

DISTRICT OF COLUMBIA

State SSA Director

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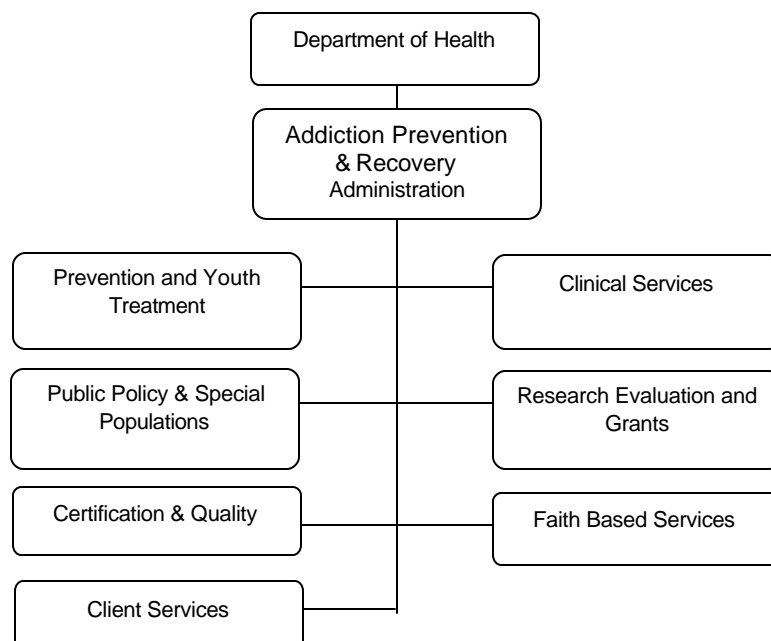
Structure and Function



The Addiction Prevention and Recovery Administration's (APRA) primary purpose is the prevention of substance abuse, while identifying, treating, and rehabilitating individuals within the District of Columbia. APRA is the District's designated Single State Agency (SSA) that provides oversight, ensures access, sets standards, and monitors the quality of services delivered as a result of an ongoing continuum of substance abuse prevention and treatment. APRA serves as the "one-stop" agency for the prevention and treatment of substance abuse in the District of Columbia.

The APRA philosophy is multi-faceted and multi-targeted and uses a results-oriented methodology with a science-based approach to substance abuse prevention and treatment. APRA combines three fundamental elements to provide the most effective and innovative strategies in the city's fight against alcohol, tobacco, and other drugs: (1) prevention, (2) treatment, and (2) aftercare. APRA offers effective residential, outpatient and aftercare programs as it collaborates with community-based organizations, schools, and religious institutions to help those in need.

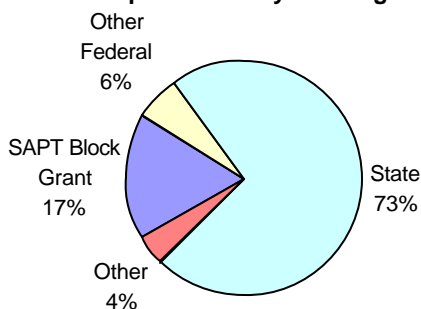
Single State Agency Structure



Single State Agency Funding Overview

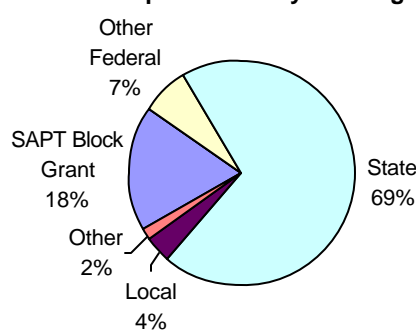
In FY 2003, nearly \$34.9 million was available in Washington, DC, for SSA funding, a substantial increase from the amount spent in FY 2000 (\$28.6 million). Of the FY 2003 expenditures, 69 percent came from the State, 18 percent from the Block Grant, 7 percent from other Federal sources, and the remainder from local and other sources.

FY 2000 Expenditures by Funding Source

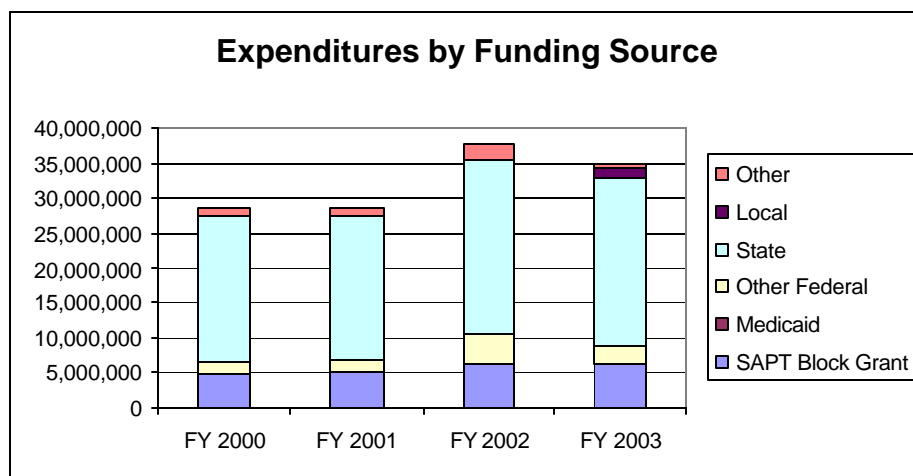


N=\$28,586,993

FY 2003 Expenditures by Funding Source



N=\$34,890,825



Single State Agency Expenditures From All Sources

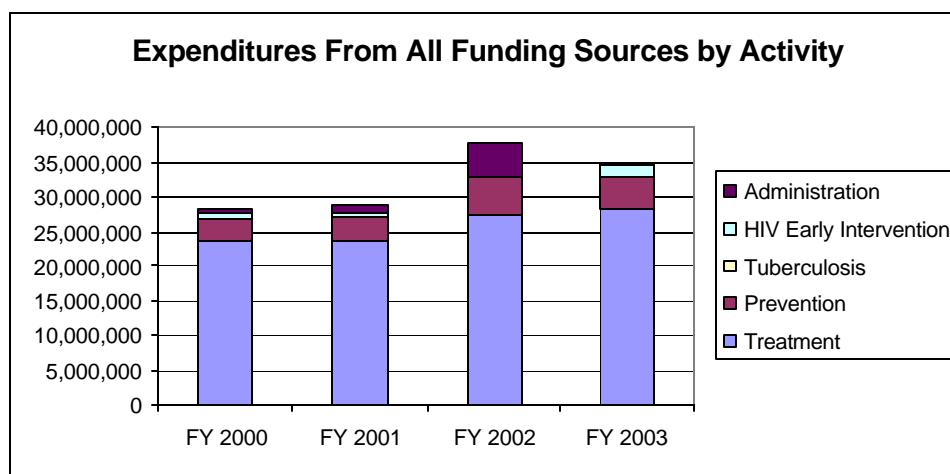
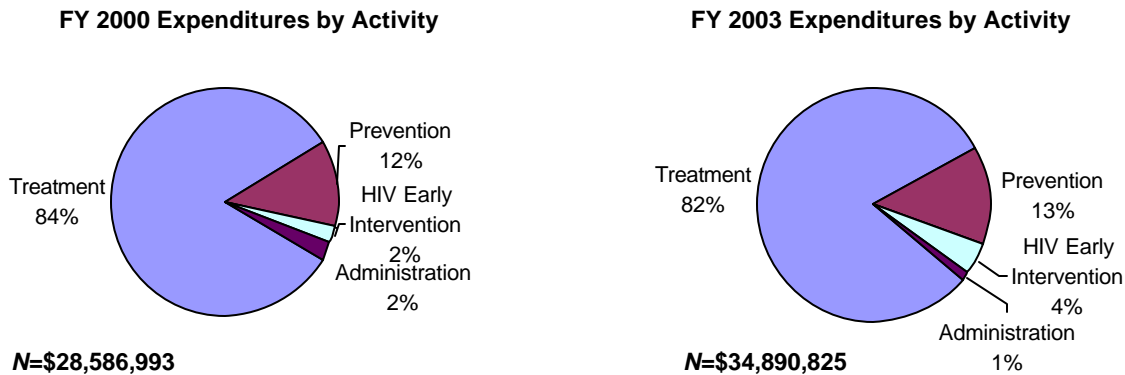
Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	4,952,603	17	5,095,492	18	6,156,854	16	6,266,666	18
Medicaid	0	0	0	0	3,200	0	0	0
Other Federal	1,706,310	6	1,706,310	6	4,439,301	12	2,483,043	7
State	20,754,056	73	20,754,056	72	24,814,000	66	24,177,215	69
Local	0	0	0	0	0	0	1,361,836	4
Other	1,174,024	4	1,174,024	4	2,241,059	6	602,065	2
Total*	28,586,993	100	28,729,882	100	37,654,414	100	34,890,825	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

Most (82 percent) of the SSA funding in FY 2003 in Washington, DC, was spent on treatment and rehabilitation, 13 percent was spent on prevention services, and 4 percent on HIV early intervention. The distribution of funds in FY 2003 was similar to that in FY 2000.



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	0	0	0	0	27,345,364	73	28,268,893	81
Alcohol Treatment	9,080,097	32	9,390,608	33				
Drug Treatment	14,513,664	51	14,265,189	50				
Prevention	3,365,187	12	3,476,753	12	5,400,241	14	4,681,009	13
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	692,543	2	588,491	2	43,324	0	1,523,672	4
Administration	634,502	2	1,008,844	4	4,865,485	13	417,251	1
Total*	28,586,993	99	28,729,882	100	37,654,414	100	34,890,825	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.

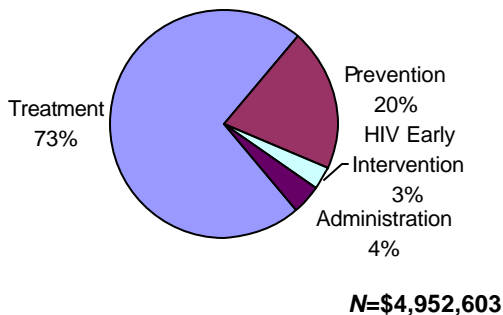
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

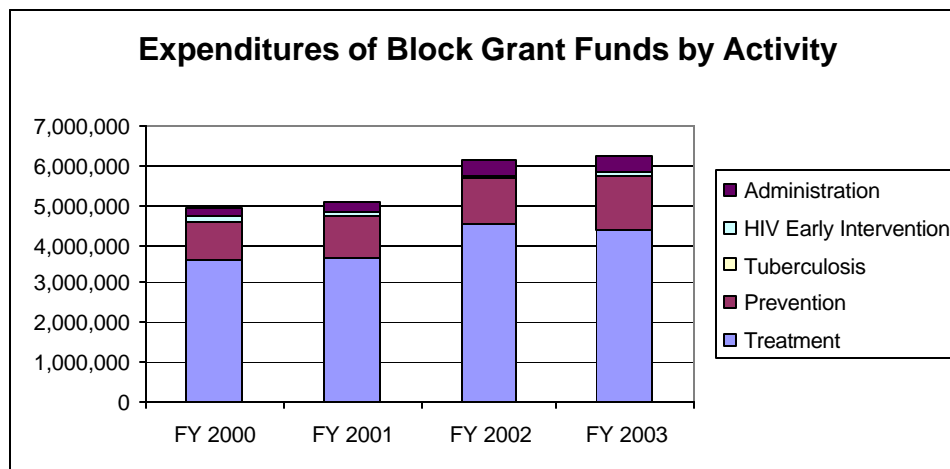
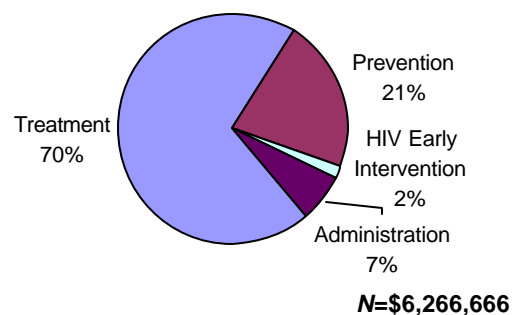
Expenditures of Block Grant Funds

Between FYs 2000 and 2003 Block Grant expenditures increased from \$5 to \$6.3 million. In FY 2003, most (70 percent) of Block Grant funds for SSA activities was spent on treatment and rehabilitation, followed by prevention (21 percent) and administration (7 percent) and HIV early intervention services (2 percent). The distribution of funds per activity has remained relatively stable since FY 2000.

FY 2000 Block Grant Expenditures by Activity



FY 2003 Block Grant Expenditures by Activity



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	0	0	0	0	4,549,956	74	4,398,806	70
Alcohol Treatment	1,745,286	35	2,055,797	40				
Drug Treatment	1,842,025	37	1,593,550	31				
Prevention	994,331	20	1,104,897	22	1,126,727	18	1,330,593	21
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	167,543	3	63,491	1	43,324	1	120,016	2
Administration	203,418	4	277,760	5	436,847	7	417,251	7
Total*	4,952,603	100	5,095,495	100	6,156,854	100	6,266,666	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.

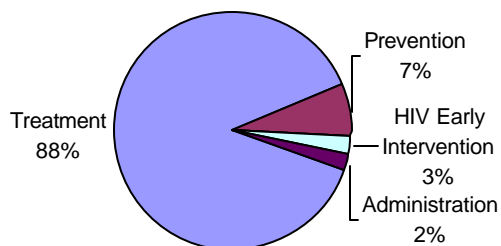
NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

*Totals may not equal 100 percent due to rounding.

Expenditures of State Funds

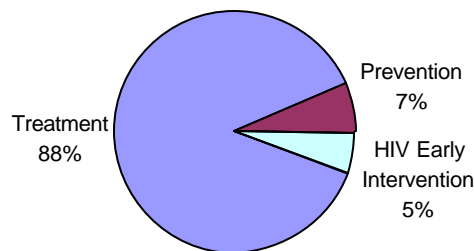
In FY 2003, State expenditures totaled \$24.2 million—up from \$20.5 million in FY 2000. Most (74 to 88 percent) of State expenditures during that time period went toward treatment activities, and 7 to 8 percent went toward prevention services. Expenditures for administration costs and activities spiked in FY 2002 at \$4.4 million, and comprised 18 percent of expenditures during that year.

FY 2000 State Expenditures by Activity

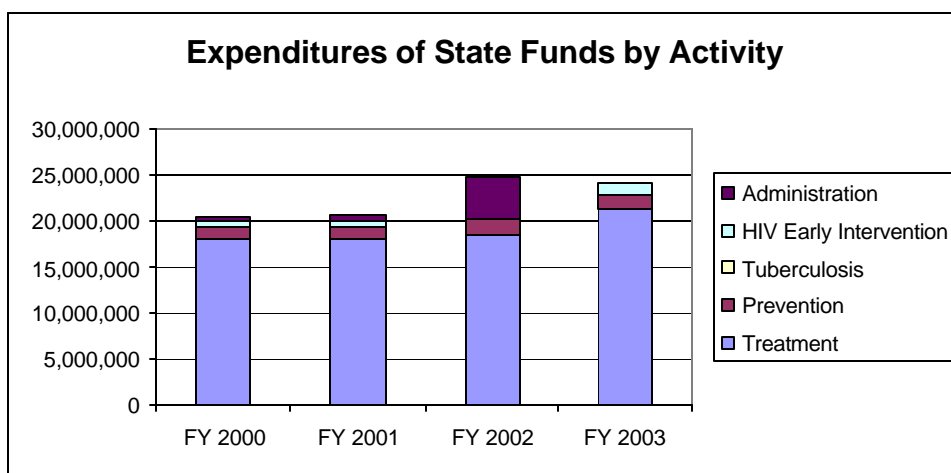


N=\$20,454,056

FY 2003 State Expenditures by Activity



N=\$24,177,215



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	0	0	0	0	18,455,562	74	21,262,226	88
Alcohol Treatment	6,826,048	33	6,826,048	33				
Drug Treatment	11,243,315	55	11,243,315	54				
Prevention	1,428,609	7	1,428,609	7	1,929,800	8	1,607,513	7
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	525,000	3	525,000	3	0	0	1,307,476	5
Administration	431,084	2	731,084	4	4,428,638	18	0	0
Total*	20,454,056	100	20,754,056	100	24,814,000	100	24,177,215	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

APRA's prevention programs and services are administered through the Office of Prevention and Youth Services (OPYS). OPYS generally utilizes a broad range of proven prevention strategies including education and information, alternative activities, community-based and environmental enhancement programs, and early intervention strategies. Although children and youth are the primary beneficiaries, OPYS recognizes that varied levels of prevention and youth treatment, including intervention and referrals, are appropriate for all residents, regardless of age.

The OPYS aggressively spreads its message of prevention at numerous events throughout the year: health fairs, community festivals, conferences, and other large public gatherings. Classroom presentations are provided for public and charter schools in the District, and OPYS staff are requested to speak at a variety of conferences and community meetings. In close partnership with the DC Public Schools (DCPS) and the Metropolitan Police Department (MPD), APRA provides intervention assistance for youth who may need referrals for treatment and other social services.

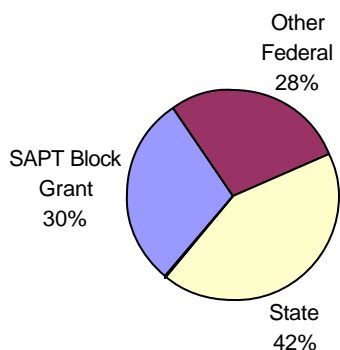
Prevention program grants are disbursed by APRA to community-based organizations that deliver science- and evidence-based alcohol tobacco and other drug (ATOD) prevention program models. Working to increase the capacity of prevention providers through workshops, training, and technical assistance, APRA supports the continued certification of prevention workers and the credibility of their field.

Prevention Funding and Expenditures

Expenditures on prevention activities increased from \$3.4 million in FY 2000 to \$4.7 million in FY 2003 (after peaking in FY 2002 at \$5.4 million). The funds for prevention services came from the State (34 to 42 percent of total funding), the Block Grant (21 to 32 percent), and other Federal sources (27 to 38 percent).

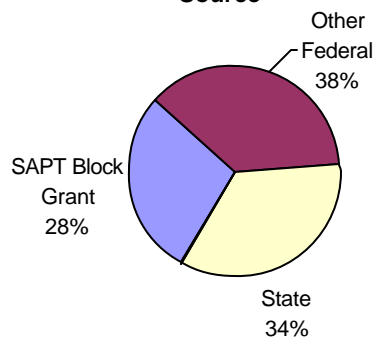
Block Grant prevention funds in Washington, DC, increased from \$1.74 per capita in FY 2000 to \$2.39 per capita in FY 2003.

FY 2000 Prevention Expenditures by Funding Source

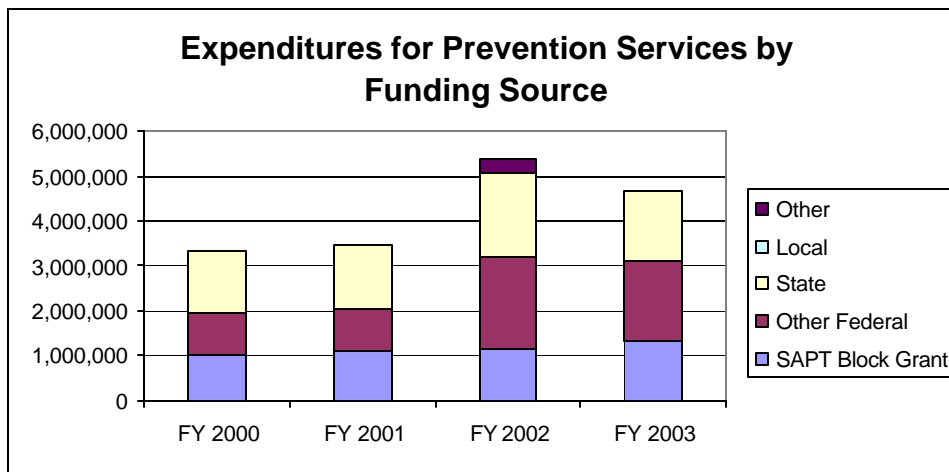


N=\$3,365,187

FY 2003 Prevention Expenditures by Funding Source



N=\$4,681,009



Single State Agency Expenditures for Prevention Services From All Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	994,331	30	1,104,897	32	1,126,727	21	1,330,593	28
Other Federal	942,247	28	943,247	27	2,028,661	38	1,742,903	37
State	1,428,609	42	1,428,609	41	1,929,800	36	1,607,513	34
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	315,053	6	0	0
Total*	3,365,187	100	3,476,753	100	5,400,241	100	4,681,009	100

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

* Totals may not equal 100 percent due to rounding.

Core Strategies

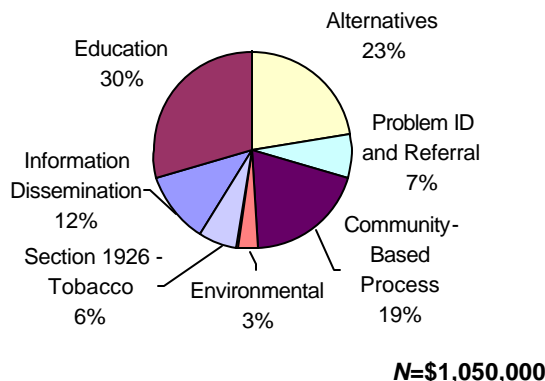
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	Information materials on alcohol, tobacco, and other drugs are distributed to the public in various forums including 367 public health and community awareness events. Spanish language and Asian language materials were also distributed to address the language issues in the multicultural communities.
Education	Prevention education sessions were held in DC Public and Charter Schools, to staff and participants in the Dept. of Employment Services, to Youth Opportunity Centers, and to eight Ward Core Teams.
Alternatives	Substance abuse prevention/intervention services are funded for 50 Latino youth, a collaborative project serving 120 Asian Pacific Islander youth, and science-based prevention projects under the State Incentive Grant (SIG) program.
Community-Based Processes	APRA staff maintains a working relationship with and/or collaborated with community-based organizations to identify ways to support community efforts against violence and ATOD abuse.
Environmental	APRA distributes tobacco compliance literature to tobacco vendors; provided workshops for tobacco merchants on restrictions of sales of tobacco to minors and how to spot fake IDs; and conducted focus groups with youth, prevention professionals, community leaders, and regional representatives to gather input on the best approaches for prevention and community action in support of ATOD goals.
Problem Identification and Referral	APRA provides training to school-based mental health counselors in early identification techniques and screening instruments.

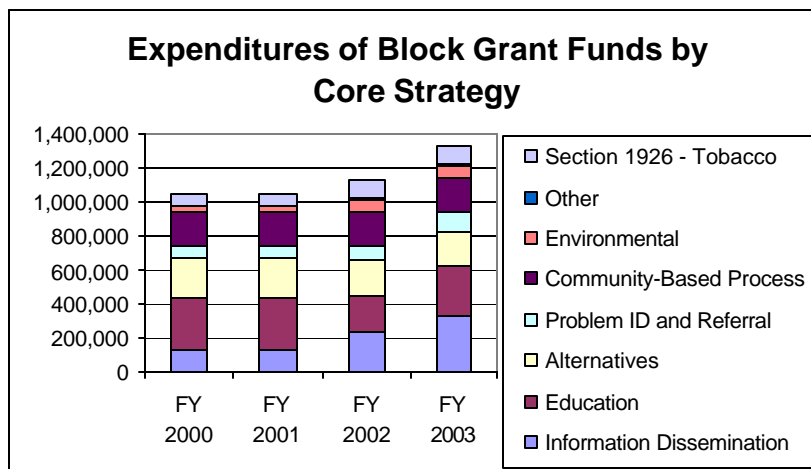
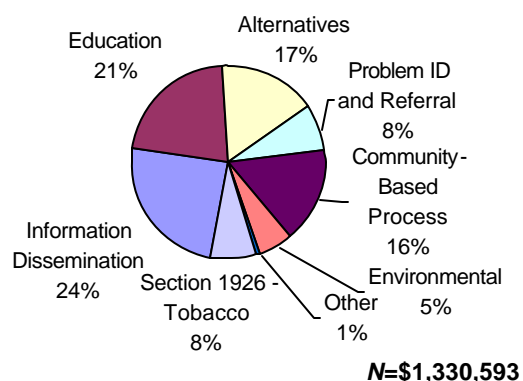
Expenditures of Block Grant Funds for Core Strategies

Of the \$1.3 million available from CSAP for core prevention strategies in FY 2003, the largest portion (24 percent) went toward information dissemination (a large increase from FY 2000), 21 percent went toward education, 17 percent toward alternative strategies, 16 percent toward community-based processes, and the remainder toward a variety of other prevention core strategies.

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	127,000	12	127,000	12	237,296	21	326,232	25
Education	310,000	30	310,000	30	210,357	19	287,260	22
Alternatives	240,000	23	240,000	23	203,717	18	220,634	17
Problem ID and Referral	73,000	7	73,000	7	97,638	9	105,687	8
Community-Based Process	200,000	19	200,000	19	201,568	18	207,168	16
Environmental	35,000	3	35,000	3	65,561	6	70,932	5
Other	0	0	0	0	10,590	1	12,680	1
Section 1926 - Tobacco	65,000	6	65,000	6	100,000	9	100,000	8
Total*	1,050,000	100	1,050,000	100	1,126,727	100	1,330,593	100

SOURCE: FY 2003–2005 SAPT Block Grant Applications, Forms 4 and 11

*Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

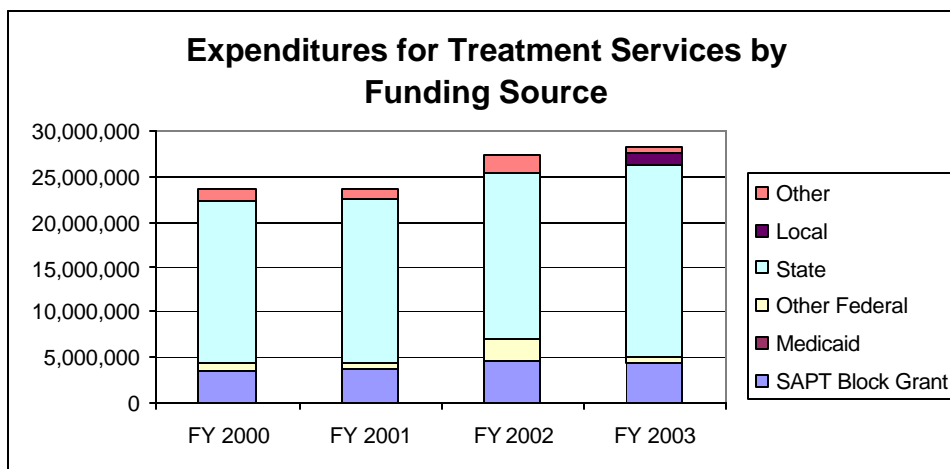
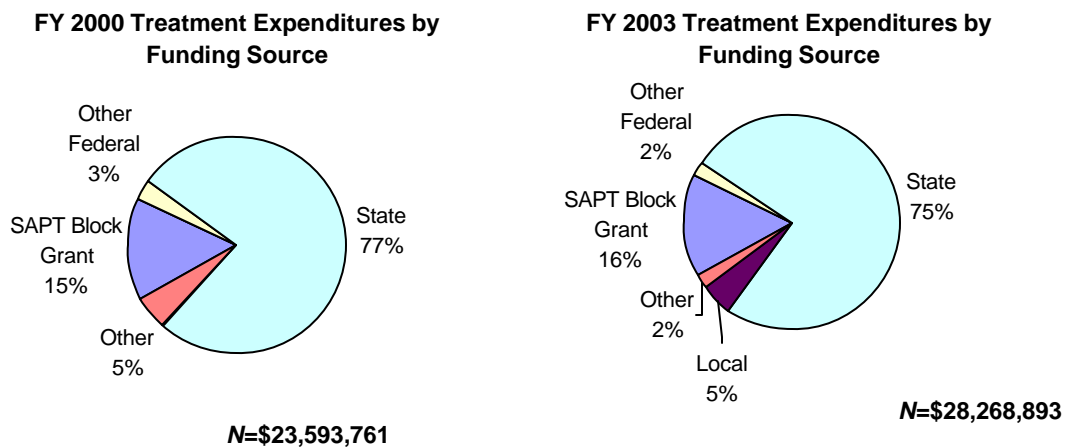
APRA's treatment services are extensive and include youth treatment, central intake, assessment and referral, 24-hour detoxification, residential treatment, outpatient and methadone programs, pregnant and postpartum women's treatment programs, crisis intervention, education, counseling and employment opportunity programs, case management, legal and social services referrals, HIV/AIDS counseling and testing, substance abuse awareness for seniors, mental health screening and referrals, and patient advocacy.

In addition to prevention services, the development of the District's Youth Substance Abuse Treatment System is also a function of the OPYS. Building upon its tradition of coordination with non-profit, private, and government institutions, OPYS now has a full range of youth treatment services across the city.

Treatment Funding and Expenditures

Treatment expenditures in the District of Columbia increased between FYs 2000 and 2003 from \$23.6 to \$28.3 million. The District provided approximately three-fourths of total treatment funding during that time period, and the Block Grant provided 15 to 17 percent.

Between FYs 2000 and 2002 Block Grant expenditures per capita in the District ranged from \$6.28 to \$8.06. In FY 2003, per capita expenditures on treatment decreased slightly to \$7.89—the highest amount per capita among all States.



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	3,587,311	15	3,649,347	15	4,549,956	17	4,398,806	16
Medicaid	0	0	0	0	3,200	0	0	0
Other Federal	763,063	3	763,063	3	2,410,640	9	643,960	2
State	18,069,363	77	18,069,363	76	18,455,562	67	21,262,226	75
Local	0	0	0	0	0	0	1,361,836	5
Other	1,174,024	5	1,174,024	5	1,926,006	7	602,065	2
Total*	23,593,761	100	23,655,797	100	27,345,364	100	28,268,893	100

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

* Totals may not equal 100 percent due to rounding.

Admissions

Washington, DC's SAPT Block Grant application indicates that over 5,500 persons were admitted to treatment during FY 2002, of which most were admitted for free-standing residential services.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=5,659)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	0	0	268
Free-standing residential	0	0	3,879
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	6
Short-term residential	0	0	77
Long-term residential	0	0	427
Ambulatory (Outpatient)			
Outpatient (methadone)	0	0	92
Outpatient (non-methadone)	0	0	449
Intensive outpatient	0	0	445
Detoxification (outpatient)	0	0	16
Total	0	0	5,659

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

Treatment Episode Data System (TEDS) data also indicate more than 5,500 admissions (where at least one substance is known), of which over 5,000 were admitted for treatment of alcohol in combination with other drug abuse. Calculations (with imputation) from TEDS data show that approximately 6 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate did not vary 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	640	5.5
Alcohol in combination with other drugs	5,019	5.8
Total	5,659	5.8

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, 43,000 persons aged 12 and older (8.9 percent of the District of Columbia's population) needed, but did not receive, treatment for alcohol use and 14,000 persons (3.0 percent) needed, but did not receive, treatment for illicit drug use in the District of Columbia.

Treatment Gap by Age Group

Measure	2002–2003			
	% 12 and older	% 12–17	% 18–25	% 26 and older
Needing but not receiving treatment for alcohol use	8.88	2.48	16.09	8.03
Needing but not receiving treatment for illicit drug use	3.02	3.80	8.13	1.94

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

Resource Development Activities

Planning and Needs Assessment

APRA provides support to the Mayor's Interagency Task Force on Substance Abuse Prevention, Treatment and Control, to develop the first citywide comprehensive substance abuse strategy for the District of Columbia. Administrative data sets from the Department of Corrections, Department of Human Services, and the Metropolitan Policy Department as well as the Department of Health were used to analyze the social and economic cost of substance use.

In 2000, the DC Department of Health contracted to conduct the Nation's first-ever, comprehensive citywide household survey on substance abuse in order to understand the District's substance abuse problem.

Evaluation

APRA has actively worked toward the design and installation of a Web-based data management system. The system will include client-level data to track completed referrals throughout the provider system. This will eventually enable APRA to compile micro and macro data sets for reporting to SAMHSA and for conducting needs assessments.

The Office of Certification and Regulation (OCR) conducts inspections and monitors substance abuse treatment programs for compliance with applicable laws and regulations, provides training to substance abuse treatment programs, provides consulting and technical assistance to substance abuse treatment program, and provides grants certification to programs that meet the requirements.

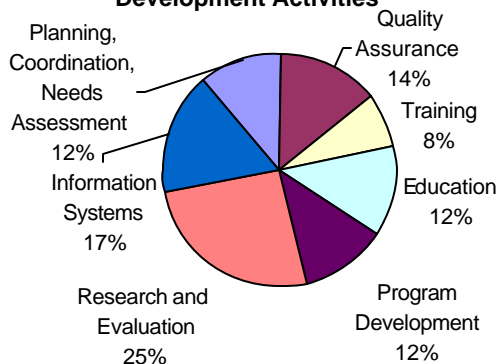
Training and Assistance

APRA provides training on confidentiality, case management skills, anger management, relapse trauma, patient rights, universal precautions, best practices, and co-occurring disorders. Specifically, APRA provides conferences and workshops to youth workers. In addition, APRA provides prevention grantees with information and training on the implementation of the new programs and sustainability training. Vendor Education/Merchant Training is provided to ensure that establishments do not violate the tobacco sales laws and to learn how to spot fake IDs. In addition, APRA supports the training of drug counselors in preparation for CAC certification and provides training to the faith-based community.

Expenditures of Block Grant Funds for Resource Development Activities

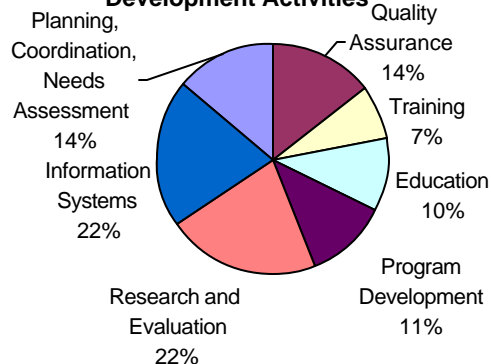
Block Grant expenditures for resource development activities in Washington, DC, increased from \$232,000 in FY 2000 to \$275,000 in FY 2003. Most of the expenditures in FY 2003 went toward research and evaluation (22 percent), information systems (22 percent), and planning, coordination, and needs assessment (14 percent).

FY 2000 Block Grant Expenditures on Resource Development Activities

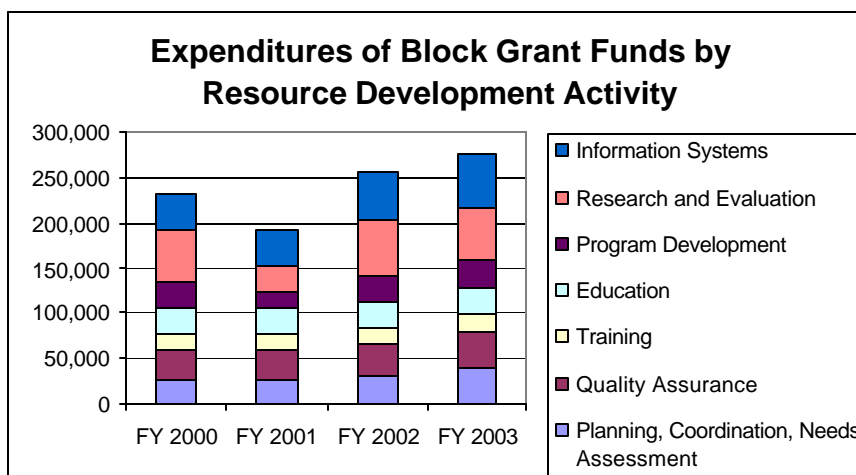


N=\$232,000

FY 2003 Block Grant Expenditures on Resource Development Activities



N=\$274,994



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	27,000	12	27,000	14	29,700	12	39,240	14
Quality Assurance	32,000	14	32,000	17	35,000	14	39,424	14
Training	18,000	8	18,000	9	18,000	7	20,600	7
Education	28,000	12	28,000	15	29,000	11	28,486	10
Program Development	28,000	12	18,000	9	29,000	11	31,397	11
Research and Evaluation	59,000	25	29,000	15	64,000	25	58,461	21
Information Systems	40,000	17	40,000	21	52,000	20	57,386	21
Total*	232,000	100	192,000	100	256,700	100	274,994	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 the District of Columbia six discretionary funding grants totaling \$1.4 million in FY 2004. Much of the money is going towards the HIV/AIDS Cohort Series (nearly \$1 million).

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Award	Number of Awards	Total \$ Amount
Drug Free Communities	1	100,000
HIV/AIDS Cohort 2 Series Youth Services Cooperative Agreement	1	63,636
HIV/AIDS Cohort 3 Series	2	648,750
HIV/AIDS Cohort 5 Series	1	250,000
State Incentive Cooperative Agreement	1	300,000
Total for Prevention	6	1,362,386

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

In FY 2004 Center for Substance Abuse Treatment (CSAT) awarded nearly \$2.5 million in discretionary funds (six grants) to Washington, DC. Nearly \$1 million is targeted for HIV/AIDS.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Effective Adolescent Treatment	1	249,989
Homeless Addiction Treatment	1	617,830
NASADAD State Collaborative Activity	1	500,000
State Data Infrastructure	1	100,000
Targeted Capacity – HIV/AIDS	2	995,155
Total for Treatment	6	2,462,974

SOURCE: www.samhsa.gov