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## **Director's Highlights**

***Status of FY 2007 Budget.*** FY 2007 started with a series of Continuing Resolutions (CRs), and ultimately a year-long CR was signed by the President on February 15, 2007. CSAT continued to fund grant and contract continuations throughout this period of uncertainty. Now, as we move into the last quarter of the fiscal year, new grant programs are being prepared for award. These include a new round of Access to Recovery (ATR) grants (\$95 million), Targeted Capacity Expansion grants (\$8 million), Targeted Capacity Expansion – HIV (\$32 million), and Addiction Technology Transfer Centers (\$8 million), just to name a few.

This is the first full year that all discretionary grants will be processed through the NIH IMPACT II system and all accounting functions, obligations and disbursements will be completed through the HHS Unified Financial Management System (UFMS). As a result of implementation of the new systems, deadlines are accelerated again this year with all awards to be completed by September 1.

***Status of FY 2008 Budget.*** The FY 2008 President's Budget is partway through the legislative process; specifically, the House Appropriations Labor/HHS/Ed Subcommittee and the full Senate Appropriations Committee have completed their markups. At the present time, only preliminary information is available. The Senate Committee mark adds \$26.7 million in PRNS funding over the FY 2007 CR level, while straight-lining the SAPT Block Grant. This would restore discretionary fund reductions in the President's Budget. These restorations include Science to Service activities such as Recovery Month and other consumer affairs activities, the minority fellowship program and all PRNS activities at no less than last year's level. The Senate mark also mandates that \$20 million be used to support PPW activities and directs that ATR, SBIRT, ATTCs, and Homeless programs be funded at 2007 CR levels. Criminal Justice program increases, \$13.7 million, requested in the President's Budget were also approved by the Senate. It appears that the House mark would also restore CSAT discretionary funds, as well as increasing the SAPT Block Grant by \$35 million over 2007. (Specific House report language is not yet available.) The congressional action to date is reflected in the following chart.

**CSAT Budget  
FY 2006 – FY 2008**  
(dollars in millions)

<b>Budget Line</b>	<b>FY 2007 CR Level</b>	<b>FY 2008 PB</b>	<b>House Approp Sub-Cmte Mark</b>	<b>Inc / Dec House vs 2008 PB</b>	<b>Senate Approp Full-Cmte Mark</b>	<b>Inc / Dec Senate vs 2008 PB</b>
<b>Programs of Regional and National Significance</b>	\$398.9	\$352.1	\$399.3	+ \$47.2	\$425.6	+ \$73.5
<i>SAPT Block Grant</i>	\$1,758.6	\$1,758.6	\$1,793.6	+ \$35.0	\$1,758.6	\$0.0
<b>Total CSAT</b>	<b>\$2,157.5</b>	<b>\$2,110.7</b>	<b>\$2,192.9</b>	<b>+ \$82.2</b>	<b>\$2,184.2</b>	<b>+ \$73.5</b>

**Status of FY 2009 Budget.** The first of SAMHSA’s FY 2009 budget proposals has been submitted to HHS, where it will be reviewed by the Secretary’s Budget Council (SBC). SAMHSA Administrator Dr. Terry Cline will present the 2009 SAMHSA request to SBC on July 11, 2007. Dr. Clark will also be present at the SBC meeting. After final markup by the Department, the budget will be revised for submission to the Office of Management and Budget (OMB) in early September, 2007.

**CSAT Reorganization.** During this reporting period, reorganization activities took place in two of CSAT’s divisions – Division of Services Improvement (DSI) and Division of State and Community Assistance (DSCA). DSI is now comprised of three branches: Health Systems, Targeted Populations, and Quality Improvement and Workforce Development. DSCA’s reorganization was designed to consolidate CSAT data collection, reporting, and analysis of discretionary grantee and State block grant data into one organizational unit, the Performance Measurement Branch. There are three open positions in the new branch which are expected to be advertised shortly: Branch Chief; Lead Public Health Analyst (Team Leader); and Public Health Analyst.

**White House Faith-based Regional Conference.** On May 15, Dr. Clark spoke at the White House Faith-based Regional Conference in Phoenix, Arizona. Dr. Clark emphasized the implementation of the ATR program as one of the ways the Federal Government is responding to the needs of communities. He spoke of the successful partnerships that state and community organizations have built with faith-based organizations, explaining that faith-based organizations have expanded the concept of choice by offering clients a more spiritual approach to their recovery.

***Tribal Consultation Session.*** On April 24, Dr. Clark participated at the Department of Health and Human Service's Region VIII Tribal Consultation Session. Dr. Clark emphasized SAMHSA's commitment to creating healthier tribal environments. He also spoke of SAMHSA's appreciation for the cooperative partnerships that have been built with the Department of Justice and the Bureau of Indian Affairs. Dr. Clark highlighted the four Tribal Training and Technical Assistance Sessions that are being held across the country to focus on tribal priorities related to public safety and public health for families and communities. Two of the sessions have been held and have been critical in answering questions regarding funding opportunities and initiatives. Dr. Clark also spoke in detail of CSAT programs for which the Tribes can apply for grants.

***Central American Workshop on CAM H-90.*** On March 12 -13, Dr. Clark represented the Administrator at the Third Workshop of Regional Training Strategy of Liaison Centres of Project AD/CAM/04/H90. The CAM H-90 is intended to solidify an agreement with the leaders of Central American academic institutions to form a Central American Academic Consortium which will serve as the accrediting body of the addiction treatment technical training replication efforts in Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama. Dr. Clark met with the new United Nations Office on Drugs and Crime (UNODC) Regional Director for CAM-H-90, Mr. Jose Manuel Martinez Morales, to dialogue about how the H-90 effort can be used as a model for other world regions.

***United Nations Commission on Narcotic Drugs Meeting.*** On March 6 -7, Dr. Clark attended meetings in Vienna, Austria, where he spoke about technical consultations on HIV/AIDS prevention and care among injecting drug users. During the meeting, which was initiated by the United Nations Commission on Narcotic Drugs, Dr. Clark discussed SAMHSA's role in the information exchange on new trends regarding drug abuse.

***Special Assistant.*** CSAT is pleased to announce the hiring of Mr. Robert Hendricks, as Special Assistant to the CSAT Director. Robert Hendricks comes to us from the United States Department of Justice's Office of Justice Programs (DOJ-OJP). He worked for Justice for over a decade, beginning in the summer of 1996. His last official duty station at DOJ was with the Department's Bureau of Justice Assistance (BJA). During his tenure with OJP, he held several different positions, most recently as the Acting Senior Policy advisor for BJA's Substance Abuse and Mental Health Portfolio.

Robert has worked extensively on national programs for the Department such as its 'Weed and Seed' program, Drug Court Discretionary Grant Program; Prescription Drug Monitoring Program; Residential Substance Abuse Treatment for State Prisoners (RSAT) Program; Serious and Violent Offender Reentry Initiative (SVORI); the President's Prisoner Reentry Initiative (PRI) and most recently DOJ's Justice and Mental Health Collaboration Initiative.

Mr. Hendricks will be helping to coordinate the input of CSAT's Matrix area workgroups within the Center and will be working on other duties as assigned. His starting date was May 14, 2007.

## 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.***

#### **Discretionary Program Activities**

***Access to Recovery (ATR).*** ATR grantees are now in the third and final year of the three year grant period. CSAT has begun conducting a series of sustainability trainings for ATR providers to help them sustain their programs after ATR. To date, eight trainings have been conducted in Washington, DC; Baton Rouge, LA; Orlando, FL; Los Angeles, CA; Sacramento, CA; Hartford, CT; Houston, TX; and Vancouver, WA. The 2007 Request for Applications (RFA) for the ATR program was posted March 23 and closed June 7. Up to \$96 million will be available in FY 2007, including \$25 million to address methamphetamine issues. Approximately 18 grantees will receive awards. Two pre-application technical assistance meetings were offered to potential applicants.

***Addiction Technology Transfer Centers (ATTCs).*** The 2007 ATTC RFA was released March 1, with a receipt date of June 1. \$7.8 million is anticipated in total funding for 15 awards of approximately \$500,000 to \$550,000.

***American Indian/Alaskan Native Activities.*** CSAT participated in a crosscutting breakout session on methamphetamine abuse at the Department of Health and Human Services' 9<sup>th</sup> Annual Tribal Budget Consultation Session. The purpose of the session was to discuss issues important to Tribal members and involved multiple HHS operating divisions.

***Electronic Health Records.*** A SAMHSA-wide strategy for electronic health records was developed and approved under CSAT leadership. New activities will begin over the summer, related to the development of privacy, security and other relevant Health Information Technology standards.

***Financing.*** Two articles on SAMSHA's Spending Estimates were published in *Health Affairs*: "Substance Abuse Benefits: Still Limited After All These Years" by Jon Gabel, Heidi Whitmore, Jeremy Pickreign, Katharine Levit, Rosanna Coffey, Rita Vandivort-Warren; and "Substance Abuse Treatment Expenditure Trends, 1986-2003" by Tami L Mark, Katharine R. Levit, Rosanna M. Coffey, Rita Vandivort-Warren, Jeffrey A. Buck and the SAMHSA Spending Estimates Team.

***Knowledge Application Program (KAP).*** To date, over 5 million KAP products have been disseminated through the national clearinghouse. On average, 18,000 people visit the KAP Web

site per month. The average number of documents downloaded is about 40,000 copies per month (not including the Treatment Improvement Protocols [TIPs] which are available from the National Library of Medicine Web site). Stakeholder meetings were held in preparation for developing TIPs on (1) Clinical Supervision, (2) Substance Abuse Treatment for Native Americans, Alaska Natives, Native Hawaiians, and Pacific Islanders Living in Rural Areas, (3) Viral Hepatitis and Substance Abuse Treatment, and (4) Relapse Prevention.

***Methamphetamine Initiative.*** The first meeting of a joint SAMHSA-CDC workgroup on HIV and methamphetamine was held on March 14 in Atlanta, in conjunction with a TCE/HIV grantee meeting. A Steering Committee of community leaders, researchers, program administrators, and Federal partners (DOJ/COPS, DOJ/DEA, CDC, HRSA, NIDA) was identified to determine the utility of a summit to address the needs of Lesbian, Gay, Bisexual, and Transgender populations affected by methamphetamine use.

***National Registry of Evidence-Based Programs and Practices (NREPP).*** The new NREPP Web site was launched March 1, 2007. The four substance abuse treatment interventions posted on the searchable database included three adult interventions and one women and children's intervention. The Federal Register Notice (FRN) explaining how SAMHSA Centers will prioritize FY 08 interventions submitted for NREPP review was published in early June and provides guidance to individuals and organizations considering submitting an intervention for NREPP review.

***National Rural Institute on Alcohol and Drug Abuse.*** CSAT sponsored 16 scholarship recipients to attend the 23<sup>rd</sup> National Rural Institute on Alcohol and Drug Abuse, June 3-7. Additionally, CSAT sponsored a workshop facilitator to address integration of substance use disorder treatment and prevention into the primary health care setting and a second presenter to address delivering the Matrix model of methamphetamine treatment to Native American women. CSAT and CSAP staff attended and served as resources throughout the conference. The clearinghouse also provided publications and staffed an exhibit.

***Performance Management Technical Assistance Coordinating Center.*** The Performance Management Technical Assistance Coordinating Center (PMTACC) provided technical assistance to support CSAT's performance management activities and its Access to Recovery (ATR) initiative. The following activities were supported February - June 2007.

#### **ATR grantees**

- Distributed finished TA products and responded to newly initiated TA requests from ATR grantees.
- Followed up January ATR Grantee Conference by producing meeting summary and prepared meeting materials for SAMHSA Web site.
- Continued work with transitional coordinators.

## **Performance Management Support**

- State Profiles document for 2007 produced in final. Distribution projected to SAPT grantees in June 2007.
- Received clearance on, “Integrating State Administrative Data Records to Manage Substance Abuse Treatment System Performance.” DHHS publication number 07-4268 forwarded to printer in May.

***Performance Measures.*** The Washington Circle (a multidisciplinary group supported by CSAT dedicated to developing substance abuse performance measures for public and private sector health plans) is developing performance measures for screening and brief intervention, medication assisted treatment, continuing care, and identifying co-morbid health conditions for which substance abuse performance measures will be valuable quality indicators. In collaboration with 12 states, the public sector workgroup developed 10 additional measures specifically for use in the public sector.

***Recovery Community Services Program (RCSP).*** The 2007 RFA for the RCSP program was posted December 19 and closed February 28. \$2.9 million will be available for up to 8 awards of \$350,000 each. The RCSP program convened a planning meeting in Washington, DC, on May 30-31, to address organizational infrastructure, peer practice, ethical framework and guidelines for peer practice, and evaluation of peer recovery services. The results of the workgroup plans will be presented during the annual RCSP grantee meeting, August 20-22, 2007.

***Screening, Brief Intervention, and Referral to Treatment (SBIRT).*** New state grantees (CO, FL, MA, and WI) began seeing patients during the week of March 12. State-level grantees met in a joint meeting on May 10-11 to share operational experiences between the grantees. In conjunction with the American College of Surgeons’ Committee on Trauma, Centers for Disease Control and Prevention, and National Highway Traffic Safety Administration, SAMHSA participated in three of seven planned training sessions on strategies to incorporate SBIRT into trauma centers.

***Strengthening Treatment Access and Retention-State Initiative (STAR-SI).*** More than 600 providers, policymakers, payers and consumers attended the First Annual NIATx Summit in San Antonio, TX, April 23–25, 2007. The goal of the summit was to promote quality via process improvements.

***Targeted Capacity Expansion (TCE) Activities.*** The 2007 RFA for TCE grants was posted March 29 and closed May 25. Projects to be funded are categorized into four major areas: Native American/Alaska Native and Asian American/Pacific Islander Populations, E-Therapy, Grassroots Partnerships, and Other Populations/Emerging Substance Abuse Issues. Anticipated total available funding is \$8 million with up to 16 grants expected to be awarded for approximately \$500,000 each.

***SAMHSA/CSAT Community and Faith Based Training Initiative.*** Over four hundred

community and faith based providers and organizations have received capacity building and sustainability training and technical assistance (including ATR Treatment and Recovery Support Providers). As a result, many of the participants have developed program sustainability plans and have been able to market their program services to potential donors effectively. Thirteen meetings have been held across the country and the remaining will be completed before August 2007.

**CSAT's Hispanic Workgroup.** CSAT's Hispanic Workgroup meets monthly. The newly developed National Latino Addiction Treatment Community Network (NLATCN) Web site <http://www.nlatinoaddiction.org/> was recently launched. The purpose of this bilingual Web site is to house and emphasize science-based information related to the health of Hispanic communities by addressing drug use problems and consequences, drug treatment and health care availability, culturally specific treatment protocols, patient assessment instruments, and linkages to specialists and consultants knowledgeable in the health of Hispanic/Latino communities.

**New Publication, Drug Abuse Among Hispanics: A Brief Evidence Based Guide For Providers.** This publication, released in May, offers user-friendly information for providers on prevalence and treatment techniques that are specific to this population. Based on the *National Strategic Plan on Hispanic Drug Abuse Research: From the Molecule to the Community*, the document is currently being disseminated to community based organizations and SAMHSA grantees. It is also available through SAMHSA's National Clearinghouse for Alcohol and Drug Information (<http://ncadi.samhsa.gov/>).

**Hispanic/Latino National Conferences.** CSAT is currently involved in preparing for two upcoming Hispanic/Latino National Conferences. The National Hispanic Science Network (NHSN) will take place in Miami, Florida, September 26-28, and the Latino Behavioral Health Institute (LBHI) will take place in Los Angeles, California, October 2-4. CSAT is co-sponsoring each conference with \$25,000 in conference support. Dr. Clark will deliver keynotes at both conferences. CSAT is involved in several workshops at the LBHI including: CSAT Hispanic Stakeholders Panel on "Cultural Elements of Treating the Hispanic Population"; a panel discussion, "CSAT Treatment for Homeless Grantees" focusing on the Latino community; and a youth track targeted at high school students who have an interest in human service careers.

### **Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Activities**

**Confidentiality and Ethics Project.** During February - May 2007, CSAT conducted training in the following States: North Carolina; Oklahoma; Pennsylvania; and Washington.

**National Association of State Alcohol and Drug Abuse Directors (NASADAD).** NASADAD convened the Performance Data workgroup, March 8-9. NASADAD actively participates in discussions with SAMHSA and CSAT regarding performance management practices, performance measurement data presentation, block grant format and data benchmarking. CSAT meets with NASADAD monthly on all tasks. A teleconference of State HIV Coordinators and

State Methadone Authorities was conducted May 2007. The CSAT Director, DSI and DSCA directors, and program staff attended the organization's 2007 annual meeting, "Strengthening State Systems: Promoting Healthy Families through Prevention, Treatment and Recovery Support," in Burlington, Vermont, June 7-10.

***State Alcohol and Other Drug Systems Technical Review Project.*** CSAT conducted Core Elements Technical Reviews in the following States and Jurisdiction: California; Illinois; Kentucky; Maryland; Nebraska; West Virginia; and the Commonwealth of Puerto Rico. The reviews are required by section 1945(g) of the Public Health Service (PHS) Act in order for CSAT to determine States' compliance with Substance Abuse Prevention and Treatment Block Grant regulations. A written report of the review is generated and the report includes recommendations for targeted technical assistance.

***State Systems Technical Assistance Project.*** This project provides a broad range of technical assistance to States in reference to the SAPT Block Grant program and works with Single State Agency (SSA) directors to develop and implement comprehensive State plans for improving substance abuse treatment delivery systems. Since February, technical assistance plans were developed for the following States: Rhode Island; New Jersey; and New York.

***Web Block Grant Application System.*** The States and Jurisdictions submitted their respective FY 2007 Uniform Application for Substance Abuse Prevention and Treatment Block Grant on or before October 1, 2006, in accordance with section 1932(a) of the Public Health Service Act. Program staff has completed the review of the treatment sections of the FY 2004 Annual Reports, FY 2006 Progress Reports, and the FY 2007 Intended Use Plans. In addition to the submission of the FY 2007 Uniform Application, all States and Jurisdictions submitted their respective Annual Synar Reports (compliance with tobacco regulations). CSAT will provide the States and Jurisdictions with access to the FY 2008 Uniform Application for Substance Abuse Prevention and Treatment Block Grant in June. All applications are due on October 1, 2007.

### **Partners for Recovery (PFR) Initiative**

***Partners for Recovery (PFR) Initiative.*** The PFR initiative 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, the Partners for Recovery are continuing activities in the following areas listed below.

***SAMHSA's Partners for Recovery Web Site.*** The PFR Web site continues to serve as a valuable resource for stakeholders in the prevention and treatment of substance use and mental health disorders, including State and Federal government officials, providers, advocates, recovering persons, their families, students and other allies. Resources have been continually added to the Web site, including articles on State activities related to PFR's five focus areas: recovery, cross-systems collaboration, stigma reduction, workforce development and leadership

development. The Web site highlights current PFR activities and events, such as the *Know Your Rights* training sessions and briefings for State legislators on the outcomes of addiction treatment and approaches to monitoring performance.

***Recovery-Oriented Systems of Care Regional Meetings.*** On April 11-12, CSAT held the first of five regional meetings in Portland, Oregon, dedicated to inform participants about SAMHSA/CSAT's National Summit on Recovery and to discuss planning and implementation of recovery-oriented systems of care within States and communities. State representatives from Alaska, Arizona, California, Idaho, Montana, Nevada, Washington, Utah, Washington, and Wyoming, participated in the meeting; Hawaii was unable to attend. During the one and a half day meeting, CSAT provided information on the National Summit on Recovery and other activities being conducted by CSAT in the area of recovery-oriented systems of care. States were able to network, collaborate, strategize, and learn from each other as they continued to develop their individual State's recovery-oriented systems of care.

The next regional meetings are scheduled as follows: Dallas, TX - July 15-17, 2007; Chicago, IL - September 19-21, 2007; and Newport, RI - October 14-16, 2007.

***State Legislators' Performance Measurement Training.*** In April 2007, the first in the new series of briefings was provided to the Colorado House and Senate Human Services Committees. The session was attended by 15 legislators and an audience of approximately 40, including legislative and SSA staff and provider representatives. The training included a presentation by Dr. David Gustafson, Director of the Center for Health Systems Research and Analysis of the University of Wisconsin that was arranged by the National Conference of State Legislators and Colorado. Dr. Gustafson discussed approaches to improving access to care and retention in treatment through business practice/systems improvement. This was the first briefing at which evaluation baseline data was collected. Completed survey forms were submitted by 13 legislators and two legislative staff members. A follow up survey will be administered four months post-baseline.

***NASADAD Annual Meeting.*** PFR attended the NASADAD Annual Meeting in Burlington, Vermont, from June 7-10 to present on recovery-oriented systems of care. PFR discussed with the National Treatment Network (NTN) an update on the regional meetings to plan and implement recovery-oriented systems of care. The NTN was very interested in participating in the meetings in their region and receiving the resources that will be provided to the participants.

***PFR/ATTC Leadership Institutes.*** The 2007 series of PFR/ATTC Leadership Institutes is more than 75 % complete. The following PFR/ATTC Leadership Institutes have occurred since February:

March 5-9	Pacific Southwest ATTC
March 12-16	Mid-Atlantic ATTC
March 19-23	Caribbean Basin ATTC

April 2-6	Mid-America ATTC
May 7-11	Central East ATTC
May 14-18	Northeast ATTC
May 14-18	Mountain West ATTC
June 4-8	Gulf Coast ATTC

PFR is hosting the 2nd Annual National Conference for Leaders of Addiction Services: Illuminating the Path to Creative Leadership, August 6-7, 2007, at the Grant Hyatt Hotel, Washington, DC. Approximately 200 graduates of the PFR/ATTC Leadership Institute will convene to network and enhance their leadership skills.

### **Consumer Affairs**

***United Nations Office on Drugs and Crime (UNODC) Effort.*** CSAT's Consumer Affairs Director was invited to participate in two training sessions in Guatemala City, Guatemala, and San Jose, Costa Rica. Dr. H. Westley Clark was a keynote speaker at the Costa Rica event. CSAT's Caribbean Basin ATTC is currently adapting for UNODC's H-43 program, a series of six training modules developed by Rick Rawson from the Pacific Southwest ATTC.

***2006 National Alcohol and Drug Addiction Recovery Month (Recovery Month).*** The 2006 Public Service Announcements (PSAs), "New Morning" and "Labyrinth," won the Gold Omni Awards for Spring 2007. The Omni Awards recognize outstanding media productions that engage, empower and enlighten. The Omni Award carries with it the distinction of being chosen by peers as an example of excellence.

The 2006 *Road to Recovery* Web cast series won two awards:

- **The 2006 Gold Aurora Award:** *Addiction & Family: Healing & Recovery* received a Gold Award in the Social Issues/Report/Documentary category. The Aurora Award is an independent film and video competition for commercials, cable programming, documentaries, industrial, instructional, and corporate videos.
- **The 2006 Silver Telly Award:** *The Addiction Treatment Workforce: Where We Are, Why We're Here, and Where We Need to Be* received an award in the Health and Wellness category. This is the highest achievement of "Silver Telly"! The Telly Awards honor the very best local, regional, and cable television commercials and programs, as well as the finest video and film productions.

***2007 National Alcohol and Drug Addiction Recovery Month (Recovery Month), "Join the Voices of Recovery: Saving Lives, Saving Dollars."*** The *Recovery Month* 2007 celebration will kick-off with a major press event September 6, at the National Press Club, in Washington, DC. Speakers will include John Walters, Director, (or representative) White House Office of National Drug Control Policy, Terry Cline, Administrator, SAMHSA, H. Westley Clark, M.D.,

J.D., M.P.H., Director, CSAT, SAMHSA, and persons in recovery. In tandem with the 2007 *Recovery Month* kick-off press conference, NAADAC, The Association for Addiction Professionals will host a celebration lunch in Washington, DC.

The 2007 *Recovery Month* toolkits (75,000) and posters (10,000) arrived between May 21 and June 1. To date there are less than 9,000 toolkits remaining in stock for public ordering. Members of Congress, Mayors and state legislators have all received kits.

On the 2007 *Recovery Month* Web site there are 109 events, 8 proclamations, and 16 voices for recovery posted as of June 13. Since launching the 2007 *Recovery Month* Web site in January, the site has logged a total of 4,502,200 hits and 353,327 total unique visitors as of the end of April. The Web site can be accessed at [www.recoverymonth.gov](http://www.recoverymonth.gov).

The 2007 *Road to Recovery* season started on February 7 with the airing of the *Road to Recovery* 2007. The *Road to Recovery* series distribution remains at 349 cable stations (326 unique cable systems); an increase of 110 stations from 2006. New programming has been sent to a Canadian station that requested permission to air the series.

2007 *Road to Recovery* Upcoming Programs: *The Financial and Medical Benefits of Treatment for Health Care Providers and Insurers* (June 2007); *Treatment and Recovery: Reducing the Burden on the Justice System and Society* (July 2007); *Improving the Bottom Line: Supporting Treatment Profits Employers and Employees* (August 2007); *Investing in Treatment: Policymakers' Positive Impact on Their Community* (September 2007); *Saving Lives, Saving Dollars: A National Showcase of Events* (November 2007).

SAMHSA will sponsor 54 *Recovery Month* 2007 community events which provide the opportunity to sponsor an event in each state. Contract/purchase orders for 11 *Recovery Month* 2007 events have been awarded. One award requires the development of fifteen SAMHSA-sponsored 2007 statewide community-based events. Five distinct contracts/purchase orders require the development of five SAMHSA-sponsored 2007 statewide community-based events with special emphasis on each of the following groups: Adolescents and Teens, African Americans, American Indians, Asian Americans and Pacific Islanders, and Latinos. Four *Recovery Month* Rides are planned for California, Arizona, Ohio and New England. NAADAC (The Association for Addiction Professionals) will develop a minimum of ten *Recovery Month*/Addiction Professional Day Celebrations throughout the United States.

**2008 National Alcohol and Drug Addiction Recovery Month (Recovery Month).** The concept and theme for the 2008 observance is *Join the Voices for Recovery: Real People, Real Recovery*. The related audiences selected are treatment providers; employers; family; civil service workforce (policy makers and the justice system); researchers; and faith based organizations. Each target audience will have a story from their perspective and there will be different stories for the various targeted audiences.

***National Inhalants Abuse Awareness Initiative 2007 and 2008.*** On March 15, SAMHSA CSAT sponsored the National Inhalants & Poisons Awareness Week Kick Off news conference in partnership with the National Inhalant Prevention Coalition, in Washington, DC. Planning for the National Inhalants Abuse Awareness Initiative 2008 is already underway.

***Faces and Voices for Recovery.*** Faces and Voices of Recovery now reaches over 13,500 people through their bi-monthly eNewsletter and has developed a network of 60 recovery community organizations. Faces and Voices redesigned web site was launched in April 2007 and now includes a wide range of information, including a Guide to Mutual Support, links with local and state recovery community organizations, “how-to” materials and other recovery-related information.

The Recovery Advocacy Webinar series, is reaching individuals and organizations who participate on the day of the event, as well as people who come to their Web site to download materials and listen to the archived recordings. The new Faces and Voices for Recovery – 2007 contract has been awarded and will run from September 1, 2007 - October 31, 2008.

***Non-Denominational Individual and Family Recovery Resources Training (Phase III).*** This initiative will organize five clergy training programs in both metropolitan and rural areas and will be funded in 2007 at \$60,000.

***Medication Assisted Treatment Consumer Education.*** The development of a publication *Buprenorphine Nurses Guide* to be culled from CSAT TIP #40 is currently underway.

***Patient Support and Community Education Program (PSCEP).*** A question and answer document on the safe and effective use of methadone is being drafted in response to recent methadone-related deaths and overdoses. The document, once completed, will be available on the PSCEP web site at <http://dpt.samhsa.gov/patients/pscep/>.

***SAMHSA’s National Helpline, 1-800-662-HELP.*** In April 2007, 28,139 calls were received by the Helpline’s English and Spanish information specialists or directly by the states. To date, the average monthly call volume for January – April 2007 is 29,165. Average monthly calls for 2006 were 29,239.

***Talking to Teen Influencers About Medicine Abuse: A National Multi-Media Outreach Campaign for Youth Influencers 2007 – 2008.*** This initiative aims to reach educators and physicians as two identified youth influencers to address the dangers of the misuse of prescription medications. Materials are currently under review.

***Entertainment Industries Council (EIC) - Entertainment Industry as a Partner in Public Education: Recovery: Real and Doable – 2007-2008.*** This is a collaborate effort between SAMHSA and EIC to identify, clarify, and encourage public understanding and support for recovery from substance abuse and addiction. The goal of this project is to ensure that

depictions of substance abuse and mental health issues in the popular media are appropriate and accurate. This effort provides support for hosting two Entertainment Industry Briefings involving professionals in the creative field in New York City and Los Angeles (writers, production research teams, and staff from the departments of standards and practices) and five tailored briefings with select production teams from major broadcast programs. EIC will also update their Spotlight on DEPICTION of Health and Social Issues, Volume I, 3<sup>rd</sup> Edition, including the latest National Survey on Drug Use and Health (NSDUH) data, and post the document for on-line access.

### **Pharmacologic Therapies**

***Drug Addiction Treatment Act of 2000 (DATA) Physician Waivers.*** As of May 31, SAMHSA has certified approximately 10,845 physicians to use Buprenorphine in office-based treatment of opioid abuse and dependence, and 6,193 (57 %) of these are listed on the Buprenorphine Physician Locator System.

***SAMHSA DATA Determinations Report.*** The Determinations report presented findings and recommendations from SAMHSA's three-year national study of the DATA Waiver program, which concluded November 2005. Generally, results reflect positively on the impact of the waiver program, and are consistent with findings of a more recent literature review commissioned by SAMHSA. The report also includes recommendations for further enhancing effectiveness of the waiver program. The report can be viewed at [www.buprenorphine.samhsa.gov](http://www.buprenorphine.samhsa.gov).

***Opioid Treatment Program (OTP) Certification.*** As of May 31, there are approximately 1,159 certified OTPs in the United States. SAMHSA has taken action to decertify 7 OTPs that have failed to achieve or sustain accreditation, or have otherwise not complied with Federal Opioid Treatment Regulations. Four of these decertification actions were challenged by the OTPs. Administrative reviewers upheld SAMHSA's decertification of these programs. Patients were placed in programs nearby.

***Opioid Treatment Data Systems for Disaster Planning.*** The Opioid Treatment Data Systems for Disaster Planning Project, also known as the Digital Access to Medication Project (D-ATM), is a disaster preparedness project for OTPs. A teleconference with D-ATM's Steering Committee was held at the end of April. Z-Tech, a technology consulting firm, is continuing to work with stakeholders to identify potential full-pilot participants and to continue to refine the approach for tests involving software and OTP protocols. They are also developing a more intensive helpdesk/training function to reduce travel costs related to initial installation of the system once the full pilot is implemented. This will provide a more realistic approach should the system ultimately become national. In mid-June, Dr. Arlene Stanton, the GPO for the project, presented on D-ATM at the 3<sup>rd</sup> Annual Government Health IT Conference, as part of a panel on applied technology.

***Prescription Drug Activities—National All-schedules Prescription Electronic Reporting Act (NASPER) Implementation Report.*** The report titled *A Review of Implementation of Existing State Controlled Substance Monitoring Programs* is currently undergoing Departmental clearance.

***Medical Education.*** Through the Treatment Strategies for Prescription Drug Misuse and Abuse initiative, work continues on the following medical education projects:

- Physicians national addictions education project – In development.
- Emergency medicine and trauma surgery residents curriculum – Undergoing pilot testing and dissemination plans are being developed.
- CME program on proper prescribing of controlled substances.
- 7<sup>th</sup> International Conference on Pain and Chemical Dependency – Held in New York City, June 21-24, 2007. DPT supported a series of presentations under the title “Evolving Risks versus Benefit Considerations in the Use of Methadone for Pain.” Speakers included: H. Westley Clark, MD, JD, MPH, CAS, FASAM; Jane Maxwell, PhD, Charles Inturrisi, PhD, Lynn Webster, MD, Scott Fishman, MD; and Roman Jovey, MD.
- National Medical Association – DPT has been providing support to the NMA on educating emergency room physicians on recognizing prescription drug abuse in the emergency department setting.
- CME on Methadone Prescribing – A training curriculum has completed one round of field review and comments are being incorporated. The first scheduled course convenes at the New York Academy of Family Physicians, September 19, 2007. Additional support for other courses is under consideration in other States.
- ASAM Clinical Drug Testing Best Practices Meeting – CSAT is sponsoring the best practices course tentatively scheduled September 22 in Philadelphia, PA. Former CSAT National Advisory Council Member, Louis Baxter, M.D., is the Course Director.

***Future Meetings:***

- An opioid treatment program meeting will be held July 19, to review the impact of accreditation requirements on OTPs; the new accreditation guidelines based upon field input over the past few years; methadone mortality; buprenorphine; and other relevant topics.
- On July 20, a one-day meeting is planned at the Madison Hotel, Washington, DC, to update the 2003 methadone mortality meeting with approximately 60 invited participants representing the pain management and opioid treatment communities.
- A follow-up meeting regarding fentanyl deaths and lessons learned to facilitate early alert and intervention will take place August 28 - 29 at the Hyatt Hotel, Washington, DC.
- DPT staff will participate in the National American Association for Treatment of Opioid Dependence (AATOD) National Conference in San Diego, California. The Center is supporting pre conference seminars with patient advocates, buprenorphine updates, and a half day session with State opioid treatment regulatory authorities.

## 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.***

***Homelessness.*** The Co-Occurring and Homeless Activities Branch (CHAB) convened its annual Grantee Workshop February 5-8, in Baltimore, Maryland. The workshop featured an intense training series in Trauma Informed Services and Motivational Interviewing. Keynote speakers included: Mr. Mark Johnston who spoke about U.S. Department of Housing and Urban Development (HUD) programs; Mr. David Carrillo who spoke on "Increasing Service Access for Culturally Diverse Populations"; and Mr. Scott Miller who spoke on "Improving Effectiveness." The conference received high positive ratings on content relevance and on conference planning and management. The next Workshop is scheduled for June 16-19, 2008, in Arlington, Virginia.

***International Information Exchange.*** CSAT hosted an informational exchange opportunity for two visitors from the Cape Town, South Africa, Mayoral Committee, June 11-12. The individuals are managing the substance abuse strategy in Cape Town. CSAT managers and program staff provided an overview of CSAT's activities in Substance Abuse Treatment Programs of Regional and National Significance: Charlene Le Fauve, Ph.D., Chief, Co-Occurring and Homeless Activities Branch presented and led a discussion on homeless and co-occurring activities; Warren Hewitt presented on the intersection of HIV/AIDS, Substance Abuse, and Sexually Transmitted Infections; David Thompson discussed the Targeted Capacity Expansion HIV Grant portfolio; and Kirk James, M.D., delivered a presentation about Rapid HIV Testing. CSAT accompanied the delegation on a site visit to a CSAT Treatment for Homeless program grantee, Community Connections, in Washington D.C. The delegation also visited Family and Medical Counseling, Inc., in Washington, D.C.

***CSAT's Co-Occurring Dialogues Electronic Discussion List.*** Co-Occurring Dialogues is an electronic discussion list that represents an expansion of the services offered by CSAT's Treatment Improvement Exchange (<http://www.treatment.org>). The electronic discussion list was developed and established by CSAT's Division of State and Community Assistance, and specifically focuses on issues related to dual diagnosis (co-occurring mental and substance use disorders). In addition, a special topics page on the TIE Forum is devoted to resources and information on these issues. The List can be found at the following Web address: <http://www.tie.samhsa.gov/Topics/DualDialogues.html>.

Membership is open to anyone interested in the topic. Participants in List discussions include members of the research community, educators, treatment agencies and providers, members of the recovery community, and individuals at every level of government. CSAT makes the electronic discussion list available as a forum for communication, idea exchange, brainstorming, and the sharing of exciting and current publications and opportunities. Recent topics of in-depth exchange include medications, assessment tools, readiness for treatment, and discussion of the

interaction between substance use and mental health issues.

***Policy Academy on Co-Occurring Substance Use and Mental Disorders for American Indians and Alaska Natives.*** SAMHSA is planning a policy academy to be held in Phoenix, Arizona, September 11-13. Similar to the three previous co-occurring policy academies, it will be jointly funded by SAMHSA's Center for Substance Abuse Treatment, Center for Mental Health Services, and the Office of Policy, Planning, and Budget. The goal of the policy academy is to enhance the provision of services for co-occurring disorders among tribes and tribal communities. The policy academy will encourage tribes and tribal organizations to consider how local policies and programs influence the response to co-occurring disorders and whether changes could improve their efforts. Up to eight teams will be selected to participate in the intensive forum to develop tribal-level strategic plans for improving access to prevention and treatment services for people with co-occurring disorders.

***SAMHSA's Co-occurring Center for Excellence (COCE).*** COCE now has eight overview papers available to the field. The documents were designed for substance abuse treatment counselors and mental health providers who usually treat one or the other of the two ailments. The papers will also be useful for administrators, primary care providers, criminal justice staff and other health care and social service personnel who work with people with co-occurring disorders. They are short papers, spanning topics such as definition and terms, epidemiology, screening and assessment, treatment, non-traditional service settings, evidenced based practices, services and system integration. The papers are available through the COCE Web site [www.coce.samhsa.gov](http://www.coce.samhsa.gov) and can be ordered through SAMHSA's National Clearinghouse for Alcohol and Drug Information (<http://ncadi.samhsa.gov/>).

## 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.***

***Coordinating Council on Juvenile Justice and Delinquency Prevention.*** CSAT staff represented SAMHSA at the President's Office of Juvenile Justice and Delinquency Prevention (OJJDP) Coordinating Council quarterly meeting held at the Department of Education and attended by representatives from Department of Homeland Security, Department of Labor, United States Department of Agriculture, Department of Health and Human Services, Indian Health Service, Department of Justice, Office of National Drug Control Policy, National Institute of Justice, and Department of Defense.

***Driving While Intoxicated (DWI) Systems Improvement Work Group.*** CSAT staff participated and presented to this consortium of groups working on DWI – Criminal Justice systems issues.

***Family Treatment Drug Court Evaluation.*** The final report evaluating CSAT's family drug court program has been completed. Findings will be presented at the National Association of Drug Court Professionals Annual Conference, June 2007.

***Joint Conference on Substance Abuse, Mental Health, and the Corrections System.*** CSAT continues to work with the Bureau of Justice Assistance and three national constituency associations (NASADAD, NASMHPHD, and ASCA) to bring these organizations together for a joint conference on areas of overlapping interest.

***Criminal and Juvenile Justice (CJJ) Matrix Workgroup.*** Dr. Clark was named the new Matrix Lead for the Workgroup in April 2007.

## 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.***

***State Women's Treatment Coordinators.*** During the past six months, CSAT has been working with the State Women's Treatment Coordinators (WTCs) and NASADAD to discuss the transition of the WTCs from an informal group organized by CSAT to a formal group under the auspices of NASADAD. NASADAD was receptive to the creation of a subgroup for the WTCs under the National Treatment Network (NTN), much like other NTN sub-groups. At the NASADAD Annual meeting in Vermont, June 6-9, the WTCs adopted operating procedures and elected officers to make this transition possible. As part of this process, the WTCs decided to re-name themselves the "State Women's Services Network" to capture both their treatment and prevention roles. The NASADAD Board of Directors will vote on the change at their September meeting, but all indications are that this group will become part of the NTN.

***National Conference on Barriers to Employment.*** On June 14-15, 2007, in Arlington, Virginia, SAMHSA in partnership with the Administration for Children and Families (ACF) held a national conference entitled "Achieving Common Goals II: Addressing Substance Abuse and Mental Health Barriers to Employment through Assistance to Needy Families." Participants included State Alcohol and Drug Administrators, State Mental Health Commissioners, State Temporary Assistance for Needy Families (TANF) Directors, Tribal TANF Directors, and other TANF, mental health, alcohol and drug treatment, and Tribal constituents. Over 200 people were in attendance.

***Adolescent Program.*** The Child/Adolescent State Infrastructure grantee meeting was held on April 24 in Washington, D.C. Attendees stayed to participate in the 3<sup>rd</sup> Annual Joint Meeting on Adolescent Treatment Effectiveness (JMATE) which was attended by approximately 800 providers and researchers. The meeting was led by CSAT and co-sponsored by the National Institute on Drug Abuse, National Institute on Alcohol Abuse and Alcoholism, Society of Adolescent Substance Abuse Treatment Effectiveness, Robert Wood Johnson Foundation, the National ATTC, and the Health Foundation of Greater Cincinnati.

***Reclaiming Futures.*** The Robert Wood Johnson Foundation (RWJF) announced on February 20, a national expansion of its Reclaiming Futures initiative, housed at Portland State University, citing the program's success in getting more services to teens in the justice system who are struggling with drugs and alcohol. The CSAT adolescent team has been collaborating on this initiative since its inception and has been providing technical assistance on treatment for youth.

***Women, Children and Family Treatment (WCFT) Program.*** CSAT collaborated with the

Department of Psychiatry at Johns Hopkins Bayview Medical Center to hold the Annual Young Children's Meeting on April 24. The purpose of the meeting was to discuss the research being conducted at the Center for Addiction and Pregnancy (CAP) and the evidence-based clinical activities that are embedded into CAP treatment services.

***Supplements to Residential Treatment Program.*** A request for Applications to supplement CSAT's Residential Treatment for Pregnant and Post Partum Women and Residential Treatment for Women and their Children was announced on March 29 and closed on May 25. The estimated funding is \$5.5 million. Fourteen grants are expected to be awarded for up to \$500,000 each.

## 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.***

***TCE/HIV RFA.*** Applications in response to a RFA to enhance and expand treatment and/or outreach and pretreatment services in conjunction with HIV services among minority populations were due on February 28. Anticipated total available funding for this initiative is \$32.1 million. About 65 awards are anticipated for up to \$500,000 for treatment services and \$400,000 for outreach and pre-treatment services.

***Minority AIDS Initiative TCE/HIV Grantee Meeting.*** The annual grantee meeting was held on March 12-14 in Atlanta, GA, in an effort to further collaboration with CDC. Multiple sessions were held featuring CDC staff highlighting programs and activities of relevance to CSAT grantees.

***Rapid HIV Testing.*** To date, over 45,000 Rapid HIV test kits have been distributed. Twelve out of 24 rapid HIV test trainings have been completed to date. The most recent training was conducted in Memphis, TN, on May 22-24 and was attended by 46 participants.

## Disaster Readiness and Response

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

***Action Plan for Disaster Readiness and Response.*** CSAT and SAMHSA staff are working on the SAMHSA action plan for disaster readiness and response. The purpose of the plan is to integrate behavioral health into the public health emergency response, promote population resilience, and prevent adverse substance abuse and mental health consequences through pre-event, event, and post-event services and activities. A SAMHSA meeting was held in February, 2007 to plan for Disaster Technical Assistance Center (DTAC) action priorities.

***Disaster Technical Assistance Center (DTAC) Projects.*** CSAT is working on two special projects with DTAC, both of which were submitted by CSAT and supported by the DTAC Advisory Group. DTAC will be working with the SAMHSA Disaster Coordinator to review CSAT's Treatment Improvement Protocol Series (TIPS) and identify those that would be helpful to the disaster community. The review began with the new Methadone TIP and plans include wide distribution of the Knowledge Application Program (KAP) Keys on this topic to local, State, Federal and military entities as identified. CSAT is also working with CMHS to develop an All Hazards Manual with integrated mental health and substance abuse information.

***SAMHSA/CSAT Disaster and Pandemic Influenza Planning Update.*** In April, CSAT staff accompanied the SAMHSA Disaster Coordinator to a multi-State planning meeting hosted by the Commonwealth of Pennsylvania. A follow-up meeting is being planned by the State of New York. On May 24, SAMHSA conducted an orientation of the pandemic flu continuity of operations plan for designated program managers and staff in essential positions. This is the first step in orientation and preparation that will culminate in tabletop exercises in 2008. CSAT staff conducted an orientation for personnel in essential positions responsible for the administration of the Substance Abuse Prevention and Treatment Block Grant program. An orientation was provided for new CSAT committee members on the pandemic flu committee. Subcommittees continue to work on such issues as constituency input, information technology needs, legislative needs, block grant awards, methadone policies, personnel implications and SAMHSA outreach. In late June, the committee is sponsoring an all hands generic medical orientation/training on pandemic flu and how SAMHSA/HHS and other government entities are prepared to respond.