

CENTER FOR SUBSTANCE ABUSE TREATMENT GRANT PROGRAMS

Michael Yesenko
Division of Pharmacologic Therapies
SAMHSA/CSAT

TRIBAL JUSTICE AND SAFETY
TRIBAL TRAINING AND TECHNICAL ASSISTANCE
SESSION THREE

June 6, 2007

michael.yesenko@samhsa.hhs.gov
240-276-2915

1

Purpose of Session

- This session will provide an overview of SAMHSA's Center for Substance Abuse Treatment (CSAT) grant programs, including the Drug Treatment Courts program and the Screenings, Brief Intervention, Referral and Treatment (SBIRT) program.
- Plans will also be discussed for culturally-relevant tribal technical assistance through a future partnership between CSAT's Addiction Technology Transfer Centers and Regional Indian Health Boards.

2

SAMHSA

The Substance Abuse and Mental Health Services Administration (SAMHSA) is one of eleven grant-making agencies of the U.S. Department of Health and Human Services, with a budget of approximately 3 billion dollars.

- Vision: A life in the community for everyone
- Mission: Building resiliency and facilitating recovery

3

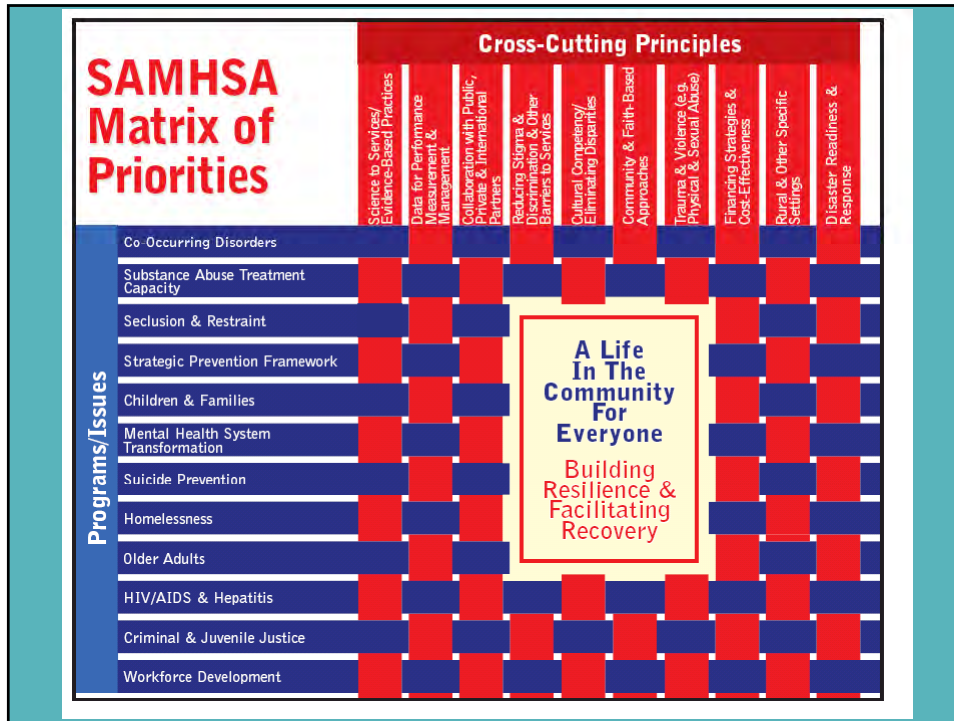
SAMHSA's Goals

- Accountability: Establish systems to measure performance and ensure accountability.
- Capacity: Build, enhance, and maintain treatment infrastructure and capacity.
- Effectiveness: Enable all communities and providers to deliver effective treatment services.

Promoting
Accountability

Enhancing
Capacity

Assuring
Effectiveness



SAMHSA's Three Centers

- The Center for Mental Health Services (CMHS)
- The Center for Substance Abuse Prevention (CSAP)
- The Center for Substance Abuse Treatment (CSAT)

CSAT Mission

- The Center for Substance Abuse Treatment (CSAT) promotes the quality and availability of community-based substance abuse treatment services for individuals and families who need them.
- CSAT works with States and community-based groups to improve and expand existing substance abuse treatment services under the Substance Abuse Prevention and Treatment Block Grant Program.
- CSAT also supports SAMHSA's free treatment referral service to link people with the community-based substance abuse services they need.

7

Substance Abuse Prevention and Treatment Block Grant

- Averages about \$1.76 billion per year
- 40% of all funds managed by the SSA (Single State Authority)
- Supports 10,500 community-based prevention and treatment organizations
- 1 Tribal Recipient: Red Lake Band of Chippewa Indians (MN)—Approx. \$550,000 for FY 2007

8

CAPACITY

- Supports increased services in the substance abuse treatment system, funding effective programs, such as:
 - Access to Recovery *
 - Screening, Brief Intervention, Referral and Treatment*
 - Targeted Capacity Expansion (TCE) – General *
 - TCE-HIV/AIDS*
 - Homeless Addictions Treatment
 - Pregnant & Postpartum Women
 - Recovery Community Services Program
 - Criminal Justice (e.g. Treatment Drug Courts) *

9

National Outcome Measures (NOMs)

- Abstinence from Drug / Alcohol Use
- Employment / Education
- Crime and Criminal Justice
- Family and Living Conditions
- Access / Capacity
- Retention
- Social Connectedness
- Perception of Care
- Cost Effectiveness
- Use of Evidence-Based Practices

10

Discretionary Programs

- Access to Recovery
- Screening, Brief Intervention, Referral and Treatment
- Targeted Capacity Expansion (TCE) – General
- TCE-HIV/AIDS
- Drug Courts

11

CSAT 2007 Proposed New Grant Opportunities

	Awards	Proposed
Recovery Community Services	8	\$ 2.9 M
Co-Occurring SIGs	3	\$ 3.3 M
Targeted Capacity Expansion HIV/AIDS	65	\$32.1 M
TCE Methamphetamine	50	\$25.0 M
Addiction Technology Transfer Centers (ATTCs)	15	\$ 8.1 M
Access to Recovery (ATR)	25	\$70.5 M

12

FY 2008 CSAT FUNDING OPPORTUNITIES

- SAMHSA FY 2008 BUDGET REQUEST INCLUDES AN OVERALL REDUCTION OF \$159 MILLION OR 5%
- CSAT'S FY 2008 PROPOSED BUDGET WOULD BE CUT BY \$47 MILLION OR 12% OF CSAT'S PRNS FUNDING WHICH SUPPORTS COMPETITIVE GRANT PROGRAMS
- FY 2008 PRIORITIES
 - BALANCED BUDGET BY 2012
 - EMPHASIZE SERVICES

13

FY 2008 CSAT FUNDING OPPORTUNITIES

- The budget funds Presidential initiatives (ATR) and other priority areas (Block Grant, Criminal Justice, SBIRT & MAI), while making targeted reductions in areas where grant periods are ending, activities can be supported through other funding streams or efficiencies can be realized.
- SBIRT, Treatment Drug Courts, TCE/HIV & TCE-General.

14

Access to Recovery (\$98.2M) Administration's Treatment Initiative

- FY 2004 – FY 2006, 14 States, 1 Tribal Organization
 - CA, CT, FL, ID, IL, LA, MO, NJ, NM, TN, TX, WA, WI, WY, CA Rural Indian Health Board
 - Selected from 66 applicants (44 States, D.C., Puerto Rico and 20 Tribal Organizations)
- Uses vouchers for the purchase of substance abuse clinical treatment and recovery support services
- Approximately 137,600 people were served through Dec 31, 2006, exceeding the revised target of 87,500

15

Screening, Brief Intervention, Referral and Treatment (SBIRT) (\$34.8M *)

- Increase screening and early identification of substance use disorders—early identification of substance abuse decreases total health care costs by preventing progression toward addiction
- Expand communities' continuum of care
 - Increase access to clinically appropriate treatment matched to the patient's stage of illness and problem severity
 - Implemented by: 9 States and 1 Tribal Council (Cook Inlet, AK; CO, FL, MA, WI, CA, IL, NM, TX, WA)

* Also includes Campus-SBIRT (12 Colleges and Universities funded from TCE-General, \$5.2M in 2006); in 2008, will be supported with SBIRT funding when new Campus-SBIRT grants are awarded)

16

SCREENING, BRIEF INTERVENTION & REFERRAL TO TREATMENT (SBIRT), FY 2008

- + \$12 million to support screening and brief interventions in general medical and community settings
- \$25 million available to fund 3 new grants to States/Tribes, 18 new campus grants, 8 new grants to medical schools, and 12 new grants to school districts and Community Health Clinics serving Native Americans

17

Targeted Capacity Expansion (TCE) – General (\$24.6M *)

- Grants to support rapid and strategic responses to demands for treatment in communities with serious, emerging drug problems as well as those with innovative solutions.
- 52 Active grants in FY 2006
- Serves those who typically get less access to the treatment system.
- Targeted populations include: AI/AN or AA/PI; Methamphetamine & Other Emerging Drugs in Rural and Adult Populations.

* Does not include funding for Underage Drinkers program (addressed under the Campus-SBIRT program).

18

TCE – HIV/AIDS (\$62.9M)

- CSAT's Minority AIDS Initiative
- Approximately 65% of funding supports treatment programs and 35% supports Outreach programs
- Enhance and expand substance abuse treatment and/or outreach and pre-treatment services for minority populations, women and their children, and adolescents.
- Provide clinical training and implement rapid HIV testing in treatment programs.

19

Family and Juvenile Treatment Drug Courts (\$9.1M)

- Combines sanctioning power of courts with effective treatment programs
- 10 Family and 15 Juvenile grants active in FY 2006
- National Outcome Measures: From intake to 6-month follow-up, % of clients who reported:
 - Abstinence (did not use, past 30 days): increased by 77%
 - No Crime/Criminal Justice involvement: increased by 10%
 - Employed/Attending School: increased by 38%
 - Social Connectedness: increased by 20%
 - Housing stability (had permanent place to live): increased by 7%

20

JUVENILE/FAMILY DRUG TREATMENT COURTS, FY 2008

- + 13.7 MILLION OVER FY 2007 CR LEVEL
- WITH AMOUNTS AVAILABLE FROM EXPIRING GRANTS, \$22 MILLION AVAILABLE TO MORE THAN TRIPLE THE NUMBER OF GRANTS (FROM 25 TO 84) PROVIDING SUBSTANCE ABUSE TREATMENT FOR PEOPLE REFERRED BY THE COURT

21

SAMHSA/CSAT INFORMATION

www.grants.gov

www.samhsa.gov

1-800-729-6686 for publication ordering or information on funding opportunities (SHIN, NCADI)

1-800-487-4889 – TDD line

1-800-662-HELP – SAMHSA's National Helpline (24/7 English-Spanish referral line; received 30,000 calls in January 2007)

22



Recovery Month

- Reduce the stigma and discrimination associated with addiction.
- Encourage those in need to get treatment.
- Supports those that are already in recovery.

Recovery Month Information

- www.recoverymonth.gov
 - 1-800-662-HELP
 - 240-276-2750 - SAMHSA/CSAT's
Office of the Director, Consumer Affairs

25