Director's Report to the

Center for Substance Abuse Treatment's

National Advisory Council

[September through December 2005]

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Significant Legislation

Status of FY 2005 Budget. Execution of the FY 2005 discretionary budget was completed on September 30, 2005, with CSAT successfully obligating 99.99% of its available FY 2005 funding in support of Programs of Regional and National Significance (PRNS). A total of 145 new Targeted Capacity Expansion (TCE) grants were awarded in FY 2005, distributed across several separate treatment services programs, including 28 grants based on Congressional Earmarks in the CSAT appropriation. In addition, CSAT awarded continuation funding to 364 current grantees, and provided part of the funding to 47 grantees that were jointly-funded with CMHS/CSAP.

Status of FY 2006 Budget. The FY 2006 SAMHSA/CSAT budget was enacted as part of H.R. 3010, which was signed into law by President Bush on December 30, 2005, to become Public Law 109-149. Included in the Department of Defense appropriation Act for FY 2006 (P.L. 109-148) was the provision for a "….1 percent across-the-board rescission to discretionary budgetary resources provided in fiscal year 2006 regular appropriations Acts…." This rescission has been applied to the SAMHSA/CSAT budget. Among the key provisions in the enacted budget are: $98.2 million for the *Access to Recovery* program (continuation funding); $10.5 million for the *Pregnant, Postpartum and Residential Women and Children* program (continuation funding); $8.1 million for the *Addiction Technology Transfer Centers (ATTCs)*; and statements that funding at no less than the fiscal year 2005 level will be maintained for *HIV/AIDS* activities throughout SAMHSA, for *chronic homelessness*, and for programs directed at providing mental health and substance abuse treatment services to *homeless* individuals. A unique feature of the FY 2006 appropriation is the absence of Congressional Earmarks. The table that follows compares the FY 2006 enacted budget to the President's Request.

FY 2006 Budget
(dollars in millions)

Budget Line	FY 2005 Actual	FY 2006 President's Budget	FY 2006 Enacted	Inc / Dec 06 Enacted vs 06 PB	Inc / Dec 06 Enacted vs 05 Actual
Programs of Regional and National Significance	$422.4	$447.1	$398.9	- $48.2	- $23.5
SAPT Block Grant	$1,775.6	$1,775.6	$1,758.6	- $17.0	- $17.0
Total CSAT	**$2,198.0**	**$2,222.7**	**$2,157.5**	**- $65.2**	**- $40.5**

Status of FY 2007 Budget. SAMHSA's FY 2007 Budget, Justification of Estimates for Appropriations Committees, in support of the FY 2007 President's Budget, is scheduled to be submitted to the Department on February 6, 2006.

Lifting the 30-patient Limit on Prescribing Buprenorphine. The Division of Pharmacologic Therapies **(**DPT) continues to receive inquiries from physicians, patients, Congressional representatives and others on the 30 patient per physician limit under the Drug Addiction Treatment Act (DATA). Many physicians report that they have reached the 30 patient per physician limit, and believe that they have the capacity to treat more patients. CSAT has indicated that it will exercise its authority under DATA and issue a notice of proposed rulemaking that will modify the individual physician patient limits.

National All Schedules Prescription Electronic Reporting Act of 2005. No decision has been made as to the delegation of authority from the Secretary, DHHS, for this program. There are no funds in the FY 2006 appropriation to SAMHSA to support grant funding to the States as provided in the National All Schedules Prescription Electronic Reporting Act (NASPER) legislation. CSAT continues to monitor state prescription drug monitoring activities funded under the direction of the Department of Justice.

Director's Highlights

Access to Recovery (ATR) Program. ATR convened its first biennial grantee meeting from January 11-16 in Bethesda, Maryland. With invitations extended to 69 community and faith-based provider organizations, this meeting was attended by key staff from 50 ATR state and tribal organizations. This meeting afforded those committed to the success of the ATR program an opportunity to openly dialogue, partner, educate and self-evaluate the current status of the ATR program. The overall focus of the meeting was building bridges and removing barriers to the provision of recovery support services.

Over the course of the three days, each grantee individually met with Dr. Clark, to provide an update of their program and to discuss any potential barriers to success. Newly assigned faith-based consultants held sessions with faith-based liaisons from their respective grantee States and participated in open forums with the community and faith-based providers. Every grantee and organization left with a renewed agenda and commitment to the ATR mission. This kind of collaboration represented a new dimension for the ATR program and from the preliminary feedback from attendees, it was a rousing success.

Bi-National Drug Demand Reduction Conference. On November 30 through December 1, 2005, the Director joined the Government of Mexico, through its Secretariat of Health and the National Council on Addictions (CONADIC), at the 6th United States - Mexico Bi-National Drug Demand Reduction Conference. Held in Mexico City, the event marked a valuable opportunity for both countries to impart knowledge on the realm of drug demand reduction, its policy context, initiatives, and implementation processes for the continuum of care. Moreover, the conference was viewed as a value-added conception of previous work by both countries enhancing core elements of demand reduction policy and viable strategies. The agenda included evidence-based information sessions, presentations by Mexican and U.S. scientists, policy-makers, and government officials, followed by work groups that explored issues on epidemiology and prevention, interventions, drug abuse treatment, and basic science.

Community and Faith-Based Technical Assistance Initiative. This project provides training and technical assistance (TA) to help faith and community-based organizations build their capacity to provide effective services and to successfully apply for and receive Federal grant funds. Since August, TA efforts have broadened to include ATR grantee States for the purpose of increasing the participation of eligible faith-based treatment and recovery service providers within each State's ATR program. Activities that have occurred from September to December 2005 include the following:

- ***ATR Education Forums.*** Eight forums were held in ATR states to educate community and faith-based organizations about ATR and to encourage their participation as treatment and recovery providers. Over 700 individuals representing community and faith-based organizations participated.

- ***HIV/AIDS Expert Panel***. In November, CSAT convened its first HIV/AIDS expert panel comprised of clergy members and HIV experts to develop a user-friendly HIV/AIDS guide for clergy and religious organizations.

- ***HIV/AIDS Faith and Community Partners Capacity Building Meeting*.** CSAT convened a three-day capacity building meeting for clergy and religious organizations to address the spread of HIV/AIDS in local communities and to develop successful outreach strategies and HIV/AIDS services. Approximately 50 individuals participated in this training event.

- ***A Guide for Community and Faith Based Service Providers.*** The handbook, "Maximizing Program Services through Private Sector Partnerships and Relationships," provides the fundamental aspects of engaging corporate funders and foundation grant makers and provides helpful tips on sustaining and expanding services through diversifying funding streams. Professionals representing corporations, foundations, and trusts, as well as non-profit faith and community-based organizations participated in the development of the handbook.

16th Annual National Alcohol and Drug Addiction Recovery Month. The 2005 *Recovery Month* observance began with a major press event on September 8, 2005, at the U.S. Department of Health and Human Services' in Washington, D.C. The press event highlighted the release of SAMHSA's 2004 *National Survey on Drug Use and Health: National Findings*. Speakers at the press conference included: John Walters, Director, ONDCP, Charles G. Curie, SAMHSA Administrator, Dr. H. Westley Clark, Director, Center for Substance Abuse Treatment, Diedre Drohan Forbes, Chair, Friends and Voices of Recovery, Westchester County, NY, and a person in recovery from co-occurring substance use and depression, Carrick Forbes, a student at Hunter College, NY, in recovery from heroin abuse, and Vicki Sickels, a person in recovery from methamphetamine abuse from Des Moines, IA.

Print coverage for national and local events was monitored nationwide for *Recovery Month* in national and local newspapers, magazines, and on the Internet. To date, 257 press clippings have been collected, with coverage in publications with a collective circulation of more than 3,058,626.

2005 Recovery Month SAMHSA-Sponsored Community Events. The 41 SAMHSA-sponsored events reached an estimated 34,738 people and included 10 major league baseball events, 15 minority sponsored events, 3 statewide Recovery Ride events, and 13 statewide community events.

2005 Recovery Month Public Service Announcements (PSAs). "Treat Me," the *Recovery Month* 2005 television public service announcement won two silver Omni Awards for demonstrating excellence in production in the categories of Public Service and Government. From August 3, 2005 – December 31, 2005, the English and Spanish versions of the 2005 radio PSAs "Friends" and "Treat Me" generated 197,615,530 listener impressions and $1,703,327 in

free airtime. The number of plays equals nearly 245.57 hours of listening time. For the same period, the English and Spanish versions of the 2005 television PSAs "Artist" and "Treat Me" generated 92,741,692 viewer impressions and $663,997 in free airtime. The number of plays equals nearly 43.21 hours of broadcast time.

These numbers do not reflect the viewership numbers for the airing of the "Treat Me" spots during August in Times Square, New York City, NY, or the viewership numbers for people who have viewed the PSAs in the Recovery Month Web casts.

Tracking of previously released *Recovery Month* television and radio public service announcements, produced in English and Spanish, continued through 2005. Since August 2002 through November 2005, the television spots generated an estimated earned media value of $9,345,023 and 865,337,227 viewer impressions. The radio spots generated an estimated earned media value of $5,856,924 and 564,811,779 listener impressions.

Recovery Month Web site. The 2005 *Recovery Month* website *www.recoverymonth.gov* reported 30 personal stories on Voices for Recovery, 128 proclamations, and 508 *Recovery Month* community events – reaching more than 1 million people. This includes the 41 SAMHSA-sponsored events. As of January – November 2005, the average viewing time for the site increased 77 percent to 20 minutes and 5 seconds. The site logged in 12,119,420 hits and the number of unique visitors increased 28 percent (569,126).

Web casts are currently airing in 254 unique franchise areas. Program distribution is reaching an estimated 14.6 million households. Outreach to untapped areas is being targeted through such programming access organizations as the Army News Watch and Classic Art Showcase.

Two 2005 *Road to Recovery* Web cast series shows, *The Dangerous Frontiers of Substance Abuse: A Look at Alcohol and Drug Use Trends* and the *Treatment Approaches for Women* were awarded Omni Bronze Awards for outstanding media production.

The 2006 Web site went live the first week of January 2006.

17th Annual National Alcohol and Drug Addiction Recovery Month. The Recovery Month partners met September 6, 2005, and will meet on January 19 and April 20, in Washington, D.C. The partners will hold a teleconference on June 22.

Faces and Voices of Recovery Summit. The Faces and Voices' 2005 Rising! Recovery in Action Summit was co-sponsored by SAMHSA/CSAT and held September 6-8. The Summit convened 250 individuals of the recovery movement community, providing an opportunity to unify the recovery movement by coordinating and participating in national-level events and participating in advanced trainings to increase their effectiveness at the local, state, and regional levels. The Summit included a *Recovery Month* congressional luncheon with presenters including, the Honorable Jim Ramstad (R-MN), the Honorable John Dingell (D-MI), and

Dr. H. Westley Clark. In addition, seven individuals were honored as Faces and Voices of Recovery. The current contract ends April 2006.

A new FY 06 contract is currently in the system for processing. Faces and Voices will continue their work with SAMHSA/CSAT as a *Recovery Month* partner and work to expand the faces and voices of recovery stories published in the materials, on-line and participating in events. In addition, Faces and Voices will conduct four (4) teleconference sessions in an effort to identify messaging points, information dissemination needs, target audience identification, and other efforts to educate influencers connected with the availability and delivery of addiction treatment services. Faces and Voices will post the summaries of the proceedings, decisions, and findings on their Web site at www.facesandvoicesofrecovery.org. In addition, Faces and Voices will maintain a list of trained individuals and organizations working to reduce stigma and discrimination throughout the country as well as a list of speaker and conference participant pool of voices of recovery.

Partnership for a Drug-Free America (PDFA) – "Check Yourself™". PDFA continues to update the site to include culturally diverse information. Mailings and virtual dissemination to youth-related sites continues. Traffic to the site has increased by 10 percent.

Pilot Program – Non-Denominational Individual and Family Recovery Training – National Association for Children of Alcoholics. Informational materials to be distributed at training events for clergy leaders and congregants in the metropolitan Detroit, MI, area have been published and are stimulating interest among service providers and other stakeholders. The one-day clergy training will take place January 24, 2006, at the St. John Crossing Conference Center on Outer Drive in Detroit (formerly Holy Cross Hospital) The new consumer publications include: a brochure targeted to reach families in need entitled, *"Alcohol and Drug Addiction Happens in the Best of Families…and It Hurts*," a children's brochure entitled *"It Feels So Bad, It Doesn't Have To,"* and a poster entitled *"Alcohol and Drug Abuse Hurts Everyone in the Family."* These products are available through the National Information Clearinghouse.

Community Education Forums. Planning has been initiated, local partners engaged, and dates scheduled for these public education events, which focus on emerging medication-assisted therapies. Host cities will include Houston, TX; Atlanta, GA; and Memphis, TN. The Houston forum is scheduled to take place at the Council on Alcohol and Drug Abuse on March 6, 2006. The Atlanta event will convene March 21, 2006, at the Morehouse School of Medicine's National Center for Primary Care. The Memphis forum is tentatively scheduled to take place on April 5, 2006. Approximately 70 physicians, treatment providers and other stakeholders attended the Phoenix, AZ, buprenorphine community forum that convened November 9, 2005.

SAMHSA's National Helpline, 1-800-662-HELP. The Helpline provides an average of 25,534 monthly treatment referrals and information inquiries – based on January 2005 – November 2005 call volume. Average call volume for 2004 was 19,807 monthly calls. The system acquaints those affected by the drug and/or alcohol use of a friend or family member with much needed

support groups/services. Callers requesting treatment are referred to treatment programs, including profit/nonprofit, Federal/State, inpatient/outpatient, or residential facilities. This service is available 24-7 and offers a Spanish language option and services for the hearing impaired.

Medication Assisted Treatment Consumer Education. Two new consumer education publications to be disseminated in connection with the Patient Support and Community Education Project (PSCEP) are being prepared for publication through GPO – "*Introduction to Methadone*" (to be distributed to Opioid Treatment Programs and those they serve) and "*Methadone Treatment for Pregnant Women*."

FDA/SAMHSA Older Adults Initiative. The National Association of Broadcasters (NAB) selected the *Do the Right Dose* campaign for airing on their PSA rotation. In addition, the PSAs are available on their Web site at http://www.nab.org/publicservice/right_dose.asp.

Bravo TV network began using the 30-second version October 27 and the 15-second version November 4 of the *Do the Right Dose Campaign*, on their feeds (XBRE-east coast and XRBW-west coast). To date, 21 plays on each feed have been made. The radio PSAs are projecting 14,190 plays on 192 stations, more than 108 hours of airtime creating almost 86 million listener impressions, worth an estimated $743,890 of commercial time. The campaign targets 50-60 year olds. *Aging, Medicines, Alcohol, Generic Drugs* radio PSAs (targeting 65+), received a total of 63,388 radio plays reported by 236 AM and FM stations, almost 533 hours of airtime, creating 622 million listener impressions, worth an estimated $3.3 million of commercial time.

National Hispanic Employment Initiative. CSAT's Consumer Affairs Director is serving as co-chair for the Secretary's National Hispanic Employment Initiative. The workgroup has developed and edited a draft recommendations report that tentatively is set for release on September 15, 2006. The report will be presented to HHS Deputy Assistant Secretary for Human Resources Robert Hosenfeld through the EEO Programs Division in his unit.

Dr. Sheila Harmison. It is with great sadness that we share with you the untimely death of the Director's Special Assistant, Dr. Sheila Harmison on Saturday, December 24, 2005.

Dr. Sheila Harmison served as Special Assistant to the Director for over 5 years. During this period, Dr. Harmison also served as the Acting Director, Division of State and Community Assistance (DSCA). Dr. Harmison was responsible for administering the treatment portion of the Substance Abuse Prevention and Treatment (SAPT) Block Grant. Dr. Harmison had worked on various special projects. Her most recent was as CSAT's lead for the Hurricane Katrina and Hurricane Rita relief effort through SAMHSA's SERC Program.

Prior to coming to SAMHSA, Dr. Harmison held various clinical and administrative positions. She served as an alcohol and drug therapist for both public and private substance abuse treatment programs in Maryland and the District of Columbia.

Dr. Harmison had also served as Associate Director for Threshold Services, Inc., a Maryland residential rehabilitation facility for the chronically mentally ill. She had additional administrative experience as Director of Family Crisis Center, Inc., a Maryland agency that serves families involved in domestic violence.

Dr. Harmison graduated with a Doctorate of Social Work from Catholic University of America, Washington, D.C., in 1986. She was a licensed clinical social worker.

Highlights of CSAT Activities by SAMHSA Matrix Area

Substance Abuse Treatment Capacity

SAMHSA's Action Plan Long Term Goals: Increase the number of treatment programs using effective treatment practices. Increase the percentage of people with substance abuse problems who receive treatment. Improve treatment outcomes for people receiving services.

Institute of Medicine Report. In December 2005, CSAT sponsored a meeting together with the Robert Wood Johnson Foundation (RWJF) to discuss the Institute of Medicine Report, "*Crossing the Quality Chasm: An Adaptation for Behavioral Health,"* on improving the quality of health care for mental and substance use conditions. The meeting was successful in establishing a forum for the substance abuse treatment constituency to share their views about the report.

National Outcome Measures (NOMs). Since August**,** two State task force meetings were held for staff and contractors working with the NOMS component. A focus was to provide leadership and direction to States and contractors related to the implementation of NOMS, as well as strategies to improve data quality, validity, comparability, and timeliness.

New Paths to Recovery Forums. CSAT, in collaboration with State and local health department officials and representatives from State, city and county medical societies, have planned three community education forums on buprenorphine entitled "New Paths to Recovery." The three 2006 *New Paths to Recovery* forums selected are: Houston, TX (March 9), Atlanta, GA (March 21), Memphis, TN (April 5). These forums are open to the public, but primarily intended for physicians, the substance abuse treatment community, pharmacists, public officials and members of the media.

Health Care Financing. CSAT presented the National Expenditures on Mental Health Services and Substance Abuse Treatment (1991-2001) study at the Addiction Health Services Research Conference in November at RAND Headquarters in Santa Monica, California.

CSAT worked with the National Association of State Alcohol and Drug Abuse Directors (NASADAD) and some Screening, Brief Intervention, and Referrals to Treatment (SBIRT) grantees to develop a second submission for an SBIRT code to the Centers for Medicare and Medicaid (CMS) for the January approval cycle. Approval by CMS of billing codes will be helpful in sustaining some SBIRT activities after the end of the grants.

Access to Recovery (ATR) Program. In general, all State grantees and the California Rural Indian Health Board (CRIHB) are successfully accomplishing ATR grant objectives. ATR grantees have reported serving more than 32,000 individuals with clinical treatment and/or recovery support services since the inception of the program. SAMHSA had estimated

approximately 25,000 persons would be served in the first year of the program. The actual performance of the ATR grantees for FY 2005 exceeds that estimate.

ATR grantees are expected to fully report to SAMHSA's Services Accountability Improvement System (SAIS) by the end of January 2006 (these data will reflect clients served through December 31, 2005). We expect to be able to report on ATR client outcomes in May 2006.

While no grantee has achieved full ATR implementation, many ATR grantees excel in one or more components of the program. Some grantees have significantly exceeded their individual goals of clients to be served and others excel at recruitment of non-traditional providers, including faith-based organizations. Many grantees have focused on the provision of recovery support services, increasing these dramatically -- a paradigm switch for everyone. While training continues to be an important part of outreach to interested recovery support service providers, a significant portion of ATR grantees provide information to potential clients and providers on ATR Web sites.

Network for the Improvement of Addiction Treatment (NIATx). CSAT and RWJF co-sponsored the 5th NIATx Learning Collaborative Session October 5-7 in Baltimore, MD. Over 200 attendees participated in over 30 sessions on access and retention best practices and process improvement tools. Learning session attendees included CSAT's Strengthening Treatment Access and Retention (STAR) program grantees, RWJF's Paths to Recovery Program grantees and members of six State pilot projects. State pilot team representatives reported substantial progress on collaborative payor/provider initiatives to improve access and retention. NIATx members continue to demonstrate substantial improvements in access and retention, including an average reduction of 51% in waiting times, 41% reduction in no shows, 56% increase in admissions and 39% increase in continuation rates. NIATx reports on access and retention promising practices, State/Payor paths for increasing access and retention and Learning Session presentations are available on the NIATx web site: www.niatx.net.

Partners for Recovery (PFR) Initiative. PFR is a collaboration of communities and organizations mobilized to help individuals and families achieve and maintain recovery and lead fulfilling lives. In a concerted effort to promote and support the mission, goals, and objectives of SAMHSA, PFR is continuing activities in the following areas:

- ***Launch of SAMHSA's PFR Web site.*** The PFR Web site was launched on December 23, 2005. It can be found at the following URL: http://pfr.samhsa.gov. The Web site serves as a resource in the prevention and treatment of substance use and mental health disorders for stakeholders including State and federal government officials, addiction prevention, treatment and mental health providers, recovering persons, their families, and other allies. It also serves as a resource for the general community. Organized around the five PFR focus areas (recovery, collaboration, stigma reduction, workforce development and leadership development), the Web site provides information about PFR activities, as well as articles on recovery and links to resources related to work being

performed by national organizations and States within each of PFR's focus areas. The PFR Web site also provides a mechanism for individuals or organizations to request additional information via e-mail, telephone or mail. Currently, a promotional plan is being implemented to announce the site.

- ***Performance Measurement in Substance Abuse Treatment Programs.*** The State Associations of Addiction Services (SAAS), the National Conference of State Legislatures (NCSL), and the Treatment Research Institute (TRI) held the first of seven State-specific sessions on September 26, in Montpelier, Vermont. Six additional sessions are planned. State-specific sessions are intended to inform and spark interest among legislators and staffers and to initiate dialogue among legislators, staffers, the addiction treatment Single State Authority, the addiction treatment provider trade association, and other key stakeholders regarding addiction treatment needs, policies and strategies for improving program performance and outcomes at the State level. Each session is tailored to the needs of the requesting State. The sessions rely in part on the SAMHSA publication, *Performance Management: Improving State Systems Through Information-Based Decision-making*, and include an overview of the NOMS.

- ***PFR supported the following events:***
    - ***Illinois Alcoholism and Drug Dependence Association Annual Conference.*** This conference was held September 19-21 in Oak Brook, Illinois. PFR staff presented the plenary luncheon address providing an overview of PFR and cosponsored conference speakers. Two hundred twenty-six individuals from Illinois, Tennessee, Louisiana and Missouri attended the conference.
    - ***National Adolescent Focus Groups.*** Focus groups were held September 19 in Oak Brook, Illinois, and September 21 in Rockford, Illinois. PFR conducted four adolescent focus groups with participants from locations across the United States to gain their perspectives on definitions of recovery, barriers to recovery, critical factors for success, recommendations for systems improvement and measures of recovery.
    - ***National Summit on Recovery.*** PFR assisted the Division of Services Improvement (DSI) in planning and conducting the National Recovery Summit held September 28-29, and the post-Summit planning committee meeting on December 15-16. PFR provided logistical support as well as other TA, such as the development of recovery-related materials for the event.

- ***Leadership Institutes.*** After an exciting and successful first cycle, the second round of PFR/ATTC Leadership Institutes will be conducted at 13 ATTCs across the country starting in January 2006. Approximately 175 protégés, representing 28 States and the District of Columbia completed the 2005 Leadership Institute program. The last group of protégés from 2005 will graduate in March 2006. The schedule for the 2006 Leadership Institutes is as follows:

ATTC Regional Center	Date of Training
Southern Coast ATTC	January 23-27, 2006
Mid-America ATTC	March 6-10, 2006
Northeast ATTC	March 20-24, 2006
Southeast ATTC	March 27-31, 2006
Northwest Frontier ATTC	April 3-7, 2006
Caribbean Basin and Hispanic ATTC	May 15-19, 2006
Gulf Coast ATTC	June 5-9, 2006
Central East ATTC	June 26-30, 2006
Mountain West ATTC	July 10-15, 2006
Mid-Atlantic ATTC	July 17-21, 2006
Great Lakes ATTC	August 21-26, 2006
Prairielands ATTC	September 11-15, 2006
Pacific Southwest ATTC	October 9-13, 2006
Gulf Coast ATTC	October 23-27, 2006

To enhance the mentoring component of the program, PFR sponsored a train-the-trainer session on mentoring December 13-14, in Washington, DC. This training was conducted through the Graduate School of the United States Department of Agriculture (USDA) and was well received by attendees. Additional improvements for the second cycle include more relationship building activities between protégés and mentors during the program's five-day immersion training, as well as required booster sessions for the 13 Institutes. A business meeting was also held on the afternoon of December 14, and attendees began to outline a plan to hold a National Leadership Conference in Washington, DC, fall 2006.

Recovery Community Services Program (RCSP). Activities that have occurred from September-December, include the following:

- Developed electronic library for project directors to access each other's program documentation;
- Worked with the Legal Action Center to develop a shared understanding of how the confidentiality regulations apply to recovery support services. The resulting Legal Action Center paper and further information about RCSP can be found at http://rcsp.samhsa.gov.
- National Recovery Summit held September 28-29. The Summit's purpose was to help shape a vision for a recovery-oriented system of care for people in recovery and their families, and to develop a plan for infusing recovery principles and measures into CSAT's and SAMHSA's activities. Approximately 100 culturally diverse representatives of the field, including all key stakeholder groups, participated in the Summit. Grantees shared their perspectives and recommendations on how recovery support services can contribute to a recovery-oriented system of care. CSAT expects to produce a conference

report on the Summit, and is considering a number of publications and other initiatives and products in support of the Summit goals and objectives.

- Grantees exchanged information and lessons learned about their emerging approaches, and began the process of developing a consensus on indicators of quality in the context of peer recovery support services at the August 1-3 annual conference and a December 5-7 TA workshop.

Addiction Technology Transfer Center (ATTC). Activities that have occurred between September and December 2005 include the following:

- The ATTC National Office sponsored four call-in education sessions to provide support and concrete education to professionals responding to behavioral health needs of Hurricane Katrina survivors. Topics included were: Acute Traumatic Stress Management (September 13-15) and Coping with Suicide (September 22-23). Over 1,000 people participated.

- ***ATTC Blending Packages.*** The ATTC regional centers have continued to move forward with development and dissemination of curricula and related products under the NIDA-SAMHSA Blending Initiative. The curriculum for SMART Treatment Planning was completed and approved by SAMHSA and NIDA. Focus groups were held at the November NIDA Clinical Trial Network Conference to elicit participants' comments on materials related to the PAMI blending package. The Bupenorphine Awareness Training curriculum has continued to be disseminated throughout the network, and the Bupenorphine Detoxification package has been completed and approved for delivery and distribution. The blending materials on Motivational Interviewing for Supervisors were completed, and ATTCs are awaiting approval from NIDA.

- In cooperation with the Co-occurring Center for Excellence (COCE), the Northwest Frontier ATTC developed the curriculum for a one-day training on co-occurring disorders, entitled *Evidence and Consensus-Based Practices for Co-occurring Disorders: Training of Trainers.*

Substance Abuse Prevention and Treatment (SAPT) Block Grant Activities.

HIV/AIDS. The SAPT Block Grant meeting for the HIV designated States was held November 3-4 in Bethesda, Maryland. Each of the designated states was invited to participate with an ultimate goal of learning strategies for utilizing some of their HIV set-aside funds for capacity building and purchase of Rapid HIV Testing kits. The Rapid HIV Testing coordinator and their respective Department of Health representatives from the following States and jurisdictions participated: AZ, CT, CA, DE, DC, FL, GA, IL, LA, MD, MA, MS, NV, NJ, NY, NC, PA, SC, TN, TX, VA, and USVI.

Confidentiality and Ethics Project. This project provided State-based training events, a national call-center, e-mail and telephonic consultations from September-December to drug treatment professionals in the following States: AK, AL, DE, DC, ID, IN, MI, NM, OR, UT and WA. Six on-site training events were conducted in Michigan (drug court professionals) and Oregon (treatment and drug court professionals). CSAT staff also delivered an ad hoc training event on the ethics requirements of Federal privacy statutes to public health professionals who attended the 2005 American Public Health Association Annual Meeting in Philadelphia, Pennsylvania.

The volume of call center-based TA requests continued its steady increase, as 62 TA episodes occurred with professionals in 11 States, averaging 6 episodes per State during the period. Call center inquiries have risen particularly on electronic security issues following the advent of national electronic data security standards in April 2005 under HIPAA, and the newly available security training resource manual for treatment professionals through the Agency.

State Systems Technical Assistance Project. This project provides a broad range of TA to States in reference to the SAPT Block Grant program and works with the Single State Agency (SSA) directors to develop and implement comprehensive State plans for improving substance abuse treatment delivery systems. Activities that have occurred between September and December include the following:

- Provided TA to two States in developing and delivering cultural competency training curricula, and developing an organizational cultural competence assessment tool;
- Aided three States in compiling a compendium of welfare-related resources to be made available to substance abuse treatment systems personnel;
- Conducted training in two States on best practices in providing substance abuse treatment for women; and
- Sponsored tri-State summit to address issues regarding workforce development.

State Health Care Reform Technical Assistance, and Knowledge Synthesis and Dissemination Project (HCR). The HCR project provides TA and support to State and local substance abuse authorities. Activities conducted from September-December include the following:

- Delivered TA to the Arizona SSA regarding the development of peer-support and peer-proved family-support services, including curriculum and training design, agency consultation, and staff training for providers;
- Submitted report on the effects of interagency restructuring and organizational placement of SSAs in 12 States;
- Provided TA to the Tennessee SSA regarding provider network development and other reforms of the State's substance abuse treatment system;
- Gave TA to the Washington SSA and the State Children's Administration on the development of a substance abuse treatment training curriculum for child welfare

social workers, as well as preparing a curriculum for child welfare workers regarding proper use of urinalysis results in case management;

- Initiated a report to assess the status of HIV services in substance abuse treatment systems in the States and Territories, including how HIV set-aside funds are being utilized, and what results are being accomplished through HIV Early Intervention Services, including counseling, testing, and treatment, and staff and program development;

State Systems Technical Review Project. Since August, SAPT Block Grant core reviews were conducted in the Virgin Islands (November 28-December 2), Washington (November 14-18), Delaware (October 24-28) and Georgia (December 12-16). Colorado's core review final report was submitted to CSAT on December 21. The following core reviews have been scheduled for 2006: Arkansas - March 13-17; Connecticut - February 6-10; Hawaii - May 22-26; Idaho - January 23-27; New Jersey - June 26-30; New York - June 5-16; and South Carolina - March 20-24.

SAPT Block Grant Evaluation Project. An Evaluation Advisory Workgroup (EAW) comprised of key stakeholders including SSA directors, State National Prevention Network members, local leaders, and evaluation experts was created to serve as advisors to the project over the next two years. The first EAW meeting was held in November 2005 and provided an opportunity for SAMHSA managers, program staff, and key stakeholders to discuss the goals of the evaluation and the draft evaluation framework.

Performance Management Technical Assistance Coordinating Center (PM TACC). Activities conducted from September-December, include:

- Conducted Readiness Interview Guide (RIG) site visits in AR, MN, OH, and PA. The cross-state RIG summary was updated to include all RIG site visits and FY 2006 SAPT Block Grant data for all States and jurisdictions;
- Provided TA for performance management to CA, CT, FL, MS, MT and WY;
- Drafted publications to assist States' performance management initiatives on integration of State agency databases with alcohol and drug services data and a literature review of performance management practices in the health sector, with a focus on the substance abuse services system;
- Conducted accreditation meetings with behavioral health accreditation organizations and providers to develop information products on performance management practices;
- Provided TA for ATR to CA, ID, LA, MO, NM and TN.

Rural and Frontier Initiatives. SAMHSA's Interdepartmental Rural Work Group hosted a meeting of experts November 9-10 to prepare a draft plan of action identifying short-term and longer-term action agenda for SAMHSA's rural and frontier activities. Representatives from HHS's Office of Rural Health Policy, USDA, Federal Transit Administration (FTA),

Indian Health Services (IHS), National Institute of Mental Health (NIMH), Health Resources and Services Administration (HRSA), Office of Minority Health (OMH), the Western Interstate Commission for Higher Education (WICHE), the Institute of Rural Health, and Community Outreach attended the meeting. A larger meeting with the representatives from the field-at-large is planned for January 23-25, 2006.

Web Block Grant Application System (Web-BGAS). The Web-BGAS project conducted the following activities September-December:

- Helpdesk support of application deadline processing for FY 2006 BG application;
- Development of requested improvements and modifications to the Web Report Generator (WebREPGEN) 2006;
- Training and support of CSAT/CSAP project officers for use of WebREPGEN 2006;
- Implementation of CMHS WebBGAS 2006 (Parts C and D);
- Delivery of 24 ad hoc reports to SAPT Block Grant program managers;
- Hurricane Katrina relief support via SAPT Block Grant sub-recipient address data; and
- Processing of approved revisions to historical data

Drug Addiction Treatment Act of 2000 (DATA) Physician Waivers. As of January 20, 2006, SAMHSA has certified almost 7,000 physicians and almost 4,000 of these physicians are listed on the Buprenorphine Physician Locator System. On January 11, CSAT issued a Dear Colleague Letter to physicians encouraging them to consent to listing on the Locator. This action was taken in anticipation of an increase in patients seeking office-based opioid treatment following a widespread direct-to-consumer media advertisement initiative initiated by the Buprenorphine manufacturer.

Opioid Treatment Program Certification. Currently, there are 1,152 certified programs in the United States. CSAT recently issued program guidance memoranda to OTPs that address issues relating to disaster management and holiday program closures. These guidance memoranda reflect issues identified during on site inspections and in accreditation reports.

Opioid Treatment Regional Technical Assistance. After successfully completing well-attended workshops on "Managing Individual and Program Liability Risk," on September 12-13 in Warwick, Rhode Island, and September 26-27 in St. Louis, DPT is planning for the final workshop for the western United States on March 27-28 in Los Angeles, CA.

Opioid Treatment Data Systems for Disaster Planning Project: Phase II, the Pilot. A contract for the second phase of this regional pilot to test the feasibility of a limited, internet-based electronic records system for OTPs to use in the event of emergencies was awarded to Z-Tech, a small disadvantaged business concern, in September 2005. The first meeting of a project working group is planned for late February in the Washington, D.C., area. The first meeting of the full steering committee is tentatively scheduled to coincide with the American Association for the Treatment of Opioid Dependence (AATOD) conference that will be held in Atlanta in

late April. Z-tech is working hard to develop a preliminary prototype and exhibit for use at the conference.

Physician Clinical Support System (PCSS). SAMHSA in collaboration with the American Society of Addiction Medicine (ASAM) and other specialty addiction medicine, psychiatric, pain and general medicine societies, created the PCSS to assist physicians in the appropriate use of buprenorphine, and to promote improved patient care, research and education. The PCSS supports addiction medicine specialists, primary care physicians, pain specialists, psychiatrists and other non-addiction medical practitioners, and is designed to significantly increase access to buprenorphine treatment among the millions of untreated opioid dependent patients. It offers support on patient selection; induction; dosing and patient monitoring; and treatment of polysubstance dependence or co-occurring conditions.

The PCSS is a national network of 45 trained physician mentors with expertise in buprenorphine treatment and skilled in clinical education. The network is supported by the PCSS Medical Director and five physicians who are national experts in the use of buprenorphine. The physicians within the network provide services via telephone, email, and/or at the place of clinical practice thereby allowing others to observe them providing office-based treatment with buprenorphine. Over 20 PCSS Buprenorphine Workshops are being planned at State Medical Society meetings in 2006 along with placement of PCSS articles in over 50 organizations to increase understanding and participation in the system. For further details, please visit the PCSS website at http://www.asam.org/conf/BupMentoring/PCSS.htm.

Study of the Impact of the Buprenorphine Waiver Program. The final study has been completed and a report is being prepared for HHS Secretary Mike Leavitt on whether treatments provided under the waiver program were effective; whether the waiver program has significantly increased the availability of maintenance treatment and detoxification treatment; and whether such waivers have had adverse consequences for public health.

Impact of Opioid Treatment Program Accreditation Evaluation. Data collection has been completed and the analysis phase of the project continues. The final report is slated to be completed by early summer.

CSAT's Treatment Improvement Protocols (TIPs). TIP 43 – "Medication-Assisted Treatment in Opioid Addiction in Opioid Treatment Programs (OTPs)" was released on October 25. TIP 43 is targeted to treatment providers and administrators in OTPs and provides updated information on effective treatment practices and care. The TIP also emphasizes the importance of support services such as counseling, mental health, and related medical services, as well as vocational rehabilitation.

TIP 44 – "Substance Abuse Treatment for Adults in the Criminal Justice System" was also released in the fall. TIP 44 revises several older TIPs, including - TIP 7 - "Screening and Assessment for Alcohol and Other Drug Abuse Among Adults in the Criminal Justice System";

TIP 12 - "Combining Substance Abuse Treatment With Intermediate Sanctions for Adults in the Criminal Justice System"; and, TIP 17 - "Planning for Alcohol and Other Drug Abuse Treatment for Adults in the Criminal Justice System." The revised TIP provides current clinical evidence-based guidelines, tools, and resources necessary to help substance abuse counselors treat clients involved with the criminal justice system.

Knowledge Application Program (KAP). KAP is CSAT's initiative to coordinate the Center's knowledge application activities. Publications released September-December include the following:

- *Substance Abuse Relapse Prevention for Older Adults*;
- *Brief Counseling for Marijuana Dependence: A manual for treating adults*;
- *Faces of Change: Do I have a problem with alcohol or drugs?;*
- *Acamprosate: A New Medication for Alcohol Use Disorders;*
- *Substance Abuse Relapse Prevention for Older Adults: A Group Treatment Approach.* This publication presents a relapse-prevention approach that uses the cognitive-behavioral and self-management intervention in a counselor-led group treatment setting to help older adults overcome substance use disorders; and
- *Patients with Co-Occurring Substance Use and Mental Disorders in the Primary Care Setting.* This fact sheet will provide health and human services professionals who do not work directly in the treatment and prevention fields – but whose work and policies are affected by issues related to mental health and the treatment for alcohol and drug use disorders – information on identifying patients with co-occurring disorders and appropriate treatment for these patients.

CSAT Hispanic Stakeholders. As a follow-up to the initial CSAT Hispanic Stakeholders meeting held in May 2005, the CSAT Hispanic Workgroup convened another meeting during the Latino Behavioral Health Institute in September 2005. CSAT staff plan to attend the Latino Behavioral Health Institute's planning committee meeting January 18, 2006, to assist in the planning and organization of this year's National meeting.

Co-Occurring Disorders

SAMHSA's Action Plan Long Term Goals: Increase the percent of persons with or at risk for co-occurring disorders who receive prevention and appropriate treatment services that address both disorders. Increase the percentage of persons who experience reduced impairment from their co-occurring disorders following appropriate treatment.

Joint Task Force on Co-Occurring Substance Use and Mental Disorders. This collaboration between CSAT, CMHS, NASADAD and the National Association of State Mental Health Program Directors (NAMHSPD) held its 5th meeting January 9-10. The Task Force identified important lessons from existing co-occurring initiatives (e.g., COSIG, COCE, and Policy Academies) and began to incorporate them into strategic planning. State Directors identified key issues of current and future concern, and developed a strategic plan for working with SAMHSA to strengthen co-occurring service systems in future years. CSAT Director H. Westley Clark and CMHS Director Kathryn Power delivered opening comments at the meeting and participated in discussions with participants on the status, impact, and future of federal and state co-occurring initiatives.

Co-Occurring State Infrastructure Grant program (COSIG). The Co-Occurring and Homeless Activities Branch has primary responsibility for implementing a national evaluation of the COSIG program. In September 2005, SAMHSA awarded a contract to Advocates for Human Potential to conduct the evaluation. Goals are to determine:

- To what extent were SAMHSA's goals and objectives for the COSIG program met;
- What are the strengths and weaknesses of the "state infrastructure grant" approach to helping States improve their system of services for specific populations;
- What lessons were learned that may be of use to other states; and
- How can SAMHSA structure and support similar future programs?

Co-occurring Policy Academy. The third co-occurring policy academy was held in Philadelphia, PA, September 13-15. The academy was supported by the Office of the Administrator and the three Centers and assisted States in developing State action plans to enhance systems and services for individuals with a co-occurring substance abuse and mental disorder. The nine States that participated in the academy include: Pennsylvania, New York, Delaware, Rhode Island, Kansas, Maryland, Indiana, Arkansas, and Montana. SAMHSA's Co-occurring Center for Excellence (COCE) is the primary TA resource for the academy, both on-site, and for post-academy follow-up.

Homelessness

SAMHSA's Action Plan Long Term Goal: Increase percentage of homeless individuals with substance abuse and/or mental illness who become enrolled in services and report having permanent housing.

Treatment for Homeless Grantee Technical Assistance Workshop. This workshop was held January 23-26 in Baltimore, MD. About 300 people, the majority grantees, attended this informative meeting. Topics included: cost of providing treatment and housing to individuals who are homeless with co-occurring disorders; reentry strategies; behavioral health needs of veterans; peer support and recovery; strength-based case management; understanding Medicaid; social security disability; trauma-informed services; motivational interviewing; building and maintaining collaborative partnerships; strengthening the workforce; preparing a behavioral health response to disasters; increasing service access for culturally diverse populations; evaluation of GPRA; and lessons learned from grantees. The Treatment for Homeless grant program, also known as 'Grants for the Benefit of Homeless Individuals,' is a joint project of CSAT and CMHS, and currently has 88 active grantees, serving approximately 10,000 persons annually. At the end of 2005, 159% more service recipients had a permanent place to live in the community after 6 months of services than at entry to services.

Children and Families

SAMHSA's Action Plan Long Term Goals: Increase capacity of States and communities to provide an integrated continuum of services and supports for children and their families. Increase number of children who receive quality mental health and substance abuse services and support from community-based providers who achieve positive outcomes.

Recovery Summit. In September, the adolescent team participated in the development and implementation of focus groups comprised of youth in recovery. The focus groups focused on issues pertinent to the Recovery Framework. Results of the youth focus groups were presented at the Recovery Summit and will be incorporated in the ongoing development of the Recovery Framework.

Adolescent Substance Abuse Treatment. Sixteen States that were awarded grants met in Baltimore, MD, to share successes and challenges they have had to date. They are currently finishing a comprehensive self-assessment for their States to help guide their work. Consultants have been recruited to form ongoing site visit teams to assist the projects, identify needs, and to give TA to States during the course of the grant.

Second Annual Joint Meeting on Adolescent Treatment Effectiveness. The meeting will be held from March 27-29 in Baltimore, MD. Joining CSAT this year to co-sponsor this meeting are the National Institute on Drug Abuse (NIDA), the National Institute on Alcohol Abuse and Alcoholism (NIAAA), RWJF, the Society for Adolescent Substance Abuse Treatment Effectiveness, and the Greater Cincinnati Health Foundation. Submissions for presentations have been received and are under peer review. Over 700 participants are expected to attend this year's meeting that brings together researchers and practitioners to share their learning and discuss the potential for collaboration.

Award from Office of Juvenile Justice and Delinquency Prevention (OJJDP). SAMHSA was awarded $100,000 from OJJDP through an inter-agency agreement to develop better strategies for coordination of services for adolescents with substance abuse and mental health needs who are involved in the juvenile justice system. This award goes through December 2006.

Juvenile Justice Policy Academy. CSAT in collaboration with CMHS developed and held the juvenile justice policy academy this past September. Our collaboration with CMHS helped to ensure a greater focus on co-occurring disorders and youth with substance use disorders.

Treating Teens in the Juvenile Justice System. The adolescent team in conjunction with Drug Strategies, Inc., and other partners helped to develop the *Treating Teens in the Juvenile Justice System* document. The document will be use by the juvenile justice system to help identify treatment for youth with substance use disorders.

Collaboration with the Robert Wood Johnson Foundation's Reclaiming Futures Initiative. Members of the adolescent team joined the Reclaiming Futures staff in Boston to assist their grantees in understanding and implementing best practices for youth with substance use disorders.

HIV/AIDS and Hepatitis

SAMHSA's Action Plan Long Term Goal: Increased access to prevention and treatment services for individuals with or at risk for HIV/AIDS and Hepatitis due to substance abuse and mental health disorders, with a particular emphasis on reaching minority populations disproportionately affected by the HIV/AIDS epidemic.

Annual Grantee Evaluation Meeting, TCE/HIV and HIV Outreach. This meeting was held September 7-8 in Washington, D.C. The meeting addressed concepts, issues and skills that are pertinent to successful program evaluation and program outcomes. Plenary and workshop topics included the role of the evaluator in grantees' TCE/HIV and HIV outreach grants; strategies for the use of an array of evaluation tools, methods and models to strengthen local evaluations; and substance abuse and HIV related research results. Each project was encouraged to have its project director and project evaluator in attendance. As a result, a total of 235 grantee participants from 40 HIV Outreach projects and 88 TCE/HIV projects attended the meeting.

HIV/AIDS Technical Assistance and Logistic Support Project. The following activities were conducted from September – December:

- Ten pre-training planning events;
- Two-day training workshops in FL, MI, and WVA; and
- Training and TA services to support States involved in collecting data on counseling, testing and reporting of Rapid HIV Testing in NY, SC, and the District of Columbia.

Rapid HIV Testing Initiative (RHTI). The SAPT Block Grant meeting for the HIV designated States was held November 3-4 in Bethesda, Maryland. The Rapid HIV Testing Coordinator and their respective Department of Health representatives from the States of AZ, CT, CA, DE, DC, FL, GA, IL, LA, MD, MA, MS, NV, NJ, NY, NC, PA, SC, TN, TX, VA, and US VI were present at the meeting.

Since August, 112,450 test kits and 1,056 Controls have been distributed, with 26 States participating in the initiative to date. Since the program's inception, 138,850 test kits and 1,652 controls have been distributed. In addition, since October, three additional trainings of 70 providers has taken place, bringing the total 2005 training events to nine, and the number of persons trained to 290. Six additional trainings are scheduled through March 2006.

Hepatitis A and B Pilot Vaccination Program. A contract to purchase and distribute 43,950 doses of TWINRIX (combined hepatitis A and B vaccine) for $2 million was completed at the end of Fiscal Year 2005 and first doses have been shipped. This will permit immunization of at least 14,650 patients against Hepatitis B virus (HBV) and Hepatitis A virus (HAV) infections who are either abusing or dependent on alcohol or other drugs (particularly by injection) or have a mental disorder and are infected with HIV or Hepatitis C or both. The evaluation over the next 30 months will determine if substance abuse prevention, treatment and mental health settings are effective in reaching this population. Eligible entities include Opioid Treatment Programs,

physicians with SAMHSA DATA waivers, and SAMHSA's current grantees under the Minority AIDS Initiative. As of January 2006, 18 programs have signed letters of agreement to vaccinate approximately 6,137 patients in 2006. CSAT expects participating treatment providers to have made commitments by the end of February to employ all 43,950 doses of vaccine available through this project.

Criminal Justice

SAMHSA's Action Plan Long Term Goals: To increase access to quality, evidence-based substance abuse and mental health prevention, early intervention, clinical treatment, and recovery support services for adults and juveniles in contact with or involved with the justice system.

CSAT conducted the following activities between September-December:

- YORP and TCE Earmarks Grantee Orientation Conference Call , September 19-20
- Rural Methamphetamine Grantee Orientation Web cast, November 29-30
- Treatment Drug Court Grantee Orientation Web cast, December 7-8

Appendix A

CSAT FY 2006 Funding Opportunities

Title of Funding Opportunity	Funding Anticipated & Est. No. of Awards
Screening, Brief Intervention, Referral and Treatment (SBIRT)	$5.5M 2 awards
Pregnant and Postpartum Women	$3.7M 8 awards
State Infrastructure Grants for the Treatment of Persons with Co-Occurring Substance and Mental Disorders (COSIG)	$2.1M 2 awards
Strengthening Access and Retention (STAR)	$2.2M 7 awards
Recovery Community Services Program (RCSP)	$2.5M 7 awards
Family Therapy Models	$5.2M 17 awards
Treatment for Homeless/Grants to Benefit Homeless Individuals (GBHI)	$9.7M 25 awards
Targeted Capacity Expansion Program for Substance Abuse Treatment and HIV/AIDS Services (TCE/HIV)	$5.3M 10-12 awards
SAMHSA Conference Grants	$74,000 2 awards