United States General Accounting Office

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Report to the Chairman, Select Committee on Narcotics Abuse and Control, House of Representatives

March 1993

COMMUNITY BASED DRUG PREVENTION

Comprehensive Evaluations of Efforts Are Needed

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General Government Division

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March 24, 1993

The Honorable Charles B. Rangel
Chairman, Select Committee on
Narcotics Abuse and Control
House of Representatives

Dear Mr. Chairman:

This report responds to your request for information about the federal role in helping communities establish drug prevention programs. The 1988 Anti-Drug Abuse Act directed the Center for Substance Abuse Prevention[1] in the Department of Health and Human Services (HHS) to help communities develop comprehensive long-term strategies for the prevention of substance abuse. The Center's primary federal initiative for helping communities mobilize against illicit drug use is the Community Partnership Demonstration Grant Program. Awarded for a period of up to 5 years, Community Partnership grants are used to help communities mobilize by forming community based coalitions (i.e., partnerships of both public and private organizations, agencies, and institutions and consortia) to work together within local communities to prevent drug use.

Also, the act established the Office of National Drug Control Policy (ONDCP) and required it, in consultation with appropriate federal, state, and local agencies, to develop a comprehensive national drug control strategy. Since inception of the national strategy in 1989, ONDCP has set, as a national funding priority, the need for the Center to help communities mobilize against drug use. You requested that we assess how that mobilization has been proceeding. Our objectives were to determine

- what the federal government expects of community based coalitions and how it is helping them meet those expectations,
- what community based coalitions are trying to accomplish and how helpful they think federal assistance has been, and
- what information is available to show whether community based coalitions are successful.

In addition, you were interested in the degree to which community groups participated annually in developing the national drug control strategy. (See app. I for these data.)

[1]Formerly the Office for Substance Abuse Prevention (OSAP), it is referred to throughout this report as the Center.

Results in Brief

As the agency charged with leading the federal government's efforts toward prevention of illicit drug use, the Center expects community based coalitions to develop and implement comprehensive, long-term strategies to reduce drug use. The Center expects this to be done by partnerships of local public and private sector agencies and organizations—including health, law enforcement, housing, education, religious, and business—to implement systemic and environmental changes. The Center helps community based coalitions by providing technical assistance, printed materials, and Community Partnership Demonstration Grant funds. Since the program's inception in 1989, the Center has awarded $221 million in grants to approximately 250 community based coalitions.

The community based coalitions we surveyed have as their mission reducing drug use by coordinating the efforts of service providers within the community. In fiscal year 1991, 500 coalitions applied for Community Partnership funds to develop and implement programs to reduce drug use and its related consequences. The Center awarded funds to 157 of these coalitions. Most of those funded believed the Center's efforts had been very helpful in mobilizing their communities to accomplish their mission of reducing drug use.

Evidence showing whether community based coalitions can succeed in reducing drug use is limited. Preliminary research results indicated that a community based approach may hold promise in preventing drug use. For instance, HHS reported research findings on a communitywide effort in Kansas City, MO, which showed that marijuana, alcohol, and tobacco use among participating adolescents was much less than for their peers not in the program—30 percent less for marijuana, 20 percent less for alcohol, and 35 ercent less for tobacco.

Despite the demonstration grants awarded and the promising nature of the community coalition approach, the federal government still faces a number of challenges in stimulating other communities with similar drug problems to mobilize against drug use.

First is the challenge of maximizing the benefits to be gained from available resources in order to help communities deal with their drug problems. For example, in fiscal year 1991 the Center identified an additional 92 communities with drug problems that qualified for Community Partnership grants but were not funded because of a shortage of funds. We surveyed 84 of these communities and found that without Community Partnership grants, about three-quarters of them were unable

to implement their programs. Likewise, over 150 other communities facing drug problems have been unable to initiate their programs because their grant applications were turned down by the Center. Moreover, about one-half of the communities that have established programs with Community Partnership grant funds were uncertain whether those programs would continue once federal funding stops.

Second is the challenge of determining what works under differing conditions so that effective strategies can be considered for replication by other communities. But evaluations designed to determine the Program's overall effectiveness have been constrained by funding limitations as well as a lack of suitable indicators for measuring the communitywide effects of coalitions within communities.

Background

In 1989, ONDCP published the first comprehensive national drug control strategy, setting forth a unified attack against illicit drugs. At that time, respondents to a 1989 Gallup poll identified drug use as the greatest threat to the nation. The first national strategy, as well as subsequent ones, states that effecting changes in attitudes toward drug abuse are best accomplished by local community groups and the private sector. But it also identifies two distinct roles for the federal government. Those roles are to

- research what works in drug use prevention and send out information about effective practices for replication throughout the country and
- provide national leadership and funding to give communities the impetus to mobilize against drug use.

In 1989, the Center, at the suggestion of the Bush Administration, requested funds to initiate a new program, the Community Partnership Demonstration Grant. Funded by Congress in fiscal year 1990, the Program's purpose was to promote community development of long-range comprehensive multidisciplinary drug prevention programs. This was to be done through the formation and support of partnerships or coalitions of public and private agencies and institutions within local communities. To be eligible, a partnership must ordinarily consist of at least seven organizations committed to preventing drug use. Public sector organizations should include health, housing, law enforcement, education, and human services. Private sector organizations may include business, media, religious, civic, and fraternal groups.

Of the $247 million Congress has appropriated since creation of the Program in 1989, $221 million in grants has been distributed to 252 community based coalitions. These grants, which first became available to partnerships in fiscal year 1990, are for periods of up to 5 years in recognition of the time required to launch effective prevention strategies and achieve measurable results. The first partnerships began operating on October 1, 1990. The remaining $26 million was to be used by the Center primarily to evaluate the Program, provide technical assistance to grantees, and operate a national center to train community volunteers.

Scope and Methodology

To address our four objectives, we interviewed officials of the Center and ONDCP and reviewed available evaluation results and research on community based drug prevention approaches. Using a telephone survey, we interviewed officials representing 479 of the 500 organizations that applied for a fiscal year 1991 Community Partnership Demonstration Grant and officials from 50 randomly selected organizations that did not apply. The 50 organizations were selected using a national database of over 700 community coalitions compiled by Boston University. We did not verify any of the survey responses. To supplement information gathered in the telephone survey, we did case studies of two community based drug prevention coalitions. One, in Gloucester, MA, was recommended by the Center as a promising community based coalition that receives Community Partnership funds. The other, in Detroit, MI, was cited in local prevention literature as an example of successful community based efforts.

We did our work between January and October 1992 in accordance with generally accepted government auditing standards. A more detailed description of our objectives, scope, and methodology is in appendix II, the two case studies are in appendixes III and IV, and our telephone survey questions are in appendix V.

Helping Communities Mobilize Against Drugs Remains a Formidable Challenge

Helping communities mobilize against drugs remains a formidable challenge for the federal government given the widespread use nationwide. Drugs, according to a University of Michigan researcher upon releasing the National Institute on Drug Abuse's (NIDA) 1991 annual survey of high school seniors and college students, are a real and present issue for millions of American youth and their families. While the 1991 survey results indicated that drug use was on the decline, 16 percent of the nation's high school seniors and 15 percent of the college students

reported using drugs in the 30-day period before being surveyed. Additionally, NIDA's 1991 survey of households estimated that 12.8 million Americans reported using drugs in the 30-day period before being surveyed. Other NIDA and Department of Justice data on the size of the drug problem indicated that in 1991 there were over 400,000 drug-related hospital emergency room episodes and about 1 million arrests for drug violations. In a 1991 survey conducted by the National League of Cities, officials responding cited drug abuse among their community's top three concerns.

Recognizing that drug prevention is a responsibility shared by all levels of government and the community, the national drug control strategy has as a funding priority mobilizing communities and expanding the number of community based coalitions. To this end, the Center expects communities to mobilize and form coalitions to develop comprehensive long-term drug prevention strategies. It expects prevention strategies to involve all systems within the community (e.g., educational, religious, media, law enforcement, health, business, local government, and family).

The Community Partnership Demonstration Grant Program is the Center's primary initiative for helping communities to mobilize. The program has four long-term goals: (1) achieving measurable and sustained reductions in drug abuse among youth; (2) reducing drug-related consequences (e.g., deaths and injuries); (3) reducing drug-related crime; and (4) reducing drug abuse in the workplace. Partnerships are to address these goals by enhancing coordination among prevention providers, encouraging innovative prevention approaches, and stimulating self-sustaining programs aimed at youth. Under the terms of the Program, partnerships may use no more than 10 percent of grant funds to support direct services and none for the general operating costs of prevention agencies. Rather, they are to use funds to identify service needs, establish priorities, and promote and coordinate new and established prevention programs.

Our survey of over 500 community based organizations identified a widespread belief that building communitywide coalitions of public and private agencies is needed. For example, of the 293 organizations that had implemented drug prevention programs, 98 percent reported that coalition-building was important to accomplishing their mission of reducing drug use. Additionally, in speaking with officials at our two case study sites, both agreed that the federal government should support a community based coalition approach to drug prevention.

While federal support of community based coalitions seems worthwhile, limited evidence exists to show whether community based coalitions can succeed in reducing drug use. Preliminary research results of a few community efforts indicated that comprehensive community based approaches can yield positive results. For example, after studying one city's efforts (Kansas City), HHS noted that middle and junior high school students who were in the city's comprehensive prevention program were significantly less likely to be drinking alcohol and smoking cigarettes and marijuana than their peers not in the program.[2] More specifically, marijuana use among participating students was 30-percent less than among nonparticipants, and tobacco and alcohol use were 35-percent and 20-percent less respectively.

An HHS literature review published in 1991 summarized the state of community based drug prevention in the United States.[3] It concluded that communitywide efforts are a promising approach to problems of targeting populations and delivering multiple, reinforced services. While the review did not attempt to assess the effects of community prevention, stating this would be premature, it did encourage the use of multiple strategies to reduce drug abuse. These included providing information about drug use and related issues, developing interpersonal skills, creating alternatives to drug use, influencing public policy, and promoting awareness of cultural differences. Our earlier work reached similar conclusions. In a January 1992 report, we found that promising drug prevention programs took a comprehensive community based approach to deal with the multiple problems in the lives of youth.[4]

Federal Efforts Have Helped Hundreds of Communities Mobilize

Since creation of the Community Partnership Demonstration Grant Program in 1989, about 250 coalitions have been formed in 234 cities across the country as a direct result of the grant program and the Center's outreach efforts and technical assistance. (See app. VI for a list of the partnerships.) To help communities mobilize, the Center provides grants, offers technical assistance in developing grant proposals for drug prevention programs, and distributes publications on drug prevention. The Community Partnership Demonstration Grant has been the Center's

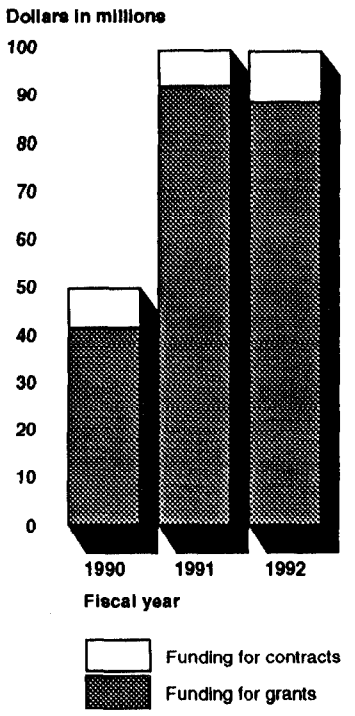
[2]The Midwestern Prevention Research Project, Institute for Prevention Research, University of Southern California, June 1, 1990.

[3]The Future by Design—A Community Framework for Preventing Alcohol and Other Drug Problems Through a Systems Approach, U.S Department of Health and Human Services, 1991.

[4]Adolescent Drug Use Prevention: Common Features of Promising Community Programs (GAO/PEMD-92-2, Jan. 16, 1992).

primary source of funds to help communities develop comprehensive drug prevention strategies. In its first year of funding, fiscal year 1990, $41.3 million in grants was awarded. Funding more than doubled in fiscal year 1991 and remained at about that level in fiscal year 1992, as shown in figure 1. Through fiscal year 1992, almost $221 million in grant funds was awarded to communities, and $26 million was programmed for contracts primarily to evaluate the Program, provide technical assistance to grantees, and operate a national center to train community volunteers.

Figure 1: Community Partnership Demonstration Grant Funding, Fiscal Years 1990-1992



Source: Center for Substance Abuse Prevention.

During the first 3 years of the Program, the Center received more proposals than it could fund with the $221 million available. For example, in fiscal year 1991, the Center received 500 applications but awarded grants to 157, or 31 percent. These grants ranged in amount from $113,365 to $1,040,066 and averaged $331,002. The Center approved the proposals

of another 92, or 18 percent, but funds were not available for them. Although approval criteria did not call for proposals to be prioritized based on the severity of need, those approved had to demonstrate a need for assistance with the drug problem in their community. The Center disapproved the remaining 251 applications for various reasons. (See pp. 12-13 for discussion.)

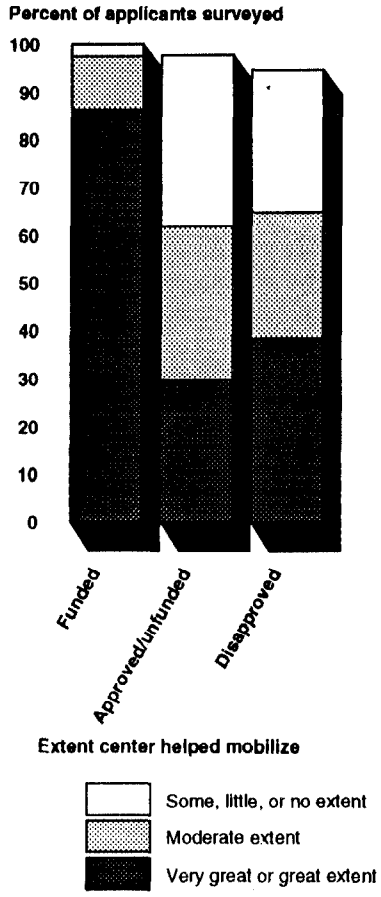
In addition to awarding grant funds, the Center helped communities to mobilize by offering technical assistance through conferences and workshops. The Center sponsored workshops to help organizations develop Community Partnership Demonstration Grant proposals and implement drug prevention programs. For example, before each of three funding cycles, the Center sponsored 2-day technical assistance workshops. For the 3 sets of workshops, the Center sent out between 9,500 and 12,000 announcements to prospective applicants. More than 1,100 attended the first set of workshops, and more than 400 attended the third set. Also, a special workshop was held for those organizations resubmitting proposals that were either denied or approved but unfunded.

Held in three geographic regions of the country, these workshops offered prospective applicants general assistance in preparing proposals. Of the 479 fiscal year 1991 applicants responding to our survey, 60 percent reported attending the preapplication workshops. Slightly more than half of those who attended reported that the workshops were of great benefit to those needing help writing a Community Partnership proposal. Because of the limited time available at the workshops to assist individual communities with their proposals, the Center invited prospective applicants to submit for review and feedback a concept paper outlining their proposed drug prevention program. Further, through its National Training System, the Center sponsors training to teams of community volunteers interested in preventing drug use.

Information about drugs is available to communities through the Center's National Clearinghouse for Alcohol and Drug Information. According to the Center, the Clearinghouse answers more than 18,000 telephone and mail inquiries each month and distributes approximately 18 million printed items each year. In addition, the Center reports that special media outreach efforts—e.g., the Regional Alcohol and Drug Awareness Resource (RADAR) Network and Prevention Pipeline—have allowed them to reach more than 100 million persons annually. When asked to what extent the Center's efforts helped communities to mobilize against drugs,

86 percent of those who received a grant reported that the Center's efforts helped to a great or very great extent, as shown in figure 2.

Figure 2: Extent to Which the Center's Efforts Helped Communities Mobilize Against Drugs



Source: GAO survey.

An intent of the Program is to identify model prevention strategies that can become self-sustaining and replicable in other communities. To accomplish this, the Center saw the need for two levels of evaluation for the Program, local and national. While the two levels are related, they have different emphases. The local evaluation is to enable individual grantees to

assess whether their programs are effective in meeting their goals and the extent to which any changes could be attributed to their programs. Such an evaluation is to help grantees identify specific strengths and weaknesses, including areas where programs could be changed to improve effectiveness. The Center requires each grantee to allocate up to 15 percent of its grant for a local evaluation. Since $221 million in Program funds has been allocated through fiscal year 1992, grantees are to reserve up to $33 million for local evaluations.

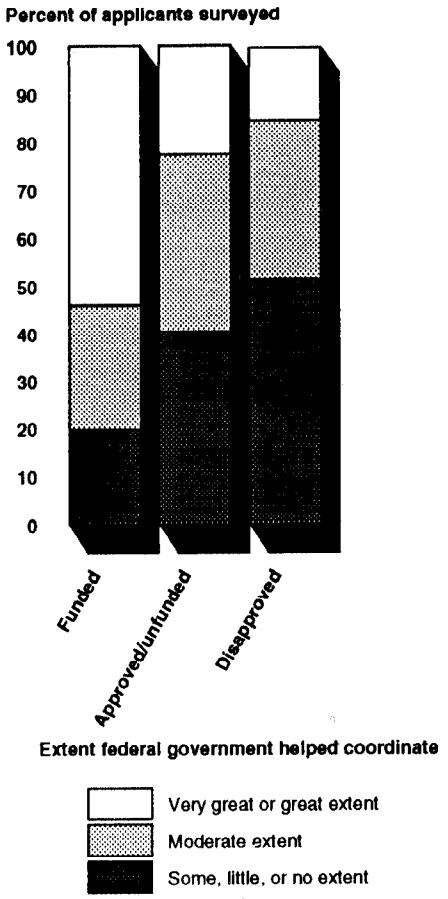
The national evaluation, on the other hand, is to assess the overall effectiveness of the partnership approach. Its purpose is to identify exemplary and innovative community based partnership models that incorporate effective strategies for preventing drug use. As a first phase, in October 1990 the Center contracted with ISA Associates for a national evaluation that focused almost entirely on the assessment of program implementation and process. Scheduled for completion in September 1993, the evaluation is to: (1) document and describe the processes for implementing and operating Community Partnership programs and (2) identify factors and forces associated with implementing and operating these programs. As a second phase, the Center planned to contract for a national impact or outcome evaluation to (1) determine how well programs achieve their goals in the target community and (2) assess the impact of the program on communitywide indicators of drug abuse. The evaluation is scheduled for completion in 1998, provided that sufficient funds are available to carry out the evaluation.

More Can Be Done to Help Communities Mobilize

Ninety-two of the 500 fiscal year 1991 Community Partnership Grant applicants proposed programs the Center approved for funding based on a peer review process but did not receive an award because funds were not available for all approved applicants. We surveyed officials representing 84 of the 92 organizations and found that while about one quarter were able to implement their programs with local, state, or other federal funds, about three-quarters were unable to implement their drug prevention program, citing as a reason the lack of funding. When asked to what extent the federal government had promoted coordination among local drug prevention efforts, 77 percent of the 84 officials responded to a moderate extent or less, as shown in figure 3. In contrast, 46 percent of the 156 funded organizations reported that federal efforts had promoted coordination among local drug prevention programs to a moderate extent or less. When asked to what extent the federal government was playing a lead role in the drug war, 75 percent of the approved but unfunded

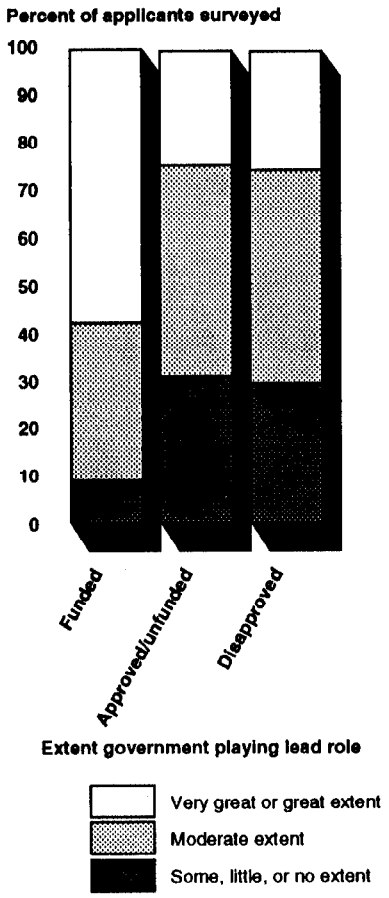
applicants reported that the federal government was taking, at most, a moderate lead in the drug war, as shown in figure 4.

Figure 3: Extent to Which the Federal Government Promoted Coordination Among Local Drug Prevention Efforts



Source: GAO survey.

Figure 4: Extent to Which the Federal Government Is Leading the Drug War



Source: GAO survey.

While a requirement of the Community Partnership grant is for programs to become self-sustaining, only one half of the grantees reported being greatly confident of meeting this requirement. Of those who were confident of continuing, local government and private funding were most often cited as the main source of funds for the future. With expected future funding, most of those who reported being very confident of continuing said that they expected to do no more than they were now doing in the drug prevention area.

Two hundred fifty-one of the 500 Community Partnership grant applications received in fiscal year 1991 were disapproved by the Center through a peer review process. Included among the reasons the review committee gave for denial were that the applications lacked (1) sensitivity to cultural factors in the community, (2) a clear and appropriate evaluation plan, and (3) evidence of participation and commitment by public and private sector organizations. As a result of not receiving a grant, 70 percent of the 239 disapproved applicants that responded to our survey reported not having implemented their drug prevention programs.

To help communities such as these adopt successful community based approaches to reduce drug abuse, the Center has planned for a two-phased national evaluation, with completion scheduled for 1998. This evaluation should provide descriptions of what has worked and evidence of what has changed as a result of the Community Partnership program.

Ideally, such an evaluation should be designed from a program's inception and should contain a set of measurable objectives or indicators so that an assessment can be made of progress in reducing drug abuse. While the Center required grantees to develop measurable objectives to help them better manage their individual programs, at the inception of the Program, the Center did not establish national indicators for assessing program performance. Recognizing the need for indicators, the Center recently developed a process to identify, screen, and pilot test potential communitywide indicators of program impact for use in national as well as local evaluations. To date, however, the Center has not yet contracted for the outcome phase of the national evaluation. The Center attributes this to not receiving sufficient funds to carry out the national outcome evaluation. As a basis for identifying promising partnership practices, without such evaluation data, the Center plans to rely on grantee progress reports and newsletters, site visit reports, and interviews with partnership members and staff.

To date, the Center has developed some preliminary findings from the first phase of the national evaluation, the phase designed to describe the processes for implementing and operating Partnership programs. Findings from the first year of this 3-year evaluation indicated that

- partnerships have formed and are in the process of planning initial community prevention activities;
- partnerships are diverse, with many in transition as membership stabilizes;
- partnerships are still recruiting essential members;

- conflict is common during partnership creation, but it is not debilitating; and
- partnership members rate the formation process and meetings favorably.

The Center cautions, though, that since the Program and evaluation are still in their early stages, definitive conclusions about the Program will not be drawn for several years.

Conclusions

The Community Partnership Demonstration Grant Program is in its third year of funding, and as much as $33 million has been reserved for local evaluations. Yet knowledge of the Program's effectiveness in reducing drug abuse is limited and may not be obtainable from local evaluations. A national evaluation to assess the overall effectiveness of the Program's approach is not scheduled for completion until 1998. Until this outcome evaluation is completed, it will be difficult for the Center to demonstrate that the Program is having the desired effect of reducing drug abuse. Moreover, the Center will have a limited knowledge base on which to provide communities with technical assistance in designing appropriate prevention programs.

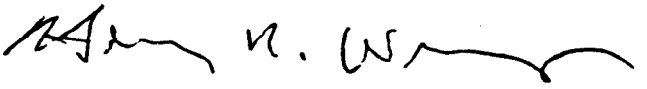
Agency Views

We discussed this report with officials from the Center for Substance Abuse Prevention. While agency officials were in substantial agreement with the information presented, they said that they have learned enough, even without completing the national evaluation, to provide communities technical assistance in designing appropriate prevention programs. However, they acknowledged that with the completion of the national evaluation they will be in an even better position to assist communities. They also pointed out the various means they now have for disseminating information about successful approaches, including conferences, workshops, and developmental materials and other publications.

We plan no further distribution of this report until 30 days from its issue date, unless you publicly release its contents earlier. After 30 days, we will send copies to interested parties and also make copies available to others upon request.

Appendix VII lists the major contributors to this report. If you need additional information on the contents of this report, please contact me on (202) 566-0026.

Sincerely yours,



Henry Wray
Director, Administration
of Justice Issues

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Abbreviations

HHS	Department of Health and Human Services
NIDA	National Institute on Drug Abuse
OSAP	Office for Substance Abuse Prevention
ONDCP	Office of National Drug Control Policy
RADAR	Regional Alcohol and Drug Awareness Resource

Community Input Into the National Strategy

As required by section 1005 of the Anti-Drug Abuse Act of 1988, ONDCP in annually preparing the national drug control strategy seeks input from a broad range of sources, including state and local officials. For all four national strategies published since 1989, ONDCP has sought input from state and local officials, including those representing community based coalitions. For example, ONDCP sent letters requesting input to the 1992 national strategy to 1,351 state and local officials, an estimated 5 to 15 percent of whom represented community based coalitions. About 13 percent of the 1,351 officials responded. ONDCP reported similar response rates for prior national strategies. Our survey of 479 Community Partnership Grant applicants showed results similar to that reported by ONDCP. About 15 percent of those we surveyed reported providing input to the 1992 national strategy.

Objectives, Scope, and Methodology

The Chairman of the House Select Committee on Narcotics Abuse and Control requested that we assess how the federal government is helping communities nationwide mobilize resources against drug abuse. Specifically, we agreed to determine what

- the federal government expects of community based coalitions and how it is helping them meet those expectations,
- community based coalitions are trying to accomplish and how helpful they believe federal assistance has been in helping them reach their goals, and
- evidence exists to show the success of community based coalitions.

In addition, you were interested in the degree to which community groups participated in the annual development of the national drug control strategy. Therefore, we interviewed ONDCP officials about the process, their efforts to get community input, and the use of that input.

To understand what the federal government expects of communities and how it is helping them meet those expectations, we interviewed officials of the Center for Substance Abuse Prevention and ONDCP. We also reviewed authorizing legislation and program requirements for applicants of the Center's Community Partnership Demonstration Grant Program.

To determine what communities want to accomplish, how they view federal assistance, and if they provided input into the national drug control strategy, we interviewed 529 community based coalitions using a telephone survey. We interviewed officials from 479 of the 500 organizations that applied for a Community Partnership Demonstration Grant during fiscal year 1991.[1] (Table II.1 shows the status of these 479 organizations.) Also, using a national database compiled by Boston University of over 700 community coalitions, we randomly selected 50 that had not applied for a grant during fiscal year 1991. Data gathered through the telephone survey included (1) activities important to the organization in accomplishing its mission, (2) source of program funds, (3) type of indicators used to measure the success of the program, (4) assessment of federal assistance, and (5) whether they provided input into the national drug control strategy.

[1]Of the 21 organizations we did not interview, 11 either no longer existed or had no one knowledgeable of the application, 7 were Community Partnership Demonstration Grant recipients applying for an extension or supplement to a fiscal year 1990 grant, 1 claimed never to have applied for a grant, 1 was located in a distant trust territory, and 1 refused to participate.

Table II.1: Fiscal Year 1991 Community Partnership Demonstration Grant Applicants Surveyed

Status	Total applicants	Number surveyed	Percent surveyed
Funded	157	156	99
Approved/unfunded	92	84	91
Disapproved	251	239	95
Total	**500**	**479**	**96**

To supplement information gathered in the telephone survey, we did case studies of community based drug prevention coalitions in Gloucester, MA, and Detroit, MI. The Gloucester Prevention Network was recommended by the Center as a promising community based coalition that receives Community Partnership funds. Joy of Jesus, Inc. Ravendale Project in Detroit was cited in local prevention literature as an example of successful community based efforts.[2] We spoke with program directors, evaluators, coalition members, and participants. We did not assess the effectiveness of these programs, but we identified the indicators the organizations used in measuring program success. (See apps. III and IV.)

To determine what evidence exists to show the success of community based coalitions, we discussed plans for a national evaluation of the Community Partnership Demonstration Grant Program with the Center and its evaluation contractor, the Institute for Social Analysis. Although the Center has not yet contracted for an impact evaluation, we reviewed the results of a May 1992 process evaluation, as well as a proposed impact evaluation plan. In addition, we identified studies that showed whether a community based prevention approach holds promise in reducing drug use. However, we did not independently check the validity of these studies. Also, as part of the case studies we documented specific indicators of program success.

We did our work between January and October 1992 in accordance with generally accepted government auditing standards.

[2]Drug Abuse Problem, Program, and Policy Recommendations for Metropolitan Detroit, RAND Corporation, November 1991.

Case Study of Gloucester Prevention Network

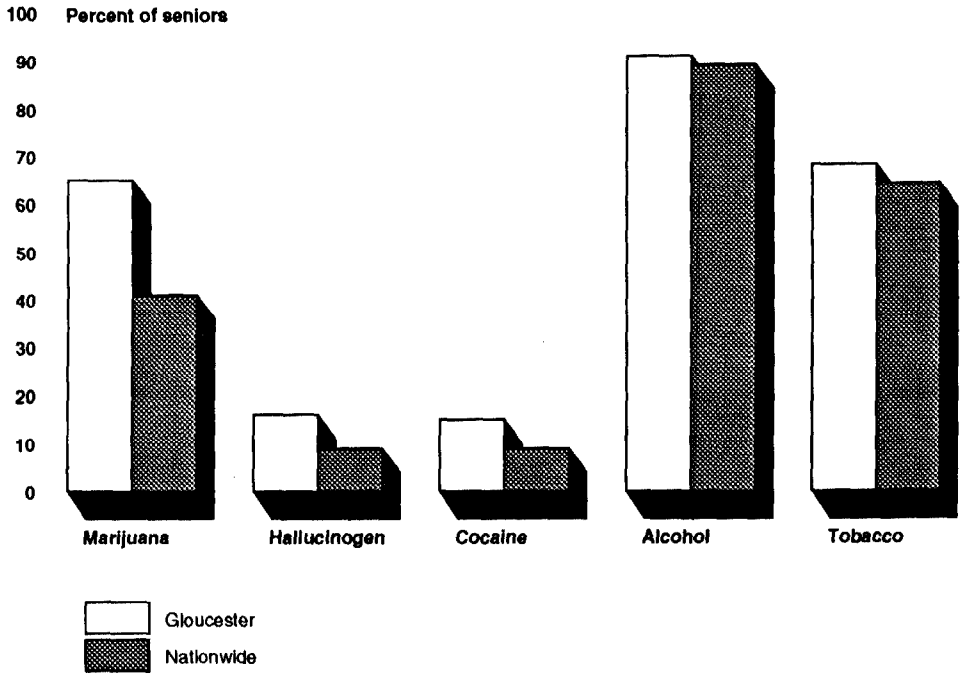
Overview

The Gloucester Prevention Network is an outgrowth of the Mayor's Drug Task Force started in 1988. It represents a partnership of local government, youth service providers, health agencies, courts, businesses, labor unions, religious organizations, parents, and neighborhood groups. Since 1991, it has been addressing the need for increased drug abuse prevention efforts in Gloucester. Located in northeastern Massachusetts, Gloucester is a working-class fishing community of about 28,000 residents.

Magnitude of Drug Problem

According to a survey of Gloucester's high school seniors, Gloucester's teens have tried marijuana, hallucinogens, cocaine, alcohol, and tobacco at a much higher rate than their peers in other parts of the country, as shown in figure III.1. The survey also revealed that Gloucester's teens are more likely to experiment with other drugs than their counterparts nationwide.

Figure III.1: Percentage of High School Seniors Who Have Tried Substances



Source: Gloucester Prevention Network.

Actions Taken to Address Drug Problem

The Network's foremost goal is to achieve measurable and sustained reductions in drug use among children and adolescents in the community. Another goal is to reduce drug-related consequences such as arrests or deaths. Through several programs, the Network tries to accomplish its goals by changing the mores and conditions in Gloucester that lead to drug and alcohol use. The partnership seeks to (1) identify gaps and other problems in the availability of prevention services; (2) create new prevention initiatives and encourage coordination among existing community services; and (3) develop an extensive, comprehensive public awareness plan.

To accomplish its goals, the Network directly involves the community in its prevention efforts through its organizational structure. The Network includes an advisory board, three subcommittees, six communitywide initiatives, and nine coalitions. The advisory board encourages communication, collaboration, and coordination among prevention efforts in the community. The three subcommittees address tobacco abuse, public awareness, and process planning. The communitywide initiatives include (1) a 24-hour anonymous tip hot line to report drug-related crime, (2) organized recreational and educational events free of drugs and alcohol, (3) employee assistance programs, (4) alcohol server training, (5) a women's pregnancy and parenting network, and (6) a program to reclaim the community. The nine coalitions are: Teens as a Resource, Parents, Young Men, the Aging Network, Education, Sports and Recreation, Public Safety, Religious, and Bilingual. The Network received a 5-year Community Partnership Demonstration Grant totaling nearly $2 million; it began in October 1990.

Indicators of Success

Network officials enumerated several indicators of their program's success. They believed their program and the Mayor's Drug Task Force increased public awareness and changed community mores and attitudes toward drug use. For example, statistics from Gloucester's Police Department showed a decrease in arrests for heroin possession (29 in 1990 compared with 79 in 1988). They also showed a decrease in arrests for driving while intoxicated (127 in 1990 compared with 171 in 1988). An anonymous tip hot line reported that a higher percentage of tips have led to arrests (10.5 percent in the 1989-1990 reporting period compared with 18 percent in the 1990-1991 reporting period). District court records showed a decline in narcotics cases (457 in 1991 compared with 581 in 1988). Cases of Hepatitis B, which is linked to needle use, declined (6 in 1991 compared with 13 in 1988).

Perceptions of Federal Role

Network officials said that they are very satisfied with the Center's efforts in helping communities to mobilize. The Center has helped the Network develop an extensive, comprehensive public awareness plan. Also, Network officials and Gloucester residents have attended various training conferences sponsored by the Center. Network officials believe that the Community Partnership concept is an excellent approach for the federal government to support.

Input to National Strategy

Network officials said they provided input to the first strategy but that it was difficult to assess its impact. The input concerned the viability of programs to reduce the demand for drugs versus those to reduce the supply of drugs. As they stated, goals of programs to reduce the demand for drugs must be stated in longer terms than those to reduce the supply of drugs. That is because they believe it takes longer to measure outcomes for programs to reduce the demand for drugs.

Case Study of Joy of Jesus, Inc., Ravendale Project

Overview

Joy of Jesus, Inc., is a nonprofit organization formed in 1976 by a group of concerned Detroit citizens. Its intent was to deter inner city youth from a life of crime and violence. Its target area, known as Ravendale, is a 38-block community of approximately 4,100 residents located on Detroit's east side. Crack cocaine is Ravendale's most widely used illicit drug. According to program officials, drug use has lead to a variety of crimes, including burglary, assault, breaking and entering, and auto theft. The community's drug users are typically low income, unemployed, poorly educated, and range in age from 25 to 35. Goals of Joy of Jesus are to end despair and hopelessness, promote positive values, restore community pride, and produce responsible citizens. To accomplish these goals, Joy of Jesus works with the prosecutor's office, courts, churches, and private organizations as well as with law enforcement and public health agencies. The program received national recognition in 1990 as a recipient of President Bush's 107th Point of Light Award.

Actions Taken to Address Drug Problem

Joy of Jesus, Inc., supported by private donations, has developed several major programs. Since 1977, nearly 10,000 youth from Ravendale and the surrounding area have attended a summer youth camp sponsored by Joy of Jesus. At the camp they swim, canoe, hike, and attend cookouts. In addition, camp leaders teach sound moral values and principles for living. An after-school monitoring program enlists adults to organize recreational activities and reinforce the social and moral principles introduced at camp. Urban Renaissance works with community residents to secure and train local leadership to revitalize the community. A partnership between Ravendale residents and participating local and suburban churches, Adopt-a-Block seeks volunteers to donate time, labor, and financial assistance to rehabilitate houses and support other planned neighborhood activities. Joy of Jesus Academy, a kindergarten through sixth grade educational program, emphasizes the development of sound moral character. Finally, the Joy of Jesus Motivational and Learning Program seeks to identify ways of motivating youth to learn and achieve.

Indicators of Success

Joy of Jesus officials identified several indicators of their program's success. With the help of local residents and others, it has renovated 23 abandoned houses. It has also set up an employment clinic that has placed 150 residents in full-time jobs. Additionally, it has provided up to 2 years of comprehensive substance abuse treatment to 10 families with members addicted to drugs. Finally, Joy of Jesus reported achieving a 42-percent reduction in drug-related crime in Ravendale since 1989.

Perceptions of Federal Role

Joy of Jesus officials believe the federal government should continue to support a community based approach to drug prevention. They also support the federal government's efforts to involve community leaders in planning prevention strategies because these leaders are generally more knowledgeable of community needs.

Input to the National Drug Strategies

Joy of Jesus officials said they did not provide input to the national drug strategies.

Community Drug Prevention Survey Questions

The following table lists questions asked in our telephone survey of 529 community based organizations. Our respondents were divided into four categories: those that applied for a Community Partnership Demonstration Grant in fiscal year 1991 and were either (1) funded, (2) approved but unfunded, or (3) denied funding and (4) those that did not apply for the grant. An "X" indicates which type of organization responded to the question. Questions shown are those used for data analysis purposes.

Table V.1: Questions Asked in the Telephone Survey

Questions asked	Funded applicant	Approved but unfunded applicant	Denied applicant	Non-applicant
1.Between the fall of 1990 and spring of 1991, what was your experience with the Community Partnership Demonstration Grant Program? Applied and disapproved Applied, approved, but unfunded Applied, approved, and funded Did not apply Don't know	X	X	X	X
2. Has your organization ever planned a drug prevention program?				X
3. Is this drug prevention program currently being implemented?	X	X	X	X
4. What was the main reason you did not apply for a Community Partnership Demonstration Grant?				X
5. Please explain briefly why your organization's drug prevention program is not being implemented.		X	X	X
6. While this interview will focus on your drug prevention activities, we would like to know if you also offer any of the following services.[a] Please respond with yes or no after I read each choice. Drug treatment Early intervention Other social services	X	X	X	X
7. Next, I would like to get some general information about your (current, proposed, or former) drug prevention program. Of the following, which best describes how your program is managed?[b] Grassroots based, like block clubs or neighborhood groups University based Hospital based State or local government based Some other basis	X	X	X	X

(continued)

Questions asked	Funded applicant	Approved but unfunded applicant	Denied applicant	Non-applicant
8. Does (Did) your organization's prevention strategy include components that address root causes of drug abuse, and if so, what root causes do (did) you address? Please respond with yes or no after I read each choice. Unemployment Housing Education Health needs Anything else	X	X	X	X
9. I am going to read you a series of activities and would like you to tell me which of these are important to your organization's mission. Please respond with yes or no after I read each choice. Coalition-building among human service providers Assessing community needs Creating a database of prevention providers Drug education training or curricular Media campaign Other activities	X	X	X	X
10. Of those activities you just identified as important to your organization, which one is most important to your mission? I will read you the activities you previously selected and wait for your response.	X	X	X	X
11. Next, I would like to know the approximate percentage of the following sources of your organization's 1991 total annual budget for drug prevention efforts: Community Partnership Demonstration Grant, other government, private sector, or other sources. I will read each category and ask you for your best estimate; the estimates should total 100 percent.	X	X	X	X
12. Do you have or are you planning a formal program evaluation of your Community Partnership drug prevention efforts?	X			
13. Do you have or are you planning a formal program evaluation of your organization's drug prevention efforts?		X	X	X
14. Do you have or will you have a way to measure the following indicators as they relate to the community you serve? Please answer yes or no after I read each choice. Extent of drug abuse Drug-related deaths Drug-related crime Number of clients referred to drug treatment programs Success of job placement efforts Any other measures	X	X	X	X

(continued)

Questions asked	Funded applicant	Approved but unfunded applicant	Denied applicant	Non-applicant
15.To what extent do you think the federal government is playing a lead role in the drug war? Very great extent Great extent Moderate extent Some extent Little or no extent Don't know No opinion	X	X	X	X
16.To what extent do you think the federal government has promoted coordination among local drug prevention efforts? Very great extent Great extent Moderate extent Some extent Little or no extent Don't know No opinion	X	X	X	X
17.In January 1992, the President of the United States issued a National Drug Control Strategy. Has your organization provided input into this strategy?	X	X	X	X
18.In what form was your input provided? Please respond with yes or no after I read each choice. Letter Report Meeting (conference) Phone call Questionnaire Other	X	X	X	X
19.Did a member of your organization attend a Community Partnership Demonstration Grant preapplication workshop before you applied for a grant in the 1990-91 time period?	X	X	X	
20.Did a member of your organization attend a Community Partnership Demonstration Grant preapplication workshop during or prior to the 1990-91 time period?				X
21.To what extent did the workshop meet the needs of those requiring help writing a Community Partnership Demonstration Grant proposal? Very great extent Great extent Moderate extent Some extent Little or no extent Don't know No opinion	X	X	X	X
22.No one from your organization attended a preapplication workshop; please explain why.	X	X	X	X

(continued)

Questions asked	Funded applicant	Approved but unfunded applicant	Denied applicant	Non-applicant
23. To what extent do you think the Center's efforts help communities mobilize against drug abuse? Very great extent Great extent Moderate extent Some extent Little or no extent Don't know No opinion	X	X	X	X
24.We're interested in whether you will be able to fund your drug prevention program once the Community Partnership Demonstration Grant expires. To what extent are you confident you will be able to continue your program once this grant expires? Very great extent Great extent Moderate extent Some extent Little or no extent Don't know No opinion	X			
25.Which one of the following do you think will be your main source of funding in the future? Other federal funding State government funding Local government funding Private funding Don't know	X			
26.Given your expected future funding sources, will your organization be able to do more, about the same, or less than it is currently doing in the drug prevention area once the Community Partnership Demonstration Grant expires? More About the same Less Don't know No opinion	X			
27.Your organization's Community Partnership Demonstration Grant application was denied, what was the main reason the review committee gave for denying the application?			X	
28.Do you agree with the review committee's vote to deny your application?			X	
29.Please briefly explain why you don't agree with the disapproval action.			X	
30.Please briefly state the single factor that most seriously impedes the progress of your drug prevention efforts.	X	X	X	X
31.For our final question, could you please briefly explain how the federal government can best facilitate community mobilization against drug abuse?	X	X	X	X

(Table notes on next page)

[a]For organizations not involved in providing prevention activities, the question was phrased as follows: Is your organization involved in providing any of the following services? Please respond with yes or no after I read each choice.

[b]Questions 7 through 12 were asked of those organizations currently or formerly implementing a drug prevention program.

List of the 252 Community Partnership Demonstration Grant Recipients in Fiscal Year 1991

State/organization	City	FY 1991 funding
Alabama		
Coalition for a Drug Free Mobile	Mobile	$311,795
Alaska		
Municipality of Anchorage	Anchorage	427,752
Cultural Heritage and Education Institute	Fairbanks	117,738
Nome Community Center, Inc.	Nome	509,650
Sitka Alliance for Health	Sitka	479,332
PNEUMA Corporation	St. Marys	181,438
Subtotal		**1,715,910**
Arizona		
City of El Mirage	El Mirage	573,317
East Valley Camelback	Mesa	540,212
Hospital/The MESA Project Arizona Mexico Border Health	Tucson	267,928
Foundation		
Luz Social Services, Inc.	Tucson	355,550
ADAPT, Inc.	Tucson	446,262
Subtotal		**2,183,269**
Arkansas		
Arkansas for Drug Free Youth	Little Rock	304,697
California		
City of Berkeley	Berkeley	321,840
Santa Cruz County Office of Education	Capitola	294,343
Contra Costa Health Services Department	Contra Costa	332,340
City of Davis	Davis	378,401
San Joaquin County Office of Substance Abuse	French Camp	239,583
Asian American Drug Abuse Program	Los Angeles	560,815
U.S.C. Community Organization for Prevention Education (COPE)	Los Angeles	422,369
City of Los Angeles, Office of the Mayor	Los Angeles	760,306
C.H.O.O.S.E. Consortium on Substance Abuse	Oceanside	326,006
Butte County Community Partnership Program	Oroville	311,088
Coachella Valley Association of Governments	Palm Desert	312,335
Day One	Pasadena	509,772

(continued)

State/organization	City	FY 1991 funding
Beach Cities Coalition for Alcohol and Drug Free Youth	Redondo Beach	281,980
El Dorado County Health Department/Tahoe Prevention Network	S. Lake Tahoe	296,405
Community Services Planning Council, Inc.	Sacramento	488,401
San Bernardino Countywide Gangs and Drugs Task Force	San Bernardino	197,353
San Diego State University Foundation	San Diego	425,841
Latin American Civic Association of San Fernando Valley, Inc.	San Fernando	489,902
City and County of San Francisco	San Francisco	1,224,997
Far West Laboratory	San Francisco	477,237
Community Foundation of Santa Clara County	San Jose	472,200
Klein Bottle Youth Programs	Santa Barbara	406,372
Santa Barbara Drug and Alcohol Administration	Santa Barbara	231,814
Temecula Valley Unified School District	Temecula	210,190
Mendocino County Dept. of Public Health: AODA Programs	Ukiah	327,331
City of Vallejo	Vallejo	259,007
Subtotal		**10,558,228**
Colorado		
San Luis Valley Board of Cooperative Services	Alamosa	309,821
Aspen Substance Awareness Project	Aspen	241,510
City of Aurora Community Services Department	Aurora	230,460
Boulder County Board of Commissioners	Boulder	331,009
Office of the District Attorney	Breckenridge	313,840
La Plata County Hospital District	Durango	216,199
United Way of Fort Collins, Inc.	Fort Collins	299,187
National Council on Alcoholism and Drug Abuse	Grand Junction	273,500
Grand Futures Community Partnerships	Hot Sulfur Springs	194,563
Subtotal		**2,410,089**
Connecticut		
Valley Substance Abuse Action Council	Ansonia	295,161
Business Industry Foundation of Middlesex County, Inc.	Middletown	222,719
City of New London	New London	155,045

(continued)

State/organization	City	FY 1991 funding
Regional Substance Abuse Council of Central Connecticut	Plainville	275,000
City of Waterbury, Department of Employment	Waterbury	262,072
Town of Westport[a]	Westport	140,070
Subtotal		**1,350,067**
Delaware		
New Castle County Government	Wilmington	500,000
District of Columbia		
Consortium of Universities of Washington/Metro Area	Washington	846,349
Florida		
City of Bradenton, Mayor's Drug-Free Communities Committee	Bradenton	200,000
Santa Fe Community College	Gainesville	284,071
Seminole Tribe of Florida	Hollywood	275,115
COPE of Brevard, Inc.	Melbourne	295,236
Univ. of Miami, J. L. Knight International Center	Miami	596,787
Center for Drug-Free Living	Orlando	497,488
Operation PAR, Inc.	St. Petersburg	381,535
Area Agency on Aging for North Florida	Tallahassee	388,958
DISC Village, Inc.	Tallahassee	441,788
Pride of Polk County	Winter Haven	364,765
Subtotal		**3,725,743**
Georgia		
Morehouse Medical School/Project RECLAIM	Atlanta	446,708
Metro Atlanta Council on Alcohol and Drugs	Atlanta	970,722
DeKalb Economic Opportunity Authority, Inc.	Decatur	416,180
Subtotal		**1,833,610**
Hawaii		
Mutual Assistance Associations Center	Honolulu	346,490
Lanai Community Association	Lanai City	113,365
Subtotal		**459,855**

(continued)

State/organization	City	FY 1991 funding
Ilinois		
Chicago Department of Health/C.E.P.A.D.A. Project	Chicago	570,520
Decatur Mental Health Center	Decatur	331,110
Fayette Companies Peoria Area Community	Peoria	152,728
City of Rockford	Rockford	163,822
N. Illinois Council on Alcohol and Substance Abuse	Waukegan	292,867
DuPage County Department of Human Resources	Wheaton	369,785
Subtotal		**1,880,832**
Iowa		
United Way of East Central Iowa	Cedar Rapids	225,452
Kansas		
Barton County Community College	Great Bend	199,145
Central Kansas Foundation for Alcohol/Chemical Dependency	Salina	229,363
Subtotal		**428,508**
Kentucky		
Kentucky Communities Economic Opportunity Council, Inc.	Barbourville	346,049
Alcoholism Council/Cincinnati Area	Florence	292,810
Kentucky River Community Care, Inc.	Jackson	350,638
Bluegrass Regional MH/MR Board, Inc.	Lexington	240,226
Jefferson County Fiscal Court-Aware Coalition	Louisville	525,056
Subtotal		**1,754,779**
Louisiana		
City-Parish of East Baton Rouge	Baton Rouge	248,161
City of Shreveport	Shreveport	328,388
Subtotal		**576,549**
Maine		
Western Maine Community Partnership	Lewiston	357,000
Beginning of America Project/Regional Medical Center at Lubec	Lubec	186,183
Subtotal		**543,183**
Maryland		
The Alliance for a Drug Free Annapolis	Annapolis	201,375
Mayor's Council/Criminal Justice	Baltimore	490,895
Talbot County Health Department	Easton	282,080

(continued)

State/organization	City	FY 1991 funding
Cecil Community College Project CARD	North East	275,439
Montgomery County Health Department	Rockville	435,258
Subtotal		**1,658,047**
Massachusetts		
Barnstable County Sheriff's Department	Barnstable	372,517
Project RAP, Inc.	Beverly	236,507
Boston Against Drugs	Boston	475,000
City of Brockton	Brockton	257,172
City of Cambridge-Dept. of Human Services Programs	Cambridge	279,604
City of Chicopee	Chicopee	271,730
Metrowest Mental Health Association, Inc.	Framingham	371,951
NUVA, Inc. (Gloucester Prevention Network)	Gloucester	397,432
Project Adventure	Hamilton	274,421
Community Action, Inc.	Haverhill	261,996
Nueva Esperanza, Inc.	Holyoke	307,150
Psychological Center, Inc.	Lawrence	381,811
University of Lowell	Lowell	256,775
City of Lynn	Lynn	433,704
City of New Bedford	New Bedford	338,700
Multi-Service Health, Inc.	Northampton	373,721
Greater Plymouth Council of Human Service Providers, Inc.	Plymouth	186,214
South Shore Council on Alcoholism, Inc.	Quincy	444,700
Center for Addictive Behaviors	Salem	339,213
Community Action Agency	Somerville	442,444
City of Springfield, Dept. of Human Services	Springfield	237,944
City of Woburn	Woburn	338,244
Worcester Fights Back, Inc.	Worcester	401,042
Subtotal		**7,679,992**
Michigan		
Community, Family and Children - Alpena	Alpena	346,858
Mid-State Substance Abuse Commission	Clare	327,141
Kalamazoo County	Kalamazoo	251,260
City of Lansing	Lansing	365,569
Fraternal Order of Police	Manistique	136,658
Troy School District	Troy	249,512
Washtenaw County Community Mental Health	Ypsilanti	260,080

(continued)

State/organization	City	FY 1991 funding
Subtotal		**1,937,078**
Minnesota		
Region 9 Development Commission	Mankato	423,397
South West/West Central Educational Cooperative Services Unit	Marshall	620,802
Hennepin County Community Health Department	Minneapolis	501,314
Minnesota Extension Service, Youth-At-Risk Project	North Branch	219,677
Red Lake Alcohol Rehabilitation Program	Red Lake	123,260
Dakota County Human Services	West St. Paul	270,782
Subtotal		**2,159,232**
Mississippi		
Washington County Anti-Drug Task Force	Greenville	157,410
DREAM of Hattiesburg, Inc.	Hattiesburg	227,710
University of Southern Mississippi, Special Services	Hattiesburg	321,739
Jackson State University	Jackson	211,121
Subtotal		**917,980**
Missouri		
United Way of the Ozarks, Inc.	Springfield	300,253
Progressive Youth Center	St. Louis	273,881
St. Louis County Department of Human Services	St. Louis	1,040,066
Subtotal		**1,614,200**
Montana		
Montana Health Professions Education Foundation, Inc.	Bozeman	97,200
Blackfeet Community College	Browning	185,813
H.E.L.P. Committee	Havre	121,521
Rocky Mountain Development Corporation	Helena	186,102
Assiniboine and Sioux Tribes	Poplar	188,733
Subtotal		**779,369**
Nevada		
Reno-Sparks Indian Colony	Reno	206,304
New Jersey		
Cooper Hospital	Camden	645,239
County of Hudson Dept. of Human Services	Jersey City	444,809
Boys and Girls Club of Newark	Newark	398,350
United Passaic Organization	Passaic	269,954

(continued)

State/organization	City	FY 1991 funding
Paterson Organization-PICO	Paterson	322,675
Union Hospital/Genesis	Union	271,300
Subtotal		**2,352,327**
New Mexico		
Albuquerque Department of Human Services	Albuquerque	235,907
Bloomfield Municipal Schools	Bloomfield	227,343
Apache Indian Development, Inc.	Dulce	214,475
Dona Ana County	Las Cruces	349,710
Los Alamos Citizens Against Substance Abuse	Los Alamos	188,400
La Nueva Vida, Inc.	Santa Fe	269,100
Taos Pueblo	Taos	148,556
City of Truth or Consequences	Truth or Consequences	140,150
Subtotal		**1,773,641**
New York		
New York Community Trust-Bushwick Partnership	Brooklyn	466,756
Research Foundation of SUNY	Buffalo	632,069
Metropolitan Resource Institute	Carmel	330,498
Town of Cheektowaga	Cheektowaga	488,310
Town of Huntington CARE Youth Bureau	Huntington	390,306
Rockland County Executive's Office	New City	265,875
Northern Manhattan Improvement Corporation	New York	353,800
Cornell Cooperative Extension	New York	538,996
United Way of New York City	New York	722,903
Good Shepherd Services	New York	370,000
Citizens Committee for New York City, Inc.	New York	549,508
City of Syracuse/County of Onandaga	Syracuse	444,693
Central New York Labor Agency, Inc.	Utica	248,030
Subtotal		**5,801,744**
North Carolina		
Buncombe County Drug Commission	Asheville	288,310
Alamance Coalition Against Drug Abuse	Burlington	136,194
Cumberland County Mental Health Committee	Fayetteville	170,872
United Black Fund of North Carolina	Rocky Mount	403,811
Winston-Salem/Forsyth Coalition on Alcohol/Drug Problems	Winston-Salem	147,920

(continued)

State/organization	City	FY 1991 funding
Subtotal		**1,147,107**
North Dakota		
Little Hoop Community College	Fort Totten	257,808
Ohio		
Citizens Drug Free Network of Mercer	Celina	171,720
Citizens Against Substance Abuse	Cincinnati	721,781
Franklin County ADAMH Services Board	Columbus	499,275
Summit County-A/DA/MH Services Board	Cuyahoga Falls	313,072
ADAMHS Board for Montgomery County	Dayton	380,168
Hancock County A/DA/MH Services Board	Findlay	148,922
Board of ADAMH Services of Madison County	London	322,800
Medina County Drug Abuse Commission	Medina	237,800
Court of Common Pleas of Huron County, Juvenile Div.	Norwalk	177,595
Clark County Board of ADAMH Services	Springfield	309,356
Trumbull County Board of A/D/MH Services	Warren	243,019
Subtotal		**3,525,508**
Oklahoma		
McCurtain County Educational Co-op/McCare	Idabel	239,847
Inter-Tribal Council, Inc.	Miami	250,561
University of Oklahoma	Norman	286,837
Community Council of Central Oklahoma	Oklahoma City	360,966
Eagle Ridge Institute	Oklahoma City	346,780
Gateway to Prevention Recovery	Shawnee	237,497
Cherokee Nation of Oklahoma	Tahlequah	317,662
Center for Human Behavior Studies	Weatherford	225,000
Subtotal		**2,265,150**
Oregon		
The Klamath Tribe	Chiloquin	233,533
Youth Dev. Commission/Dept. of Youth Services	Eugene	227,033
Lincoln County Children and Youth Services Commission	Newport	374,457
City of Portland Regional Drug Initiative	Portland	458,005
City of Salem, Salem Keizer Together	Salem	236,065
Subtotal		**1,529,093**
Pennsylvania		

(continued)

State/organization	City	FY 1991 funding
The Allentown Hospital - ALERT Partnership	Allentown	385,154
County of Delaware Drug/Alcohol Executive Commission	Media	147,023
Philadelphia Dept. of Public Health	Philadelphia	537,132
Pittsburgh Leadership Foundation	Pittsburgh	366,108
Urban League of Pittsburgh	Pittsburgh	424,860
Berks Community Action Program, Inc.	Reading	335,271
Subtotal		**2,195,548**
Puerto Rico		
Arecibo Municipal Government Community Action Program	Arecibo	239,958
Rhode Island		
City of Pawtucket	Pawtucket	428,522
City of Providence Substance Abuse Prevention Council	Providence	537,530
Rhode Island Anti-Drug Coalition	Providence	527,380
Subtotal		**1,493,432**
South Carolina		
Lexington/Richland Alcohol and Drug Abuse Council	Columbia	454,577
Florence County Commission, Prevention Services	Florence	503,074
City of Greenville	Greenville	464,750
Spartanburg Alcohol/Drug Abuse Commission	Spartanburg	380,669
Union County Commission of Alcohol and Drug Abuse	Union	598,652
Subtotal		**2,401,722**
Tennessee		
Hamilton County Government	Chattanooga	215,664
City of Knoxville, Policy Development & Human Services	Knoxville	420,957
Alcohol Drug Council of Middle Tennessee, Inc.	Nashville	357,147
Subtotal		**993,768**
Texas		
Brazos Valley Council on Alcohol and Substance Abuse	Bryan	278,833
Parents Association for Drug Rehabilitation & Educational Services	Corpus Christi	267,084
City of Dallas	Dallas	563,701

(continued)

State/organization	City	FY 1991 funding
Texoma Council of Governments	Denison	306,114
City of El Paso	El Paso	562,267
Ft. Worth Challenge, Inc.	Ft. Worth	330,150
City of Galveston	Galveston	150,572
United Way of Texas Gulf Coast - Houston Crackdown	Houston	573,437
City of Longview	Longview	159,019
Stephen F. Austin State University	Nacogdoches	374,523
Lamar Consolidated Independent School District	Rosenburg	206,174
Southwest Texas State University	San Marcos	324,956
Erath Residents Against Drug Abuse	Stephenville	162,003
Subtotal		**4,258,833**
Utah		
Salt Lake County Alcoholism and Drugs	Salt Lake City	651,090
Vermont		
Northeast Kingdom Community Action	Newport	229,592
Northern Vermont Regional Hospital	St. Johnsbury	126,246
Subtotal		**355,838**
Virgin Islands		
The Village-Virgin Island Partners in Recovery, Inc.	St. Croix	478,320
Virginia		
City of Hampton	Hampton	279,468
United Way of Central Virginia, Inc.	Lynchburg	344,235
Subtotal		**623,703**
Washington		
Port Gamble S'Klallam Tribe	Kingston	130,655
Thurston County, TOGETHER	Lacey	200,000
Safe Streets Campaign	Tacoma	341,434
Yakima County Coalition for the War on Drugs	Yakima	529,238
Subtotal		**1,201,327**
West Virginia		
United Way of Jefferson County	Charles Town	307,323
Boys and Girls Club of Huntington and Ironton	Huntington	366,384
Tri-County Pastoral Counseling Service	Martinsburg	337,630
WVU Research Corp., Office of Sponsored Programs	Morgantown	399,342

(continued)

State/organization	City	FY 1991 funding
Subtotal		**1,410,679**
Wisconsin		
Community Foundation for the Fox Valley Region, Inc.	Appleton	322,500
Concerned Citizens Coalition of Greater Kenosha	Kenosha	180,334
Cooperative Education Service Agency #4	LaCrosse	363,383
United Way of Dane County	Madison	453,120
Marshfield Medical Research Foundation, Inc.	Marshfield	306,534
Community Relations-Social Development Commission	Milwaukee	284,700
Wisconsin-Coulee Region Community Action Program	Westby	87,984
Subtotal		**1,998,555**
Wyoming		
Northern Arapaho Tribe	Fort Washakie	174,370

[a]Withdrew in 1992.

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