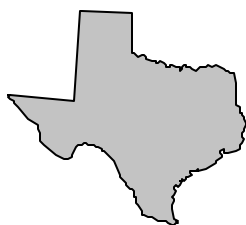


TEXAS

State SSA Director

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Structure and Function

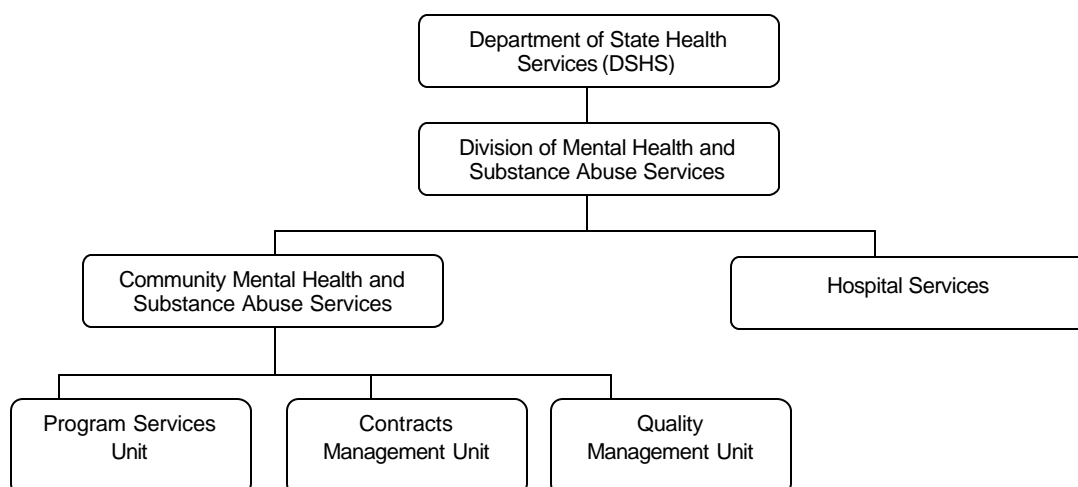


The Texas Department of State Health Services (DSHS) was formed in 2005 as a result of the consolidation of the Texas Department of Health, the Department of Mental Health and Mental Retardation, and the Commission on Alcohol and Drug Abuse. DSHS is the designated Single State Agency (SSA) and includes the Division for Mental Health and Substance Abuse Services as an agency of the Texas health and human services system. The merger of

mental health and substance abuse services in Texas is designed to promote cost-effective system integration and the capacity to address the health, mental health, and substance abuse issues of citizens. DSHS's mission is to promote optimal health for individuals and communities while providing effective health, mental health, and substance abuse services.

DSHS funds about 200 prevention and treatment providers that deliver approximately 450 programs through 11 Health Services Regions (HSRs). In FFY 2005, all prevention and treatment services in the State were renegotiated and contracted through a statewide procurement. Other substance abuse functions of DSHS are monitoring drug trends in Texas; analyzing data and conducting surveys related to substance abuse and gambling; building alliances with other public and private agencies, including law enforcement and corrections, to look for ways to reduce the State's substance abuse problems; and providing a 24-hour hotline for those who need crisis counseling or drug and alcohol information.

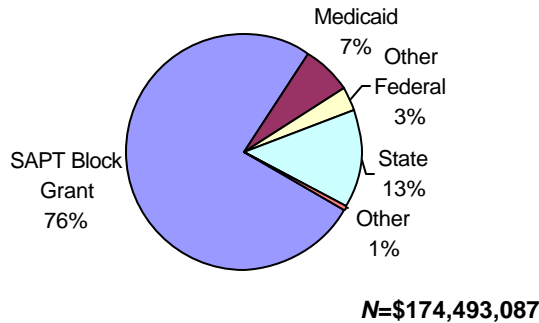
Single State Agency Structure



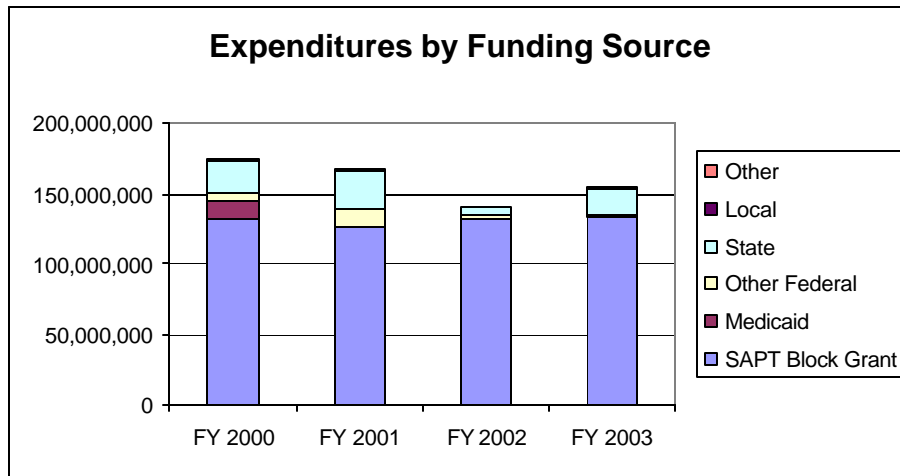
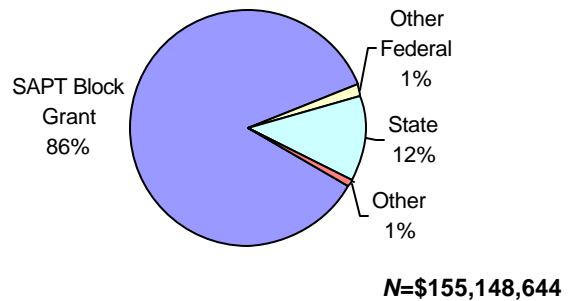
Single State Agency Funding Overview

Between FYs 2000 and 2003 total SSA funding in Texas declined from \$174.5 to \$155.1 million. The single largest funding source in FY 2003 was the Block Grant (at 86 percent of the total) followed by the State (at 12 percent). This distribution represents a change from FY 2000, when the Block Grant represented 76 percent of total funds.

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	132,649,225	76	127,289,421	76	132,649,226	94	133,322,329	86
Medicaid	11,922,431*	7	0	0	0	0	0	0
Other Federal	5,453,534	3	12,457,975	7	2,446,687	2	2,124,630	1
State	23,316,421	13	27,091,202	16	6,007,342	4	18,467,532	12
Local	0	0	0	0	0	0	0	0
Other	1,151,476	1	492,765	0	269,413	0	1,234,153	1
Total**	174,493,087	100	167,331,363	100	141,372,668	100	155,148,644	100

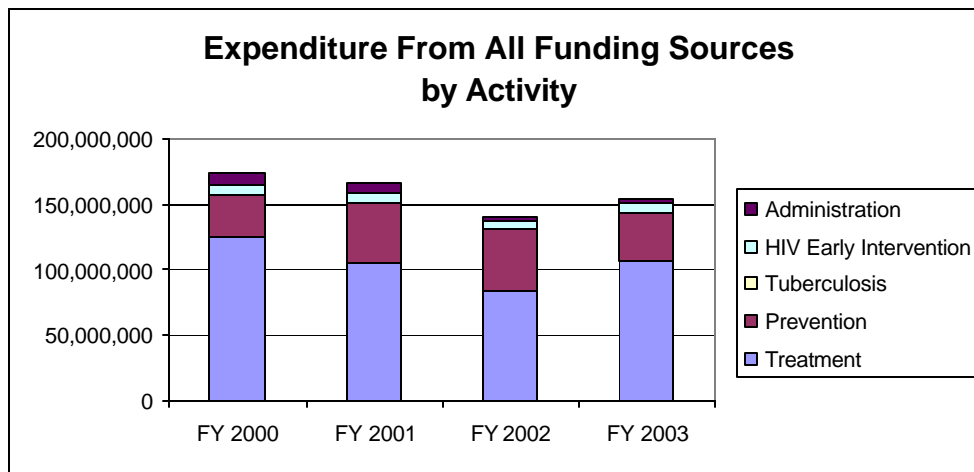
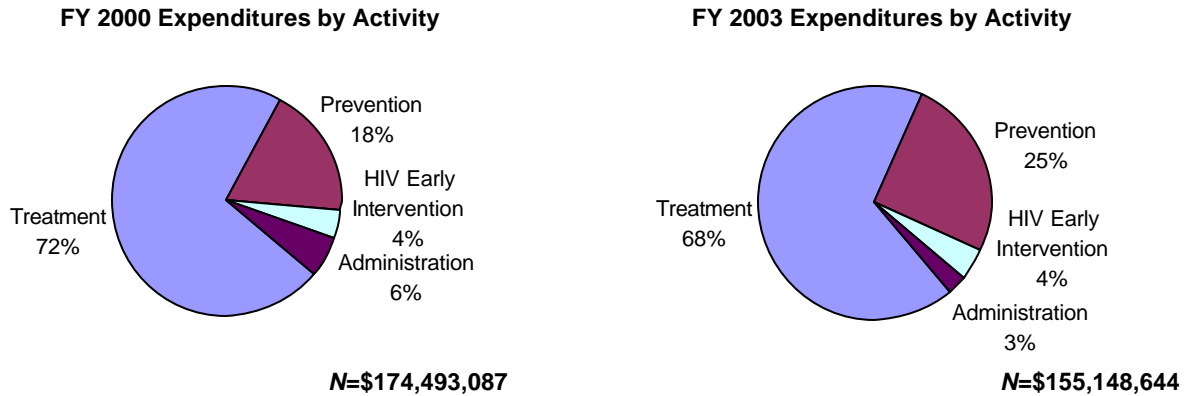
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Although Texas had Medicaid expenditures in years subsequent to FY 2000, they aren't reflected in the table. The separate reporting of Medicaid expenditure is due to a separate allocation strategy for the managed care program after FY 2000.

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

Activities and Expenditures From All Funding Sources

Of the \$155.1 million spent in FY 2003, most (68 percent) of SSA expenditures went toward treatment services and one-quarter went toward prevention services. By slight contrast, in FY 2000, 72 percent of SSA funds went toward treatment and only 18 percent toward prevention.



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	32,688,664	19	104,121,962	62	83,776,789	59	105,369,967	68
Alcohol Treatment	46,427,229	27	0	0				
Drug Treatment	46,427,229	27	0	0				
Prevention	31,834,217	18	47,906,158	29	47,502,227	34	38,564,386	25
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	7,107,400	4	7,478,302	4	6,628,175	5	6,832,866	4
Administration	10,008,348	6	7,824,941	5	3,465,477	2	4,381,425	3
Total*	174,493,087	100	167,331,363	100	141,372,668	100	155,148,644	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.

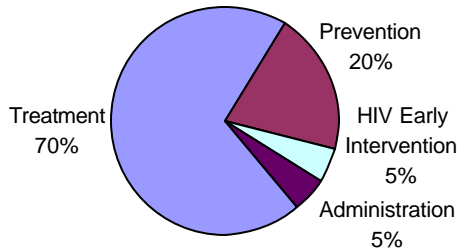
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

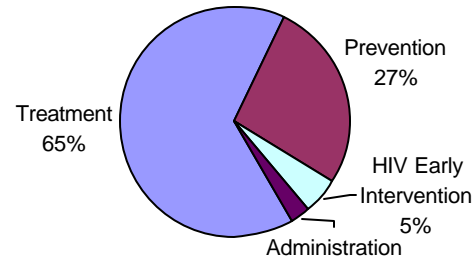
Block Grant expenditures in Texas remained relatively stable since FY 2000, ranging from \$127.3 million in FY 2001 to \$133.3 million in FY 2003. Services for treatment received the majority of funds (65 percent) in FY 2003, prevention activities received 27 percent, and HIV early intervention and administration costs received the remainder.

FY 2000 Block Grant Expenditures by Activity



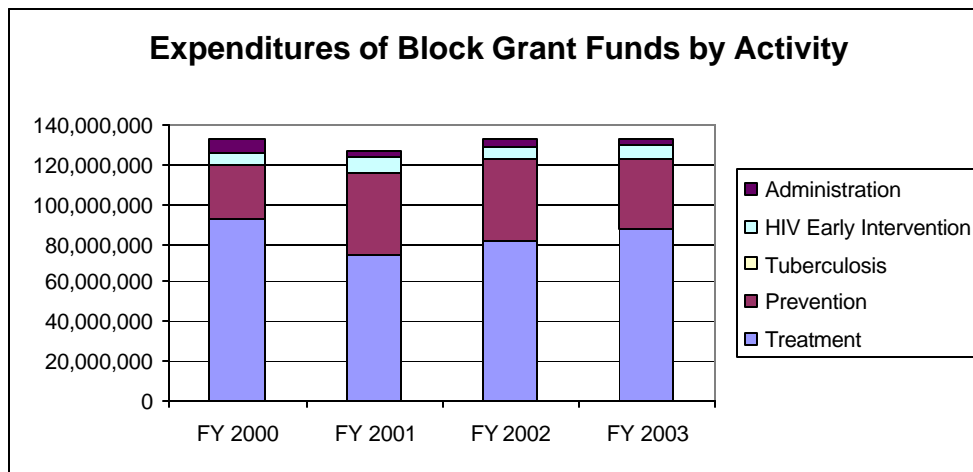
N=\$132,649,225

FY 2003 Block Grant Expenditures by Activity



N=\$133,322,329

Expenditures of Block Grant Funds 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	75,013,681	59	81,198,694	61	87,289,044	65
Alcohol Treatment	46,427,229	35	0	0				
Drug Treatment	46,427,229	35	0	0				
Prevention	26,529,845	20	40,998,900	32	41,356,880	31	35,844,543	27
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	6,632,461	5	7,478,302	6	6,628,175	5	6,666,557	5
Administration	6,632,461	5	3,798,538	3	3,465,477	3	3,522,185	3
Total*	132,649,225	100	127,289,421	100	132,649,226	100	133,322,329	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.

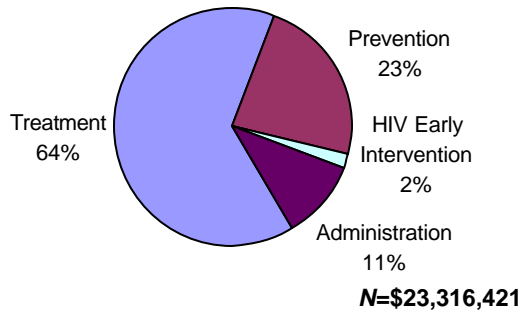
NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

* Totals may not equal 100 percent due to rounding.

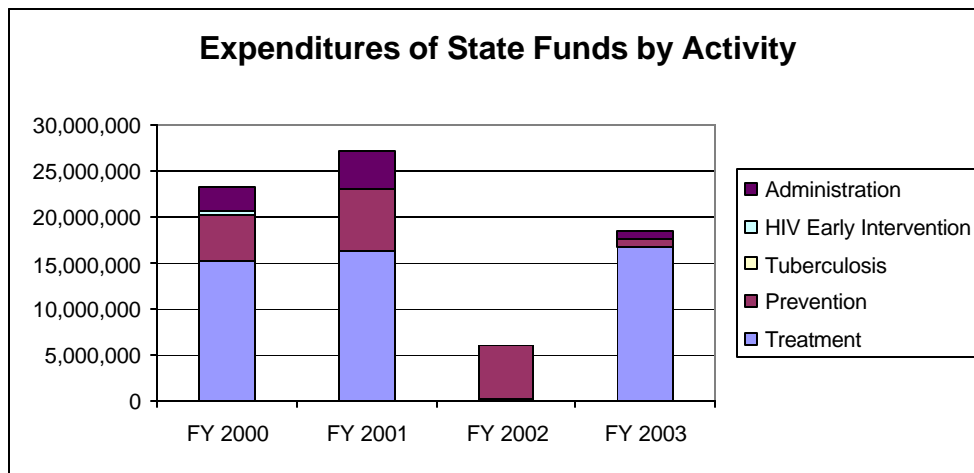
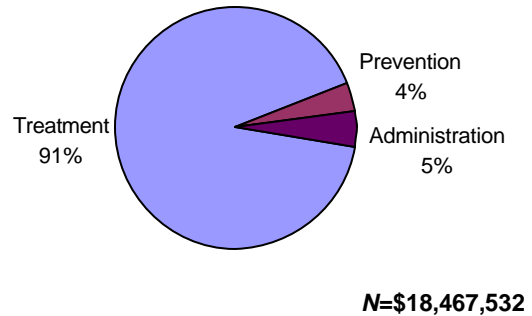
Expenditures of State Funds

Texas State expenditures for drug and alcohol abuse services changed dramatically over the past several years. Between FYs 2000 and 2002 total expenditures declined by \$17.3 million (from \$23.3 to \$6 million). However, between FYs 2002 and 2003 State expenditures increased to \$23.3 million. The distribution of funds also changed dramatically between FYs 2000 and 2003. The proportion of State funds spent on treatment services increased from 64 to 91 percent, while prevention's proportion declined from 23 to 4 percent.

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	15,002,199	64	16,429,426	61	322,361	5	16,934,997	92
Alcohol Treatment	0	0	0	0				
Drug Treatment	0	0	0	0				
Prevention	5,304,372	23	6,740,740	25	5,684,981	95	673,295	4
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	474,939	2	0	0	0	0	0	0
Administration	2,534,911	11	3,921,036	14	0	0	859,240	5
Total*	23,316,421	100	27,091,202	100	6,007,342	100	18,467,532	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 Department funds 11 Prevention Resource Centers across the State that provide communities with prevention information, resources, and expertise. Key prevention resources include the Substance Abuse Services Library and Clearinghouse; the Partnership for a Drug-Free Texas that generates more than \$10 million in advertising and media exposure; the Texas Red Ribbon Campaign that teaches students about the benefits of a drug-free lifestyle; and the Statewide Prevention Training Program that provides schools and community groups with access to prevention training, conferences, and workshops.

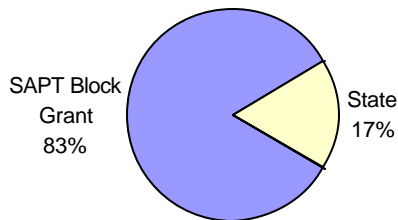
DSHS-funded providers implement prevention programs that specifically target universal; selective (target a subset of the general population that is at-risk); and indicated (designed for those already experimenting with drugs or exhibit other problem behaviors) groups. Each funded provider further defines the target population by age, gender, ethnicity, risk and protective factors, patterns of substance use, social and cultural characteristics, knowledge, beliefs, values, attitudes, and needs. Strategies that target families are encouraged.

Prevention Funding and Expenditures

Between FYs 2000 and 2003 total prevention funding in Texas increased from \$31.8 to \$38.6 million. Nearly all (93 percent) prevention funds were supported by the Block Grant in FY 2003, whereas in FY 2000, 83 percent came from the Block Grant and 17 percent came from the State.

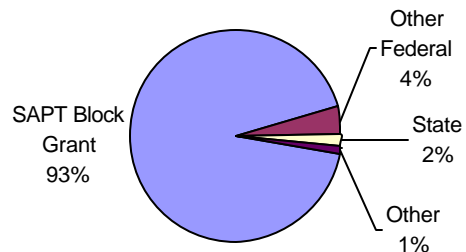
Between FYs 2000 and 2002 Block Grant prevention funds in Texas increased from \$1.27 to \$1.90 per capita. In FY 2003 per capita spending for prevention services totaled \$1.62.

FY 2000 Prevention Expenditures by Funding Source

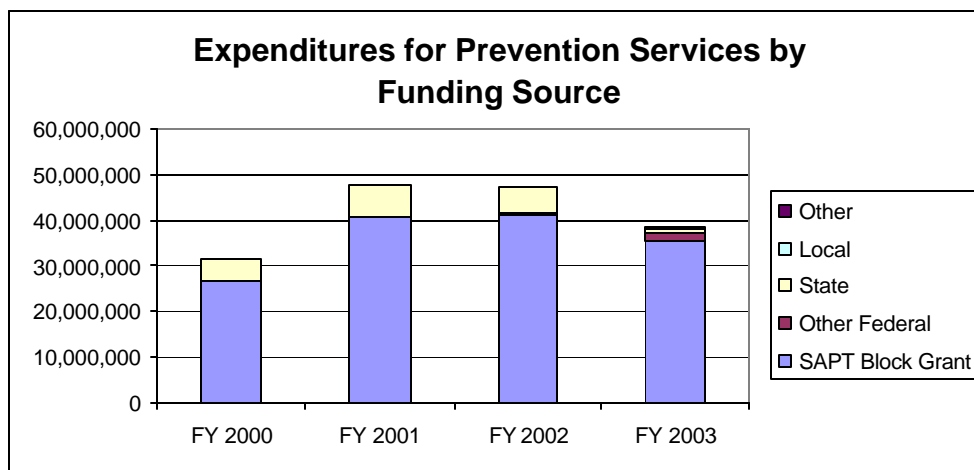


N=\$31,834,217

FY 2003 Prevention Expenditures by Funding Source



N=\$38,564,386



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	26,529,845	83	40,998,900	86	41,356,880	87	35,844,543	93
Other Federal	0	0	60,440	0	190,953	0	1,587,694	4
State	5,304,372	17	6,740,740	14	5,684,981	12	673,295	2
Local	0	0	0	0	0	0	0	0
Other	0	0	106,078	0	269,413	1	458,854	1
Total*	31,834,217	100	47,906,158	100	47,502,227	100	38,564,386	100

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

* Totals may not equal 100 percent due to rounding.

Core Strategies

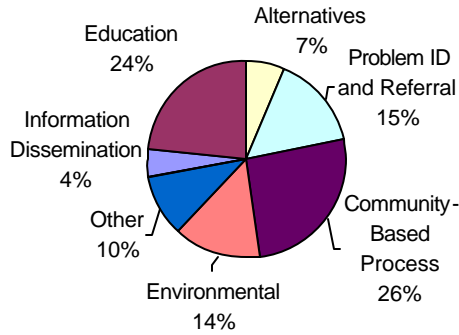
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	Activities include a DSHS Web page, and a library and clearinghouse that offer information statewide. The statewide campaign "2young2drink" includes billboards and public awareness events.
Education	Strategies include evidence-based school and community programs, groups for children of substance abusers, parenting and family management classes, peer leader, and mentoring programs, and minors and tobacco education and information classes.
Alternatives	Strategies include athletic and recreational activities, retreats, field trips, drug-free parties and dances, community drop-in centers, and community service projects.
Community-Based Processes	Funds support community volunteer training, neighborhood action planning, teacher training, coalition building, and multicultural leadership training.
Environmental	Strategies include drug-free school zones, alcohol and tobacco education for retailers, and education of policymakers on gaps in services.
Problem Identification and Referral	Funding supports community-based 24-hour telephone information lines and referrals to services and school-based early identification of problems and referrals.

Expenditures of Block Grant Funds for Core Strategies

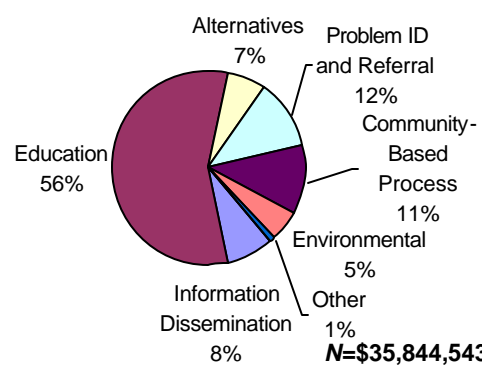
Between FYs 2000 and 2003 Block Grant prevention funds in Texas increased from \$29.7 to \$35.8 million. In FY 2003, more than half (56 percent) of these funds were spent on education, and the remainder was spread among a variety of prevention core strategies.

FY 2000 Block Grant Expenditures by Core Strategy

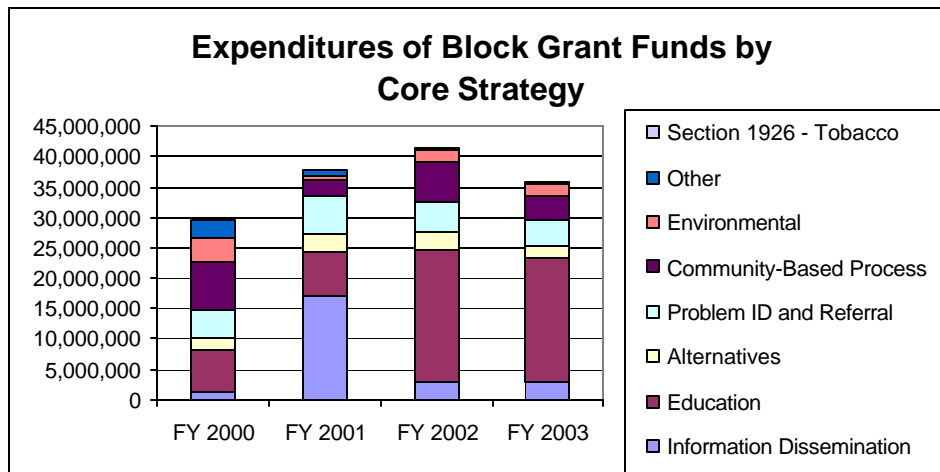


N=\$29,677,676

FY 2003 Block Grant Expenditures by Core Strategy



N=\$35,844,543



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	1,296,709	4	16,891,271	45	2,942,594	7	2,788,649	8
Education	7,000,983	24	7,694,205	20	21,708,893	52	20,382,837	57
Alternatives	1,947,653	7	2,870,759	8	3,181,798	8	2,353,395	7
Problem ID and Referral	4,589,088	15	5,974,267	16	4,663,911	11	4,154,632	12
Community-Based Process	7,567,074	25	2,819,909	7	6,785,124	16	4,014,392	11
Environmental	4,244,037	14	597,717	2	1,767,345	4	1,780,364	5
Other	2,955,409	10	946,519	3	291,323	1	370,274	1
Section 1926 - Tobacco	76,723	0	42,791	0	15,892	0	0	0
Total*	29,677,676	100	37,837,438	100	41,356,880	100	35,844,543	100

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

Treatment and Rehabilitation Services

DSHS contracts with treatment programs to provide services in the 11 Health Services Regions. Each region has detoxification and residential treatment services for adults and adolescents. Intensive outpatient and supportive outpatient services are also funded in each region. Specialized female programs and pharmacotherapy programs are funded in every major population center. At least one co-occurring psychiatric and substance abuse disorder provider is funded in each region. Multiple methadone programs are licensed in the State. Ambulatory detoxification services are being added to the treatment continuum.

Substance abuse treatment for adults engages the client and the family in recovery efforts from outreach through continuing care. Youth treatment assists individuals aged 13-17 in achieving and maintaining a drug-free life by identifying strengths, weaknesses, and mental health issues. Specialized female treatment services are specifically designed for pregnant women and women with dependent children. Pharmacotherapy services are available for those who are addicted to opioids and who may receive methadone and LAAM.

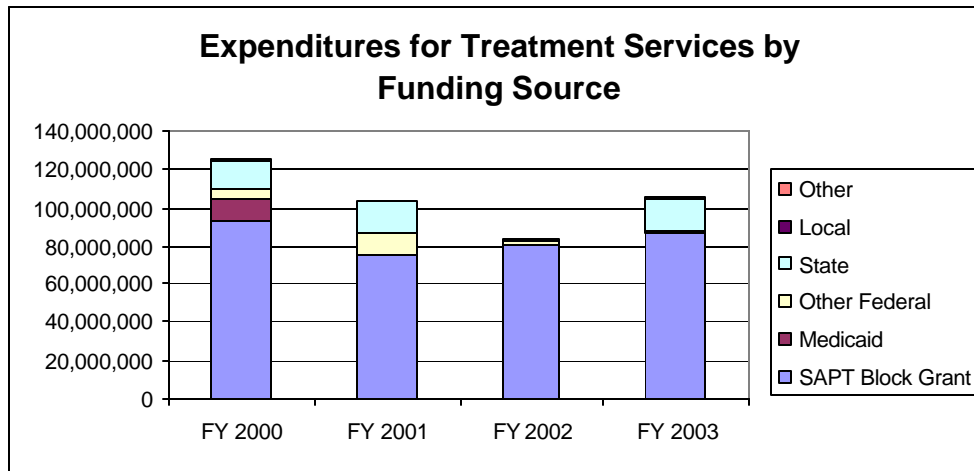
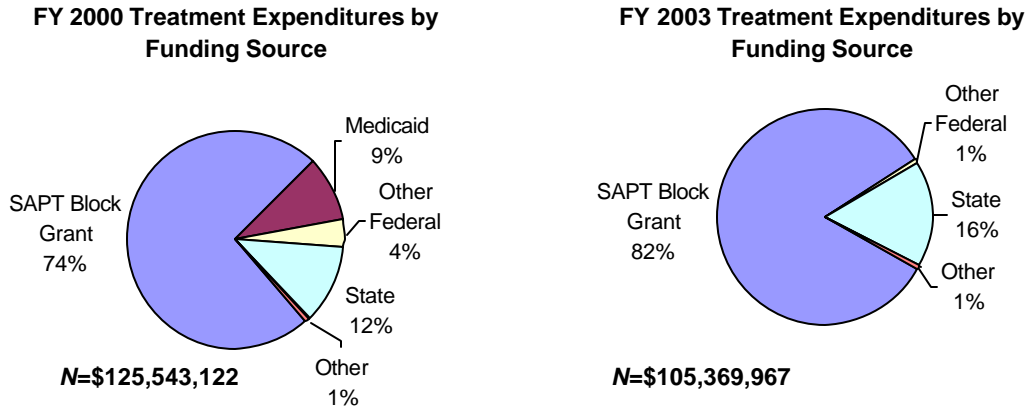
Specific initiatives in the State include:

- ? Access to Recovery (ATR) is an initiative to increase access to substance abuse services using vouchers that will operate through drug courts in six Texas counties.
- ? Partnership for Drug-Free Texas is an arm of the Partnership for a Drug-Free America that generates millions of dollars in advertising and media exposure to encourage Texas youth to make wise choices about alcohol and other drugs.
- ? The border Initiative fosters healthy border communities through accessible and culturally comprehensive substance abuse prevention and treatment services along the Texas-Mexico border.
- ? The Behavioral Health Integrated Provider System (BHIPS) is a nationally recognized Web-based electronic health record and billing/reporting system for behavioral health providers that offers tools for clinicians to ensure provision of consistent care.
- ? Pregnant Post Partum Intervention comprises programs that provide onsite, gender-specific outreach, intervention, motivational counseling, case management, treatment referral, and continuing care for women with substance abuse problems.
- ? The TCU, Dwayne Simpson Treatment Process Model, was adopted statewide as a required evidence-based practice for all contracted treatment programs.
- ? The statewide Drug Demand Reduction Advisory Committee is legislatively mandated by statute to develop a single statewide strategy for drug demand reduction and make recommendations to the legislature. The committee is chaired by the SSA and includes all State agencies involved in prevention, treatment, and enforcement.

Treatment Funding and Expenditures

Treatment expenditures in Texas have varied over the past several years. Between FYs 2000 and 2002 expenditures declined from \$125.5 to \$83.8 million, but in FY 2003 they increased to \$105.4 million. The Block Grant was the largest funding source for treatment services during this time period (providing 74 percent of funds in FY 2000 and 82 percent in FY 2003), followed by the State (providing 12 percent of funds in FY 2000 and 16 percent in FY 2003), followed by the State (providing 12 percent in FY 2000 and 16 percent in FY 2003).

Block Grant treatment expenditures declined from \$4.43 to \$3.74 per capita in Texas between FYs 2000 and 2002. In FY 2003, treatment expenditures per capita rebounded to \$3.95.



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	92,854,458	74	75,013,681	72	81,198,694	97	87,289,044	83
Medicaid	11,922,431	9	0	0	0	0	0	0
Other Federal	4,762,047	4	12,292,168	12	2,255,734	3	536,936	1
State	15,002,199	12	16,429,426	16	322,361	0	16,934,997	16
Local	0	0	0	0	0	0	0	0
Other	1,001,987	1	386,687	0	0	0	608,990	1
Total*	125,543,122	100	104,121,962	100	83,776,789	100	105,369,967	100

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

* Totals may not equal 100 percent due to rounding.

Admissions

Texas's SAPT Block Grant application indicates that nearly 53,000 persons were admitted to treatment during FY 2002, of which most were admitted for short-term residential, outpatient (non-methadone), or free-standing residential treatment services.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=52,801)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	0	0	0
Free-standing residential	5,054	6,895	0
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	5,550	10,803	0
Long-term residential	365	2,996	0
Ambulatory (Outpatient)			
Outpatient (methadone)	0	1,535	0
Outpatient (non-methadone)	4,388	8,422	0
Intensive outpatient	1,971	4,822	0
Detoxification (outpatient)	0	0	0
Total	17,328	35,473	0

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

Treatment Episode Data Set (TEDS) data indicate nearly 35,000 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that approximately 20 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	5,092	19.7
Alcohol in combination with other drugs	29,698	19.9
Total	34,790	19.9

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, 1,287,000 persons aged 12 and older (7.4 percent of Texas's population) needed, but did not receive, treatment for alcohol use and 427,000 persons (2.5 percent) needed, but did not receive, treatment for illicit drug use in Texas.

Treatment Gap by Age Group

Measure	% 12 and older	% 12–17	% 18–25	% 26 and older
Needing but not receiving treatment for alcohol use	7.43	5.65	16.62	5.91
Needing but not receiving treatment for illicit drug use	2.47	4.91	6.39	1.31

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

Resource Development Activities

Planning and Needs Assessment

Multiple surveys provide needs data on adults in the general population, elementary and secondary school students, individuals in the adult and juvenile justice systems, college students, Texans living on the Mexico border, and parents and their children. Substance use prevention, intervention, and treatment needs at the State and substate levels are calculated using data from the Texas Survey of Substance Use among Adults and the Texas School Survey of Substance Use among Students. Additionally, as results of other surveys and synthetic estimates become available, need estimates are developed for special populations and high-risk groups. A new methodology to assess prevention need was developed in 2004 that takes into consideration the elements of universal, selective, and indicated prevention needs to better target particular populations in the State.

A funding formula is designed to produce equity in funding across and within all regions of the State. The simplified formula includes population as the most heavily weighted factor at 75 percent—poverty representing 20 percent of the formula, and need weighted at 5 percent of the formula.

Evaluation

The Community Mental Health and Substance Abuse Services Section, Quality Management Unit, provides leadership, design, and coordination of quality management services. The unit uses performance-based risk assessment to identify contractors at high risk for delivery of poor quality services and implements appropriate interventions to increase compliance and service quality. The unit also responds to complaints, advocates for consumer rights, and provides data analysis and information to management and external stakeholders. Quality Management works closely with the Program Services and Contract Management Units to assure effective and efficient delivery of services.

In 2004, a new process to measure outcomes of prevention programs was implemented. Prevention and intervention service providers are required to report outcome data on a quarterly basis and are reviewed quarterly. Performance measure data are reported monthly and compiled data are reviewed quarterly by DSHS staff. A team approach is used by DSHS to provide contract oversight and to examine and assess provider performance, compliance with contract requirements, and quality of services.

A peer review process is in place that includes a review of client record data to assess the process of screening, assessment, and treatment planning. The peer reviewers and DSHS staff analyze the data to identify trends and issues around quality, effectiveness, and appropriateness of treatment services.

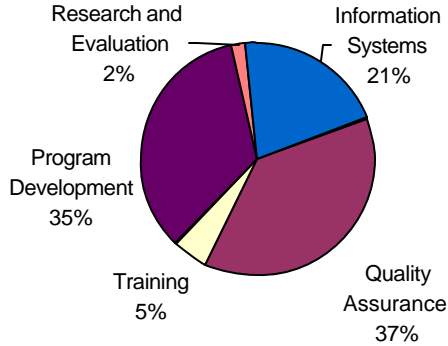
Training and Assistance

DSHS provides continuing education units to professionals who work in the substance abuse field. Prevention conferences offer tracks on such topics as coalition building, advanced prevention, leadership, and science-based prevention. Annual institutes include tracks on successful engagement and retention strategies, cultural competency in health care settings, counseling essentials, improving administration, and drug courts. In FFY 2005, DSHS plans to offer regional trainings and conferences and a Summer Institute providing both prevention and treatment sessions for professionals and community volunteers.

Expenditures of Block Grant Funds for Resource Development Activities

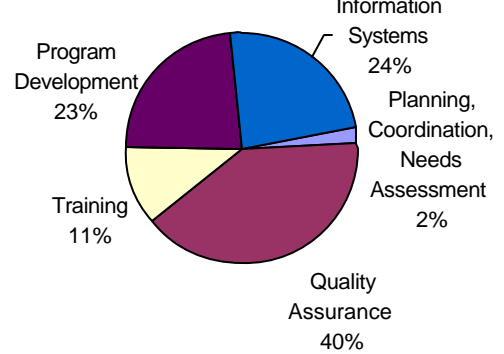
In FY 2003 Block Grant funding for resource development activities in Texas totaled \$7.1 million, a decrease from FY 2000. Quality assurance received the largest portion (40 percent) of these funds in FY 2003, followed by program development (at 23 percent) and information systems (at 24 percent).

FY 2000 Block Grant Expenditures on Resource Development Activities

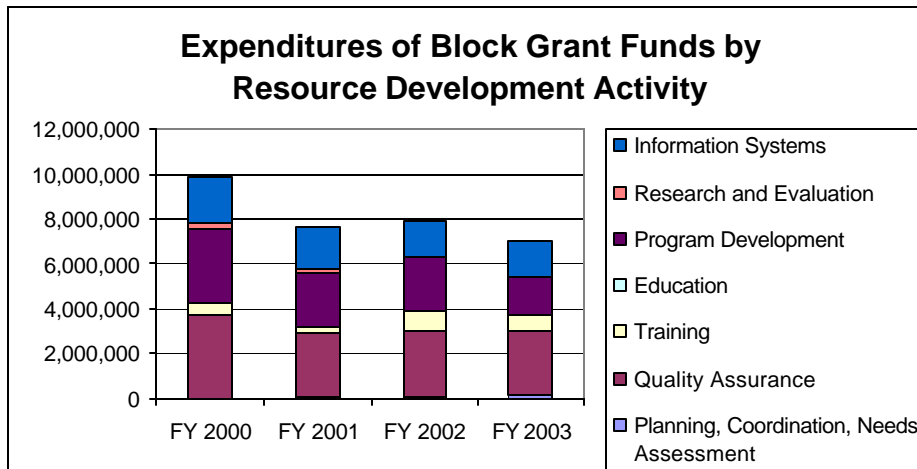


N=\$9,916,947

FY 2003 Block Grant Expenditures on Resource Development Activities



N=\$7,069,917



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	19,949	0	60,598	1	90,765	1	136,567	2
Quality Assurance	3,701,381	37	2,867,820	38	2,906,882	37	2,823,254	40
Training	486,257	5	258,890	3	854,573	11	785,154	11
Education	0	0	0	0	0	0	0	0
Program Development	3,424,708	35	2,410,358	32	2,440,198	31	1,634,543	23
Research and Evaluation	194,493	2	140,298	2	15,874	0	0	0
Information Systems	2,090,159	21	1,908,714	25	1,599,848	20	1,690,399	24
Total*	9,916,947	100	7,646,678	100	7,908,140	100	7,069,917	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

The Center for Substance Abuse Prevention (CSAP) awarded over \$14 million in discretionary prevention grant funds to Texas entities in FY 2004. These grants included Drug Free Communities (22 of the 46 total grants awarded), HIV/AIDS, and Cooperative Agreements for Ecstasy and Other Club Drugs Prevention services. The largest single grants were the State Incentive Cooperative Agreement and the 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
Cooperative Agreement for Ecstasy & Other Club Drugs Prevention Services	4	1,169,424
Drug Free Communities	22	1,978,632
HIV/AIDS Cohort 2 Expansion Cooperative Agreements	1	63,636
HIV/AIDS Cohort 2 Youth Services Cooperative Agreements	1	63,636
HIV/AIDS Cohort 3 Services	6	2,055,983
HIV/AIDS Cohort 4 Services	1	342,638
HIV/AIDS Cohort 5 Services	6	1,500,000
Prevention of Meth and Inhalant Use	1	350,000
State Incentive Cooperative Agreements	1	4,000,000
Strategic Prevention Framework State Incentive Grants	1	2,350,965
Youth Transition into the Workplace	2	300,000
Total	46	14,174,914

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

The Center for Substance Abuse Treatment (CSAT) awarded nearly \$26.3 million in discretionary treatment grant funds to Texas entities in FY 2004. These grants included the Targeted Capacity-HIV/AIDS, Adult and Juvenile Drug Courts, and Homeless Addictions Treatment. The largest single grant awards were for ATR and State Targeted Capacity Expansion (TCE) - Screening Brief Intervention Referral Treatment.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grants	Number of Awards	Total \$ Amount
Access to Recovery	1	7,591,723
Addiction Technical Transfer Center	1	649,424
Adult Juvenile and Family Drug Courts	2	798,279
CSAT 2004 Earmarks	2	646,165
Effective Adolescent Treatment	2	495,000
Homeless Addictions Treatment	6	2,997,067
Methamphetamine Populations	1	500,000
Pregnant/Post-Partum Women	1	500,000
Recovery Community Service	1	322,499
Residential SA TX	1	454,876
State Data Infrastructure	1	100,000
State TCE Screening Brief Intervention Referral Treatment	1	3,346,000
Strengthening Access and Retention	1	181,588
Targeted Capacity Expansion	2	719,684
Targeted Capacity - HIV/AIDS	11	5,388,656
Treatment of Persons w/Co-Occuring Substance Related and Mental Disorders	1	1,100,000
Youth Offender Reentry Program 2004	1	500,000
Total	36	26,290,961

SOURCE: www.samhsa.gov