefore, divided the annual costs for the evaluation contract as specified in PIRE"s budget justification into two components. One is the component for state-level evaluation (and included in the 15% allocation for state-level activities), and the other for community-level evaluation (and included in the 85% allocation for community-level activities).

15% for Administrative Expenditures

Administrative expenditures include **$18,500 in support of the Advisory Council and Epidemiological Workgroup.** This figure includes $12,500 to support travel reimbursement at the rate of $.375 per mile. Site rental of $ 2,000 and refreshment costs of $4,000.

Data collection **$11,000 to fund small contracts for support of the Epidemiological** Workgroup's activities have included the potential need for such items as the potential administration of the Core college drug and Alcohol survey [$8,000] and the use of additional staff time [$3,000] for mining data from sources around Vermont to support the work of the Epidemiological Workgroup. It is hard to specify exactly what the workgroup's data needs will be but early projections by the group members indicate that this budget will be sufficient to their needs. William Clements from Vermont's Center for Justice Research at Norwich University will need a **contract of $7,500** to support his time and that of a data assistant so that he can participate in the Epidemiological Workgroup as these activities lie out of his currently funded workload. The facilitator for the Advisory Council and Epidemiological Workgroup meetings that develop the SPF balance of priorities will require a **$6,000 contract for guiding the SPF decision making process.**

The **evaluation contract** will be divided into two sections that acknowledge SAMHSA's separation of funding between community and administration services. In the attached budget it is clear that we have divided the evaluation budget between the two and have determined that the $200,000 devoted to community level evaluation will be appropriately balanced by evaluation activities which support **$76,452 devoted to administrative expenditures**.

Personnel Costs

The following personnel costs have been described in the section above relating to the considerable state funded ADAP staff involvement in this effort to demonstrate their integration into Vermont's existing prevention infrastructure. 100% of 1 FTE assistant **SPF-SIG Coordinator Position $45,322** The Assistant will support the efforts of the Project Coordinator (who will be state-funded), particularly in integrating the new SPF activities with existing ADAP support for New Directions community coalitions. The assistant will be involved in a range of support activities for training, distribution of the RFP, technical support and scheduling.
100% of 1 FTE **Communications Specialist Position $42,788** will be responsible for conducting resource assessment of existing public information, social marketing and media literacy initiatives specific to the reduction of underage drinking. The specialist will work closely with the SPF Council to identify resources and campaigns that could address SPF priorities, and develop public information activities in which every grantee will be expected to participate. To specialist will be responsible for providing technical assistance to staff, partners and grantees on implementing these strategies in line with best practice recommendations thus increasing capacity to implement effective communications strategies throughout the substance abuse and mental health system. In years 2 and beyond, the Communications Specialist will lead to development of Vermont specific campaigns aimed at the reduction of underage drinking
100% of 1 FTE **Data Analyst Position $45,322** the analyst will assist the Public Health Specialist, Health Analyst and on-site evaluation staff member in data collection and organization of a data management system which will support the Epi workgroup effort.
20% **Office of Minority Health Director $9,296**. Rrunehsa Jacques Muderhwa, MPH will support Epi Workgroup, sit on Advisory Council, and work with our partners and community coalitions to assure that the needs of minority populations receive focus and that plans on state and local levels are reflective of the needs of minority populations. Benefits at 30% $42,818

Travel required will include **$20,200 in instate travel** @ $.375 per mile which will support travel by 6 central and 10 regional staff in the mobilization of Coalitions and prevention practitioners in the SPF process and resulting evidence-based prevention programs.

Out of **state travel $6,973** for staff to attend SAMHSA CSAP meetings. In the previous SIG we were required to include additional travel for staff to CSAP meetings in addition to the annual meeting so we have budgeted for two staff to be able to attend two three day meetings.

Supplies $6,500 for this project include massive amounts of paper and print materials, basic office supplies for three staff members and materials for dissemination of proven practice resources.

Indirect Costs $111,328 The Vermont Department of Health uses a Cost Allocation Plan, not an Indirect Rate. This Cost Allocation Plan was approved by the U.S. Department of Health and Human Services effective October 1, 1987. [A copy of the approval document is attached.] The Cost Allocation Plan summarizes actual, allowable costs incurred in the operation of the program. These costs include items which are often shown as direct costs, such as telephone and general office supply expenses, as well as items which are often included in an indirect rate, such as the cost of office space and administrative salaries. These costs are allocated to the program based on the salaries and wages paid in the program relative to the total salaries and wages

paid in the department [or division] bearing the original expense. Because these are actual costs, unlike an Indirect Cost Rate , these costs will vary from quarter to quarter and cannot be fixed as a percentage of program costs. Based on actual costs allocated to similar programs in recent quarters, we currently estimate these allocated costs at 60% of the direct salary line item.

SAMHSA Expenditures Year 4

85% for Community Support

30-40 Grants/Cooperative Agreements-The primary area of grant expenditure in the proposed SPF-SIG budget will be in the area of cooperative agreements with Vermont's communities and prevention service delivery organizations. **$2,220,000 will be distributed** through process described in the text above which includes the distribution of up to **30-40 grants/cooperative agreements** which will range from $60,000 to $100,000. These proposed, evidence-based interventions, based on the data driven SPF plan will be compliment a smaller group of planning grants.

Training- In year two **$50,000 will be devoted to training** for the implementation of evidence based prevention approaches. The recipients of training will range from members of Community based coalitions, to community decision makers, and include strong representation from the groups that the Epidemiological Workgroup and Advisory Council focus on as being Vermont's highest need prevention target groups and areas. The letters of commitment include our regional CAPT and a VDH training unit with a menu of existing trainings which will add **$250,000 in additional Vermont support** to the SPF-SIG process. We have also been assured strong support from PIRE's Underage Drinking Enforcement Training Center, which has already provided Vermont with training on enforcement strategies for underage drinking and in environmental prevention approaches.

At this moment, it is difficult to specify exactly what levels of training will be required but it is certain to include a focus on the SPF process, the meaning of evidence-based prevention, theories of prevention and Vermont's approach to setting priorities for local services. Training on mental health/substance abuse common risk and protective factors will be required. A Training of Trainers for community assessment and approaches such as Getting To Outcomes is clearly indicated as are trainings on approaches to underage drinking prevention and environmental approaches to change. Skill-building training programs for such activities as planning, evaluation, youth leadership and involvement, social marketing, media advocacy, media literacy and specific evidence-based programs are certainly going to be required but it is too soon to specify what the planning process will dictate. We will prioritize prevention training consistent with the national ICRC standards, including training on mobilizing communities, conducting needs assessments, and preparing strategic plans in order to support coalitions in preparing applications for first-year subgrants.

Media $80,000- After the first planning year the proposed media efforts will begin to require budgetary support. Obviously it is difficult to predict exactly what media efforts will be chosen for focus by the Advisory Group in their development of a SPF document to guide Vermont media in support of prevention.

Data collection and evaluation- VDH anticipates that its current evaluation contractor, Pacific Institute for Research and Evaluation (PIRE), will be the evaluator for this project (pending completion of the state's contracting process). We have calculated the percentages of SPF-SIG support that will be devoted to **Data collection and evaluation: 11.5% of the budget in year one, 11.7% of the budget in year two, 11.5% of the budget in year three, 11.7% of the budget in year four, and 11.8% of the budget in year five.** The evaluation contract will be divided into two sections that acknowledge SAMHSA's separation of funding between community and administration services. In the attached budget it is clear that we have divided the evaluation budget between the two and have determined that the **$200,000 de-**

voted to community level evaluation will be appropriately balanced by evaluation activities which support $80,952 in administrative expenditures. A strong evaluation, including the building of the necessary data infrastructure to support it, is critical to the success and sustainability of the SPF-supported enhancements in the state's prevention system. The evaluation contractor will design, coordinate and implement the evaluation of Vermont's SPF-SIG. We have used our current evaluator, PIRE, to help us construct this proposal and will work with them (subject to state contracting procedures) to lead the first year needs assessment effort in conjunction with the State Epi Workgroup, and continue to participate on the Epi Workgroup over the life of the project. A detailed justification for the budget that would be needed to support this contract follows. The justification notes that a significant percentage (approximately 70%) of that effort would be directed to assisting community-level subrecipients in conducting local needs assessment and evaluation studies. We have, therefore, divided the annual costs for the evaluation contract as specified in PIRE"s budget justification into two components. One is the component for state-level evaluation (and included in the 15% allocation for state-level activities), and the other for community-level evaluation (and included in the 85% allocation for community-level activities).

15% for Administrative Expenditures

Administrative expenditures include **$18,500 in support of the Advisory Council and Epidemiological Workgroup**. This figure includes $12,500 to support travel reimbursement at the rate of $.375 per mile. Site rental of $ 2,000 and refreshment costs of $4,000.

Data collection **$10,000 to fund small contracts for support of the Epidemiological** Workgroup's activities have included the potential need for such items as the potential administration of the Core college drug and Alcohol survey [$8,000] and the use of additional staff time [$2,000] for mining data from sources around Vermont to support the work of the Epidemiological Workgroup. It is hard to specify exactly what the workgroup's data needs will be but early projections by the group members indicate that this budget will be sufficient to their needs. William Clements from Vermont's Center for Justice Research at Norwich University will need a **contract of $7,000** to support his time and that of a data assistant so that he can participate in the Epidemiological Workgroup as these activities lie out of his currently funded workload. The facilitator for the Advisory Council and Epidemiological Workgroup meetings that develop the SPF balance of priorities will require a **$5,750 contract for guiding the SPF decision making process.**

The **evaluation contract** will be divided into two sections that acknowledge SAMHSA's separation of funding between community and administration services. In the attached budget it is clear that we have divided the evaluation budget between the two and have determined that the $200,000 devoted to community level evaluation will be appropriately balanced by evaluation activities which support **$80,952 devoted to administrative expenditures.**

Personnel Costs

The following personnel costs have been described in the section above relating to the considerable state funded ADAP staff involvement in this effort to demonstrate their integration into Vermont's existing prevention infrastructure. 100% of 1 FTE assistant **SPF-SIG Coordinator Position $46,455** The Assistant will support the efforts of the Project Coordinator (who will be state-funded), particularly in integrating the new SPF activities with existing ADAP support for New Directions community coalitions. The assistant will be involved in a range of support activities for training, distribution of the RFP, technical support and scheduling.
100% of 1 FTE **Communications Specialist Position $43,858** will be responsible for conducting resource assessment of existing public information, social marketing and media literacy

initiatives specific to the reduction of underage drinking. The specialist will work closely with the SPF Council to identify resources and campaigns that could address SPF priorities, and develop public information activities in which every grantee will be expected to participate. To specialist will be responsible for providing technical assistance to staff, partners and grantees on implementing these strategies in line with best practice recommendations thus increasing capacity to implement effective communications strategies throughout the substance abuse and mental health system. In years 2 and beyond, the Communications Specialist will lead to development of Vermont specific campaigns aimed at the reduction of underage drinking
100% of 1 FTE **Data Analyst Position $46,455**the analyst will assist the Public Health Specialist, Health Analyst and on-site evaluation staff member in data collection and organization of a data management system which will support the Epi workgroup effort.
20% **Office of Minority Health Director $9,528**. Rrunehsa Jacques Muderhwa, MPH will support Epi Workgroup, sit on Advisory Council, and work with our partners and community coalitions to assure that the needs of minority populations receive focus and that plans on state and local levels are reflective of the needs of minority populations. Benefits at 30% $43,889

Travel required will include **$21,000 in instate travel** @ $.375 per mile which will support travel by 6 central and 10 regional staff in the mobilization of Coalitions and prevention practitioners in the SPF process and resulting evidence-based prevention programs.

Out of **state travel $6,502** for staff to attend SAMHSA CSAP meetings. In the previous SIG we were required to include additional travel for staff to CSAP meetings in addition to the annual meeting so we have budgeted for two staff to be able to attend two three day meetings.

Supplies $6,000 for this project include massive amounts of paper and print materials, basic office supplies for three staff members and materials for dissemination of proven practice resources.

Indirect Costs $114,111 The Vermont Department of Health uses a Cost Allocation Plan, not an Indirect Rate. This Cost Allocation Plan was approved by the U.S. Department of Health and Human Services effective October 1, 1987. [A copy of the approval document is attached.] The Cost Allocation Plan summarizes actual, allowable costs incurred in the operation of the program. These costs include items which are often shown as direct costs, such as telephone and general office supply expenses, as well as items which are often included in an indirect rate, such as the cost of office space and administrative salaries. These costs are allocated to the program based on the salaries and wages paid in the program relative to the total salaries and wages paid in the department [or division] bearing the original expense. Because these are actual costs, unlike an Indirect Cost Rate , these costs will vary from quarter to quarter and cannot be fixed as a percentage of program costs. Based on actual costs allocated to similar programs in recent quarters, we currently estimate these allocated costs at 60% of the direct salary line item.

SAMHSA Expenditures Year 5

85% for Community Support

30-40 Grants/Cooperative Agreements-The primary area of grant expenditure in the proposed SPF-SIG budget will be in the area of cooperative agreements with Vermont's communities and prevention service delivery organizations. **$2,220,000 will be distributed** through process described in the text above which includes the distribution of up to **30-40 grants/cooperative agreements** which will range from $60,000 to $100,000. These proposed, evidence-based interventions, based on the data driven SPF plan will be compliment a smaller group of planning grants.

Training- In year two **$40,000 will be devoted to training** for the implementation of evidence based prevention approaches. The recipients of training will range from members of

Community based coalitions, to community decision makers, and include strong representation from the groups that the Epidemiological Workgroup and Advisory Council focus on as being Vermont's highest need prevention target groups and areas. The letters of commitment include our regional CAPT and a VDH training unit with a menu of existing trainings which will add **$250,000 in additional Vermont support** to the SPF-SIG process. We have also been assured strong support from PIRE's Underage Drinking Enforcement Training Center, which has already provided Vermont with training on enforcement strategies for underage drinking and in environmental prevention approaches.

At this moment, it is difficult to specify exactly what levels of training will be required but it is certain to include a focus on the SPF process, the meaning of evidence-based prevention, theories of prevention and Vermont's approach to setting priorities for local services. Training on mental health/substance abuse common risk and protective factors will be required. A Training of Trainers for community assessment and approaches such as Getting To Outcomes is clearly indicated as are trainings on approaches to underage drinking prevention and environmental approaches to change. Skill-building training programs for such activities as planning, evaluation, youth leadership and involvement, social marketing, media advocacy, media literacy and specific evidence-based programs are certainly going to be required but it is too soon to specify what the planning process will dictate. We will prioritize prevention training consistent with the national ICRC standards, including training on mobilizing communities, conducting needs assessments, and preparing strategic plans in order to support coalitions in preparing applications for first-year subgrants.

Media $90,000- After the first planning year the proposed media efforts will begin to require budgetary support. Obviously it is difficult to predict exactly what media efforts will be chosen for focus by the Advisory Group in their development of a SPF document to guide Vermont media in support of prevention.

Data collection and evaluation- VDH anticipates that its current evaluation contractor, Pacific Institute for Research and Evaluation (PIRE), will be the evaluator for this project (pending completion of the state's contracting process). We have calculated the percentages of SPF-SIG support that will be devoted to **Data collection and evaluation: 11.5% of the budget in year one, 11.7% of the budget in year two, 11.5% of the budget in year three, 11.7% of the budget in year four, and 11.8% of the budget in year five.** The evaluation contract will be divided into two sections that acknowledge SAMHSA's separation of funding between community and administration services. In the attached budget it is clear that we have divided the evaluation budget between the two and have determined that the **$200,000 devoted to community level evaluation** will be appropriately balanced by evaluation activities which support $83,896 in administrative expenditures. A strong evaluation, including the building of the necessary data infrastructure to support it, is critical to the success and sustainability of the SPF-supported enhancements in the state's prevention system. The evaluation contractor will design, coordinate and implement the evaluation of Vermont's SPF-SIG. We have used our current evaluator, PIRE, to help us construct this proposal and will work with them (subject to state contracting procedures) to lead the first year needs assessment effort in conjunction with the State Epi Workgroup, and continue to participate on the Epi Workgroup over the life of the project. A detailed justification for the budget that would be needed to support this contract follows. The justification notes that a significant percentage (approximately 70%) of that effort would be directed to assisting community-level subrecipients in conducting local needs assessment and evaluation studies. We have, therefore, divided the annual costs for the evaluation contract as specified in PIRE"s budget justification into two components. One is the component for state-level evaluation (and included in the 15% allocation for state-level activities), and the other for community-level evaluation (and included in the 85% allocation for community-level activities).

15% for Administrative Expenditures

Administrative expenditures include **$18,500 in support of the Advisory Council and Epidemiological Workgroup.** This figure includes $12,500 to support travel reimbursement at the rate of $.375 per mile. Site rental of $ 2,000 and refreshment costs of $4,000.

Data collection **$7,000 to fund small contracts for support of the Epidemiological** Workgroup's activities have included the potential need for such items as the potential administration of the Core college drug and Alcohol survey [$5,000] and the use of additional staff time [$2,000] for mining data from sources around Vermont to support the work of the Epidemiological Workgroup. It is hard to specify exactly what the workgroup's data needs will be but early projections by the group members indicate that this budget will be sufficient to their needs. William Clements from Vermont's Center for Justice Research at Norwich University will need a **contract of $4,000** to support his time and that of a data assistant so that he can participate in the Epidemiological Workgroup as these activities lie out of his currently funded workload. The facilitator for the Advisory Council and Epidemiological Workgroup meetings that develop the SPF balance of priorities will require a **$3,000 contract for guiding the SPF decision making process.**

The **evaluation contract** will be divided into two sections that acknowledge SAMHSA's separation of funding between community and administration services. In the attached budget it is clear that we have divided the evaluation budget between the two and have determined that the $200,000 devoted to community level evaluation will be appropriately balanced by evaluation activities which support **$83,896 devoted to administrative expenditures.**

Personnel Costs

The following personnel costs have been described in the section above relating to the considerable state funded ADAP staff involvement in this effort to demonstrate their integration into Vermont's existing prevention infrastructure. 100% of 1 FTE assistant **SPF-SIG Coordinator Position $47,616** The Assistant will support the efforts of the Project Coordinator (who will be state-funded), particularly in integrating the new SPF activities with existing ADAP support for New Directions community coalitions. The assistant will be involved in a range of support activities for training, distribution of the RFP, technical support and scheduling.
100% of 1 FTE **Communications Specialist Position $44,954** will be responsible for conducting resource assessment of existing public information, social marketing and media literacy initiatives specific to the reduction of underage drinking. The specialist will work closely with the SPF Council to identify resources and campaigns that could address SPF priorities, and develop public information activities in which every grantee will be expected to participate. To specialist will be responsible for providing technical assistance to staff, partners and grantees on implementing these strategies in line with best practice recommendations thus increasing capacity to implement effective communications strategies throughout the substance abuse and mental health system. In years 2 and beyond, the Communications Specialist will lead to development of Vermont specific campaigns aimed at the reduction of underage drinking
100% of 1 FTE **Data Analyst Position $47,616** the analyst will assist the Public Health Specialist, Health Analyst and on-site evaluation staff member in data collection and organization of a data management system which will support the Epi workgroup effort.
20% **Office of Minority Health Director $9,766.** Rrunehsa Jacques Muderhwa, MPH will support Epi Workgroup, sit on Advisory Council, and work with our partners and community coalitions to assure that the needs of minority populations receive focus and that plans on state and local levels are reflective of the needs of minority populations. Benefits at 30% $44,986

Travel required will include **$13,500 in instate travel** @ $.375 per mile which will support travel by 6 central and 10 regional staff in the mobilization of Coalitions and prevention practitioners in the SPF process and resulting evidence-based prevention programs.

Out of **state travel $5,201** for staff to attend SAMHSA CSAP meetings. In the previous SIG we were required to include additional travel for staff to CSAP meetings in addition to the annual meeting so we have budgeted for two staff to be able to attend two three day meetings.

Supplies $3,000 for this project include massive amounts of paper and print materials, basic office supplies for three staff members and materials for dissemination of proven practice resources.

Indirect Costs $116,964 The Vermont Department of Health uses a Cost Allocation Plan, not an Indirect Rate. This Cost Allocation Plan was approved by the U.S. Department of Health and Human Services effective October 1, 1987. [A copy of the approval document is attached.] The Cost Allocation Plan summarizes actual, allowable costs incurred in the operation of the program. These costs include items which are often shown as direct costs, such as telephone and general office supply expenses, as well as items which are often included in an indirect rate, such as the cost of office space and administrative salaries. These costs are allocated to the program based on the salaries and wages paid in the program relative to the total salaries and wages paid in the department [or division] bearing the original expense. Because these are actual costs, unlike an Indirect Cost Rate , these costs will vary from quarter to quarter and cannot be fixed as a percentage of program costs. Based on actual costs allocated to similar programs in recent quarters, we currently estimate these allocated costs at 60% of the direct salary line item.

Evaluation Contract Budget Justification (PIRE) ALL YEARS

The state of Vermont plans to award a subcontract to the Pacific Institute for Research and Evaluation (PIRE) for conducting an evaluation of the SPF-SIG. This effort will also include PIRE participation on the SEW, execution of the statewide needs assessment in the first year of the project, and provision of support and technical assistance for continuing statewide needs assessment efforts over the life of the project. PIRE is a prominent national research organization with extensive experience and expertise in the design and evaluation of state and community prevention systems, including specifically the evaluation of a number of CSAP-funded SIG projects. Dr. Robert Flewelling, who will direct the evaluation, also directed both the CSAP-funded prevention needs assessment project and the initial SIG evaluation for the state of Vermont, and is therefore thoroughly familiar with the state's prevention system and data infrastructure.

The activities funded through this subcontract include both those that are designed to meet the needs for state-level needs assessment and planning, and those that are clearly intended to support and augment needs assessment and evaluation efforts at the community level. For example, responsibility for the coordination of program-level pre/post data collection and the processing of these data will be assumed by PIRE. This arrangement is expected to increase the overall efficiency and standardization of these efforts, and help ensure their compliance with state and CSAP requirements, even though these activities are directed primarily to community level planning and evaluation needs. A similar situation pertains to needs assessment data that will be used in local needs assessment efforts, but which may more efficiently be assembled and standardized centrally. In considering the relative burden of what might be best categorized as state-level vs. community-level focused activity, the estimated proportion of the subcontract

budget devoted to community-level issues is 70% across all five years of the project. This proportion is not expected to change significantly from one year to the next.

Personnel:

Dr. Robert Flewelling will serve as the Director for PIRE's role in the needs assessment and evaluation components of Vermont's SPF-SIG, and will assume overall responsibility for the technical and fiscal integrity of this effort. He will lead and/or oversee the development and implementation of all study components, including the preparation of quarterly and annual progress reports on the evaluation and a final project evaluation report. Dr. Flewelling will contribute 50% of his time to the project in the first year of the project, 45% in year 2, and 40% in each subsequent year.

A yet to be named research assistant will be hired within the first two months of the project to provide general assistance to the project. Responsibilities will include locating reference materials, conducting literature reviews, interacting with the on-site evaluator (see below) and various ADAP staff members as appropriate, and participating in the design and execution of data collection, management, and analysis tasks. The research assistant's level of effort in years 1 through 4 of the project will be 80%, dropping to 75% in year 5.

A yet to be named research associate, to be located on-site at the Vermont Department of Health's Division of Alcohol and Drug Abuse Programs (ADAP), will be hired within the first three months of the project. Office space, including telephone and access to the internet and to necessary office equipment such as printer, fax machine, and copier, will be provided by ADAP. The on-site research associate will be the primary point of contact between the evaluation team and both ADAP staff and the community-based subrecipient organizations. This person will also interact regularly with ADAP administrators and program staff to assure coordination and understanding between ADAP and the research team regarding state and subrecipient activities and requirements pertinent to needs assessment and evaluation issues, and will participate on the SEW. The on-site research associate will maintain a 100% level of effort in all years of the project.

Dr. Sandra Putnam of PIRE directed the Community Health Research Group for the State of Tennessee and developed their web-based data archive for community health indicators. Dr. Putnam will provide expert consultation on design issues regarding data management, geographic processing and graphical display of epidemiologic data , and web-based data access and dissemination. She will provide 2.5% of her time (approximately 52 hours) to this activity in each of the first two years of the project. Because the exact level and configuration of expertise regarding data management and dissemination technology that may be called upon for this project is difficult to specify in advance, this budget item may be reallocated to other PIRE consultants and resources as specific needs become apparent.

Additional information regarding personnel roles, responsibilities, and qualifications may be found is Section C.2 of the project narrative.

Fringe Benefits:

Fringe benefits include: FICA, Workers' Compensation, Unemployment Insurance, Disability Insurance, Pension, and Cafeteria Plan. The 30.5% fringe rate breaks down as follows:

Compensated Leave	0.7%	STD Premium Actual	0.3%
Long Term Disability Insurance	0.3%	Actual Annuity	10.8%
FSA	2.1%	Workman's Compensation Insurance	0.3%
Actual Health Exp.	8.0%	FICA	7.1%
Cafeteria Plan	0.3%	Unemployment Insurance	0.6%
			30.5%

Supplies:

Cost for general office and computer supplies is estimated at $50/month.
A laptop computer ($1800) will be purchased in year 1 for use by evaluation team personnel while traveling

Travel:

1. Travel for PD from Chapel Hill to Burlington, VT for workshops/meetings with ADAP and Coalition Coordinators.

   6 trips per year in years 1 and 2, 4 trips per year in years 3 to 5, 3 nights/4 days per trip.

   Estimated cost per trip $1029

2. Travel for RA from Chapel Hill to Burlington, VT for workshops/meetings with ADAP and Coalition Coordinators.

   2 trips per year in years 1 and 2, 1 trip per year in years 3 to 5, 3 nights/4 days per trip.

   Estimated cost per trip $983

3. Travel for PD and RA from Chapel Hill to Washington, D.C. for workshops/meetings with CSAP.

   2 trips per year in each of the five years, 2 nights/3 days per trip.

   Estimated cost per trip $973

4. Travel for on-site evaluator from Burlington, VT to Washington DC for workshops/meetings with CSAP.

   1 trips per year in each of the five years, 2 nights/3 days per trip.

   Estimated cost per trip $1032

5. Travel within VT by on-site evaluator

   4 trips in year 1, 12 trips in years 2 through 5, 2 days and 1 night per trip.

   Estimated cost per trip $218

Total travel costs:

Year 1 $12015
Year 2 $13761
Years 3, 4, and 5 $10712

Other Expenses:

Phone: Estimated at $50/month $600 per year
Postage: Estimated at $30/month $360 per year
Reference materials: Estimated at $10/month $120 per year

Duplication: Estimated at $25/month $300 per year
Pre/post survey form printing and scanning
30 grantees x 2 programs x 60 participants x 2 $6156 in year 2
40 grantees x 4 programs x 60 participants x 2 $16416 in year 3 through 5
Printing Needs Assessment Reports $1200 in year 1

(Insert explanation of Overhead, G&A here)

Total subcontract costs (draft only – do not insert in the VT budget yet):

Year 1	$274,259
Year 2	$278,630
Year 3	#276,452
Year 4	$280,952
Year 5	$283,896
Total	$1,394,190

Section E: Literature Citations

Literature Citations

Benson, P.L, Scales P.C, Leffert N., Roehlkepartain E.C., *A Fragile Foundation: The State of Developmental Assets among American Youth.* Search Institute 1999

Center for Substance Abuse Prevention State Prevention Advancement and Support Project, *Vermont Prevention System Assessment Report*, US Dept of Health and Human Services, SAMHSA, October 21-23, 2003

Chinman, M, Imm P, Wandersman A., *Getting To Outcomes, 2004: Promoting Accountability Through Methods and Tools for Planning, Implementation, and Evaluation,"* RAND Corp., 2004

Chinman, M. et al., *Using the Getting to Outcomes (GTO) model in a statewide prevention initiative.* Health Promotion Practice, 2(4): 302-309, 2001

Core Institute of Southern Illinois University. *Results of the 2001 Core Alcohol and Drug Survey,* Vermont Department of Health , Division of Alcohol and Drug Abuse Programs, December 2002

Douglas, J.H., *D.E.T.E.R. – A Proposal to Improve Vermont's Drug Education, Treatment, Enforcement and Rehabilitation Programs, Executive Summary.* Honorable James H. Douglas, Governor, State of Vermont, January 9, 2003

Drug Strategies, *Assessing Community Coalitions*, Washington, DC, 2001.

Flewelling, R.L., "Adoption and Implementation of Research-Based Primary Prevention Strategies within Community Settings: Outcome Results from a Non-Randomized Multi-Site Trial in Vermont." Paper presented at the Society for Prevention Research Conference, Seattle, WA., May 2002

Flewelling, R.L. et al., *Encouraging Findings Regarding Changes in Student Substance Use: An Outcome Evaluation of New Directions Based on the YRBS. Evaluation Research Brief #6.* Submitted to the Vermont Department of Health, Office of Alcohol and Drug Programs, January 2003.

Flewelling, R.L., Austin, D., Hale, K., LaPlante, M., Liebig, M., Piasecki, L., and Uerz, L. (2004, submitted for review). *Implementing Research-Based Substance Abuse Prevention in Communities: Effects of a Coalition-Based Prevention Initiative in Vermont.* Journal of Community Psychology.

Hale-Lamonda, K. *2003 Vermont Youth Risk Behavior Survey,* Vermont Department of Health, Division of Alcohol and Drug Abuse Programs, 2003

Hawkins, J.D., Catalano, R.F., *Communities That Care, Action for Drug Abuse Prevention,* Jossey-Bass, Inc., 1992

Kumpher, K.L., Whiteside, H.O., Wandersman, A.H., *Community Readiness for Drug Abuse Prevention: Issues, Tips and Tools,* NIDA, Publication No. 97-4111, 1997

Kuo, J., Dalhberth, B., and Flewelling, R.L. *An Assessment of Community Resources for Substance Abuse Prevention.* Final Report submitted to the Vermont Department of Health, Office of Alcohol and Drug Programs, 2002.

Miller, T., *The social costs of problem behavior*, Chapter 3, in Helping Adolescents at Risk: Prevention of Multiple Problem Behaviors, with A Biglan, PA Brennan, SL Foster, HD Holder, (lead authors), PB Cunningham, JH Derzon, DH Fishbein, BR Flay, NE Goeders, SH Kelder, D Kenkel, R Meyer, RA Zucker. New York: Guilford Press, 2004

Miller, T., D Levy, R Spicer, D Taylor. (2004, under review). *Underage drinking:*

Section F: Budget Justifications, Existing Resources, Other Support

OMB Approval No. 0348-0044

BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. **Community Level Expenditures**				**$ 2,550,000**		**$ 2,550,000**
2. **State Level Expenditures**				**$ 450,000**		**$ 450,000**
3.						
4.						
5. **TOTALS**				**$ 3,000,000**		**$ 3,000,000**

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	Grant Program, Function or Activity				Total
	Community Level	State Level	(3)	(4)	(5)
a. Personnel	$ -	$ 135,852			
b. Fringe Benefits	$ -	$ 40,756			
c. Travel		$ 26,369			
d. Equipment	$ -	$ 7,500			
e. Supplies	$ -	$ 7,800			
f. Contractual	$ 300,000	$ 107,259			
g. Construction	$ -				
h. Other **Community Grants**	$ 2,250,000	$ 18,500			
I. Total Direct Charges (sum of 6a - 6h)	$ 2,550,000	$ 344,036			
j. Indirect Charges	$ -	$ 105,964			
k. Totals (sum of 6i and 6j)	$ 2,550,000	$ 450,000			
7. Program Income					

Standard Form 424A (4-88)
Prescribed by OMB Circular A-102

SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.				
9.				
10.				
11.				
12. TOTALS (sum of lines 8 and 11)	$ -			

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal					
14. Non-Federal					
15. TOTAL (SUM OF LINES 13 AND 14)					

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program		FUTURE FUNDING PERIODS (YEARS) (b) First	(c) Second	(d) Third	(e) Fourth
16.		$ 3,000,000	$ 3,000,000	$ 3,000,000	$ 3,000,000
17.					
18.					
19.					
20. TOTALS (sum of lines 16 - 19)		$ 3,000,000	$ 3,000,000	$ 3,000,000	$ 3,000,000

SECTION F - OTHER BUDGET INFORMATION

(Attach additional Sheets if Necessary)

21. Direct Charges:	$ 2,894,036	22. Indirect Charges:	$ 105,964

23. Remarks: