

**SAMHSA / CENTER FOR SUBSTANCE ABUSE PREVENTION
DIVISION OF KNOWLEDGE APPLICATION AND SYSTEMS IMPROVEMENT
Substance Abuse Prevention and HIV Prevention in Minority Communities
Services Grants**

PROGRESS REPORT PART I: COVER PAGE

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Official name & full mailing address of Grantee Organization: From Notice of Grant Award (NGA),
Part 9 Please check box if there are any changes from most recent NGA 9

The Northeast Florida Healthy Start Coalition

Carol Brady, Project Director

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Reporting Period: From: October 1, 2003 To: March 31, 2004

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 Year 01, 2nd Quarterly Report Year 02, Annual Report
 Year 01, 3rd Quarterly Report Year 03, Annual Report
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Checklist for all sections of the report:

Part I: Cover Page Part II: Narrative Sections 1 -11
 Part III: Tables A-E Part IV: Attachments

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PROGRESS REPORT PART II: NARRATIVE SECTION

SECTION 1. OUTSTANDING ISSUES / CONCERNS

The annual site visit by the CSAP Project Officer was completed in August, 2003. The following section summarizes issues identified by the project officer and how they were addressed during the reporting period:

Contract Administration: At the end of the first fiscal year, existing contracts were extended with the partnering agencies for a period of one quarter (10/03 – 12/03). This allowed the Project Director and Project Coordinator time to review and modify the current contract language to strengthen and further specify delineation of tasks, responsibilities, and priorities between the project grantee and collaborating partners, especially the supervisory role of the project coordinator and the role of the partners. The revised contracts, which clarify the supervisory roles of the project coordinator and agency administration were completed and initiated in January, 2004.

Target Population and Caseload Size: We were successful in reallocating some state Healthy Start funding to support one additional case manager position. The Azalea Project is contracting with Gateway Community Services, Inc. for this position. In turn, Gateway has agreed to fund one part-time case manager initially, with hopes of it becoming fulltime. This will allow us to meet our caseload goals and respond appropriately to the growing number of referrals without increasing the number of participants served by each case manager.

Prevention Interventions: We have met with the evaluators and made a concerted effort to clarify and clearly delineate the components of our intervention. The Azalea Project is a prevention project that integrates substance abuse and HIV prevention into a single, comprehensive approach. This intervention being implemented because pregnant/parenting women and their children who are impacted by substance abuse are at a greater risk for HIV. The 18-month intervention integrates SAP/HIVP services with prenatal care and other community services.

The integrated intervention used by The Azalea Project includes both individual and group level activities. Individual level activities are provided through case management services. These activities are designed to address specific risk factors as well the ancillary needs of participants. One-on-one counseling and education is provided to address risk-taking behavior associated with HIV and substance use, decision-making, empowerment, STD's, and health awareness.

As reinforcement to the case management activities, participants in the program also participate in group activities, *No "Mo" Drama*. The women participate in six group sessions to further enhance their ability to prevent substance abuse and/or HIV. The Peer Educator uses various topics/sections of several model programs (to include the current model The SISTA Project). The topics discussed includes activities focusing on health awareness, substance abuse prevention, safe sex, decision making, empowerment,

cultural awareness and creative interactive activities. The sessions fully interweave substance abuse and HIV prevention information.

Additionally, we provide mental health linkage through partnerships with other community providers. Participants are referred for immediate counseling if the need should arise during one of the *No "Mo" Drama* sessions. Many of the discussions uncover unresolved issues in their past or current living situations.

Youth Case Management activities also fully integrate the prevention of substance abuse and HIV. Activities involve linkage with youth development programs in the community as well as individualized risk reduction counseling and education. Similar to the women's intervention, youth case management integrates discussions, and/or activities related to HIV and substance abuse prevention, decision-making, empowerment, STD's, and health awareness.

The youth also participate in an integrated risk reduction group activity for ten weeks. The Youth Case Managers use various topics/sections of several model programs (to include the current model, *All Stars*). The topics discussed include activities focusing on health awareness, substance abuse prevention, decision-making, empowerment, cultural awareness and creative interactive activities. These activities interweave substance abuse and HIV prevention.

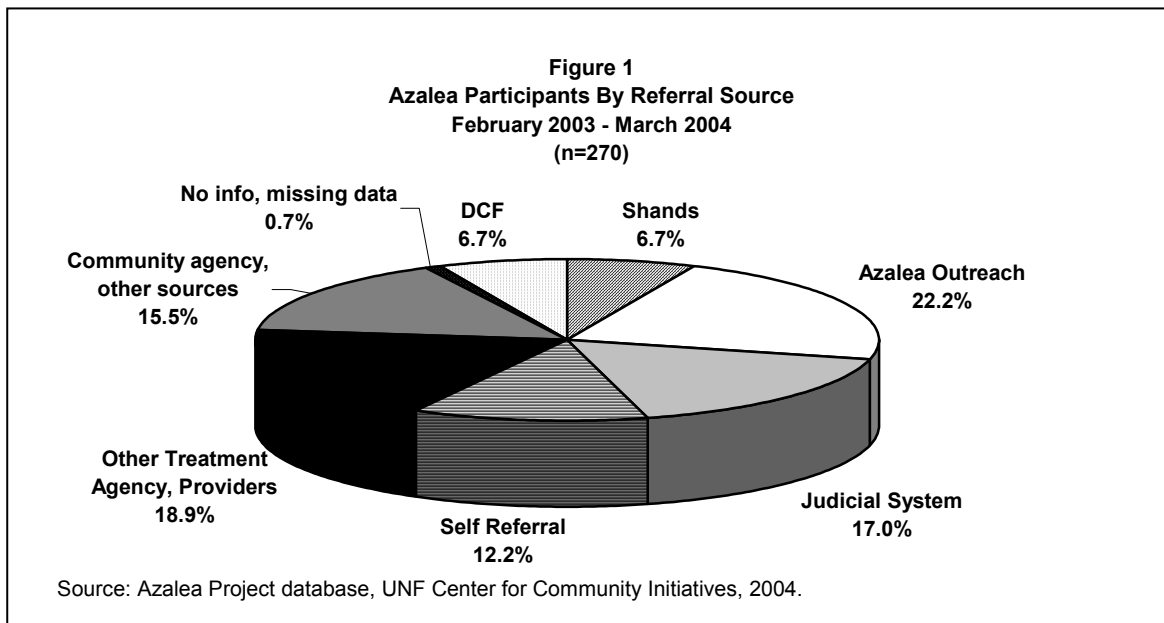
Record Keeping System: The record keeping system has been revised. We have taken your suggestion and divided the sections into alpha order and identified the forms in each section. Each section of the six-part folder is delineated alphabetically (Sections A – H). There is one face sheet per section that identifies the sections and list all forms in that particular section.

In compiling the data for this biannual report, one additional problem was identified regarding the coding of case management activities for both adult and youth participants. A low percentage of the case management encounters were coded with an integration code of 1, indicating both substance abuse and HIV prevention were incorporated into these activities. More than half of the encounters for both adults and youth had an integration code of 4 (neither substance abuse nor HIV prevention). A chart audit indicated, however, a significant amount of miscoding based on progress notes and other documentation. We have developed a corrective action plan for ensuring coding accuracy and consistency that will be implemented prior to the final report.

SECTION 2. PROJECT HIGHLIGHTS AND ACCOMPLISHMENTS

The Azalea Project has provided services to 270 adult and 34 youth participants since February, 2003, including 117 adult and 29 youth who received services during the reporting period. Figure 1 provides information on the source of adult participants.

Azalea Project outreach staff accounted for 20 percent of referrals, and community treatment agencies and other providers referred about 19 percent of project participants. About 17 percent of referrals came from the judicial system and 12 percent of the participants self-referred to the program. The location of the project site in a high-risk area facilitated self-referrals.



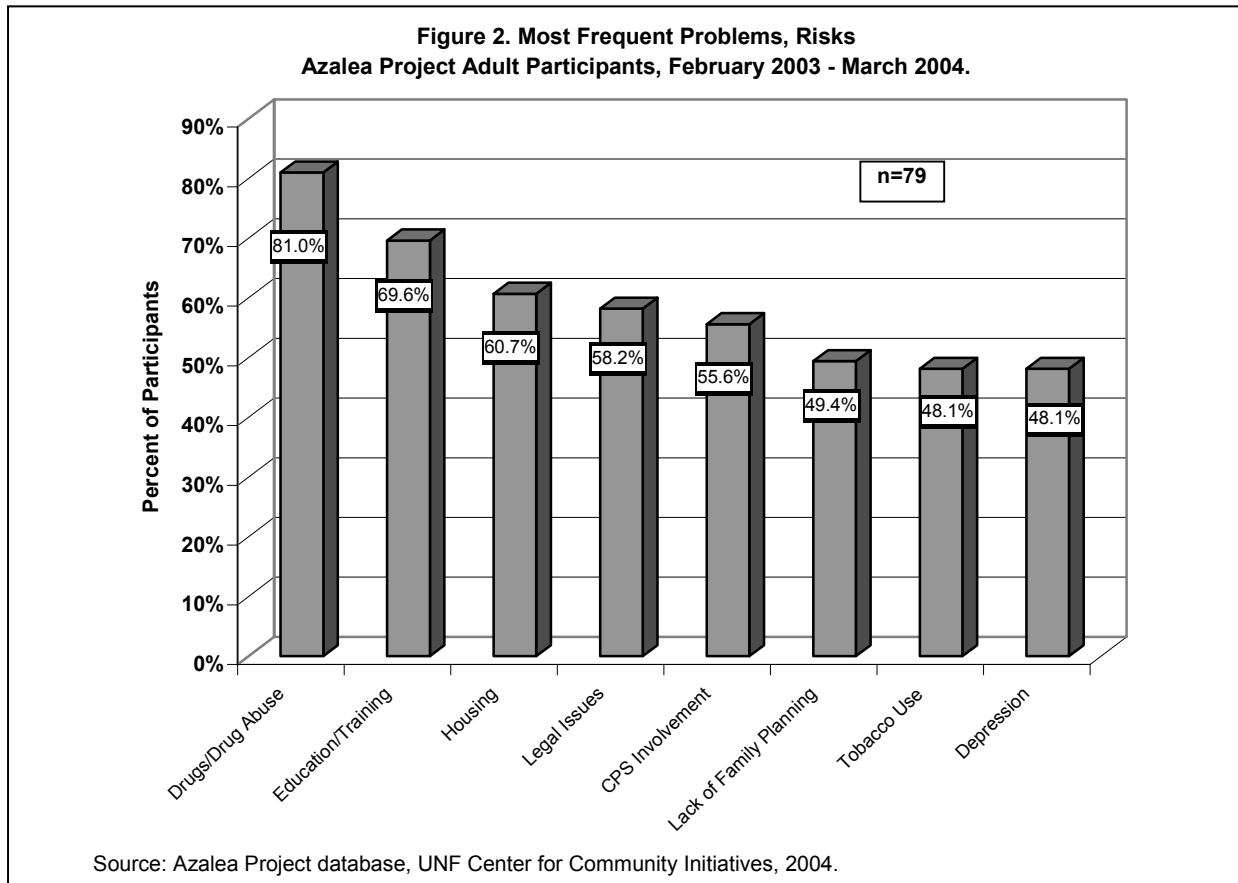
Seventy nine (79) adult participants received case management services during the reporting period, including 35 new participants who were engaged and enrolled in services. About one-third of the women (25) were pregnant at the time of enrollment. To keep caseloads low, the remaining referrals were linked to other agencies, including The Magnolia Project, Healthy Start, Healthy Families, River Region Human Services and Gateway Community Services. Project enrollees were predominantly black (83.6%) and single (88.6%). The average age of participants was 29 years old (Table 1).

Table 1. Demographic Characteristics of Adult Azalea Project Participants in Case Management, February 2003 – March 2004.

| AGE | n =79 |
|-----------------------|--------------|
| Average | 28.99 |
| 17 and under | 2.5% |
| 18-24 | 30.4% |
| 25-49 | 65.8% |
| 50-65 | 0.0% |
| 66+ | 0.0% |
| Missing data | 1.3% |
| MARITAL STATUS | |
| Single | 74.7% |
| Married | 8.9% |
| Separated | 11.4% |
| Divorced | 2.5% |
| Widowed | 0.0% |
| Missing data | 2.6% |
| RACE/ETHNICITY | |
| Black Non-Hispanic | 82.3% |
| Black Hispanic | 1.3% |
| White Non-Hispanic | 11.4% |
| White Hispanic | 3.8% |
| Other Race | 1.3% |

Source: Azalea Project database, UNF Center for Community Initiatives, 2004.

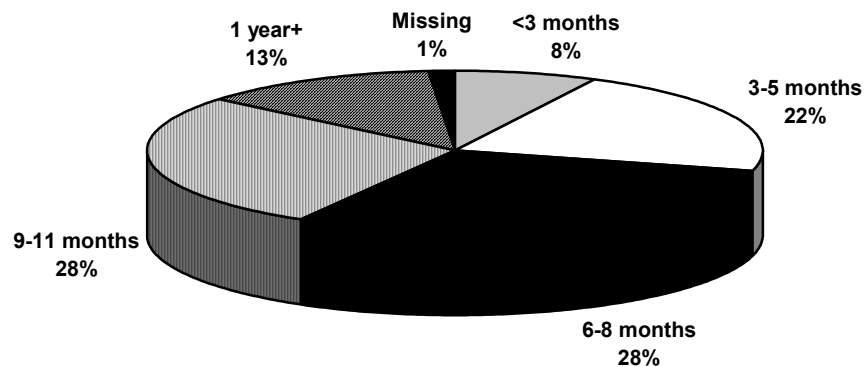
Azalea Project participants had an average of 13.2 risks/problems at enrollment. Figure 2 summarizes the current issues experienced most frequently by participants. Substance use, lack of education/training, housing and legal issues were the most frequent problems affecting participants at enrollment. Additionally, nearly 45 percent of participants reported that they were sexually abused as children.



The average length of participation in the Azalea Project for the 79 women engaged and enrolled during the reporting period was 7.89 months. Nearly 13 percent of participants were enrolled a year or more. More than 40 percent of participants have received services for nine months or more. Figure 3 displays the distribution of Azalea Project participants by duration in the program.

Table 2 summarizes information on the primary services (intervention and dosage) to Azalea Project participants since project inception. Nearly 750 individual encounters were recorded in the project database between February 2003 – March 2004. Case management activities accounted for 75 percent of the individual encounters, with assessment and other counseling comprising the remainder. Participants received an average of 7.15 encounters in case management of about an hour each in duration. This represents the appropriate level of intensity required for successful implementation of the project’s primary intervention.

Figure 3
Duration in Care, Azalea Project Adult Participants
February 2003 - March 2004
(n=79)



Source: Azalea Project Database, UNF Center for Community Initiatives, 2004.

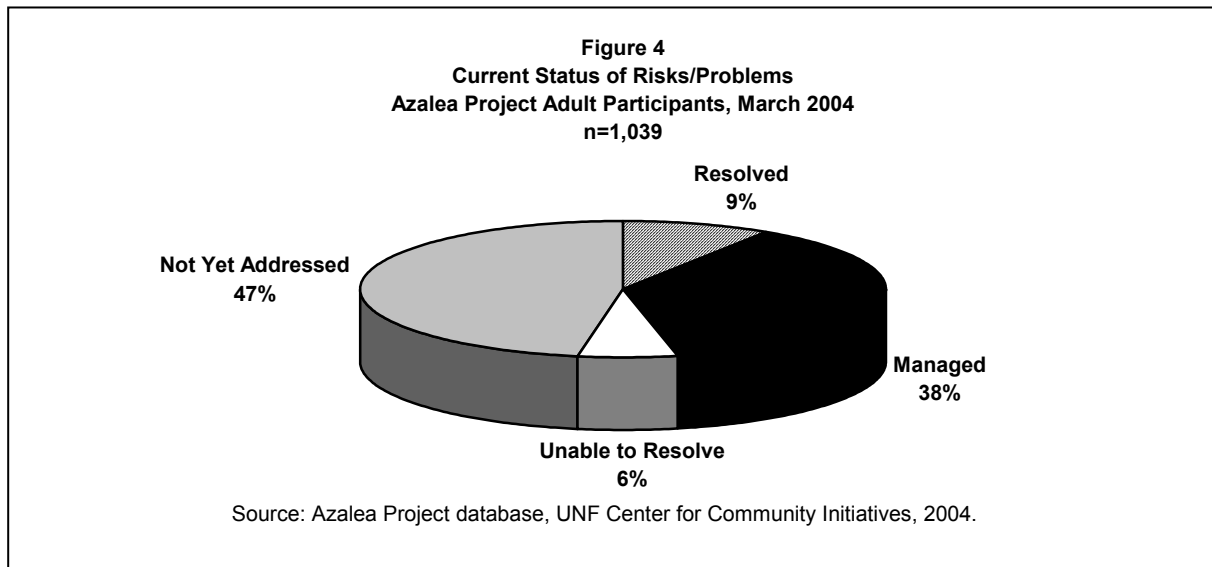
Table 2. Primary Services Provided (Intervention and Dosage), Adult Azalea Project Participants, February 2003 – March 2004.

| Intervention (Code) | Participants | Encounters | Encounters /Participant | Duration (Minutes) | Duration/ Encounter (Minutes) |
|--|---------------------|-------------------|--------------------------------|---------------------------|--------------------------------------|
| Case Management (09) | 79 | 565 | 7.15 | 32,865 | 58.2 |
| Risk Reduction Assessment (01) | 97 | 106 | 1.09 | 5,750 | 54.3 |
| Other Counseling, Education (04 – 08, 10) | 38 | 47 | 1.26 | 2,250 | 47.9 |
| Total Individual Interventions | 126 | 747 | 5.93 | 43,365 | 58.1 |
| Skills Building/Training/ Health Education (22-24) | 29 | 90 | 3.10 | 7,980 | 88.7 |

Source: Azalea Project database, UNF Center for Community Initiatives, 2004.

Participation in group skills building, education and training activities was also recorded for 29 of the 79 project participants. These activities primarily encompass participation in the SISTA Program and/or *No Mo Drama*. As shown, there was an average of 3.1 encounters per participant with a duration of nearly 90 minutes per encounter. The group activity was redesigned during the reporting period to better integrate substance abuse and HIV prevention (*No Mo Drama*). Modifications made to the curricula and implementation timeline are discussed further in the evaluation section of this report.

As noted above under “Issues and Concerns,” there was significant miscoding identified involving case management and the integration codes for substance abuse and HIV prevention. Only 24 percent of the case management encounters had an integration code of 1; more than half had a code of 4, indicating neither substance abuse nor HIV prevention activities were incorporated into case management services. This coding was inconsistent with case notes included in a random selection of client charts. Coding errors will be corrected prior to submission of the year-end report.



Project interventions were successful in resolving or managing nearly half of the risks factors identified in participants that are associated with substance abuse and HIV (Figure 4). Azalea Project participants successfully completed about 25 percent of referrals to community agencies for needed services during the reporting period. On the average, participants completed about half of the planned intervention (18 months). The risk profile of current participants underscores the importance of intensity of services and length of participation in the success of the intervention.

Twenty-five participants delivered babies during the reporting period. Seventeen (68%) of the babies born weighed 2,500+ grams; there were eight (32%) low birthweight babies. No babies were born very low birthweight (<1,500g). Six of the babies born to participants were born substance-exposed. This included two whose mothers were receiving methadone treatment and three who entered service immediately after birth. The final baby was born to a mother who enrolled in the Azalea Project during her first trimester of pregnancy, was jailed and dropped out of care until the final months of her pregnancy. She entered a treatment program at this time, but dropped out immediately prior to delivery. No babies born to active participants were born HIV+.

Table 3 summarizes the demographic characteristics of the youth served during the reporting period by The Azalea Project. Youth participants are predominantly female (91%) and black (91%). The average age of youth participants is 12.4 years old.

Youth participants had an average of 10.02 problems or risks at enrollment. Figure 5 summarizes the risk factors/problems experienced most frequently by youth participants. Nearly 80 percent of youth involved in The Azalea Project are in need of sex/STD education and education concerning alcohol and substance use. Poor academics (grades consistently below C), lack of information about family planning and lack of involvement in after-school activities are other risk factors frequently experienced by youth participants.

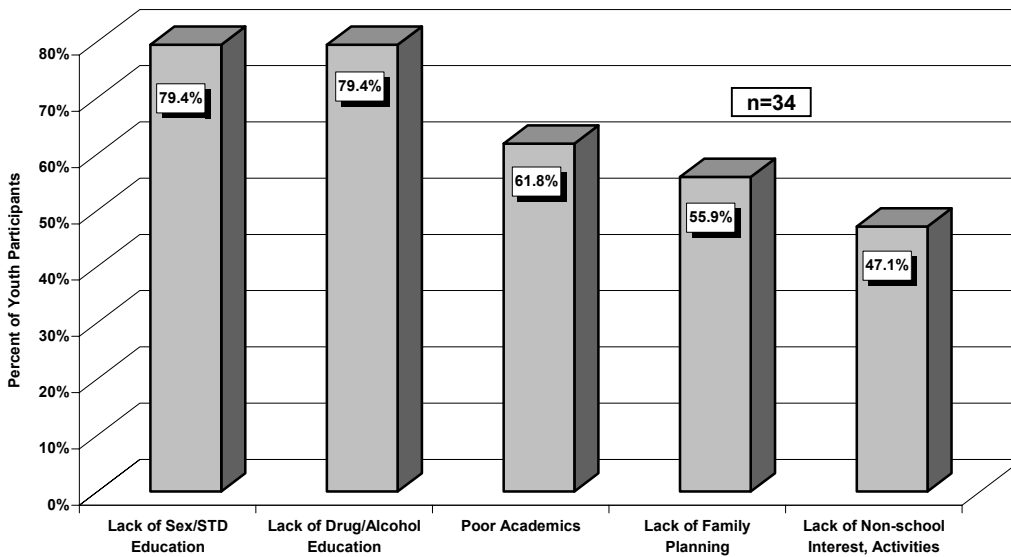
The average length of participation in the Azalea Project for the youth engaged and enrolled during the reporting period was about six months. About one third of participants have been enrolled in services for nine months or more. Figure 6 displays the distribution of Azalea Project youth participants by duration in the program. Table 4 summarizes information on the primary services (intervention and dosage) to Azalea Project youth participants during the reporting period. More than 635 individual encounters were recorded in the project database between February 2003 – March 2004.

Table 3. Demographic Characteristics of Youth Azalea Project Participants, February 2003 – March 2004.

| AGE | | n =34 |
|-----------------------|--------------------|--------------|
| | Average | 12.41 |
| | 10 | 39.4% |
| | 11 | 14.7% |
| | 12 | 17.6% |
| | 13 | 14.7% |
| | 14 | 11.8% |
| | 15 | 11.8% |
| SEX | | |
| | Female | 91.2% |
| | Male | 8.8% |
| RACE/ETHNICITY | | |
| | Black Non-Hispanic | 91.2% |
| | Black Hispanic | 0.0% |
| | White Non-Hispanic | 8.8% |
| | White Hispanic | 0.0% |
| | Other Race | 0.0% |

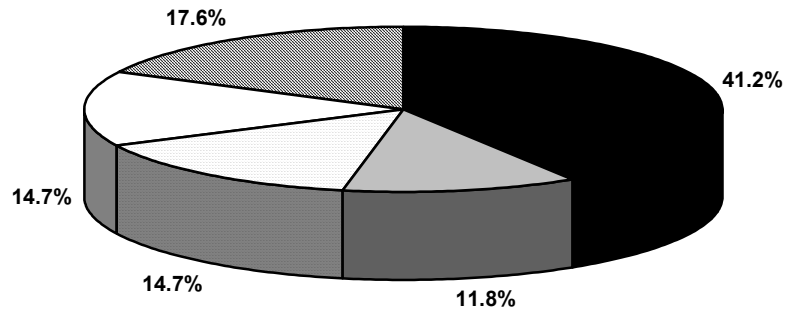
Source: Azalea Project database, UNF Center for Community Initiatives, 2004.

Figure 5
Most Frequent Risk Factors/Problems,
Azalea Project Youth Participants, February 2003 - March 2004



Source: Azalea Project database, UNF Center for Community Initiatives, 2004.

Figure 6
Duration in Care, Azalea Project Youth Participants
February 2003 - March 2004
(n=34)



Source: Azalea Project database, UNF Center for Community Initiatives, 2004.

Case management activities accounted for 56 percent of the individual encounters, with assessment comprising the remainder. Participants received an average of 18.9 encounters in case management of more than an hour each in duration. Like services provided to women participants, the intensity of services provided to youth is consistent with the objectives of this prevention intervention.

As noted above, there appears to be significant miscoding of integration codes in youth case management activities based on a review of charts. In only 13 percent of the encounters, case management was integrated with counseling, education about substance use and HIV risks. This is inconsistent with chart documentation and will be corrected by the final report.

Table 4. Primary Services Provided (Intervention and Dosage), Youth Azalea Project Participants, February 2003 – March 2004.

| Intervention (Code) | Participants | Encounters | Encounters /Participant | Duration (Minutes) | Duration/ Encounter (Minutes) |
|--|---------------------|-------------------|--------------------------------|---------------------------|--------------------------------------|
| Case Management (09) | 19 | 359 | 18.9 | 20,155 | 56.1 |
| Risk Reduction Assessment (01) | 22 | 70 | 3.2 | 4,775 | 68.2 |
| Other Counseling, Education (04 – 08, 10) | 6 | 54 | 9.0 | 2,480 | 45.9 |
| Total Individual Interventions | 22 | 636 | 28.9 | 37,380 | 58.7 |
| Skills Building/Training/ Health Education (22-24) | 13 | 113 | 8.7 | 10,645 | 94.2 |

Source: Azalea Project database, UNF Center for Community Initiatives, 2003

Participation in group skills building, education and training activities was also recorded for 13 of the youth participants. These activities primarily encompass participation in the All-Stars Program that focuses on substance abuse prevention. As shown, there was an average of 8.7 encounters per participant with a duration of more than 90 minutes per encounter. The youth group activity was also modified during the reporting period to better integrate substance abuse and HIV prevention, as well as health, sexuality and abstinence. These modifications are discussed further in the evaluation section below.

Project staff worked with youth participants to successfully resolve or manage 55 percent of their risks factors that are associated with substance abuse and HIV (Figure 7). Most risk reduction services for youth are provided directly by Azalea Project staff.

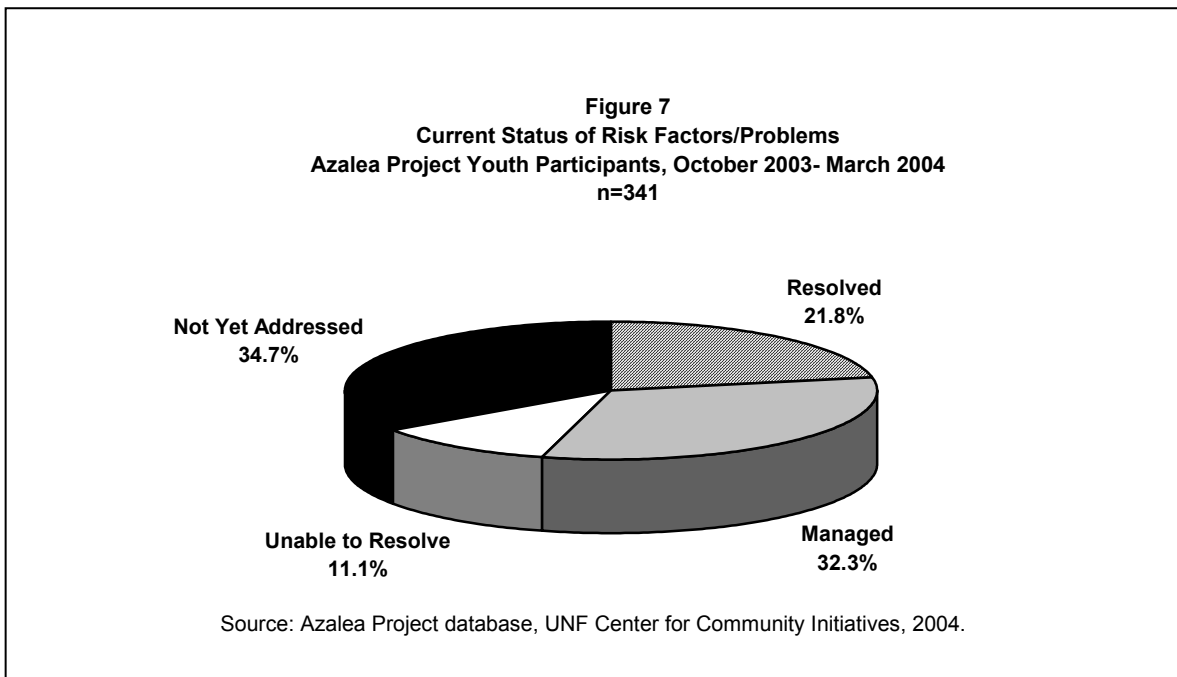


Table 5 summarizes the outreach activities of the Azalea Project during the reporting period. Outreach staff made 875 contacts in the community between February 2003 and March 2004. Staff distributed information on safe sex, HIV and substance abuse prevention, and more than 3,000 condoms.

Table 5. Azalea Project Outreach Activities, February 2003 – March 2004.

| Outreach Activity | Number of Contacts |
|--|---------------------------|
| Community Contacts (potential participants) | 875 |
| Distribution of safe sex information | 689 |
| Distribution of substance abuse/HIV prevention information | 717 |
| Condoms distributed | 3,481 |

Source: Azalea Project database, UNF Center for Community Initiatives, 2004.

SECTION 3. PARTICIPANT INVOLVEMENT

The Azalea Ambassadors, including neighborhood residents and program participants, took an active role in project governance and education, and awareness activities during the reporting period. Activities included recruitment of new participants, review of evaluation procedures and provision of feedback on the cultural appropriateness of the program design.

Specific activities that involved the Ambassadors were:

- Participated in Open House and Ribbon cutting,
- Reviewed and provided input of the program tools,
- Participated in the focus groups,
- Passed out community flyers,
- On going referrals of SA or high risk women to the program and,
- Attended bimonthly meetings.

The Azalea Project promotes participant and community involvement in a variety of ways, including:

- Community awareness and education activities,
- Birthday celebration mail outs to participants,
- Azalea-organized Easter Egg Hunt for children in the community and program,
- Quarterly Baby Showers,
- Participant incentives at enrollment and on going,
- Hug coupons for youth in the program (children could give these to their parents when they feel they need a hug. This was in response to instances where children felt they were not told or shown they were loved),
- Purchase t-shirt with the slogan “Who Do You Love – I Love Me” or “In order to make someone else happy, you have to be happy yourself”. The focus is self esteem issues our women face,
- Bi-monthly participant meetings where all participants are together,
- Ambassadors who graduate will continue as alumnus of the program,
- Graduation ceremony will include dinner, movie, trip but most important certificates, and,
- Participants’ pictures are hung on the walls along with photos of their babies.

SECTION 4. SPECIAL PROBLEMS / CHALLENGES

The demand for program services is our biggest challenges. We are addressing this problem by (1) seeking support for additional staff from state sources, and (2) linking women to other appropriate providers in the community. Our priority remains women of childbearing age in the target area who are substance involved and at-risk for acquiring HIV.

SECTION 5. EVALUATION HIGHLIGHTS

Interventions

In response to the Project Officer’s recommendation to integrate the interventions offered to participants, CCI evaluators continued to assist the Azalea Project staff in the search for appropriate educational components to complement the case management component. During each phase of this process, evaluators provided input to the staff regarding any impact proposed intervention changes would have on

the evaluation. In addition, evaluators provided guidance in matters of instrument selection and proper data collection procedures as new components were added to the interventions. Evaluators also continued to maintain a regular presence on site in order to communicate with staff and to identify and deflect any issues that would adversely impact the evaluation. The Local Evaluation Design Tables (Part IV, Attachment 1) summarize the progress of the interventions as project staff has gradually modified them in order to maximize the delivery of integrated services to the Azalea population. The tables also illustrate how the evaluation has been adjusted during each phase of this process in order to accommodate the interventions.

The educational component for adult and youth participants is delivered during regularly scheduled group sessions. As illustrated on the table mentioned above, the current integrated interventions incorporate both HIV and substance abuse prevention components (refer to Plan B, Group B on the tables for both adults and youth). This same table also contains the final element of the adult educational component: a locally developed curriculum emphasizing the self-concept called "Learning for Leadership" (e.g., Plan B, Group C). A summary of this curriculum is not included in this report as it is yet to be implemented. The projected date of implementation for Plan B, Group C is June 2004.

Adult Intervention

The current intervention for adults is called *No Mo Drama*. It retains elements of the SISTA Project (the HIV prevention component) which have been modified by staff in order to make it more culturally appropriate to the target population. To address the substance abuse component, the staff incorporates (in the sessions) videos, presentations, discussions and other activities highlighting the impact of drug use on a woman's life and health. Cultural awareness and decision making skills are also emphasized during the sessions. Instruments measuring sexual and drug use behaviors and attitudes (e.g., GPRA, HAPPA) are administered at baseline and at other appropriate intervals.

Youth Intervention

The current intervention for youth participants incorporates the lessons from the All Stars curriculum as well as material from a youth prevention program developed by the local health department entitled Teen Hour. The combined sessions are coordinated to present information on STDs and drug use from a teen's perspective. Refusal skills and abstinence are also emphasized. Instruments measuring sexual and drug use behaviors and attitudes (e.g., GPRA, All Stars) are administered at baseline and at other appropriate intervals.

Upon reviewing Tanglewood Research's website, evaluators discovered changes had been made in the new youth survey published for use in conjunction with the All Stars Program. The All Stars survey administered by the Azalea Project since initial implementation contained multiple questions on sexual activity history, whereas the current youth survey does not include such questions. As sexual history and activity figure prominently in the intervention and thus in the evaluation, it was imperative for the program to continue using the original survey version. Therefore evaluators contacted the developer of the youth instrument at Tanglewood Research on October 20, 2003 to request permission to use the original survey. Permission for the Azalea Project to continue to use the older version of the youth survey was granted at that time.

Data Collection

Data collection proceeds as planned. Instruments measuring sexual and drug use behaviors and attitudes (e.g., GPRA, HAPPA, All Stars) are administered at baseline and at other appropriate intervals. In addition, the Rosenberg Self-Esteem Scale (SES), (Part IV, Attachment 2) is now administered to *No Mo*

Drama participants at baseline and again upon completion of the sessions. The SES is a brief (10 item), unidimensional measure of global self-esteem relating to overall feelings of self-worth or self-acceptance. Responses to the scale range from “Strongly Agree” to “Strongly Disagree”. The SES was developed by Morris Rosenberg in 1965 and has been validated for use in treatment outcome studies dealing with substance abusers and clinical groups. Participants' scores on all the forms that include pre and post-test will be compared to assess whether any changes in behavior and/or attitudes occur as participants go through the program.

Forms Training

A CCI evaluator met on two separate occasions (in November and January) with two new Azalea staff members for a training session during which the forms for the local evaluation were explained in full detail. The importance of standardized forms and the impact of good data collection practices on accurate data analysis and outcomes reporting were emphasized during these sessions. After the forms were discussed, time was worked into the sessions to allow for trial runs on actual case scenarios that the staff have encountered with the participants. Throughout the sessions the staff members were also encouraged to ask questions and to make suggestions if they felt the forms needed modification.

Database Maintenance and Data Entry

The Azalea database for data entry and analysis is located at Azalea Project headquarters. The database mirrors the paper forms which project staff have been utilizing for collection of participant data. Data entry is carried out by project staff while evaluators continue to oversee the data entry process to ensure accuracy.

Focus Groups

Evaluators facilitated three focus groups to determine the level of satisfaction with services provided by the Azalea Project. Three separate focus groups for staff, adult participants and youth participants were held at Azalea Project headquarters.

Staff Satisfaction Focus Group

On March 10, 2004 evaluators facilitated a focus group with eight Azalea Project staff. The staff indicated they were generally pleased with the services Azalea is providing to participants, and feel that the project has made a positive difference in the community. All respondents agreed that the Azalea Project has been making progress towards fulfilling its initial goals and objectives in terms of providing services to the intended population. Respondents indicated that the integration of services for the substance abuse/HIV prevention is excellent within the group intervention as well as within case management. Some of the most mentioned services provided to participants include housing, transportation, child care, and financial assistance.

Respondents also identified various barriers relating to services delivery. Because intensive case management is needed to resolve the many issues each participant presents, staff members feel that their case loads are too high at 23-25 participants per case manager. They indicated that services delivery would be more effective if their case loads were reduced to 15 participants per case manager. Staff members mentioned that the least efficient part of their job is entering data into the database as it is very time consuming. Respondents suggested some strategies to improve services delivery, which included: lowering the number of participants per case load, increasing available housing options throughout the area, and new transportation options available to drive multiple participants at once (such as a large van). Questions and responses for this focus group are included in Part IV, Attachment 3.

Adult Participant Satisfaction Focus Group

On March 19, 2004 evaluators facilitated a focus group with seven Azalea Project adult participants. Participants identified the purpose of the Azalea Project as helping them learn about substance abuse prevention and safe sex, strengthening the family, and helping women in need. All respondents indicated that the Azalea Project has been helpful to them because the staff members are non-judgmental, care about the participants, and help them work out problems on a regular basis. Respondents also indicated that they would refer their friends and family to the Azalea Project for services. They asserted that the project motivates them to think about themselves and their families and to make plans for their future. All respondents indicated they feel comfortable talking with their case managers about personal topics such as condoms, sex, substance use and pregnancy. All feel that the staff listens and answers questions about these topics and will find additional information for the participant if they need it.

All respondents have participated in the SISTA Project sessions for preventing HIV, and remember learning about STD's, abstinence, how to respect their bodies, how to correctly use a condom, and the effects of HIV and AIDS. Changes in behaviors mentioned since completing the SISTA Project sessions include patience and respect for others, self-respect, and how to be assertive and ask potential partners about their sexual history. Those who have youth participating in the Azalea Project indicated they feel the program has helped improve their daughters' behavior both at home and at school. In addition they credit the program with teaching their daughters how to respect themselves and their bodies.

The only aspect of the Azalea Project that the respondents would like to see change in the future is the number of participants per case load (which they feel is too high). They expressed concerns that with the growth of the program and the case managers' level of dedication they could "come to a burnout stage—get overloaded". They suggested hiring more case managers to decrease the case loads. All the respondents indicated that staff and participants together make the Azalea Project a family unit and they enjoy being a part of it. Questions and responses for this focus group are included in Part IV, Attachment 4.

Youth Participant Satisfaction Focus Group

On March 16, 2004 evaluators facilitated a focus group with four Azalea Project youth participants. The youth mentioned that their participation in the Azalea Project has been beneficial to them, both at home and at school. They indicated that they have learned how to avoid fights or get suspended from school. The youth also indicated that they like talking with their case manager because she listens, answers questions about all topics, gives good advice, and helps them to relieve stress in new ways. The youth also mentioned that their case manager teaches them different skills they can use to refuse tobacco, alcohol, and drugs.

All respondents have participated in the All Stars sessions. Topics mentioned that were discussed during the sessions were: HIV/AIDS, raising grades at school, and setting life goals such as careers or other plans for the future. All youth indicated they like being a part of the program. Questions and responses for this focus group are included in Part IV, Attachment 5.

SECTION 6. STAFFING

The Azalea Project entered into a new partnership with Gateway Community Services, a substance abuse treatment center that serves pregnant and parenting women, that enable it to expand its case management staff by 1.5 FTE. State Healthy Start funding was used to support one FTE and Gateway agreed to outpost

another staff person half time to assist the project with the high number of referrals. The agency also provided an on-site office at its treatment center for Azalea Project staff to facilitate participant assessment and contact during treatment.

Some progress has been made in improving coordination with the case managers of the state Healthy Start program operated by the Duval County Health Department. The Azalea Project staff has been frustrated by the program's lack of success in effectively engaging and serving women referred to them for ongoing care. Women continued to be closed because they are "unable to locate" or "in treatment." The staff of both programs will meet in June to examine ways of building on individual program strengths. The Azalea Project is highly successful in identifying, engaging and maintaining women in care; however, caseload limits prevent us from meeting the entire need. Healthy Start offers a professional, nursing model that could enhance the project's ability to monitor the health, development and safety of babies born to participants. There may be a need to shift some state Healthy Start funding to Azalea to increase staff, while establishing a closer collaboration with the health department to provide the community health nursing component.

Most of the issues regarding supervision of staff and the relationship between the project coordinator and the contract agencies have been resolved with revisions to the contract language. There continues to be some tension, however, over the issue of staff compensation. Funding cuts to the contract agencies have prompted budget cuts that affect staff in the entire agency. There is a reluctance to treat the Azalea Project staff separately from the rest of the agency staff, even though they are dedicated to a specific funded project. The success of the Azalea Project is due to the hard work and dedication of its staff, regardless of what contract agency they work for. A considerable amount of resources is devoted by the project to staff training and support. Staff turn-over is very detrimental to the successful implementation of the project intervention. Participants developed personal relationships and establish trust with staff that is critical to their retention in the program. One of the case managers resigned during the reporting period to take a higher paying position at the teaching hospital. This is very frustrating for the grantee and we continue to explore ways to effectively address this issue.

SECTION 7. INTERACTION WITH PROGRAM EVALUATION CENTER (PEC)

Evaluators contacted Rena Agee on October 14, 2003 to request assistance with scoring the GPRA responses for the local evaluation. Jack Herman responded to the request on October 17, 2003 and indicated that CSAP does not provide scoring information for the GPRA. Nevertheless, Mr. Herman sent the evaluators a document containing values that are typically used in scoring measures used by the PEC as a reference guide.

On October 24, 2003 the Azalea Project received notification from Rena Agee indicating that the Azalea Project was excluded from further involvement in the Cross-site evaluation due to the low number of eligible participants. Azalea Project services delivery began in January, and the cross-site baseline survey was received 5 months after services delivery began. By the time the cross-site tool arrived, most of the participants had already received intervention services. As of September 30, 2003 only nine Azalea Project participants were eligible for the cross-site study because they were enrolled after the cross-site tool was received (on May 19, 2003).

On November 17, 2003, Rena Agee contacted the evaluators as well as the Azalea Project Director and the Project Coordinator to ensure that information presented at the recent CSAP conference in Washington, DC had been received by all interested parties. The information consisted of significant

dates to be considered in regards to the National Evaluation. Ms. Agee indicated that after November 30, 2003 the PEC would not collect any further GPRA data for Cohort III projects. Any GPRA data received by the PEC prior to November 30, 2003 would be analyzed and sent back to evaluators by December 31, 2003. After November 30, 2003 all GPRA data should be sent directly to Nikki Bellami at CSAP. Ms. Agee also indicated that she would be available for technical assistance until December 31, 2003; after which any inquiries should be made directly to Ms. Bellamy.

On November 24, 2003 Rena Agee received a GPRA data submission from the Azalea Project for adult and youth GPRA respondents receiving case management services. It is noted that further GPRA data submissions (non-repeating) will be sent to Nikki Bellamy at CSAP during the months of May and October of 2004.

SECTION 8. TECHNICAL ASSISTANCE / TRAINING

No technical assistance was requested or provided through MYA Tech during this reporting period.

SECTION 9. CONFIDENTIALITY / PROTECTION OF HUMAN SUBJECTS

In order to maintain confidentiality and the protection of participant private information, data collected by project staff is kept secure in the Azalea Project headquarters. Participant files are stored in a locking filing cabinet that is kept within a locked closet. In addition participants' files are labeled on the outside with de-identified numbers. Project staff follow strict instructions to keep the files within the office, and to place them back in the locking filing cabinet when they leave the office. The filing cabinet is locked each night, and the closet door is closed and locked as well.

During the day, when staff is working in their offices, the outside doors are kept locked thus allowing staff to admit anyone who has legitimate reasons for entering the building. The offices are also locked at night and the alarm system is activated.

While at Azalea Project Headquarters, evaluators continue to follow protocols set forth by the Grantee to maintain the confidentiality of participant information.

Focus Groups

Pre-discussion: Evaluators explained the purpose of the focus group to participants and emphasized that participation was voluntary with no penalty involved, should anyone decide not to participate. The confidential nature of the discussion was emphasized as well as the fact that no one would be personally identified in notes taken from the discussion. In addition, participants were asked not to disclose any information from the discussion to others not present at the focus group. A time was allowed for questions to be answered after which the participants were asked to sign informed consents.

Data Security

All data collected by Azalea Project staff is kept secure in the Project headquarters to protect participant information and to maintain confidentiality. Participant files continue to be stored in locking filing cabinets which are kept within a locked closet. In addition, participant data transferred from the database at Azalea Project headquarters to CCI offices for evaluation and analysis is de-identified and stored on

password protected computers in locked offices. Participant (adult/youth) and staff responses collected by evaluators during the Focus Group discussions are stored at the evaluators' offices only.

SECTION 10. PUBLICATIONS, AWARDS, PRESENTATIONS

The following national and local presentations were made on The Azalea Project:

- Project Coordinator presentations:
 - FCCAT Meeting
 - Perinatal HIV Transmission Meeting
 - Probation Department
 - RARE Project
 - Community Partnership for the Protection of Children
 - State of Florida Minority AIDS Annual Conference
 - HIV Multicultural Conference
 - Health Beat – Television Presentation

- Awards:
 - Proclamation passed by the Jacksonville City Council recognizing the work of the Azalea project (Attachment 6).
 - Coalition Executive Director recognized as 2004 Florida Prevention Leader at State Substance Abuse Prevention Conference in November, 2003

- Publications:
 - Advocate News Article – Beauty within the Community (Attachment 7)
 - Annual News Letter – Featuring Open House (Attachment 8)

SECTION 11. OTHER

Azalea Project activities to engage the local community have resulted in the development of positive relationships with local families, and grassroots agencies. We are currently exploring two program additions to meet identified needs of the participants: a partnership with a mental health agency to provide counseling for women who are dual diagnosed or who have significant abuse and mental health issues, and the strengthening of activities to improve the self-esteem of participants. We are looking forward to continued success in the coming project year and to expanding project services in the future.

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PROGRESS REPORT PART III: TABLES

TABLE A: PROJECT STAFF

Format for reporting staff involvement during reporting period

| Job Title | Staff Person | Time on Project: % of FTE | Time Proposed in Application: % of FTE |
|---------------------|---------------------|--------------------------------------|---|
| | | | |
| Project Director | Carol Brady | 10% | 10% |
| Project Coordinator | Faye A. Johnson | 100% | 100% |
| Admin. Assistant | Mavis Youngblood | 10% | 10% |
| | | | |
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TABLE B: PROJECT PARTICIPANTS SERVED

Format for reporting project participants served.

In the tables below, please indicate the sample size from your application for funds; the number of participants from your target population to be included in your evaluation.. Then report the *numbers of participants who received any direct services* from your project during this reporting period. Please report first on participants served who are members of the population your grant is intended to target. Then include information on all others served, including family members, parents, stepparents, grandparents, foster parents, siblings, children, extended family members, significant others, and partners, friends, community members, etc. Direct services are planned program activities, which focus on changing targeted attitudes, behaviors, and/or beliefs.

| | | |
|--|---|---|
| 1. Members of Target Population | | |
| Total Sample Size (from Application) | | |
| Number of Participants To Be Included in the Evaluation: <u>60/40</u> | | |
| All Participants Served Since the Beginning of Grant | All Participants Served During this Reporting Period | New Participants Served During this Reporting Period |
| 82 | 79 | 35 |
| 2. Family Members | | |
| All Family Members Served Since the Beginning of Grant | All Family Members Served During this Reporting Period | New Family Members Served During this Reporting Period |
| 36 | 28 | 14 |
| 3. Community Members/Others | | |
| All Individuals Served Since the Beginning of Grant | All Individuals Served During this Reporting Period | New Individuals Served During this Reporting Period |
| 875 | 578 | 578 |

TABLE C: COMMUNITY ACTIVITIES

Format for Reporting on Community Activities completed during grant period

1. Does your project include any community activities for outreach, public information, cultural celebration, empowerment, or other such purpose?
 X Yes No

If yes, please indicate (a) the type of community activity, (b) the setting where the activity was conducted, (c) the estimated total number of youth attendees, and (d) the estimated total number of adult attendees, by age and gender.

COMMUNITY ACTIVITIES

| (a) Type of Community Activity | (b) Setting Where The Activity Was Conducted | (c) Estimated Total | (d) Estimated Total |
|---|--|----------------------|----------------------|
| | | # of Youth Attendees | # of Adult Attendees |
| Friendly Access Focus Group | Buleah Beal School | 20 | 2 |
| Jacksonville Playback Theater – HIV/AIDS | Hollybrook Learning Center | 14 | 9 |
| National Black AIDS Awareness Street Dance | King Street Drop-In Center | 0 | 3 |
| Teen Summit | The Bridge of NE Fla. | 25 | 35 |
| AIDS Awareness Ceremony | Schultz Center | 6 | 2 |
| AIDS Summit | Radisson Hotel | 0 | 5 |
| Girls night Out | Ruby Tuesday/Regency Movie Theater | 12 | 12 |
| Health Fair | Gilbert Middle School | 15 | 2 |
| Health Department Teen Hour – STD’s/PubertyEd | Hollybrook Learning Center | 28 | 10 |

| (a) Type of Community Activity | (b) Setting Where The Activity Was Conducted | (c) Estimated Total | (d) Estimated Total |
|--------------------------------|--|----------------------|----------------------|
| | | # of Youth Attendees | # of Adult Attendees |
| Resident Presentation | Hilltop Apartment Complex | 28 | 10 |
| Boys Day Out | Regency Movie Theater CiCi's Pizza | 2 | 2 |

2. Please indicate the estimated number of pieces of literature you distributed during the grant period.

_____100

3. Please indicate the number of Public Service Announcements (PAS's) and other media presentations you made during the grant period.

_____2

TABLE D: PROJECT TRAINING / EDUCATION ACTIVITIES

Format for Reporting on Training and Education Activities completed during grant period

Does your project include any professional training or educational activities?

 X Yes _____ No

If yes, please indicate: (a) the training activity conducted , (b) the estimated number of participants for each, and (c) types of participants/attendees, e.g. Health personnel (Substance Abuse, Maternal and Child Health, Medical Providers, Health Departments, etc); Educators, Court/Court-Related Personnel; Law Enforcement; Welfare Administration; Social Services; Child Welfare; Legislators; Policy Makers; Employers; etc.

TRAINING / EDUCATION ACTIVITIES

| (a) Training Activity Conducted During Reporting Period | (b) Estimated Number of Participants / Attendees | (c) Type of Participant / Attendee |
|---|--|------------------------------------|
| Cultural Diversity Competency | 20 | Case managers / Counselors |

| (a) Training Activity Conducted During Reporting Period | (b) Estimated Number of Participants / Attendees | (c) Type of Participant / Attendee |
|--|---|--|
| Child Abuse and Neglect | 15 | Case manager/ Counselors |
| Northeast Florida Safety Council | 100 | Case managers / Community workers |
| Nurturing Parenting | 20 | Health Educators/ Case managers |
| Clients Rights | 15 | Case managers / counselors |
| To Good for Drugs | 15 | Youth case managers / after school case managers |
| HIV Conference | 300 | Health educators / case managers/ outreach workers |
| Florida Youth Substance Survey | 2 | Case managers |
| Raising Money | 30 | Non profit staff |
| Introduction to Gateway Treatment Services | 25 | Case managers, assessment workers, and outreach specialist |
| Women Center Presentation | 12 | Case managers, assessment workers, and outreach specialist |
| The Corner | 10 | Case managers, assessment workers, and outreach specialist |
| Co-Op Training on Female Condom use | 15 | HIV workers, outreach specialist, and case managers |
| Focus on Kids | 6 | Youth Workers and case managers |
| Confidentiality HIPPA | 15 | Case managers |

| (a) Training Activity Conducted During Reporting Period | (b) Estimated Number of Participants / Attendees | (c) Type of Participant / Attendee |
|--|---|---|
| Strategic Planning Retreat | 15 | Case managers / health educators |
| Person and Family Centered Services | 25 | Case managers |

TABLE E: COLLABORATION / LINKAGE ACTIVITIES

Format for Reporting Project Collaborations and Linkages

Does your grant involve Collaborations and Linkages? X Yes No

(Collaborations and Linkages are agreements, either formal or informal, between two or more organizations that enhance program implementation/operation for targeted recipients.)

If yes, please list below all organizations with which you collaborate or have linkages. Use the codes that follow for Type of Organization and Type of Services/Activities provided by this organization for your participants. Please indicate, using the following codes, if any of your collaborations or linkages are federally funded. Indicate whether the collaboration / linkage is formal or informal. *Please also attach copies of Letters of Agreement, Memoranda of Understanding or other formal written agreements.*

Linkages and Collaborations

| Name of Linked or Collaboration Organizations | Type of Organization | Type of Service / Activity | Type of Federally Funded Program | Formal Written Agreement? (Please check one) | |
|--|----------------------|----------------------------|----------------------------------|--|--|
| | | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 1. Department of Children and Families | 13 | S13 | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 2. Magnolia Federal Healthy Start | 15 | S21 | F5 | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3. River Region Human Services | 71-72- 73 | S1-S3 | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Minority AIDS Coalition, | 21 | S8 | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Northeast Florida Health Planning Council | 22 | S9 | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 6. Duval County Health Department and HIV Prevention | 18 | S5-S6-S18 | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Shands Hospital | 14 | S5-S6-S7-S8-S9 | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

| Name of Linked or Collaboration Organizations | Type of Organization | Type of Service / Activity | Type of Federally Funded Program | Formal Written Agreement? (Please check one) | |
|---|----------------------|----------------------------|----------------------------------|--|--|
| 8. University of North Florida - North Florida Center for Community Initiatives | 42 | S30 | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Sisters In Crisis | 61 | S14 | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 10. JP Expressions Health Care Ministry | 61 | S18 | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 11. Nassau County Substance Abuse and Mental | 71-72-73 | S7 | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 12. Duval County Criminal Justice System | 32 | S30 | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 13. Clay County Behavioral Health | 12 | S7 | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 14. Gateway Community Services – substance Abuse | 71-72-73 | S1-S3 | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Duval County Medical Society | 22 | S9 | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 16. The Bridge of Northeast Florida | 74 | S13 | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Long Branch Elementary School- Team Up | 51 | S23 | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 18. Eugene Butler Elementary School Team Up | 51 | S23 | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 19. Highlands Middle School – Team Up | 51 | S23 | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 20. St. Clair Evans School - Team Up | 51 | S23 | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 21. Project SOS | 74 | S9 | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 22. Women’s Center | | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 23. Enable Program | 74 | S9 | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

| Name of Linked or Collaboration Organizations | Type of Organization | Type of Service / Activity | Type of Federally Funded Program | Formal Written Agreement? (Please check one) | |
|--|----------------------|----------------------------|----------------------------------|--|--|
| 24. North South Human Services | 71 | S1 | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 25. I M Sulzbaucher Center | 76 | S11 | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 26. Healthy Families Jacksonville | 79 | S21 | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 27. Community Partnership for the Protection of Children | 76 | S13 | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 28. Jacksonville Children's Commission | 76 | S13 | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 29. United Way | 71 | S26 | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 30. Duval Community Transportation and Clay | 76 | S20 | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 31. Catholic Charities | 76 | S12 | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 32. Jewish Family Center | 76 | S12 | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 33. Hope Haven Children Clinic | 76 | S13 | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 34. First Coast Women | 76 | S12 | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 35. City Rescue Mission | 76 | S11 | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 36. Peace and Safety | 76 | | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 37. Northwest Behavioral | 12 | S7 | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 38. Mental Health Resource Center | 12 | S7 | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 39. Child Guidance | 12 | S7 | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 40. DCHD – Ryan White Title III | 31 | S8 | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 41. First Coast Education Counseling Center | 12 | S7 | F5 | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 42. Hollybrook Homes | 76 | S11 | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 43. Hubbard House | 79 | S12 | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

Codes for Type of Organization/Agency, Service/Activity, and Federal Funds

Type of Organization/Agency

Health (General)

- 12 Community Mental Health Center
- 13 Health Organization
- 14 Hospital
- 15 Maternal and Child Health Agency
- 16 Outpatient Clinic
- 17 Residential Facility (e.g., Group Homes)
- 19 Other

Coordinating Group (Non-service provider)

- 22 Parent organization
- 23 Tribe
- 24 Other

Legal

- 31 Child Protective Services
- 32 Courts/Probation
- 34 Correctional System/Facility
- 35 Juvenile Justice System
- 39 Other

University/College or Research Organization

- 49 Other

Schools (Non-higher educational, precollege)

- 51 Public School
- 52 Private School
- 59 Other

Faith-Based Organization

- 61 Church
- 62 Synagogue
- 63 Mosque
- 69 Other

Substance Abuse Prevention/Treatment

- 71 Free-standing SA Treatment-Outpatient
- 73 Prevention Organization
- 79 Other

Service Agency (Primary)

- 71 National Service Organization
- 74 Youth Services Organization
- 76 Community Organization
- 77 Fraternal Organization
- 79 Other

- 11 Community Health Center

Type of Service/Activity

Substance Abuse Services

- S1 Outpatient
- S2 Hospital/Inpatient
- S3 Residential
- S4 Other Substance Abuse
- S21 Coordinating non-service provider

Health Services

- S5 Perinatal
- S6 Pediatric
- S7 Mental Health
- S8 HIV-related
- S9 Other Health
- S33 Police Department

Social Services

- S10 Welfare Services
- S11 Housing
- S12 Emergency Services
- S41 Institute of Higher Education
- S13 Child Welfare
- S14 Other Social Services
- S15 Parenting Programs
- S16 Child Care
- S17 Skills Building
- S18 HIV Services
- S19 Mental Health Services
- S20 Transportation
- S21 Case Management

Other

- S22 Client Referral
- S23 Education
- S77 Free-standing SA Treatment-Residential
- S24 Vocational Training
- S25 Employment Assistance
- S26 Information Dissemination
- S27 Advocacy
- S77 Cultural Organization
- S28 Public Education
- S75 Youth Organization
- S29 Policy Formation
- S30 Other
- 73 Social or Family Service Organization

Type of Federally Funded Program

- F1 TANF (Welfare)
- F2 Welfare to Work (Dept. of Labor)
- F3 Empowerment Zones/Enterprise Communities
- F4 Department of Justice/OJJDP Programs
- F5 Healthy Start
- F6 Head Start
- F7 Drug Free Schools (Dept of Ed.)

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PROGRESS REPORT PART IV: ATTACHMENTS

Please attach copies of relevant project materials not previously submitted, such as your Participant Plan, evaluation instruments (excluding GPRA), brochures, press releases, newspaper articles, curriculum information, etc.

Include a list of the materials you attach:

| ATTACHMENTS | |
|--------------------|---------------------------------------|
| 1 | Local Evaluation Design Tables |
| 2 | Rosenberg Self-Esteem Scale |
| 3 | Staff Focus Group Results |
| 4 | Adult Participant Focus Group Results |
| 5 | Youth Participant Focus Group results |
| 6 | City of Jacksonville Proclamation |
| 7 | Advocate New Article |
| 8 | Azalea Project Community Report |
| 9 | |
| 10 | |