

Substance Abuse and Mental Health Services Administration

Programs and Priorities

2nd Annual Florida Homeless and Supportive Housing Conference

October 6, 2008

Charlene E. Le Fauve, Ph.D.

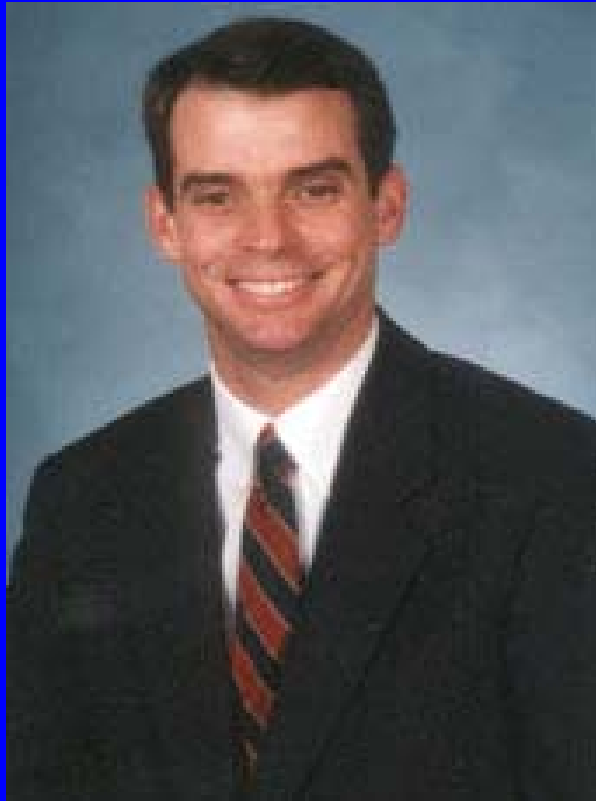
Chief, Co-Occurring and Homeless Activities Branch

Division of State and Community Assistance

Center for Substance Abuse Treatment

An Introduction to the Substance Abuse and Mental Health Services Administration (SAMHSA)

- One of the eleven grant making agencies of the U.S. Department of Health and Human Services, with a budget of approximately 3 billion dollars.



“At SAMHSA, our mission includes helping prevention and treatment counselors, clinics, and health care providers develop ways to change their service systems to increase positive outcomes for their clients.”

***Terry L. Cline, PhD**
Administrator
Substance Abuse and Mental Health Services
Administration*

September 2007

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 Matrix of Priorities

Cross-Cutting Principles

Programs/Issues

Science to Services/
Evidence-Based Practices

Data for Performance
Measurement &
Management

Collaboration with Public,
Private & International
Partners

Reducing Stigma &
Discrimination & Other
Barriers to Services

Cultural Competency/
Eliminating Disparities

Community & Faith-Based
Approaches

Trauma & Violence (e.g.
Physical & Sexual Abuse)

Financing Strategies &
Cost-Effectiveness

Rural & Other Specific
Settings

Disaster Readiness &
Response

Co-Occurring Disorders

Substance Abuse Treatment
Capacity

Seclusion & Restraint

Strategic Prevention Framework

Children & Families

Mental Health System
Transformation

Suicide Prevention

Homelessness

Older Adults

HIV/AIDS & Hepatitis

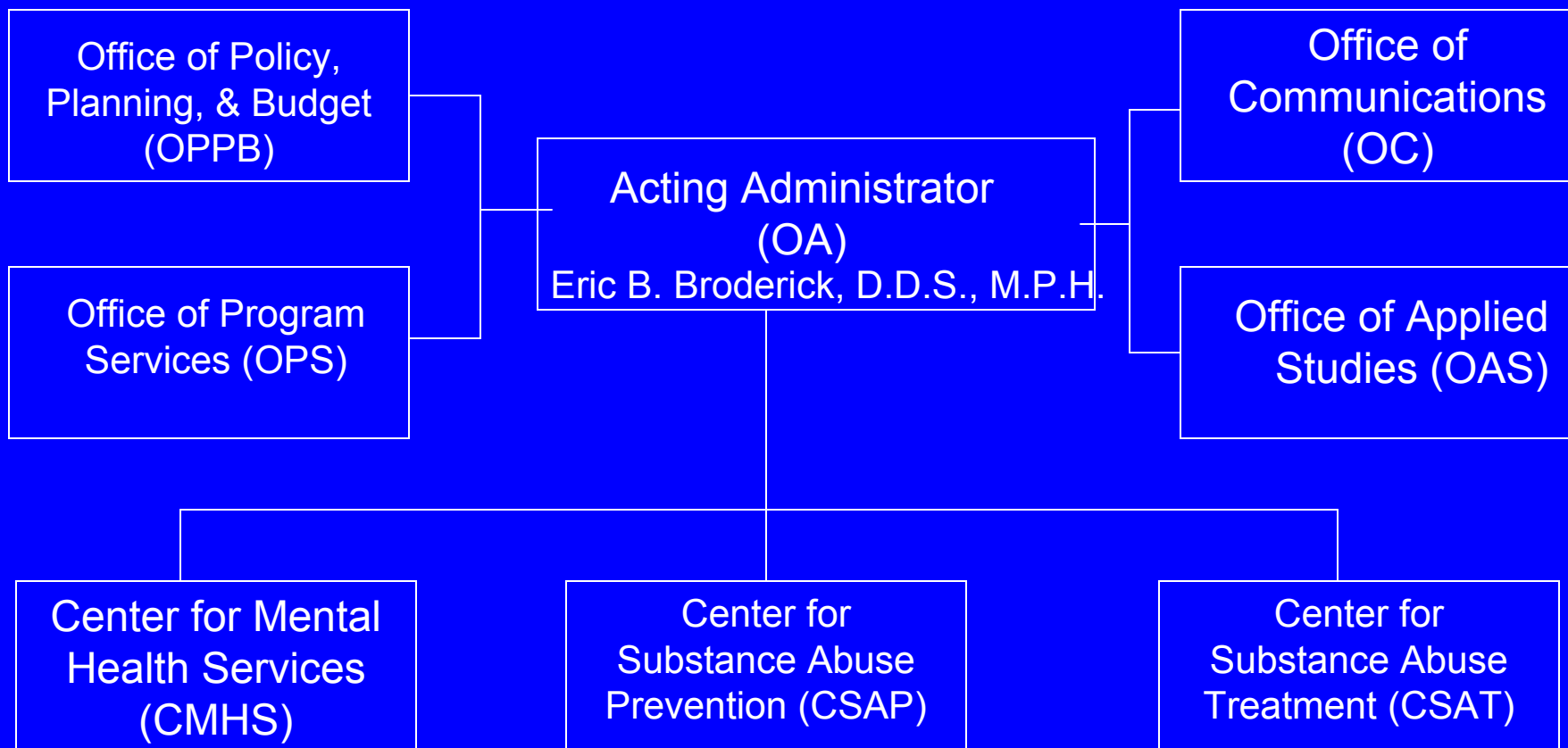
Criminal & Juvenile Justice

Workforce Development

**A Life
In The
Community
For
Everyone**

**Building
Resilience &
Facilitating
Recovery**

Substance Abuse & Mental Health Services Administration (SAMHSA)



Organization Chart

The Center for Mental Health Services (CMHS)

Mission:

- To ensure access and availability of quality mental health services to improve the lives of all adults and children in this Nation.

The Center for Substance Abuse Prevention (CSAP)

Mission:

- To decrease substance use and abuse by bringing effective substance abuse prevention to every community

The Center for Substance Abuse Treatment (CSAT)

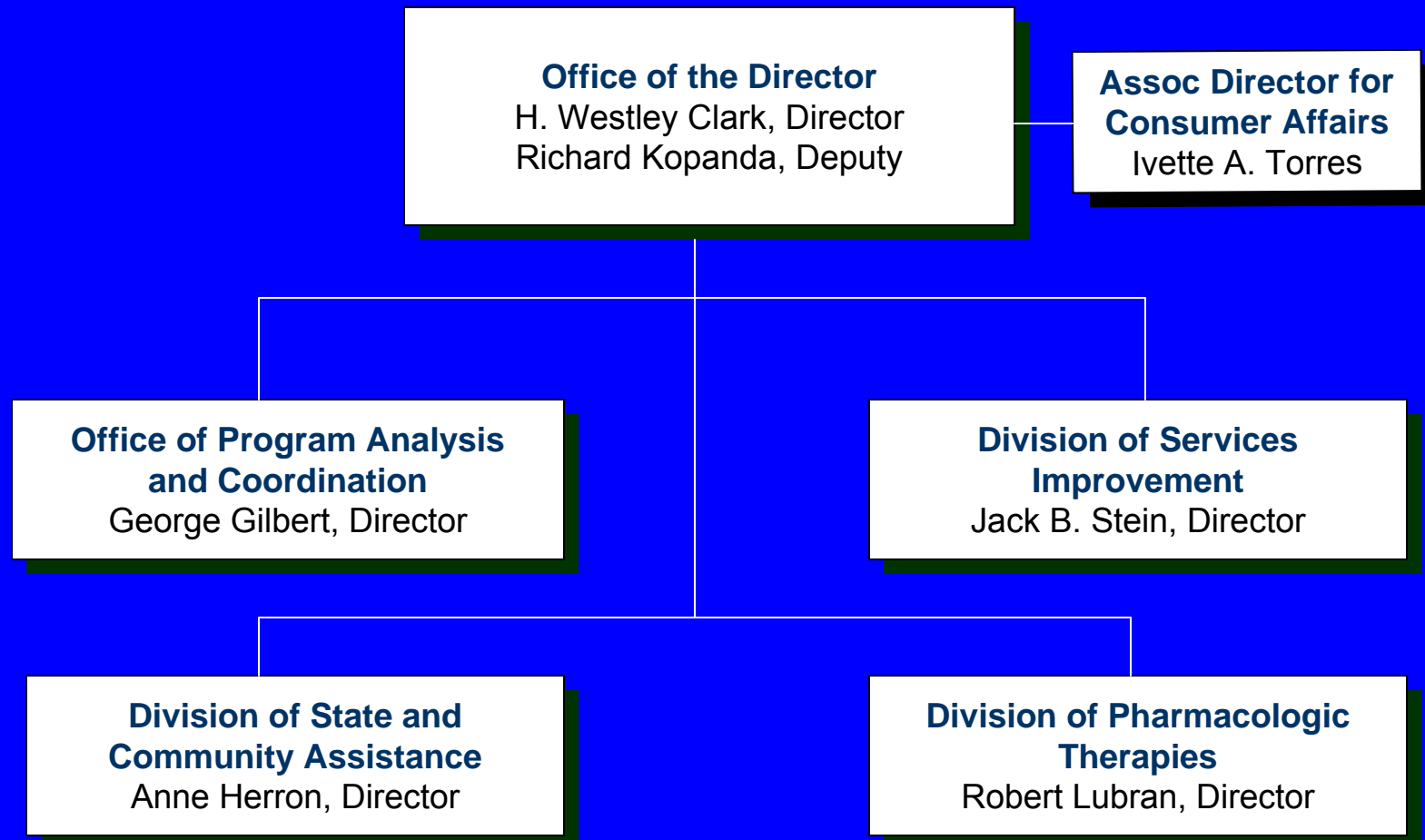
Mission:

- To improve the lives of individuals and families affected by alcohol and drug abuse by ensuring access to clinically sound, cost-effective addiction treatment that reduces the health and social costs to our communities and the Nation

SAMHSA'S Vision & Mission

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

Center for Substance Abuse Treatment



The Center for Substance Abuse Treatment (CSAT)

Mission:

To improve the health of the nation by bringing effective alcohol and drug treatment to every community.

The Impact of Addiction

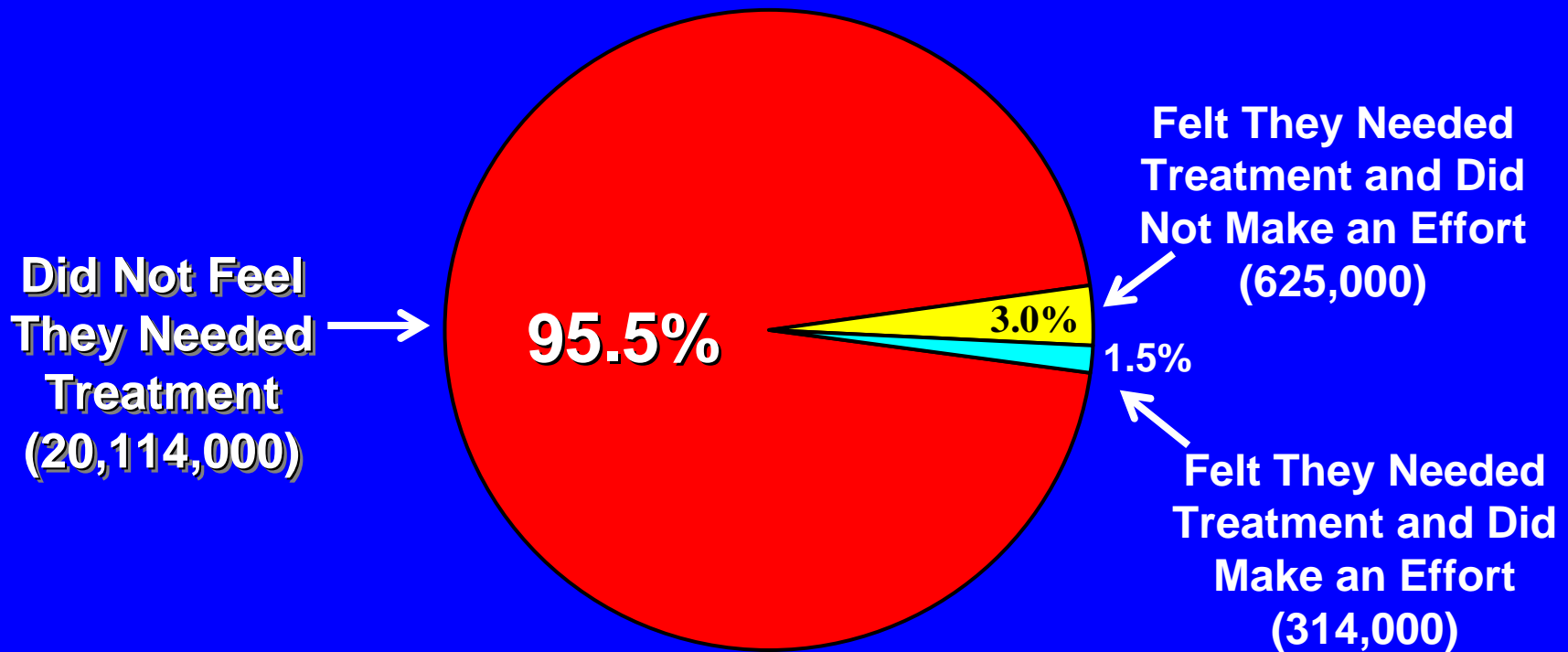
- Addiction impacts an individual's behavior, health, thinking process, quality of life, and overall functioning.
- Alcohol & other drugs are powerful reinforcing psychoactive substances that take on a life of their own.

The Impact of Addiction (cont'd)

- In 2006, there were 949,604 women with past year illicit drug or alcohol dependence admitted to treatment -- who also reported having children under 12 in their households.
- It is particularly important to keep in mind the connection between substance abuse, trauma, and other co-existing conditions when focusing on the treatment needs of women, children & the family unit as a whole.

The Challenge

Past Year Perceived Need for and Effort Made to Receive Treatment among Persons Aged 12+ Needing But Not Receiving Specialty Treatment for Illicit Drug or Alcohol Use: 2006



21.1 Million Needing But Not Receiving Treatment for Illicit Drug or Alcohol Use

2009 Programs Increased/Maintained

	<u>2009 Budget</u>	<u>Change</u>
Access to Recovery.....	\$99.7 M	+3%
Treatment Drug Courts.....	\$37.8 M	+280%
SBIRT.....	\$56.2 M	+93%
National Registry of Evidence- Based Programs & Practices.....	\$1.3 M	+157%

Access to Recovery

- The 2009 budget includes \$99.7million for the President's **Access to Recovery** program, an increase of \$3.2 million over FY 2008
 - Includes \$25 million targeted for Methamphetamine Treatment

Drug Treatment Courts

- \$37.8 million (280% increase over 2008)
- Together with funds from other Criminal Justice grants that are naturally ending, \$25 million is available for new drug court grants. This increases the total grants providing substance abuse treatment for people referred by the court from 27 in 2008 to 100 in 2009

Screening and Brief Interventions (SBIRT)

- \$56.2 million (93% increase over 2008)
- Together with funds from grants that are naturally ending, \$27 million is available to fund 8 new grants to States, 18 new campus grants, and 3 new grants to medical schools
- Early identification of substance abuse decreases total health care costs by preventing progression toward addiction

Minority AIDS

- \$63.1 million (same level as FY 2008)
- Will fund all grant continuations (128), technical assistance, and a program evaluation
- Provides substance abuse treatment services in racial/ethnic minority communities
- Supports pre-treatment services, including: HIV/AIDS testing and counseling, provision of literature and other materials that support behavior change, and facilitation of access to treatment services

SAMHSA Action Plan

Substance Abuse Treatment Capacity

- ✓ Expand and enhance clinical substance abuse treatment services and recovery support services to build resilience and facilitate recovery for those with substance use problems.
- ✓ In 2005, the number of persons aged 12 or older needing treatment for an alcohol or illicit drug use problem was 23.2 million. Of these, 2.3 million received treatment at a specialty facility in the past year. Of the 20.9 million people who needed but did not receive treatment in 2005, an estimated 1.2 million reported they felt they needed treatment for their alcohol or drug use problem, and of these, 296,000 (25.5%) reported they made an effort but were unable to get treatment, while 865,000 (74.5%) reported making no effort to get treatment.

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

Discretionary Programs of Regional and National Significance (PRNS)

- The Discretionary Program comprises both Capacity and Science to Service activities
- Capacity primarily provides grants/contracts to support direct treatment services to clients, while Science to Service grants or contracts are funded to disseminate knowledge to substance abuse treatment professionals in the field
- Capacity programs comprise 92.7% of the PRNS budget, while Science to Service programs comprise only 7.3%. The Science to Service portfolio has been shrinking (from \$95.2 million in 2001 down to \$13.1 million proposed for 2008)

CAPACITY

- Supports increased services in the substance abuse treatment system, funding effective programs, such as:
 - ✓ Access to Recovery
 - ✓ Screening, Brief Intervention, Referral & 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)

CAPACITY *cont.*

- Capacity also includes infrastructure support, for example:
 - ✓ Co-Occurring State Incentive Grants
 - ✓ Children and Families Programs
 - ✓ Pharmacologic Therapies/Opioid Treatment Program Accreditation

SCIENCE to SERVICE

- Translates research to practice, conveying most up-to-date science to service models to the field
- Helps providers to adopt evidence-based practices
- Supports training and technical assistance
- Includes activities, such as:
 - ✓ Addiction Technology Transfer Centers (ATTCs)
 - ✓ National Registry for Evidence-Based Programs and Practices (NREPP)
 - ✓ Knowledge Application Program (KAP) (TIPs, other pubs)

Access to Recovery

Administration's Treatment Initiative

- Uses vouchers for the purchase of substance abuse clinical treatment and recovery support services
- Goals
 - Increase capacity: of those served over time
 - Expand choice
 - Expand number and range of providers, especially community-based and faith-based organizations

Screening, Brief Intervention, Referral and Treatment (SBIRT)

- ✓ 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
 - ✓ Also includes Campus-SBIRT (Colleges and Universities)

Targeted Capacity Expansion (TCE) – General

- ✓ 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.
- ✓ 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.

TCE – HIV/AIDS

- ✓ 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.

CSAT Programs Serving Women

CSAT addresses the unique needs of women through a wide range of grants, programs, and initiatives.

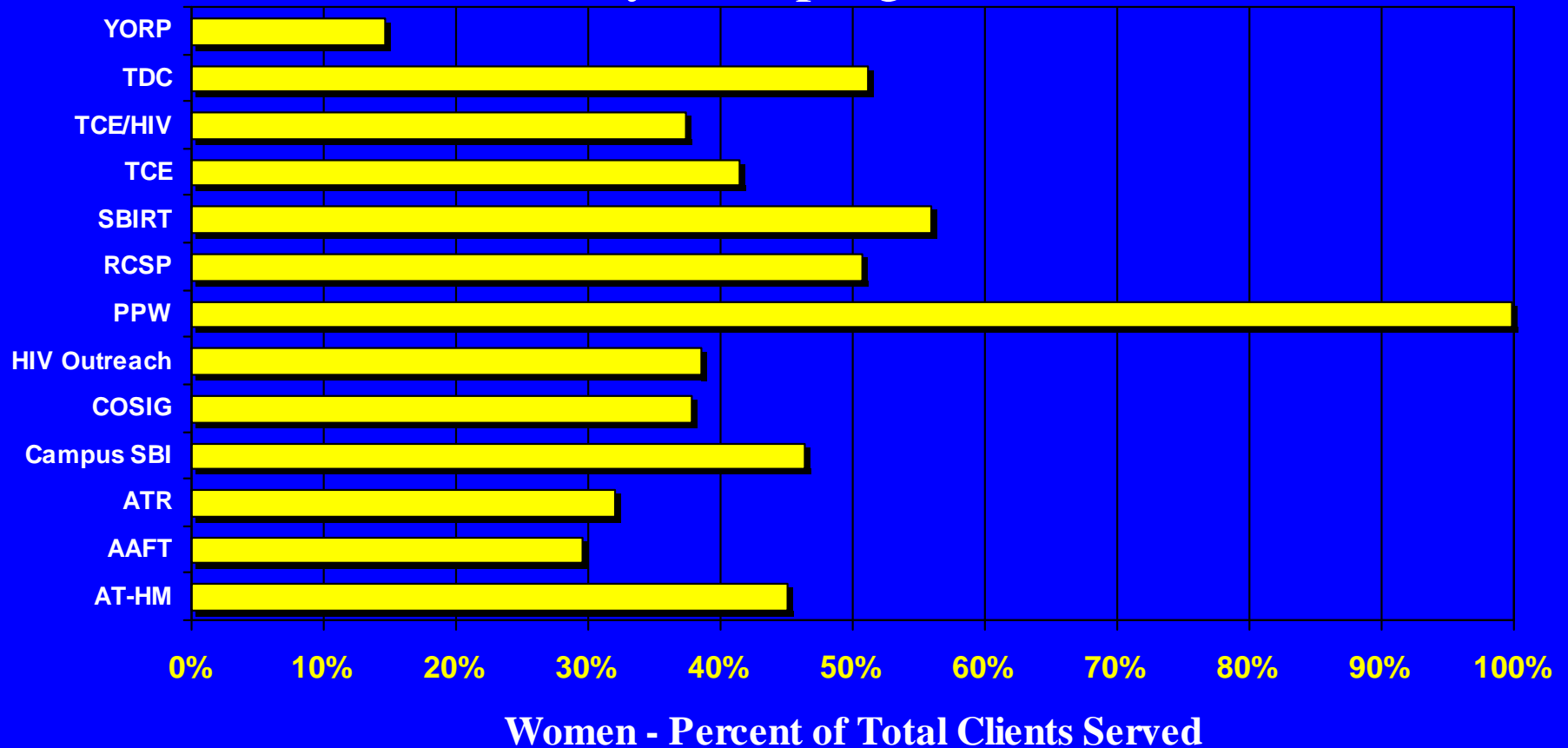
- In FY 2007, approximately 22% of the 472 active CSAT grantees served only women or included women as a primary target population.
- This represents an annual investment in women's treatment of approximately \$72.8 million.
- Grantees serving women are projected to serve more than 88,000 clients over the course of their programs.

CSAT Programs Serving Women

- Although the total number of active CSAT grantees that only or primarily serve women has declined slightly over the past several years (from 114 in 2004 to 102 in 2007),
- The total dollar investment in women's grantees has increased – from approximately \$190 Million in FY 2004 to \$267.5 Million in FY 2007.
- The increase is due in a large part to the initiation of the Access to Recovery (ATR) program.

CSAT Discretionary Grants – Percent Women Served

406,335 women have been served by CSAT discretionary grants since FY 2004. The graph below shows the percentage of female clients served by each program.



Addiction Technology Transfer Centers

- The ATTC Network transmits the latest knowledge, skills and attitudes of professional addiction treatment practice.
- The Network focuses on six areas of emphasis for improving addiction treatment:
 - Enhancing Cultural Appropriateness
 - Developing and Disseminating Tools
 - Building a Better Workforce
 - Advancing Knowledge Adoption
 - Ongoing Assessment and Improvement
 - Forging Partnerships

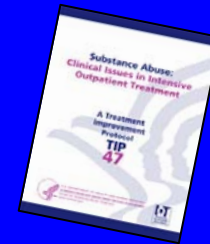
National Registry for Evidence-Based Programs and Practices (NREPP)

- ✓ A voluntary registry of evidence based programs and practices in substance abuse and mental health launched in March 2007
- ✓ External peer review of scientific basis and readiness for dissemination
- ✓ Searchable data base of reviewed programs and practices
- ✓ Additional NREPP information is available on SAMHSA's website: www.samhsa.gov

Knowledge Application Program (KAP) (\$3.6M)

Established to synthesize, package, and transmit evidence-based knowledge to treatment providers.

- ✓ Treatment Improvement Protocols (TIPs)
Redesigned as a how-to document

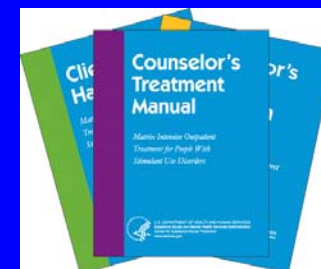


- ✓ Collateral products
Short, concise documents based on TIPs, including Quick Guides, KAP Keys, screening tools



- ✓ Treatment manuals
For teens, adults, and older adults

Topics: anger management, relapse prevention
stimulant abuse (based on CSAT's Methamphetamine Study), marijuana abuse (based on CSAT's Cannabis Youth Treatment Study)



KAP cont.

- ✓ **Booklets, brochures, and workbooks**

For consumers and families members in English, Spanish, Russian, and other languages

- ✓ **Periodicals**

Substance Abuse in Brief Fact Sheet

Substance Abuse Treatment Advisory

- ✓ **KAP Web site (www.kap.samhsa.gov)**

Provides information on KAP products and activities

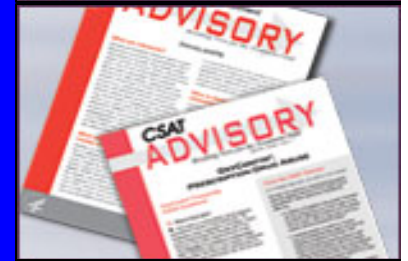
- ✓ **Promotional activities**

Undertakes marketing campaigns to promote new products and expand CSAT's dissemination channels

- ✓ **Results?**

More than 150 publications completed from 1999 to the present

More than 4 million KAP products distributed



CSAT's Co-Occurring and Homeless Activities Branch (CHAB)

CHAB's Vision

CHAB is the entity that furthers the learning community by bringing together multiple stakeholders to advance and improve the care of persons with or at risk for homelessness and/or COD

CHAB's Objectives

- Establish and maintain a presence in activities throughout SAMHSA and with federal partners that influence policy and programming in COD and Homelessness
- Establish a stakeholder panel to guide CHAB/CSAT and advance the broader SAMHSA COD and Homelessness agenda
- Increase SAMHSA's use of data to inform policy and practice around COD and Homelessness partnerships with DSCA, PMB, OAS and others who specialize in data activity

CHAB Active Grant Programs

- ✓ Treatment for the Homeless
- ✓ Co-occurring State Incentive Grant (COSIG)

Grant Programs

Treatment for Homeless

(Also known as Grants for the Benefit of Homeless Individuals-GBHI)

- Provides services linkages among substance abuse services with housing programs/other services for homeless persons
- Grantees are embedded within an integrated, comprehensive, community based system
- Grantees conduct follow-up outcome evaluations
- 114 grants awarded since 2001
- 87 active grantees in 2008; 23 new awards in September 08

Co-Occurring State Incentive Grants (COSIG)—CSAT/CMHS

- ✓ Supports grantees in systems change and infrastructure development
- ✓ Supports grantees in system and service delivery enhancements such as:
 - ✓ Standardizing screening and assessment tools
 - ✓ Developing complementary licensure and credentialing requirements

Currently 19 COSIGs

SAMHSA CURRENT FUNDING OPPORTUNITIES

Center for Mental Health Services (CMHS)

OA-08-002 [Knowledge Dissemination Conference Grants Program Announcement \(Short Title: SAMHSA Conference Grants\)](#) Applicants are invited to submit applications for CMHS Conference Grants but should be aware that funding for this program is not included in the FY 2009 President's budget request and funding of '09 awards cannot be assured. 04/10/2008 09/30/2008 & 03/31/2009 SM-09-001 [Campus Suicide Prevention Grants](#) 07/29/2008 11/25/2008

Center for Substance Abuse Prevention (CSAP)

OA-08-002 [Knowledge Dissemination Conference Grants Program Announcement \(Short Title: SAMHSA Conference Grants\)](#) Applicants are invited to submit applications for CSAP Conference Grants but should be aware that funding for this program is not included in the FY 2009 President's budget request and funding of '09 awards cannot be assured. 03/14/2008 09/30/2008 & 03/31/2009

Center for Substance Abuse Treatment (CSAT)

CSAT 2008 Grant Announcements

Posted

Receipt Date

Grant ID	Grant Title	Posted	Receipt Date
TI-08-001	Cooperative Agreements for Screening, Brief Intervention, Referral and Treatment (SBIRT) (updated eligibility 11/29/07)	November 27, 2007	January 31, 2008
TI-08-002	<u>SAMHSA Grants for Single Source Projects: National Outcome Measures (NOMs) Collaborative Support</u>	December 7, 2007	February 13, 2008
TI-08-003	<u>Screening, Brief Intervention, Referral and Treatment (SBIRT) Medical Residency Program</u>	March 4, 2008	April 30, 2008
TI-08-005	<u>Grants to Expand Substance Abuse Treatment Capacity in Targeted Areas of Need Short Title: Targeted Capacity Expansion-TCE</u>	February 14, 2008	April 18, 2008
TI-08-006	<u>Targeted Capacity Expansion Program for Substance Abuse Treatment and HIV/AIDS Services (Short Title: TCE/HIV)</u>	January 18, 2008	March 27, 2008
TI-08-007	<u>Grants to Expand Substance Abuse Treatment Capacity for Drug Courts (Short Title: Treatment Drug Courts)</u>	February 05, 2008	April 10, 2008
TI-08-008	<u>Opioid Treatment Program Accreditation Grants (Short Title: Accreditation of OTPs)</u>	November 2, 2007	January 8, 2008
TI-08-009	<u>Services Grant Program for Residential Treatment for Pregnant and Postpartum Women [Short Title: Pregnant and Postpartum Women (PPW)]</u>	January 18, 2008	March 18, 2008
TI-08-011	<u>Cooperative Agreement for the Historically Black Colleges and Universities Center for Excellence in Substance Abuse and Mental Health (Short Title: HBCU - Center for Excellence)</u>	March 21, 2008	May 22, 2008
TI-08-012	<u>Grants to Expand Substance Abuse Treatment in Adult Criminal Justice Populations (Short title: Adult Criminal Justice Treatment)</u>	March 13, 2008	May 2, 2008
TI-08-013	<u>Development of Comprehensive Drug/Alcohol and Mental Health Treatment Systems for Persons Who are Homeless (Short Title: Treatment for Homeless)</u>	March 31, 2008	May 29, 2008
TI-08-014	<u>Cooperative Agreement for a Physician Clinical Support System for the Appropriate Use of Methadone in the Treatment of Pain and Opioid Addiction (Short Title: PCSS- M)</u>	March 14, 2008	May 1, 2008

CMHS 2008 Grant Announcements

Posted

Receipt Date

		Posted	Receipt Date
OA-08-002	<u>Knowledge Dissemination Conference Grants Program Announcement (Short Title: SAMHSA Conference Grants)</u>	April 10, 2008	May 30, 2008
SM-08-001	<u>Cooperative Agreements for State-Sponsored Youth Suicide Prevention and Early Intervention (Short Title: State/Tribal Youth Suicide Prevention Grants)</u>	November 6, 2007	January 11, 2008
SM-08-002	<u>Campus Suicide Prevention Grants</u>	November 6, 2007	January 18, 2008
SM-08-003	<u>Technical Assistance Center for Mental Health Promotion and Youth Violence Prevention</u>	February 25, 2008	April 22, 2008
SM-08-004	<u>Cooperative Agreements for Comprehensive Community Mental Health Services for Children and Their Families Program [Short Title: Child Mental Health Initiative (CMHI)]</u>	November 7, 2007	February 1, 2008
SM-08-006	<u>Minority Fellowship Program (Short Title: MFP)</u>	January 18, 2008	March 19, 2008
SM-08-008	<u>Older Adults Targeted Capacity Expansion (TCE) Grant Program</u>	January 16, 2008	March 28, 2008
SM-08-009	<u>Jail Diversion and Trauma Recovery Program-Priority to Veterans (Short Title: Diversion and Trauma Recovery)</u>	March 13, 2008	May 8, 2008
SM-08-010	<u>National Child Traumatic Stress Initiative Community Treatment and Services Center Grants (CTS Centers)</u>	February 29, 2008	April 29, 2008
SM-08-011	<u>Cooperative Agreements for Linking Actions for Unmet Needs in Children's Health (Short Title: Project LAUNCH)</u>	April 16, 2008	June 12, 2008
SM-08-012	<u>Circles of Care IV: Infrastructure Development for Children's Mental Health Systems in American Indian/Alaska Native Communities (Short Title: Circles of Care)</u>	March 11, 2008	May 09, 2008
SM-08-013	<u>Supplements to State Mental Health Data Infrastructure Grants for Quality Improvement</u>	January 16, 2008	May 30, 2008
SM-08-014	<u>Program Supplement to Center for Mental Health Services Suicide Prevention Resource Center</u>	March 20, 2008	April 25, 2008
SM-08-015	<u>Cooperative Agreements for State-Sponsored Youth Suicide Prevention and Early Intervention (Short Title: State/Tribal Youth Suicide Prevention Grants)</u>	February 20, 2008	April 22, 2008
SM-08-016	<u>Cooperative Agreements National Suicide Prevention Lifeline Crisis Center Follow Up</u>	June 9, 2008	July 9, 2008

CSAP 2008 Grant Announcements

Posted

Receipt Date

OA-08-002	<u>Knowledge Dissemination Conference Grants Program Announcement (Short Title: SAMHSA Conference Grants)</u>	March 14, 2008	March 31st and September 30th of each year
SP-08-001	<u>Prevention of Substance Abuse (SA) and HIV for At-Risk Racial/Ethnic Minority Subpopulations Cooperative Agreements (Short Title: Minority SA/HIV Prevention Initiative)</u>	January 28, 2008	April 1, 2008
SP-08-002	<u>Drug Free Communities Support Program</u>	January 15, 2008	March 21, 2008
SP-08-003	<u>Drug Free Communities Support Mentoring Program</u>	February 14, 2008	April 18, 2008
SP-08-004	<u>Sober Truth on Preventing Underage Drinking Act Grants (Short Title: STOP Act)</u>	March 6, 2008	April 24, 2008
SP-08-005	<u>National Community Anti-Drug Coalition Institute</u>	May 1, 2008	June 18, 2008

SAMHSA/CSAT Information

- SAMHSA web site: www.samhsa.gov
- SBIRT web site: <http://sbirt.samhsa.gov/>
- Access to Recovery web site: <http://atr.samhsa.gov>
- National Center for Substance Abuse and Child Welfare web site: www.ncsacw.samhsa.gov
- For information regarding grants & application: <http://www.grants.gov/>
- SHIN 1-800-729-6686 for publication ordering or information on funding opportunities
 - 1-800-487-4889 – TDD line
- 1-800-662-HELP – SAMHSA's National Helpline (average # of tx calls per mo.- 24,000)

Thank You

Charlene E. Le Fauve, Ph.D.

Chief, Co-Occurring and Homeless Activities Branch
Substance Abuse and Mental Health Services
Administration

Center for Substance Abuse Treatment

Division of State and Community Assistance

1 Choke Cherry Road, Room 5-1043

Rockville, MD 20857 (20850 for Federal Express)

charlene.lefauve@samhsa.hhs.gov

240-276-2787 (o)

240-276-2800 (f)