



February 2017

DRUG-FREE COMMUNITIES SUPPORT PROGRAM

Agencies Have
Strengthened
Collaboration but
Could Enhance
Grantee Compliance
and Performance
Monitoring

GAO Highlights

Highlights of [GAO-17-120](#), a report to congressional committees

Why GAO Did This Study

In 2015, approximately 2.2 million adolescents aged 12 to 17 were current users of illicit drugs. The Drug-Free Communities Act of 1997 established the DFC Support Program—a federal grant program supporting drug abuse prevention efforts that engage schools, law enforcement, and other sectors of a community. The program targets reductions in the use of alcohol, tobacco, marijuana, and the illicit use of prescription drugs. The Office of National Drug Control Policy Reauthorization Act of 2006 includes a provision that GAO routinely assess ONDCP's programs and operations.

This report addresses: (1) the extent to which ONDCP and SAMHSA use leading practices to coordinate program administration and the types of activities funded; and (2) the extent to which ONDCP's and SAMHSA's operating procedures both ensure DFC grantees comply with governing statutes and provide a basis for performance monitoring. To conduct this work, GAO analyzed agency policies from 2013-2015 (most recent available); interviewed agency officials; and analyzed coordination efforts against relevant key practices GAO identified previously. GAO reviewed files obtained from a non-generalizable random sample of 30 grantees and interviewed a random subset of 10.

What GAO Recommends

GAO recommends that SAMHSA develop an action plan with time frames to strengthen DFC grant monitoring and ensure it sends complete and accurate information to ONDCP. SAMHSA concurred with these recommendations and identified actions to address them.

View [GAO-17-120](#). For more information, contact Diana Maurer at (202) 512-8777 or maurerd@gao.gov

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DRUG-FREE COMMUNITIES SUPPORT PROGRAM

Agencies Have Strengthened Collaboration but Could Enhance Grantee Compliance and Performance Monitoring

What GAO Found

The Office of National Drug Control Policy (ONDCP) and the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA) employ leading collaboration practices to administer the Drug Free Communities (DFC) Support Program and have funded a range of drug prevention activities. Both agencies have improved their collaboration since GAO last reported on the DFC program in 2008. Their current efforts to jointly manage the DFC Support program are consistent with GAO's relevant key collaboration practices. For example, ONDCP and SAMHSA defined and agreed upon common outcomes, such as prioritizing efforts to increase participation from under-represented communities. The two agencies have also funded a range of DFC grantees' activities and report on these activities in their annual evaluation reports. For example, ONDCP reported that from February through July 2014, grantees educated more than 156,000 youth on topics related to the consequences of substance abuse. To illustrate, the 10 grantees GAO interviewed described their specific efforts, including programs for

- **Enhancing Skills:** To enhance the skills of those in the community, one grantee sponsored a session for local realtors on precautions to take when preparing for open houses—warning them that leftover prescriptions in medicine cabinets present the potential for abuse among those walking through the home for sale.
- **Enhancing Access/Reducing Barriers:** To reduce cultural barriers, another grantee developed signs with text in the multiple languages spoken throughout the community that shopkeepers could display to emphasize the legal purchase age for alcohol.
- **Providing Information:** To provide greater information to parents on the consequences of providing alcohol in their homes, a grantee created a slogan to remind parents of their children's needs, "**Be my Parent, not my Bartender.**"

The agencies have operating procedures in place, but could enhance grantee compliance and performance monitoring. In particular, SAMHSA does not consistently follow documentation and reporting procedures to ensure grantees' compliance with governing statutes. SAMHSA also has not been accurately reporting to ONDCP on grantee compliance. Specifically for the files GAO reviewed, SAMHSA followed all processes for ensuring that initial applicants had submitted required documentation before awarding them initial grant funding. However, SAMHSA was less consistent in adhering to procedures for confirming documentation in later years of the program. For example, 14 of the 18 grantees that should have had sustainability plans in their files did not. These plans outline how the grantee intends to maintain necessary resources to achieve long-term goals after exiting the program. Prior to GAO's review, ONDCP and SAMHSA officials were not aware of the missing data in the grant files. Without close adherence to existing procedures, and a mechanism to ensure that the documentation it reports to ONDCP is accurate and complete, SAMHSA's performance monitoring capacity is limited and it cannot be certain that grantees are engaging in intended activities and meeting long-term goals.

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List of Abbreviations

CADCA	Community Anti-Drug Coalitions of America
DFC	Drug-Free Communities Support Program
HHS	Department of Health and Human Services
ONDCP	Office of National Drug Policy Control
SAMHSA	Substance Abuse and Mental Health Services Administration

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February 7, 2017

Congressional Committees

In 2015, approximately 2.2 million adolescents aged 12 to 17 were current users of illicit drugs, which represented nearly 9 percent of adolescents in America.¹ To help curb youth substance abuse, the Drug-Free Communities Act of 1997 established the Drug-Free Communities (DFC) Support Program—a federal program providing grants for the establishment of community-based, youth-focused, drug abuse prevention efforts.² The DFC Support Program focuses its efforts on the prevention and reduction of the use of four primary substances, referred to in this report as drugs: (1) alcohol, (2) tobacco, (3) marijuana, and (4) the illicit use of prescription drugs. The Office of National Drug Control Policy (ONDCP) administers the DFC Support Program, in coordination with the U.S. Department of Health and Human Services’ Substance Abuse and Mental Health Services Administration (SAMHSA). In addition, ONDCP is responsible for, among other things, overseeing and coordinating the implementation of the Administration’s national drug control strategy.

The Office of National Drug Control Policy Reauthorization Act of 2006 includes a provision that we routinely assess ONDCP’s programs and operations.³ In 2008, we reported on the DFC Support Program and found weaknesses in grant program administration.⁴ We recommended

¹The U.S. Department of Health and Human Services’ Substance Abuse and Mental Health Services Administration’s (SAMHSA) annual National Survey on Drug Use and Health is a yearly survey on illicit drug use. The 2015 survey obtained information on the use of 10 categories of illicit drugs: marijuana; cocaine (including crack); heroin; hallucinogens; methamphetamines; and inhalants, as well as the misuse of prescription pain relievers, tranquilizers, stimulants, and sedatives. See Center for Behavioral Health Statistics and Quality, *Key Substance Use and Mental Health Indicators in the United States: Results from the 2015 National Survey on Drug Use and Health*, U.S. Department of Health and Human Services’ Publication No. SMA 16-4984, NSDUSH Series H-51 (September 2016).

²Pub. L. No. 105-20, 111 Stat. 224 (1997).

³Pub. L. No. 109-469, § 203, 120 Stat. 3502, 3517-18 (codified as amended at 21 U.S.C. § 1708a).

⁴GAO, *Drug-Free Communities Support Program: Stronger Internal Controls and Other Actions Needed to Better Manage the Grant-Making Process*, [GAO-08-57](#) (Washington, D.C.: Jul 31, 2008).

that ONDCP (1) strengthen internal controls; (2) ensure that funded grant applicants satisfy statutory eligibility criteria; and (3) more clearly define its own and SAMHSA's roles and responsibilities. ONDCP agreed and has made significant improvements and implemented all three recommendations. This report addresses: (1) the extent to which ONDCP and SAMHSA use leading practices to coordinate program administration and the types of activities the DFC Support Program recently funded; and (2) the extent to which ONDCP's and SAMHSA's operating procedures both ensure DFC grantees comply with governing statutes and provide a basis for performance monitoring.

To assess the extent to which ONDCP and SAMHSA use leading practices to coordinate program administration, we analyzed relevant documentation, such as policies and procedures including ONDCP's and SAMHSA's inter-agency agreements for fiscal years 2013, 2014, and 2015 (the most recent data available). In addition, we interviewed officials responsible for the management of the DFC Support Program to discuss ONDCP's and SAMHSA's collaboration practices and assessed them against leading practices from prior GAO work.⁵ We used a subset of three key practices among the eight key practices previously reported because we identified these three as the most relevant to the scope and nature of ONDCP's and SAMHSA's partnership.⁶ To determine the types of activities the DFC Support Program has recently funded, we reviewed grant files from a non-generalizable random sample of 30 grantees from fiscal year 2015. (See below for more specific details about sample selection.) We reviewed documents in these files to identify the nature and frequency of key activities that grantees reported semi-annually to SAMHSA in their progress reports. We also analyzed an evaluation summary report for grantees funded in fiscal year 2013 that an ONDCP contractor produced to gather additional detail on grantees' activities and spoke with the contractor for more details on how the information was collected and summarized.⁷ In addition, we interviewed a subset of 10

⁵*Results Oriented Government: Practices That Can Help Enhance and Sustain Collaboration among Federal Agencies*, [GAO-06-15](#) (Washington, D.C.: Oct. 21, 2005) and GAO, *Managing for Results: Key Considerations for Implementing Interagency Collaborative Mechanisms*, [GAO-12-1022](#) (Washington, D.C.: Sept 27, 2012).

⁶The three we selected are (1) defining a common outcome, (2) agreeing on roles and responsibilities, and (3) establishing compatible policies, procedures, and other means to operate across agency boundaries.

⁷At the time of our review, the 2014 National Evaluation Report, based on data grantees provided in fiscal year 2013, was the most recent report available.

grantees that we selected at random from our file review sample to gain greater insights into the specific activities and initiatives in which they engaged, as well as to learn more about their interactions with agency officials who oversee the DFC Support Program.

To assess the extent to which ONDCP's and SAMHSA's grant administration procedures ensure grantees comply with governing statutes and the agencies have program controls in place to provide a basis for monitoring and reporting on grantee performance, we reviewed and analyzed agency policies, guidance documents, and procedures that were in effect for fiscal years 2013, 2014, and 2015. We then assessed these procedures and controls against *Standards for Internal Control in the Federal Government*.⁸ Further, we reviewed the files we obtained from the non-generalizable sample of 30 out of 697 grantees awarded funds in fiscal year 2015. Additionally, since in any given year, some grantees will be first time grant recipients and others will be more tenured, we widened our review to include the files for fiscal years 2013 and 2014 for any selected grantee in continuation status. Overall, our review included 79 individual grant files for the 30 selected grantees. Since an individual DFC Support Program grantee can be in any year of two 5-year cycles, we divided grantees into three categories—years 1 and 6 of the grant; years 2 through 5; and years 7 through 10. This categorization also aligned with how the program establishes grantee documentation requirements, since for each category the program requires different forms and reports from grantees. We then randomly selected 10 grantees from each category. Specifically, we reviewed and analyzed the more than 20 types of required documents to assess the extent to which the agencies follow their policies and procedures and ensure grantee compliance. We also assessed the reliability of data included in the grant files by interviewing agency officials responsible for maintaining and managing the systems that store and produce the data. We determined that the data were sufficiently reliable for the purposes of our reporting objectives.

We conducted this performance audit from January 2016 to February 2017 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for

⁸GAO, *Standards for Internal Control in the Federal Government*, [GAO/AIMD-00-21.3.1](#) (Washington, D.C.: November 1999).

our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

DFC Support Program Goals

The DFC Support Program's two major goals are to:

1. establish and strengthen collaboration among communities, private non-profit agencies, and federal, state, local, and tribal governments to support the efforts of community "coalitions" to prevent and reduce substance abuse among youth; and
2. reduce substance abuse over time among youth and adults by addressing the factors in a community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse.⁹

Coalitions receiving grant funds through the program are obliged to make progress toward four core outcome measures. These relate to the prevalence of drug use among youth in their communities over the past 30 days, youth's perceptions of the risk, and the separate perceptions of parental and peer disapproval of drug use—each of which is discussed later in the report.

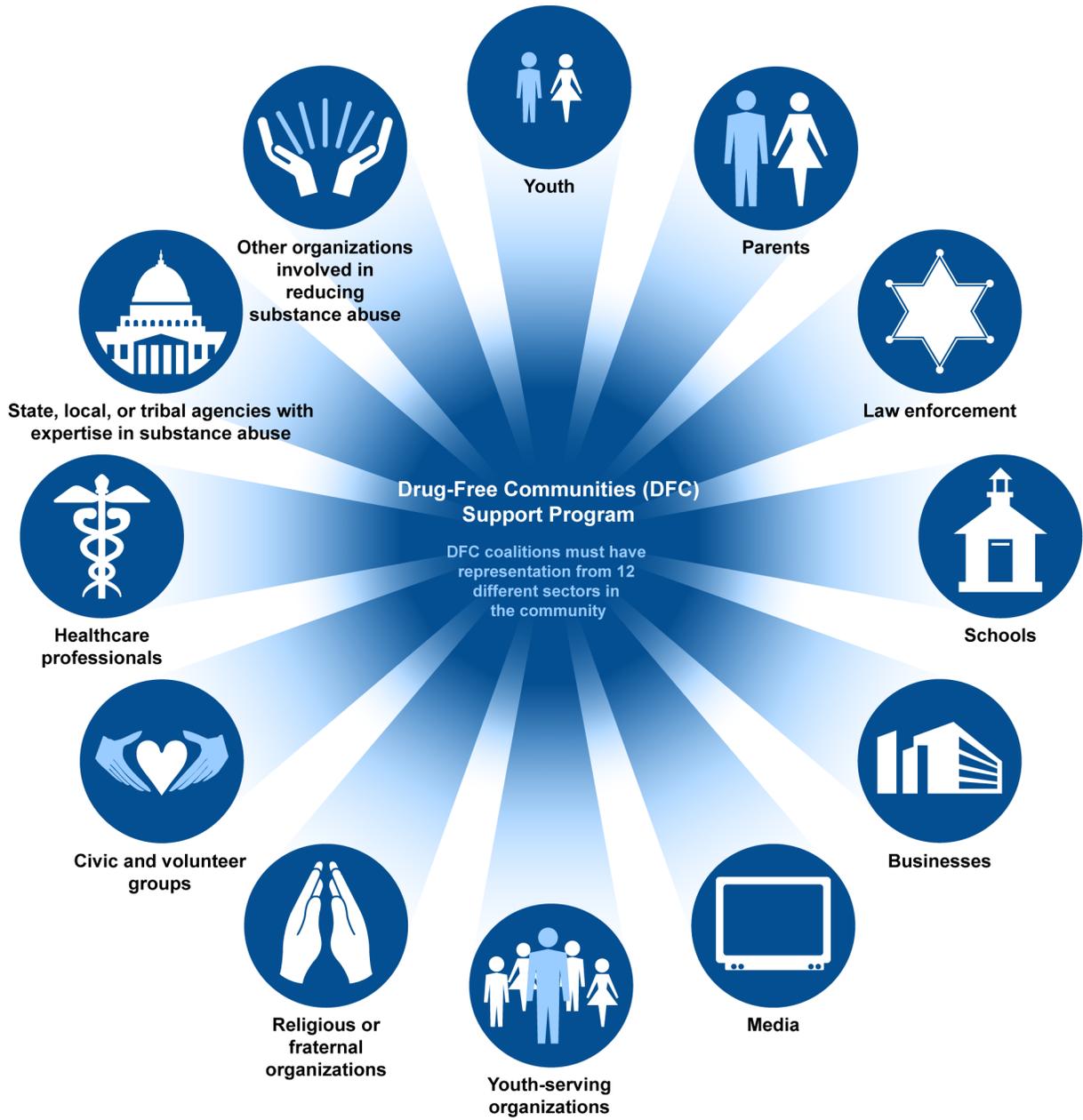
Coalition Composition

Under the DFC Support Program, ONDCP provides federal grants to coalitions that have established sustainable and accountable anti-drug efforts involving every major sector of a community, such as law enforcement and schools. For the purposes of this report we refer to coalitions as grantees. According to ONDCP officials, a DFC coalition is established through a locally-based arrangement for cooperation and collaboration among groups, such as parents and businesses who agree to work together toward a common goal of building a safe, healthy, and drug-free community. DFC grants are intended to support community based coalitions and the activities they carry out. Funds are granted to the coalition, not a particular sector or sector member.

⁹See 21 U.S.C. §1522 (listing the purposes of the program).

DFC coalitions are broad-based groups consisting of representatives of youth, parents, businesses, the media, law enforcement, religious or other civic groups, health care professionals, and other organizations involved in reducing substance abuse in their communities, especially among youth—as illustrated in figure 1.

Figure 1: Composition of Coalitions Receiving Grants through the Drug-Free Communities (DFC) Support Program



Source: Office of National Drug Control Policy (ONDCP); Art Explosion (clip art). | GAO-17-120

DFC Support Program Grant Types

ONDCP funds four types of DFC Support Program grants: (1) New; (2) Continuation; (3) Mentoring; and (4) Mentoring Continuation. For the purposes of this review, we focused on New and Continuation DFC grants as they constitute the majority of grants awarded.

1. New grants represent those openly competing for their 1st or 6th year of DFC funding.
2. Continuation grants represent annual “in-cycle” grants for years 2 through 5, or 7 through 10 of DFC funding.
3. Mentoring grants represent the first in a 2-year grant awarded to existing coalitions to support their work to create new DFC coalitions. Mentoring Continuation grants represent the second year of the 2-year award.
4. Each new and continuation grant awards up to \$125,000 per fiscal year and mentoring grants limit awards to \$75,000 per fiscal year.

By statute, eligible coalitions may receive a new grant for 1 year and then apply for a 1-year continuation grant in each of the subsequent 4 years—for a total first round grant period of 5 years. After the first 5 years, grantees can apply again for a second 5 year round—the maximum allowable term is 10 years—and the 6th year begins with another new grant.¹⁰ Grantees can apply for continuing grants again in each of the 4 years thereafter.¹¹ According to ONDCP, it bases decisions on whether or not to continue a grant on the extent to which the coalition has (1) made satisfactory progress in its efforts to reduce youth substance abuse and (2) complied with all the terms and conditions of its award.

Applicant Eligibility Criteria and Program Requirements

To meet the statutory requirements of the DFC Support Program for initial eligibility—years 1 and 6—a coalition must:¹²

- submit an application to the ONDCP Administrator;

¹⁰For a coalition applying for a grant for a 6th year, by statute, the ONDCP Administrator may not afford a higher priority in the award of the 6th year grant than the Administrator would afford the applicant for an initial grant. 21 U.S.C. § 1532(b)(3)(C).

¹¹For purposes of this report, “new” grant applicants refer to those applying for year 1 or year 6 of funding or who have had a lapse in their funding in the previous fiscal year. “Continuation” grant applicants received funding in the previous year and are applying for 1 fiscal year of funding, either year 2 through 5 or year 7 through 10.

¹²21 U.S.C. § 1532(a)(1)-(6).

-
- consist of one or more representatives from each of the 12 sectors—at least one representative per sector—as illustrated in figure 1;¹³
 - demonstrate that the representatives of the coalition have worked together on substance abuse reduction initiatives for at least 6 months (prior to applying);
 - demonstrate substantial participation from volunteer leaders in the community;
 - have as its principal mission the reduction of substance abuse in a comprehensive and long-term manner, with a primary focus on youth in the community;
 - describe and document the nature and extent of the substance abuse problem in the community;
 - provide a description of the substance abuse prevention and treatment programs and activities underway at the time of the grant application and identify substance abuse programs and service gaps in the community;
 - develop a strategic plan to reduce substance abuse among youth; and work to develop a consensus regarding the priorities of the community to combat substance abuse among youth;
 - establish a system to measure and report outcomes;
 - conduct an initial benchmark survey of drug use among youth and provide assurances that the entity conducting the evaluation has sufficient experience in gathering data related to substance abuse among youth or in evaluating the effectiveness of community anti-drug coalitions; and
 - demonstrate that the coalition is an “ongoing concern” by demonstrating that it has established itself as an appropriate legal entity or organization that receives financial support from non-federal sources and has a strategy to solicit substantial financial support from non-federal sources after the expiration of the grant term.¹⁴

For additional information on the statutory requirements for the DFC Support Program, see table 2 in appendix I.

¹³An individual who is a member of the coalition may serve on a coalition as a representative of not more than 1 of the sectors.

¹⁴ 21 U.S.C. § 1532(a)(5).

In addition to meeting statutory eligibility requirements, grantees must also comply with DFC Support Program terms and conditions. For example, the program requires that grantees must develop a comprehensive 12-Month Action Plan that includes an appropriate strategy for each drug they will be addressing—as well as a mechanism for demonstrating their progress along the way. Further, two grantees may not serve the same zip code, unless both have clearly demonstrated a plan for collaboration. For more information on the additional program requirements for the DFC Support Program, see table 3 in appendix I.

Total DFC Support Program Spending and Grants Management Structure and Processes

In fiscal year 2015, the DFC Support Program’s appropriated budget was approximately \$93.5 million, representing just under a quarter of ONDCP’s total budget of about \$375 million. As table 1 shows, the total number of DFC Support Program grants increased each fiscal year from 2013 to 2015.

Table 1: Drug-Free Communities Support Program Funding and Grants, by Type, Fiscal Years 2013 through 2015

Dollars in millions

	Total Funding	Total Grants	New Awards	Continuing	Mentoring-New	Mentoring Continuing
2013	\$87.5	643	147	473	19	4
2014	\$92	680	197	463	3	17
2015	\$93.5	697	188	486	20	3

Source: GAO analysis of Office of National Drug Control Policy data. | GAO-17-120

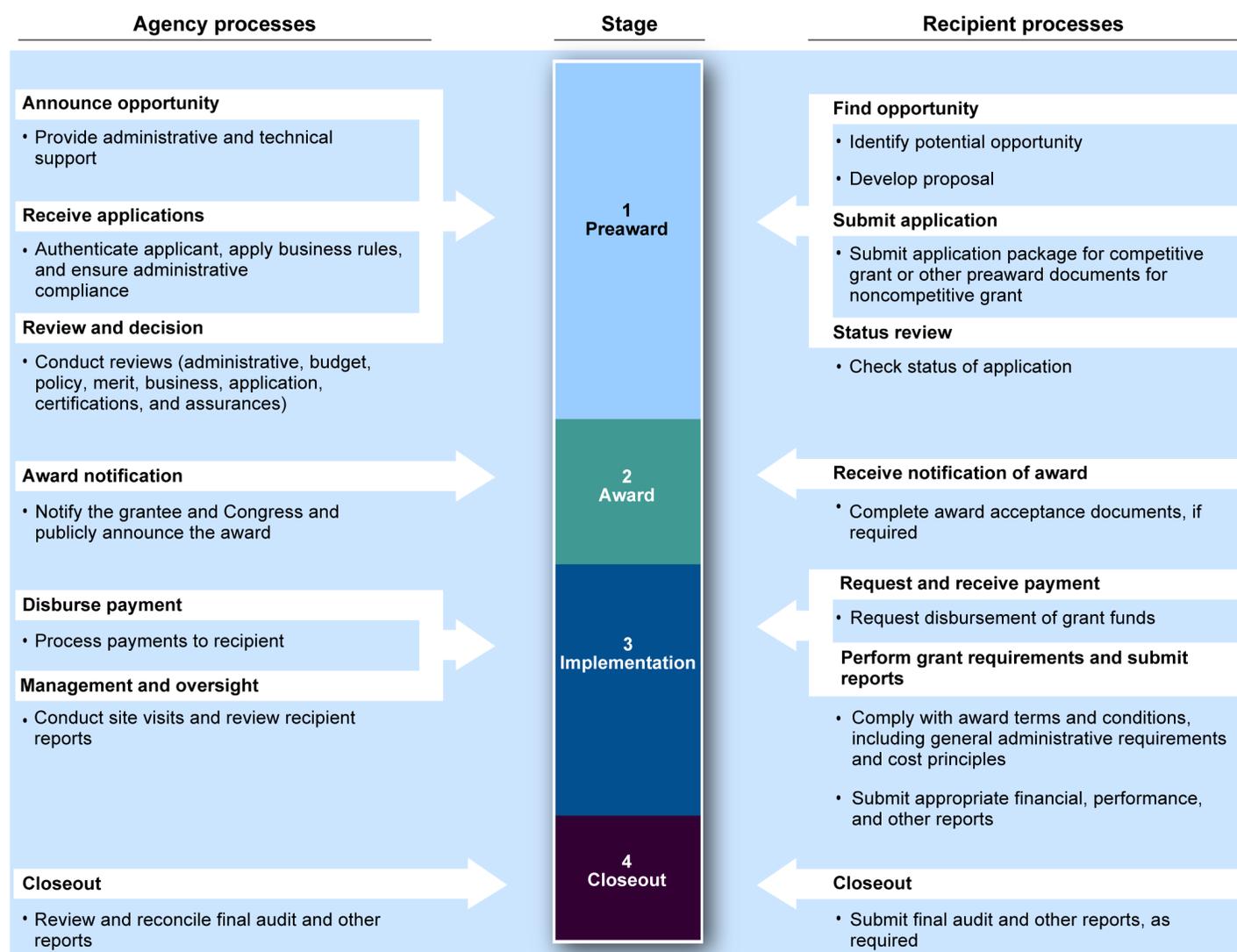
According to ONDCP, since the passage of the Drug-Free Communities Act in 1997, the DFC Support Program has funded more than 2,000 coalitions and mobilizes nearly 9,000 community volunteers across the country.

ONDCP and SAMHSA have operated the grant program through an inter-agency agreement since 2005 that they update annually. Specifically, ONDCP oversees the strategic planning, bi-annual progress reporting, funding of the DFC Support Program, and SAMHSA conducts day-to-day administration, such as interacting with grantees on a regular basis and reviewing their activities. SAMHSA, as directed by ONDCP also awards a grant to the Community Anti-Drug Coalitions of America (CADCA), which provides technical assistance and training to grantees in order to enhance their capacity. For example, CADCA trains grantees in effective community problem-solving strategies and teaches them how to assess

their local substance abuse-related problems and develop responsive action plans.

The DFC Support Program operates on a yearly grant cycle, working through a given calendar year. The DFC grant life cycle follows a typical federal grant life cycle, as shown in figure 2.

Figure 2: General Grants Management Processes in the Federal Grant Life Cycle



Source: GAO analysis of the Office of Management and Budget guidance, agency policies and regulations, and program specific statutes. | GAO-17-120

ONDCP and SAMHSA require grantees to submit semi-annual progress reports through an ONDCP system called DFC Management and Evaluation (DFC Me). These reports contain descriptions of the activities the grantees conducted in supporting the program’s two broad goals, as well as their progress against the program’s four core measures:

1. Past 30-Day Prevalence of Use—youth who reported use of alcohol, tobacco, marijuana, or illicit use of prescription drugs at least once in the past 30 days.
2. Perception of Risk—youth who reported that the use of alcohol, tobacco, marijuana, or illicit use of prescription drugs is harmful.
3. Perception of Parental Disapproval—youth who reported their parents feel the regular use of alcohol, tobacco, and marijuana, or illicit use of prescription drugs is wrong or very wrong.
4. Perception of Peer Disapproval—youth who reported their friends thought it would be “wrong or very wrong” for them to drink alcohol, engage in any tobacco or marijuana use, or illicit prescription drug use. See appendix II for additional details on ONDCP’s core measures.

As we have previously reported, conducting grant management processes like those illustrated above, in accordance with internal control standards, statutory requirements, and leading practices for collaborating agencies is essential for achieving program outcomes.¹⁵

¹⁵GAO, *Grants Management: Actions Needed to Address Persistent Grant Closeout Timeliness and Undisbursed Balance Issues*, [GAO-16-362](#) (Washington D.C., Apr. 14, 2016) and [GAO-06-15](#).

ONDCP and SAMHSA Employ Leading Collaboration Practices and Have Funded a Range of Drug Prevention Activities

ONDCP and SAMHSA Use Leading Practices for Interagency Collaboration

ONDCP's and SAMHSA's efforts to jointly manage the DFC Support Program are consistent with relevant, key collaboration practices. Specifically, in our prior work, we have found that collaboration is enhanced when partners follow certain key practices, such as (1) defining a common outcome, (2) agreeing on roles and responsibilities, and (3) establishing compatible policies, procedures, and other means to operate across agency boundaries.¹⁶ We have also recognized in prior work that collaborating agencies should work together to define and agree on their respective roles and responsibilities, including how the collaborative effort will be led, designating a lead body, establishing oversight for the initiative, and employing mechanisms to implement their efforts.¹⁷

Defining a common outcome

ONDCP and SAMHSA defined and agreed upon common outcomes related to their administration of the DFC Support Program. For example: (1) they agreed to take efforts to enhance their grants management capability through implementation of a new data system, and (2) they agreed on prioritizing efforts to increase participation from under-represented communities.

To enhance their communication capacity with grantees, in 2015, ONDCP officials created a new interactive website with input from SAMHSA. This website is designed to improve communication with grantees for submitting reports, sharing best practices, receiving the latest program

¹⁶[GAO-06-15](#).

¹⁷We used a subset of three key practices among the eight key practices previously reported in [GAO-06-15](#) because we identified these three as the most relevant to the scope and nature of the partnership between ONDCP and SAMHSA. We also applied [GAO-12-1022](#), which focused on key considerations for implementing collaborative mechanisms, such as interagency task forces or interagency liaison positions.

and training updates, and requesting technical assistance from ONDCP or SAMHSA. To increase participation among under-represented communities—specifically rural and tribal communities—the agencies agreed to offer tailored training and provide additional outreach to encourage coalitions in these communities to apply for DFC grants. The agencies also adjusted the time frames for all coalitions to prepare their applications given some of the challenges tribal communities face in accessing the internet to submit electronic applications.

Agreeing on roles and responsibilities

ONDCP and SAMHSA officials outline and adhere to their roles and responsibilities through interagency agreements and routine meetings. We reviewed interagency agreements (IAA) for fiscal years 2013, 2014, and 2015 and found that each IAA specifies each agency's roles and responsibilities in terms of fiscal oversight, program oversight, and the DFC Support Program funding process. In addition, the fiscal year 2015 IAA outlined types of communications (e.g., meetings and status reports), as well as the frequency of communications and reporting requirements, among other things. ONDCP and SAMSHA officials also told us they have conducted monthly meetings to discuss the management of the program with respect to the agencies' specific roles, responsibilities, and outcomes, and provided us with copies of agendas and minutes that demonstrate that such discussions occurred over the last 3 years. According to ONDCP and SAMHSA officials, the discussions at these routine meetings are typically about programmatic issues, such as ways to improve the DFC Support Program and the agencies' processes. CADCA officials also stated that they attend separate monthly meetings where programmatic and technical issues are discussed and that they work with the agencies, where applicable, to develop joint communication or solutions. To further strengthen communication between the two agencies SAMHSA designated an individual to serve as the SAMHSA/ONDCP liaison position—another collaborative mechanism our prior work identified. According to SAMHSA's position description, the liaison's role includes executing policies and planning initiatives by interfacing with all levels of SAMHSA and ONDCP, and communicating directly with the ONDCP Administrator on behalf of SAMHSA managers.

Establishing compatible policies and means to operate across boundaries

ONDCP and SAMHSA have established compatible policies, procedures, and other means to operate across agency boundaries. For example, the agencies provided evidence that they (1) jointly developed and communicated guidance; (2) strengthened the grant application review process—specifically, they made improvements to the guidance on evaluating the applications; and (3) offered joint coalition training sessions.

To develop unified guidance, each year the agencies jointly published a handbook for all coalitions that outlines, in part, ONDCP's and SAMHSA's roles and responsibilities and grantees' reporting and recordkeeping requirements.¹⁸ Representatives from the grantees with whom we spoke said that ONDCP's and SAMHSA's collaborative efforts enhance the effectiveness of the DFC Support Program. Specifically, 8 out of the 10 grantees we interviewed said that the guidance the agencies jointly provided to them was helpful. Also, to strengthen the grant application review process, the agencies revised and updated their procedures for screening grant applications, detailed their peer review process, and established time frames for application reviews and decisions. Additionally, the agencies co-sponsored semi-annual meetings and training sessions for grantees that leaders from ONDCP, SAMHSA, and CADCA also typically attend. At these meetings, the leaders discuss current trends on youth drug use and perceptions and how best to incorporate them into the grantees' activities and outcomes. For example, in February 2016, a professor from Harvard Medical School presented the keynote address on the importance of using science to inform the public about the harmful effects of marijuana use among youth.

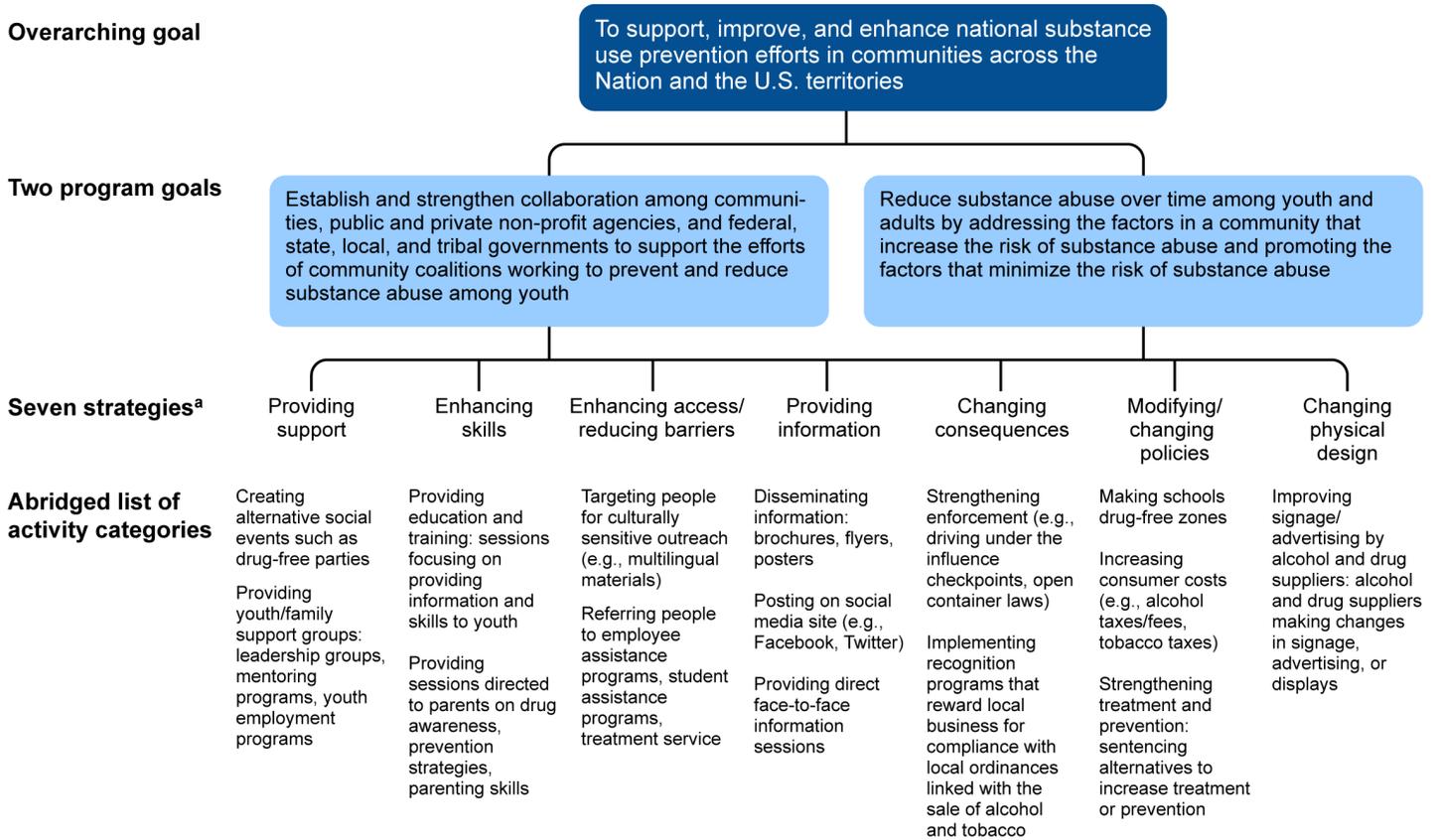
DFC Grantee Activities Include Drug Abuse Education Campaigns and Efforts to Reduce Access and Strengthen Enforcement

DFC grantees have engaged in a range of activities, including drug abuse education campaigns and efforts to enhance enforcement, and they report on these activities in their semi-annual progress reports to SAMHSA. ONDCP, through its contractor, routinely reviews the nature and scope of these activities to ensure they fit within one of the Seven Strategies for Community Change.¹⁹ For example, according to ONDCP, one of these seven strategies is "providing information." As ONDCP reported, from February 2014 through July 2014, to execute this strategy, grantees held 7,338 face-to-face information sessions on topics such as the consequences of youth substance abuse and the importance of drug abstinence, reaching almost 138,000 adults and more than 156,000 youth. Figure 3 illustrates the DFC Support Program's overarching goal, its specific program goals, ONDCP's seven strategies for goal attainment, and examples of grantees' activities aligned with each.

¹⁸SAMHSA, Drug-Free Communities Support Program, Grant Award Recipient Handbook 2015.

¹⁹The University of Kansas Work Group on Health Promotion and Community Development, a World Health Organization Collaborating Center, developed the list of strategies.

Figure 3: Drug-Free Communities Support Program Goals, Strategies, and Examples of Grantee Activities



Source: GAO analysis of the Office of National Drug Control Policy and Community Anti-Drug Coalitions of America Drug-Free Community Support Program goals, strategies, activities. | GAO-17-120

^aThese are strategies that the program associates with supporting community change.

Our review of grant files from 30 grantees also revealed diversity in terms of specific activities within the seven strategic categories. For example, grantees reported conducting alcohol prevention outreach activities and events for parents; implementing a county-wide marijuana prevention media campaign; and implementing prescription drug take-back, or collection, events. We also spoke with 10 of the 30 grantees to discuss, among other things, how they are using their funds to implement one or more of the seven program strategies. Some examples include the following.

- **Providing Support:** To provide support to youth working on prevention and education efforts, a grantee sponsors a “Yearly Youth Summit,” which is organized partially by their 20 member youth coalition. The youth coalition selects the topics and guest speakers for the summit and invites up to 75 peers who discuss and brainstorm ideas for activities and ways to address a specific substance abuse problem at their school. Additionally, tables are assigned to encourage communication outside an individual’s immediate peer group.
- **Enhancing Skills:** To enhance the skills of those in the community to be on alert for and vigilant against potential drug abuse, one grantee sponsored a session for local realtors on precautions to take when preparing for open houses—warning realtors that leftover prescription drugs in medicine cabinets present the potential for abuse among those walking through the home for sale.
- **Enhancing Access/Reducing Barriers:** To reduce cultural barriers, one grantee developed signs emphasizing the legal purchase age for alcohol in multiple languages to respect the diversity of languages spoken across its community—as seen in figure 4. The grantee then provided these signs to local business owners.

Figure 4: A Multilingual Sign that a Drug-Free Communities Support Program Grantee Developed for Vendors to Display that Reinforces the Legal Purchase Age for Alcohol



Source: GATE Coalition, gatecoalition.org. | GAO-17-120

- Providing Information:** To provide greater information to parents on what drug prevention steps they could take, one grantee chose to address the challenges parents may face when hosting teenage parties at their home. Specifically, this grantee worked with its youth group to identify house parties as a concern in the community and provided parents with information on the consequences of providing alcohol and youth alcohol consumption. The grantee used the slogan to remind parents of their children’s needs: “Be my Parent, not my Bartender,” which they told us parents found particularly compelling.

-
- **Changing Consequences:** To change consequences for adults who host underage drinking parties, another grantee launched an anonymous tip line called “QuikTip,” which led to tips coming in daily to their local 911 call center. One outcome resulting from the QuikTip line was that a New Year’s underage drinking party was reported, which led to law enforcement being dispatched to the party.
 - **Modifying/Changing Policies:** To modify or enforce policies among its local businesses, one grantee partnered with the District Attorney’s office to create a task force that included business owners, local policy makers, and youth coalition members. This task force made it a priority to ensure that all clerks selling alcoholic beverages were taking mandatory beverage service training and also worked to gain buy-in among task force participants for an increase in alcohol policy compliance checks. The grantee drew upon its 18- to 20-year old members to assist in testing store clerks’ adherence to the under aged drinking laws.
 - **Changing Physical Design:** To change the appearance of alcoholic beverage packages, another coalition reported that its youth group created stickers as part of a “Keep It Legal” campaign. The group designed and helped place approximately 540 stickers on alcoholic items sold throughout the community that contained a message about the legal drinking age and the consequences of alcohol consumption—as shown in figure 5.

Figure 5: Stickers that a Drug-Free Communities Support Program Grantee Developed and Affixed to Alcoholic Beverages Sold in Stores to Reinforce the Legal Purchase Age for Alcohol



Source: Hudson County Coalition for a Drug Free Community. | GAO-17-120

Agencies Have Established Operating Procedures but Could Enhance Grantee Compliance and Performance Monitoring

ONDCP and SAMHSA Developed Procedures to Help Ensure Compliance with Statutory Requirements

ONDCP and SAMHSA have developed standard operating procedures to collect relevant information from new applicants and current grantees and to document grantees' compliance with eligibility requirements in governing statutes.²⁰ Per the IAA between ONDCP and SAMHSA, SAMHSA is charged with collecting, analyzing, and reporting the status of grantees' compliance to ONDCP. The agencies require substantial documentation from grantees in terms of initial and continuing grant applications. Some examples include:

- A grant application, which includes a grantee's mission statement, description of its projects, and a 12-month action plan outlining its focus areas and planned activities;
- Detailed budget narrative and budget sections that accompany the application. These documents, in part, identify sources of non-federal matching funds that grantees receive to meet the DFC funds matching requirement;
- Resumes and job descriptions for key personnel, such as the program director and project coordinator;
- Coalition involvement agreements from representatives for all 12 sectors to indicate compliance with the statutory requirement;
- Two sets of coalition meetings minutes per year, with attendees listed out, to demonstrate coalition membership involvement;
- Submission of documentation and verification of the organization's non-profit status, such as maintaining a 501(c)(3) status;

²⁰See app, I for statutory and program requirements.

-
- Semi-annual progress reports through DFC Me to provide accurate and meaningful statistical representation of youth surveyed on the core measures and activities in each of the geographical areas served by the coalition;
 - Quarterly and annual Federal Financial Reports that demonstrate compliance with the grant's purposes by accurately documenting its funds transactions;
 - Sustainability plans—required for grantees in year 3 or year 7 of the grant life cycle to show progress to achieve self-sustainment after completing the DFC Support Program; and
 - Letter of Mutual Cooperation between the coalitions with the identification of zip codes served (if applicable) that requires grantees to outline their collaborative efforts.

According to ONDCP and SAMHSA officials, their procedures require that all of this documentation is to be stored and safeguarded in SAMHSA's databases to preserve the record of the grant. The procedures also require that SAMHSA grant management officials review these grantee files to continually monitor grantees' compliance with eligibility criteria and for SAMHSA to report to ONDCP on any grantee compliance issues. According to the officials, collecting these documents and ensuring that files are complete and accurate also assists with monitoring the grantees' progress in implementing their stated strategies and action steps.

In addition to the documentation required to help ensure grantees' statutory compliance, ONDCP and SAMHSA developed specific DFC Support Program terms and conditions. They also have procedures in place to help ensure grantees are meeting these requirements. For example, one term and condition of the grant is that grantees must agree in writing to comply with federal grant requirements through the use of a checklist from the U.S. Department of Health and Human Services—SAMHSA's parent agency. ONDCP and SAMHSA then developed a process to track submission of this checklist, which likewise applies to the submission of all other required documents. Specifically, SAMHSA is to monitor grantees to ensure receipt of the document and when a grantee has not submitted it, SAMHSA's grant management specialists are to reach out to request it again. If grantee noncompliance becomes an issue, then SAMHSA is to report the concern to ONDCP during routine meetings and by documenting it in a tracking spreadsheet for ONDCP's review.

In addition to procedures in place to help monitor grantees' compliance with statutory provisions and other terms and conditions of the grant, performance measures and procedures were established to obtain and analyze grantee performance. The procedures include (1) a system to collect data from the grantees on performance measures, and (2) a contract with an evaluation agency to analyze and summarize the performance measures data. Specifically, ONDCP, through its contractor, conducts and issues a national evaluation report based on data collected by grantees. The evaluation report, published annually, provides information on two sets of data: (1) the activities grantees reported, and (2) the outcome data reflecting change on the DFC four core measures, using both qualitative and quantitative data collection and analysis. See appendix II for additional details on the four core measures and trends in grantees' outcomes.

SAMHSA Has Not Consistently Followed Documentation and Reporting Procedures

Based on our file review and analysis of the files encompassing the more than 20 types of required documents from 30 grantees, we found that SAMHSA does not consistently follow documentation and reporting procedures to ensure grantees' compliance with both the statutory provisions and established grant program terms and conditions. Specifically, we found that SAMHSA followed all processes for ensuring that initial applicants had submitted the required documentation before awarding these applicants their initial grant funding. However, SAMHSA was less consistent in its adherence to procedures for confirming documentation for grantees in later years of their grants. We also found that SAMHSA did not effectively track grantee compliance and therefore, had not been accurately reporting to ONDCP on the status of grantees' required documentation.

To conduct our analysis, we reviewed the official grant files for 30 randomly selected grantees that received DFC Support Program funding in fiscal year 2015. Since in any given year, some grantees will be first time grant recipients and others will be more tenured, we widened our review to include the files for fiscal years 2013 and 2014 for any selected

grantee in continuation status.²¹ Such a mix of grantees in different years of funding allowed us to see variation in the content and depth of the grant documents that ONDCP and SAMHSA require to be on file. For example, all grantees, regardless of their tenure in the program, are required to have progress reports on file. In contrast, only grantees who recently applied for year 3 or year 7 funding, for example, are required to have sustainability plans.

We found that SAMHSA adhered inconsistently to its documentation and reporting procedures at different stages of grantees' tenure. For example, during our file review, we found that all of the 22 grantees in our sample that should have had a complete initial application package in the official grantee file generally had one.²² However, we also found that:

- While all 30 grantees in our sample were required to submit progress reports every 6 months, at least one report was missing for 26 grantees. Specifically, for the 30 grantees, a total of 128 semi-annual reports should have been submitted and filed in the official grantee file, but 83 were missing.²³ According to SAMHSA officials, these reports were missing because grantees lacked access to designated databases where progress reports are uploaded. Specifically, SAMHSA's database—COMET—went offline in December 2014 and was replaced by the DFC Management and Evaluation Tool (DFC Me), which became operational in February 2016. SAMHSA officials said they did not request progress reports from grantees during the transition period between Coalition Online Management and Evaluation Tool (COMET) and DFC Me, which lasted approximately

²¹Among the 30 grantees selected, the files for 4 grantees—2 grantees in year 1 and 2 grantees in year 6—contained only initial applications, as was expected. There were no continuation applications for the year 1 grantees because they had received no DFC funding prior to fiscal year 2015. The two grantees in year 6 had a change in the legal entity acting on their behalf. According to SAMHSA officials, this resulted in a new grantee number and therefore no prior continuation year files were provided to us for review. Overall, our review included 79 individual grant files for the 30 selected grantees in our review period.

²²Among the 30 grantees, the files from 22 grantees contained initial applications that were submitted to SAMHSA during the period of this review, from fiscal year 2013 through fiscal year 2015. Initial applications for the remaining 8 grantees were submitted to SAMHSA prior to fiscal year 2013 and thus, were not provided for the purposes of this review.

²³For the 30 grantees, we determined there should have been 46 reports for fiscal year 2013, 52 reports for fiscal year 2014, and 30 reports for fiscal year 2015 for a total of 128 reports.

18 months. However, they were aware that ONDCP's contractor provided DFC grantees with an electronic template that allowed the grantees to collect data and document their progress as required, outside of the designated databases. In February 2016, ONDCP requested all grantees to input their progress report information into DFC Me, to include information covering the transition period. Prior to that date however, SAMHSA staff did not request this information from grantees and therefore, did not have it to conduct their monitoring efforts. SAMHSA officials acknowledged that their staff did not conduct the necessary follow up to ensure that the files were stored in the updated system for record keeping purposes. SAMHSA officials also acknowledged that they were not aware of the number of reports from grantees that were omitted from the record.

- Of the 26 grantees that should have had continuation application packages in their official grantee files, 9 were missing the required Federal Financial Report.²⁴ The Federal Financial Report is a document in which the grantee details its expenditures, disbursements, and cash receipts. SAMHSA requires grantees to submit the Federal Financial Report within 90 days of the fiscal year's end. SAMHSA officials acknowledged that the Federal Financial Reports were likely missing because the grantees did not provide them and SAMHSA staff did not follow up to obtain them. When we discussed this finding with SAMHSA officials, they were unaware of the omission.
- Of the 18 grantees that should have had sustainability plans in their official grantee files, 14 were missing the required plans.²⁵ These sustainability plans are to outline how the grantee intends to maintain the resources necessary to achieve its long-term goals and continued progress after exiting the DFC Support Program. According to SAMHSA officials, 12 of the 14 grantees were missing the sustainability plans because SAMHSA staff had not uploaded them to the system of record, and the remaining 2 grantees never submitted them and the grants management specialist did not follow up to obtain the document. SAMHSA officials were unaware of these omissions.

²⁴The remaining 4 grantees—2 grantees in year 1, and 2 grantees in year 6 with a change in their grant number—would not have been expected to have continuation applications in their fiscal year 2013 and 2014 files and would not have this form in their files.

²⁵The DFC Support Program requires grantees to develop and provide sustainability plans in year 3 or year 7 funding cycle.

SAMHSA's policies and procedures require that the official award file contain the formal, complete record of the history of an award, such as documents that support verification of statutory eligibility. SAMHSA officials also told us that its staff is responsible for ensuring that all files are stored in a shared database system, in accordance with SAMHSA policy. In addition, the IAA between ONDCP and SAMHSA outlines that SAMHSA is responsible for ensuring grantees have submitted all required documents, following up as needed, and reporting to ONDCP on grantees' status. According to ONDCP and SAMHSA officials, SAMHSA did routinely relay reports to ONDCP on grantees' status. However, SAMHSA officials acknowledged that they were unaware that files were missing, which calls into question the effectiveness of their program monitoring. It also challenges the accuracy and validity of the grantee status reports that SAMHSA provided to ONDCP. In particular, ONDCP officials told us they were never made aware that any required grantee documents were not included in the official record.

SAMHSA officials said that in March 2016, to strengthen their grants administration process, they instituted a new internal review process in which they randomly select 50 grant files per month from their various grant programs to assess the completeness and accuracy of grantees' documentation. As part of the internal review process, SAMHSA has also taken other steps including enhancing training, developing policies and procedures, and implementing a step-by-step guide and training for grant managers on entering information into the official grant file. While this review process had not included the DFC Support Program initially, in November 2016, while our audit work was nearing completion, officials said they were planning to expand their focus to incorporate all of SAMHSA's grant programs. While officials provided information on how they planned to address particular deficiencies on a case by case basis, they did not explain how they planned to ensure systemic remediation of any issue found repeatedly or a timeframe for implementing the changes. According to Standards for Internal Control in the Federal Government, managers are to (1) promptly evaluate findings from audits and other reviews, including those showing deficiencies and recommendations, (2) determine proper actions in response to these findings and recommendations, and (3) complete, within established time frames, all actions that correct or otherwise resolve the matters brought to management's attention.²⁶ Ensuring this new review process is fully

²⁶ [GAO/AIMD-00-21.3.1.](#)

implemented in a sustainable manner will be critical for SAMHSA as it aims to strengthen DFC grants monitoring. Further, developing an action plan with time frames for addressing any deficiencies it finds through its reviews and making systemic changes to mitigate deficiencies on a prospective basis will also help its management of the DFC program.

Further, *Standards for Internal Control in the Federal Government* states that all transactions and other significant events need to be clearly documented and should be readily available for examination. For the DFC Support Program, such transactions include SAMHSA's collection, storage, and review of grantee documentation. It also includes SAMHSA's documentation and reporting of grantee status to ONDCP. Additionally, control activities—policies, procedures, and mechanisms—should enforce management's directives and help ensure that actions are taken to address risks, such as ensuring DFC grantees are not remiss in meeting statutory and program requirements. Related, internal controls for monitoring should generally be designed to assure that ongoing monitoring occurs in the course of normal operations. This includes regular management and supervisory activities, comparisons, and reconciliations. Deficiencies found during ongoing monitoring or through separate evaluations should be communicated to the individual responsible for the function and serious matters should be reported to top management. Control activities like these should be an integral part of an entity's accountability for stewardship of government resources. SAMHSA's lack of follow up with grantees and its lack of visibility over omitted documents resulted in incomplete and inaccurate documentation of status in its reports to ONDCP. Without a method to ensure that grantee status reporting to ONDCP is complete and accurate, SAMHSA cannot be certain that grantees are engaging in intended activities, that funds are being used in accordance with program requirements, and that all other statutory requirements and grant program terms and conditions have been met.

Conclusions

Since 2008, ONDCP and SAMHSA have taken steps to improve the DFC Support Program by employing leading collaboration practices and funding a variety of drug prevention activities. However, SAMHSA's inconsistent adherence to some procedures, particularly with respect to grantees that are funded year after year, has resulted in the persistence of missing or incomplete documentation in the official grantee files, which has limited performance monitoring. Developing an action plan that includes time frames for addressing deficiencies found through its grant file reviews and making systemic changes based on its findings, as well

as developing a method for ensuring complete and accurate grantee status reporting to ONDCP, would position SAMHSA officials to further strengthen monitoring efforts. As the number of youth who engage in illicit drug use remains a public health concern, the continued focus on funding grantees and monitoring them for both progress and compliance is vital.

Recommendations for Executive Action

To better ensure grantees' compliance with the Drug-Free Communities Support Program's statutory requirements and to strengthen monitoring of grantee activities, we recommend that SAMHSA take the following two actions:

- develop an action plan with time frames for addressing any deficiencies it finds through its reviews and making systemic changes to mitigate deficiencies on a prospective basis to strengthen the grant monitoring process, and
- develop and implement a method for ensuring that the grantee status reports it provides to ONDCP are complete and accurate.

Agency Comments and Our Evaluation

ONDCP and the Department of Health and Services (HHS) provided written comments on a draft of this report. In their comments, both agencies concurred with our recommendations. In HHS's written comments, reproduced in appendix III, HHS stated SAMHSA will implement a targeted review focusing on the DFC files and strengthen its grants management processes to ensure that the reports it provides to ONDCP are timely and accurate. HHS also provided technical comments which we incorporated where appropriate.

We are sending copies of this report to the Director of the Office of National Drug Control Policy, the Secretary of Health and Human Services, and appropriate congressional committees and members, and other interested parties. In addition, this report is available at no charge on GAO's website at <http://www.gao.gov>.

If you or your staff have any questions, please contact Diana Maurer at (202) 512-8777 or maurerd@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff that made significant contributions to this report are listed in appendix IV.

A handwritten signature in black ink that reads "Diana Maurer". The signature is written in a cursive, flowing style.

Diana Maurer
Director, Homeland Security and Justice Issues

List of Committees

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Committee on the Judiciary
Co-Chairman
Caucus on International Narcotics Control
United States Senate

The Honorable Dianne Feinstein
Ranking Member
Committee on the Judiciary
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House of Representatives

Appendix I: Drug-Free Communities (DFC) Support Program Statutory and Program Requirements

Table 2: Drug-Free Communities (DFC) Support Program Statutory Requirements for Eligibility

Statutory Requirements Years 1 and 6
The coalition must submit an application to the Administrator of the Office of National Drug Control Policy.
The coalition must consist of one or more representatives from each of statutorily defined categories with each representative serving on the coalition representing only one category.
The coalition must demonstrate, to the satisfaction of the Administrator: (a) that the representatives of the coalition have worked together on substance abuse reduction initiatives, which, at a minimum, includes initiatives that target drugs, including substances listed in schedules I through V of the Controlled Substances Act, ^a for a period of not less than 6 months; and (b) substantial participation from volunteer leaders in the community.
The coalition must have as its principal mission the reduction of substance abuse in a comprehensive and long-term manner, with a primary focus on youth in the community. The coalition must describe and document the nature and extent of the substance abuse problem in the community. The coalition must provide a description of substance abuse prevention and treatment programs and activities, which, at a minimum, includes programs and activities relating to the use and abuse of drugs in existence at the time of the grant application and identify substance abuse programs and service gaps in the community. The coalition must develop a strategic plan to reduce substance abuse among youth in a comprehensive and long-term fashion. The coalition must work to develop a consensus regarding the priorities of the community to combat substance abuse among youth.
The coalition must establish a system to measure and report outcomes: consistent with common indicators and evaluation protocols established by the Administrator; and approved by the Administrator. The coalition must conduct for an initial grant, an initial benchmark survey of drug use among youth (or use local surveys or performance measures available or accessible in the community at the time of the grant application) and provide assurances that the entity conducting the evaluation, or from which the coalition receives information, has experience in gathering data related to substance abuse among youth or in evaluating the effectiveness of community anti-drug coalitions.
The coalition must demonstrate that the coalition is an ongoing concern by demonstrating that the coalition is a nonprofit organization; or an entity that the Administrator determines to be appropriate; or part of, or is associated with, an established legal entity.
The coalition must demonstrate that the coalition is an ongoing concern by demonstrating that the coalition receives financial support (including, in the discretion of the Administrator, in-kind contributions) from non-Federal sources; and has a strategy to solicit substantial financial support from non-Federal sources to ensure that the coalition and the programs operated by the coalition are self-sustaining.

Source: GAO analysis of statute - 21 U.S.C. § 1532 | GAO-17-120

^aDrugs, substances, and certain chemicals used to make drugs are classified into five distinct schedules within the Act.

In addition, for initial grant awards, the Office of National Drug Control Policy's Administrator requires that:

- Two coalitions may not serve the same community unless both have clearly demonstrated a plan for collaboration, and

**Appendix I: Drug-Free Communities (DFC)
Support Program Statutory and Program
Requirements**

-
- The coalition must attest that it is not receiving any other funds from the DFC Support Program under a different name.¹

In addition, coalitions in continuation must adhere to additional program requirements—as shown in table 3.

Table 3: Drug-Free Communities (DFC) Support Program Requirements for Continuation

DFC Program Requirements for Continuation—Years 2 to 5 and 7 to 10

The coalition is required to include a budget and work-plan to SAMHSA. SAMHSA reviews these applications to gather required information on the grant applicant's progress. Then, ONDCP determines whether to continue federal grant support. The budget for award years 7 and 8 must provide evidence for a 125 percent match in funds; the budget for award years 9 and 10 must provide evidence for 150 percent match in funds.^a

The coalition must conduct biennial surveys (or incorporate local surveys in existence at the time of the evaluation) to measure its progress and effectiveness and provide assurances that the entity conducting an evaluation, or from which the grantee receives information, has experience in gathering data related to substance abuse among youth; or in evaluating the effectiveness of community anti-drug efforts.

The coalition is required to submit the annual federal financial report.

Source: GAO analysis. | GAO-17-120

^aBy statute, 21 U.S.C. § 1532(b), the Administrator may award grants in an amount not to exceed an amount equal to 80 percent of the non-Federal funds, including in-kind contributions, raised by the coalition for award years 7 and 8, and not to exceed an amount equal to 67 percent of the non-Federal funds, including in-kind contributions, raised by the coalition for award years 9 and 10. These awards may not exceed \$125,000 for a fiscal year.

¹ONDCP cannot grant more than \$125,000 to a coalition per fiscal year and no coalition can receive DFC Support Program funding for more than 10 years.

Appendix II: Drug-Free Communities Four Core Measures and Examples of Trends

The Office of National Drug Control Policy's (ONDCP) Drug-Free Communities (DFC) Support program requires grantees to report on four core measures in progress reports semiannually as listed in table 4.

Table 4: The Drug-Free Communities Support Program's Four Core measures

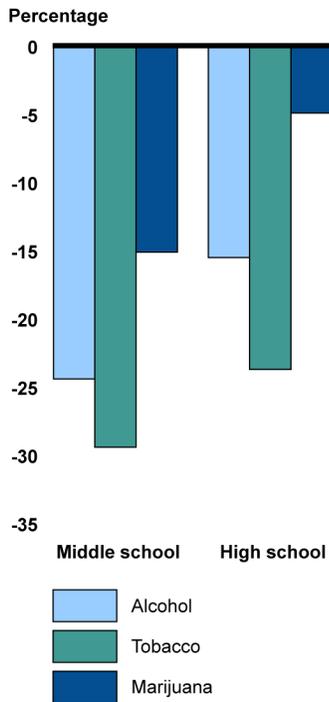
Core measures	Explanation
Past 30-Day Prevalence of Use	The percentage of survey respondents who reported using alcohol, tobacco, marijuana, or (illicit use of) prescription drugs ^a at least once in the past 30 days.
Perception of Risk	The percentage of survey respondents who reported that regular use of alcohol, tobacco, or marijuana has moderate risk or great risk. Regular use of alcohol was defined as 1 or 2 drinks nearly every day. Regular use was defined for tobacco as one or more packs of cigarettes a day. Regular use for marijuana was defined as using once or twice a week. The "perception of risk of prescription drug use" core measure covers any illicit prescription drug use.
Perception of Parental Disapproval	The percentage of survey respondents who reported their parents feel regular use of alcohol (1-2 drinks nearly every day) is wrong or very wrong. The percentage of survey respondents who report their parents feel any use of tobacco, marijuana, or illicit prescription drug use is wrong or very wrong.
Perception of Peer Disapproval	The percentage of survey respondents who reported that their friends thought it would be "wrong" or "very wrong" for them to drink alcohol regularly (1-2 drinks nearly every day), or engage in any tobacco use, marijuana use, or illicit prescription drug use.

Source: GAO Analysis of Office of National Drug Control Policy Measures. | GAO-17-120

^aThe program has included the use of alcohol, tobacco, and marijuana since 2002; in 2012, the program added the illicit use of prescription drugs.

Grantees collect these core measure data and ONDCP provides it to its contractor for national-level evaluation and reporting. For example, in the *National Evaluation of Drug-Free Communities Support Program Summary of Findings through 2014*, the percentage change in the past 30 days of drug use among middle school and high school youth is evaluated and reported bi-annually. Figure 6 shows the trend in drug use from 2002 through 2014.

Figure 6: Percentage Change in Middle School and High School Youth Who Reported Drug Use at Least Once in the Past 30 Days, Fiscal Years 2002 through 2014^a

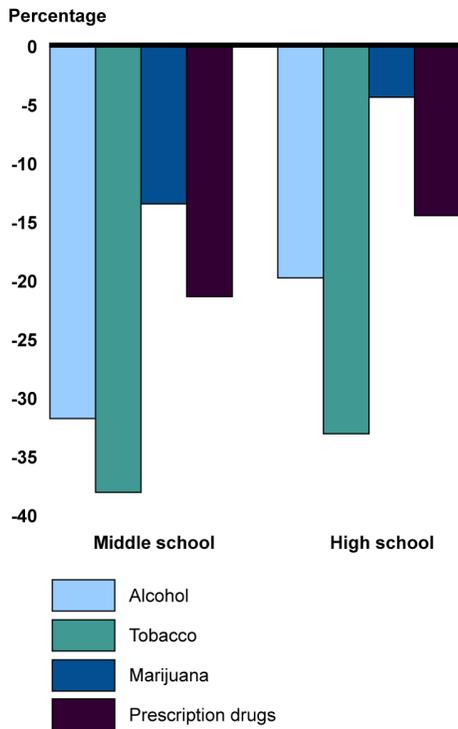


Source: National Evaluation of Drug-Free Communities Support Program Summary of Findings through 2014. | GAO-17-120

^aAccording to the Drug-Free Communities Support Program 2014 National Evaluation Report, the most recently available evaluation at the time of our report, the data results for “grantees ever funded” are an average of “past 30 day use” as reported every 2 years from 2002 through 2014 by Drug-Free Communities Support Program grantees.

Since the program added prescription drugs to the core measures in 2012, figure 7 captures the prevalence of prescriptions drugs in comparison to alcohol, tobacco, and marijuana in fiscal year 2013.

Figure 7: Percentage Change in Middle School and High School Youth Who Reported Drug Use at Least Once in the Past 30 Days, Fiscal Year 2013^a



Source: National Evaluation of Drug-Free Communities Support Program Summary of Findings through 2014. | GAO-17-120

^aAccording to the Drug-Free Communities Support Program 2014 National Evaluation Report, the most recently available evaluation at the time of our report, data results for grantees funded in fiscal year 2013 include the 2012 revised core measures, which reflect the addition of the prescription drugs measure by Drug-Free Communities Support Program grantees.

Appendix III Comments from the Department of Health and Human Services



DEPARTMENT OF HEALTH & HUMAN SERVICES

OFFICE OF THE SECRETARY

Assistant Secretary for Legislation
Washington, DC 20201

JAN 26 2017

Diana Maurer
Director, Homeland Security and Justice
U.S. Government Accountability Office
441 G Street NW
Washington, DC 20548

Dear Ms. Maurer:

Attached are comments on the U.S. Government Accountability Office's (GAO) report entitled, "*Drug-Free Communities Support Program: Agencies Have Strengthened Collaboration but Could Enhance Grantee Compliance and Performance Monitoring*" (GAO-17-120).

The Department appreciates the opportunity to review this report prior to publication.

Sincerely,

A handwritten signature in cursive script that reads "Barbara Pisaro Clark".

Barbara Pisaro Clark
Acting Assistant Secretary for Legislation

Attachment

GENERAL COMMENTS OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) ON THE GOVERNMENT ACCOUNTABILITY OFFICE'S (GAO) DRAFT REPORT ENTITLED: DRUG-FREE COMMUNITIES (DFC) SUPPORT PROGRAM: AGENCIES HAVE STRENGTHENED COLLABORATION BUT COULD ENHANCE GRANTEE COMPLIANCE AND PERFORMANCE MONITORING (GAO-17-120)

The U.S. Department of Health and Human Services (HHS) appreciates the opportunity from the Government Accountability Office (GAO) to review and comment on this draft report.

Recommendation

To better ensure grantees' compliance with the Drug-Free Communities Support Program's statutory requirements and the strengthen monitoring of grantee activities, we recommend that the Substance Abuse and Mental Health Services Administration (SAMHSA) take the following two actions:

- Develop an action plan with time frames for addressing any deficiencies it finds through its reviews and making systemic changes to mitigate deficiencies on a prospective basis to strengthen the grant monitoring process, and
- Develop and implement a method for ensuring that the grantee status reports it provides to the Office of National Drug Control Policy (ONDCP) are complete and accurate.

HHS Response

HHS concurs with GAO's recommendation. HHS appreciates the opportunity to have received feedback from the GAO on the Drug Free Communities Support Program and particularly appreciates GAO's recognition and acknowledgment of the positive steps made from the time of the last report in 2008. HHS, along with ONDCP, has worked diligently to implement the recommendations of the last report and will do the same in this case.

HHS will take the following steps as a result of this report. SAMHSA will set timelines to implement activities such as the following:

- As noted in the report, the Agency has already implemented a comprehensive system to audit its grant files for completeness and accuracy. Although the report noted that the Drug-Free Communities (DFC) was not included in this audit, it was included as potentially selectable in the random sample of 50 files per month chosen. However, based on the recommendations of this report, SAMHSA will implement a specific review focusing on the DFC files.
- SAMHSA will implement the Grants Enterprise Management System to streamline its grants management processes and make the process for maintaining grant files more automated rather than manual. This will ensure more complete, timely documentation in the grant files.

Appendix IV: GAO Contact and Staff Acknowledgements

GAO Contact

Diana Maurer, (202) 512-9627 or maurerd@gao.gov

Staff Acknowledgments

In addition to the contact named above, Joy Booth (Assistant Director), Aditi Archer (Analyst-in-Charge), David Alexander, Lyle Brittain, Willie Commons III, Dominick Dale, Eric Hauswirth, Anna Maria Ortiz, Jeffrey Paulk, and Justin Snover made key contributions to this report.

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