

CALIFORNIA

State SSA Director

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Structure and Function



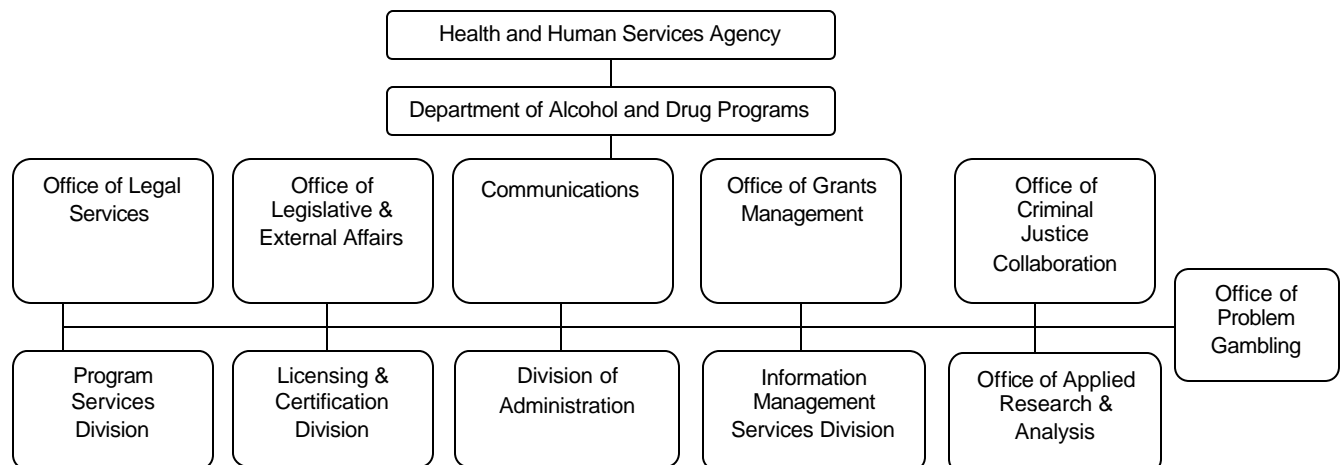
The Department of Alcohol and Drug Programs (ADP), established in 1978, is the Single State Agency (SSA) that leads the State's drug prevention, treatment, and recovery efforts. ADP's vision is healthy individuals and communities free of alcohol and other drug problems. Its mission is to lead California's strategy to reduce alcohol and other drug problems by developing, administering, and supporting prevention and treatment programs. It has six key functions: administer funding to counties who provide alcohol and other drug treatment and prevention services; certify, license, monitor, and audit alcohol and other drug programs; develop and

implement prevention programs and strategies; ensure that clients receive a consistent and acceptable level of service; provide public information on alcohol and other drug problems and programs; and develop a plan to address problem gambling in California and develop a problem gambling prevention program.

ADP is organizationally located under the Secretary of the Health and Human Services Agency and is organized around four program areas: Program Services Division, Licensing and Certification Division, Office of Criminal Justice Collaboration, and Office of Problem Gambling. The four programs receive support from: Administration, Applied Research and Analysis, Communications, Information Management Services, Grants Management, Legal Services, and Legislative and External Affairs.

Three groups provide input to the direction of ADP: The Governor's Prevention Policy Advisory Council, the Director's Advisory Council, and the County Alcohol and Drug Program Administrators Association of California. (CADPAAC). In addition, ADP has established interagency agreements with other State agencies involved in alcohol, tobacco, and other drug (ATOD) treatment, including the California Department of Social Services (CDSS) and the Department of Mental Health (DMH).

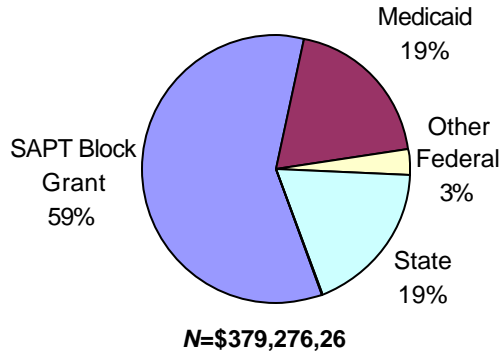
Single State Agency Structure



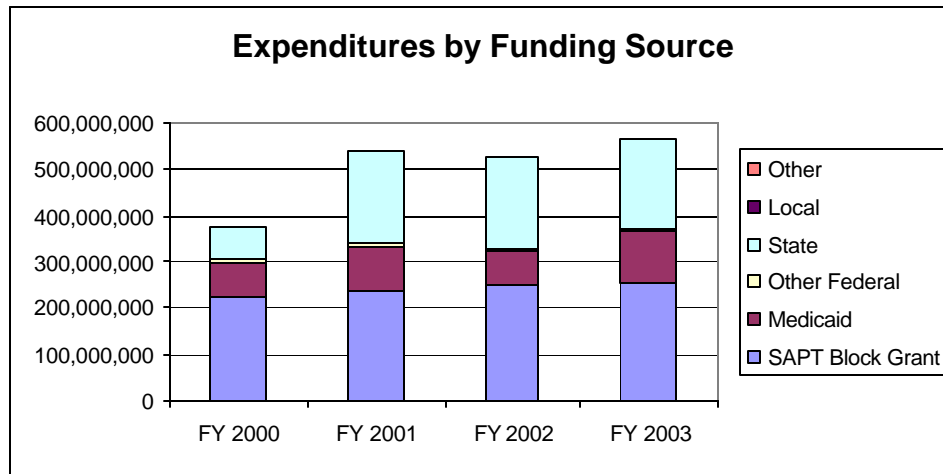
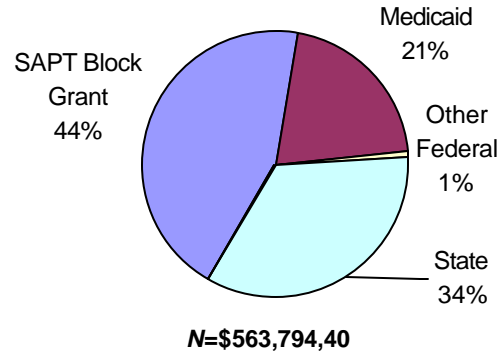
Single State Agency Funding Overview

California's SSA expenditures totaled more than \$563 million in FY 2003, an increase from \$379 million in FY 2000. In FY 2003 most (44 percent) of the expenditures were derived from the Block Grant, followed by 34 percent from the State. This represents a change from FY 2000 when Block Grant funds accounted for more than half of total expenditures (59 percent), followed by State and Medicaid funds, which each accounted for 19 percent of total expenditures.

FY 2000 Expenditures by Funding Source



FY 2003 Expenditures by Funding Source



Single State Agency Expenditures From All Funding Sources

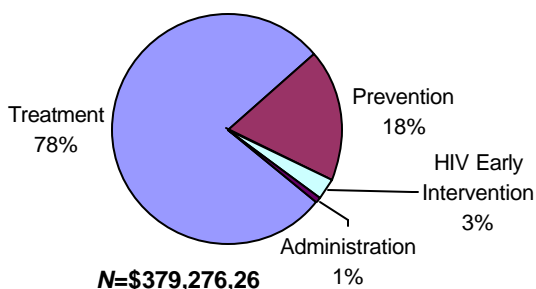
Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	222,904,011	59	234,563,653	43	250,004,553	48	250,772,440	44
Medicaid	73,312,027	19	99,484,304	18	76,350,986	15	115,743,764	21
Other Federal	12,751,922	3	9,711,546	2	3,656,739	1	5,419,284	1
State	70,308,307	19	196,371,856	36	196,095,283	37	191,858,917	34
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	379,276,267	100	540,131,359	100	526,107,561	100	563,794,405	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4
 * Totals may not equal 100 percent due to rounding.

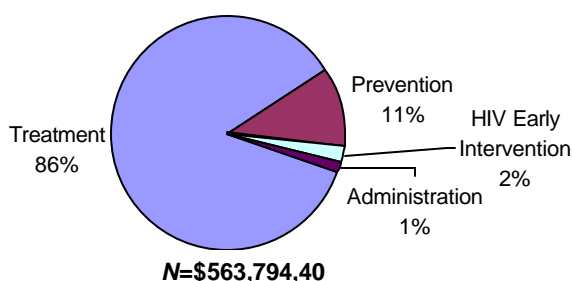
Activities and Expenditures From All Funding Sources

Of the \$563 million in ATOD funding expenditures in California in FY 2003, most (86 percent) went towards treatment services, followed by 11 percent for prevention services. While total dollars for treatment expenditures increased, prevention fund dollars decreased in FY 2003 when compared to FY 2000.

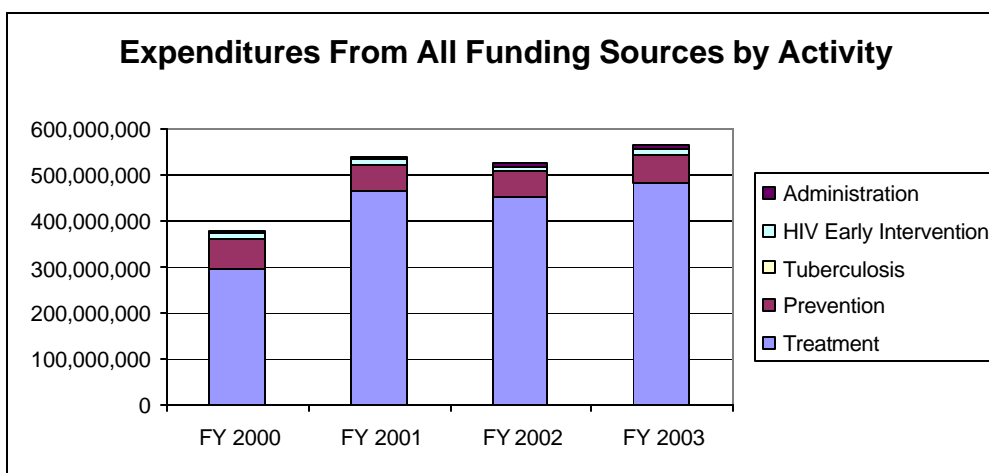
FY 2000 Expenditures by Activity



FY 2003 Expenditures by Activity



Expenditures From All Funding Sources by Activity



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	139,052,572	37	465,698,785	86	451,786,994	86	481,632,747	86
Alcohol Treatment	78,016,807	20	826,482	0				
Drug Treatment	78,023,760	21	0	0				
Prevention	69,392,171	18	56,776,831	11	55,777,201	11	61,791,700	11
Tuberculosis	131,508	0	106,497	0	29,078	0	38,372	0
HIV Early Intervention	10,785,533	3	11,618,189	2	12,151,706	2	12,187,398	2
Administration	3,873,916	1	5,104,575	1	6,362,582	1	8,144,188	1
Total*	379,276,267	100	540,131,359	100	526,107,561	100	563,794,405	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

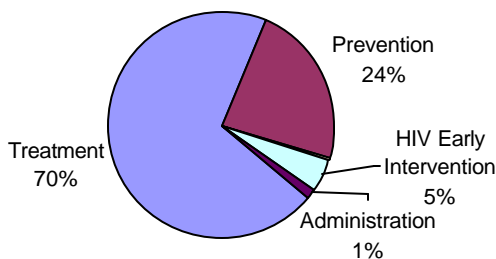
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Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

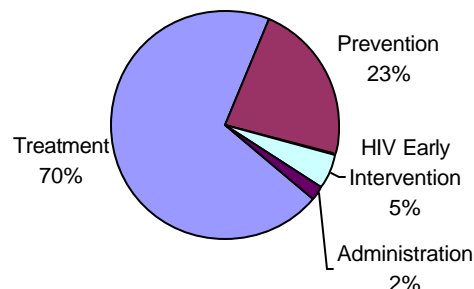
Treatment and rehabilitation activities accounted for 70 percent of the over \$250 million in Block Grant expenditures in FY 2003—similar to their proportion in FY 2000. Dollar and distribution percentages during this time period have remained relatively stable for prevention, HIV early intervention, and administrative activities.

FY 2000 Block Grant Expenditures by Activity

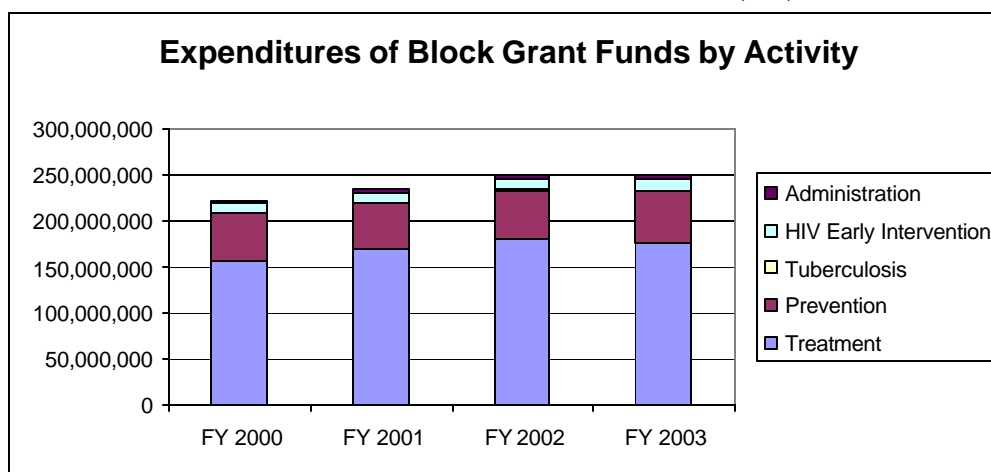


N=\$222,904,01

FY 2003 Block Grant Expenditures by Activity



N=\$250,772,44



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	401,226	0	170,393,194	73	181,154,956	72	176,162,084	70
Alcohol Treatment	78,016,807	35	0	0				
Drug Treatment	78,023,760	35	0	0				
Prevention	52,507,764	24	48,871,293	21	53,013,837	21	57,199,375	23
Tuberculosis	131,508	0	106,497	0	29,078	0	38,372	0
HIV Early Intervention	10,785,533	5	11,618,189	5	12,151,706	5	12,187,398	5
Administration	3,037,413	1	3,574,480	2	3,654,976	1	5,185,211	2
Total*	222,904,011	100	234,563,653	100	250,004,553	100	250,772,440	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

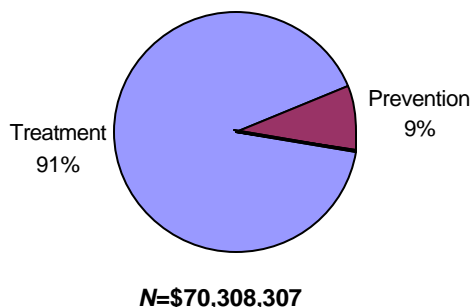
NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

* Totals may not equal 100 percent due to rounding.

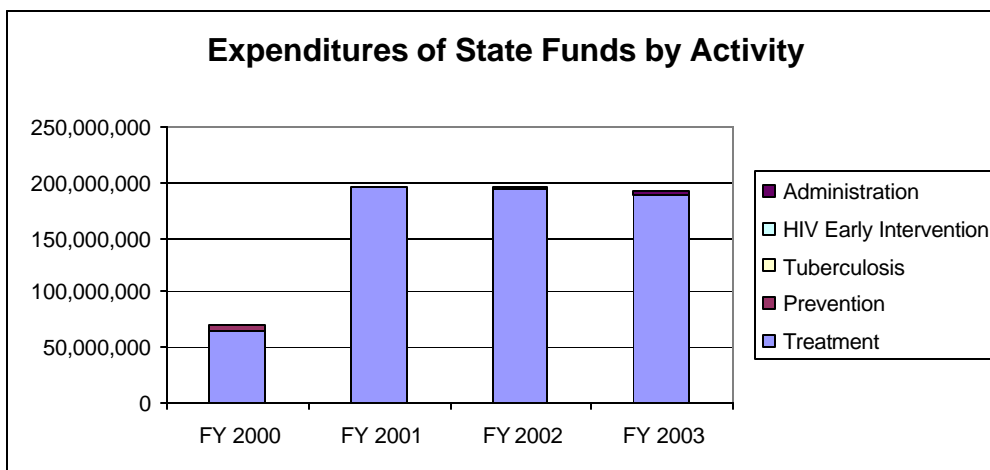
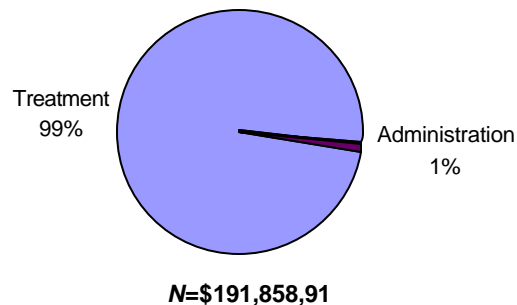
Expenditures of State Funds

Between FYs 2000 and 2003, expenditures of State funds by the SSA for alcohol and drug abuse services increased dramatically (from \$70.3 to \$191.9 million). Nearly all of this funding was directed toward treatment and rehabilitation activities (ranging from 91 percent in FY 2000 to 99 percent in FY 2003).

FY 2000 State Expenditures by Activity



FY 2003 State Expenditures by Activity



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	64,052,534	91	194,623,560	99	194,033,124	99	189,402,376	99
Alcohol Treatment	0	0	826,482	0				
Drug Treatment	0	0	0	0				
Prevention	6,095,730	9	0	0	346,439	0	274,836	0
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	160,043	0	921,814	0	1,715,720	1	2,181,705	1
Total*	70,308,307	100	196,371,856	100	196,095,283	100	191,858,917	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

The Program Services Division – Prevention is located within the ADP. Prevention is carried out at the local level through counties, which determine how their primary prevention funds best meet identified community needs and priorities. California emphasizes evidence-based community prevention approaches and strategies. ADP has several specific prevention requirements: (1) assess needs with data, (2) prioritize and commit to purpose, (3) establish actions and measurements, (4) use proven prevention actions, and (5) evaluate measured results and make improvements.

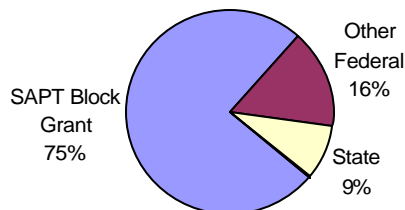
Prevention Services works with the Department of Health Services (DHS) to prevent underage tobacco use, in support of California’s Stop Tobacco Access to Kids Enforcement (STAKE) Act and to meet Synar Requirements. In addition, ADP has a continuing relationship with the California Prevention Collaborative (CPC), an association of more than 200 organizations.

Prevention Funding and Expenditures

California spent nearly \$62 million on prevention services in FY 2003, a decrease from \$69.3 million in FY 2000. In FY 2003, nearly all (93 percent) of prevention expenditures came from Block Grant funds, with the remainder from other Federal funds. By contrast, in FY 2000, Block Grant funds constituted three quarters (75 percent) of total prevention expenditures, other Federal funds constituted 16 percent of the total, and State funds were 9 percent.

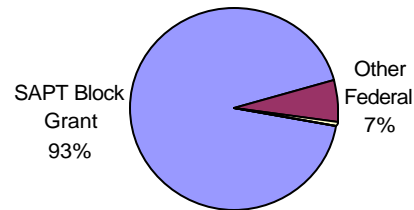
Per capita, the SAPT Block Grant funding for prevention services ranged from \$1.54 to \$1.61 between FYs 2000 and 2003.

FY 2000 Prevention Expenditures by Funding Source

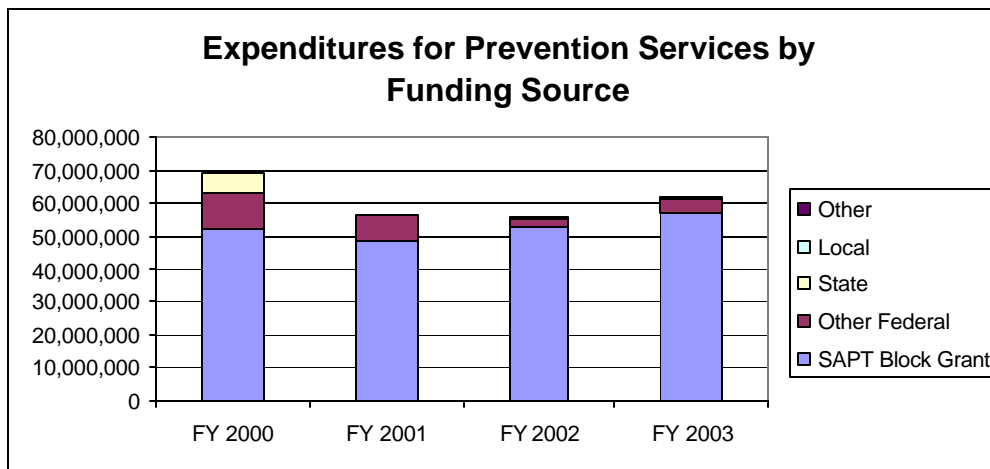


N=\$69,392,171

FY 2003 Prevention Expenditures by Funding Source



N=\$61,791,700



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	52,507,764	76	48,871,293	86	53,013,837	95	57,199,375	93
Other Federal	10,788,677	16	7,905,538	14	2,416,925	4	4,317,489	7
State	6,095,730	9	0	0	346,439	1	274,836	0
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	69,392,171	100	56,776,831	100	55,777,201	100	61,791,700	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Core Strategies

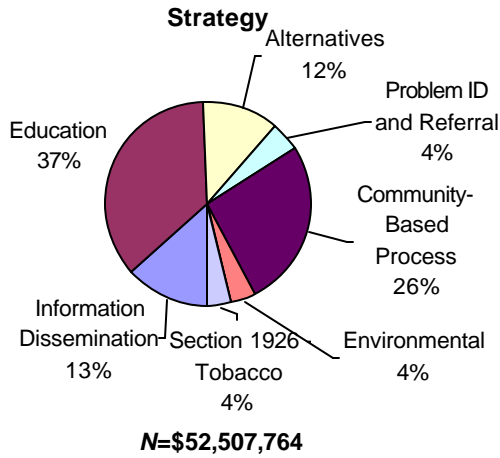
Examples of core prevention strategies supported by Block Grant funds include the following:

Core Strategy	Examples of Activities
Information Dissemination	The Department Resource Center (DRC) identifies, acquires, and transfers information regarding program development, best practices, alcohol/drug effects, drug-free workplaces, Red Ribbon Week, etc., to the ATOD field. It provides research assistance and referrals through local assistance and staffs information booths at conferences/workshops/events throughout the State. It also provides publications, interacts with the general public, and supports mentoring activities.
Education	Strategies include outreach and training to support youth, communities, and special service populations through technical assistance contractors. Technical assistance is provided for environmental prevention techniques; mentoring for counties, communities, and government agencies; prevention; training to the faith community; and year-round general prevention campaigns.
Alternatives	County alcohol and other drug prevention programs provide infrastructure for statewide youth activities, such as alcohol and drug-free recreation activities and youth/adult leadership activities.
Community-Based Processes	ADP's Prevention Services funds technical assistance for local initiatives identified by community groups, prevention practitioners, schools, neighborhood associations, and county administrators.
Environmental	ADP's Prevention Services funds technical assistance and training, demonstration projects, collaboration, and dissemination of information about environmental approaches. Audiences include city planners, community groups, prevention practitioners, the educational community, neighborhood associations, county administrators, and other public policymakers.
Problem Identification and Referral	ADP's Prevention Services funds opportunities for minority youth to participate in programs by providing programs with technical assistance and expertise in serving minority populations. Prevention Services supports the Governor's Mentoring Partnership programs by promoting quality assurance standards and coordinating the State employee mentor recruitment campaign. Also, efforts are taken to ensure that mentoring is available to special populations.

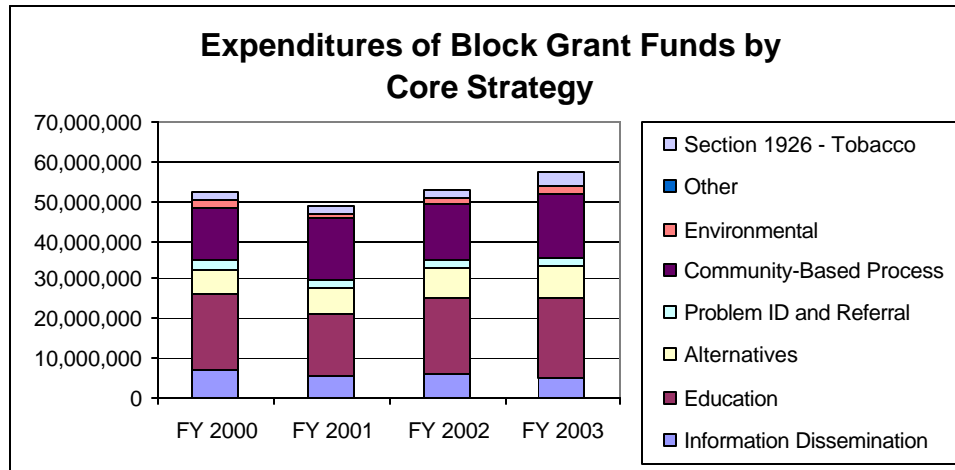
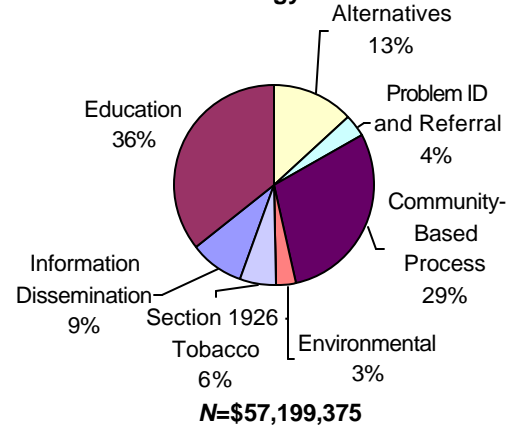
Expenditures of Block Grant Funds for Core Strategies

The \$57.2 million in Block Grant funding for CSAP core strategies in California was distributed widely among the various prevention core strategies. The FY 2003 distribution was nearly identical to FY 2000 allocation percentages: education was the top priority, accounting for 36 percent of funding in FY 2003, followed by community-based process strategies at 29 percent.

FY 2000 Block Grant Expenditures by Core Strategy



FY 2003 Block Grant Expenditures by Core Strategy



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Information Dissemination	6,945,960	13	5,415,406	11	6,286,213	12	4,990,976	9
Education	19,068,194	36	15,780,085	32	18,970,249	36	20,406,760	36
Alternatives	6,404,361	12	6,509,981	13	7,481,735	14	7,711,899	13
Problem ID and Referral	2,294,159	4	2,195,348	4	2,088,489	4	2,229,269	4
Community-Based Process	13,730,453	26	15,682,340	32	14,442,947	27	16,601,262	29
Environmental	2,064,637	4	1,288,133	3	1,744,205	3	1,964,577	3
Other	0	0	0	0	0	0	0	0
Section 1926 - Tobacco	2,000,000	4	2,000,000	4	2,000,000	4	3,294,632	6
Total*	52,507,764	100	48,871,293	100	53,013,838	100	57,199,375	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a
 * Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

The Program Services Division – Treatment is responsible for the management and monitoring of California’s publicly funded treatment and recovery services. Previously the State’s role in planning and implementing treatment services was largely fiduciary, with ADP allocating funds to counties and monitoring fiscal compliance. ADP is in the process of re-engineering the system and delivery of alcohol and other drug services. The State’s role in planning and implementing treatment services is multifaceted. ADP is initiating a series of changes that will lead to the specification of core program outcomes that originate in a research-based approach to continually improve the ATOD prevention and treatment system and the services provided clients.

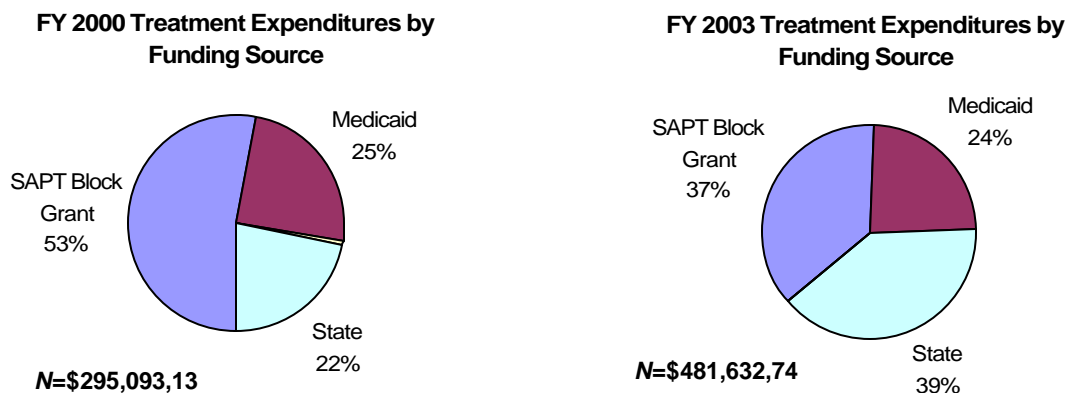
ADP is currently revising the range of services it provides to better reflect the Continuum of Care Model developed by the Institute of Medicine and to improve the health and safety of the citizens of California. Through this approach, ADP anticipates offering a continuum of substance abuse services that responds to the chronic nature of ATOD problems.

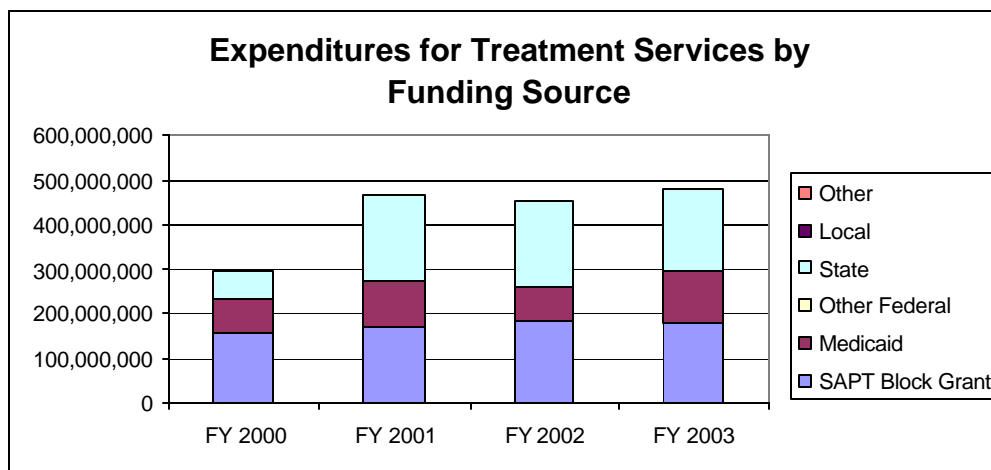
Central to this redesign, ADP is implementing a client data collection system for both prevention and treatment, the California Outcomes Measurement System (CalOMS), in which counties and providers transmit client data electronically to a central data base on a wide range of substance abuse measures. Client treatment questions have been administered since January 1, 2006, at both intake and discharge and are designed to yield data on change while in treatment. As designed, the CalOMS treatment data collection system will not only produce data for the SAMHSA-required National Outcome Measures, but will also yield customized data for counties and providers that describe clients being served and that will identify and facilitate the greater use of successful treatment approaches.

Treatment Funding and Expenditures

Total treatment funding in California increased sharply between FYs 2000 and 2003 (from \$295 million to \$481.6 million). In FY 2003, the largest source of treatment funding came from the State (at 39 percent of the total), with an almost equal 37 percent from Block Grant funds. This distribution represents a change from FY 2000, when the Block Grant funded over half of treatment expenditures.

Block Grant funding per capita for treatment and rehabilitation expenditures increased from \$4.60 in FY 2000 to \$4.97 in FY 2003.





Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	156,441,793	53	170,393,194	37	181,154,956	40	176,162,084	37
Medicaid	73,312,027	25	99,484,304	21	76,350,986	17	115,743,764	24
Other Federal	1,286,785	0	1,197,727	0	247,928	0	324,523	0
State	64,052,534	22	195,450,042	42	194,033,124	43	189,402,376	39
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	295,093,139	100	466,525,267	100	451,786,994	100	481,632,747	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Admissions

California's SAPT Block Grant application indicates that more than 242,000 persons were admitted to treatment during FY 2002.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=242,462)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	43	33	0
Free-standing residential	15,134	16,334	0
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	1,992	4,422	0
Long-term residential	9,562	29,396	0
Ambulatory (Outpatient)			
Outpatient (methadone)	0	14,341	0
Outpatient (non-methadone)	23,976	91,016	0
Intensive outpatient	2,243	11,141	0
Detoxification (outpatient)	37	22,792	0
Total	52,987	189,475	0

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data System (TEDS) data indicate nearly 212,000 admissions (where at least one substance is known), of which nearly 21,000 are for alcohol only. Calculations (with imputation) from TEDS data show that approximately 5 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied slightly when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	20,735	6.4
Alcohol in combination with other drugs	191,102	4.5
Total	211,837	4.7

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 1,978,000 persons aged 12 and older (6.9 percent of California's population) needed, but did not receive, treatment for alcohol use and 798,000 persons (2.8 percent) needed, but did not receive, treatment for illicit drug use in California.

Treatment Gap by Age Group

Measure	% 12 and older	% 12–17	% 18–25	% 26 and older
Needing but not receiving treatment for alcohol use	6.95	5.05	14.54	5.84
Needing but not receiving treatment for illicit drug use	2.81	4.57	7.33	1.72

SOURCE: National Survey on Drug Use and Health; combined data are for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

ADP is actively engaged in planning for the continuous improvement of ATOD service delivery. ADP uses statutory planning requirements and incorporates customer-based input from county providers, consumers, and interested citizens into its quality improvement effort.

ADP uses a wide variety of data for needs assessment including “The Indicators of Alcohol and Drug Abuse,” “The Quarterly Drug and Alcohol Treatment Admissions Report,” “The Drug and Alcohol Treatment Access Report,” and “The California Student Survey.” Furthermore, ADP uses information from past studies (State Treatment Needs Assessment Program and the California Substance Use Survey) to refine estimates of treatment need for the State and counties.

Evaluation

County alcohol and drug program administrators are responsible for continually monitoring and enhancing their local programs and ensuring compliance with all required standards. In addition, the County Monitoring Branch performs annual onsite monitoring of county administrative systems to ensure compliance with SAPT funding requirements.

State licensing and certification staff review residential ATOD treatment programs at least every 2 years. When a complaint is filed, an analyst initiates an investigation within 10 working days of receipt of the complaint. If the complaint is substantiated or deficiencies are noted, a written Notice of Deficiency is issued, and licensees are required to respond in writing with a plan of corrective action.

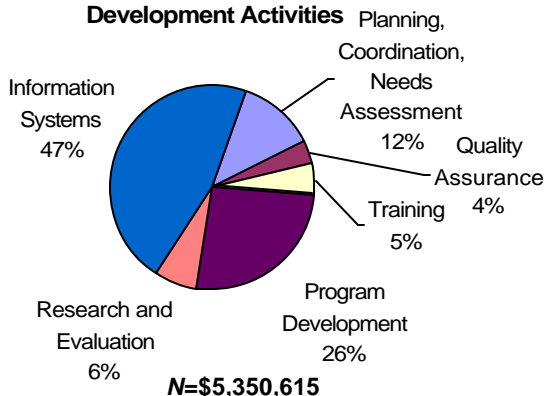
Training and Assistance

As part of its strategic planning and continued enhancement of alcohol and other drug prevention, treatment, and recovery services, ADP provides training and technical assistance through the State Medical Director and technical assistance contractors that assist in designing and implementing the statewide continuum of care. ADP funds statewide technical assistance and training through workshops, symposiums, and training events for staff working in publicly funded prevention and treatment services programs. ADP also provides onsite assistance/services tailored to the needs of constituent groups requesting services.

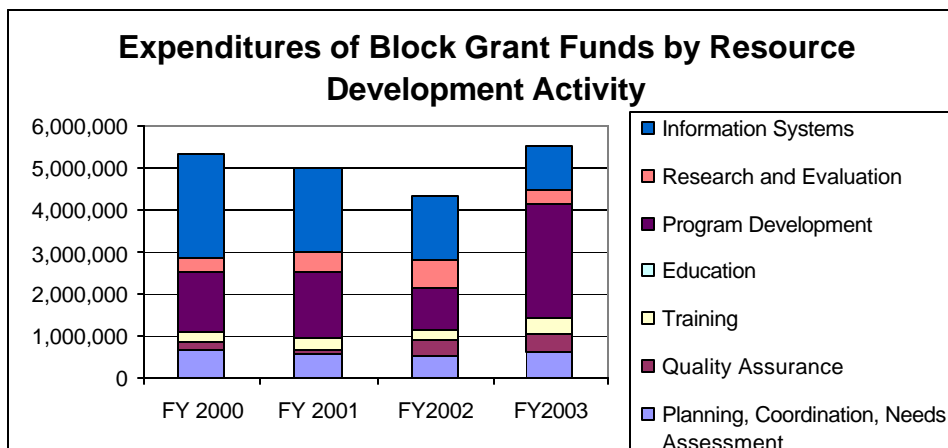
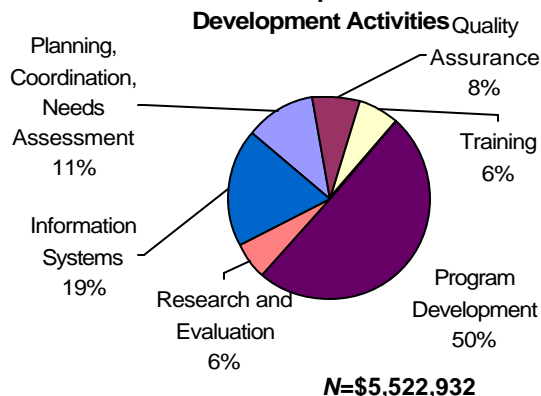
Expenditures of Block Grant Funds for Resource Development Activities

With the exception of FY 2002, SAPT Block Grant funding for resource development activities in California remained over \$5 million from FYs 2000 to 2003. In FY 2003, half (50 percent) of these funds were spent on program development—an increase from FY 2000, when only 26 percent of total funds were spent on this activity. By contrast, the percent of expenditures for information systems decreased over time from 47 percent to 19 percent.

FY 2000 Block Grant Expenditures on Resource Development Activities



FY 2003 Block Grant Expenditures on Resource Development Activities



Single State Agency Expenditures of Block Grant Funds for Resource Development Activities

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Planning, Coordination, Needs Assessment	647,635	12	570,862	11	500,274	12	628,776	11
Quality Assurance	201,084	4	102,608	2	411,544	10	421,569	8
Training	261,245	5	252,940	5	233,038	5	344,104	6
Education	0	0	0	0	0	0	0	0
Program Development	1,394,371	26	1,595,652	32	980,526	23	2,756,126	50
Research and Evaluation	346,280	6	437,573	9	672,524	16	330,997	6
Information Systems	2,500,000	47	2,071,625	41	1,531,969	35	1,041,360	19
Total*	5,350,615	100	5,031,260	100	4,329,875	100	5,522,932	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b
 * Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

Center for Substance Abuse Prevention (CSAP) awarded more than \$15 million in 73 discretionary grants to entities in California during FY 2004. More than \$6.5 million (44 percent) of that funding was targeted at HIV/AIDS services. More than a quarter (27 percent) went to State incentive cooperative agreements, and another quarter was awarded to different drug-free communities.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grants	Number of Awards	Total \$ Amount
Cooperative Agreement for Ecstasy & Other Club Drugs Prevention Services	2	584,712
Drug Free Communities	42	3,819,656
Drug Free Communities Mentoring	1	68,682
HIV/AIDS Cohort 2 Expansion Cooperative Agreements	4	254,544
HIV/AIDS Cohort 2 Youth Services Cooperative Agreements	3	190,908
HIV/AIDS Cohort 3 Services	7	2,346,117
HIV/AIDS Cohort 4 Services	5	1,745,220
HIV/AIDS Cohort 5 Services	8	2,000,000
State Incentive Cooperative Agreements	1	4,000,000
Total	73	15,009,839

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

Center for Substance Abuse Treatment (CSAT) awarded more than \$45.5 million in discretionary grants to a wide range of California entities during FY 2004. The largest awards were targeted at Access to Recovery (ATR) (\$13.3 million), HIV/AIDS targeted capacity (\$8.6 million), and homeless addictions treatment (\$5.8 million).

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Access to Recovery	2	13,305,261
Addiction Technical Transfer Center	1	663,320
Adult Juvenile and Family Drug Courts	6	2,380,613
Effective Adolescent Treatment	7	1,730,154
Homeless Addictions Treatment	13	5,827,743
Methamphetamine Populations	3	1,496,543
Pregnant/Post-Partum Women	4	1,997,727
Recovery Community Support - Facilitating	1	350,000
Recovery Community Support - Recovery	1	347,559
Residential SA TX	2	1,000,000
SAMHSA Conference Grants	1	50,000
State Data Infrastructure	1	100,000
State TCE Screening Brief Intervention Referral Treatment	1	3,331,238
Strengthening Access and Retention	1	200,000
Strengthening Communities -Youth	1	749,086
Targeted Capacity Expansion	3	1,485,938
Targeted Capacity - HIV/AIDS	18	8,557,872
TCE Rural Populations	1	499,956
Youth Offender Reentry Program 2004	3	1,444,475
Total	70	45,517,485

SOURCE: www.samhsa.gov