

**TABLE OF CONTENTS**

Director’s Highlights ..... 2

CSAT Budget..... 2

Highlights of CSAT Activities by SAMHSA Matrix Area ..... 7

    Substance Abuse Treatment Capacity ..... 7

        Discretionary Program Activities ..... 7

        Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Activities ..... 8

        Partners for Recovery (PFR) Initiative ..... 10

        Consumer Affairs..... 12

        Pharmacologic Therapies..... 16

    Co-Occurring Disorders..... 18

    Criminal Justice ..... 19

    Children and Families ..... 20

    HIV/AIDS and Hepatitis..... 21

    Disaster Readiness and Response ..... 22

APPENDIX I ..... 23

    FY 2008 CSAT Funding Opportunities..... 23

APPENDIX II ..... 25

    FY 2007 Grants Program Description & Awardees ..... 25

## Director's Highlights

**Status of FY 2007 Budget.** Execution of the FY 2007 budget was completed on September 30, 2007. CSAT awarded 137 new discretionary grants in FY 2007 for a total of just over \$145.6 million. New grants included the following: 24 Access To Recovery, 17 Adolescent Treatment, 8 Recovery Community Services Program, 67 Targeted Capacity Expansion-HIV, 16 Targeted Capacity Expansion-General, 2 Co-Occurring State Incentive Grants, 1 Physician Clinical Support System, and 2 Conference grants. Complete details can be found on the SAMHSA website at: <http://www.samhsa.gov/newsroom/>.

**Status of FY 2008 Budget.** SAMHSA began the new fiscal year operating under a continuing resolution; however, the Consolidated Appropriations Act, 2008, was passed by the Congress in mid-December, becoming Public Law 110-161 when it was signed by the President on December 26. CSAT funding levels were virtually straight-lined at the FY 2007 levels for both PRNS and SAPTBG programs (see table below). Most of the programs that had been recommended for elimination or reduction in the FY 2008 Request were restored by the Congress in the final Appropriations Act. In addition, CSAT received a total of \$6.2 million in Congressionally earmarked projects that must be funded in FY 2008.

**Status of FY 2009 Budget.** SAMHSA's FY 2009 Budget, Justification of Estimates for Appropriations Committees, supporting the FY 2009 President's Budget, was submitted to the Congress on February 4. It reflects a reduction of almost \$63 million in PRNS funding from the FY 2008 funding levels. The SAPT Block Grant was increased by approximately \$20 million for a new provision to provide supplemental awards to the top 20 percent of states for superior performance and submission of data for the National Outcome Measures (NOMs). The following table compares the FY 2007, FY 2008, and FY 2009 funding levels.

### CSAT Budget FY 2007 – FY 2009 (dollars in millions)

**Table 1**

<b>Budget Line</b>	<b>FY 2007 Actual</b>	<b>FY 2008 Enacted</b>	<b>FY 2009 President's Budget</b>	<b>Inc / Dec 2009 PB vs 2008 Enacted</b>
Programs of Regional and National Significance	\$398.9	\$399.8	\$336.8	-\$63.0
SAPT Block Grant	\$1,758.6	\$1,758.7	\$1,778.6	+ \$19.9

<b>Budget Line</b>	<b>FY 2007 Actual</b>	<b>FY 2008 Enacted</b>	<b>FY 2009 President's Budget</b>	<b>Inc / Dec 2009 PB vs 2008 Enacted</b>
Total CSAT	\$2,157.5	\$2,158.5	\$2,115.4	- \$43.1

A complete copy of the SAMHSA/CSAT FY 2009 Congressional Justification can be downloaded from the following link on the SAMHSA website: <http://www.samhsa.gov/Budget/FY2009/index.aspx>

**Impact of the FY 2009 Budget.** The FY 2009 President's Budget will provide for treatment services expansion in the following CSAT Capacity programs:

- Screening, Brief Intervention, Referral and Treatment: 93% increase in FY 2009
- Criminal Justice (Drug Courts): 280% increase in FY 2009

However, in order to support the above program funding increases, and to absorb the overall reduction in FY 2009 funding, a number of CSAT Capacity programs and Science to Service programs will be eliminated or reduced as follows.

Programs targeted for elimination in FY 2009 include:

- Co-Occurring State Incentive Grants
- Pregnant and Postpartum Women program
- Strengthening Treatment Access and Retention
- Recovery Community Services Program
- Children and Families programs
- Knowledge Application Program (TIPs, Quick Guides, Treatment Manuals, Fact Sheets, Advisories, Marketing Campaigns)
- Partners for Recovery (Workforce Development; Know Your Rights [anti-stigma]; Leadership Institutes; Recovery Summits)
- Historically Black Colleges & Universities (HBCU) National Resource Center and Lonnie Mitchell Conference for HBCU students
- Consumer Affairs (Recovery Month; public education)
- Community/Faith-Based Technical Assistance/Activities
- Other Science and Service activities: HIV/AIDS Cross Training; CSAT Logistics Contracts; Confidentiality Training; All Printing; Minority Fellowship program; Collaborations with AHRQ, NIDA, and OJJDP; various Division of Services Improvement (DSI) analysis activities, studies, and evaluations

Programs targeted for reduction in FY 2009 include:

- Capacity activities: Opioid Treatment Programs (32% reduction); Treatment Systems for Homeless (23% reduction); Treatment Capacity Expansion for General Populations (37%

reduction); Addiction Technology Transfer Centers (ATTCs - 5% reduction for the ATTC evaluation contract)

**13<sup>th</sup> Annual Latino Conference.** Dr. Clark was the keynote speaker at the conference, focusing on substance abuse problems affecting the Latino population and CSAT's efforts to improve knowledge and services to the Latino community in America. CSAT also co-sponsored the conference, which is considered to be one of the premier events in the nation focusing on Latino behavioral health. The theme for the October conference was *Transformation & Recovery in Latino Behavioral Health*.

**Annual Illinois Alcoholism and Drug Dependence Conference.** Dr. Clark spoke on behalf of the SAMHSA administrator, Dr. Terry Cline, at the October conference, which was sponsored by the Illinois Department of Human Services, the Illinois Alcoholism and Drug Dependence Association, and SAMHSA. Dr. Clark presented opening remarks to attendees, who included researchers, policy makers and professionals in substance abuse and the related fields of mental health, human and social services, criminal justice, education and primary health care.

**National Foundation for Women Legislators, Inc.** Dr. Clark addressed the audience of women elected officials from around the United States about current issues faced by SAMHSA. The October conference was held in Louisville, Kentucky.

**Los Angeles Recovery Summit 2007.** Dr. Clark presented and participated in a panel discussion at the summit. The conference focused on topics concerning recovery from alcoholism and drug addiction, presented from many viewpoints, and included personal experiences of people working in the field.

**American Association for the Treatment of Opioid Dependence National Conference.** Dr. Clark gave the keynote address at the October conference, speaking on *Evidence-Based Policies and Practices: Improving Medication-Assisted Treatment*. Approximately 1,200 Federal and state officials, treatment providers, and drug policy professionals attended the San Diego conference. Dr. Clark's address highlighted the leadership role CSAT has played in promulgating evidence-based research to the opioid dependency treatment field.

**Tuskegee University National Nurses Alumni Association -- Mary Harper Symposium.** Dr. Clark provided the keynote address titled, *Substance Abuse & HIV/AIDS: The National Call to Improve Access to Treatment*. The November symposium was attended by approximately 100 nurses, psychologists, social workers, and physicians and focused on aging and mental health issues affecting the African-American community.

**White House Conference on Faith-Based and Community Initiatives.** Dr. Clark moderated a panel on Access to Recovery as part of the November conference held in Indianapolis, Indiana. The conference was co-sponsored by The White House and the Departments of Justice, Agriculture, Labor, Health & Human Services, Housing & Urban Development, Education,

Homeland Security, Commerce, Veterans' Affairs, the Small Business Administration, the Agency for International Development, and the State of Indiana. The conference was part of a series of regional conferences in partnership with states, designed to connect effective social service organizations with resources that can strengthen and expand their services. In addition to moderating the panel discussion, Dr. Clark gave a brief overview of SAMHSA.

***SAMHSA Minority AIDS Initiative Institute.*** Dr. Clark addressed the attendees at the November SAMHSA HIV/AIDS meeting regarding *Lessons Learned and New Connections Made and Engaged*.

***Louisiana Office for Addictive Disorders Fall Conference.*** Dr. Clark was recognized at the November conference for SAMHSA's support and services rendered to the State of Louisiana post Hurricanes Katrina and Rita. The objective of the conference, titled *Honoring Those We Serve and Those Who Serve Them*, was to further the knowledge, skills and experience of participants working in addictions and related fields and to honor staff, supporters, and clients.

***PhRMA – D.A.R.E. Press Conference.*** Robert Hendricks, Special Assistant to the Director, CSAT, spoke for Dr. Clark at a December press conference to present a new, specialized curriculum from Drug Abuse Resistance Education (D.A.R.E.) America. The curriculum, designed for fifth-, seventh- and ninth-graders, counters abuse of prescription and over-the-counter drugs.

***Providing Mental Health, Substance Abuse, and Co-Occurring Disorders Services for Returning Veterans and Their Families.*** Dr. Clark gave a presentation to veterans, their families, and treatment providers who work with veterans as part of a conference sponsored by the San Francisco Department of Mental Health Community Behavioral Health Services. The focus of the presentation was on the challenges faced by returning veterans – primarily those returning from Iraq and Afghanistan – and the programs offered by CSAT to respond to those challenges. Data and programs relating to co-occurring disorders, post traumatic stress disorder (PTSD), homelessness, and substance abuse were emphasized.

***Access to Recovery (ATR) Visits with Faith- and Community-Based Treatment Program Forums.*** Dr. Clark is in the process of visiting the nine new ATR grantees, focusing on community- and faith-based treatment programs. He has completed presentations to community-based, faith-based and grassroots providers in Arizona, Colorado, Hawaii, Iowa, Indiana, Ohio, Oklahoma and the District of Columbia. The last presentation, in Rhode Island, is scheduled for March 17. The presentation focuses on the important role that faith- and community-based organizations play in the ATR program and on how the Recovery-Oriented Systems of Care approach applies to ATR.

***Interviews Regarding NSDUH Study on Adolescent and Young Adult Use of Non-prescription Cough and Cold Medicines for Non-medical Use.*** Dr. Clark was interviewed by various news agencies regarding the findings of the NSDUH report released on 1/10/2008. The focus of the

interviews was on the data from the study and the dangers of abusing non-prescription medicines.

***Meeting with Montana Tribal Leaders.*** In January, CSAT Deputy Director Richard Kopanda accompanied the SAMHSA Deputy Administrator, Dr. Eric Broderick, to the Chippewa Cree Rocky Boy's reservation in Box Elder, Montana. The meeting involved tribal consultation on methamphetamine abuse, opportunities for CSAT technical assistance, a discussion of a proposed new substance abuse treatment plan and facility, and a visit by Montana Governor Schweitzer. A tripartite agreement was reached between the Governor's office, the Montana tribes, and SAMHSA to discuss and pursue more effective ways to target Block Grant funds to the needs of tribal members.

***Screening, Brief Intervention, and Referral to Treatment Cohorts I and II Grantee Meeting.*** Dr. Clark presented closing remarks at the meeting on January 31, recapping the cohort I accomplishments and outlining the goals for cohort II. In addition, he presented awards to cohort I grantees.

## 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).*** On November 14-16, a meeting of the 24 newly awarded ATR-II grantees was held in Bethesda, Maryland. In addition, eight forums were hosted by first time ATR grantees in an effort to promote grassroots provider networks.

***Addiction Technology Transfer Centers (ATTCs).*** On December 2-6, CSAT hosted a meeting of all newly awarded ATTC Directors in Rockville, Maryland. The meeting resulted in development of a 5-year strategic plan with a focus on promoting recovery-oriented systems of care. A letter was sent to the ATTC Principle Investigators on February 18, informing them of the availability of funds for up to 3 special project supplements to provide training and technical assistance to American Indian/Alaska Native organizations through partnerships between ATTCs and Area Indian Health Boards.

***American Indian/Alaska Native (AI/AN).*** In conjunction with SAMHSA's National Registry of Effective Programs and Practices (NREPP), CSAT hosted a Best Practices in Substance Abuse Treatment Workshop. The goal of the workshop was to provide technical assistance to CSAT grantees (American Indian/Alaska Natives/Asian Americans; Recovery Community Support Services and Homeless Programs) in application submission to NREPP. The 2 1/2 day workshop was held in Portland, Oregon, February 20-22, and was attended by 13 Teams consisting of the grant Project Director, Clinical Director and Evaluator.

***Financing.*** The Behavioral Health-Medicaid Information Technology Architecture (BH-MITA) Workgroup Conference was held in Bethesda, Maryland, on February 21-22. Jointly sponsored by SAMHSA and the Centers for Medicare and Medicaid Services (CMS), the goal of the meeting was to begin developing a "blueprint" to assist States in transforming and integrating their behavioral health data systems using health information technology to create a single performance management platform.

***Knowledge Application Program (KAP).*** Publications currently under development include the following: *Substance Abuse Treatment for People Who Are Homeless; Addressing Suicidal Thoughts and Behaviors With Clients in Treatment for Substance Use Disorders; Supervision and the Professional Development of the Substance Abuse Counselor; and Substance Abuse Treatment with American Indians and Alaska Natives.* KAP has also launched an E-Learning

section on the KAP website which offers online continuing education for substance abuse treatment professionals.

***Methamphetamine.*** Planning is underway for *The National Summit to Promote Public Health, Partnerships, and Safety in Critically Affected Populations*. The meeting is planned for winter of 2008. This three-day event will bring together leading experts focused on the impact of methamphetamine on critical populations (LGBT, criminal justice, and women). Participants will include State Health Authorities, Single State Authorities for Substance Abuse, State HIV/AIDS/STD Directors, program directors for community-based organizations, government agency representatives, research leaders, clinicians, and key national organizations. The event is designed to synthesize local successes and develop national strategies that participants can use to strengthen and expand existing local efforts. It will address the areas of research, prevention, treatment, evidence-based practices, and training. SAMHSA/CSAT is the lead agency and is collaborating on development of the event with multiple federal partner agencies including HHS operating divisions and the Department of Justice (Office of Community-Oriented Policing Services, Office of Victims of Crime, and Drug Enforcement Administration).

***Network for the Improvement of Access to Treatment (NIATx).*** Launched in September 2007, the ACTION (Adopting Changes to Improve Outcomes Now) Campaign has reached its target of recruiting 500 providers to participate in process improvement activities. The goal of the campaign is to involve treatment providers in activities to improve access and retention in substance abuse treatment. SAMHSA continues to be an active partner in this nationwide effort.

***Screening, Brief Intervention, and Referral to Treatment (SBIRT).*** On November 27, SAMHSA announced availability of up to \$10 million to fund four cooperative agreements at the State and tribal level to provide SBIRT services. Common Procedure Terminology Billing Codes (CPT Codes) and “G-Codes” were released by the American Medical Association and the Centers for Medicaid and Medicare Services (CMS) allowing for the billing of SBIRT services by private health plans and Medicare. SAMHSA co-sponsored with ONDCP and other federal agencies a meeting on Medical Education with a focus on SBIRT. An SBIRT grantee meeting was held on January 30-31, in Rockville, Maryland.

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

***HIV/AIDS Cross-training Project.*** During October-February, CSAT conducted training in the following States: Maryland, Pennsylvania, Rhode Island, and Texas.

***National Association of State Alcohol and Drug Abuse Directors (NASADAD).*** During October-January, new Single State Agency (SSA) directors were appointed in Arizona and Nevada. On January 29-31, CSAT’s Division of State and Community Assistance, in collaboration with CSAP’s Division of State Programs, hosted a two and one-half day orientation for recently appointed Single State Agency (SSA) Directors and staff. The participating States

were Arizona, Kansas, Missouri, Nebraska, Nevada, New Mexico, Oklahoma, Texas, Wyoming, and the Republic of the Marshall Islands.

NASADAD convened the quarterly meeting of the Performance Data Work Group on October 25-26. Participants included state representatives, NASADAD officials, federal representatives from SAMHSA (CSAT, CSAP, OAS), and consultants. The Work Group provides input to CSAT and SAMHSA on implementation of the National Outcome Measures (NOMs) and the SAMHSA data strategy.

On January 28 and March 13, CSAT's Division of State and Community Assistance, in collaboration with CSAP's Division of State Programs and NASADAD's Performance Data Work Group convened teleconference meetings of the SAPT Block Grant Application Redevelopment Work Group. NASADAD is providing expertise on how the application can be streamlined and the states' reporting burden can be reduced.

***State Alcohol and Other Drug Systems Technical Review Project.*** From October-February, CSAT conducted Core Elements Technical Reviews in the following States: Arkansas, Florida, Louisiana, Maine, Virginia, Wisconsin, and Wyoming. 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 (SSTAP).*** This project provides a broad range of technical assistance to States in reference to the SAPT Block Grant program and works with SSA directors to develop and implement comprehensive State plans for improving substance abuse treatment delivery systems. Technical assistance plans were developed for the following States: Mississippi, North Carolina, and New Hampshire. Technical assistance plans are currently under development for the following States: Connecticut, Illinois, Massachusetts, Nebraska, New York, and Oregon. Technical assistance was delivered to the following States: Alabama, Alaska, Colorado, District of Columbia, Hawaii, Idaho, Iowa, Louisiana, Michigan, Minnesota, Missouri, New Jersey, North Dakota, Ohio, Rhode Island, Texas, and Washington State. In addition, SSTAP managed several other multi-State events.

The SSTAP contract also manages the TA Tracking System which allows States to fill out and submit TA requests for assistance unrelated to TA plans. During October-February, SSTAP provided 10 new State directors with user IDs and passwords and reissued IDs and passwords to 4 State users.

***Web Block Grant Application System.*** On or before October 1, the States and Jurisdictions submitted their respective FY 2008 Uniform Applications for the Substance Abuse Prevention and Treatment Block 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 2005 Annual

Reports, FY 2007 Progress Reports, and the FY 2008 Intended Use Plans. In addition to the submission of the FY 2008 Uniform Application, all States and Jurisdictions submitted their respective Annual Synar Reports (compliance with tobacco regulations). As a result of several continuing resolutions, some States received multiple first quarter Notices of Block Grant Award. On January 14, a final FY 2008 SAPT Block Grant allocation table was disseminated to the States and Jurisdictions and each State/Jurisdiction subsequently amended their respective FY 2008 Intended Use Plan to reflect the final FY 2008 SAPT Block Grant allocations.

### **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 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. Updates have been made to the site to improve usability and accessibility. In addition, PFR responds to a variety of questions from the public through the site.

***Recovery-Oriented Systems of Care Regional Recovery Meetings (ROSCs).*** On October 14-16, CSAT held the fourth in a series of regional recovery meetings in Newport, Rhode Island. On January 14-15, the fifth and final regional meeting was held in Charleston, South Carolina. The meetings were held to inform participants about SAMHSA/CSAT's National Summit on Recovery and to discuss planning and implementation of ROSCs within States and communities. During the one and a half day meetings, States were able to network, collaborate, strategize, and learn from each other about their efforts to plan ROSCs. In addition, PFR is developing a ROSCs toolkit to provide resources to States and communities implementing ROSCs.

***Know Your Rights Trainings (KYR).*** The purpose of this series of trainings is to build capacity at the State and local level to provide KYR training sessions, increase awareness of and access to existing resources for persons confronted with illegal discrimination related to a history of alcohol or drug dependence, and to assist in developing additional resources in this area. PFR funded two additional KYR sessions in the States of Kentucky and Vermont. This project supports funding for research into relevant law specific to the State and also funds the

customization of a KYR PowerPoint presentation. The sessions will be facilitated by Legal Action Center (LAC). Accompanying each session will be a three hour train-the-trainer session to discuss the delivery of the information, answer legal questions, and discuss planning further training sessions. Each participating State has agreed to replicate the KYR training throughout its jurisdiction and maintain the capability to provide advice and technical assistance to providers, recovering individuals, and other interested parties. Through the KYR project, LAC is available to provide general technical assistance to States planning their own KYR sessions. In addition, a video recording of the KYR session is being prepared for the PFR website.

***Performance Measurement Training.*** On October 31, PFR sponsored a briefing for members of the Joint Legislative Oversight Committee in Raleigh, North Carolina. The session was conducted by A. Thomas McLellan, Ph.D., Treatment Research Institute (TRI), and consisted of a presentation and discussion around general issues of treatment efficacy and performance measurement. Fourteen Committee members and all six professional staff attended – a record for the Committee. On January 17, 24 legislators attended a PFR training conducted by Mady Chalk, Ph.D., TRI, for the Kansas Senate Ways and Means and Appropriations Committees. Members also attended from the Senate Public Health and Welfare Committee and House Public Health Committee. The last session in the current series took place on January 23 before the Connecticut House and Senate Appropriations and Public Health Committees and was also conducted by Dr. McLellan. Approximately 13 legislators attended the session. An evaluation of the performance measurement series for State legislators is currently being conducted.

***Workforce.*** PFR has commissioned a pilot study from NASADAD to explore administrative practices that contribute to workforce retention. Turnover rates within the addictions and recovery workforce are high compared to many other professions and PFR was interested to learn what practices may reduce turnover. The study will also provide a methodological framework for future studies of workforce retention among addictions treatment and recovery staff.

In addition, PFR has completed an initial draft of a focus group report summarizing the views of students and second career professionals in health and human services regarding the addictions treatment field. The findings from this report will be used to develop marketing materials and messages for addictions treatment providers.

***PFR/ATTC Leadership Institutes.*** The 2008 series of the PFR/ATTC Leadership Institutes, conducted in conjunction with CSAT's ATTCs, has begun. The Leadership Institute was established in 2003 as a six month program designed to develop leadership within the substance use disorders field. The goal of the program is to develop a cadre of leaders to build a better workforce, advance knowledge adoption, forge partnerships, and enhance cultural appropriateness.

The following trainings are scheduled for 2008:

January 14-18	Southern Coast ATTC
March 3-7	Northwest Frontier ATTC
March 17-21	Central East ATTC
March 31-April 4	Mid-America ATTC
April 14-18	Mountain West ATTC
April 14-18	Southeast ATTC
May 5-9	Prairielands ATTC
May 19-23	Gulf Coast ATTC
July 7-11	Central East ATTC (CMHS)
August 25-29	Northeast ATTC
September 15-19	Pacific Southwest ATTC
October 6-10	Mid-Atlantic ATTC
October 27-31	Great Lakes ATTC

**Presentations.** On February 11-14, PFR conducted a workshop at the Community Anti-Drug Coalitions of America (CADCA) 18<sup>th</sup> Annual National Leadership Forum entitled: *Advancing Recovery Oriented Systems of Care*, in Washington, DC. In addition, PFR presented at the State Associations of Addiction Services (SAAS) membership meeting on February 28, in Washington, DC.

### **Consumer Affairs**

**2007 National Alcohol and Drug Addiction Recovery Month.** The final counts for the 2007 *Recovery Month* observance include: 767 events, 146 proclamations, and 68 voices for recovery posted on the 2007 *Recovery Month* Web site. Since launching the 2007 *Recovery Month* Web site, from January through December 2007, the site has logged a total of 16,586,757 hits and 1,265,603 total unique visitors as of the end of year. The Web site can be accessed at <http://www.recoverymonth.gov>.

**2008 National Alcohol and Drug Addiction Recovery Month.** 2008 marks the 19<sup>th</sup> annual celebration of *Recovery Month* and work is already underway on the materials and planning. The theme for 2008 is *Join the Voices for Recovery: Real People, Real Recovery*. The theme and tone of the observance recognizes the impact that real people and real stories can have on recovery, and celebrates those who have worked to advance the treatment and recovery landscape. *Recovery Month* planning partners met January 24, in Washington, DC, and will meet again March 27 to further prepare plans for 2008 and 2009. The 2008 *Recovery Month* Web site launched on January 2, and to date, already has 43 events posted for the 2008 observance.

SAMHSA will sponsor 50 *Recovery Month 2008* community events which will provide the opportunity to hold a SAMHSA-sponsored event in each state. Four minority contract/purchase orders for *Recovery Month 2008* events will be awarded that have special emphasis in the

following groups: African Americans, American Indians, Asian Americans and Pacific Islanders, and Latinos. Five *Recovery Month* Rides will be sponsored in California, Arizona, Ohio, Oregon and New England. In addition, there will be a single contract/purchase order that will develop fifteen community events. NAADAC (The Association for Addiction Professionals) will develop a minimum of ten *Recovery Month/Addiction Professional Day* Celebrations throughout the United States.

***Road to Recovery Series.*** The *Road to Recovery* Series had a significant growth in 2007. Households receiving the programming in 2007 increased by 16 percent (17.8 million households) from 2006 (15 million households) and cable stations airing the programming increased by 27 percent to 363 stations from 285 stations in 2006. The amount of free airtime generated in 2007 increased more than 33 percent to \$10.4 million from \$6.9 million 2006.

The 2008 *Road to Recovery* Series began airing on March 5. The 2008 Series consists of two 30-minute shows and 6 hour-long shows. In addition to the television format, for the 2008 season, the six one-hour shows will be converted to a 30-minute radio format for distribution. The 2008 *Road to Recovery* series includes the following titles:

- *Join the Voices of Recovery: Real People, Real Recovery* (Kick-off show, March)
- *Medication-Assisted Therapies: Providing a “Whole-Patient” Approach to Treatment* (April)
- *Addiction and PTSD: Combating Co-Occurring Disorders* (May)
- *Recovery and the Family: Extending Treatment to Everyone* (June)
- *Real People, Real Recovery: Effectively Delivering Recovery-Oriented Systems of Care* (July)
- *Accessing Prevention, Treatment, and Recovery Online* (August)
- *Recovery in the United States: Past, Present, and Future* (September)
- *The Road to Recovery 2008: A Showcase of Events* (Wrap show, November)

***National Inhalants Abuse Awareness Initiative 2008.*** On March 13, SAMHSA/CSAT sponsored the National Inhalants & Poisons Awareness Week Kick Off news conference in partnership with the National Inhalant Prevention Coalition at the National Press Club, Washington, DC. CSAT’s Director, Dr. Clark, John P. Walters, Director, White House Office of National Drug Control Policy, Timothy Condon, Ph.D., Deputy Director, National Institute on Drug Abuse, Stephen J. Pasierb, President and CEO of the Partnership for a Drug-Free America, a youth in treatment, an adult person in recovery and a parent whose child died from inhalant use participated in the March 13 press event.

***Faces & Voices for Recovery.*** Faces & Voices of Recovery remains a Planning Partner for *National Alcohol and Drug Addiction Recovery Month* celebration and participated in a briefing of the National Association of Alcohol and Drug Abuse Directors (NASADAD) board of directors with other planning partners in December to promote further engagement of state-level officials in *Recovery Month*. In February, Faces & Voices co-presented with SAMHSA/CSAT

staff at CADCA's National Forum to engage prevention advocates in *Recovery Month* observances.

In February, Faces & Voices launched their 2008 organizing network, a group of 60 recovery community organizations around the country who will be meeting with the Faces & Voices National Field Director on a monthly basis to plan Rally for Recovery activities as part of *Recovery Month* on Saturday, September 20.

Faces & Voices launched its 2008 *Recovery Advocacy Teleconferences* series in January. The teleconferences are recorded and available for downloading and listening from the website at <http://www.facesandvoicesofrecovery.org/> along with PowerPoint presentations and background materials. Two-hundred twenty four participants registered for the January 2008 teleconference, "*Recovery Voices Count.*" The February 27 teleconference, "*Recovery Community Centers: Anchored in the Recovery Community Part 1, Their Organization and Mission,*" drew 190 registered individuals. The upcoming March 26 teleconference is titled, "*Recovery Community Centers: Anchored in the Recovery Community, Part 2: Their Operation.*" The topic of the April 30 teleconference is to be determined.

"Train the Trainer" media trainings were held in Boston, Massachusetts, November 9-10, and a new training session is scheduled for March 16 in Denver, CO.

In addition, Faces & Voices of Recovery is serving on the planning committee for *Aligning Concepts, Practice, and Contexts to Promote Long Term Recovery: An Action Plan*, a one day symposium to be held May 2, in Philadelphia, PA. Faces & Voices is working with the Institute for Research Education and Training in Addictions (IRETA) and the Northeast Addiction Technology Transfer Center in collaboration with the Great Lakes Addiction Technology Transfer Center and the Philadelphia Department of Behavioral Health and Mental Retardation Services. Faces & Voices is also now serving on the Advisory Board for the National Addiction Technology Transfer Center.

***Non-Denominational Individual and Family Recovery Resources Training (Phase III).*** This initiative was developed to educate multi-denominational clergy in five diverse communities to expand their knowledge and understanding of the impact of alcohol and drug problems, and to introduce available resources and useful strategies to intervene positively with affected congregants, including children. Two trainings have taken place – Cleveland, OH, January 30, and Tucson, AZ, February 28. Three more trainings will be held in Buffalo, NY, Hampton, VA, and Durham, NC, in April.

***Medication Assisted Treatment Consumer Education.*** A new publication, *Buprenorphine Nurses Guide*, which was developed from CSAT TIP #40, is now completed and ready for printing.

***Patient Support and Community Education Program (PSCEP).*** A question and answer document on the safe and effective use of methadone was developed in response to recent methadone-related deaths and overdoses and is currently in clearance. Once completed, the document will be posted on the PSCEP section of the SAMHSA website at <http://dpt.samhsa.gov/patients/pscep/>.

***SAMHSA's National Helpline, 1-800-662-HELP.*** Calls received by the Helpline per month for October-December were: October – 31,687; November – 26,668; and December – 23,167. The average monthly call volume for January – December was 28,531. Average monthly call volume for 2006 was 29,239.

***Anabolic Steroids and Health.*** With CSAT support, ten assemblies are being planned at high schools in selected cities to discuss the dangers of steroid abuse. Print and audiovisual materials are currently under development for distribution at each assembly. The Taylor Hooton Foundation for Fighting Steroid Abuse has joined the campaign and will be assisting in the assemblies and materials distribution. The Hooton Foundation is a non-profit corporation, formed in memory of Taylor E. Hooton, a 17-year old high school athlete who took his own life as a result of the abuse of anabolic steroids. The Foundation was founded by family and friends after his death to educate others about the magnitude of the illegal use and abuse of anabolic steroids as performance enhancement drugs among high school athletes across the country. The Foundation works to educate young people and their parents of the real dangers of these powerful drugs.

***Talking to Teen Influencers About Medicine Abuse: A National Multi-Media Outreach Campaign for Youth Influencers.*** This CSAT initiative is targeted to reach teens and their parents to address the dangers of the misuse of prescription medication. Materials have been printed by the National Council for Patient Information and Education. Public service announcements are being produced. A continuation of this effort is underway to broaden the target audience to reach educators and physicians, or identified youth influencers.

***Entertainment Industries Council (EIC) - Entertainment Industry as a Partner in Public Education: Recovery: Real and Doable – 2007-2008.*** As part of the collaborative effort between SAMHSA and EIC, a meeting was held with the Director of Medical Research for Grey's Anatomy and Private Practice to discuss story lines to ensure that the stories accurately portray addiction, treatment and recovery issues. Additional trainings will be held with the members of the Screen Writers Guild to help identify, clarify, and encourage public understanding and support for treatment and 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. EIC is working on the updates to their publication *Spotlight on Addiction* that will be distributed to various television and screen writers throughout the country.

***Methadone Treatment for Opioid Addiction & Pain Management Public Education Campaign.*** CSAT is collaborating through an Interagency Agreement (IAA) with the Food and Drug Administration (FDA) Center for Drug Evaluation and Research (CDER) on a consumer education campaign to increase the knowledge and awareness of the potential for serious and life-threatening side effects in patients taking methadone for medication-assisted treatment of opioid addiction or for pain management. This multimedia educational campaign will reach opioid treatment programs and patients, pharmacies prescribing methadone, consumers and college and university student unions.

### **Pharmacologic Therapies**

***Digital Access to Medication Project (D-ATM).*** The Opioid Treatment Data Systems for Disaster Planning Project (Pilot Phase), also known as the Digital Access to Medication Project (D-ATM), is intended to ensure that, in the event of a disaster or more routine service discontinuity, opioid treatment programs (OTPs) can access the information needed to determine that a displaced methadone patient is indeed a patient, and then, to provide a safe dose of medication. The system itself and an application programming interface have been developed. Vendors were identified who agreed to integrate their clinical software systems using the API (an application interface), and twenty opioid treatment programs in New York, New Jersey, Louisiana, North Carolina, Maryland and Washington, D.C., have been recruited into a limited pilot of the system. In February, an article on the D-ATM Pilot Project - the first on a substance abuse treatment topic - appeared on the SAMHSA Disaster Technical Assistance Center (DTAC) Web site: <http://mentalhealth.samhsa.gov/dtac/dialogue/Fall2007.asp>

***Buprenorphine.*** On February 21-22, the Buprenorphine Summit, sponsored by SAMHSA and NIDA, was held in Washington DC. Dr. Clark gave the welcoming address, focusing on CSAT's buprenorphine activities and data, with particular emphasis on the positive impact buprenorphine has had on opioid treatment. Dr. Clark also participated in a related Media Roundtable to answer questions regarding the Summit.

***Drug Addiction Treatment Act of 2000 (DATA) Physician Waivers.*** As of February 29, SAMHSA has certified 13,462 physicians to use Buprenorphine in office-based treatment of opioid abuse and dependence, and 7,669 (57%) of these are listed on the Buprenorphine Physician Locator System. More physicians were certified in 2007 than in any previous year. Over 17,000 physicians have been trained and 2,470 physicians have indicated their intent to treat up to 100 patients.

***Opioid Treatment Program Certification (OTPs).*** As of February 29, there are approximately 1,181 certified OTPs in the United States, including four new facilities in the Baltimore City Jail. DPT staff inspected three OTPs and issued citations of observed regulatory deficiencies. In March, DPT will meet with several State opioid treatment regulatory authorities to develop a State Methadone Authority Manual.

***Methadone Mortality.*** SAMHSA/CSAT, published a Federal Register Notice on January 2, requesting public comment on a reporting form to be used by Opioid Treatment Programs (OTPs) to voluntarily report mortality data on patients who at the time of death, were enrolled in programs certified to operate by SAMHSA. Currently, there is no standardized data collection process that would provide routine reports of patients who have died while under the medical care of an OTP. The form contains a minimal amount of information that is needed to better understand causes of mortality among patients in treatment, with potential to identify preventable causes of deaths and take appropriate action through the current accreditation and certification process in order to minimize the numbers of preventable deaths.

***Methadone Take-home Doses.*** A “Dear Colleague” letter to OTPs has been drafted regarding labeling requirements on bottles for unsupervised take-home doses. CSAT is reminding OTPs of standard information required by law which must be included on the label. The draft is being reviewed by State Methadone Authorities (SMAs) and the HHS Office of General Counsel. Discussion with the SMAs will occur on March 26.

***Publications.*** Thomas Kresina, Ph.D., Public Health Advisor in CSAT's Division of Pharmacologic Therapies, wrote the article, *Hepatitis Infection in the Treatment of Opioid Dependence and Abuse*, which has been accepted by Clinical Medicine: Gastroenterology 2008 and is in the process of publication.

***International Technical Assistance (TA).*** CSAT is providing international technical assistance in Irkutsk, Russia, as part of the President's Emergency Plan for AIDS Relief (PEPFAR), an HIV prevention project to develop a postgraduate curriculum for Siberia. The curriculum being developed combines substance abuse treatment with HIV care and treatment.

## 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.***

***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>. Presently there are more than 700 domestic and international subscribers.

***SAMHSA's Co-occurring Center for Excellence (COCE).*** In an effort to facilitate the expansion of the learning community regarding co-occurring disorders, COCE has continued outreach to States through the dissemination of information and resources to each of the Single State Authorities. The information includes an outline of COCE services that might be of interest to the State Administrator, a brochure, and the Overview Papers which are brief publications for professionals in the field on topics related to co-occurring disorders (e.g. screening and assessment, systems integration). COCE has also been providing trainings with the *Substance Abuse Treatment for Persons with Co-Occurring Disorders Inservice Training* curriculum, following its pilot testing and content clearance. These trainings have been provided to state and sub-state entities in collaboration with the Addiction Technology Transfer Centers. All COCE resources are available via the website at <http://coce.samhsa.gov/>.

***Expert Panel on Co-Occurring and Homelessness Programs.*** The CSAT Co-Occurring and Homeless Activities Branch (CHAB), in the Division of State and Community Assistance, is engaged in a strategic planning activity. On December 17-18, CHAB convened an expert panel meeting to discuss CSAT's Co-occurring and homelessness programs, performance measures and accountability, services integration, housing linked to services and treatment, effective services and treatment strategies, and workforce development.

## 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.***

***Treatment Drug Courts.*** On February 6, SAMHSA announced the availability of \$5.4 million to fund up to 18 grants for expanding the substance abuse treatment capacity of treatment drug courts nationwide. Eligibility of this grant program is limited to existing treatment drug courts that have demonstrated agreements or relationships with existing community-based substance abuse treatment providers.

## 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.***

***Pregnant and Postpartum Women (PPW) Program:*** On January 25, SAMHSA announced availability up to \$7.87 million to fund approximately 16 grants for three years to support residential treatment services for pregnant and postpartum women and their minor children, age 17 and under. The program includes fathers of the children, partners of the women, and other extended family members of the women and children in treatment when their inclusion in non-residential treatment services is deemed to be appropriate and beneficial.

***State Alcohol and Drug Abuse Women's Services Coordinators (WSCs).*** On February 28-29, CSAT supported a meeting of the State Alcohol and Drug Abuse Women's Services Coordinators (WSCs) Standards Sub-committee to advise NASADAD about information that should be included in guidance on women's treatment standards. The WSCs hope to present the work of the subcommittee at the Annual NASADAD meeting in June.

***Conference on Women and Addiction.*** SAMHSA/CSAT is co-sponsoring with the Florida Alcohol and Drug Abuse Association and NCI Systems the 3<sup>rd</sup> National Conference on Women, Addiction and Recovery: *Inspiring Leadership, Changing Lives*, in Tampa, Florida, September 15-17. The call for workshop proposals has been issued and can be found online at <http://www.fadaa.org/women/>.

## 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 Grants.*** On November 7-10, representatives of CSAT's TCE/HIV grantees attended a SAMHSA-wide HIV/AIDS grantee meeting in California followed by the U.S. Conference on AIDS.

***HIV Early Intervention Services.*** For FY 2008 there are twenty-three "Designated States" as defined in statute and regulation that are required to obligate and expend 5 percent of their respective FY 2008 Notices of Block Grant Award to establish one or more projects to provide early intervention services for HIV at the sites at which individuals are receiving treatment for substance use disorders. In FY 2007, twenty-four "Designated States" were required to obligate \$56.4 million for such services. The "Designated States" were encouraged to utilize some of the 5 percent set aside to implement rapid HIV testing. State plans to integrate rapid HIV testing into their early intervention services include the following: Nine states will implement rapid HIV testing (CA, DC, FL, GA, MD, RI, SC, VA, and USVI); nine states plan to purchase rapid HIV test kits (DE, HI, IL, LA, NV, NC, TN, TX, PR); rapid HIV testing is under consideration in three states (CT, MS, NJ); and three states have no plans to use rapid HIV testing (AL, NY, PA).

## Disaster Readiness and Response

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

***CSAT Disaster CD.*** Fifteen thousand copies of the revised CSAT Disaster CD, *Recovery Resources for Substance Abuse Treatment Providers* have been distributed to the SSA's, key CSAT partners, and at the American Public Health Association conference. The CD can be ordered through NCADI.

***Illinois Applies for Emergency Grant.*** The state of Illinois has applied for a SAMHSA Emergency Response Grant to assist with response efforts to the recent school shootings at Northern Illinois University.

***SAMHSA Disaster Technical Assistance Center (DTAC) Projects.*** Two special projects with DTAC are under development, both of which were submitted by CSAT and supported by the DTAC advisory group. DTAC is continuing to work with CSAT and the SAMHSA Disaster Coordinator to review the Treatment Improvement Protocol (TIP) series and identify those that would be helpful to the disaster community. Progress was made on development of the new Methadone TIP, regarding wide distribution of the Knowledge Application Program (KAP) Keys on this topic to local, state, federal and military entities as identified. DTAC prepared sample packets of KAP Keys that were distributed in February to State Mental Health and Substance Abuse disaster coordinators. Secondly, work is continuing on the revision of the CMHS All Hazards manual to convert it to an integrated product that reflects a behavioral health approach rather than solely mental health. The new title is *All-Hazards Disaster Mental Health and Substance Abuse Preparedness Toolkit*. The document is currently undergoing the clearance process.

***Emergency Preparedness/Pandemic Flu Constituents' Meeting.*** In February, SAMHSA held an Emergency Preparedness/Pandemic Flu Constituents' Meeting, which included a morning overview of emergency preparedness and a focus on pandemic influenza in the afternoon. This was an initial meeting of the NASADAD and NASMHPD constituent collaboration, and it is expected that additional constituent groups will be included at a later date. CSAT staff participate on the SAMHSA Pandemic Flu workgroup that organized the meeting.

**APPENDIX I**  
**FY 2008 CSAT Funding Opportunities**

**Table I. 1**

<b>Program Name</b>	<b>Estimated Funding Available/# of Awards</b>	<b>Publication/ Web Posting Date</b>	<b>Application Receipt Date</b>
TI-08-001- Cooperative Agreements for Screening, Brief Intervention, Referral and Treatment	\$10.04 million 4 awards	11-27-07	1-31-08
TI-08-002- National Outcome Measures (NOMS) Collaborative Support Initiative Grant	\$600,000 1 award	12-7-07	2-13-08
TI-08-003- Screening, Brief Intervention, Referral and Treatment Medical Residency Program	\$3.75 million Up to 10 awards	3-4-08	4-30-08
TI-08-005- Grants to Expand Substance Abuse Treatment Capacity in Targeted Areas of Need	For American Indian/Alaska Native and Asian American/Pacific Islander Populations \$3.5 million- Up to 14 awards  For Local Recovery Oriented Systems of Care \$3.5 million- Up to 8 awards	2-14-08	4-18-08
TI-08-006- Targeted Capacity Expansion Program for Substance Abuse Treatment and HIV/AIDS Services	\$19.8 million Up to 50 awards	1-18-08	3-27-08
TI-08-007- Grants to Expand Substance Abuse Treatment Capacity for Adult Drug Courts	\$5.4 million Up to 18	2-5-08	4-10-08
TI-08-008- Opioid Treatment Program Accreditation Grants	\$1 million 6 awards	11-2-07	1-8-08
TI-08-009- Services Grant Program for Residential Treatment for Pregnant and Postpartum Women	\$7.87 million Up to 16 awards	1-18-08	3-18-08
TI-08-011- Cooperative Agreement for the Historically Black Colleges and Universities Center for Excellence in Substance Abuse and Mental Health	\$500,000 (CSAT- \$300,000) (CMHS- \$200,000)	March 2008	TBD
TI-08-012- Grants to Expand Substance Abuse Treatment in Adult Criminal Justice Populations	\$2.7 million Up to 7 awards	3-13-08	5-2-08
TI-08-013- Development of Comprehensive Drug/Alcohol and Mental Health Treatment Systems for Persons Who are Homeless	\$10 million Up to 25 awards	March 2008	TBD

<b>Program Name</b>	<b>Estimated Funding Available/# of Awards</b>	<b>Publication/ Web Posting Date</b>	<b>Application Receipt Date</b>
TI-08-014- Cooperative Agreement for a Physician Clinical Support System for the Appropriate Use of Methadone in the Treatment of Pain and Opioid Addiction	\$500,000 1 award	March 2008	TBD

## APPENDIX II

### FY 2007 Grants Program Description & Awardees

#### GRANTS TO EXPAND SUBSTANCE ABUSE TREATMENT CAPACITY IN TARGETED AREAS OF NEED

CSAT awarded 16 grants to enhance or expand substance abuse treatment capacity in targeted areas of need. Targeted Capacity Expansion grants are funded to address gaps in substance abuse services or to increase the ability of communities to help specific populations or geographic areas with serious, emerging substance abuse problems. In 2007, SAMHSA is funding projects in four areas: 1) Native American/Alaska Native and Asian American/Pacific Islander Populations; 2) E-therapy; 3) Grassroots Partnerships; and 4) Other Populations or Emerging Substance Abuse Issues. Each recipient will receive up to \$500,000 per year for up to three years. Total funding for year one is almost \$8 million. The grantees are:

**Table II. 1**

<b>Grantee</b>	<b>City and State</b>	<b>Amount</b>
Centerstone Comm. Mental Health Centers, Inc.	Nashville, TN	\$500,000
Center for Community Alternatives	Syracuse, NY	\$500,000
Colorado State Judicial Branch	Denver, CO	\$498,095
Central Virginia Community Services	Lynchburg, VA	\$500,000
Cook Inlet Tribal Council, Inc.	Anchorage, AK	\$500,000
Native Images, Inc.	Tucson, AZ	\$498,884
Santa Clara Pueblo	Espanola, NM	\$500,000
Dena' Nena' Henash	Fairbanks, AK	\$499,379
Gateway Community Services, Inc.	Jacksonville, FL	\$500,000
Arapahoe House, Inc.	Thornton, CO	\$499,998
Wright State University	Dayton, OH	\$499,588
Mid-Columbia Center for Living	The Dalles, OR	\$500,000
Nicasa	North Chicago, IL	\$500,000
Samuel's House, Inc.	Key West, FL	\$500,000
Rays of Sonshine	Monroe, LA	\$492,650
Ananias, Inc.	Shreveport, LA	\$499,200

#### STATE INCENTIVE GRANTS FOR PERSONS WITH CO-OCCURRING SUBSTANCE RELATED AND MENTAL DISORDERS (COSIG)

CSAT awarded 2 grants to States to enhance infrastructure to increase capacity to provide accessible, effective, comprehensive, coordinated/integrated, and evidence-based treatment

services to persons with co-occurring substance abuse and mental health disorders. These grants were awarded “off-the-shelf” to high quality applicants for the FY 2006 grant announcement. Each recipient will receive up to \$550,000 per year for up to five years. Total funding for year one is \$1.1 million. The grantees are:

**Table II. 2**

<b>Grantee</b>	<b>City and State</b>	<b>Amount</b>
State of South Dakota	Pierre, SD	\$550,000
Delaware Dept. of Health and Social Services	New Castle, DE	\$550,000

### **SAMHSA KNOWLEDGE DISSEMINATION CONFERENCE GRANTS**

CSAT awarded 2 grants to fund SAMHSA Knowledge Dissemination Conference Grants (also referred to as SAMHSA Conference Grants). The purpose of the Conference Grant program is to disseminate knowledge about practices within the mental health services and substance abuse prevention and treatment fields and to integrate that knowledge into real-world practice as effectively and efficiently as possible. It is not the practice of SAMHSA to provide total support for planned meetings and conferences. The maximum Conference Grant award is \$50,000 for a 12-month project period. Only direct costs are funded under this program. The grantees are:

**Table II. 3**

<b>Grantee</b>	<b>City and State</b>	<b>Amount</b>
Prototypes	Culver City, CA	\$37,500
White Bison, Inc.	Colorado Springs, CO	\$37,500

### **FAMILY-CENTERED SUBSTANCE ABUSE TREATMENT GRANTS FOR ADOLESCENTS AND THEIR FAMILIES**

CSAT awarded 17 grants to community-based organizations that will provide treatment services to adolescents with substance abuse problems. These grants were awarded “off-the-shelf” to high quality applicants for the FY 2006 grant announcement. Grantees receiving these awards will utilize known, effective strategies that include families as an integral part of the treatment process. Two treatment strategies being used by grantees are the Adolescent Community Reinforcement Approach (ACRA) and Assertive Continuing Care (ACC). Each recipient will receive up to \$300,000 per year for up to three years. First-year funding is approximately \$5.1 million. Grants were awarded to:

**Table II. 4**

<b>Grantee</b>	<b>City and State</b>	<b>Amount</b>
Native American Community Health Center, Inc.	Phoenix, AZ	\$299,996
Asian Community Mental Health Services	Oakland, CA	\$300,000
Special Service for Groups, Inc.	Los Angeles, CA	\$300,000
Walden House, Inc.	San Francisco, CA	\$300,000

<b>Grantee</b>	<b>City and State</b>	<b>Amount</b>
WestCare California, Inc.	Fresno, CA	\$300,000
Arapahoe House, Inc.	Thornton, CO	\$299,996
University of Colorado, Denver & HSC	Denver, CO	\$295,244
Latino Health Institute, Inc.	Boston, MA	\$300,000
Phoenix Programs, Inc.	Columbia, MO	\$299,890
Reno-Sparks Indian Colony	Reno, NV	\$300,000
Child & Family Services of New Hampshire	Manchester, NH	\$299,755
Center for Community Alternatives	Syracuse, NY	\$300,000
Alcohol Drug and Mental Health Board	Columbus, OH	\$294,032
Meharry Medical College	Nashville, TN	\$300,000
Ridgeview Psychiatric Hospital & Center, Inc.	Oak Ridge, TN	\$300,000
Mental Health Mental Retardation of Tarrant County	Ft. Worth, TX	\$300,000
Sam Houston State University	Huntsville, TX	\$297,959

### **ADDICTION TECHNOLOGY TRANSFER CENTERS**

CSAT awarded grants to fund 15 Addiction Technology Transfer Centers. The 15 awards are funded up to \$550,000 per year in total costs. Fourteen regional centers and one national coordinating center are the recipients of these awards. Together with Single State Authorities, treatment provider associations, addictions counselors, multidisciplinary professionals, faith and recovery community leaders, family members of those in recovery, and other stakeholders, the ATTCs assess the training and development needs of the substance use disorders workforce. They develop and conduct training and technology transfer activities to meet identified needs. Particular emphasis is placed on raising awareness of and improving skills in using evidence-based and promising treatment/recovery practices in recovery-oriented systems of care. Each recipient will receive up to \$550,000 per year for up to five years. Total funding for year one is \$7.8 million. The grantees are:

**Table II. 5**

<b>Grantee</b>	<b>City and State</b>	<b>Amount</b>
University of Nevada, Reno	Reno, NV	\$550,000
Danya Institute, Inc.	Silver Spring, MD	\$500,000
University of Chicago at Illinois	Chicago, IL	\$550,000
Brown University	Providence, RI	\$500,000
Curators, University of Missouri	Kansas City, MO	\$500,000
Curators, University of Missouri (National Coordinating Center)	Kansas City, MO	\$550,000
Institute for Research, Education, and Training in Addictions	Pittsburgh, PA	\$525,000
Regents of the University of CA	Los Angeles, CA	\$550,000
Morehouse School of Medicine	Atlanta, GA	\$500,000

<b>Grantee</b>	<b>City and State</b>	<b>Amount</b>
University of Texas Austin	Austin, TX	\$500,000
Universidad Central del Caribe	Bayamon, PR	\$500,000
Virginia Commonwealth University	Richmond, VA	\$500,000
The University of Iowa	Iowa City, IA	\$500,000
Oregon Health and Sciences University	Portland, OR	\$550,000
Florida Certification Board, Inc.	Tallahassee, FL	\$525,000

### **MINORITY FELLOWSHIP PROGRAM**

CSAT, along with the Center for Mental Health Services and the Center for Substance Abuse Prevention, awarded 5 grants to fund the Minority Fellowship Program. The purpose of this one-year grant program is to provide stipends to doctoral level students in the fields of mental health and substance abuse to increase the number of culturally competent behavioral health professionals who teach, administer, conduct services research, and provide direct mental health/substance abuse services to underserved minority populations, especially within the public and private non-profit sectors. Total funding for this program is approximately \$4.2 million. The grantees are:

**Table II. 6**

<b>Grantee</b>	<b>City and State</b>	<b>Amount</b>
American Nurses Association	Silver Spring, MD	\$951,423
American Psychological Association	Washington, DC	\$959,854
Council on Social Work Education	Alexandria, VA	\$937,338
American Association for Marriage and Family Therapy	Alexandria, VA	\$673,532
American Psychiatric Association	Arlington, VA	\$673,532

### **ACCESS TO RECOVERY PROGRAM**

CSAT awarded 24 Access to Recovery (ATR) grants to provide people seeking drug and alcohol treatment with vouchers allowing them a greater range of choice in selecting the services most appropriate for their needs. ATR is expanding treatment capacity and consumer choice in 18 states, five tribal organizations, and the District of Columbia. Total funding for the first year is \$96 million. Of the \$96 million, approximately \$25 million will be used to target methamphetamine treatment and recovery support services. Awards for the three year program may be adjusted based on the number of individuals proposed to be served per year. The grantees are:

**Table II. 7**

<b>Grantee</b>	<b>City and State</b>	<b>Amount</b>
State of Louisiana	Baton Rouge, LA	\$4,479,149
State of Hawaii	Honolulu, HI	\$2,750,000

<b>Grantee</b>	<b>City and State</b>	<b>Amount</b>
State of Missouri	Jefferson City, MO	\$4,830,000
State of New Mexico	Santa Fe, NM	\$4,830,000
Cherokee Nation of Oklahoma	Tahlequah, OK	\$3,400,320
State of California	Sacramento, CA	\$4,830,000
Alaska Southcentral Foundation	Anchorage, AK	\$1,650,000
Inter-Tribal Council of Michigan, Inc.	Sault Ste. Marie, MI	\$3,898,518
State of Indiana	Indianapolis, IN	\$4,830,000
State of Illinois	Chicago, IL	\$4,636,800
State of Connecticut	Hartford, CT	\$4,830,000
State of Tennessee	Nashville, TN	\$4,830,000
State of Oklahoma	Oklahoma City, OK	\$3,966,010
Montana Wyoming Tribal Leaders Council	Billings, MT	\$1,906,240
District of Columbia	Washington, DC	\$3,522,968
California Rural Indian Health Board, Inc.	Sacramento, CA	\$4,830,000
State of Arizona	Phoenix, AZ	\$2,750,000
State of Rhode Island	Providence, RI	\$2,750,000
State of Washington	Olympia, WA	\$4,636,800
State of Ohio	Columbus, OH	\$4,636,800
State of Iowa	Des Moines, IA	\$3,194,240
State of Texas	Austin, TX	\$4,508,000
State of Colorado	Denver, CO	\$4,636,800
State of Wisconsin	Madison, WI	\$4,830,000

**TARGETED CAPACITY EXPANSION PROGRAM FOR SUBSTANCE ABUSE  
TREATMENT AND HIV/AIDS SERVICES**

The 67 awards under the Targeted Capacity Expansion Program for Substance Abuse Treatment and HIV/AIDS Services are funded up to \$500,000 per year in total costs for treatment services and \$400,000 annually for outreach and treatment services for up to five years. Total funding for year one is \$31.8 million. The grantees are:

**Table II. 8**

<b>Grantee</b>	<b>City and State</b>	<b>Amount</b>
Jefferson Comprehensive Care System Inc.	Pine Bluff, AR	\$400,000
Arizona Board of Regents, University of Arizona	Tucson, AZ	\$499,999
Native Images, Inc.	Tucson, AZ	\$400,000
Pima Prevention Partnership	Tucson, AZ	\$500,000
Clinica Sierra Vista, Inc.	Bakersfield, CA	\$456,999

<b>Grantee</b>	<b>City and State</b>	<b>Amount</b>
Prototypes Mental Health & Social Services	Culver City, CA	\$500,000
JWCH Institute, Inc.	Los Angeles, CA	\$499,838
Epidaurus DBA Amity Foundation	Porterville, CA	\$500,000
Mexican American Alcoholism Program	Sacramento, CA	\$500,000
Univ. of California at San Francisco, Dept. of Medicine	San Francisco, CA	\$491,681
Center Point, Inc.	San Rafael, CA	\$500,000
Empowerment Program, Inc.	Denver, CO	\$500,000
Greater Bridgeport Adolescent Pregnancy Program	Bridgeport, CT	\$500,000
Hispanic Health Council, Inc.	Hartford, CT	\$475,005
Latino Community Services, Inc.	Hartford, CT	\$488,245
Brandywine Counseling, Inc.	Wilmington, DE	\$499,941
Borinquen Health Care Center, Inc.	Miami, FL	\$400,000
Hope and Help Center of Central Florida, Inc.	Winter Park, FL	\$485,665
WestCare Georgia, Inc.	Stone Mountain, GA	\$400,000
Access Community Health Network	Chicago, IL	\$500,000
Gateway Youth Care Foundation, Inc.	Chicago, IL	\$353,003
Illinois Dept. of Human Services (El Rincon Comm.Center)	Chicago, IL	\$500,000
Illinois Dept. of Human Services (Family Guidance Centers)	Chicago, IL	\$500,000
Lester and Rosalie Anixter Center	Chicago, IL	\$365,114
Test Positive Aware Network, Inc.	Chicago, IL	\$500,000
Nicasa	North Chicago, IL	\$500,000
Boston Medical Center	Boston, MA	\$430,059
Boston Public Health Commission	Boston, MA	\$500,000
Latino Health Institute, Inc.	Boston, MA	\$500,000
River Valley Counseling Center, Inc.	Holyoke, MA	\$500,000
Behavioral Health Network, Inc.	Springfield, MA	\$497,767
Wayne State University	Detroit, MI	\$499,987
Queen of Peace Center	St. Louis, MO	\$469,525
County Oaks Recovery Center, Inc.	Jackson, MS	\$456,560
Duke University	Durham, NC	\$499,427
Proceed, Inc.	Elizabeth, NJ	\$500,000
Na Nizhoozhi Center, Inc.	Gallup, NM	\$500,000
New York State Council for Mental Hygiene	Albany, NY	\$500,000
Whitney M. Young Jr. Health Center	Albany, NY	\$497,488
Brooklyn AIDS Task Force, Inc.	Brooklyn, NY	\$450,000
Lutheran Medical Center	Brooklyn, NY	\$500,000
New York Harm Reduction Educators	Bronx, NY	\$400,000
St. Barnabas Hospital	Bronx, NY	\$400,000
The Mount Vernon Hospital	Mount Vernon, NY	\$500,000
FACES NY, Inc.	New York, NY	\$400,000

<b>Grantee</b>	<b>City and State</b>	<b>Amount</b>
Harlem United Community AIDS Center, Inc.	New York, NY	\$400,000
New York Association for New Americans	New York, NY	\$500,000
Community Health Action of Staten Island	Staten Island, NY	\$448,683
Northern Ohio Recovery Association	Cleveland, OH	\$500,000
Wright State University	Dayton, OH	\$498,771
Philadelphia Health Management Corp.	Philadelphia, PA	\$399,973
Iniciativa Comunitaria de Investigacion	Hato Rey, PR	\$500,000
Centerstone Community Mental Health Centers	Nashville, TN	\$500,000
Metropolitan Interdenominational Church	Nashville, TN	\$400,000
Park Center, Inc.	Nashville, TN	\$500,000
AIDS Arms Network Inc.	Dallas, TX	\$500,000
Center for Success and Independence	Houston, TX	\$500,000
Serving Children and Adolescents in Need	Laredo, TX	\$500,000
South Texas Council on Alcohol and Drug Abuse	Laredo, TX	\$500,000
Center for Health Care Services	San Antonio, TX	\$500,000
Family Service Association of San Antonio, Inc.	San Antonio, TX	\$500,000
Hope Action Care	San Antonio, TX	\$500,000
AIDS/HIV Services Group, Inc.	Charlottesville, VA	\$400,000
Richmond Behavioral Health Authority	Richmond, VA	\$500,000
Community Counseling Institute	Tacoma, WA	\$500,000
Horizons, Inc.	Milwaukee, WI	\$495,240
Meta House, Inc.	Milwaukee, WI	\$500,000

### **COOPERATIVE AGREEMENT FOR THE PHYSICIAN CLINICAL SUPPORT PROGRAM**

CSAT awarded 1 grant to fund the Cooperative Agreement for the Physician Clinical Support Program. The grantee will enhance and further develop the current DATA Physician Clinical Support System designed to assist physicians in treating patients dependent on heroin or prescription opioid drugs with FDA approved products containing buprenorphine. The grantee will receive up to \$500,000 per year for up to three years.

**Table II. 9**

<b>Grantee</b>	<b>City and State</b>	<b>Amount</b>
American Society for Addiction Medicine	Chevy Chase, MD	\$500,000

### **SUPPLEMENTS TO THE CENTER FOR SUBSTANCE ABUSE TREATMENT'S RESIDENTIAL TREATMENT FOR PREGNANT AND POSTPARTUM WOMEN AND RESIDENTIAL TREATMENT FOR WOMEN AND THEIR CHILDREN PROGRAM**

CSAT awarded 11 supplemental grants to expand/enhance grant activities carried out under the Residential Treatment for Pregnant and Postpartum Women and Residential Treatment for Women and their Children Program funded in 2004. Grantees will expand the availability of comprehensive, high quality residential substance abuse treatment services for low-income women, age 18 and over, who are pregnant, postpartum women, or other parenting women, and their minor children, age 17 and under, who have limited access to quality health services. Each recipient will receive up to \$500,000 per year for one year. Total funding is \$5.4 million. The grantees are:

**Table II. 10**

<b>Grantee</b>	<b>City and State</b>	<b>Amount</b>
Meta House, Inc.	Milwaukee, WI	\$500,000
North County Serenity House, Inc.	Escondido, CA	\$499,670
Volunteers of America of Kentucky, Inc.	Louisville, KY	\$429,886
Aliviane NO-AD, Inc.	El Paso, TX	\$500,000
Boston Public Health Commission	Boston, MA	\$500,000
Chrysalis House, Inc.	Lexington, KY	\$500,000
Fairbanks Native Association	Fairbanks, AK	\$500,000
Lund Family Center	Burlington, VT	\$499,585
Operation PAR, Inc.	Pinellas Park, FL	\$500,000
Santa Barbara County	Santa Barbara, CA	\$500,000
Choctaw Nation of Oklahoma	Talihina, OK	\$499,984

### **RECOVERY SUPPORT SERVICES PROGRAM**

CSAT awarded 8 grants to community-based organizations that will offer peer-to-peer recovery support services for people struggling with drug and alcohol addiction. These services are designed to help prevent relapse among people in recovery, promote timely re-entry into treatment if relapse occurs, and promote sustained recovery and an enhanced quality of life. Each recipient will receive up to \$350,000 per year for up to four years. First-year funding totals almost \$2.8 million. Grants were awarded to:

**Table II. 11**

<b>Grantee</b>	<b>City and State</b>	<b>Amount</b>
Community Bridges, Inc.	Mesa, AZ	\$349,685
Serving Children and Adolescents in Need	Laredo, TX	\$350,000
Multifaith Works	Seattle, WA	\$349,936
AIDS Service Center of Lower Manhattan	New York, NY	\$350,000
Women in New Recovery	Mesa, AZ	\$317,447
SAARA of Virginia, Inc.	Glen Allen, VA	\$350,000
Bucks County Council on Alcoholism	Doylestown, PA	\$350,000
Exponents, Inc.	New York, NY	\$350,000

