

# FLORIDA

## State SSA Director

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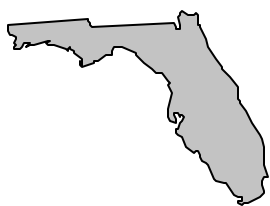
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## Structure and Function

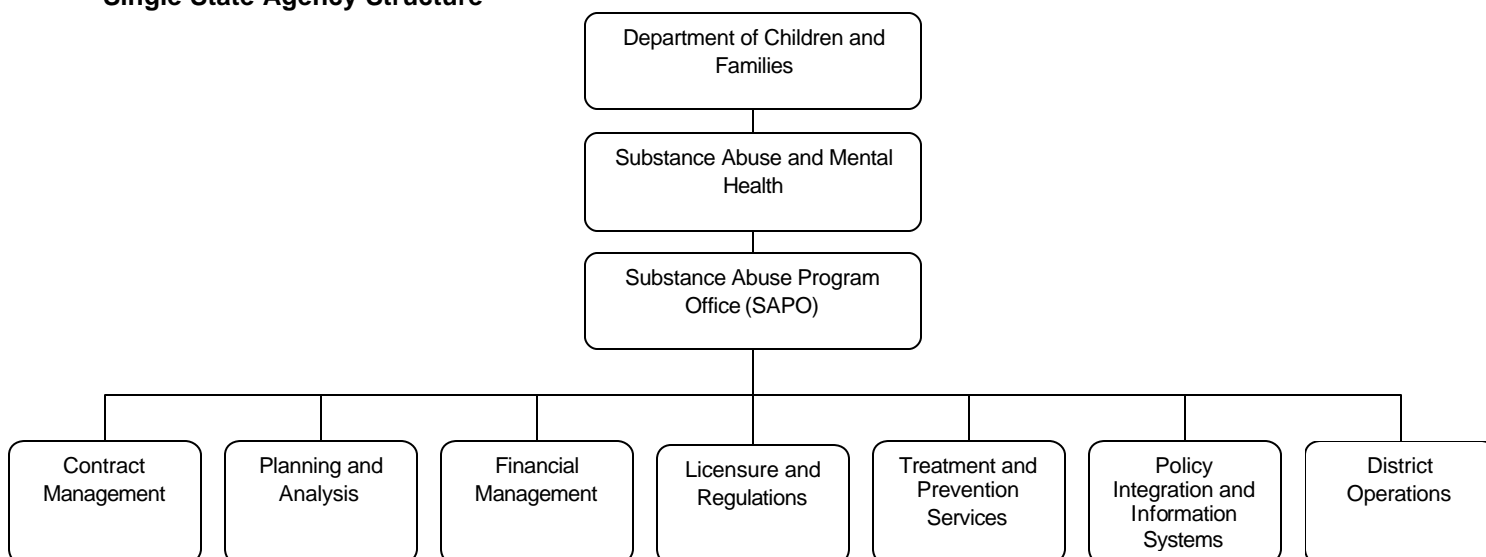


The Department of Children and Families, Substance Abuse Program Office (SAPO), is the Single State Agency (SSA) for substance abuse prevention and treatment. SAPO, working with the Governor's Office of Drug Control (ODC), is dedicated to (1) developing a comprehensive system of prevention, emergency/detoxification, treatment, and recovery support services for individuals and families at risk of or affected by substance abuse and (2) promoting their safety, well-being, and self-sufficiency.

SAPO is located centrally in Tallahassee with Substance Abuse and Prevention Coordinators located throughout Florida in the Department's district (substate planning areas) and regional Substance Abuse and Mental Health Offices. SAPO, ODC, and the Statewide Drug Policy Advisory Council within the Governor's Office, developed a comprehensive, 5-year drug control strategy (Florida Drug Control Strategy) that emphasizes a collaborative, coordinated approach at State, county, and municipal levels.

SAPO functions include planning, policy development, implementation, and administration; administration of funds; purchase of a comprehensive and integrated system of care; and the regulation of services and treatment facilities. It partners with other agencies to provide health, education, and social services for individuals and their families who are at risk of or need substance abuse services.

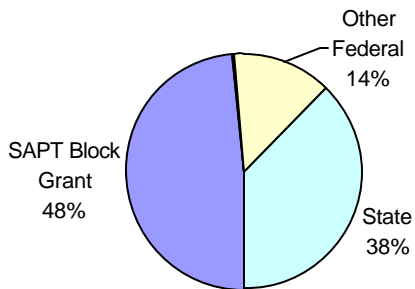
### Single State Agency Structure



## Single State Agency Funding Overview

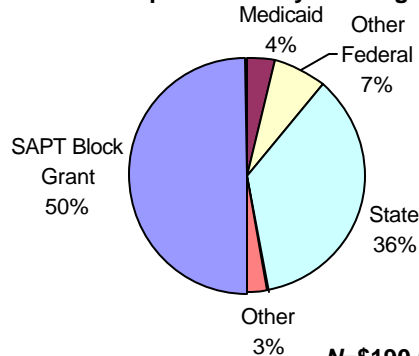
Florida's overall SSA funding totaled nearly \$190.6 million in FY 2003—up from \$167.7 million in FY 2000. Over that time period, the largest source of SSA funding was the Block Grant, accounting for about half of total funds, followed by the State, accounting for almost 40 percent of total funds. Other Federal funds, however, declined during that time period (from 14 to 7 percent of the total), and Medicaid jumped from less than 1 percent to 4 percent of the total.

**FY 2000 Expenditures by Funding Source**

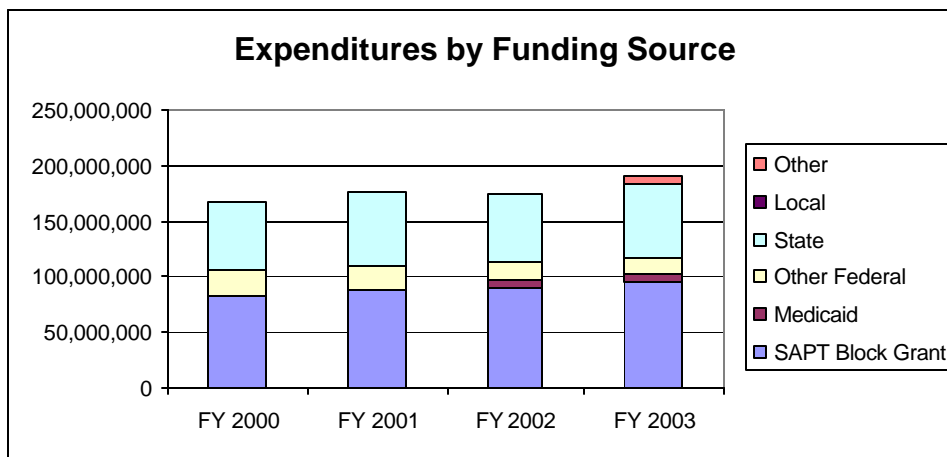


**N=\$167,737,586**

**FY 2003 Expenditures by Funding Source**



**N=\$190,564,522**



**Single State Agency Expenditures From All Funding Sources**

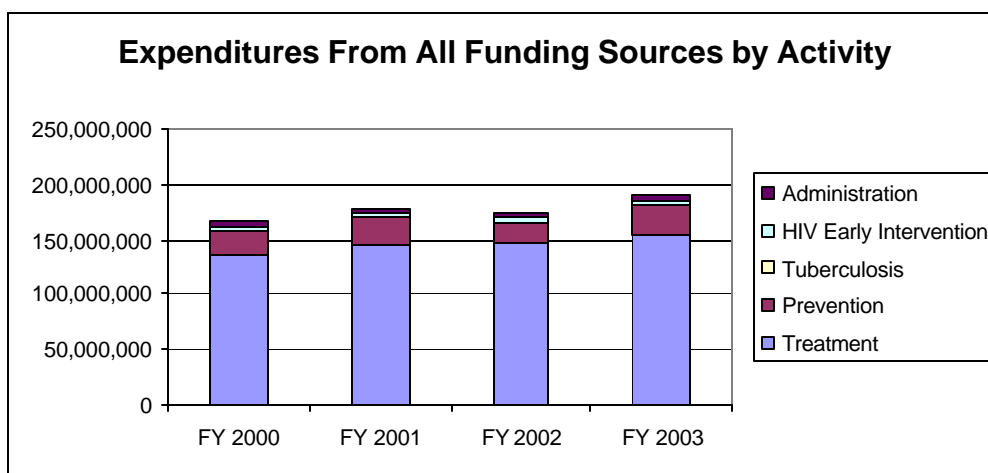
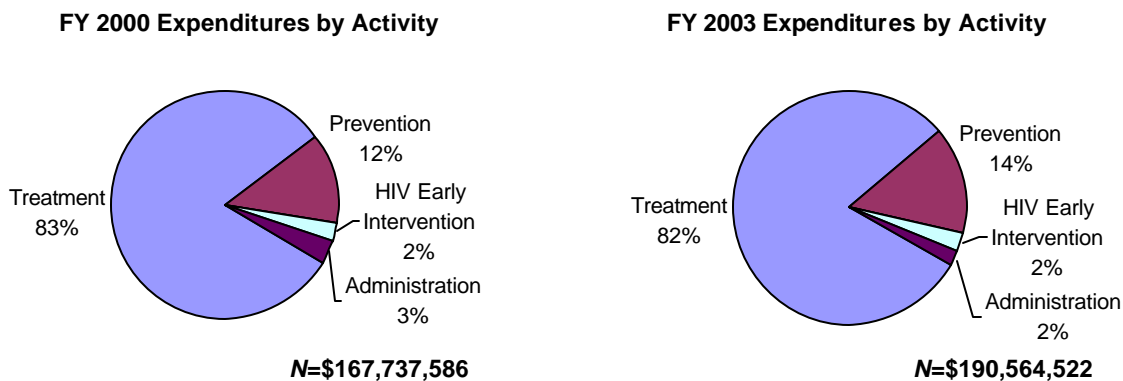
Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	81,263,908	48	86,669,748	49	90,044,401	52	95,064,189	50
Medicaid	210,000	0	557,124	0	7,272,496	4	7,490,671	4
Other Federal	23,227,978	14	21,021,259	12	15,828,456	9	13,903,435	7
State	63,035,700	38	69,254,830	39	61,262,128	35	68,182,836	36
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	5,923,391	3
<b>Total*</b>	<b>167,737,586</b>	<b>100</b>	<b>177,502,961</b>	<b>100</b>	<b>174,407,481</b>	<b>100</b>	<b>190,564,522</b>	<b>100</b>

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 nearly \$190.6 million in total SSA expenditures in FY 2003, most (82 percent) went toward treatment services, 14 percent toward prevention services, and the remainder toward HIV early intervention (2 percent) and administrative costs (2 percent). These proportions have remained relatively stable since FY 2000.



#### Single State Agency Expenditures From All Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	19,128,313	11	146,374,030	82	147,847,778	85	153,859,450	81
Alcohol Treatment	48,468,752	29	0	0				
Drug Treatment	69,458,030	41	0	0				
Prevention	20,846,727	12	23,919,792	13	18,066,324	10	27,493,129	14
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	4,063,195	2	4,333,485	2	4,502,220	3	4,753,209	2
Administration	5,772,569	3	2,875,654	2	3,991,159	2	4,458,734	2
<b>Total*</b>	<b>167,737,586</b>	<b>100</b>	<b>177,502,961</b>	<b>100</b>	<b>174,407,481</b>	<b>100</b>	<b>190,564,522</b>	<b>100</b>

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.

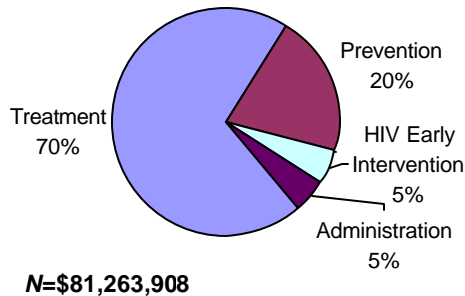
\*Totals may not equal 100 percent due to rounding.

## Expenditures of Block Grant and State Funds

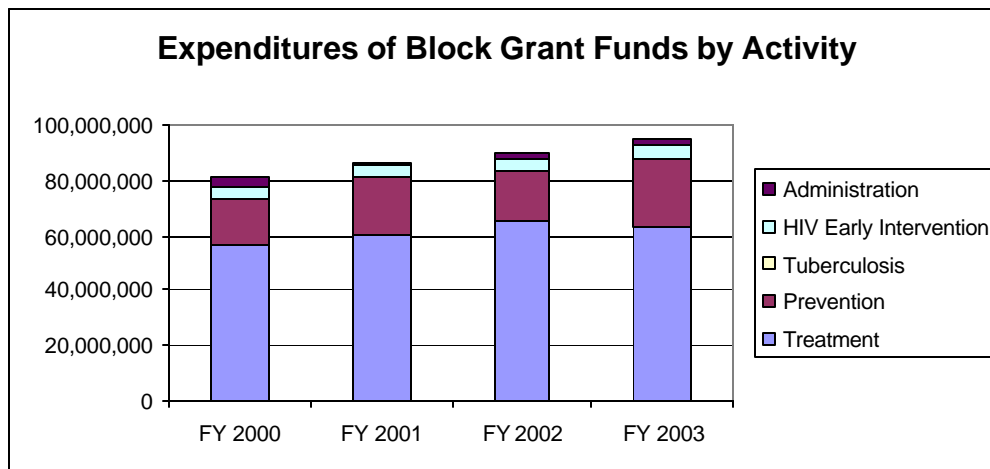
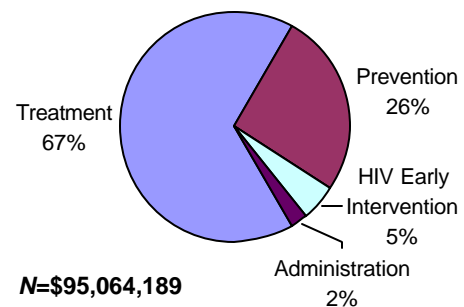
### Expenditures of Block Grant Funds

Block Grant expenditures increased \$13.8 million between FYs 2000 and 2003 (from over \$81.3 to nearly \$95.1 million). In FY 2003, two-thirds of the Block Grant funds were designated for treatment services, and approximately one-fourth for prevention. This distribution shows a change since FY 2000 when the proportion of funds spent on prevention was only 20 percent.

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	60,551,174	70	65,427,850	73	63,319,338	67
Alcohol Treatment	23,493,692	29	0	0				
Drug Treatment	33,666,521	41	0	0				
Prevention	16,252,782	20	20,918,217	24	18,008,880	20	24,719,689	26
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	4,063,195	5	4,333,485	5	4,502,220	5	4,753,209	5
Administration	3,787,718	5	866,872	1	2,105,451	2	2,271,953	2
<b>Total*</b>	<b>81,263,908</b>	<b>100</b>	<b>86,669,748</b>	<b>100</b>	<b>90,044,401</b>	<b>100</b>	<b>95,064,189</b>	<b>100</b>

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.

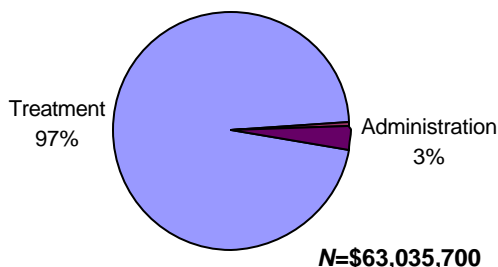
NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

\*Totals may not equal 100 percent due to rounding.

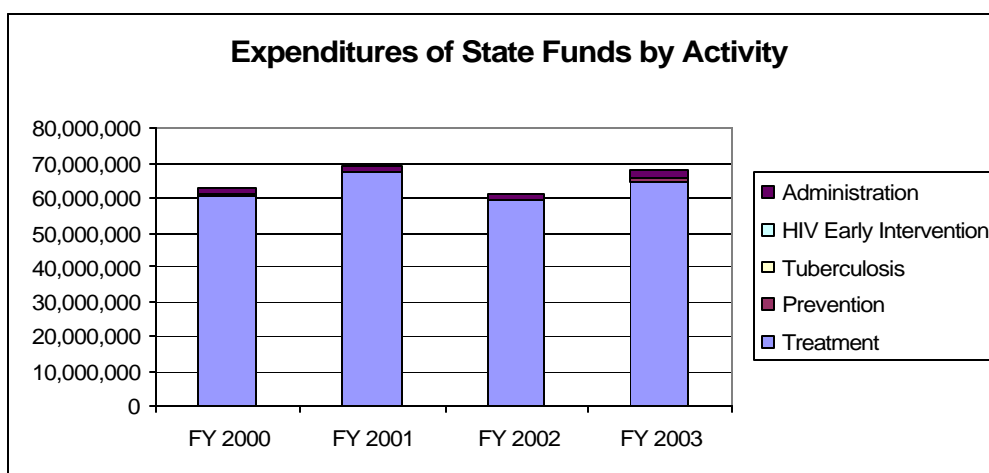
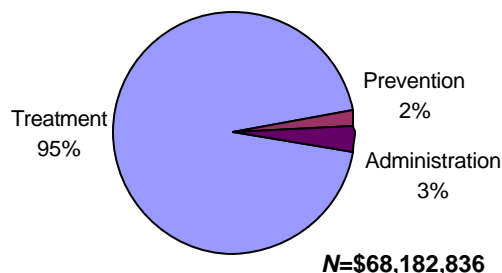
### Expenditures of State Funds

Nearly all (95 percent) of the \$68.2 million in State funds for SSA activities in FY 2003 were spent on treatment services. Only 2 percent were spent on prevention activities and 3 percent on administrative costs. While the expenditure dollar amounts fluctuated during this time, these proportions have remained relatively stable since FY 2000.

**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	0	0	67,159,431	97	59,355,580	97	64,407,293	94
Alcohol Treatment	24,975,060	40	0	0				
Drug Treatment	35,791,509	57	0	0				
Prevention	284,280	0	86,617	0	20,840	0	1,588,762	2
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	1,984,851	3	2,008,782	3	1,885,708	3	2,186,781	3
<b>Total*</b>	<b>63,035,700</b>	<b>100</b>	<b>69,254,830</b>	<b>100</b>	<b>61,262,128</b>	<b>100</b>	<b>68,182,836</b>	<b>100</b>

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

In 1998, Florida was awarded a State Incentive Grant (SIG) by CSAP that was pivotal in leveraging collaboration across State agencies. It provided resources to more fully develop a prevention unit within the SAPO, funded development of the Florida Prevention System (the prevention component of the Florida Drug Control Strategy), and provided resources at the local provider level targeting youth through the delivery of science- or evidence-based programs. Additionally, the SIG was crucial to the development of ODC and the ensuing collaboration between it and the SAPO.

In Florida, “where prevention is a shared responsibility,” the Department of Children and Families is transitioning to a science-based system for planning, implementing, and evaluating its prevention programs. The Florida Youth Substance Abuse Survey (FYSAS)—Communities That Care—is the basis for many prevention policy and local programming/funding decisions.

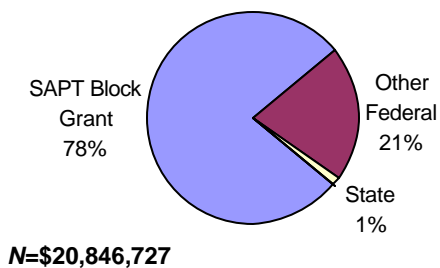
In FY 2002, SAPO entered into a contract with the Florida Faith-Based Association to develop and publish a statewide Faith-Based Substance Abuse Treatment and Prevention Provider Directory. The directory is intended to facilitate integration of faith-based providers with the public prevention and treatment community.

### Prevention Funding and Expenditures

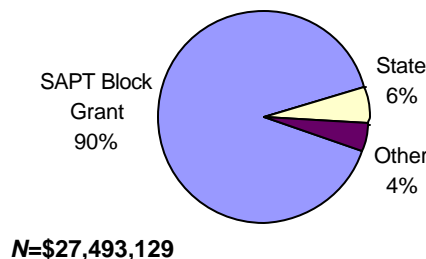
Nearly \$27.5 million of SSA expenditures went toward prevention services in FY 2003—nearly \$7 million more than the amount spent in FY 2000. Block Grant funds accounted for most of the funding during this period (accounting for 90 percent of the total in FY 2003), while funding from other Federal sources decreased substantially (from over \$4.3 million in FY 2000 to no funding in FY 2003) and State funding increased (from nearly \$285,000 to \$1.6 million).

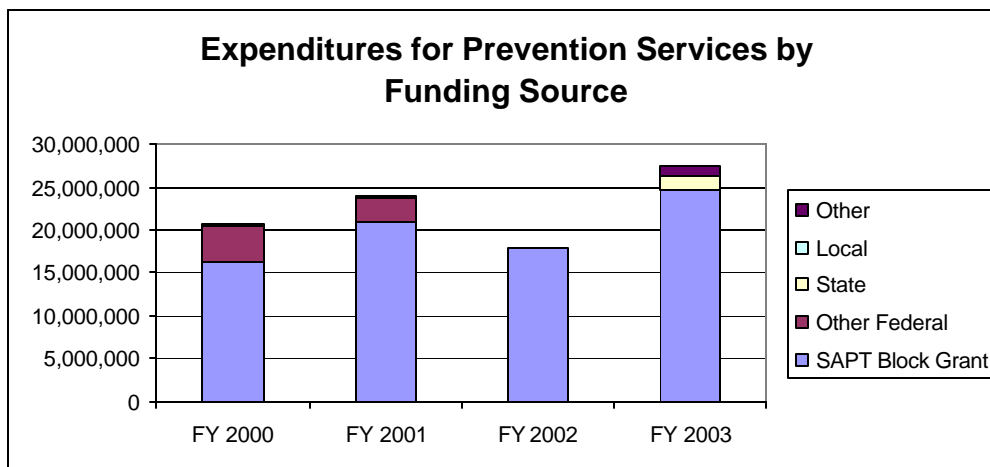
Block Grant funding for prevention services in Florida increased from \$1.01 to \$1.45 per capita between FYs 2000 and 2003.

**FY 2000 Prevention Expenditures by Funding Source**



**FY 2003 Prevention Expenditures by Funding Source**





### 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	16,252,782	78	20,918,217	87	18,008,880	100	24,719,689	90
Other Federal	4,309,665	21	2,914,958	12	36,604	0	0	0
State	284,280	1	86,617	0	20,840	0	1,588,762	6
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	1,184,678	4
<b>Total*</b>	<b>20,846,727</b>	<b>100</b>	<b>23,919,792</b>	<b>100</b>	<b>18,066,324</b>	<b>100</b>	<b>27,493,129</b>	<b>100</b>

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

\*Totals may not equal 100 percent due to rounding.

## Core Strategies

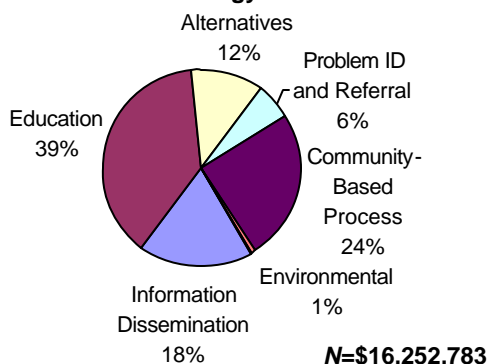
Examples of core prevention strategies supported by Block Grant funds include the following:

Core Strategy	Examples of Activities
Information Dissemination	Information dissemination includes statewide clearinghouse activities through the Florida Alcohol and Drug Abuse Association, the Red Ribbon Program, and health fairs.
Education	School- and community-based group sessions use model programs such as "Too Good for Drugs" and "Life Skills Training."
Alternatives	Drug-free education programs, such as drug-free dances and peer leader programs are provided.
Problem Identification and Referral	Funding supports student and employee assistance programs and training for community caregivers.
Community-based process	Processes include community organizing, collaboration, and coordination initiatives.
Environmental	Funds support the promotion of drug use policy reviews in schools and communities. The "Think About It" campaign (a statewide radio and billboard initiative) targets youth and parents and reached 68% of Florida's population.

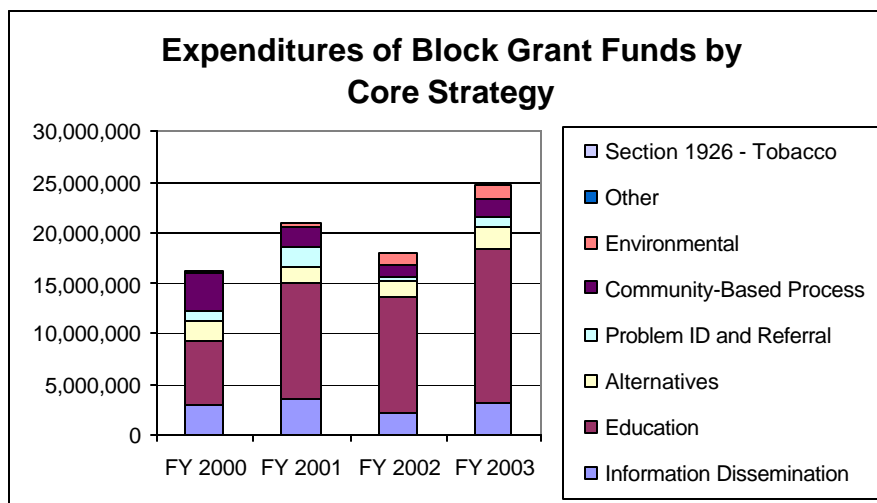
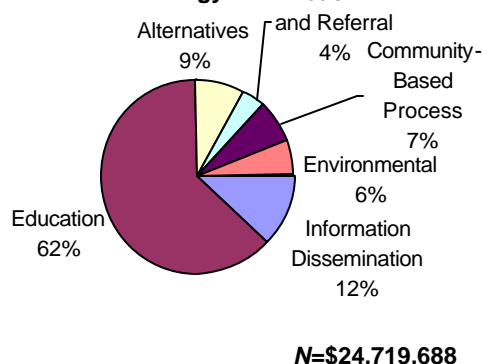
### Expenditures of Block Grant Funds for Core Strategies

SAPT Block Grant funding for prevention core strategies increased substantially between FY 2000 and 2003 from \$16.3 million to \$24.7 million. Most of the increase is attributable to a dramatic increase in funding on education activities (from \$6.3 to \$15.4 million). In FY 2003, education activities accounted for 62 percent of total funding for core strategies, followed by information dissemination (12 percent) and alternative strategies (9 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	2,957,628	18	3,606,301	17	2,220,495	12	3,047,938	12
Education	6,267,986	39	11,392,061	54	11,224,935	62	15,407,782	62
Alternatives	1,962,663	12	1,698,559	8	1,582,981	9	2,172,861	9
Problem ID and Referral	950,833	6	1,964,221	9	693,342	4	951,708	4
Community-Based Process	3,959,004	24	1,830,344	9	1,233,608	7	1,693,298	7
Environmental	154,669	1	426,732	2	1,053,519	6	1,446,101	6
Other	0	0	0	0	0	0	0	0
Section 1926 - Tobacco	0	0	0	0	0	0	0	0
<b>Total*</b>	<b>16,252,783</b>	<b>100</b>	<b>20,918,218</b>	<b>100</b>	<b>18,008,880</b>	<b>100</b>	<b>24,719,688</b>	<b>100</b>

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

\*Totals may not equal 100 percent due to rounding.



## Treatment and Rehabilitation Services

Through its 13 district offices and the SunCoast regional office, SAPO purchases detoxification treatment, residential treatment, day and night treatment, outpatient treatment, medication, methadone maintenance treatment, assessment, case management, and other wraparound services. Florida has approximately 1,506 licensed individual treatment agencies operated by 497 programs located throughout the State.

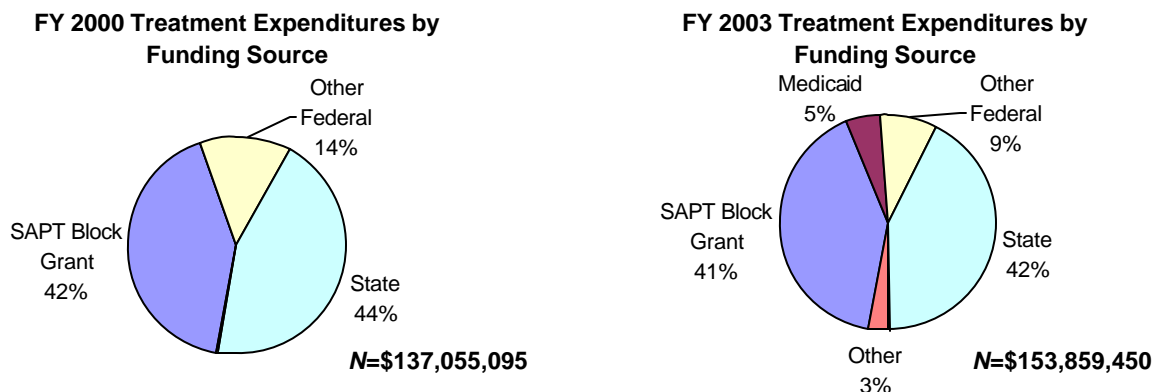
Individuals who are a high priority for admission to treatment are pregnant women and injection drug users (IDUs). Other targeted populations for treatment include adults with substance abuse problems, parents who put children at risk, adults with substance abuse problems in the criminal justice system, dually diagnosed individuals, children at risk of substance abuse, children under the supervision of the State, children not under the supervision of the State with substance abuse problems, adults at-risk of substance abuse, and older adults with substance abuse problems.

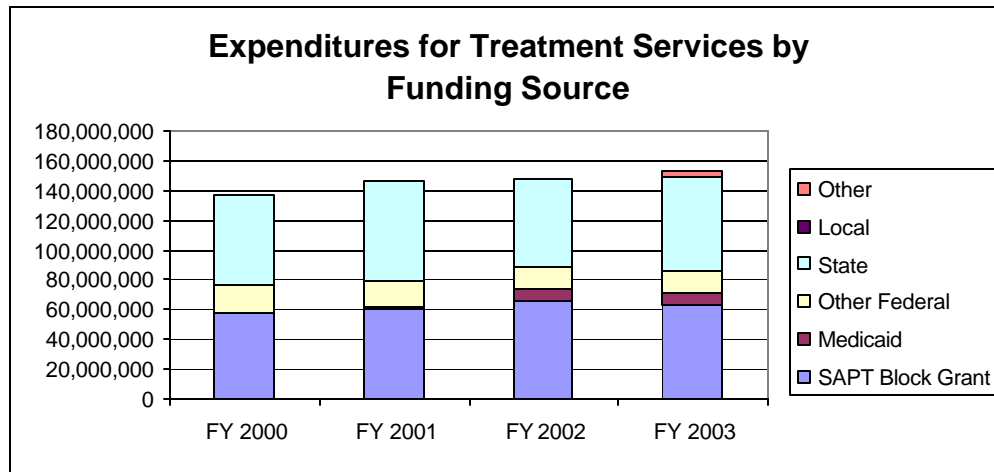
Florida received funding under the Presidential Initiative Access to Recovery (ATR), a Federal voucher program for clinical treatment and recovery support services. The MyFlorida Access to Recovery Program targets \$6.8 million per year for 3 years (through August 2007) to five Florida districts. The voucher program focuses on high-need populations, including individuals involved with the criminal justice system; families putting children at risk; and populations specific to each region, such as persons with co-occurring disorders, older adults, and individuals who abuse prescription drugs. The program provides client choice among treatment and recovery support providers, expands access to a comprehensive array of treatment and recovery support options, and increases treatment capacity.

### Treatment Funding and Expenditures

SSA funding for treatment and rehabilitation increased between FYs 2000 (\$137.1 million) and 2003 (\$153.9 million). During that time period, State and the Block Grant funds each accounted for just over 40 percent of the total. Other Federal funding decreased during this time from \$18.9 million (and 14 percent of the total) to \$13.9 million (9 percent). Medicaid and other funding sources made up much of the difference.

Block Grant funding for treatment in Florida increased from \$3.56 to \$3.72 per capita between FYs 2000 and 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	57,160,213	42	60,551,174	41	65,427,850	44	63,319,338	41
Medicaid	210,000	0	557,124	0	7,272,496	5	7,490,671	5
Other Federal	18,918,313	14	18,106,301	12	15,791,852	11	13,903,435	9
State	60,766,569	44	67,159,431	46	59,355,580	40	64,407,293	42
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	4,738,713	3
<b>Total*</b>	<b>137,055,095</b>	<b>100</b>	<b>146,374,030</b>	<b>100</b>	<b>147,847,778</b>	<b>100</b>	<b>153,859,450</b>	<b>100</b>

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

\*Totals may not equal 100 percent due to rounding.

**Admissions**

Florida’s SAPT Block Grant application indicates that over 80,000 persons were admitted to treatment during FY 2002, most of which were admitted for outpatient (non-methadone) and free-standing residential treatment.

**Number of Persons Admitted by Type of Treatment Care**

Type of Care	Total Number Admissions by Primary Diagnosis (N=83,330)		
	Alcohol Problems	Drug Problems	None Indicated
<b>Detoxification (24-hour care)</b>			
Hospital inpatient	0	0	0
Free-standing residential	12,575	8,949	189
<b>Rehabilitation/Residential</b>			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	0	0	0
Long-term residential	4,025	10,312	438
<b>Ambulatory (Outpatient)</b>			
Outpatient (methadone)	11	1,750	7
Outpatient (non-methadone)	13,649	24,941	3,984
Intensive outpatient	740	1,770	204
Detoxification (outpatient)	92	156	18
<b>Total</b>	<b>31,092</b>	<b>47,878</b>	<b>4,840</b>

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

Treatment Episode Data System (TEDS) data indicate more than 74,000 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that approximately 25 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied only 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	19,697	20.1
Alcohol in combination with other drugs	54,349	26.2
<b>Total</b>	<b>74,046</b>	<b>24.6</b>

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, 904,000 persons aged 12 and older (6.5 percent of Florida's population) needed, but did not receive, treatment for alcohol use, and 395,000 persons (2.8 percent) needed, but did not receive, treatment for illicit drug use in Florida.

**Treatment Gap by Age Group**

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	6.47	4.93	16.46	5.22
Needing but not receiving treatment for illicit drug use	2.83	5.20	7.76	1.83

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

## Resource Development Activities

### Planning and Needs Assessment

The Florida Legislature recently created the Florida Substance Abuse and Mental Health Corporation, Inc., a non-profit entity comprised of professionals and consumers appointed by the Governor, Senate, and House of Representatives. The State planning process will integrally involve the corporation in identifying service needs, framing strategic directions, and developing recommendations to the legislature regarding staffing and funding resource needs.

The results of the 2004 Florida Youth Substance Abuse Survey (FYSAS) provide both State- and county-level prevalence and risk and protective factor profiles. This effort used two survey instruments, the Communities that Care Youth Survey and the Florida Youth Tobacco Survey. A total of 60,000 surveys were distributed. This information is used by the Governor's Office of Drug Control, State agencies, and community organizations to determine policy initiatives and funding priorities.

Additionally, the State uses household survey data to determine the treatment needs of the adult population in each of the substate planning areas.

### Evaluation

To support the implementation of evidence-based prevention programs, the Department of Children and Families contracts with two organizations to obtain program-specific evaluation plans and evaluation assistance, collect and analyze outcome and process data, and develop a management information system.

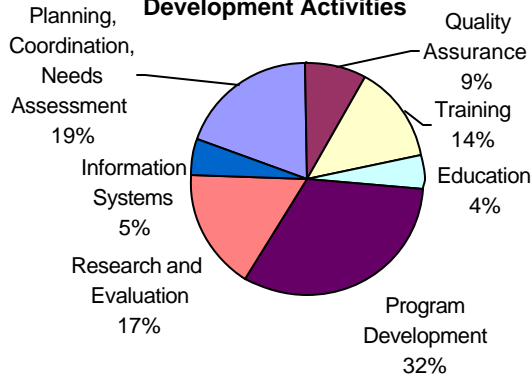
### Training and Assistance

The State, along with the Florida Alcohol and Drug Abuse Association, provides training and technical support. A system for certifying counselors is supported through the Certification Board for Addictions Professionals of Florida. The Department of Children and Family Services, Substance Abuse Office, contracts with private providers for substance abuse prevention education, training, and treatment referrals. Each of the State's contracted providers must include a reciprocal Web link on their prospective Web sites for increased exposure and accessibility of planned training activities throughout the year.

### Expenditures of Block Grant Funds for Resource Development Activities

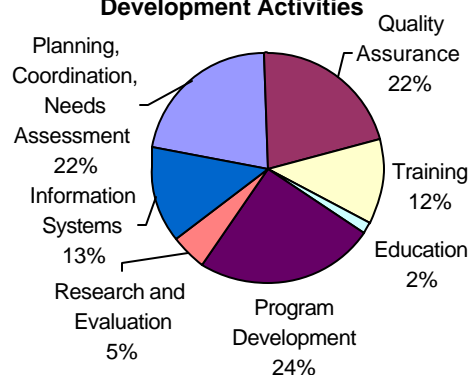
Block grant funds for resource development activities (treatment and prevention) increased slightly between FYs 2000 and 2003, from \$1.3 to \$1.5 million. Funds were spent on a variety of activities during this time period, with the majority going toward program development; planning, coordination, and needs assessment; and quality assurance.

**FY 2000 Block Grant Expenditures on Resource Development Activities**

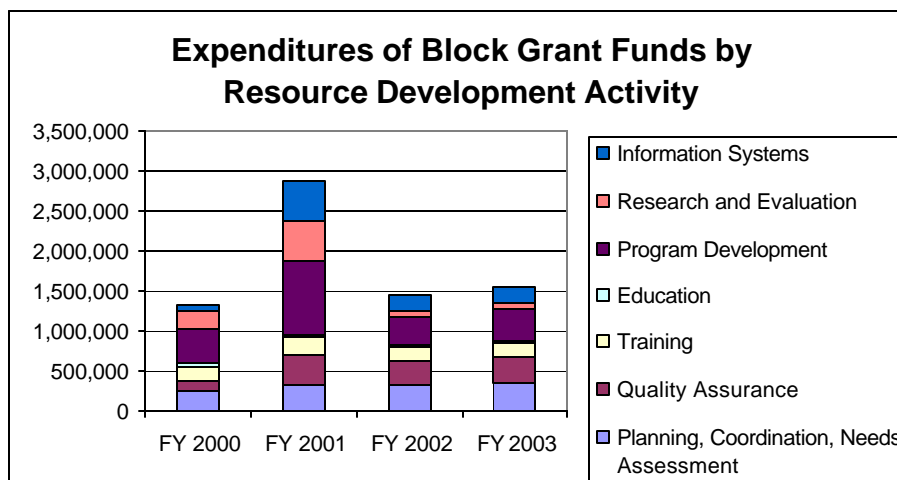


**N=\$1,314,917**

**FY 2003 Block Grant Expenditures on Resource Development Activities**



**N=\$1,549,084**



### 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	252,684	19	313,375	11	311,033	22	335,635	22
Quality Assurance	112,304	9	376,050	13	311,033	22	335,635	22
Training	180,967	14	219,362	8	167,479	12	180,727	12
Education	57,604	4	31,337	1	23,926	2	25,817	2
Program Development	421,140	32	940,124	33	358,884	25	387,272	25
Research and Evaluation	224,609	17	501,400	17	71,777	5	77,453	5
Information Systems	65,609	5	501,400	17	191,405	13	206,545	13
<b>Total*</b>	<b>1,314,917</b>	<b>100</b>	<b>2,883,048</b>	<b>100</b>	<b>1,435,537</b>	<b>100</b>	<b>1,549,084</b>	<b>100</b>

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 over \$8.5 million in discretionary prevention grant funds to Florida entities. These grants included the Drug Free Communities Support (20 of the 40 total grants awarded), HIV/AIDS, and SIG programs.

CSAP Discretionary Grants	Number of Awards	Total \$ Amount
Cooperative Agreement for Ecstasy & Other Club Drugs Prevention Services	2	584,712
CSAP 2004 Earmarks	1	497,050
Drug Free Communities	20	1,842,518
Drug Free Communities Mentoring	2	142,650
Family Strengthening	1	394,175
HIV/AIDS Cohort 2 Youth Services Cooperative Agreements	2	127,272
HIV/AIDS Cohort 3 Services	3	985,813
HIV/AIDS Cohort 4 Services	1	350,000
HIV/AIDS Cohort 5 Services	5	1,250,000
SAMHSA Conference Grants	2	50,000
Strategic Prevention Framework State Incentive Grants	1	2,350,965
<b>Total</b>	<b>40</b>	<b>8,575,155</b>

SOURCE: www.samhsa.gov

### Center for Substance Abuse Treatment

The Center for Substance Abuse Treatment (CSAT) awarded \$21.1 million in discretionary treatment grant funds to Florida entities. These grants included the Targeted Capacity-HIV/AIDS, homeless, residential treatment, adolescent treatment, drug court, and pregnant/postpartum women's programs. The largest single award was the ATR grant for \$6.8 million.

Discretionary Programs	Number of Awards	Total \$ Amount
Access to Recovery	1	6,813,101
Addiction Technical Transfer Center	1	650,000
Adult Juvenile and Family Drug Courts	3	1,186,695
CSAT 2004 Earmarks	2	844,985
Effective Adolescent Treatment	3	698,668
Homeless Addictions Treatment	5	2,521,642
Pregnant/Post-Partum Women	4	1,999,443
Residential SA TX	2	970,210
SAMHSA Conference Grants	1	50,000
Strengthening Access and Retention	1	200,000
Targeted Capacity Expansion	2	999,640
Targeted Capacity - HIV/AIDS	9	4,214,223
<b>Total</b>	<b>34</b>	<b>21,148,607</b>

SOURCE: www.samhsa.gov