

**Director's Report to the
Center for Substance Abuse Treatment's
National Advisory Council
[January through April 2005]**

**H. Westley Clark, M.D., J.D., M.P.H.
Director**

TABLE OF CONTENTS

Significant Legislation	3
Director's Highlights	6
Highlights of CSAT Activities by SAMHSA Matrix Area	11
Substance Abuse Treatment Capacity	11
Co-Occurring Disorders.....	24
Homelessness.....	26
Criminal Justice	28
Children and Families.....	29
HIV/AIDS and Hepatitis.....	30
Disaster Readiness and Response	32
Older Adults.....	34
Appendix A.....	35
CSAT FY 2005 Funding Announcements.....	35
Appendix B.....	36
CSAT Funding Opportunities Proposed in the President's FY 2006 Budget.....	36

Significant Legislation

Status of FY 2006 Budget. SAMHSA’s FY 2006 Justification of Estimates for Appropriations Committees, in support of the FY 2006 President’s Budget, was submitted to the Department on February 3, 2005. The following table compares the FY 2006 Request to the FY 2005 Enacted and FY 2004 Actual budgets.

FY 2006 Budget (dollars in millions)

Budget Line	FY 2004 Actual	FY 2005 Enacted *	FY 2006 Request	Inc / Dec FY 2006 vs FY 2005	Inc / Dec FY 2006 vs FY 2004
Programs of Regional and National Significance	\$419.2	\$422.4	\$447.1	+ \$ 24.7	+ \$ 27.9
<i>Best Practices (non-add)</i>	(46.4)	(48.0)	(28.1)	(- 19.9)	(- 18.3)
<i>Targeted Capacity (non-add)</i>	(372.8)	(374.3)	(419.0)	(+ 44.7)	(+ 46.2)
<i>SAPT Block Grant</i>	\$1,779.1	\$1,775.6	\$1,775.6	\$ 0.0	- \$ 3.5
Total CSAT	\$2,198.3	\$2,198.0	\$2,222.7	+ \$ 24.7	+ \$ 24.4

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

Key Elements of the FY 2006 Budget

- CSAT has focused its proposed FY 2006 resources around the President’s Drug Treatment Initiative (PDTI). President Bush launched a major component of the PDTI in his 2003 State of the Union Address when he proposed Access to Recovery (ATR), a voucher program for treatment services. Interest in ATR was overwhelming: 66 states, territories, and tribal organizations applied for \$99.4 million in grants in FY 2004. In August, 2004, CSAT awarded grants to 14 states and one tribal organization. We estimated that 125,000 persons would be served by ATR funds over the three-year life of these grants. In FY 2006, the President has proposed \$150 million for ATR. This proposed increase will continue 15 grants and fund 7 new grants. With the additional \$50 million in funds, an estimated 62,500 additional persons can be served.
- The President’s budget also proposes to increase the Screening, Brief Intervention, Referral, and Treatment program (SBIRT) by almost \$6 million for a total of \$31 million, which

includes \$2 million for program evaluation. We expect to award 2 additional SBIRT grants with this funding increase, for a program total of 9 grantees.

- General Targeted Capacity Expansion grants are proposed to be funded in FY 2006 at a little over \$33 million.
- Almost \$30 million is proposed to address the problem of homelessness among those with substance abuse disorders.
- About \$61 million is proposed for capacity expansion programs that provide outreach and substance abuse treatment for African American, Latino/Hispanic, and other racial and ethnic minority populations which have been disproportionately affected by substance abuse and HIV/AIDS.
- A little over \$33 million is being proposed to support programs for children and adolescents, including programs that focus on adolescent use of alcohol, marijuana, and other illicit drugs.
- \$25 million is being proposed to support programs that address the substance abuse treatment needs of adults and adolescents who become involved in the criminal justice system.
- Best Practices programs, which promote effective treatment through the adoption of evidence-based practices, will be supported at approximately \$28 million, which is a reduction of approximately 41.6%, or \$20 million, from FY 2005. This decrease will impact several current best practices initiatives, notably:
 - Program Coordination and Evaluation Activities: - \$5.1 million
 - Pharmacologic Activities: - \$1.3 million
 - Addiction Technology Transfer Centers (ATTCs): - \$1.6 million
 - Women, Children, and Family Activities: - \$0.8 million
 - Minority Fellowship Program, CSAT share: Discontinued
 - Conference Grant Program, CSAT share: Discontinued
 - Knowledge Application Program (KAP): - \$1.6 million
 - Partners for Recovery: - \$1.0 million
 - SAMHSA Health Information Network (SHIN), CSAT share: - \$1.2 million
 - Consumer Affairs Activities: - \$0.8 million
 - National Alcohol Screening Day, CSAT share: Discontinued
 - Technical Assistance (printing of TIPS and TAPS): -\$0.7 million
- The FY 2006 budget proposes to maintain the substance abuse prevention and treatment block grant at the same level as the FY 2005 appropriation, which is just under \$1.8 billion.

Mr. Charles Curie, SAMHSA Administrator, appeared before the House Appropriations Subcommittee for Labor, HHS, and Education on April 26, 2005, to provide testimony and

respond to questions regarding the FY 2006 budget submission. In addition to SAMHSA, other witnesses included the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the National Institute on Drug Abuse (NIDA), and the National Institute on Mental Health (NIMH).

Director's Highlights

FY 2005 Funding Opportunities Update. CSAT's final FY 2005 funding opportunity (Family and Juvenile Treatment Drug Courts) was announced on February 16. An updated listing of FY 2005 Funding Opportunities that includes program names, anticipated funding levels, and receipt dates is included in Appendix A. The Council will review summaries of the applications received at its May and September (conference call) meetings. Awards will be made subsequent to Council reviews.

Proposed FY 2006 Funding Opportunities. The President's Budget includes sufficient funding for 11 substance abuse treatment initiatives in FY 2006. CSAT has begun developing these initiatives, and may announce some funding opportunities prior to the receipt of the FY 2006 appropriation. Some initiatives, e.g., Access to Recovery (ATR) and Screening, Brief Intervention and Referral to Treatment (SBIRT) will not be announced until SAMHSA receives its FY 2006 appropriation. CSAT's proposed FY 2006 funding opportunities and the amount of funding requested in the President's Budget are included in Appendix B.

Prescription Drugs Meeting. SAMHSA convened an open dialogue meeting with pharmaceutical companies on February 9, 2005, to provide a forum to discuss problems associated with prescribing and dispensing of controlled pharmacological drugs, including opioid analgesics. This interaction enabled SAMHSA and the pharmaceutical companies to share information and perceptions, to facilitate better understanding of the issues, and to brainstorm possible actions, strategies, and types of stakeholders that could be involved in a mutual effort.

Representatives from the following pharmaceutical companies were present: Abbott Laboratories; Endo Pharmaceuticals; Forest Laboratories, Inc.; Johnson and Johnson Pharmaceutical Services; Ligand Pharmaceutical Incorporated; Mallinckrodt, Inc.; Mylan Laboratories, Inc.; New River Pharmaceuticals; Pfizer, Inc.; Pinney Associates, Inc.; Purdue Pharma, L.P.; Reckitt Benckiser Pharmaceutical, Inc.; and Wyeth.

The pharmaceutical representatives expressed their willingness to cooperate and contribute to a public health effort in this area. Issues raised during the meeting included: monitoring of prescription drugs in ways that can enhance treatment capability and not interfere with pain management; data collection; evaluation; risk management; drug safety; and pediatric exposure to the higher drug dosage levels currently available.

The consensus was that current issues around opioid pain medication should be dealt with as a public health concern. Representatives agreed to participate in a second meeting to be held within 6 to 12 months.

Commission on Narcotic Drugs (CND). On March 7 - 14, 2005, Dr. Clark joined representatives from the State Department, the National Institutes of Health, the Department of Justice, the Drug Enforcement Administration, the U.S. Customs Service and the Office of

National Drug Control Policy on the U.S. Delegation for the 48th Session of the United Nations Commission on Narcotic Drugs (CND), held in Vienna, Austria. The CND is comprised of 60 nations, and meets annually to address the implementation of the international drug control treaties.

Recent CND meetings have focused on the control of precursors used to clandestinely produce Amphetamine Type Stimulants (ATS) such as methamphetamine and MDMA. In addition, this CND meeting included special thematic debates on drug abuse prevention, treatment, and rehabilitation, focusing on community capacity building and preventing HIV/AIDS and other blood-borne diseases in the context of drug abuse prevention.

ONDCP Director John Walters addressed the Commission on the U.S. stand on needle exchange programs and other harm reduction strategies, and drug legalization issues.

Dr. Clark presented the U.S. position on drug demand reduction. Dr. Clark worked with Delegates from other nations in reviewing proposed resolutions to assure that the resolutions were consistent with U.S. drug abuse control goals and policies.

Congressional Methamphetamine Briefings. On April 6, Dr. Clark briefed the U.S. House of Representatives Addiction, Treatment and Recovery Caucus, co-chaired by Rep. Jim Ramstad (R-MN) and Rep. Patrick Kennedy (D-RI), on methamphetamine use and treatment. Other panelists presenting on the Caucus topic, “With Treatment, People Recover from Meth Addiction,” included: Ms. Ellen Breyer, CEO, Hazelden; Ms. Carol Falkowski, Director, Research Communications, Hazelden; and Mr. Jim Atkins, Manager of Admissions and Case Management, Hazelden.

Dr. Clark’s presentation addressed both the impact of methamphetamine use in the United States and the effectiveness of treatment. He noted that amphetamines/methamphetamine were the primary substance of abuse reported in more than 124,000 specialty substance abuse treatment admissions, equaling 6.6 percent of admissions in 2002, and that primary amphetamine/methamphetamine admissions were more likely to have been referred to treatment by the criminal justice system (50 percent) than admissions for other substances (36 percent). He also reported that 16 western States in 2002 saw higher rates of amphetamine/methamphetamine admissions than cocaine or heroin related admissions (Arkansas, Arizona, California, Hawaii, Iowa, Idaho, Montana, North Dakota, Nebraska, Nevada, Oklahoma, Oregon, South Dakota, Utah, Washington and Wyoming). Finally, Dr. Clark outlined SAMHSA’s work on methamphetamine and identified the Federal funding streams that assist in providing both prevention and treatment resources to assist States, tribes and communities with the problem of methamphetamine.

On April 11, Dr. Clark, accompanied by Cheryl Gallagher, CSAT’s staff lead for methamphetamine, provided a pre-hearing briefing to two representatives from the Senate Appropriations Committee, Subcommittee on Labor, Health and Human Services, Education and Related Agencies, on methamphetamine. The briefing included information on the prevalence of

methamphetamine use, the biology and symptoms of methamphetamine abuse, treatment protocols, proven prevention techniques, available materials, available technical assistance, and funding sources. Dr. Clark again reported that in more than three-quarters of western States, methamphetamine/amphetamine-related treatment admissions rates are higher than cocaine- or heroin-related admissions rates. He also noted that about five percent of clients in CSAT-funded discretionary grant programs are methamphetamine users and that data reported on treatment outcomes show methamphetamine use decreased 69%, employment increased 60%, housing status increased about 24%, arrests decreased about 38%, and the number of clients reporting good or excellent health increased about 30%. SAMHSA Administrator Charles Currie testified on April 21 before the Subcommittee, where he presented SAMHSA's substance abuse prevention and treatment response to the growing methamphetamine crisis.

Faith- and Community-Based Initiative. CSAT's Consumer Affairs Office is undertaking a pilot project to assist the faith community in directing families and individuals in distress to treatment and recovery services. The Non-Denominational Individual and Family Recovery Resources Training project will 1) support the development and packaging of consumer-oriented written products for use and distribution by clergy, and 2) create and conduct a training program for faith congregation representatives in one designated city. SAMHSA/CSAT will partner with the National Association for Children of Alcoholics (NACoA) in this project.

Since the March publication of *Successful Strategies for Recruiting, Training and Utilizing Volunteers, A Guide for Faith- and Community-Based Service Providers*, over 10,000 copies have been ordered by faith and community organizations, behavioral health organizations, community coalitions and State and other government agencies. Copies of the publication are available from the National Clearinghouse for Alcohol and Drug Information (NCADI); P.O. Box 2345; Rockville, MD 20847-2345; phone 301-468-2600 or 1-800-729-6686.

Another publication, *Maximizing Program Services Through Private Sector Partnerships*, is scheduled to be released late this summer. The publication provides faith and community organizations with practical guidance on the fundamental aspects of partnering successfully with private corporations, charities and foundations.

The Faith-and Community-Based Initiative will be hosting six forums on Building Recovery and Treatment Capacities Through Federal and State partnerships during May and June. The forums are designed to provide information to faith- and community-based provider organizations on the President's Access to Recovery (ATR) initiative and how they can partner with ATR grantees. The forums will be held in Hartford, Connecticut; Atlantic City, New Jersey; Los Angeles, California; Seattle, Washington; Chicago, Illinois; and Baton Rouge, Louisiana.

E-Therapy Initiative. The *SAMHSA News* devoted the January/February 2005 newsletter to the e-Therapy, Telehealth, Telepsychiatry and Beyond Conference that CSAT held in December 2004. To download a copy of the newsletter go to <http://www.samhsa.gov>. Look to your right for, "Communication Center" box, scroll down and click on "SAMHSA Newsletter".

At the February 3 Joint Workgroup on Tele-Health (JWTH) at the Appalachian Regional Commission in Washington, DC, the Special Assistant to the Director, Sheila Harmison, D.S.W., L.C.S.W., presented on the SAMHSA/CSAT e-Therapy conference. The JWGT is a Federal interagency group that coordinates members' telehealth activities and provides a forum to discuss information and develop specific actions that reduce barriers to the effective use of telehealth technologies.

Consumer Affairs Activities. In February, Consumer Affairs Director, Ivette Torres, became President-Elect of HHS's Hispanic Employee Organization (HHS-HEO). Her term begins in November 2005. Ms. Torres has been involved in a new CSAT Hispanic Workgroup that aims to broaden services to the Nation's Latino communities and to enhance the ranks of Latino staffers at CSAT. Additional activities include: continued facilitation of all Recovery Month planning meetings; development of a corporate/consumer stigma education effort; and facilitation of sessions in training and grantee conferences, such as the recent White Bison Conference in Denver, CO.

A new project with Faces and Voices of Recovery has been funded to support regional train the trainer meetings in the midwest and west as well as conduct a national symposium in Washington. The project will assist in the education of consumers of substance abuse treatment and recovery services to join forces and become active in transforming the treatment and recovery services available to all Americans.

On March 17, SAMHSA/CSAT partnered with the National Inhalant Prevention Coalition to kick off National Inhalants Week at the National Press Club. Dr. Clark; John P. Walters, Director, ONDCP; Beverly Watts Davis, Director, CSAP; David Shurtleff, Ph.D., Director, Division of Basic Neuroscience and Behavior Research, National Institute on Drug Abuse, NIH; Stephen J. Pasierb, President and CEO of Partnership for a Drug-Free America; Harvey Weiss, MBA, founder and Executive Director of NIPC and President of Synergies participated. Media included CNN, CBN television, AP, Reuters, NBC, ABC Radio, Cox online, Televisa News Network, American Press Associates, and others.

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

Kenneth J. Hoffman, M.D., M.P.H., began duty on February 22, as the second medical officer in the Division of Pharmacologic Therapies. Dr. Hoffman recently retired from the Department of Defense Office of Health Affairs/TRICARE where he worked as the Surgeon General's Drug and Alcohol Consultant to improve addiction prevention and treatment services for all beneficiaries. He is board certified in Psychiatry, Addiction Psychiatry, and Preventive Medicine/Public Health.

Laura House, Ph.D., joined the Division of Service Improvement as a project officer with the

Evaluation Team. Dr. House earned her doctorate from Howard University focusing on adolescent mental health, resiliency, and cultural issues. She did a post-doctoral fellowship with NIDA from 2002 to 2004 at Washington University and has done significant research in substance abuse, mental health, adolescents, community-based interventions, resiliency, religiosity and spirituality, and cultural and racial identity.

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.

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

- ***Stigma.*** The PFR conducted three *Know Your Rights* pilot trainings and has additional trainings scheduled for 2005. Interest regarding the rights of individuals in treatment and recovery has been overwhelming.

These highly interactive sessions provide an overview of Federal and State laws and serve as a forum for answering questions related to rights and obligations of individuals in treatment and recovery. The sessions are targeted not only to those in treatment and recovery, but to their allies, family members, providers, employers and any other interested participant. More than 400 persons have attended the sessions to-date.

Because of the success of the pilots, a series of regional *Know Your Rights* training sessions is being planned. These will adopt a training-of-trainers (TOT) approach in an effort to develop a cadre of attorneys who will provide sessions that cover applicable Federal and State statutes, rules and relevant legal precedent. Between 5 and 10 additional trainings will be held across the country.

A Spanish translation of the Federal *Know Your Rights* brochure, prepared by the Legal Action Center, is currently under review. Seventy-five thousand copies of the standard brochure are available through the National Clearinghouse for Alcohol and Drug Information (NCADI) and will also be posted to the PFR website. Once the Spanish version has been cleared, it will be printed and distributed as well. On April 8, 2005, SAMHSA issued a press release informing the public of the brochure.

- ***Performance Measurement in Substance Abuse Treatment Programs.*** This PFR-funded collaborative project involves the State Associations of Addiction Services (SAAS), the National Conference of State Legislatures (NCSL), and the Treatment Research Institute (TRI). The project seeks to foster collaborative dialogue among researchers, practitioners and State legislators to inform decision-making around funding and accountability in addiction treatment. A series of briefings for State legislators and

their staffs are being held as part of this initiative. The first in the series, “Educating State Legislators on Performance Measurement in Substance Abuse Programs,” was presented at the NCSL 2005 Spring Forum in Washington, D.C. It featured A. Thomas McLellan, Ph.D., Professor of Psychiatry from the University of Pennsylvania; Jack Kemp, Director of Alcohol and Drug Services for the Delaware Division of Alcoholism, Drug Abuse and Mental Health; and Kevin Doyle from Vanguard Services, a large treatment agency based in Arlington, Virginia. Legislators and legislative staff attended the session. The session was well received, sparking dialogue among legislators and resulting in an inquiry as to the possibility of providing training to legislators in the State of Utah.

The next scheduled session will take place at the NCSL annual conference in Seattle, Washington, August 16-20, 2005. In addition to the two presentations at the NCSL meetings, the project plan includes up to two presentations for members of specific State legislatures.

- **Leadership Institutes.** The PFR/ATTC Leadership Institutes are being offered in all 14 ATTC regions across the country to address the dramatic need for future leaders in the addiction treatment field. Through April 2005, nine Institutes have been held, with approximately 10-15 individuals enrolled in each intensive 6-month leadership program.

The following ATTC regions have initiated the Institute process since December: Central East, Prairielands, New England, and Mountain West. The Leadership Institutes consist of a formal leadership skills assessment; a 5-day immersion classroom training; e-learning (called blackboard); an experiential period where participants plan and execute a project; and work with a mentor. The Leadership Institutes conclude with the presentation of participants’ projects and a graduation celebration. Resource materials continue to be developed and disseminated to enhance the professional development opportunities available through the Institute.

Government Performance and Results Act (GPRA) evaluations are completed on the immersion training. A formal evaluation of the entire Institute is under review. The USDA Graduate School, which conducts the immersion training, is also collecting feedback. All involved continue to be delighted with the quality and success of the program. The PFR-supported Leadership Institutes are highlighted in the March/April 2005 SAMHSA News.

- **Public Education Campaign.** A historic consensus was reached at the Providence, Rhode Island, Summit on Addiction in May 2004, regarding the urgent need for a multi-year public education campaign increasing America’s understanding of addiction and recovery. A group of leading organizations in the field joined forces with the National Council on Alcoholism and Drug Dependence (NCADD) agreeing to coordinate the effort. CSAT offered seed money for foundational work for the campaign, with primary

resources coming from in-kind contributions and fundraising activities of various parties. Burson-Marsteller has been retained to handle public relations. The following progress has been made:

- An action plan has been developed with input from the Providence Summit;
 - A Steering Committee was formed and has met twice;
 - A campaign brochure has been developed and is in production;
 - Viewpoints from diverse groups of stakeholders have been gathered;
 - A body of secondary research has been compiled;
 - Fundraising efforts continue; and
 - A draft public education blueprint has been developed. The blueprint was sent to the Steering Committee members prior to the May 2005 Providence Summit to allow for discussion at the Summit. To further the campaign's efforts, the PFR offered to host the next Steering Committee meeting to assist members in incorporating the Campaign's messages in their organizational mission.
- ***National Treatment Network (NTN)***. The PFR continues to support the establishment of the NTN, for which conceptual development began several years ago. The actual birth of the Network should occur this June, when the National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD), officially amends its bylaws. The PFR has sponsored several meetings to facilitate the creation of draft operating procedures and a work plan, which will also be adopted at the annual meeting in June. The mission of the NTN is to promote effective, socially responsive programs, and evidence- and research-based practices to expand and improve the publicly funded substance abuse treatment system in each State.
 - ***PFR Co-sponsored Activities***. PFR has co-sponsored a range of State and Federal activities supporting PFR's five focus areas—Workforce Development, Leadership Development, Stigma Reduction, Collaboration, and Recovery. These activities include:
 - Alcoholism and Substance Abuse Providers of New York State Conference in Rochester, New York, April 2005
 - Iowa Substance Abuse Program Directors Annual Conference in Des Moines, April 2005
 - Providing assistance to CSAT's Division of Systems Improvement in support of the CSAT Recovery Conference Planning Meeting in June 2005
 - ***Communications***. The PFR website is expected to be operational by July 2005. The design and initial content for the website have been developed and are under review by SAMHSA. The website will provide opportunities for dialogue and exchange of information about PFR's five focus areas. A number of products will be featured on the website, including the Federal *Know Your Rights* brochure and SAMHSA/CSAT's

workforce development strategy. The website will also provide information about the Partners for Recovery/ATTC Leadership Institutes and the specific projects that participants (called protégés) are conducting based on their leadership goals. Additionally, the website will invite States and partner organizations to share their products and information about activities related to the PFR focus areas. Currently, Partners for Recovery is developing a plan for promoting the website to treatment providers, professional associations, States, advocacy organizations, persons in recovery, and family members. Promotion will include a press release, distribution of promotional items such as a Rolodex card at PFR-sponsored events and other national meetings, a “PFR button” that other websites can use to link individuals to the PFR website from their sites and branding of all PFR print materials with the website URL.

- ***PFR Steering Committee.*** Activities are underway to host a PFR Steering Committee meeting in July 2005. Several new members have recently been invited to join the Committee, broadening the membership primarily in the mental health area. The committee is well represented from the three disciplines in SAMSHA, allowing for collaborative approaches within the five PFR focus areas.

2005 Dr. Lonnie E. Mitchell National HBCU Substance Abuse Conference. SAMHSA, with CSAT as the lead, held the 7th Annual Dr. Lonnie E. Mitchell National HBCU Substance Abuse Conference at the Wyndham Inner Harbor in Baltimore, Maryland, April 19-23, 2005. The conference provided a forum for 700 HBCU students and faculty, members of the faith community, SAMHSA, NIDA and other Federal Government staff to exchange cutting-edge knowledge of substance abuse treatment, mental health, prevention, HIV/AIDS, research and education as it related to African Americans. The conference provided a dialogue for HBCU students to network with their peers, experts in the in the field, and with representatives of faith-based communities. The participants heard presentations from all three SAMHSA Center Directors in addition to many other speakers. The conference attendees participated enthusiastically in the workshops, Town Hall meeting and the Plenary Session. The conference was a major success.

State Treatment Needs Assessment Program (STNAP). A final closeout meeting was held in Gaithersburg, MD, on March 29-30, 2005, for the last cycle of the 3-year STNAP grants. All eight State grantees invested STNAP grant funds in the development of sustainable treatment performance indicators, including SAMHSA’s National Outcome Measures (NOMs). Two States (IA and IL) developed and deployed new State-hosted, clinical management information systems. Both states can now report NOMs at virtually no cost beyond normal treatment service costs. Seven States (CT, IL, IN, OK, NJ, NM, WA) developed new treatment performance indicators from administrative data, based on counting treatment episodes and unique clients (as well as TEDS admissions). Six States (IL, IN, IA, NJ, NM, OK) linked administrative treatment data with other State data in order to quantify treatment needs, outcomes, and gaps. All of these investments reduce future NOMs reporting costs.

State Data Infrastructure (SDI) Grants. Thirty-two States plus DC and Puerto Rico are in their third and final year of this (\$100,000/year) grant. AK, CA, CO, CT, DC, DE, HI, IL, IN, IA, KY, LA, ME, MA, MD, MO, MS, NV, NJ, NY, NC, OK, OR, RI, SD, TX, UT, VA, WA, WI, and WY have used SDI funds to be prepared to report NOMs immediately, or no later than 2006. NE, PR, and VT, may not be prepared before 2007. Eleven States (AK, DE, IA, IL, MA, MD, MO, NJ, NV, TX, UT, and WY) currently host or will host (real time) clinical management information systems for all publicly-funded treatment providers. Once in place, the latter systems minimize NOMs reporting costs, and at the same time associate NOMs treatment outcomes with case mix, type of service, and cost.

Culturally Sensitive and Sustainable Information Services for Native American Substance Abuse Treatment (Orion). Orion continues to help eight American Indian/Alaska Native treatment providers make treatment services evidence-based and culturally sensitive, partly by automating decision-support and clinical management information. This project also helps providers bill Medicaid for American Indian/Alaska Native clients that recently became eligible for 100% Federal reimbursement under Public Law 106-417 (the Alaska Native and American Indian Direct Reimbursement Act). New Medicaid resources are key to expanding and sustaining services to indigent clients and to improving service quality.

State Systems Technical Assistance Project (SSTAP). The SSTAP project has begun providing assistance to Michigan's SSA with five training series focused on Client-Oriented, Outcome-Informed Clinical Work; three 1-day trainings on Motivational Interviewing, and three 1-day trainings on Co-Occurring Substance Abuse and Personality Disordered Clients. SSTAP worked with the South Dakota SSA and consultants on defining the scope of work to help the State prepare guidelines for addressing methamphetamine issues and different levels of care, and also provided technical assistance to Delaware's SSA and consultants to deliver intensive follow-up training on their Cannabis Youth Treatment Protocols. Technical services are also being provided to Missouri's SSA in preparation for training on trauma issues in treatment during their spring 2005 Conference.

Performance Management Technical Assistance Coordinating Center (PMTACC). The CSAT-funded PMTACC continues to facilitate and deliver ongoing technical assistance (TA) to the Access to Recovery (ATR) grant projects. Currently five grantees are actively receiving TA on five separate implementation issues. To date, eight TA events have been completed to five separate grantees on six different implementation issues.

National Outcomes Measures (NOMs). On March 3-4, the National Association of State Alcohol and Drug Abuse Directors (NASADAD) convened its Performance Measurement workgroup as an activity funded through its grant from CSAT. The purpose of the meeting was to review the agreements established during the December 2-3, 2004, NOMs meeting, discuss State efforts to collect and report NOMs data, and provide feedback and input on the data reporting forms in the Substance Abuse Prevention and Treatment Block Grant. Additionally, the group provided input on the proposed timeline for implementation and provided

recommendations on outstanding issues.

In March 2005, SAMHSA published, *Performance Management: Improving State Systems through Information Based Decision-making*, which provides valuable information on performance management initiatives and puts this information into context for the substance abuse field. The publication describes a framework that allows States and providers to self assess their current capabilities in their efforts to facilitate improvements to the performance management capabilities. Eleven examples of specific performance management activities at the State systems level are provided in the form of State case studies in an appendix to the publication. The States of CA, CO, DE, IA, LA, NY, OK, SC, TN, VA, and WA volunteered these case examples.

On May 5-6, in Minnesota, CSAT and State representatives from the Central Region convened the first of five regional meetings to discuss the implementation of the 10 domains of recovery, the NOMs. The domains, identified December 2004 by the States and CSAT, include: abstinence from drug use and alcohol abuse; getting and keeping a job or enrolling and staying in school; decreased involvement with the criminal justice system; securing a safe, decent and stable place to live; and social connectedness. Two domains look directly at the treatment process itself in terms of available services and services provided. One measure is increased access to service and another is increased retention in services. The final three domains examine the quality of services provided. These include client perception of care, cost-effectiveness and use of evidence-based practices in treatment.

The discussion included data from the State data systems, admission and discharge data, unique client identifiers, and timely reporting of data resulting in full NOMs reporting within three years (by the beginning of FFY 2008).

Preliminary data from the 2005 Substance Abuse Prevention and Treatment Block Grant applications, which report 2002 data, indicate that:

- 11 States are reporting admission and discharge data in the Abstinence Domain and all identify improvements in abstinence.
- 16 States report data in the Employment Domain and all identify improvements in client employment.
- 8 States report data in the Criminal Justice Domain and all identify a reduction in arrests.
- For the 13 States that report data in the Housing Domain, 12 of 13 identify improvements in stable housing.

A meeting for the Southeast Region is scheduled for May 25-26, 2005, to provide those States with the same opportunity for discussion and technical assistance, and to ensure full reporting capabilities will be reached within the 3 year target period. The remainder of the regions will be addressed throughout the summer.

Confidentiality Project. This project has provided call-center e-mail and telephonic consultations from January 1 through April 30, 2005, to the following States: AL, AK, DE, GA, ID, IN, MI, MS, OH, OR, PA, TX and WI. Most questions pertained directly to the interface between the confidentiality and HIPAA regulations relating to organizational requirements, electronic security issues, and Qualified Service Organization Agreement (QSOA) guidelines.

State Healthcare Reform Technical Assistance (HCR) Project. During the past four months, this project has provided ongoing technical assistance to Arizona, North Carolina, and Puerto Rico. The technical assistance provided involved implementation of peer support and peer-provided family-support services, development of data training curriculum, provider network development and strategic planning and quality of care standards. The project staff also provided a secondary analysis of the FY 2004 Substance Abuse Prevention and Treatment (SAPT) Block Grant applications submitted by all 60 SAPT BG recipients, and assisted in the preparation of an Office of Management and Budget (OMB) package for the re-design of the SAPT Block Grant Application. Project staff also initiated a technical assistance activity in April at the request of the Tennessee SSA to assess the impact of the TennCare Partners program on the State's substance abuse treatment delivery system.

Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Program. Consistent with findings from the Office of Management and Budget review of the SAPTBG using the Performance Assessment Rating Tool (PART), CSAT and CSAP have completed preparations for initiation of a two-year evaluation of the SAPTBG.

Opioid Treatment Program Certification. From January 1 through April 30, 2005, SAMHSA provisionally certified 21 Opioid Treatment Programs (OTPs). There are 1,140 OTPs with an active SAMHSA certification. Of these, 1,013 OTPs have achieved accreditation. Five OTPs closed during this period.

For the first time, a new OTP was approved in the State of Mississippi, located in Jackson. Two other programs in Mississippi are pending SAMHSA approval.

Accreditation Grant Awards. On April 1, five grants were awarded to SAMHSA-approved accreditation bodies totaling \$1,984,000, to partially subsidize the accreditation survey and accreditation training costs. The grantees are the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the National Commission on Correction Health Care (NCCHC) and the Washington State Division of Alcohol and Substance Abuse. The awards will be continued for two additional years. Four of the grantees received grant awards for the same purposes in 2001-2004. NCCHC is a new grantee. NCCHC is the national organization that conducts accreditation services of OTPs in jails and correctional facilities.

Medication Assisted Treatment Consumer Education. Two new consumer education publications are being developed for distribution as part of the Patient Support and Community

Education Project (PSCEP) – *Methadone 101 and Pregnant Women and Methadone*. A contract to support a pilot project to assist the faith community in directing families and individuals in distress to treatment and recovery services has been awarded.

Impact of Opioid Treatment Program Accreditation Evaluation. Data collection for the Impact of Opioid Treatment Program Accreditation Evaluation is nearing completion, and the analysis phase has commenced.

Opioid Treatment Data Systems for Disaster Planning. In March, site visits were completed to a sample of OTPs as part of a ‘bridge’ project to test a protocol and instrument to be used in the development of functional requirements for the overall system. Phase II, a regional pilot for the “Opioid Treatment Data Systems for Disaster Planning” project, will be initiated this fiscal year. The final report from Phase I (a related feasibility/planning study) is expected later this year.

Opioid Treatment Regional Technical Assistance. The first in a series of technical assistance workshops for opioid treatment programs will be held on June 13-14 at the Hilton Hotel in Silver Spring, Maryland. The main topics of the workshop will be Risk Management and Co-Occurring Disorders. Workshops are also planned for other locations to be held later this year.

Drug Addiction Treatment Act of 2000 (DATA) Physician Waivers. As of April 27, 2005, SAMHSA had received approximately 5,568 waiver notifications, and 4,842 physicians have been granted a waiver. There are 2,948 physicians with a DATA 2000 waiver listed on the Buprenorphine Physician Locator System.

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

Buprenorphine Waiver Study. Preliminary findings from the evaluation of the Buprenorphine Waiver Study, reported in April at the CSAT/NIDA Buprenorphine Summit as well as at the American Society of Addiction Medicine’s national conference held in Dallas, reflect positively on the impact of the Waiver program. For instance, availability of treatment sites has more than doubled nationally under the program, and patients appear to include a large number who are new to treatment. A significant percentage of patients were non-heroin users who appear to differ in many characteristics from the traditional methadone patient seen in publicly funded OTPs. At this point, access to buprenorphine still seems limited to persons who can pay-out-of-pocket for treatment. This finding is in fact not surprising, as buprenorphine is new in the United States, more expensive than methadone, and insurance companies and Medicaid systems have been slow to adopt it into their formularies, at least at this point in time.

Buprenorphine Patient Study. Follow-up data collection for the longitudinal patient study being conducted as part of the Buprenorphine Study continues. A survey of some 1,836 waived physicians,

conducted last month, concluded with an 85.5% response rate. Very preliminary results indicate that 71% of these physicians were prescribing, versus the 52% of addiction specialists who reported prescribing in a survey conducted for this study in the fall of 2003.

Buprenorphine Information Dissemination and Outreach Project Task. Ninety physicians and addiction treatment providers in the surrounding areas of Jackson, MS, were acquainted with the medication buprenorphine and its availability to treat opiate addiction at the SAMHSA/CSAT Paths to Recovery Forum on April 18. CSAT is partnering with the SSAs in West Virginia, Mississippi, Kentucky and Missouri for the new FY 2005 series of New Paths to Recovery forums. The New Paths to Recovery forum in Huntington, WV, was held March 14, the Lexington, KY, forum was May 12 and the St. Louis, MO, forum is scheduled for August.

2005 Recovery Month Activities. Printing was awarded in April for 10,000 posters and 75,000 toolkits for the 2005 Recovery Month. The products are due May 20. The kit can be viewed at www.recoverymonth.gov. Public service announcements have been finalized and currently are being prepared for release. The national Recovery Month kick-off press conference will be held September 8 at the National Press Club, Washington, DC.

The Road to Recovery 2005 Web Casts Series, Treatment Approaches for Women, was aired May 4; The Dangerous Frontiers of Substance Abuse: A Look at Alcohol and Drug Use Trends, will air June 1; Medication Assisted Therapies, on July 6; and Addiction in the Home: Healing Lives, Families, and Communities, will air on August 3. Earlier in the year, The Road to Recovery, aired in January; Today's Recovery Movement: Remembering the Past and Planning for the Future, aired in February; Treatment 101: The Science and Methodologies of Treating Alcohol and Drug Use Disorders aired in March; and Binge Drinking and Youth: What Everyone Needs to Know, aired in April.

Screening, Brief Interventions and Referral to Treatment (SBIRT). The SBIRT grantees have served over 165,000 patients thus far and are ahead of target. We are learning a great deal about the integration of SBIRT into primary care. Although it is very early in our work, initial information suggests the approach is very successful in modifying the consumption/use patterns of those who consume five or more alcoholic beverages in one sitting and those who use of illegal substances. The initial grantees included six states (California, Illinois, New Mexico, Pennsylvania, Texas and Washington) and the Cook Inlet Tribal Council. A subsequent Targeted Capacity Expansion (TCE) grant that focused on early identification of and interventions for persons with substance use disorders that have not progressed to dependence was awarded to the State of Connecticut. The grantees have implemented the concept in trauma centers/ER, community clinics, federally qualified health centers, and school clinics.

In the TCE grant announcement for this year, a new category for applications targets underage drinking and screening and brief intervention for substance use problems on college and university campuses. As an indication of interest, we had 42 applications, including large single institutions, small colleges, coalitions of institutions, faith-based institutions, and HBCUs.

The White House Office of National Drug Control Policy (ONDCP) has visited four of the SBIRT sites during this past quarter and will soon visit the other three. ONDCP has been very impressed with the varying models of brief intervention and early treatment being implemented by grantees. ONDCP is promoting SBIRT as an effective addition to the armamentarium of medical practitioners in dealing with substance use issues.

Access to Recovery (ATR). In his 2003 State-of-the-Union Address, President Bush resolved to help people seeking treatment for a substance abuse problem. He proposed a new consumer driven approach for obtaining treatment and sustaining recovery called Access to Recovery. On August 3, 2004, President Bush announced the award by SAMHSA of approximately \$100 million in grants to 15 recipients. The 15 recipients were chosen through a competitive process from 66 applications submitted by 44 States, Washington D.C., Puerto Rico, and 20 tribal organizations. Three-year grants were awarded to 14 States and 1 tribal organization: California, Connecticut, Florida, Idaho, Illinois, Louisiana, Missouri, New Jersey, New Mexico, Tennessee, Texas, Washington, Wisconsin, Wyoming, and the California Rural Indian Health Board. ATR is designed to accomplish three main objectives:

1. Expand capacity by increasing the number and types of providers, including faith-based providers, who deliver clinical treatment and/or recovery support services;
2. Support client choice and allow recovery to be pursued through many different and personal pathways; and
3. Require grantees to manage performance, based on outcomes that demonstrate patient successes.

The ATR grantees are providing a broad range of innovative services and approaches to a variety of target populations. To date, more than 1,500 clients have been screened and assessed with a high proportion receiving vouchers for clinical treatment or recovery support services. To recruit clients, significant outreach is being conducted in a number of ways. Grantees are using a broad range of professional and community sources including self referral, family, friends, self-help organizations, recovered and recovering persons, social support systems, faith-based organizations, human service organizations and professionals, health care professionals and centers, community-based organizations, employers, educational institutions, substance abuse treatment facilities, and recovery management services. Many ATR grantees have implemented an 800 information number or a 24-hour access hotline to enable access to this program.

Grantees are conducting outreach to organizations, including faith-based and community organizations. For most ATR grantees, identifying and working directly with non-traditional providers is a new experience. An Outreach Coordinator position has been created by a number of grantees to conduct outreach and marketing to providers previously unable to compete for Federal funds, including faith-based and community organizations. Lead faith-based agencies are being utilized by some grantees for reaching out to faith-based provider organizations. Training is an important part of outreach to interested recovery support service providers

previously unable to compete for Federal funds. Mass mailings have also been successfully used by ATR grantees to reach-out to providers previously unable to compete for Federal funds. Extensive technical assistance and support is being provided to assist with this outreach process.

All 15 grantees have processes in place to prevent, detect, and investigate incidents of fraud and/or potential abuse. Since all ATR grantees will ultimately be using electronic tracking systems, ATR clients will be cross-referenced against other public data systems to identify the receipt of duplicative services and potential payments for the same service by more than one payer. Most ATR grantees plan to conduct random audits of provider billings and service data.

SAMHSA is carefully managing ATR grantee implementation progress to ensure ATR programs are being established in accordance with the established program goals. Grantees are being provided considerable targeted technical assistance. Technical assistance provided to grantees has included: helping establish rates for recovery support services, assisting with crafting appropriate incentives to encourage high quality provider performance, provider recruitment and outreach assistance, voucher management help, and many other topics. According to grantees, this assistance is critical to ATR program success.

More information about the Access to Recovery Initiative can be viewed at <http://www.atr.samhsa.gov>

Activities Related to Methamphetamine. Through its Knowledge Application Program (KAP), CSAT is continuing its efforts to address the growing methamphetamine problem in the Nation. Recently there have been requests from the Office of the Administrator and from Congress regarding funding and other resources available to the treatment field and to local communities regarding this issue. In addition to the congressional briefings described in the Director's Highlights section of this report, a briefing book has been created that contains products produced by CSAT. These products include Treatment Improvement Protocol (TIP) 33 and the companion Quick Guide for Clinicians and KAP Keys, and digital training modules produced by the Pacific Southwest ATTC, Methamphetamine 101 and 102. The briefing book also contains the Matrix Model materials and other information from the CSAT Methamphetamine Treatment Project including publications by the principal investigators at the participating sites.

CSAT leadership and staff attended and presented on methamphetamine at the West Virginia Governor's Summit on Methamphetamine, "West Virginia Together: Building Meth-Free Communities." This summit was a collaborative effort of the Office of the Governor, the US Attorney's Office, Southern District of West Virginia, SAMHSA/CSAT and the Drug Enforcement Agency. Ms. Cheryl Gallagher is also making a presentation on methamphetamine treatment at the Indian Health Service Health Summit in Mesa, Arizona, in June 2005.

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

- The ATTC Network is continuing to collaborate with SAMHSA's Partners for Recovery (PFR) program to produce Leadership Institute Training that focuses on identifying, nurturing and training tomorrow's leaders in the addiction treatment field. The Institute, which is now offered nationwide, has been presented at the New England, Mountain West, Great Lakes, Southeast and Central East ATTC Regions since January. Leadership Institutes will have been presented in all 14 ATTC Regions by September 2005. The National ATTC Office and PFR are collaborating on web-based resources for assisting with this initiative and planning jointly for sustaining this effort.
- The NIDA/SAMHSA ATTC Blending Initiative currently has five operational Blending Teams designed to assist with the introduction and adoption of new evidenced-based practices for the addiction field. The products and training produced by these teams will be featured in workshops and panel presentations at both the NASADAD conference and the NIDA Blending Conference in Miami, Florida, June 3-7, 2005, as well as the CSAT Satellite Session at the College on Problems of Drug Dependence in Orlando, Florida, June 18-23.
- The ATTC National Office authored and piloted a new course to prepare trainers for the ATTC Network April-May 2005. The seven week course consists of three weeks of on-line instruction and assignments concentrating on principles of adult education and learning, followed by a three-day face to face session on presentation skills, training material preparations and working with resistant audiences, and a final three weeks of on-line instructions on the application of the previous work. Sixteen participants will complete the first pilot course. After incorporating the feedback from this pilot, the course will be available to trainers in all 14 ATTC Regions.
- The Central East ATTC and Mid-Atlantic ATTC Regions are co-sponsors for the 2005 INCASE conference for addiction educators which will be held in Silver Spring, Maryland, in October 2005. More information can be obtained from either ATTC Region. NIDA and the SAMHSA/CSAT ATTC's are sponsors for the 2005 conference.
- The Southern Coast, Mid-Atlantic, Central East, Gulf Coast and Southeast ATTC Regions are co-sponsoring and making presentations at the Southeast School, August 13-19, in Athens, Georgia. The ATTC involvement in this summer school is to present advanced training and materials for experienced counselors and clinical supervisors and not duplicate the training available at single State drug and alcohol summer schools throughout the states covered by the ATTC Regions involved.

Project Mainstream. As part of CSAT's workforce development activities, an evaluation contract was awarded to Health Systems Research, Inc., (HSR) to design an evaluation plan of the HRSA/AMERSA/SAMHSA/CSAT Interdisciplinary Faculty Development Program, called Project Mainstream, and conduct an evaluation of Goals I, II, and III of the project. The contract will also implement the approved evaluation plan and provide a final report that focuses on

process, intermediate outcomes, and outcomes of the AMERSA training program. The evaluation will identify program successes as well as areas in which the program could be improved and administered more effectively. The evaluation will describe the fellowship program, analyze its impact and its ability to be continued and disseminated. The CSAT representative has been engaged with HRSA and AMERSA staff working on the effort to assess this project through the evaluation project.

Strengthening Treatment Access and Retention (STAR). STAR grants seek to improve access to and retention in substance abuse treatment. The 13 grantees awarded in 2003, along with their counterparts from the Robert Wood Johnson Foundation (RWJF) “Paths to Recovery” Program, met in Phoenix, Arizona, in February 2005 for their third Learning Collaborative meeting. The meeting provided the grantees with the opportunity to learn a variety of strategies for implementing innovative practices including improvements in workforce development, business case development and the four main aims of the grant, to reduce waiting, reduce no shows, increase admissions and improve continuation in treatment.

CSAT and RWJF are providing technical assistance to five States to disseminate the access and retention practices that have been demonstrated by CSAT grantees. Under the Network for the Improvement of Addiction Treatment (NIATx) State Pilot program, State SSAs will work with treatment providers to remove State level barriers to access and retention and support the operation of treatment provider learning networks. The five States that are participating in this diffusion pilot include: Delaware, Iowa, North Carolina, Oklahoma and Texas. NIATx members in New York and LA County/California are also actively promoting diffusion initiatives, e.g., hosting workshops for treatment providers and developing peer networks.

The Knowledge Application Program (KAP). KAP is CSAT’s initiative to coordinate the Center’s knowledge application activities. KAP’s award-winning Website (<http://www.kap.samhsa.gov>) continues to be improved and updated with new materials. Under the Multi-Language Initiative (MLI), several existing publications have been adapted into languages other than English and have been added to the KAP web-site.

Upcoming Treatment Improvement Protocols (TIPs). Several TIPs are in various stages of development. Getting close to final content approval are: *Medication-Assisted Treatment for Opioid Treatment in Opioid Treatment Programs*, and a two-volume TIP on *Intensive Outpatient Treatment for Alcohol and Drug Abuse – Clinical Issues and Administrative Issues*.

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.

Co-occurring Disorders TIP. Treatment Improvement Protocol (TIP) 42, *Substance Abuse Treatment for Persons With Co-Occurring Disorders*, was released on January 31, 2005. Developed through the Knowledge Application Program (KAP) within CSAT, this TIP revises TIP 9, *Assessment and Treatment of Patients With Coexisting Mental Illness and Alcohol and Other Drug Abuse*. By April 11, just 9 weeks after the release of 27,000 copies of the TIP, the supply was depleted. The TIP has since been reprinted and is again available.

The revised TIP provides state-of-the-art treatment guidelines for counselors and others working in the field of co-occurring substance use and mental disorders. It includes selected literature reviews, synopses of many co-occurring disorders treatment approaches, and empirical information. The TIP contains chapters on terminology, assessment, treatment strategies and models, and an overview of specific mental disorders and cross-cutting issues, such as suicide and nicotine dependency. In addition to substance abuse treatment professionals, this document will be useful for administrators, mental health providers, primary care providers, criminal justice staff, and other healthcare and social service personnel who work with people with co-occurring disorders. A comprehensive marketing and dissemination plan that was developed through KAP has proven to be very effective.

TIP 42 is available from the National Clearinghouse for Alcohol and Drug Information ((NCADI) at (800) 728-6686, or on the web at www.ncadi.samhsa.gov. CSAT's KAP is developing a Quick Guide to TIP 42 specifically for clinicians and administrators and KAP Keys for clinicians, providing succinct summaries of critical information in TIP 42.

Co-Occurring Policy Academy. Planning has begun with SAMHSA's Office of Policy Planning and Budget, Office of the Administrator, and the three Centers to conduct the third Co-Occurring Policy Academy, September 13-15, 2005, in Philadelphia, PA. Final decisions are imminent for the selection of the next 10 States that submitted applications. Further details on the Academy will follow over the next several months. The Co-occurring Center for Excellence (COCE) is the primary technical assistance resource for the Academies.

Co-Occurring Center for Excellence (COCE) Web site. SAMHSA is pleased to announce the launch of the Co-occurring Center for Excellence Web site, which is designed to provide information and resources on co-occurring disorders and support the COCE's technical assistance efforts primarily targeted to SAMHSA's Co-occurring State Infrastructure Grant (COSIG) States, Policy Academy and other States, sub-State organizations, tribes and tribal

agencies, community based providers, and other social and behavioral health entities. The new Web site was operational on February 14 and is located at <http://coce.samhsa.gov>. The COCE Web site received over 200,000 total hits in the first six weeks of its operation. COCE continues to provide technical assistance and overall support on a range of co-occurring issues.

Co-occurring Conference Presentations. CSAT co-sponsored a conference in February, hosted by the National Association of State Mental Health Program Directors Research Institute. Dr. Clark presented on The Epidemiology of Co-Occurring Disorders at a plenary session. The conference also featured several sessions presented by CSAT's Co-occurring State Infrastructure Grant participants.

Two panels developed by CSAT's Co-Occurring and Homeless Activities Branch were accepted for presentation at the August 2005 American Psychological Association meeting. Dr. Clark will participate on both panels, one on legal issues in substance abuse treatment and one on co-occurring disorders.

Rural and Frontier Initiative. This fiscal year, CSAT has agreed to contribute \$10,000 (in kind and services) to the Western Interstate Commission on Higher Education (WICHE) web-cast organized by CMHS. The main goal of this initiative is to increase treatment capacity by training a new workforce in the rural and frontier areas. These continuing education courses are designed for the health care providers in sparsely populated and inaccessible frontier areas. Major issues on co-occurring substance abuse and mental health disorders were covered last year, and new topics will be added this year.

Homelessness

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

Chronic Homelessness Initiative (CHI). This collaborative initiative funded by SAMHSA, HRSA, HUD, and VA is designed to help eliminate chronic homelessness among persons with substance abuse, mental, or co-occurring disorders. CHI, now in its second year (of 3), consists of 11 grantees in 9 States. Through March 2005, 623 persons have been admitted to services, all meeting the criteria for chronic homelessness (homeless for more than a year, or 4+ lifetime homeless episodes) and averaging 7.9 years of homelessness. Seventy-two percent have substance abuse problems; 79 percent have mental disorders; and 53 percent have co-occurring substance use and mental disorders. For persons served through the initiative, there was a 327% increase in "having your own place to live," a 95% reduction in days homeless in the last 90, a 30% reduction in use of illicit drugs, and a 33% reduction in observed psychotic behavior. CSAT is contributing approximately \$4 million to the CHI in FY 2005.

CSAT and CMHS collaborated to develop two training workshops for CHI grantees, one on cost benefit analysis and another on planning for sustainable systems change. The workshops will be conducted in June/July, 2005.

Treatment for Homeless Program. The purpose of this CSAT/CMHS program is to enable communities to expand and strengthen their treatment services for homeless individuals with substance abuse disorders, mental illness, or with co-occurring substance abuse disorders and mental illness.

The Treatment for Homeless Technical Assistance Workshop will be held in Bethesda, MD, May 24-26, 2005. About 250 persons, primarily grantees, will be in attendance to gain knowledge from experts in the field and share their experiences in serving persons who are homeless. Workshop topics include substance abuse and homelessness, evidence-based practices, criminal justice diversion, impact of adverse childhood experiences, motivational interviewing, lessons learned from third-year grantees, permanent supportive housing, funding and sustainability, and healthcare issues affecting homelessness.

Since the inception of the Treatment for Homeless program, over 10,000 persons have received grant-supported services. Out of this population served, 57% are male, 43% are female, 46.6% are Black/African American, 31.5% are White, 16.7% are Hispanic, 3.5% are American Indian and 2.7% are other including Asian and Pacific Islander. The majority of the people are between ages 25 and 54 years. Twenty-seven percent of clients are served in residential treatment settings, 56% receive outpatient services, and 86% receive case management services.

As of April 2005, there were 77 active grants. To date, the intake rate for this program was 99.9%, i.e., the number of clients enrolled was virtually 100% of the number that had been projected for the program as a whole. The six-month follow-up goal is 80%, and an actual follow-up rate of 75.7% was achieved. At the six month follow-up, almost twice the numbers of clients were now employed/engaged in productive activities than were at intake, and the number of clients having a permanent place to live had more than doubled.

SAMHSA Homelessness In-service Training. CSAT staff collaborated with SAMHSA's Homelessness Matrix Workgroup to conduct a SAMHSA-wide in service training on April 21 that included presenters Philip F. Mangano, Executive Director, U.S. Interagency Council on Homelessness; Darren C. Skinner, Ph.D., Division Director, Co-Occurring Disorders Programs, Guadenzia, Inc.; Ruth McTiernan, Community Connections; and Fred C. Osher, M.D., Director, Center for Behavioral Health, Justice and Public Policy and Associate Professor of Psychiatry, University of Maryland School of Medicine. The faculty included people who have experienced homelessness firsthand and other experts who discussed what methods work best in addressing and preventing homelessness. Donations of food were collected and then donated to a local shelter.

Homeless Policy Academies. CSAT and the two other SAMHSA Centers, in conjunction with other DHHS entities, including the Administration for Children and Families and the Health Resources and Services Administration, and in collaboration with the Departments of Housing and Urban Development, Labor, Education, Justice, Agriculture, Veterans Affairs, and the Interagency Council on Homelessness, conducted the Homeless Families and Children Policy Academy, April 20-22, in Houston, Texas. This Academy was the eighth such effort conducted with the above partners to enhance the capabilities of States to develop State Action Plans to address homelessness among this sub-population as well as chronic populations. States participating in this Academy included: Alabama, Arkansas, Alaska, Hawaii, Minnesota, Pennsylvania, Georgia, and Kansas. Forty-nine States, the District of Columbia, Puerto Rico, the Virgin Islands, and the Pacific Territories have attended at least one of the Academies. A final Academy (on Homeless Families) is planned for late in 2005.

Criminal Justice

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

Criminal Justice Matrix Workgroup. Randy Muck, CSAT's Adolescent Team Leader, has joined the group to assist in addressing needs of youth and their families involved in the juvenile justice system that have a need for screening, assessment, and treatment for substance use disorders. On April 28-29, a focus group was conducted to get input from the field on the strategic framework for the matrix group.

New Criminal Justice TIP. CSAT anticipates the release of the new TIP, Substance Abuse Treatment for Adults in the Criminal Justice System, either late summer or early autumn. This TIP revises several older TIPs - TIP 7: Screening and Assessment for Alcohol and Other Drug Abuse Among Adults in the Criminal Justice System; TIP 12: Combining Substance Abuse Treatment With Intermediate Sanctions for Adults in the Criminal Justice System; and, TIP 17: Planning for Alcohol and Other Drug Abuse Treatment for Adults in the Criminal Justice System. The revised TIP will provide the current clinical evidence-based guidelines, tools, and resources necessary to help substance abuse counselors treat clients involved with the criminal justice system.

Health Care Reform Technical Assistance. CSAT's Division of State and Community Assistance (DSCA) supported several technical assistance events at the request of States on issues related to identifying and treating substance abusing clients who are involved in the criminal justice system. Technical assistance was provided to the California SSA on the implementation of the Substance Abuse and Crime Prevention Act (SACPA), especially with regard to evaluating its impact, developing county plans, and developing a report entitled "Substance Abuse and Crime Prevention Act of 2000: Analysis of Plans from the 58 Counties." In addition, an analysis was conducted of SACPA programs to identify best practices and recommendations for effective implementation.

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.

Adolescent Team. CSAT's Adolescent Team is collaborating with the other SAMHSA Centers, the Office of the Administrator (OA), HRSA, and the American Academy of Pediatrics in the development of the revision of the *Bright Futures* Document and *Toolkit*. This document and toolkit provide guidance and screening instruments for frontline health care providers to identify health care problems across the age-span for children and youth. This revision will for the first time include screening for substance use problems.

CSAT has been asked to assist CMHS with planning for a meeting in Boston, June 20-21, for the CMHS National Center for Child Traumatic Stress initiative. CSAT is providing guidance on the meeting session that will address developing strategies for intervention for youth who have experienced trauma and are experiencing problems with substance use.

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.

Hepatitis A and B Pilot Vaccination Program. A pilot project that will seek the prevention of Hepatitis B virus (HBV) and Hepatitis A virus (HAV) infections by one-time vaccinations in HIV/Hepatitis C co-infected substance abuse populations has been proposed. Approximately \$2.5 million may be available to fund this pilot. Eligible entities will include Opioid Treatment Programs, physicians with SAMHSA Drug Treatment Act (DATA) waivers, and SAMHSA's current grantees under the Minority AIDS Initiative.

Rapid HIV Testing Initiative. CSAT has the lead on implementing a new track for the Rapid HIV Testing Initiative (RHTI). The implementation includes dissemination of 100,000 OraQuick Advanced ® Rapid HIV 1/2 test kits to State departments of health (DOHs) by the end of May. The goal of this project is to have SAMHSA disseminate OraQuick Advanced HIV 1/2 rapid test kits at no cost to all providers that currently perform rapid testing in states. These providers include SAMHSA Minority AIDS Initiative programs and opioid treatment programs.

As of May 6, 2005, Indiana, Delaware, Pennsylvania, and New York have ordered OraQuick Advanced rapid test kits. To date, the District of Columbia, which was designated a "pilot site," has received 1,300 test kits. Delaware has submitted an initial request for 250 kits. Florida, Delaware, Maryland, and Indiana DOHs have submitted requests for 5,000 to 15,000 rapid HIV testing kits.

CSAT is continuing to assist states in the development of their systems of care to deliver rapid HIV testing. This effort includes State orientations, trainings and technical assistance for States that are not at a high level of readiness. Initial calls to determine readiness were completed in 47 States. Because a major focus of this initiative is intended to allow for capacity building to implement rapid HIV testing in non-traditional testing sites, a second call termed the "State Orientation Call" was conducted in 15 States. This call included both SSA and DOH Office of HIV/AIDS representatives. An overview of the entire process for receiving test kits was presented on the call. The majority of SAMHSA grantees do not currently have the infrastructure to implement rapid HIV testing; therefore, this call identified strategies to build that capacity. Both the SSA and the DOH collaborate on capacity development. A State Rapid Test Coordinator is also identified on the call, giving direct access to a single contact within the State to coordinate with SAMHSA on the distribution process. New York, Texas, Tennessee, Florida, Pennsylvania, Maryland, Connecticut, New Jersey, Delaware, and the District of Columbia have identified their Coordinator. An additional call is made to establish the data collection process for this initiative.

In an effort to expand the eligible service providers who may access the available HIV test kits provided through the SAMHSA Rapid HIV Testing Initiative (RHTI), the State DOHs may make application and request kits for those DOH HIV testing sites in their respective States who offer HIV testing to the target populations as identified in the initial eligibility criteria (MSM, MSM/IDU, injection drug users, at-risk college students, reentry populations, and transgender populations). The providers in the State should have the capacity to accept a shipment of a six-month supply of rapid HIV testing kits. A SAMHSA contractor will confirm with the State the funding source for these providers (EIS, MAI, SAPTBG, other SAMHSA funding, CDC, or State). Kits are to supplement the State's current programming. Kits can be shipped directly to the provider or to the DOH depending on State preference.

Disaster Readiness and Response

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

State Targeted Capacity Expansion Grants for Emergency Mental Health and Substance Abuse. These grants are officially ending their two-year funding cycle on May 31, 2005. However, the majority of the grantees, including all of the nine managed by CSAT (CA, OK, OR, PA, NY, SD, TN and WV) are applying for no-cost extensions ranging from three months to one year. The extension will enable the grantees to enhance or finish their All-Hazards Plans, particularly their substance abuse disaster response components. To assist the States in this endeavor, CSAT is working with the SAMHSA Disaster Technical Assistance Center (DTAC) on a technical assistance document entitled, *Guide to Substance Abuse Services All Hazards Planning*.

TOPOFF. CSAT participated in the TOPOFF (Table Top Exercise for Top Officials) held the week of April 5. This exercise was conducted by the Federal government to test the Federal, State, and local response capacity to acts of terrorism. A SAMHSA staff person was deployed to the Secretary's Command Center in Washington, D.C., to serve as the SAMHSA liaison for mental health needs. Three other SAMHSA staff were deployed as part of the Secretary's Emergency Response Team in SAMHSA Emergency Response Centers in Connecticut and New Jersey and at the Centers for Disease Control and Prevention (CDC) offices in Atlanta, Georgia. SAMHSA staff also shared information with State and community mental health agencies participating in the exercise and coordinated efforts with the American Red Cross, CDC, and other organizations that committed mental health resources to the TOPOFF exercise.

DTAC. SAMHSA/CSAT will be participating in the DTAC Cadre of Consultants Orientation, May 11–13. The Cadre of Consultants is a group of experts in the fields of mental health, substance abuse prevention and substance abuse treatment which will provide technical assistance to the field on disaster related efforts. This group of consultants will provide subject matter expertise, training and consultation. In addition to the technical assistance guide noted above, DTAC is also revising the CSAT disaster CD.

Baltimore Emergency Response Grant. This grant was awarded to the Baltimore City Department of Health after the Dawson Family died in Baltimore City in October 2002, when their home was firebombed by a drug dealer, in retaliation for Mrs. Dawson's repeated complaints to police about drug sales in her community.

The Felony Diversion Initiative (FDI) began services in the Circuit Court for Baltimore City in January 2004. Offenders participating in this program were felons with serious records who faced five years or more of incarceration. For the first time, addictions assessors were placed in the Circuit Court for Baltimore City to increase the efficiency of the legal process and improve

offender compliance with treatment. The program's accomplishments, which argue for its continuation and expansion, follow:

- Eighty-eight (88) felony offenders were admitted to the FDI -- 82% were male, 95% were African American, and most were between the ages of 30-44.
- Almost all of the offenders (93% or 82 of 88) used heroin either exclusively (17%) or in combination with other drugs (76%).
- Substance abuse assessments were performed within 24 hours of court appearance; placement into drug treatment occurred within 48 hours.
- The Court intensively monitored defendants on a monthly basis.
- Two specially trained probation officers supervised FDI offenders.
- Eighty percent (80% or 70 of 88) of participants successfully completed their initial episode of treatment, with 6% discharged due to medical discharge and 4% still in treatment.
- Ninety-nine percent (99% or 87 of 88) of participants entered a second level of care even when their first episode was not successfully completed.
- Five percent (5% or 4 of 88 treated individuals) subsequently violated their probation.
- This cost for treatment for participants in this project averaged \$5,000 as compared with \$25,000 per person average incarceration costs.

Older Adults

SAMHSA's Action Plan Long Term Goals: Promote awareness of mental health and substance abuse needs of older adults, and promote adoption of evidence-based mental health and substance abuse programs for older adults.

FDA/SAMHSA Older Adults Initiative. *As You Age...A Guide to Aging, Medicines, and Alcohol* brochures were printed and are restocked. New radio, television and print public service announcements are in production for the age group of 50-60, pending approval. Products are planned for dissemination in May 2005 through a radio tour involving SAMHSA, the Food and Drug Administration and the Administration on Aging in conjunction with Older American's Month.

Appendix A

CSAT FY 2005 Funding Announcements

Program Name and Announcement Number	Est. Funding Available	Est. No. of Awards Est. Award Am't	Appli. Receipt Date	Eligible Applicants
Accreditation of Opioid Treatment Programs (OTPs) TI 05-001	\$2.0M	Up to 6 \$15,000 - \$1.0M	9/30/04	SAMHSA-approved Accred. Bodies
Historically Black Colleges and Universities Nat. Resource Ctr. (HBCU-NRC) TI 05-002 (cross-Ctr. with CMHS and CSAP)	\$1.075M	1 \$1.075	1/18/05	104 Nat. Recognized HBCUs or Consortium of HBCUs
Targeted Capacity Expansion (TCE) Categories: (1) AI/AN or AA/PI; (2) Meth/Other Emerging Drugs in Rural, Adult Pops; (3) Campus-SBI TI 05-003	\$16.0M (\$5.3M in each category)	33 (11 in ea. category) \$500,000	1/26/05	States, Units of Local Gov., Tribes/Tribal Orgs. for Catg. (1) and (2); Colleges and Univs. for Catg. (3)
Family and Adolescent Treatment Drug Courts TI 05-005	\$6.3M (\$3.15M in each category)	16 (8 in ea. category) \$400,000	4/15/05	Public and Private Non-profit Entities (including Tribal Govs/Orgs)
State Adolescent SA Treatment Coordination TI 05-006	\$7.1M	Up to 22 \$400,000	2/02/05	States, DC, Territories, Fed. Recog. Tribal Gov's

Appendix B

CSAT Funding Opportunities Proposed in the President's FY 2006 Budget

Title of Funding Opportunity	Funding Requested & Est. No. of Awards
Access to Recovery (ATR)	\$50.8 M 7 awards
Screening, Brief Intervention, Referral and Treatment (SBIRT)	\$5.6M 2 awards
Pregnant and Postpartum Women	\$2.9M 6 awards
State Infrastructure Grants for the Treatment of Persons with Co-Occurring Substance and Mental Disorders (COSIG)	\$2.7M 4 awards
Targeted Capacity Expansion (TCE)	\$3.8M 9-10 awards
Strengthening Access and Retention (STAR)	\$2.6M 14 awards
Recovery Community Services Program (RCSP)	\$2.5M 7-8 awards
Family Therapy Models	\$9.7M 35 awards
Treatment for Homeless/Grants to Benefit Homeless Individuals (GBHI)	\$4.1M 10 awards
Targeted Capacity Expansion Program for Substance Abuse Treatment and HIV/AIDS Services (TCE/HIV)	\$4.4M 9 awards
Family and Juvenile Drug Courts	\$5.3M 14 awards