

Director's Report to the
Center for Substance Abuse Treatment's
National Advisory Council
[September through December 2004]

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TABLE OF CONTENTS

Significant Legislation	3
Director's Highlights	5
Highlights of CSAT Activities by SAMHSA Matrix Area	9
Substance Abuse Treatment Capacity	9
Co-Occurring Disorders.....	21
Homelessness.....	23
Criminal Justice	24
Children and Families.....	25
HIV/AIDS and Hepatitis.....	26
Disaster Readiness and Response.....	27
Appendix A.....	28
CSAT's FY 2005 FUNDING ANNOUNCEMENTS	28
Appendix B.....	29
FY 2004 CSAT GRANT AWARDS	29
Appendix C.....	36
CSAT FY 2005 BLOCK GRANT ALLOTMENTS	

Significant Legislation

Status of FY 2004 Budget. Execution of the FY 2004 budget was completed on September 30, 2004. CSAT successfully obligated 99.99% of available FY 2004 funding. A total of 116 new Targeted Capacity Expansion (TCE) grants were awarded in FY 2004, distributed across seven separate treatment services programs, including 15 awards totaling \$99.4 million in the new *Access to Recovery* voucher program. In addition, CSAT awarded 24 TCE grants based on Congressional Earmarks in the CSAT appropriation, and supported eight applicants requesting funding from the CSAT’s Conference Grant program.

Status of FY 2005 Budget. The FY 2005 SAMHSA/CSAT budget was enacted as part of an omnibus spending bill, H.R. 4818, or the “*Consolidated Appropriations Act, 2005.*” President Bush signed the bill on December 8, 2004, to become Public Law 108-447. Among the key provisions in the enacted budget were: \$100 million for the *Access to Recovery* program (continuation funding); \$10 million for the *Pregnant, Postpartum and Residential Women and Children* program (continuation funding); and the statement that “the total...includes funding at no less than the fiscal year 2004 level for activities throughout SAMHSA that are targeted to address the growing HIV/AIDS epidemic...” In FY 2004, CSAT’s HIV/AIDS funding totaled \$61.9 million. In addition, included in the enacted budget for CSAT were 28 Congressional Earmarks for a total of \$8.2 million. The table that follows compares the FY 2005 enacted budget to the President’s Request.

FY 2005 Budget
(dollars in millions)

Budget Line	FY 2004 Actual	FY 2005 President’s Budget	FY 2005 Enacted *	Inc / Dec 05 Enacted vs 05 PB	Inc / Dec 05 Enacted vs 04 Actual
Programs of Regional and National Significance	\$419.2	\$517.0	\$422.4	- \$94.6	+\$3.2
SAPT Block Grant	\$1,779.1	\$1,832.2	\$1,775.6	- \$56.6	- \$3.5
Total CSAT	\$2,198.3	\$2,349.2	\$2,198.0	- \$151.2	- \$0.3

* Reflects funding after application of an “across-the-board” 0.8 percent appropriation rescission and an HHS administrative reduction (total for CSAT was minus \$3.6 million).

Status of FY 2006 Budget. SAMHSA’s FY 2006 Justification of Estimates for Appropriations Committees, in support of the FY 2006 President’s Budget, is scheduled to be submitted to the Congress in early February.

Prescription Drug Monitoring Programs (PDMPs). The Harold Rogers Prescription Drug Monitoring Program, administered by the Department of Justice (DOJ), awards grants to States

to allow for the early detection of substance abuse trends and possible sources of diversion. The analysis of PDMP data also allows for the identification of outmoded prescribing practices, which may result in the development of educational programs for medical professionals. At least three State substance abuse agencies administer such grants. In FY 2005, DOJ is planning to award \$10 million in grants to States.

Legislation was introduced in the 108th Congress to amend the Public Health Service Act to provide the authority to award grants to States to develop or enhance PDMPs. This legislation would transfer the authority from the Attorney General to the Secretary of the Department of Health and Human Services. The House Bill, H.R. 3015, passed on October 5, 2004; the Senate Bill, S. 3013, was introduced late in the session and was not voted upon. Similar legislation is expected to be re-introduced in the 109th Congress.

DATA Group Practice Limit. Legislation was introduced in the 108th Congress that would eliminate the provision under the Drug Addiction Treatment Act of 2000 (DATA) that limits group practices (small physician-based groups and large statewide groups) to treating no more than 30 patients. The Senate passed S. 2976 on October 11, 2004, and the legislation was referred to the House of Representatives on November 16, 2004. The House adjourned without acting on the bill. It is expected that legislation will be re-introduced during the 109th Congress.

Director's Highlights

Activities and Initiatives

FY 2005 Funding Opportunities. Four of CSAT's five new FY 2005 funding opportunities have been announced and a listing that includes program names, anticipated funding levels and receipt dates for applications is included in Appendix A. We anticipate announcing the fifth funding opportunity, Family and Juvenile Treatment Drug Courts, within the next few weeks.

CSAT plans to make awards under its Young Offender Re-Entry Program (YORP) and Treatment for Homeless programs in FY 2005. Because there were insufficient funds available in FY 2004 to fund many of the high quality applications received, CSAT plans to fund approximately 10 additional YORP applications and approximately 30 additional Homeless applications that were received in FY 2004 and reviewed by the Council at its September 2004 and January 2005 meetings.

FY 2004 Grant Awards. A listing of the remaining CSAT FY 2004 grant awards made subsequent to the September 2004 Council meeting is included in Appendix B. A listing of all SAMHSA FY 2004 grant awards is available on the SAMHSA Web site at www.samhsa.gov.

Change in the Announcement of Funding Opportunities. SAMHSA funding opportunities will no longer be announced in the *Federal Register*. This change, effective January 3, 2005, was published as a SAMHSA Advisory and a *Federal Register* notice. SAMHSA will continue to publish funding opportunities on its Web site at www.samhsa.gov and at the Federal grants Web site www.grants.gov. CSAT is undertaking a variety of outreach efforts to notify potential applicants of this new procedure.

Electronic Submission of Grant Applications. SAMHSA is now offering grant applicants the opportunity to submit their applications in either electronic or paper format. Electronic submission is voluntary; no review points will be added or deducted, regardless of whether applicants use the electronic or paper format. Applicants submitting electronic grant applications must use the Federal grant Web site www.grants.gov for guidance and technical assistance.

In-Service. In November, CSAT conducted a Substance Abuse Treatment Capacity Matrix In-Service at the new SAMHSA Building. The in-service was designed to educate SAMHSA staff on this Matrix program priority. The program started with opening remarks by Mr. Curie, SAMHSA Administrator. The format of the in-service consisted of a video presentation on the Substance Abuse Treatment Capacity. Dr. Clark gave introductory remarks about the program area, followed by panel discussion. Discussants included: Imani Walker from the Rebecca Project; Dr. Peter Luongo, Director, Alcohol and Drug Abuse Administration, State of Maryland; Robert Johnson, Sr. Deputy Director for Substance Abuse Services, District of Columbia; General Arthur Dean of the Community Anti-Drug Coalitions of America; and Carol

McDaid of Capitol Decisions.

Programs in Brief. *Programs in Brief*, a compilation of all active SAMHSA grant and cooperative agreement programs, is available at www.samhsa.gov.

e-Therapy, Telehealth, Telepsychiatry and Beyond Conference. On December 9 -10, 2004, CSAT held a conference for Federal staff on e-Therapy, focusing on the latest technology and programs that address these new technologies in the fields of substance abuse treatment, prevention and mental health. Coordinated by Dr. Sheila Harmison, Special Assistant to the Director, 32 researchers and service providers from across the Nation and from Canada spoke on a wide range of innovative programs. The conference introduced various types of approaches to information technology, including e-mail text messaging, web sites, Palm Pilot behavioral programs, and video teleconferencing. The most current research was presented by leading experts in the field with demonstrations provided by practitioner organizations implementing this new technology.

Recovery Month. CSAT Senior Staff has completed content clearance of the 2005 Recovery Month Kit. In addition, the Drug Enforcement Administration (DEA) has cleared the 2005 kit and the Office of Drug Control Policy (ONDCP) is currently reviewing the content. All changes are currently being incorporated and will be forwarded to Dr. Clark for final signature and to SAMHSA's Office of Communications (OC) for final content review. The kit is scheduled to be printed in February 2005, pending approval. Concept clearance was completed in July 2004.

Public Service Announcements (PSAs). Production for television is scheduled for the first week in February in California. Rough cuts of the television PSAs will be presented to the SAMHSA OC for clearance prior to final production. Concept clearance was completed in July 2004.

Faith-and Community-Based Initiative. *The National Review of State Alcohol and Drug Treatment Programs and Certification Standards for Substance Abuse Counselors and Prevention Professionals* publication was released. This document contains a national overview of state-by- state information on licensing, certification and credentialing standards for alcohol and drug treatment facilities, programs, counselors and prevention professionals. The publication was developed in conjunction with NASADAD and the Northrop Grumman, IT.

The publication, *Successful Strategies for Recruiting, Training, and Utilizing Volunteers* will be released in February 2005. Both publications can be accessed from the SAMHSA Web site and the National Clearinghouse for Alcohol and Drug Information in February 2005.

2004 Competitive Sourcing Review. On Monday, December 12, 2004, SAMHSA implemented the results of a 2004 competitive sourcing review of its clerical support positions by implementing a "most efficient [federal] organization," or MEO. The review, which was conducted during the spring and summer of 2004, compared the cost to the government of

outsourcing certain clerical and administrative functions to a private contractor against the cost of maintaining a streamlined federal staff complement. The SAMHSA MEO staff won the competition by scaling back staffing to 25 FTEs, including four vacancies, and by improving organizational efficiency through streamlined business practices such as preparing travel requests on a centralized basis. This change is the third one implemented by the Agency under the Administration's competitive sourcing initiative, the first two involving the outsourcing of grant review and information technology support.

Seven CSAT employees were transferred to the newly established Unit for Staff Support of SAMHSA's Office of Program Services. Despite this organizational transfer, most of them will continue to provide services directly to CSAT, and several will continue to be co-located with CSAT staff. Their responsibilities will change somewhat under the MEO arrangement, and their servicing areas will expand slightly.

New Staff. Subsequent to the retirement of several staff, we were pleased to recruit several exceptionally well-qualified new staff.

Tom Stegbauer joined Division of Services Improvement, as the Team Leader for the primary care and financing team. Tom has broad experience in the development and organization of health delivery systems, along with experience in the area of substance abuse treatment, mental health services and services for the developmentally disabled. Most recently, he served as Vice-President of the Division of Behavior Health Services at Bergen Regional Medical Center in Paramus, New Jersey. His previous experience includes work at Greater Southeast Community Hospital in Washington, DC, where he developed both psychiatric and chemical dependency programs and tested programs to serve indigent, uninsured persons; work at the Centers for Medicare and Medicaid in a demonstration program; and auditing and financing work.

Juli Harkins joined the Division of Services Improvement as a project officer for the Screening, Brief Interventions, and Referral to Treatment (SBIRT) program and to assist with the financing portfolio. Juli came to SAMHSA/CSAT from the Centers for Medicare and Medicaid where she managed a number of State Medicaid Waiver Programs in the Family and Children Health Programs Group. Previously, she held a position at the American Association of Health Plans. Given that one of the major goals of SBIRT is to effect system change in regards to the relationship between regular medical care and substance abuse treatment specialty care, Juli's broad experience in health care programming and financing is of significant assistance to the primary care and financing team.

Marsha Baker joined the Division of Services Improvement in September 2004. Ms. Baker worked previously with the Department of the Army in Vicenza, Italy, in the field of substance abuse treatment and prevention. She has worked as a clinician and educator in the field of substance abuse and mental health. Ms. Baker also has over 10 years of experience in the area of employee assistance programs with both public and private agencies.

Carol E. Abnathy joined the Division of Services Improvement in October 2004, after working more than 15 years for the Department of Defense. Ms. Abnathy holds BA and MSW degrees from Howard University, Washington, DC, and an MPH from the University of Pittsburgh. Licensed as a clinical social worker, she has advanced certification as a clinical case manager and more than 15 years experience as a manager and clinician in the substance abuse and mental health fields. Ms. Abnathy has extensive experience working with maternal and child health populations.

Stephen Carrington joined the Division of Services Improvement in April 2004. Mr. Carrington has over 20 years of experience as a clinician and compliance officer for organizations providing health and support services to high-risk populations. He has a Masters degree in applied medical sociology from the University of Maryland, Baltimore County, where the focus of his training was in social factors of disease/illness and the protection and promotion of public and community health through community organized efforts. He has also worked for NIH/NCI as a Program Analyst in the Minority Health and Health Disparities branch.

George Samayoa joined the Division of Services Improvement in June 2004. Dr. Samayoa received his BS in Biology from the University of California and his MD from the University of San Carlo Medical School. His experience includes international health work in developing countries, providing treatment services in mental health and sexually transmitted diseases to homeless persons at the Commission on Mental Health, Washington, DC and developing mental health and substance abuse program evaluation protocols for the Public Defender Service.

Linda Fulton joined the Division of Services Improvement in June 2004. Dr. Fulton has made numerous contributions to the fields of substance abuse and mental health through her twenty-year professional career that included both managerial and clinical roles in community-based treatment centers. Prior to joining SAMHSA, she served as Executive Director of a community-based nonprofit organization in Southeast Missouri. She received a doctor of philosophy degree from Southern Illinois University and a MA degree from Southeast Missouri State University.

Sarah Crowley joined the Division of Pharmacological Therapies in March 2004. Ms. Crowley graduated from Virginia Tech magna cum laude with a degree in English and Sociology. Prior to her employment, Ms. Crowley served as a Hispanic Americans Colleges and Universities (HACU) intern with CSAT.

Michael Yesenko joined the Division of Community and State Assistance in June 2004. He received his BA in Biology & Psychology from Concordia College, Moorhead, Minnesota and Masters of Divinity from Vanderbilt University, in Nashville, Tennessee. He has 12 years of experience in the fields of substance abuse, clinical, administrative, and grant writing.

Rick Dulin joined the Division of Community and State Assistance in June 2004. Mr. Dulin came from the Florida Department of Health where he was the Director of HIV Counseling and Testing services for the state. He also worked for the Jefferson County Health Department in

Louisville, Kentucky, as a Health Education Specialist with responsibilities for developing HIV prevention programs for injection drug users and other high-risk populations.

Rasheda Stephenson joined the Division of Community and State Assistance in June 2004. She has a Bachelor of Science degree in Biology/Pre-Medicine from Morgan State University and a Master of Science degree in Public Health from Central Michigan University. She is currently pursuing a Doctorate of Public Health from Walden University. Ms. Stephenson has over eight years of service in the Department of Health and Human Services including, the Administration for Children and Families (ACF) and the National Cancer Institute (NCI), National Institutes of Health (NIH). She also has prior experience as an Emergency Medical Technician (EMT) and phlebotomist in the emergency/major trauma rooms at the District of Columbia General Hospital.

Myrna “Ques” Zelaya-Quesada joined the Office of the Director September 2004. She brings with her 15 years of experience in communications. Ques is tri-lingual, speaking also Spanish and French. A graduate of the George Washington University and the Johns Hopkins University, she holds a bachelor in Evolutionary Biology and French Language and Literature and a double Masters in Science/Medical and Non-fiction Writing. Prior to joining SAMHSA, she wrote books and journal articles for the Office of the Director, National Institute of Allergy and Infectious Diseases, at NIH, and she reported on international corporate law and finances for the Bureau of National Affairs in Washington, DC.

Judy Bowie joined the Office of the Director as the Staff Assistant to the Deputy Director in January 2005. Ms. Bowie received her BA in Social Work from Bowie State University, Maryland. Prior to joining the Office, Ms. Bowie worked for the National Oceanic Atmospheric Administration for the Directors in the Office of Protected Resources.

Nakia Logan joined the Office of the Director as the receptionist for the Office in January 2005. Ms. Logan has a BS in Human Resource Management from the University of Maryland University College. Prior to joining the Office, Ms. Logan worked for the Office of Commissioned Corps Operations.

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.

Opioid Treatment Program Certification. From September 1 through December 31, 2004, SAMHSA provisionally certified 12 Opioid Treatment Programs (OTPs) and has received applications for certification from 21 providers. There are 1,116 OTPs with an active SAMHSA certification.

CSAT will begin a series of regional technical assistance workshops in 2005 to reinforce SAMHSA's regulatory role vis-à-vis OTPs and to expose clinical and administrative staff to best practices in the field of medication assisted therapy. The sessions will build on findings from accreditation surveys, relevant CSAT Treatment Improvement Protocols (TIPs), quality improvement activities and research findings.

Drug Addiction Treatment Act of 2000 (DATA) Physician Waivers. As of December 20, 2004, SAMHSA had received approximately 4,688 waiver notifications, and 4,021 physicians have been granted a waiver. There are 2,561 physicians with a DATA 2000 waiver listed on the Buprenorphine Physician Locator System.

Data from the Drug Enforcement Administration's (DEA) Automation of Reports and Consolidated Orders System (ARCOS) shows a steady increase in Subutex and Suboxone distribution, and it is projected that the quantity distributed in 2004 will double the quantity distributed in 2003. The DEA data are consistent with other data sources that indicate the number of prescriptions issued increases every month.

In early January 2005, a survey instrument was sent to over 1800 physicians who have obtained a DATA waiver. This will be the third and final survey conducted as part of the 3-year evaluation of the DATA Waiver Program. The first, limited to addiction specialists, was completed in fall 2003. Data collection from the second, a national study of patients receiving buprenorphine treatment, is near completion with analysis to commence soon.

CSAT staff are planning to conduct four community educational sessions in 2005 to continue the New Paths To Recovery effort initiated in 2003 following the marketing of buprenorphine products. Three of the four communities will be in the Appalachian region of the United States which has been widely affected by reports of increased misuse of prescription opioids. The goal of the effort is to increase awareness in the medical and addiction treatment community about treatment options for opioid dependence treatment and specifically buprenorphine.

Medication Assisted Treatment Consumer Products. SAMHSA's Consumer Affairs Unit continues to develop medication-assisted treatment (MAT) information products and initiatives.

Publications include:

- Three brochures to help reduce the stigma associated with methadone and other therapies among members of the target audiences were published and are currently being distributed to: 1) law enforcement and criminal justice professionals; 2) health care providers; and 3) community organizations and civic leaders.
- The MAT Community Education Kit and files are being packaged and sent to NCADI to assist with coding for the web.
- DHHS has provided conceptual approval for the development of two additional proposed publications in connection with the Patient Support and Community Education Project (PSCEP).
- Copies of final publication, *Know Your Rights*, have been received from the printer and are being processed for dissemination to familiarize individuals in recovery with their rights and responsibilities under Federal law. Areas of Federal law covered in the publication include consumer rights as they pertain to employment, public services and benefits, public accommodations, housing, and related areas. Copies of the brochure were made available at training sessions held on December 9 in Harrisburg, Pennsylvania and December 14 in New York City.

Buprenorphine Information Dissemination and Outreach Project Task. This project is intended to acquaint physicians and addiction treatment providers with the medication buprenorphine and its availability to treat opiate abuse. Host cities for the 2005 forums planned include St. Louis, Missouri, Jackson, Mississippi, Charleston, West Virginia, and Lexington, Kentucky. The forums will particularly emphasize outreach to physicians who practice in rural and hard-to-reach areas where the need for treatment of opiate misuse is well established.

Access to Recovery (ATR). The convergence of numerous forces demanding increased cost-effectiveness, accountability, and results has created an opportune time to work toward transforming the behavioral health delivery systems for adults and children with substance use and mental disorders. On March 4, 2004, SAMHSA announced the Access to Recovery (ATR) initiative: \$100 million in grants to 14 states and one tribal organization supporting the design and implementation of community-based service delivery systems in which a voucher is the method of payment. The voucher approach represents a significant change from the way substance abuse services are typically delivered. Vouchers assure client choice from an expanded array of service providers, thereby fostering healthy competition that is expected to result in more efficient use of public resources and improved results. ATR requires the integration of evidence-based practices, systematic Federal scrutiny of outcomes through the Government Performance and Results Act (GPRA), and the provision of incentives for high-performing providers. ATR is based on the knowledge that there are many pathways to recovery from addiction. ATR ensures the availability of a full range of treatment options and other recovery support services, including those that are faith-based. Three-year grants were awarded to California, Connecticut, Florida, Idaho, Illinois, Louisiana, Missouri, New Jersey, New Mexico, Tennessee, Texas, Washington, Wisconsin, Wyoming, and the California Rural Indian Health Board. The first grantee to implement its voucher program is the State of Wisconsin. On December 13, 2004, Wisconsin began enrolling Access to Recovery clients. Multiple grantees

will be implementing their voucher program between January and March 2005. More information about the Access to Recovery Initiative can be viewed at <http://www.atr.samhsa.gov>.

ATR Report to Congress. On December 10, 2004, the Department submitted SAMHSA's report to Congress on the ATR program. The report detailed the purpose of the voucher program, set forth the parameters of the request for applications (RFA) and grant application process, and provided information on the 15 grantees.

ATR TA. The CSAT-funded Performance Management Technical Assistance Coordinating Center (PM TACC) continues to facilitate and deliver ongoing technical assistance to the Access to Recovery (ATR) grant program State projects. Currently seven States are actively receiving TA on 11 separate implementation issues.

Screening, Brief Interventions and Referral to Treatment. The SBIRT grantees have served over 100,000 patients and are on target thus far. From our experience, we are learning a great deal about the integration of SBIRT into primary care. The opportunities for early identification and treatment are significant, but so are the challenges. A targeted meeting is planned for early February to serve as a forum to discuss the challenges and to facilitate learning from our experiences.

In the FY 2005 Targeted Capacity Expansion (TCE) Notice of Funding Availability (NOFA), a new category for applications targets underage drinking, soliciting applications for screening and brief intervention for substance use problems on college and university campuses. The College/University TCE applications are due on January 26, 2005. As an indication of interest, we have fielded over 70 calls from interested parties, including community colleges, large single institutions, small colleges, coalitions of institutions and faith-based organizations/institutions.

Addiction Technology Transfer Center (ATTC) Network. The following are recent highlights of notable events, publications and collaborations involving CSAT's ATTC Network:

- The Southern Coast ATTC designed and piloted the Leadership Institute Training that focuses on identifying, nurturing and training tomorrow's leaders in the addiction treatment field. The Institute is now offered nationally through a collaborative effort with SAMHSA/CSAT's Partners for Recovery program and the ATTC Network. The Northeast, Southern Coast, Mid-America, Southeast and Central East ATTC Regional Centers have launched the Leadership Institute Training since September. The remaining Regional Centers will hold their Institutes in 2005.
- The NIDA/SAMHSA-ATTC Blending Initiative has five teams working in the areas of the Addiction Severity Index (ASI), buprenorphine awareness, buprenorphine detox, motivational interviewing, and motivational incentives. Curriculum and resource materials developed by the buprenorphine awareness team have received final approval

from NIDA to release to the field. A training of trainers on the materials will be held January 25-27 in Kansas City. Materials designed by the ASI team are awaiting final approval.

- The ATTC National Office published (in collaboration with the Research Society on Alcoholism) the book *Alcoholism: The Science Made Easy*. This is a compilation of the most relevant articles from the journal, *Alcoholism: Clinical and Experimental Research*. The newly released volume highlights current findings in the field of alcoholism, and presents science-based information in a concise, easy-to-understand format. It is especially useful to educators, trainers and clinical supervisors to use in educational settings. This publication is free and available through the ATTC National Office.
- New curricula published include: the participants manual and the instructors guide for *Clinical Supervision* developed by the Northwest Frontier ATTC; *Co-occurring Substance Use and Mental Health Disorders in Adolescents* designed by the Northeast ATTC.
- Other publications released include: The Change Book, 2nd Edition, ATTC National Office; Substance Use Disorders and the Veteran Population, Northeast ATTC; CAAP Role Delineation Study Report, Southern Coast ATTC; the 2005 ATTC Network Calendar, Northeast ATTC and the ATTC National Office; and The Web Wizard, ATTC National Office. All of these publications are available through the ATTC National Office at www.nattc.org.

Recovery Community Services Program (RCSP). The RCSP grantees are developing innovative, holistic peer-to-peer recovery support services in a variety of forms: recovery drop-in centers; recovery coaching and mentoring; health and wellness activities; recovery learning circles; linkage to community services; social and recreational events, including culture-specific ones; and others. Projects are conceptualized as providing one or more of the four types of social support identified in the literature: emotional, informational, instrumental, and “affiliational.”

Eight new RCSP grants were awarded in September 2004, bringing the total portfolio up to 29 (not counting organizations on no-cost extensions). A new grantee workshop was held for 22 representatives of the 8 new grantee organizations December 6-9. The agenda included technical assistance on grant start-up, defining and developing peer recovery support services, grants management, and GPRA. Concurrently, a technical assistance workshop was held for 50 representatives of the 2001 and 2003 RCSP grantee cohorts. The 2001 and 2003 grantees received an intensive training on sustainability, and all three cohorts joined together for a one-day training on ethics and risk management in a peer services environment.

The RCSP was featured in the cover article (*Peer-to-Peer Program Promotes Recovery*) for the September/October 2004 SAMHSA News (Volume 12, Number 5). In addition to general

information about the RCSP and peer services, several specific RCSP projects were described. Further information about the RCSP can be found on the RCSP home page on the SAMHSA website at <http://rcsp.samhsa.gov>. The RCSP homepage was added to the SAMHSA website in late July.

Strengthening Treatment Access and Retention (STAR). STAR grants seek to reduce waiting times for assessments and admission to treatment; reduce no-shows; increase admissions; increase continuation rates; and demonstrate returns on investments. Thirteen grants were awarded in 2003 to assist community-based treatment organizations in the implementation of clinical and administrative practices that improve the ability of individuals in need of treatment services to access, initiate and engage in treatment. The STAR program is a joint initiative with the Robert Wood Johnson Foundation (RWJF) "Paths to Recovery" program.

In the first year and a half of the program, these improvement methods have resulted in the following successes:

- Time to assessment following first phone call: average reduction of 72%;
- Time to treatment following assessment: average reduction of 52%;
- No-show rates: average reduction of 30%;
- Continuation through four sessions (early engagement): average improvement of 123%; and
- Outpatient admissions: average increase of 142%.

The Knowledge Application Program (KAP). KAP is CSAT's initiative to coordinate the Center's knowledge application activities. Knowledge about best treatment practices in substance abuse treatment is packaged and promoted to ensure that its application in the field is widespread. This is accomplished through a strategic program in which publications and products are produced, marketed, and distributed. A new KAP (KAP2) contract was awarded late September 2004. KAP2 will build upon KAP's award-winning Website (<http://www.kap.samhsa.gov>) to expand and improve the site. The Treatment Improvement Protocol (TIP), *Substance Abuse Treatment and Family Therapy*, number 39 in the series, was released September 2004 (see Children and Families matrix). Another product reflecting the Children and Families program area is, *What is Substance Abuse Treatment? A Booklet for Families*. This booklet is among the many products developed under KAP that are being translated/adapted to Spanish under the Multi-Language Initiative (MLI) and will go on-line on the KAP website.

TIP 42, *Substance Abuse Treatment for Persons with Co-Occurring Disorders*, is scheduled to be released on January 31. TIP 41, *Substance Abuse Treatment: Group Therapy*, will be released in mid-February. In addition to these TIPs, there are several more in various stages of development, including: *Substance Abuse Treatment for Adults in the Criminal Justice System*; *Substance Abuse Treatment and Trauma*; and a two-volume TIP on *Intensive Outpatient Treatment for Alcohol and Drug Abuse – Clinical Issues and Administrative Issues*.

KAP2 has already begun to organize several KAP TRAKs for the upcoming year. KAP TRAKs provide treatment professionals information to support adoption of evidence-based practices through symposia featuring presentations on emerging issues, new treatment approaches, and best practices.

Financing and Cost-Effectiveness. An updated report on *The National Estimates of Spending for MH and SA Treatment* for the period from 1991 to 2001 has been completed and is in final clearance.

Other Publications. From September 2004 to January 2005, four other treatment-related publications were printed: (1) *Know Your Rights* - printed 12/30/04; (2) *Addiction Knows No Boundaries: Why It's Your Business* - printed 11/02/04; (3) *Methadone-Associated Mortality: Proceedings of a National Assessment Meeting* - printed 9/27/04; and (4) *TIP 40 - Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction* - printed 9/08/04.

Confidentiality. The Confidentiality of Alcohol and Drug Abuse Patient Records Regulation and the HIPAA Privacy Rule: Implications for Alcohol and Substance Abuse Programs-March 2004 is a guidance for substance abuse treatment programs that are subject to and already complying with the confidentiality requirements of Part 2 regulations as defined by 42 CFR 2.11 that are “federally assisted” as defined by 42 CFR 2.12(b). The document explains which programs must also comply with the Privacy Rule and outlines what compliance will require.

National Outcomes Measures (NOMS) Meeting. On December 2-3, 2004, CSAT facilitated SAMHSA’s NOMS Meeting with representatives from the States including National Association of State Alcohol and Drug Abuse Directors (NASADAD) Board members and regional representatives and National Prevention Network Board members. The meeting was held to finalize the recommended measures, to develop a timeline for implementation, and to identify outstanding issues.

Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Program. All applications for FY 2005 were received on or before the October 1, 2004, deadline. Out of the 60 eligible jurisdictions, 56 submitted their applications electronically via the Web Block Grant Application System (BGAS). For Statewide allocations of block grant funding in FY 2005, see Appendix C. Other significant SAPTBG related activity includes the following:

- ***State Healthcare Reform Technical Assistance Project (HCR) Project.*** During the past four months, this project has provided onsite technical assistance to eight States (AZ; CA; CO; HI; KS; LA; NC; and VA) and the Commonwealth of Puerto Rico. The project staff also provided technical support to the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) program regarding States’ compliance with the maintenance of effort requirements. In response to the OMB PART review of the SAPTBG program, project staff conducted a series of stakeholder interviews and produced An Evaluability Assessment of the Substance Abuse Prevention and Treatment Block Grant Program.

During FY 2005, an evaluation of the SAPTBG program will be conducted. Project staff also provided technical support to the SAPTBG program regarding early intervention services for HIV (Section 1924(b) of the Public Health Service (PHS) Act and 45 C.F.R. 96.128).

- ***State Systems Technical Reviews Project.*** During the past four months this project completed 11 Core Elements Technical Review site visits pursuant to Title XIX, Part B, Subpart III, section 1945(g) of the PHS Act.
- ***State Systems Technical Assistance Project (SSTAP).*** The SSTAP project provided on-site training regarding SAPTBG program compliance and/or systems improvement to 11 States. The project also provided ongoing technical assistance to the Pacific Basin Collaborating Council regarding strategic planning and development as a non-governmental organization.
- ***Web Block Grant Application System Project (BGAS).*** Project staff revised the FY 2005 Uniform Application for SAPTBG funds based on OMB's final clearance document, while also producing numerous ad hoc management reports. For FY 2005, 56 States and Territories utilized the Web BGAS to submit their Annual Report and Intended Use (State) Plans to SAMHSA. The project also introduced an online tracking system for program staff and managers to improve the efficiency and timeliness of the review and approval of State reports and plans. Further, project staff reviewed and provided comments on NASADAD's feedback regarding the FY 2006 Web BGAS.
- ***State Treatment Needs Assessment Program (STNAP).*** The 8 pilot STNAP States are analyzing treatment services utilization data by unique client identification. Six States are comparing their household survey results to SAMHSA's National Survey on Drug Use and Health (NSDUH) estimates for their State. Four States are analyzing arrestee data.
- ***State Data Infrastructure (SDI).*** As this grant program entered the third and final year, half of the 34 grantees self-reported that they have deployed an administrative data system that can report SAMHSA's National Outcomes Measures (NOMS), or will soon acquire this capability. The other States are making progress but uncertainties remain due to limited information technology budget and staff.
- ***Web Infrastructure for Treatment Services (WITS).*** WITS is in production in Alaska (AK-AIMS). It is also in production on a limited scale in Iowa (I-SMART) and Salt Lake County/Utah (U-WITS). Both Iowa and Utah will receive WITS ownership in March 2005. The States of Illinois, Maryland, and Texas are using some of WITS' ideas to modernize their own systems.

- ***HIV Block Grant Set-Aside.*** The total FY 2005 HIV set-aside for the Substance Abuse Prevention and Treatment Block Grant is \$60.9 million.

Historically Black Colleges and Universities National Resource Center for Substance Abuse and Mental Health Service System Infrastructure Development. On November, 1, 2004, the Center for Substance Abuse Treatment (CSAT) and the Center for Mental Health Services (CMHS) announced the availability of FY 2005 funds for a Historically Black Colleges and Universities National Resource Center (HBCU-NRC) for Substance Abuse and Mental Health Service System Infrastructure Development. The purpose of the HBCU-NRC cooperative agreement is to provide funds to support an innovative resource center dedicated to the following 3 goals: (1) establishing a national network of HBCUs to facilitate collaboration among the 104 HBCU institutions; (2) supporting culturally appropriate substance abuse and mental health disorders prevention and treatment student health services and wellness needs on HBCU campuses; and (3) designing accredited courses, minors/majors and undergraduate and graduate degree programs that adapt State requirements and encourage student interest in substance abuse and mental health careers.

National Historically Black Colleges and Universities Substance Abuse Consortium. Five HBCUs have joined the Consortium since September 2004, increasing the total membership to 86 HBCU institutions. The National HBCU Substance Abuse Consortium (NHBCUSAC) offers site visits to HBCUs interested in establishing or enhancing substance abuse degree programs at their institution. During the two-day site visit, the site visit team, the HBCU administrators, faculty, and support staff work together to analyze the university's capacity to offer courses, minors, majors, and/or degrees in substance abuse and identify a strategy to implement their findings at the university. One of the site visits conducted in 2003 was to the University of the Virgin Islands. Six months after the site visit, the university approved its first substance abuse course Psy 350, entitled "Drugs, Behavior, and Society." The course was first taught in spring 2004 with 25 students enrolled.

CSAT has supported the NHBCUSAC for a number of years through a variety of different mechanisms. The NHBCUSAC activities will be incorporated into the new HBCU-NRC cooperative agreement to provide more stable financial support and management oversight of CSAT's HBCU initiatives.

2005 Dr. Lonnie E. Mitchell National HBCU Substance Abuse Conference. SAMHSA, with CSAT as the lead, is in the process of planning the 7th Annual Dr. Lonnie E. Mitchell National HBCU Substance Abuse Conference at the Wyndham Inner Harbor in Baltimore, Maryland, April 19 – 23, 2005. The theme of the conference is, "Navigating New Pathways in Addressing Substance Abuse and Mental Health Challenges." The conference will provide a forum for the exchange of cutting-edge knowledge of substance abuse treatment, mental health, prevention, policy, research, and education as it relates to African Americans, and create a dialogue for HBCU students to network with their peers and experts in the substance abuse, mental health,

and HIV/AIDS fields and with representatives of the faith-based community. It is expected that over 600 HBCU faculty and students, members of the faith-based community, SAMHSA, NIDA, and other Federal Government staff, and staff from private sector agencies and organizations will be in attendance. Call for Papers and conference registration information can be found at: <http://HBCU-LEM.iqsolutions.com>.

Culturally Sensitive and Sustainable Information Services for Native American Substance Abuse Treatment (ORION). This new 4-year project provides technical assistance to American Indian/Alaska Native tribes. Of the initial eight treatment provider partners, five are in Fairbanks, Alaska, and one each in Michigan, South Dakota, and Colorado. The main goals are to improve treatment process, make it more culturally sensitive, and automate decision support and management information.

State Capacity Expansion (SCE) for Emergency Response Grantee Meeting. The second annual grantee meeting of the targeted capacity expansion grants to enhance State capacity for effectively responding to an emergency, specifically in terms of ensuring readiness to address mental health and substance abuse issues, was held on September 1-2, 2004, in Atlanta, GA. Fifty-nine participants from 34 SCE grantee States attended the meeting. The focus of the meeting was on building sustainability and partnering in preparation for behavioral health response in any future disaster. These two-year grants expire in mid-2005. The following goals were accomplished:

- ◆ Monitored States' development of the All-Hazards Behavioral Health Plan.
- ◆ Promoted mental health and substance abuse collaboration in disaster preparedness and response.
- ◆ Provided a forum to share new ideas and network with peers.
- ◆ Provided an opportunity to interact with national leaders and Federal Disaster Response staff.

Partner's for Recovery (PFR) Initiative. The 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:

- ***Leadership Institutes***. In collaboration with the national Addiction Technology Transfer Centers, PFR is sponsoring 14 regional Leadership Institutes. These Institutes are part of an overall strategy to develop leaders in the addiction treatment field, as many leaders in the field are approaching retirement. The comprehensive program includes pre-course work, five-day immersion training, and a six-month follow-up program. Mentors are assigned to the participants for the entire six-month process, and a leadership project must be completed to graduate from the program.

Currently, five Institutes have been held. Each Institute can accommodate up to 20 participants. The comments from the participants and mentors alike have been overwhelmingly positive. Some of the comments included:

“The Leadership Institute was a phenomenal experience for everyone involved – protégés, mentors, and me. On a scale of 1-10 I’d give it a 12. It far exceeded my expectations.”

“It was the best training I’ve been to in my life... Just what I needed.”

The Leadership Institutes are beginning to create an identified pool of emerging leaders whose talents will help shape the field in the coming years.

- **Stigma.** The first and second in a series of *Know Your Rights* training sessions were held in Harrisburg, Pennsylvania, at the State Capitol building and in New York City at Beth Israel Hospital. Targeting persons in alcohol or drug treatment and in recovery, their allies, supporters, advocates, providers, and other stakeholders, the highly interactive sessions provided an overview of applicable Federal and State laws and served as a forum for answering questions related to rights and obligations of individuals in recovery, employers, and other entities with which recovering individuals regularly interact. More than 260 persons attended the sessions. The Federal *Know Your Rights* brochure, prepared by the Legal Action Center, was cleared, printed, and distributed at the training sessions. The Government Printing Office is completing a run of 75,000 copies. The brochure will also be posted to the PFR website. In addition, a Spanish translation is being prepared. Because of high levels of interest, a second New York City training is planned for late January, and additional sites are being planned for 2005.
- The National Council on Alcoholism and Drug Dependence (NCADD) has initiated a public information and education campaign designed to increase public understanding of addiction treatment and recovery, to encourage those with substance use problems to seek treatment, and to change public attitudes regarding addiction. A key objective of this campaign will be the reduction of stigma. A further objective of the campaign is to encourage screening for substance use disorders by the medical community. The campaign emanates from an agreement reached by 58 national groups and associations at last May’s Providence Summit on Addiction. The agreement represents an unprecedented consensus among leading organizations and individuals in the addiction treatment and prevention fields. While NCADD is taking the lead on the effort, a national steering committee, consisting of key leaders in the field, is guiding the campaign. The PFR Stigma Subcommittee is supporting the campaign’s efforts.
- **Communications.** The *PFR* Web site received SAMHSA clearance in December 2004, and is expected to be operational soon. The Web site will provide further visibility for the PFR Initiative and will facilitate dialogue and the exchange of information about

PFR's five focus areas: Workforce Development, Leadership Development, Stigma Reduction, Collaboration, and Recovery. Products developed by PFR, such as the Federal *Know Your Rights* brochure and the SAMHSA/CSAT workforce development strategy, will be made available on the Web site. In addition, the Web site will feature State and partner activities and their products related to the PFR focus areas. Treatment providers, professional associations, States, advocacy organizations, persons in recovery, and families of those in treatment and recovery are the intended audience for the PFR Web site.

- **Other.** PFR is co-sponsoring Oklahoma's 17th Annual Substance Abuse Conference, a 3-day event entitled *Partners for Recovery and Prevention: Creating Healthy Families and Communities*. The conference will take place from January 27-28 in Tulsa, Oklahoma. A plenary session entitled *Partners for Recovery – A National Initiative* will be held Thursday, January 27 and will address the PFR focus areas.

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.

New Co-Occurring Disorders Treatment Improvement Protocol (TIP). SAMHSA will be releasing TIP 42, *Substance Abuse Treatment for Persons With Co-Occurring Disorders*, on January 31. Developed through KAP within CSAT, this TIP revises TIP 9, *Assessment and Treatment of Patients With Coexisting Mental Illness and Alcohol and Other Drug Abuse*. The revised TIP provides state-of-the-art treatment guidelines for counselors and others working in the field of co-occurring substance use and mental disorders. It includes selected literature reviews, synopses of many co-occurring disorders treatment approaches, and empirical information. The TIP contains chapters on terminology, assessment, treatment strategies and models, and an overview of specific mental disorders and crosscutting issues, such as suicidality and nicotine dependency. In addition to substance abuse treatment professionals, this document will be useful for administrators, mental health providers, primary care providers, criminal justice staff, and other healthcare and social service personnel who work with people with co-occurring disorders.

Co-Occurring Disorders Technical Assistance. CSAT's Division of State and Community Assistance provided technical assistance to the State of Arizona regarding the development, implementation, and evaluation of expanded substance abuse treatment services for pregnant/postpartum women with co-occurring disorders. Among the key aspects being addressed by the technical assistance team are parenting and children's services.

Co-occurring Center for Excellence (COCE). COCE continued the provision of technical assistance to States, sub-State entities, and community-based providers throughout the Nation, totaling an estimated 165 requests through the December reporting period. Much emphasis at COCE involves technical assistance to States with Co-occurring State Infrastructure Grants, including four new States receiving awards in FY 2005. COCE is developing and will implement a national co-occurring Web site in January 2005, which will include state-of-the-art information on a wide range of co-occurring information including epidemiology, screening and assessment, evidence-based practices, and workforce development issues. COCE also continues to provide technical assistance and overall support to the conduct of the Co-occurring Policy Academies.

Co-occurring Policy Academy. SAMHSA held its second Co-occurring Policy Academy, January 11-13, in Washington, DC. Nine new States participated: California, Georgia, Iowa, Illinois, New Mexico, Oklahoma, Texas, Virginia, and Washington. States received briefings on all aspects of co-occurring disorders from Federal staff and national experts from the Co-

occurring Center for Excellence. States will submit State Action Plans to address co-occurring disorders within 60 days of the end of the Academy and will also receive ongoing technical assistance to implement these plans. Mr. Charles Curie, SAMHSA Administrator, announced the publication of the long-awaited TIP 42 on co-occurring disorders during his welcoming remarks. A third national Policy Academy for an additional 10 States is planned for later in FY 2005.

Co-occurring State Infrastructure Grants (COSIG). These incentive grants for treatment of persons with co-occurring substance related and mental disorders provide funding to the States to develop or enhance their infrastructure. Four new grantees -- Arizona, New Mexico, Oklahoma, and Virginia -- were funded in FY 2004. These new grants were funded by CMHS. CSAT continues collaboration with CMHS in the management and evaluation of the COSIG program. A COSIG Grantee meeting was held December 16-17, 2004, in Bethesda, Maryland, and was attended by representatives from all 11 COSIG grantees. Dr. Clark spoke to the grantees about the epidemiology of co-occurring disorders and treatment implications. CMHS Director Katherine Power spoke about improving services to persons with co-occurring disorders within mental health systems transformation.

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.

Homeless Families and Children Policy Academies. SAMHSA, in conjunction with other DHHS entities, including the Administration for Children and Families, and in collaboration with the Departments of Housing and Urban Development, Labor, Education, Agriculture, Veterans Affairs, and the Interagency Council on Homelessness, is planning to conduct two additional Homeless Policy Academies in FY 2005 targeting families and children. These Academies will build on previous efforts conducted during FY 2001-2004 that concentrated on chronic homeless populations. States will send 12-member teams that have knowledge of homeless issues and that are at a level to recommend and implement State-level policy changes. States will hear from national consultants on homelessness issues, will develop draft State action plans, and receive follow-up technical assistance from SAMHSA. The first Academy is tentatively scheduled for April 2005. CSAT will be providing staff support for these Policy Academies.

Chronic Homeless Initiative (CHI). This collaborative initiative funded by SAMHSA, HRSA, HUD, and VA is designed to help eliminate chronic homelessness among persons with substance abuse, mental, or co-occurring disorders. CHI, now in its second year (of 3), consists of 11 grantees in 9 States. As of December 2, 2004, 520 persons have been admitted to services -- all meeting the criteria for chronic homelessness (homeless for more than a year, or 4+ lifetime homeless episodes) -- and averaging 7.7 years of homelessness. Seventy-three percent have substance abuse problems; 76 percent have mental disorders; and 53 percent have co-occurring substance use and mental disorders. For 6 or more months, 191 persons have received services. For these persons, mean days housed in the last 90 days increased from 4 at baseline to 74 six months later. CSAT is contributing approximately \$4 million to the CHI in FY 2005.

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.

Family and Juvenile Treatment Drug Courts. CSAT anticipates announcing the Drug Courts grant program in February 2005. Approximately \$6.3 million is expected to be available to make approximately 16 awards (8 for Family Treatment Drug Courts and 8 for Juvenile Treatment Drug Courts). This grant program will provide funds to be used by treatment providers and the courts to provide alcohol and drug treatment, wrap-around services supporting substance abuse treatment, assessment, case management, and program coordination to those in need of treatment drug court services. Priority for the use of the funding is to be given to addressing gaps in the continuum of treatment.

Young Offender Re-Entry Program (YORP). This program (announced in FY 2004) provides support to expand or enhance substance abuse treatment and related re-entry services in agencies currently providing supervision of, and services to, sentenced juvenile and young adult offenders returning to the community from incarceration for criminal/juvenile justice offenses. Grantees form stakeholder partnerships that plan, develop, and provide community-based substance abuse treatment and related re-entry services for the targeted populations. Twelve YORP awards were made subsequent to the September 2004, Council meeting. CSAT anticipates that approximately \$5 million will be available to make approximately 10 additional YORP awards in FY 2005 from the cohort of high quality applications received in FY 2004.

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.

New Family TIP. CSAT released TIP 39, *Substance Abuse Treatment and Family Therapy*, in September 2004. This TIP addresses how substance abuse affects the entire family and how substance abuse treatment providers can use principles from family therapy to change the interactions among family members. The TIP provides basic information about family therapy for substance abuse treatment professionals and basic information about substance abuse treatment for family therapists. The TIP presents the models, techniques and principles of family therapy, with special attention to the stages of motivation as well as to treatment and recovery. Discussion also focuses on clinical decision-making and training, supervision, cultural considerations, specific populations, funding, and research. The TIP further identifies future directions for both research and clinical practice.

State Adolescent Substance Abuse Treatment Coordination. The State Adolescent Treatment Coordination grant program was announced on November 12, 2004. The due date for applications is February 2, 2005. CSAT expects that approximately \$7.1 million will be available to fund up to 22 awards in FY 2005. Grants funds are to be used to build capacity in States to provide effective, accessible and affordable substance abuse treatment for youth and their families. Funds will also support a staff position (a State official whose sole responsibility is ensuring the effectiveness of adolescent substance abuse treatment State-wide) and a State process to assess, facilitate and coordinate ongoing, self-sustaining cross-system planning for effective adolescent substance abuse treatment.

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.

Rapid HIV Testing Initiative. During September 2004, SAMHSA/CSAT held four training events entitled, "The Fundamentals of HIV Testing and Prevention Counseling Using the Ora Quick Rapid HIV-1 Antibody Test," for CSAT grantees who will be prospective participants in the Rapid HIV Testing Initiative. There were 52 CSAT grantee organizations represented which included a total of 93 participants. These participants received training in the following areas: administration of the Rapid HIV Test; pre- and post-test counseling; laboratory techniques; quality assurance measures; use of proper specimen collection methods; and universal precautions. There were 22 trainers selected by CSAT's Addition Technology Transfer Centers (ATTCs) to conduct SAMHSA's trainings under this Rapid HIV Testing initiative. These trainers were trained by the Centers for Disease Control and Prevention (CDC) in July 2004, using CDC's Rapid HIV Testing model. Additionally, SAMHSA/CSAT sponsored the required HIV Prevention Counseling training for these trainers in September 2004. These individuals will form the cadre of trainers under the Rapid HIV Testing Initiative to train future participants interested in performing Rapid HIV Testing in their treatment programs.

The Rapid HIV Testing evaluation is in a planning phase. This evaluation will focus on process as well as outcome measures. The following questions will be addressed: number of kits distributed; number of grantees/organizations receiving the kits; characteristics of grantees and organizations receiving kits; number of persons contacted and tested; and demographic characteristics of participants. Intermediate outcomes include percentage of persons who tested positive/negative and, of those who tested positive, referral mechanisms used for treatment and case management. Long-term outcome questions that will be addressed in the evaluation are: did the introduction of rapid testing kits increase the percentage of substance abuse treatment clients getting tested, and did this project increase the sero-positive rate among substance using clients?

HIV/AIDS Activities for States. CSAT's Division of State and Community Assistance (DSCA) HIV/AIDS Cross-Training Project is working with 6 States to provide 2-day training sessions. In efforts to further enhance technology transfer regarding States' Rapid HIV Testing systems and protocols and to promote comprehensive understanding of the processes being carried out by the SSA for substance abuse services and their respective State departments of health, DSCA has been conducting telephone conference calls with these entities. The telephone conference calls introduce SAMHSA's Rapid HIV Testing Initiative and provide SAMHSA with valuable guidance, i.e., lessons learned, on State policies that must be considered when introducing the new Rapid HIV Test systems.

Disaster Readiness and Response

SAMHSA's Action Plan Long Term Goal: Reduce the behavioral health consequences of terrorism and other disasters.

Opioid Treatment Program Disaster Preparedness System. CSAT awarded a purchase order to complete an important interim step toward ultimate development of a regional pilot project for an internet-based disaster-preparedness system that would benefit patients being treated for opioid dependence by an Opioid Treatment Program (OTP). This project would serve as an important bridge between the planning and feasibility work completed in Phase I, and the pilot itself (Phase II). Specifically, the purpose of this purchase order is to develop an organizational 'readiness' protocol and instruments for OTPs that would be participating in the pilot project. This will involve site visits to 5 or 6 diverse OTPs in the New York City Metropolitan area, expanding upon preliminary assessments done in Phase I.

Disaster Readiness and Response. CSAT's Division of State and Community Assistance (DSCA) recently published *A Report on the Post-September 11 State Disaster Relief Grant Program of SAMHSA's Center for Substance Abuse Treatment*. The report is based on information provided by the nine State recipients of the SAMHSA Disaster Relief Grants, all of whom presented summary reports at a meeting hosted by DSCA on February 25, 2004. The report outlines key crosscutting issues that the States emphasized in varying degrees, as well as lessons learned in the process of implementing the States' grant programs. The report, which should be of benefit to other States in their efforts to prepare for potential future disasters, is now available via the National Clearinghouse for Alcohol and Drug Information (No. BKD 416).

Appendix A

CSAT FY 2005 Funding Announcements

Program Name and Announcement Number	Est. Funding Available	Est. No. of Awards	FR Publication Date	Eligible Applicants
	Electronic Submission Yes/No	Est. Award Am't	Appli. Receipt Date	
Accreditation of Opioid Treatment Programs (OTPs) TI 05-001	\$2.0M	Up to 6	7/30/04	SAMHSA-approved Accred. Bodies
	No	\$15,000 - \$1.0M	9/30/04	
Historically Black Colleges and Universities Nat. Resource Ctr. (HBCU-NRC) TI 05-002 (cross-Ctr. with CMHS and CSAP)	\$1.075M	1	11/1/04	104 Nat. Recognized HBCUs or Consortium of HBCUs
	No	\$1.075	01/18/05	
Targeted Capacity Expansion (TCE) Categories: (1) AI/AN or AA/PI; (2) Meth/Other Emerging Drugs in Rural, Adult Pops; (3) Campus-SBI TI 05-003	\$16.0M	33 (11 in ea. category)	11/12/05 & 12/20/04	States, Units of Local Gov., Tribes/Tribal Orgs. for Catg. (1) and (2); Colleges and Univs. for Catg. (3)
	(\$5.3M in each category)	\$500,000	01/26/05	
Family and Adolescent Treatment Drug Courts TI 05-005	\$6.3M	16 (8 in ea. category)		Public and Private Non-profit Entities (including Tribal Govs/Orgs)
	(\$3.15M in each category)	\$400,000		
State Adolescent SA Treatment Coordination TI 05-006	\$7.1M	22	11/12/05 & 12/20/04	States, DC, Territories, Fed. Recog. Tribal Gov's
	Yes	\$400,000	02/02/05	

Appendix B

FY 2004 CSAT GRANT AWARDS

[Awards made subsequent to the September 2004 CSAT Council meeting]

Substance Abuse and Mental Health Services for Homeless People

In September 2004, CSAT and CMHS awarded 34 grants for 5-year project periods to provide substance abuse and mental health services to homeless individuals. The grantees included:

Robert Wood Johnson Medical School, Piscataway, NJ	\$396,400
Bridge Back Recovery, Brooklyn, NY	\$400,000
Mount Saint Joseph/Saint Elizabeth, San Francisco, CA	\$400,000
North County Serenity House Inc., San Diego, CA	\$399,136
Sabine Valley Center, Longview, TX	\$398,818
Foundations Associates, Memphis, TN	\$399,386
Friendship House Assoc. of American Indians, San Francisco, CA	\$400,000
Tarzana Treatment Center, Tarzana, CA	\$400,000
Alcohol & Drug Addiction Services Board of Cuyahoga County, Cleveland, OH	\$400,000
COPE Behavioral Services, Tucson, AZ	\$400,000
Center for Success & Independence, Houston, TX	\$400,000
Mental Health Systems, Inc., San Diego, CA	\$400,000
Lighthouse Counseling Center, Montgomery, AL	\$399,392
Center for Community Alternatives Inc., New York, NY	\$400,000
So. California Alcohol & Drug Programs Inc., Downey, CA	\$400,000
San Mateo County Human Services Agency, Belmont, CA	\$396,288
WestCare Florida, St. Petersburg, FL	\$400,000
University of Arizona, Tucson, AZ	\$400,000
Fairbanks Native Association, Fairbanks, AK	\$400,000
Urban Renewal Corporation, Newark, NJ	\$400,000
Southwest Counselling & Development Services, Detroit, MI	\$389,428
Bowery Residents' Committee, Inc., New York, NY	\$399,614
Lakeview Center, Pensacola, FL	\$330,167
Henry Lee Willis Community Center, Worcester, MA	\$400,000
Central City Concern, Portland, OR	\$376,109
Center for Urban Community Services Inc., New York, NY	\$400,000
Centerstone Community Mental Health Ctrs, Inc., Nashville, TX	\$400,000
Phoenix Programs, Inc., Columbia, MO	\$397,774
Family & Children's Services, Inc., Tulsa, OK	\$400,000
Samaritan Village, Inc., Briarwood, NY	\$393,630
The Thresholds, Chicago, IL	\$397,268
Casa Esperanza, Roxbury, MA	\$400,000
Special Services for Groups, Inc., Los Angeles, CA	\$399,837
Catholic Charities of San Jose, Behavioral Health Division, San Jose, CA	\$389,963

Grants to Promote Recovery from Addictive Disorders

In September 2004, CSAT made 8 awards for 4-year project periods to support the development of peer support services for people recovering from alcohol and drug use disorders. Five awards were made to recovery community organizations and three awards were made to facilitating organizations. The awardees include:

Recovery Community Organizations

Compass Ventures, Lorrain, OH	\$350,000
Connecticut Community for Addiction Recovery, Wethersfield, CT	\$350,000
The Fortune Society, New York, NY	\$350,000
White Bison, Inc., Colorado Springs, CO	\$350,000
Welcome Home Ministries, Oceanside, CA	\$347,559

Facilitating Organizations

Heartland Cares, Paducah, KY	\$350,000
Relief Nursery, Inc., Eugene, OR	\$350,000
Walden House, Inc., San Francisco, CA	\$350,000

Grants to Increase Local Substance Abuse Treatment

In September 2004, CSAT awarded 24 grants for 3-year project periods to expand or enhance access to substance abuse treatment services in communities facing serious, emerging substance abuse problems. Targeted Capacity Expansion grants were awarded in 4 categories: Innovative Approaches, Methamphetamine Treatment, Minority Populations, and Rural Areas. The awardees included:

Innovative Approaches

Connecticut Dept. of Mental Health and Addiction Svcs., Hartford, CT	\$500,000
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Avon Township, Round Lake Park, IL	\$489,000
Baltimore City Health Department, Baltimore, MD	\$500,000
Oakland Co. Health Div./Off. of Substance Abuse Services – Pontiac, MI	\$500,000
Cayuga County Community Mental Health Center, Auburn, NY	\$499,999
Orangeburg County, Orangeburg, SC	\$451,704

Methamphetamine Treatment

Alameda County Behavioral Health Care Services, CA	\$498,633
County of Marin, San Rafael, CA	\$500,000
City and County of San Francisco, CA	\$500,000
Multnomah County, Portland, OR	\$498,275
Tarrant County Community Development Division – Ft. Worth, TX	\$500,000
Clark Co. Dept. of Community Services & Corrections, Vancouver, WA	\$470,718

Minority Populations

Tohono O’odham Nation, Sells, AZ	\$499,545
Pima Prevention Partnership, Tucson, AZ	\$500,000
Colorado Department of Human Services, Denver, CO	\$499,933
Bronx County District Attorney, Bronx, NY	\$500,000
Mid-Columbia Center for Living, Wasco, OR	\$500,000
Shelby County Government, Memphis, TN	\$499,836

Rural Programs

Monterey County Health Department, Salinas, CA	\$499,956
Barnstable County, Barnstable, MA	\$500,000
Tenn. Dept of Mental Health and Dev. Disabilities, Nashville, TN	\$500,000
South Carolina Dept. of Alcohol & Other Drug Svcs., Columbia, SC	\$494,739
Central Virginia Community Services, Lynchburg, VA	\$500,000
Menominee Indian Tribe, Maehnoweskiya Treatment Ctr., Gresham, WI	\$500,000

Grants to Provide Substance Abuse Treatment to Juveniles and Young Adults Returning from Incarceration

In September 2004, CSAT awarded 12 grants to support substance abuse treatment and related

services for juveniles and young adults returning from incarceration. The 4-year grants are designed to provide substance abuse treatment to both juveniles and young offenders up to age 24 as they enter into the community from prison. The Young Offender Re-entry Program awardees included:

Pima Prevention Partnership, Tucson, AZ	\$500,000
Atlantic Recovery Services, Long Beach, CA	\$500,000
Phoenix House San Diego, Inc., Terrace, CA	\$491,128
Santa Clara Co. Dept. of Alcohol and Drugs, Campbell, CA	\$453,347
Georgia Department of Juvenile Justice, Decatur, GA	\$500,000
Boston Public Health Commission, Boston, MA	\$500,000
SPAN, Inc., Boston, MA	\$464,148
Vera Institute of Justice, Inc., New York City, NY	\$494,928
The Center for Community Alternatives, Inc., Syracuse, NY	\$500,000
Univ. of Texas Health Science Center, San Antonio, TX	\$500,000
Prestera Center for Mental Health, Huntington, WV	\$419,448
Racine County, WI	\$499,650

Grants For Children’s Mental Health and Substance Abuse State Infrastructure Development

In September 2004, CMHS and CSAT awarded 7 grants for 5-year project periods to strengthen State support of local systems of coordinated care for children and youth who suffer from co-occurring mental and substance use disorders. The awardees included:

Arizona	\$750,000
Georgia	\$625,252
Nebraska	\$750,000
Nevada	\$749,876
South Carolina	\$750,000
Utah	\$750,000
Puyallup Tribe, Pierce Co., Washington	\$750,000

Grants to Increase Drug Treatment for Pregnant Women and New Mothers

In September 2004, CSAT awarded 14 grants in 9 States to expand the availability of comprehensive, high quality residential substance abuse treatment coupled with primary health,

mental health, and social services to the women and their children. These 3-year projects will provide access to intensive treatment for pregnant and postpartum women and other mothers with minor children. In addition, services will be provided to infants and their siblings suffering from the effects of maternal alcohol and drug use. The PPW/RWC awardees included:

Fairbanks Native Association, Fairbanks, AK	\$499,986
North County Serenity House, Escondido, CA	\$500,000
Santa Barbara County, Santa Barbara, CA	\$500,000
Southern California Alcohol & Drug Program, Inc., Downey, CA	\$500,000
First Step of Sarasota, Inc., Sarasota, FL	\$500,000
Gateway Community Services, Jacksonville, FL	\$500,000
Operation PAR, Inc., Pinellas Park, FL	\$500,000
Chrysalis House, Inc., Lexington, KY	\$500,000
Volunteers of America of Kentucky, Inc.	\$499,998
Boston Public Health Department, Boston, MA	\$500,000
Choctaw Nation of Oklahoma – Durant, OK	\$499,984
Aliviane, Inc., El Paso, TX	\$500,000
Lund Family Center, Burlington, VT	\$499,957
Meta House, Inc., Milwaukee, WI	\$500,000

Grant to NASADAD

In September 2004, CSAT awarded a \$500,000 grant to the National Association of State Alcohol and Drug Abuse Directors (NASADAD) to facilitate collaborative activities between SAMHSA and the States. The activities will assist SAMHSA in its development, implementation and management of the SAPT Block Grants program, and will assist States to respond to the changes brought about by the transition of management of the SAPT Block Grants to a performance and outcomes focus.

Safe and Bright Futures for Children

CSAT contributed \$250,000 towards the HHS Office of the Secretary's approximately \$2.2 million FY 2004 Safe and Bright Futures for Children Phase One Planning Grants program. This program is designed to diminish the damaging effects of domestic violence on children and adolescents and to stop the cycles of abuse and intentional injury. Because of the time-limited circumstance (i.e., grant applications were received, peer reviewed and funded in September 2004), the CSAT National Advisory Council was not required to review the results of the peer review. The awardees included:

Advocates Against Family Violence, Inc., Caldwell, ID	\$75,000
Coos County Family Health Services, Berlin, NH	\$75,000
Boston Medical Center Corp., Boston, MA	\$75,000
Amherst H. Wilder Foundation, St. Paul, MN	\$75,000
House of Ruth Maryland, Baltimore, MD	\$75,000
The Friendship Center of Helena, Helena, MT	\$62,200
Seattle and King County Public Health, Seattle, WA	\$75,000
Rhode Island Coalition Against Domestic Abuse, Providence, RI	\$75,000
Southern Indian Health Council, Inc., Alpine, CA	\$75,000
Hillcrest Children's Center, Washington, DC	\$75,000
County of San Diego, San Diego, CA	\$75,000
Univ. of Tennessee Health Science Center, Memphis, TN	\$75,000
Palmetto CASA, Lancaster, SC	\$59,000
Superior Court of CA-County of Orange, Santa Ana, CA	\$75,000
United Services, Inc., Dayville, CT	\$75,000
Ocean Park Community Center (Sojourn Services for Battered Women and their Children)	\$75,000
Pima Prevention Partnership, Tucson, AZ	\$75,000
Institute for Safe Families, Philadelphia, PA	\$75,000
Bexar County District Attorney's Office, San Antonio, TX	\$69,600
Contra Costa County, Martinez, CA	\$75,000
Tohono O'odham Nation, Sells, AZ	\$75,000
Hannahville Indian County, Wilson, MI	\$45,000