

# **ANNUAL SYNAR REPORT**

**42 U.S.C. 300x-26**

OMB No 0930-0222

**FFY 2009**

**State: California**



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Prevention  
[www.samhsa.gov](http://www.samhsa.gov)

# Checklist for Completing the FFY 2009 Annual Synar Report

STATE NAME: California

FISCAL YEAR: 2009

Checklist Completed By (Print): Mary Strode

Position: STAKE Act Coordinator

Telephone Number: 916-449-5496

E-mail Address: mary.strode@cdph.ca.gov

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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**Check the following items as they have been completed, prior to submission of the Annual Synar Report to SAMHSA/CSAP. Please include a copy of this checklist along with your FFY 2009 Annual Synar Report hard copy submission to SAMHSA's Division of Grants Management.**

Completion and inclusion of the Checklist for Completing the Annual Synar Report ..... ✓

1 copy of the completed Annual Synar Report, and either SSES Tables 1-5 OR Forms 1, 4 and 5 (and Forms 2 and 3, if applicable) uploaded to Web BGAS ..... ✓

Inclusion of 1 hardcopy of the completed Annual Synar Report..... ✓

Signature on Funding Agreements/Certifications and additional photocopy of the signed Funding Agreements/Certifications .....

Completion of all Annual Synar Report Questions (see below)..... ✓

Section I: (Compliance Progress)

Question 1 ..... ✓  
    State Tobacco Legislation..... ✓

Question 2 ..... ✓  
    Publicizing the Annual Synar Report ..... ✓

Question 3 ..... ✓  
    Identify Lead Agencies ..... ✓

Question 4 ..... ✓  
    Tobacco Prevention and Control Agency ..... ✓  
    Coordination and Collaboration with Lead Synar Agency ..... ✓

Question 5 ..... ✓

Enforcement of Youth Access .....	✓
Penalties for Violations of Youth Access Laws .....	✓
Supporting Activities .....	✓
Question 6 .....	✓
Sampling Methodology (Appendix B).....	✓
Question 7 .....	✓
SSES Used .....	✓ Yes <input type="checkbox"/> No
<i>If Yes</i> , SSES Summary Table 1.....	✓
SSES Summary Table 2.....	✓
SSES Summary Table 3.....	✓
SSES Summary Table 4.....	✓
SSES Table 5 (input data).....	✓
<i>If No</i> , Random Sample Survey Results.....	<input type="checkbox"/>
Form 1 .....	<input type="checkbox"/>
Form 2 (Optional) .....	<input type="checkbox"/>
Form 3 .....	<input type="checkbox"/>
Sample Sizes .....	<input type="checkbox"/>
Form 4 .....	<input type="checkbox"/>
Question 8 .....	✓
List Frame .....	✓
Appendix D.....	✓
Question 9 .....	✓
Inspection Protocol (Appendix C) .....	✓
Form 5.....	✓
 <u>Section II (Intended Use)</u>	
Question 1 .....	✓
Anticipated Changes .....	✓
Question 2 .....	✓
State Plan .....	✓
Question 3 .....	✓
Challenges.....	✓
.....	

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## INTRODUCTION

The Annual Synar Report (ASR) format provides the means for States to comply with the reporting provisions of the Public Health Service Act (42 U.S.C. 300x-26) and the Tobacco Regulation for the SAPT Block Grant (45 C.F.R. 96.130 (e)).

Public reporting burden for the collection of information is estimated to average 15 hours for Section I and 3 hours for Section II, including the time for reviewing instructions, completing and reviewing the collection of information, searching existing data sources, and gathering and maintaining the data needed. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to SAMHSA Reports Clearance Officer; Paperwork Reduction Project; 1 Choke Cherry Road, 7th Floor Rockville, Maryland 20857.

An agency may not conduct or sponsor and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0222 with an expiration date of 10-31-2010.

### **How the Synar report helps the Center for Substance Abuse Prevention**

In accordance with the tobacco regulations, States are required to provide detailed information on progress made in enforcing youth tobacco access laws (FFY 2008 Compliance Progress) and future plans to ensure compliance with the Synar requirements to reduce youth tobacco access rates (FFY 2009 Intended Use Plan). These data are required by 42 U.S.C. 300x-26 and will be used by the Secretary to evaluate State compliance with the statute. Part of the mission of the Center for Substance Abuse Prevention (CSAP) is to assist States<sup>1</sup> by supporting Synar activities and providing technical assistance helpful in determining the type of enforcement measures and control strategies that are most effective. This information is helpful to CSAP in improving technical assistance resources and expertise on enforcement efforts and tobacco control program support activities, including State Synar Program support services, through an enhanced technical assistance program involving conferences and workshops, development of training materials and guidance documents, and on-site technical assistance consultation.

### **How the Synar report can help States**

The information gathered for the Synar report can help States describe and analyze sub-State needs for program enhancements. These data can also be used to report to the State legislature and other State and local organizations on progress made to date in enforcing youth tobacco access laws when aggregated statistical data from State Synar reports can demonstrate to the Secretary the national progress in reducing youth tobacco access problems. This information will also provide Congress with a better understanding of State progress in implementing Synar, including State difficulties and successes in enforcing retailer compliance with youth tobacco access laws.

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<sup>1</sup>The term State is used to refer to all the States and territories required to comply with Synar as part of the Substance Abuse Prevention and Treatment Block Grant Program requirements (42 U.S.C. 300x-64 and 45 C.F.R. 96.121).

## Getting assistance in completing the Synar report

If you have questions about programmatic issues, you may call CSAP's Division of State Programs at (240) 276-2413 and ask for your respective State Project Officer, or contact your State Project Officer directly by telephone or e-mail using the directory provided in the FY 2009 Uniform Application, Appendix A. If you have questions about fiscal or grants management issues, you may call the Grants Management Officer, Office of Program Services, Division of Grants Management, at (240) 276-1422.

## Where and when to submit the Synar report

The Annual Synar Report (ASR) must be received by SAMHSA no later than December 31, 2008. The ASR must be submitted in the **approved OMB report format**. Use of the approved format will avoid delays in the review and approval process. The chief executive officer (or an authorized designee) of the applicant organization must sign page 1 of the ASR certifying that the State has complied with all reporting requirements.

The State must upload one copy of the report using the online Web BGAS (Block Grant Application System). States that use the Synar Survey Estimation System (SSES) must also upload one copy of SSES Tables 1-5 (in Excel) to Web BGAS. States that do not use SSES must upload one copy of ASR Forms 1, 4 and 5, and Forms 2 and 3, if applicable, (in Excel format) to Web BGAS. Instructions on how to access the Web BGAS system are included in the attached cover letter.

Additionally, the State must submit one signed original of the report (including the signed Funding Agreements/Certifications), as well as one additional copy of the signed Funding Agreements/Certifications, to the Grants Management Officer at the address below:

Ms. Barbara Orlando  
Grants Management Officer  
Office of Program Services  
Division of Grants Management  
Substance Abuse and Mental Health Services Administration

### Regular Mail:

1 Choke Cherry Road, Rm.7-1091  
Rockville, Maryland 20857

### Overnight Mail:

1 Choke Cherry Road, Rm.7-1091  
Rockville, Maryland 20850

## FFY 2009: FUNDING AGREEMENTS/CERTIFICATIONS

The following form must be signed by the Chief Executive Officer or an authorized designee and submitted with this application. Documentation authorizing a designee must be attached to the application.

### **PUBLIC HEALTH SERVICES ACT AND SYNAR AMMENDMENT**

42 U.S.C. 300x-26 requires each State to submit an annual report of its progress in meeting the requirements of the Synar Amendment and its implementing regulation (45 C.F.R. 96.130) to the Secretary of the Department of Health and Human Services. By signing below, the chief executive officer (or an authorized designee) of the applicant organization certifies that the State has complied with these reporting requirements and the certifications as set forth below.

### **SYNAR SURVEY SAMPLING METHODOLOGY**

The State certifies that the Synar survey sampling methodology on file with the Center for Substance Abuse Prevention and submitted with the Annual Synar Report for FFY 2009 is up-to-date and approved by the Center for Substance Abuse Prevention.

### **SYNAR SURVEY INSPECTION PROTOCOL**

The State certifies that the Synar Survey Inspection Protocol on file with the Center for Substance Abuse Prevention and submitted with the Annual Synar Report for FFY 2009 is up-to-date and approved by the Center for Substance Abuse Prevention.

**State:** California

**Name of Chief Executive Officer or Designee:**

KIMBERLY BELSHÉ

**Signature of CEO or Designee:**

**Title:** Secretary, CA Health & Human Services Agency

**Date Signed:** 1/9/08

**If signed by a designee, a copy of the designation must be attached.**

