THE DELAWARE DRUG AND ALCOHOL TRACKING ALLIANCE (DDATA), FORMERLY KNOWN AS THE DELAWARE STATE EPIDEMIOLOGICAL OUTCOMES WORKGROUP (SEOW) FOR SUBSTANCE ABUSE

SEOW Charter for DDATA, Revised 2/29/2008

SUBMITTED TO: Alisa Male, Program Administrator
Attn: SEOW Program Administration
Synectics for Management Decisions, Inc.
1901 N. Moore Street, Suite 900
Arlington, VA 22209

SUBMITTED BY: Renata J. Henry, Director
Division of Substance Abuse and Mental Health (DSAMH)
Delaware Department of Health and Social Services
1901 N. Dupont Highway
New Castle, DE 19720
Phone: (302) 255-9398
FAX: (302) 255-4427
E-mail: Renata.henry@state.de.us

Chief Contact at Delaware DSAMH/SSA:
Kim Beniquez
Acting Director of Substance Abuse Services
Division of Substance Abuse and Mental Health (DSAMH)
(SSA for Delaware)
Delaware Department of Health and Social Services
1901 N. Dupont Highway
New Castle, DE 19720
Phone: (302) 255-9420
FAX: (302) 255-4428
E-mail: jack.kemp@state.de.us

Chief Staff Contact at DE-SEOW:
Robert E. Gealt
Associate Scientist
Center for Drug and Alcohol Studies
University of Delaware
77 E. Main Street
Newark, DE 19716-2582
phone: (302) 831-6107
FAX: (302) 831-3307
E-mail: basha@udel.edu

This document has been developed following CSAP guidelines and in consultation with the State SSA and staff, DDATA Staff and the combined DDATA membership.

1. This charter establishes the Delaware State Epidemiological Outcomes Workgroup (DE-SEOW) as a collaborative body of representatives of State agencies, community organizations, Statewide non-profits, Universities, and Federal partners, hereafter known as the Delaware Drug and Alcohol Tracking Alliance (DDATA). The mission of the DDATA is threefold:
   a. To create and implement a systematic process for gathering, reviewing, analyzing and integrating data that will delineate a comprehensive and accurate picture of state substance related consumption patterns and consequences;
   b. To inform and guide substance abuse prevention policy, program development and evaluation in the State; and
   c. To disseminate information to State and community agencies, to targeted decision-makers, and to the Delaware public.

2. The public announcement and work of the DDATA began on July 11, 2006 with the initial meeting. The meeting, reporting, planning, and decision-making processes begun there are becoming an ongoing function of State, university, and community groups. Federal funding to support the establishment will be available for two to five years. Beyond that, the State agencies and other
partners will continue to meet and find ways to support the Group’s ongoing surveillance and reporting mission.

3. For the first three years, the DE-SEOW is being co-chaired by one representative from the University of Delaware Center for Drug and Alcohol Studies (CDAS), the group that is contractually providing the formal staffing and the Epidemiologist for the DE-SEOW, and one member selected from the membership. The member from CDAS is Roberta Gealt, Associate Scientist; the member selected from the membership is Teresa Schooley, Director of Delaware’s Kids Count Project and Delaware State Legislator. Co-Chairs will serve through calendar year 2008, and may be renewed. CDAS is providing one staff person with epidemiological and data expertise pertaining to substance use and risk and protective factors to serve as Epidemiologist (Steven S. Martin), at .5 FTE, and one staff person with similar experience and expertise in the development of messages and their dissemination to serve as the Project Coordinator (Roberta Gealt) with the support of additional clerical and research staff and graduate student assistants.

4. Specific activities that are being undertaken by the DDATA include the following:
   
a. The collection and assembling of data from state and national sources; data being collected includes consequences of substance use as defined by the membership of the group, quantifiable relationships of...
specified substances to those consequences, and identified risk and protective factors associated with the pathways; data sources include youth surveys, vital statistics, law enforcement databases, health databases and other related sources.

b. The creation of specific committees or task forces to address ongoing and/or current issues (e.g., SBIRT Task force, Early Warning Network for identifying and reporting on drug crises (heroin overdoses) and emerging drug problems (e.g., youth prescription misuse);

c. The analysis and synthesis of data to illustrate consumption patterns and consequences and their impact on Delaware’s health and culture;

d. The use of data to identify specific prevention targets and to facilitate the development of an achievable, effective prevention plan;

e. The monitoring of prevention progress and of the development of a true strategic prevention framework for the State; and

f. The clear communication of data analyses to the public and to Delaware decision-makers to facilitate planning, monitoring and evaluation of prevention efforts.

5. Membership at present includes all the individuals and organizations on the attached membership list (updated through 2/29/2008). These organizations or individuals have agreed to be an ongoing part of the DDATA project in Delaware, and they are regularly participating in meetings and activities. These agencies and individuals are the present signatories to the Charter.
Individual representatives may change over time, and new signatory organizations will be added, as decided by identified needs and group interests.

6. Required Deliverables and Other Activities for Year 1 were:
   a. A Draft Charter by which the DE-SEOW shall be governed;
   b. An epidemiological profile of the state, describing consequences and consumption patterns of at minimum tobacco, alcohol, marijuana, and other drugs deemed to have a major impact on Delaware’s health and culture;
   c. A web-site providing access and links to data relating to substance use, identified risk and protective factors and consequences;
   d. An electronic List-Serve to keep members informed by distributing minutes, group products, announcements of mutual interest and sharing information on each organizations ongoing activities relevant to the DDATA mission;
   e. A regular and accessible methodology/procedure for providing timely, accurate and clear information to decision-makers;
   f. A regular and accessible methodology/procedure for providing timely, accurate and clear information to the public;
   g. Collection, monitoring and reporting of federally required measures including the NOMs, the UMIRS, and others.

Required Deliverables and Other Activities for Year 2 are:
a. Updated Charter for DDATA (this document);
b. Gap Identification and Analysis Plan for major State need (9/2007);
c. Sub-State Planning Area Epidemiological Profile (11/2007);
d. Updated State Epidemiological Profile (to be completed 3/2008 due to delays in updating state sources and the delay in availability on updated SEDS data);
e. A web-site providing access and links to data relating to substance use, identified risk and protective factors and consequences (ongoing at www.udel.edu/delawaredata);
f. An electronic List-Serve to keep members informed by distributing minutes, group products, announcements of mutual interest and sharing information on each organizations ongoing activities relevant to the DDATA mission (ongoing, maintained by CDAS staff and based on attached roster file);
g. A regular and accessible methodology/procedure for providing timely, accurate and clear information to decision-makers (website postings and DDATAGrams that are part of the State-Level Epidemiological Profile;
h. A regular and accessible methodology/procedure for providing timely, accurate and clear information to the public (in process with DDATA Group and DSAMH ;
i. Collection, monitoring and reporting of federally required measures including the NOMs, the UMIRS, and others (DDATA collaboration with
SSA and DOE to provide and document these data is ongoing; DDATA met with DE-SSA, DE-NPN and Caryn Blitz, Regional Manager for SPFAS on 2/20/08 about issues related to NOMS reporting and SAPT state data)(NOMS plan for SEOW contract is awaiting CSAP clarification).

7. Schedule for workgroup meetings: Quarterly for the full DDATA group; smaller task groups will meet bi-monthly or more often during active periods (example, the recent collaborative efforts for a state SBIRT application).

8. The DDATA shall continue to maintain links with State, community, university, and federal agencies engaged in prevention and monitoring of prevention through:

   a. The creation and implementation of a comprehensive data collection plan;
      i. Regular monitoring of data collected by State, federal and other agencies;
      ii. Continuous mapping of data and identification of data gaps;

   b. Regular meetings of State, community, university, and federal agency representatives to discuss data integration, data gaps and dissemination;
      i. Ongoing discussion of analysis and synthesis of data with state and federal agencies;
ii. Ongoing group discussion of areas of focus within data;

c. The creation and implementation of a comprehensive dissemination plan;

i. Regular communications with members in State agencies.

ii. Regular communications with State legislators and other decision-makers.

Many of these links will occur informally, as well, in regular agency contacts. Moreover, there will be extensive linkages as the subgroups and task forces are formed. Formally, information will be disseminated to legislators, heads of State Departments and Agencies, and to advisory groups to include the Governor’s Advisory Council on Substance Use and Mental Health, the Interagency Councils, and the Child Mental Health Advocacy and Advisory Board. Finally, there are and will continue to be formal linkages with other data-oriented groups, including the Kids Count Data Committee, the Tobacco Epidemiology Group, the Heroin Alert Group, the Delaware Cancer Consortium, and the Nemours Foundation.