CENTER FOR SUBSTANCE ABUSE TREATMENT PROGRAMS

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WORKSHOP PRESENTED AT TRIBAL JUSTICE AND SAFETY – TRIBAL TRAINING AND TECHNICAL ASSISTANCE MEETING

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SAMHSA

The Substance Abuse and Mental Health Services Administration (SAMHSA) is one of eleven grant-making agencies of the U.S. Department of Health and Human Services, with a budget of approximately 3 billion dollars.

- Vision: A life in the community for everyone
- Mission: Building resiliency and facilitating recovery

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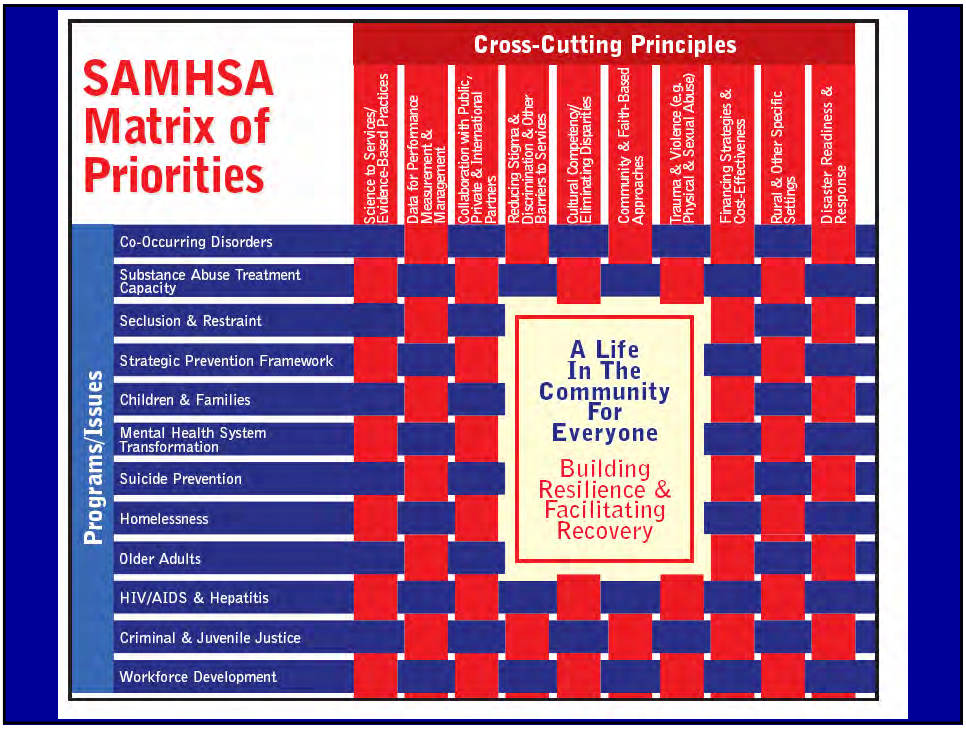
SAMHSA's Goals

- Accountability: Establish systems to measure performance and ensure accountability.
- Capacity: Build, enhance, and maintain treatment infrastructure and capacity.
- Effectiveness: Enable all communities and providers to deliver effective treatment services.

Promoting Accountability

Enhancing Capacity

Assuring Effectiveness



SAMHSA's Three Centers

- The Center for Mental Health Services (CMHS)
- The Center for Substance Abuse Prevention (CSAP)
- The Center for Substance Abuse Treatment (CSAT)

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CSAT Mission

- Improving the health of the nation by bringing effective alcohol and drug treatment to every community
- We fund Services

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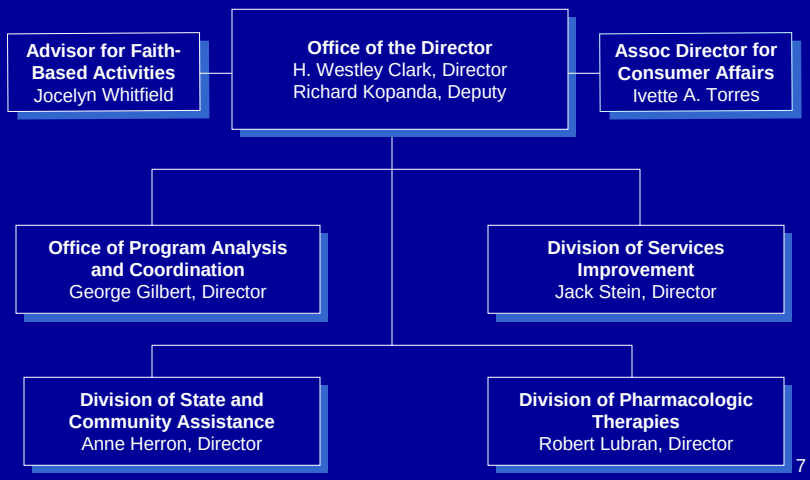
CSAT Organization



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SAMHSA Budget Summary

(Dollars in Millions)

	FY 2006 Actual	FY 2007 Continuing Resolution	FY2008 President's Budget
Total	$3,324	$3,326	$3,168

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CSAT Budget
($ in millions)

Budget Line	FY 2005 Actual	FY 2006 Actual	FY 2007 CR Rate	FY 2008 Request
SAPT Block Grant:	**$1,775.6**	**$1,757.4**	**$1,758.6**	**$1,758.6**
Programs of Regional and National Significance:				
Capacity	385.7	369.4	369.6	339.0
Science to Service	36.7	29.3	29.3	13.1
Sub-Total, PRNS	**422.4**	**398.7**	**398.9**	**352.1**
Total CSAT	**$2,198.0**	**$2,156.1**	**$2,157.5**	**$2,110.7**

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SAMHSA Action Plan
Substance Abuse Treatment Capacity

- Expand and enhance clinical substance abuse treatment services and recovery support services to build resilience and facilitate recovery for those with substance use problems.
- In 2005, the number of persons aged 12 or older needing treatment for an alcohol or illicit drug use problem was 23.2 million. Of these, 2.3 million received treatment at a specialty facility in the past year. Of the 20.9 million people who needed but did not receive treatment in 2005, an estimated 1.2 million reported they felt they needed treatment for their alcohol or drug use problem, and of these, 296,000 (25.5%) reported they made an effort but were unable to get treatment, while 865,000 (74.5%) reported making no effort to get treatment.

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National Outcome Measures (NOMs)

- Abstinence from Drug / Alcohol Use
- Employment / Education
- Crime and Criminal Justice
- Family and Living Conditions
- Access / Capacity
- Retention
- Social Connectedness
- Perception of Care
- Cost Effectiveness
- Use of Evidence-Based Practices

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Substance Abuse Prevention and Treatment Block Grant

- Averages about $1.76 billion per year
- 40% of all funds managed by the SSA (Single State Authority)
- Supports 10,500 community-based prevention and treatment organizations
- 1 Tribal Recipient: Red Lake Band of Chippewa Indians (MN)—Approx. $550,000 for FY 2007

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Discretionary Programs of Regional and National Significance (PRNS)

- The Discretionary Program comprises both **Capacity** and **Science to Service** activities
- Capacity primarily provides grants/contracts to support direct treatment services to clients, while Science to Service grants or contracts are funded to disseminate knowledge to substance abuse treatment professionals in the field
- Capacity programs comprise 92.7% of the PRNS budget, while Science to Service programs comprise only 7.3%. The Science to Service portfolio has been shrinking (from $95.2 million in 2001 down to $13.1 million proposed for 2008)

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CAPACITY

- Supports increased services in the substance abuse treatment system, funding effective programs, such as:
  - Access to Recovery *
  - Screening, Brief Intervention, Referral and Treatment*
  - Targeted Capacity Expansion (TCE) – General *
  - TCE-HIV/AIDS*
  - Homeless Addictions Treatment
  - Pregnant & Postpartum Women
  - Recovery Community Services Program
  - Criminal Justice (e.g. Treatment Drug Courts) *

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CAPACITY *cont.*

- Capacity also includes infrastructure support, for example:
  - Co-Occurring State Incentive Grants
  - Children and Families Programs
  - Strengthening Treatment Access and Retention (STAR)
  - Pharmacologic Therapies/Opioid Treatment Program Accreditation

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SCIENCE to SERVICE

- Translates research to practice, conveying most up-to-date science to service models to the field
- Helps providers to adopt evidence-based practices
- Supports training and technical assistance
- Includes activities, such as:
  - Addiction Technology Transfer Centers (ATTCs)
  - National Registry for Evidence-Based Programs and Practices (NREPP)
  - Knowledge Application Program (KAP) (TIPs, other pubs)

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Access to Recovery ($98.2M)
Administration's Treatment Initiative

- FY 2004 – FY 2006, 14 States, 1 Tribal Organization
  - CA, CT, FL, ID , IL, LA, MO, NJ, NM, TN, TX, WA, WI, WY, CA Rural Indian Health Board
  - Selected from 66 applicants (44 States, D.C., Puerto Rico and 20 Tribal Organizations)
- Uses vouchers for the purchase of substance abuse clinical treatment and recovery support services
- Approximately 137,600 people were served through Dec 31, 2006, exceeding the revised target of 87,500

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Access to Recovery (98.2M) cont.

- Goals
  - Increase capacity: serve 125,000 over 3 years
  - Expand choice
  - Expand number and range of providers, especially community-based and faith- based organizations

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Access to Recovery
Preliminary Treatment Outcomes

- Of those clients who reported using substances at intake into ATR, 68.6% were abstinent from substance use at discharge.
- Of those clients who were involved with the criminal justice system at intake to ATR, 82.9% reported no involvement at discharge.
- Of those clients who were unemployed at intake to ATR, 28.3% reported being employed at discharge.
- Of those clients who reported not being socially connected at intake to ATR, 55% were socially connected (attended self help groups or had someone to turn in times of trouble) by discharge.
- Of those clients who reported not having stable housing at intake to ATR, 21.4% reported being stably housed at discharge.

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Access to Recovery cont.

- Approximately 64% of clients have received Recovery Support Services, accounting for nearly half (49%) of dollars redeemed.
- 30% of clinical and recovery support services provided by faith and community based organizations

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Screening, Brief Intervention, Referral and Treatment (SBIRT)
($34.8M *)

- Increase screening and early identification of substance use disorders—early identification of substance abuse decreases total health care costs by preventing progression toward addiction
- Expand communities' continuum of care
  - Increase access to clinically appropriate treatment matched to the patient's stage of illness and problem severity
  - Implemented by: 9 States and 1 Tribal Council (Cook Inlet, AK; CO, FL, MA, WI, CA, IL, NM, TX, WA)

* Also includes Campus-SBIRT (12 Colleges and Universities funded from TCE-General, $5.2M in 2006); in 2008, will be supported with SBIRT funding when new Campus-SBIRT grants are awarded)

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SBIRT - *Continued*

- CMS has recently published two new HCPCS (Health Care Common Procedure Coding System) codes which will facilitate billing for SBIRT procedures by health care providers
- AMA recently approved an application for a CPT (Current Procedural Terminology) Code for SBIRT. This will facilitate billing private health insurers for covered SBIRT services.
- The Committee on Trauma of the American College of Surgeons has adopted SBIRT as an essential element of their verification process
- National Outcome Measures: From intake to 6-month follow-up, % of clients receiving brief treatment who reported:

  Abstinence (did not use, past 30 days): increased by 164%
  - No Crime/Criminal Justice involvement: increased by 2%
  - Employed/Attending School: increased by 16%
  - Social Connectedness: increased by 11%
  - Housing stability (had permanent place to live): increased by 13%

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SBIRT - *Continued*

- National Outcome Measures: From intake to 6-month follow-up, % of clients referred to treatment who reported:
  - Abstinence (did not use, past 30 days): increased by 170%
  - No Crime/Criminal Justice involvement: increased by 4%
  - Employed/Attending School: increased by 22%
  - Social Connectedness: no change
  - Housing stability (had permanent place to live): increased by 4%
- Over 460,000 people have been seen by the SBIRT program to date

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Targeted Capacity Expansion (TCE) – General ($24.6M *)

- Grants to support rapid and strategic responses to demands for treatment in communities with serious, emerging drug problems as well as those with innovative solutions.
- 52 Active grants in FY 2006
- Serves those who typically get less access to the treatment system.
- Targeted populations include: AI/AN or AA/PI; Methamphetamine & Other Emerging Drugs in Rural and Adult Populations.

* Does not include funding for Underage Drinkers program (addressed under the Campus-SBIRT program).

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Targeted Capacity Expansion – General *Continued*

- National Outcome Measures: From intake to 6-month follow-up, % of clients who reported:
  - Abstinence (did not use, past 30 days): increased by 54%
  - No Crime/Criminal Justice involvement: increased by 5%
  - Employed/Attending School: increased by 25%
  - Social Connectedness: increased by 13%
  - Housing stability (had permanent place to live): increased by 9%

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TCE – HIV/AIDS ($62.9M)

- CSAT's Minority AIDS Initiative
- Approximately 65% of funding supports treatment programs and 35% supports Outreach programs
- Enhance and expand substance abuse treatment and/or outreach and pre-treatment services for minority populations, women and their children, and adolescents.
- Provide clinical training and implement rapid HIV testing in treatment programs.

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TCE – HIV/AIDS

Results show positive changes on all outcomes from baseline to six months post baseline

- Abstinence increased **59.4%**
- Employment increased **53.5%**
- Housing increased **16.5%**
- No Criminal Justice Involvement increased **3.6%**
- Injection Drug Use decreased **65.8%**
- Unprotected Sexual Contacts decreased **8.8%**
- Unprotected Sexual Contacts with someone high on psychoactive drugs decreased **35.1%**
- Unprotected Sexual Contacts with someone with HIV decreased **6.1%**
- Unprotected Sexual Contacts with an Injection Drug User decreased **33.2%**

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Family and Juvenile Treatment Drug Courts ($9.1M)

- Combines sanctioning power of courts with effective treatment programs
- 10 Family and 15 Juvenile grants active in FY 2006
- National Outcome Measures: From intake to 6-month follow-up, % of clients who reported:
  - Abstinence (did not use, past 30 days): increased by 77%
  - No Crime/Criminal Justice involvement: increased by 10%
  - Employed/Attending School: increased by 38%
  - Social Connectedness: increased by 20%
  - Housing stability (had permanent place to live): increased by 7%

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GPRA – Services Accountability Improvement System (SAIS)

- SAIS is a web-based system which serves as the single repository for CSAT's Discretionary GPRA measures (NOMs).
- Grantees submit real-time client measures on uniform OMB-approved questions at baseline, six months post baseline, and discharge.
- Grantees set targets for the number of persons to be served within the established cost bands.
- Grantees are required to submit their information via the web 1 to 7 business days after seeing a client.

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SAIS is a Program Management Tool

- Grant Project Officers (GPOs) use daily web-based reports which enable them to monitor program performance.
- Reports available include: Intake Coverage, Follow-up, and Outcomes.
- These reports provide the basis for discussion of grantee progress.

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How Does CSAT's Discretionary Grant Client Profile Compare?

	Discretionary	TEDS
GENDER	N = 73,915	N=1,880,941
Male	53.1	69.9
Female	46.9	30.1
RACE/ETHNICITY	N = 74,590	N = 1,857,458
Hispanic	25.9	14.6
African American/Black	35.0	24.5
Asian/Pacific Islander	3.7	1.0
American Indian	4.5	1.9
Alaskan Native	3.1	0.5
White	37.5	62.1
Other	16.2	10.1

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Addiction Technology Transfer Centers ($9.2M)

- The ATTC Network transmits the latest knowledge, skills and attitudes of professional addiction treatment practice.
- The Network focuses on six areas of emphasis for improving addiction treatment:
  - Enhancing Cultural Appropriateness
  - Developing and Disseminating Tools
  - Building a Better Workforce
  - Advancing Knowledge Adoption
  - Ongoing Assessment and Improvement
  - Forging Partnerships

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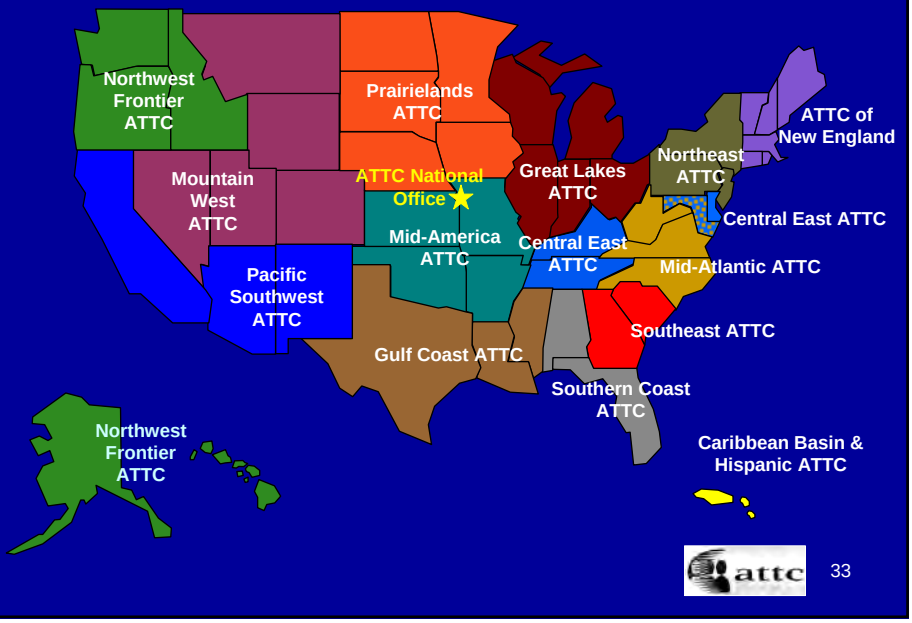
ATTC Network 2001-2006



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National Registry for Evidence-Based Programs and Practices (NREPP) ($0.5M)

- A voluntary registry of evidence based programs and practices in substance abuse and mental health launched in March 2007
- External peer review of scientific basis and readiness for dissemination
- Searchable data base of reviewed programs and practices
- Additional NREPP information is available on SAMHSA's website: www.samhsa.gov

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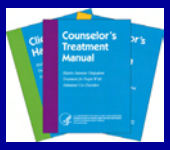
Knowledge Application Program (KAP) ($3.6M)

Established to synthesize, package, and transmit evidence-based knowledge to treatment providers.

Treatment Improvement Protocols (TIPs)
- Redesigned as a how-to document

Collateral products
- Short, concise documents based on TIPs, including Quick Guides, KAP Keys, screening tools

Treatment manuals
- For teens, adults, and older adults
- Topics: anger management, relapse prevention stimulant abuse (based on CSAT's Methamphetamine Study), marijuana abuse (based on CSAT's Cannabis Youth Treatment Study)



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KAP *cont.*

- **Booklets, brochures, and workbooks**
- For consumers and families members in English, Spanish, Russian, and other languages

- **Periodicals**
- *Substance Abuse in Brief Fact Sheet*
- *Substance Abuse Treatment Advisory*

- **KAP Web site (www.kap.samhsa.gov)**
- Provides information on KAP products and activities

- **Promotional activities**
- Undertakes marketing campaigns to promote new products and expand CSAT's dissemination channels

- **Results?**
- More than 150 publications completed from 1999 to the present
- More than 4 million KAP products distributed

CSAT FY 2007 FUNDING OPPORTUNITIES

- HANDOUT
- AFFECTED BY FY 2007 APPROPRIATION
  - DELAYED (2/07)
  - PROGRAMS FUNDED AT 2006 LEVELS
- ACCESS TO RECOVERY (ATR)
- TCE – GENERAL (TCE)
- ADDICTION TECHNOLOGY TRANSFER CENTERS (ATTC)
- www.samhsa.gov
  - CLICK ON "Grants"
- www.grants.gov

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ACCESS TO RECOVERY (ATR), FY 2007

- PUBLISHED: 3/23/2007
- APPLICATIONS DUE BY: 6/7/2007
- FUNDING MECHANISM: GRANT
- EST. AVAILABLE FUNDING: $96 MILLION
- EST.# OF AWARDS: APPROX. 18
- AMOUNT PER AWARD: UP TO $7 MILLION/YEAR
- PROJECT PERIOD: UP TO 3 YEARS

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ATR ELIGIBILITY, FY 2007

- Eligibility for ATR grants is limited to the immediate office of the Chief Executive (e.g., Governor) in the States, Territories, District of Columbia; or the highest ranking official and/or the duly authorized official of a federally recognized American Indian/Alaska Native Tribe or Tribal Organization.
- Tribal Organization means the recognized governing body of any American Indian/Alaska Native tribe; any legally established organization of American Indians/Alaska Natives which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of American Indians/Alaska Natives in all phases of its activities.
- Eligibility is limited to these applicants because only they have the authority to coordinate funding across the State/Tribe, implement the necessary policy changes, manage the fiscal responsibilities, and coordinate the range of programs necessary for successful implementation of the voucher programs to be funded through these grants.

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ATR ELIGIBILITY, FY 2007 cont.

- The Chief Executive of the State, Territory, or District of Columbia, or the highest ranking official and/or the duly authorized official of the Tribe/Tribal Organization must sign the application.
- No more than one ATR application from any one State/Tribe will be funded.
- Current ATR grantees are eligible to apply for an ATR grant in 2007.

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TARGETED CAPACITY EXPANSION (TCE), FY 2007

- PUBLISHED:
- APPLICATIONS DUE BY: 5/25/2007
- FUNDING MECHANISM: GRANT
- EST. AVAILABLE FUNDING: UP TO $8 MILLION
- EST. # OF AWARDS: UP TO 16
- AMOUNT PER AWARD: UP TO $500,000
- PROJECT PERIOD: 3 YEARS

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TCE CATEGORIES, FY 2007

- NATIVE AMERICAN/ALASKA NATIVE AND ASIAN AMERICAN/PACIFIC ISLANDER POPULATIONS (AI/AN, AA/PI)
- E-THERAPY
- GRASSROOTS PARTNERSHIPS
- OTHER POPULATIONS OR EMERGING SUBSTANCE ABUSE ISSUES

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TCE ELIGIBILITY, FY 2007

- FOR AI/AN AND AA/PI CATEGORY, ELIGIBILITY IS RESTRICTED TO FEDERALLY RECOGNIZED TRIBES, STATE RECOGNIZED TRIBES, URBAN INDIAN ORGANIZATIONS, TRIBAL ORGANIZATIONS, AND ASIAN AMERICAN/PACIFIC ISLANDER ORGANIZATIONS, INCLUDING NATIVE HAWAIIAN ORGANIZATIONS, IN RECOGNITION OF THEIR RESPONSIBILITY FOR, AND INTEREST IN, PROVIDING FOR THE NEEDS OF THEIR CITIZENS, AND BECAUSE THE SUCCESS OF THE PROGRAM WILL DEPEND UPON THEIR AUTHORITY AND ABILITY TO BROADLY COORDINATE A VARIETY OF RESOURCES.
- FOR ALL OTHER CATEGORIES, ELIGIBILITY IS OPEN TO ALL DOMESTIC PUBLIC AND PRIVATE NONPROFIT ENTITIES (E.G., ALL ENTITIES ELIGIBLE FOR THE AI/AN AND AA/PI CATEGORY PLUS STATE AND LOCAL GOVERNMENTS, COLLEGES AND UNIVERSITIES, CBOs, FBOs.

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ADDICTION TECHNOLOGY TRANSFER CENTERS (ATTCS), FY 2007

- PUBLISHED: 3/12/2007
- APPLICATIONS DUE BY: 6/1/2007
- FUNDING MECHANISM: COOPERATIVE AGREEMENT
- EST. AVAILABLE FUNDING: $7.8 MILLION
- EST. # OF AWARDS: 15 (14 REGIONAL ATTCs AND 1 NATIONAL COORDINATING CENTER)
- AMOUNT PER AWARD: $500,000-$550,000 YEAR
- PROJECT PERIOD: UP TO 5 YEARS

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ATTC ELIGIBILITY, FY 2007

- Domestic public and private nonprofit entities (e.g., State and local governments, federally recognized American Indian/Alaska Native tribes and tribal organizations, urban Indian organizations, public or private universities and colleges, and community- and faith-based organizations)
- Applicants must be based in one of the States within the ATTC Region for which they are applying (Note: Regional structure is changed slightly from the current program—see Appendix E of the ATTC RFA)

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ATTC PURPOSE, FY 2007

- To develop and strengthen the addictions treatment workforce
- In partnership with Single State Authorities, treatment provider associations, addictions counselors, multidisciplinary professionals, faith and recovery community leaders, family members of those in recovery, and other stakeholders, the ATTCs assess the training and development needs of the substance use disorders workforce, and develop and conduct training and technology transfer activities to meet identified needs. Particular emphasis is on raising awareness of and improving skills in using evidence-based and promising treatment/recovery practices in recovery-oriented systems of care.

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ATTC SPECIAL PROJECTS

- SAMHSA anticipates that from time to time additional funds may be available to be used as supplements for special projects to enhance the basic activities of the ATTC grant program
- SAMHSA is planning one or more special project in FY 2008 and beyond to provide technical assistance to Tribes and tribal organizations on treatment-related issues through partnerships with Regional Indian Health Boards

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REGIONS AND AWARD STRUCTURE

Region	States	Award Amount
1 New England	ME, NH , VT, MA, CT, RI	$500,000
2 Northeast	NY, PA	$525,000
3 Central East	DC, DE , MD, NJ	$500,000
4 Mid-Atlantic	VA, KY, TN, WV	$500,000
5 Southeast	GA, SC, NC	$500,000
6 Southern Coast	AL, FL, MS	$525,000
7 Gulf Coast	TX, LA, NM	$500,000
8 Caribbean/Hispanic	PR, VI	$500,000
9 Mid-America	NE, MO, KS, OK, AR	$500,000
10 Prairielands	IA, ND, SD, MN, WI	$500,000
11 Great Lakes	IL, OH, IN, MI	$550,000
12 Mountain West	NV, MT, WY, UT, CO, ID	$550,000
13 Northwest Frontier	AK, WA, OR, HI, Pac. Isl.	$550,000
14 Pacific Southwest	CA, AZ	$550,000
15 National Center		$550,000

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FY 2008 CSAT FUNDING OPPORTUNITIES

- SAMHSA FY 2008 BUDGET REQUEST INCLUDES AN OVERALL REDUCTION OF $159 MILLION OR 5%
- CSAT'S FY 2008 PROPOSED BUDGET WOULD BE CUT BY $47 MILLION OR 12% OF CSAT'S PRNS FUNDING WHICH SUPPORTS COMPETITIVE GRANT PROGRAMS
- FY 2008 PRIORITIES
  - BALANCED BUDGET BY 2012
  - EMPHASIZE SERVICES
- HARD CHOICES WERE REQUIRED

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FY 2008 CSAT FUNDING OPPORTUNITIES CONT

- THE BUDGET FUNDS PRESIDENTIAL INITIATIVES (e.g., ATR) AND OTHER PRIORITY AREAS (e.g., SAPTBG, CJ, SBIRT, MAI), WHILE MAKING TARGETED REDUCTIONS IN AREAS WHERE GRANT PERIODS ARE ENDING, ACTIVITIES CAN BE SUPPORTED THROUGH OTHER FUNDING STREAMS OR EFFICIENCIES CAN BE REALIZED
- SBIRT, TREATMENT DRUG COURTS, TCE/HIV AND TCE-GENERAL

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SCREENING, BRIEF INTERVENTION & REFERRAL TO TREATMENT (SBIRT), FY 2008

- + $12 million to support screening and brief interventions in general medical and community settings
- $25 million available to fund 3 new grants to States/Tribes, 18 new campus grants, 8 new grants to medical schools, and 12 new grants to school districts and Community Health Clinics serving Native Americans

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JUVENILE/FAMILY DRUG TREATMENT COURTS, FY 2008

- + 13.7 MILLION OVER FY 2007 CR LEVEL
- WITH AMOUNTS AVAILABLE FROM EXPIRING GRANTS, $22 MILLION AVAILABLE TO MORE THAN TRIPLE THE NUMBER OF GRANTS (FROM 25 TO 84) PROVIDING SUBSTANCE ABUSE TREATMENT FOR PEOPLE REFERRED BY THE COURT

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TCE/HIV, FY 2008

- LEVEL FUNDING PROPOSED BUT BECAUSE SOME GRANTS ARE ENDING IN 2007 WE ANITCIPATE THAT $20-25 MILLLION WILL BE AVAILABLE FOR 40-50 NEW GRANTS AWARDS IN FY 2008

TCE – GENERAL, FY 2008

- DECREASES BY $11.5 MILLION IN FY 2008, BUT BECAUSE SOME GRANTS ARE ENDING IN 2007 WE ANTICIPATE THAT $8-10 MILLION WILL BE AVAILABLE FOR 16-20 NEW GRANT AWARDS IN FY 2008.

NOTE: POSSIBILITY EXISTS FOR “OFF-THE-SHELF” AWARDS FOR TCE/HIV AND TCE-GENERAL FOR FY 2008.

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CAVEAT FOR FY 2008

- THE PRESIDENT PROPOSES; CONGRESS DISPOSES
- WE WON’T KNOW OUR FY 2008 FUNDING LEVEL AND PROGRAM PRIORITIES UNTIL CONGRESS ENACTS OUR APPROPRIATION
- SO, STAYED TUNED

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SAMHSA/CSAT INFORMATION

- www.grants.gov
- www.samhsa.gov
- 1-800-729-6686 for publication ordering or information on funding opportunities (SHIN, NCADI)
- 1-800-487-4889 – TDD line
- 1-800-662-HELP – SAMHSA's National Helpline (24/7 English-Spanish referral line; received 30,000 calls in January 2007)

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