

# NEVADA

## State SSA Director

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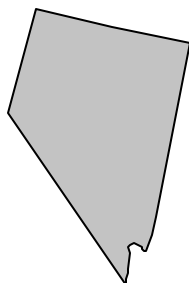
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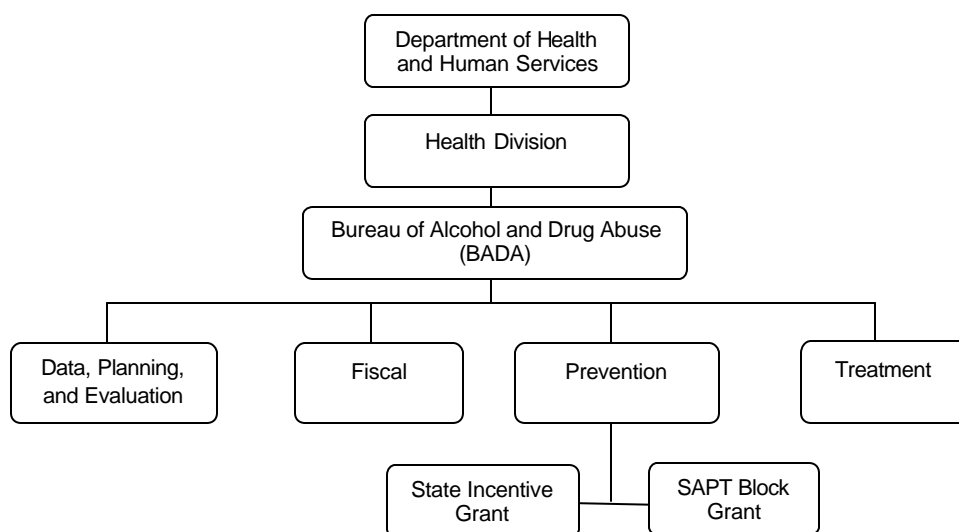
## Structure and Function



The Bureau of Alcohol and Drug Abuse (BADA) is the Single State Agency (SSA) for the State of Nevada and is responsible for alcohol and other drug treatment and prevention. The mission of BADA is to reduce the impact of substance abuse in Nevada and has three objectives: (1) statewide formulation and implementation of a State plan for prevention, intervention, treatment and recovery of substance abuse; (2) statewide coordination and implementation of State and Federal funding for alcohol and drug abuse programs; and (3) statewide development and publication of standards for certification and the authority to certify treatment levels of care and prevention programs. BADA does not provide direct treatment or

prevention services; rather, BADA provides oversight and funding for community-based and nonprofit agencies that perform these services. Organizationally, BADA is one of seven units in the Health Division of the Nevada Department of Human Resources.

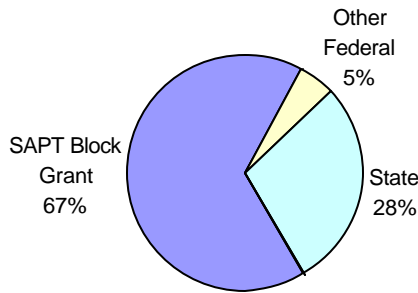
### Single State Agency Structure



## Single State Agency Funding Overview

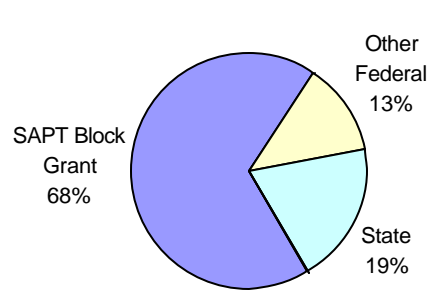
Between FYs 2000 and 2003, total SSA expenditures in Nevada increased steadily from \$14.5 to \$18.9 million. The proportion of funds supported by the Block Grant remained relatively stable (at 67 to 68 percent), while the dollar amount increased from \$10.2 to \$12.7 million. The proportion of funds supported by the State declined from 28 to 19 percent, and the proportion of funds supported by other Federal sources increased from 5 to 13 percent during that same time period.

**FY 2000 Expenditures by Funding Source**

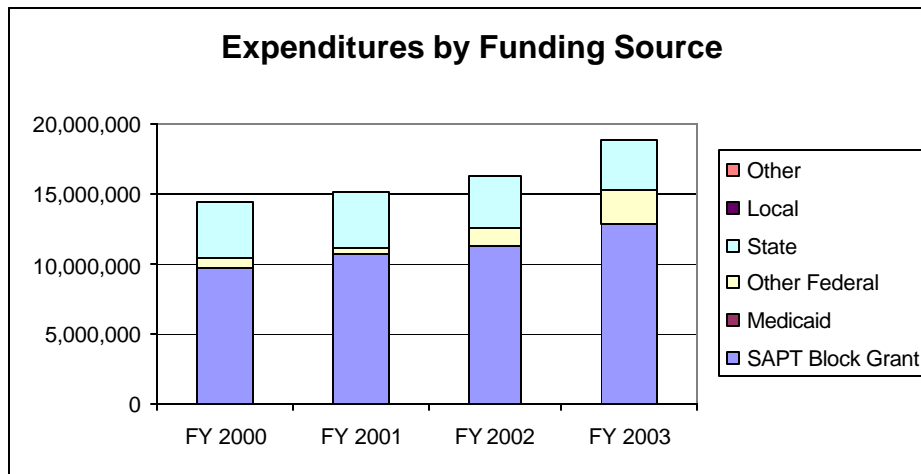


**N=\$14,518,587**

**FY 2003 Expenditures by Funding Source**



**N=\$18,935,708**



### 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	9,619,717	66	10,767,511	71	11,290,684	69	12,860,149	68
Medicaid	0	0	0	0	0	0	0	0
Other Federal	758,821	5	467,224	3	1,398,327	9	2,405,666	13
State	4,122,910	28	3,940,646	26	3,585,591	22	3,651,093	19
Local	0	0	0	0	0	0	0	0
Other	17,139	0	16,500	0	21,800	0	18,800	0
<b>Total*</b>	<b>14,518,587</b>	<b>100</b>	<b>15,191,881</b>	<b>100</b>	<b>16,296,402</b>	<b>100</b>	<b>18,935,708</b>	<b>100</b>

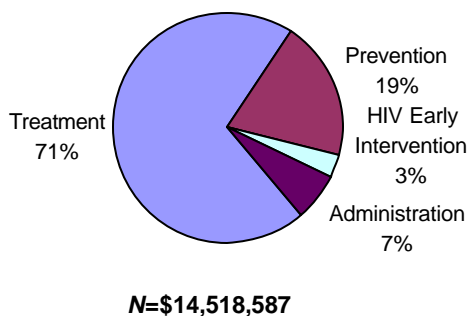
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

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

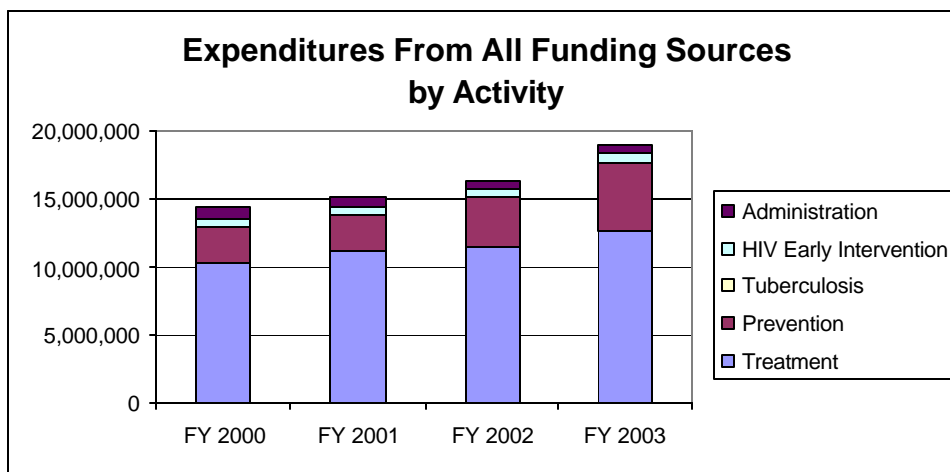
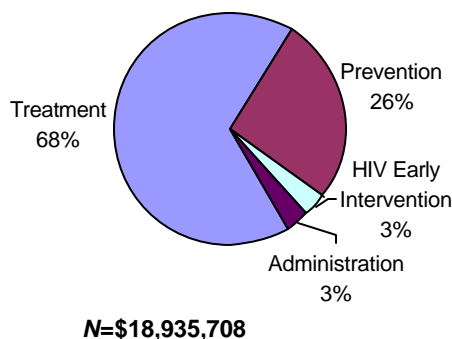
### Activities and Expenditures From All Funding Sources

In FY 2003 the largest proportion (68 percent) of total SSA expenditures went toward treatment, followed by prevention (at 26 percent), and HIV early intervention and administration costs at (3 percent each). By contrast, in FY 2000 treatment received 71 percent of the total, followed by prevention at 19 percent, administration costs at 7 percent, and HIV early intervention at 3 percent.

**FY 2000 Expenditures by Activity**



**FY 2003 Expenditures 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	3,770,032	26	3,787,596	25	11,553,745	71	12,730,406	68
Alcohol Treatment	3,216,586	22	3,658,964	24				
Drug Treatment	3,260,533	22	3,743,627	25				
Prevention	2,805,699	19	2,717,984	18	3,598,736	22	4,918,396	26
Tuberculosis	0	0	28,340	0	0**	0	33,843	0
HIV Early Intervention	482,806	3	538,373	4	594,249	4	643,008	3
Administration	982,931	7	716,997	5	549,672	3	610,055	3
<b>Total*</b>	<b>14,518,587</b>	<b>100</b>	<b>15,191,881</b>	<b>100</b>	<b>16,296,402</b>	<b>100</b>	<b>18,935,708</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.

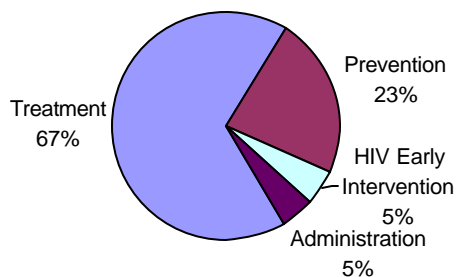
\*\*Included in HIV expenditures

## Expenditures of Block Grant and State Funds

### Expenditures of Block Grant Funds

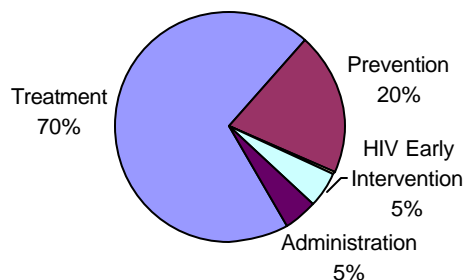
Block Grant expenditures in Nevada increased from \$9.6 to \$12.9 million between FYs 2000 and 2003. The majority of funds (70 percent) in FY 2003 was spent on treatment services, followed by prevention (at 20 percent of the total) and HIV early intervention and administration costs (at 5 percent each). The distribution of funds in FY 2000 was similar.

**FY 2000 Block Grant Expenditures by Activity**

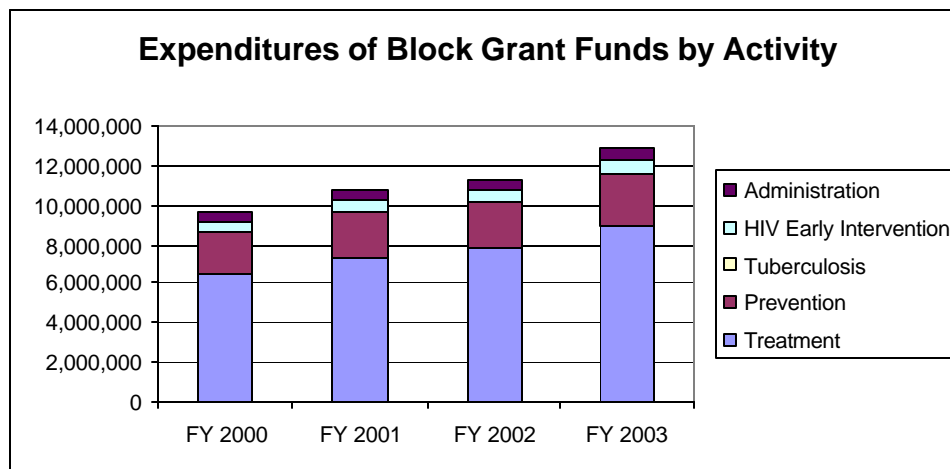


**N=\$9,619,717**

**FY 2003 Block Grant Expenditures by Activity**



**N=\$12,860,149**



### 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	7,888,484	70	8,999,740	70
Alcohol Treatment	3,216,586	33	3,657,290	34				
Drug Treatment	3,260,533	34	3,741,953	35				
Prevention	2,180,200	23	2,265,120	21	2,258,279	20	2,573,503	20
Tuberculosis	0	0	28,340	0	0	0	33,843	0
HIV Early Intervention	482,806	5	538,373	5	594,249	5	643,008	5
Administration	479,592	5	536,435	5	549,672	5	610,055	5
<b>Total*</b>	<b>9,619,717</b>	<b>100</b>	<b>10,767,511</b>	<b>100</b>	<b>11,290,684</b>	<b>100</b>	<b>12,860,149</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.

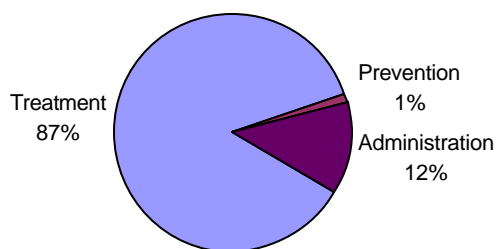
NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

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

### Expenditures of State Funds

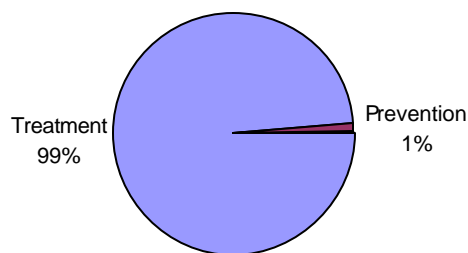
State expenditures declined between FYs 2000 and 2003 from \$4.1 to \$3.7 million. Nearly all (99 percent) State funds for alcohol and drug abuse in FY 2003 were spent on treatment activities. In FY 2000, only 87 percent of funds went toward treatment activities, and 12 percent went toward administration costs.

**FY 2000 State Expenditures by Activity**

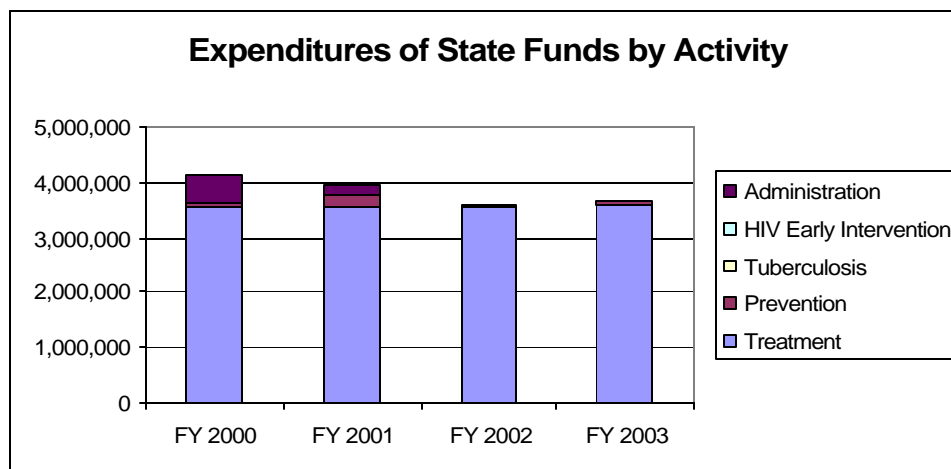


**N=\$4,122,910**

**FY 2003 State Expenditures by Activity**



**N=\$3,651,093**



### 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	3,577,571	87	3,563,136	90	3,543,591	99	3,609,093	99
Alcohol Treatment	0	0	0	0				
Drug Treatment	0	0	0	0				
Prevention	42,000	1	196,948	5	42,000	1	42,000	1
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	503,339	12	180,562	5	0	0	0	0
<b>Total*</b>	<b>4,122,910</b>	<b>100</b>	<b>3,940,646</b>	<b>100</b>	<b>3,585,591</b>	<b>100</b>	<b>3,651,093</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

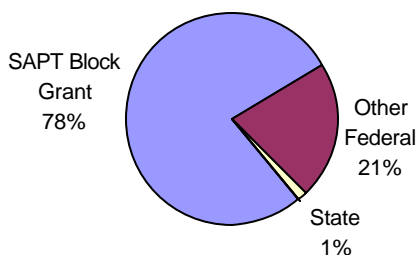
BADA funds programs throughout the State of Nevada to reduce and prevent substance abuse. Prevention activities are targeted toward persons from birth to age 25. Several projects are geared toward BADA's goal of supporting prevention services to underserved populations, including Native Americans, Hispanics/Latinos, African Americans, juvenile and probation programs, and the disabled community. BADA funds and works with 13 community-based coalitions statewide, who serve as regional prevention centers, to develop local strategies and plans to address prevention. The coalition strategy also increases provider capacity through a planning process, which includes grant writing and other resource development activities.

### Prevention Funding and Expenditures

Between FYs 2000 and 2003, prevention funding increased substantially in Nevada from \$2.8 to \$4.9 million. This increase was largely driven by a dramatic increase in funding from other Federal sources (from \$583,000 to \$2.3 million). During that time period the Block Grant's proportion of the funds declined (from 78 to 52 percent of the total), while other Federal sources as a proportion of the total rose (from 21 to 47 percent).

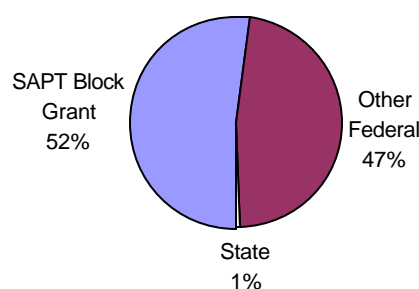
Prevention expenditures per capita from Block Grant funds remained fairly stable during this time, increasing slightly from \$1.08 in FYs 2000 and 2001 to \$1.15 in FY 2003.

**FY 2000 Prevention Expenditures by Funding Source**

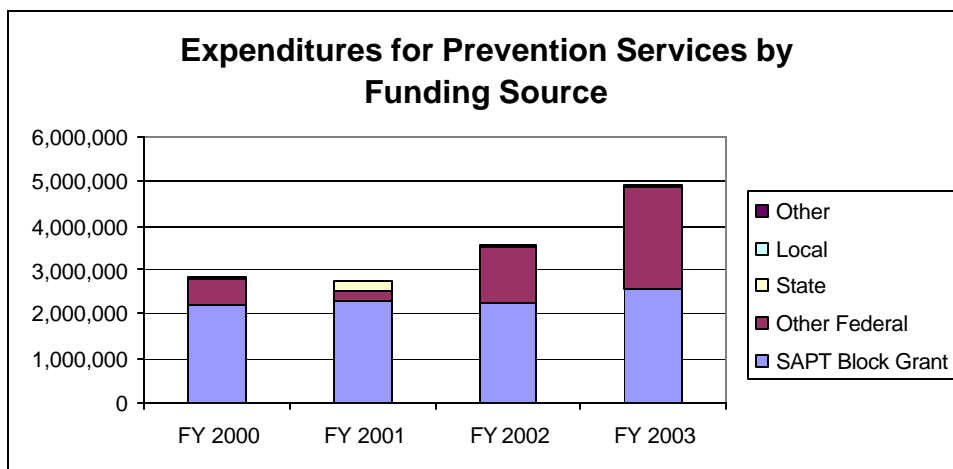


**N=\$2,805,699**

**FY 2003 Prevention Expenditures by Funding Source**



**N=\$4,918,396**



### 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	2,180,200	78	2,265,120	83	2,258,279	63	2,573,503	52
Other Federal	583,499	21	255,916	9	1,294,097	36	2,299,133	47
State	42,000	1	196,948**	7	42,000	1	42,000	1
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	4,360	0	3,760	0
<b>Total*</b>	<b>2,805,699</b>	<b>100</b>	<b>2,717,984</b>	<b>100</b>	<b>3,598,736</b>	<b>100</b>	<b>4,918,396</b>	<b>100</b>

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

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

\*\*Funding from the master tobacco settlement, used to support local prevention coalitions

## Core Strategies

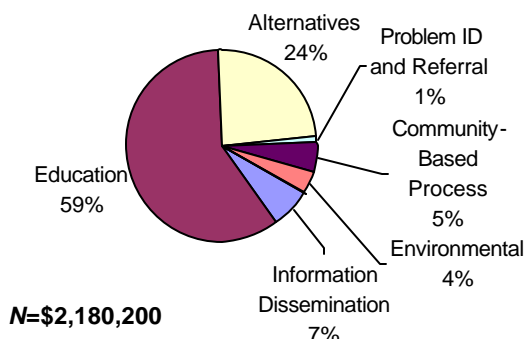
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	Strategies include an information clearinghouse; display of materials with various community partners such as schools, businesses, healthcare offices and government offices; and distribution of 3 tons of materials at the annual Summer Institute.
Education	Strategies include integrating a prevention education component in prevention programs, most of which are SAMHSA model programs and evidence-based prevention programs, and providing technical assistance to programs transitioning to evidence-based prevention programs.
Alternatives	Strategies include offering alternative programs as described within the CSAP six strategies, including the National Youth Sports Program.
Community-Based Processes	Strategies include utilizing the CSAP Seven Step Planning Model to use in local community planning.
Environmental	Strategies include addressing risk and protection identified by local coalitions.
Problem Identification and Referral	Strategies included funding of a Crisis Call Center, which refers individuals into needed services.

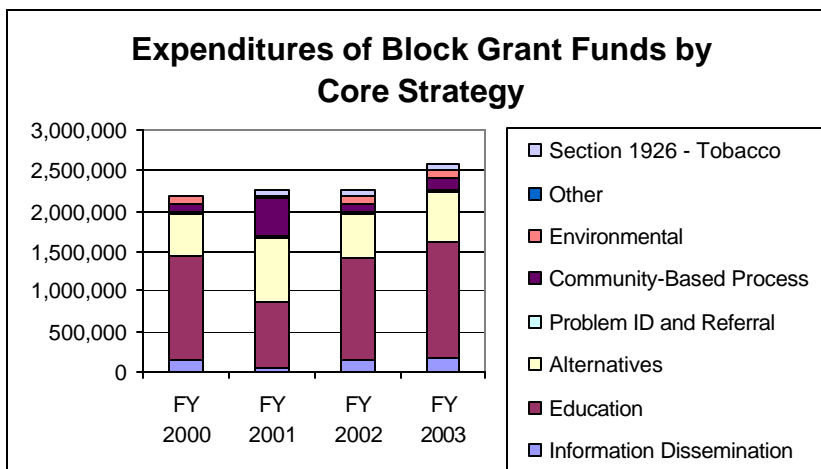
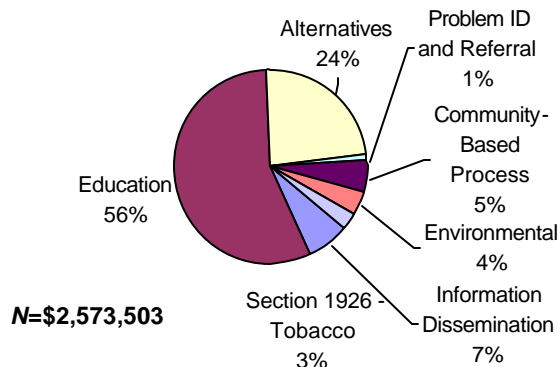
### Expenditures of Block Grant Funds for Core Strategies

Block Grant funding for core prevention strategies in Nevada rose slightly between FYs 2000 and 2003 (from \$2.2 to \$2.6 million). During this time period the distribution of funds among the core strategies remained relatively stable, with education receiving the majority of funds (56 to 59 percent), followed by alternative strategies (ranging from 24 to 36 percent), and the remainder going toward a wide array of 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	152,614	7	50,000	2	158,080	7	180,145	7
Education	1,286,318	59	820,423	36	1,261,884	56	1,447,867	56
Alternatives	523,248	24	813,576	36	541,987	24	617,641	24
Problem ID and Referral	21,802	1	22,621	1	22,583	1	25,735	1
Community-Based Process	109,010	5	468,000	21	112,914	5	128,675	5
Environmental	87,208	4	20,000	1	90,331	4	102,940	4
Other	0	0	0	0	0	0	0	0
Section 1926 - Tobacco	0	0	70,500	3	70,500	3	70,500	3
<b>Total*</b>	<b>2,180,200</b>	<b>100</b>	<b>2,265,120</b>	<b>100</b>	<b>2,258,279</b>	<b>100</b>	<b>2,573,503</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

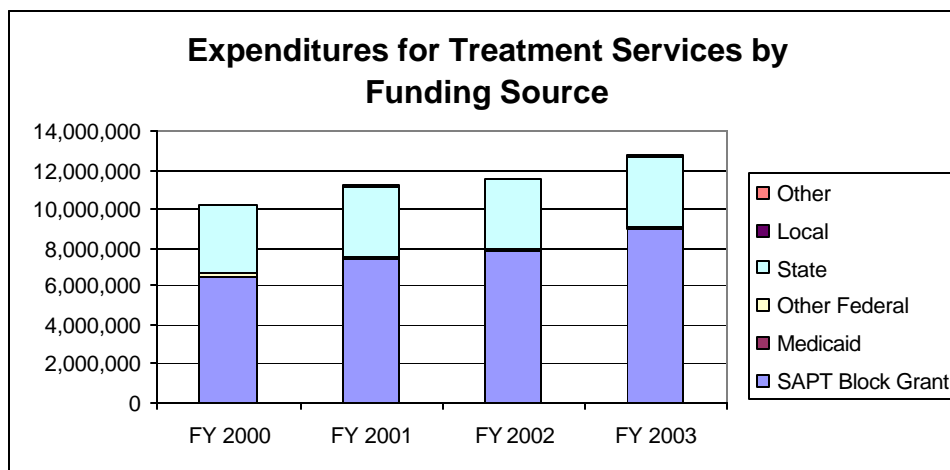
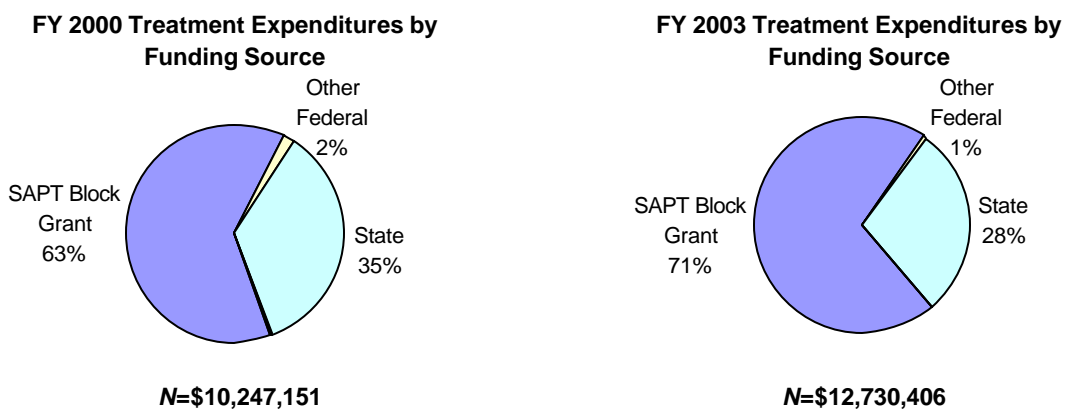
BADA funds 27 provider organizations to provide substance abuse treatment services throughout the State. Providers must meet the Substance Abuse Treatment Program Operating and Access Standards (POAS), a set of progressive guidelines requiring funded providers to implement ASAM PPC-2R, establish centers of excellence throughout the State and adopt NIDA's Thirteen Principles of Effective Treatment. The continuum of services provided in Nevada include intervention, comprehensive evaluation, detoxification, residential, outpatient, intensive outpatient, and transitional housing for adults and adolescents. Civil protective custody and opioid maintenance treatment are also funded for adults.

The BADA Advisory Board is a self-perpetuated committee composed of staff from 15 SSA-funded treatment and prevention provider agencies, including prevention coalitions. The Advisory Board, in collaboration with BADA staff, conducts planning activities for the SSA, meets bimonthly, and advises the SSA Bureau Chief and staff on issues related to policy development, protocols, requests for SAPT Block Grant Applications, and a continuous quality improvement strategy.

### Treatment Funding and Expenditures

Between FYs 2000 and 2003, treatment expenditures in Nevada increased from \$10.2 to \$12.7 million. In FY 2003, the Block Grant provided 71 percent of these funds, and the State provided 28 percent.

Block Grant funding per capita increased over time from \$3.21 in FY 2000 to \$4.01 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	6,477,119	63	7,399,243	66	7,888,484	68	8,999,740	71
Medicaid	0	0	0	0	0	0	0	0
Other Federal	175,322	2	211,308	2	104,230	1	106,533	1
State	3,577,571	35	3,563,136	32	3,543,591	31	3,609,093	28
Local	0	0	0	0	0	0	0	0
Other	17,139	0	16,500	0	17,440	0	15,040	0
<b>Total*</b>	<b>10,247,151</b>	<b>100</b>	<b>11,190,187</b>	<b>100</b>	<b>11,553,745</b>	<b>100</b>	<b>12,730,406</b>	<b>100</b>

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

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

## Admissions

Nevada's SAPT Block Grant application indicates that nearly 12,000 persons were admitted to treatment during FY 2002, of which most 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=11,910)		
	Alcohol Problems	Drug Problems	None Indicated
<b>Detoxification (24-hour care)</b>			
Hospital inpatient	0	0	0
Free-standing residential	1,575	1,215	0
<b>Rehabilitation/Residential</b>			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	581	1,083	0
Long-term residential	238	834	0
<b>Ambulatory (Outpatient)</b>			
Outpatient (methadone)	0	329	0
Outpatient (non-methadone)	2,092	2,972	0
Intensive outpatient	290	701	0
Detoxification (outpatient)	0	0	0
<b>Total</b>	<b>4,776</b>	<b>7,134</b>	<b>0</b>

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

Treatment Episode Data Set (TEDS) data indicate approximately 10,500 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that 9 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. Approximately 5 percent of persons admitted for abusing alcohol only were diagnosed with a psychiatric problem and nearly 11 percent of persons admitted for abusing alcohol in combination with other drugs were diagnosed as having a psychiatric problem. (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	2,817	5.4
Alcohol in combination with other drugs	7,687	10.5
<b>Total</b>	<b>10,504</b>	<b>9.1</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, 139,000 persons aged 12 and older (7.8 percent of Nevada's population) needed, but did not receive, treatment for alcohol use and 48,000 persons (2.7 percent) needed, but did not receive, treatment for illicit drug use in Nevada.

**Treatment Gap by Age Group**

Measure	% 12 and older	% 12–17	% 18–25	% 26 and older
Needing but not receiving treatment for alcohol use	7.83	6.80	15.54	6.75
Needing but not receiving treatment for illicit drug use	2.69	5.40	7.75	1.54

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

## Resource Development Activities

### Planning and Needs Assessment

A prevention needs assessment was finalized in 2003 and updated in 2005 using data from various sources including the Youth Risk Behavior Survey, the National Survey on Drug Use and Health (NSDUH), the State's Prevention Data Management System, the Department of Education, and 2000 Census data. The primary purpose of the assessment was to define and collect a core set of risk and protective indicators to better identify specific needs for individual populations at the State and local levels. The results of the needs assessment are available on BADA's Web site for easy access by service providers, coalitions, legislators, and local officials.

BADA completed its treatment needs assessment in 2003 and updated it in 2005. The needs assessment included data sources including the Household Survey, Women of Childbearing Years Study, Substance Abuse Need for Treatment among Arrestees, and the Social Indicator Study. The data are updated biennially and are used to identify local needs and trends in substance abuse and to facilitate local strategic planning.

Prevention planning is focused on the risk and protective factors model. Prevention Coalitions develop comprehensive community plans that address local substance abuse prevention issues. Nevada is divided into three substate regions for block grant treatment planning purposes. The primary treatment planning document is the Program Operating and Access Standards (POAS).

### Evaluation

BADA employs several mechanisms to ensure that funded programs comply with the conditions of their award and negotiated scope of work. Each funded program must be certified by the State prior to receiving funding and must sign subgrant award documents specifying the type of services to be provided and specific requirements on the program. Program compliance monitoring takes place annually and focuses on administrative, programmatic, and fiscal activities to ensure that programs are meeting both State and Federal requirements. In addition, BADA conducts in-depth fiscal monitoring on every funded program every 3 years. All funding is awarded on a competitive basis for up to three year project periods with possible annual non-competing renewals assuming success progress on negotiated scopes of work. Programs failing to fulfill their scopes of work (both number of clients and levels of care provided) are reduced in funding.

In 2006 Nevada instituted a standardized assessment (the ASI-lite) built into its new data system, the Nevada Health Information Provider Performance System (NHIPPS), which has been adapted from the Texas BHIPS system. Also beginning in 2006, BADA is instituting a performance improvement system with financial incentives.

### Training and Assistance

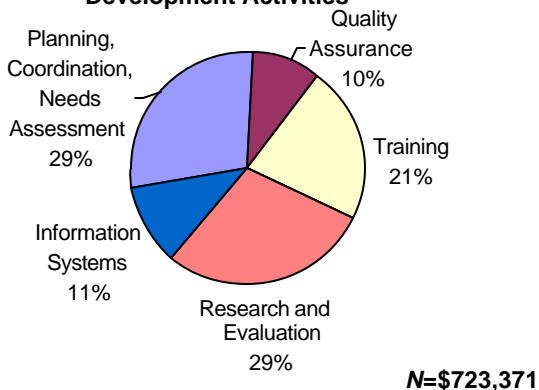
While BADA is not legislatively responsible for certifying substance abuse personnel and monitoring continuing education requirements, BADA is committed to providing such opportunities to its treatment and prevention workforce. Workshops on a diverse range of topics are provided through the University of Nevada, Reno's Center for the Application of Substance Abuse Technologies (CASAT). Classes are offered in both Las Vegas and Reno, as well as through videoconferencing, via the Internet, and on compressed video to accommodate providers in outlying rural areas.

BADA, in partnership with CASAT, conducts an annual 5-day Summer Institute. The institute features both prevention and treatment topics and offers the opportunity to attend keynote addresses and workshops. Key areas of emphasis at the recent institute were co-occurring diagnoses and post-trauma, and enhancing community prevention through policy and the community readiness model.

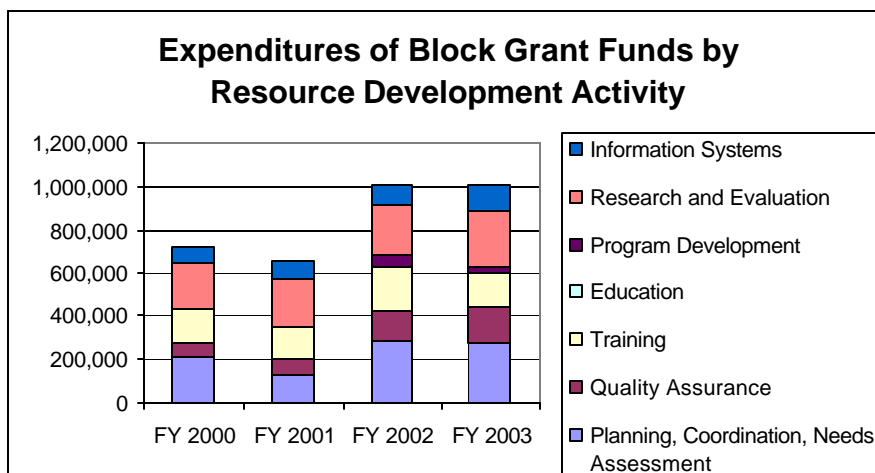
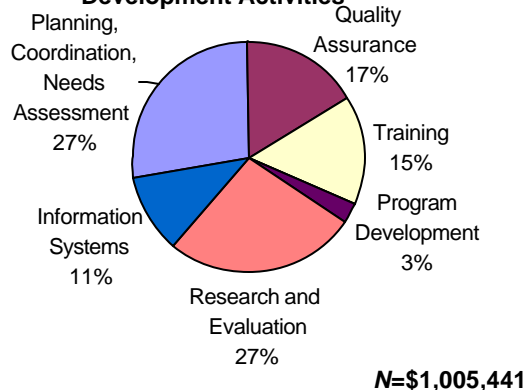
### Expenditures of Block Grant Fund for Resource Development Activities

Block Grant funding for resource development activities increased between FYs 2000 and 2003 (from nearly \$724,000 to \$1 million). Research and evaluation as well as planning, coordination, and needs assessment activities received the majority of funds.

**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 by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Planning, Coordination, Needs Assessment	208,118	29	132,405	20	288,252	29	275,682	27
Quality Assurance	69,775	10	69,775	11	137,388	14	168,338	17
Training	154,000	21	146,068	22	200,000	20	149,797	15
Education	0	0	0	0	0	0	0	0
Program Development	0	0	0	0	57,152	6	31,245	3
Research and Evaluation	208,500	29	220,395	34	230,221	23	267,548	27
Information Systems	82,978	11	82,978	13	94,602	9	112,831	11
<b>Total*</b>	<b>723,371</b>	<b>100</b>	<b>651,621</b>	<b>100</b>	<b>1,007,615</b>	<b>100</b>	<b>1,005,441</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

The Center for Substance Abuse Prevention (CSAP) discretionary funding for prevention in Nevada totaled \$10.1 million in FY 2004. Most of the funds went toward the Western Center for the Application of Prevention Technology, the State Incentive Cooperative Agreements and Strategic Prevention Framework State Incentive Grant (SPF SIG).

#### Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Drug Free Communities	8	725,000
Drug Free Communities Mentoring	1	75,000
HIV/AIDS Cohort 2 Expansion Cooperative Agreements	1	63,636
HIV/AIDS Cohort 3 Services	1	318,075
Prevention of Methamphetamine and Inhalant Use	1	310,225
State Incentive Cooperative Agreements	1	3,000,000
Strategic Prevention Framework State Incentive Grants	1	2,350,965
Western Center for the Application of Prevention Technology	1	3,273,951
<b>Total</b>	<b>15</b>	<b>10,116,852</b>

SOURCE: [www.samhsa.gov](http://www.samhsa.gov)

### Center for Substance Abuse Treatment

Nevada received six Center for Substance Abuse Treatment (CSAT) discretionary funding grants for treatment in FY 2004, totaling \$2.2 million. The largest recipient of these funds was targeted capacity for HIV/AIDS.

#### Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Addiction Technical Transfer Center	1	674,861
Recovery Community Service	1	199,872
State Data Infrastructure	1	100,000
Strengthening Access and Retention	1	200,000
Targeted Capacity - HIV/AIDS	2	991,399
<b>Total</b>	<b>6</b>	<b>2,166,132</b>

SOURCE: [www.samhsa.gov](http://www.samhsa.gov)