

# VIRGINIA

## State SSA Director

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## Structure and Function

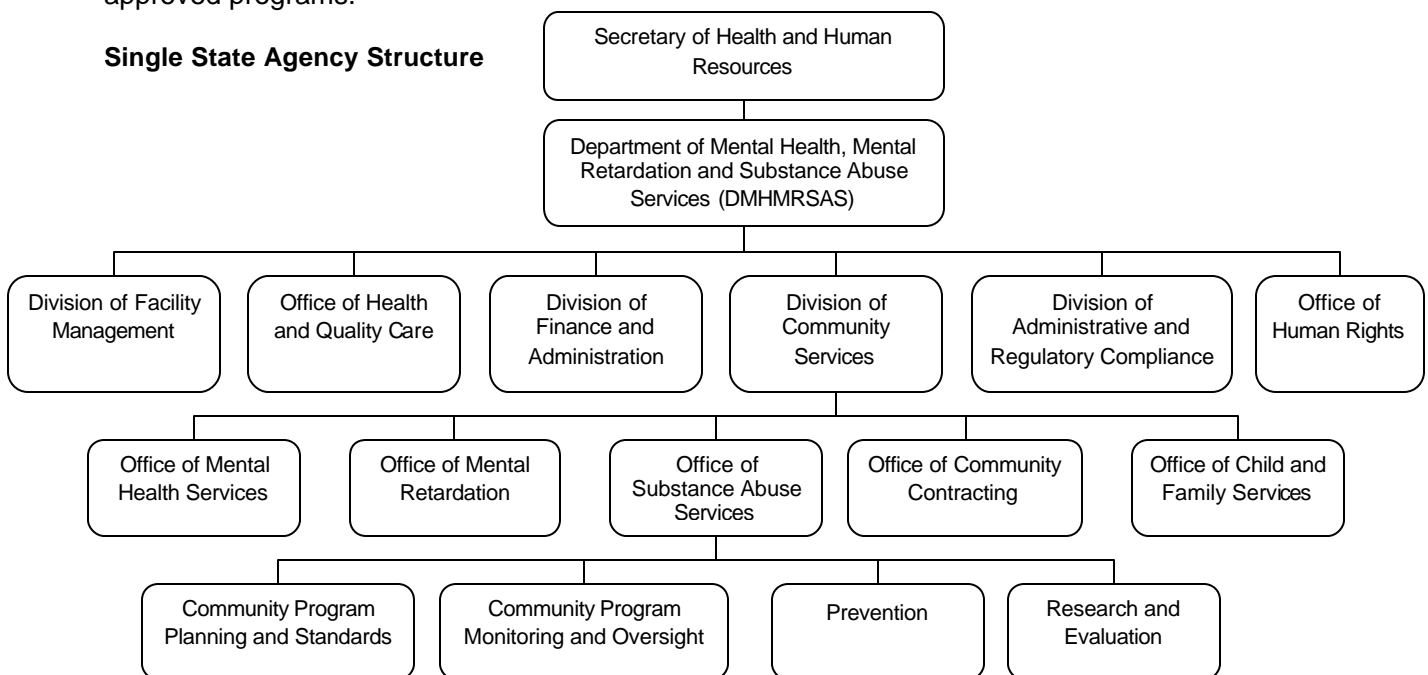


The Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) is responsible for establishing, maintaining, and promoting the development of mental health, mental retardation and substance abuse services, and is the Single State Agency (SSA) for substance abuse.

The mission of the Department is to provide leadership and service to improve Virginia's system of quality treatment, habilitation, and prevention services for individuals and their families whose lives are affected by mental illness, mental retardation, or substance use disorders. It seeks to promote dignity, choice, recovery, and the highest levels of participation in work, relationships, and all aspects of community life for these individuals. Programs are not administered directly through DMHMRSAS, but through contracts with 40 Community Service Boards (CSBs) that may provide services directly or through contracts with private providers and serve as the single point of entry for Virginia's publicly funded mental health, mental retardation, and substance abuse services.

The Office of Substance Abuse Services has oversight over the substance abuse treatment and prevention programs. Oversight duties include providing technical assistance to local and State agencies, reviewing all applications for State and Federal funds or services, recommending legislation regarding needed services, fostering training programs, coordinating alcohol and drug research, providing periodic inspections of alcohol and drug programs, and maintaining a list of approved programs.

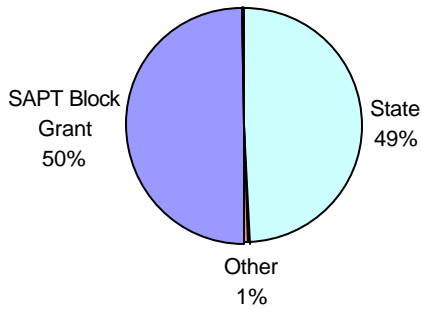
### Single State Agency Structure



## Single State Agency Funding Overview

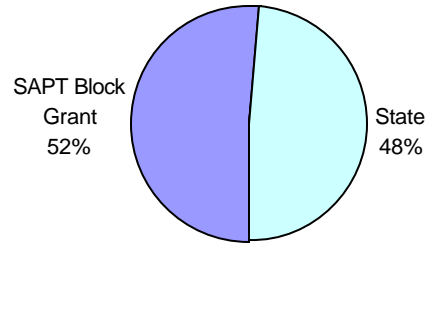
SSA funding in Virginia increased steadily over time from \$78.7 million in FY 2000 to \$82.4 million in FY 2003. Since 2000, approximately half of Virginia's substance abuse expenditures were from the SAPT Block Grant, and slightly less than half were from State expenditures.

**FY 2000 Expenditures by Funding Source**

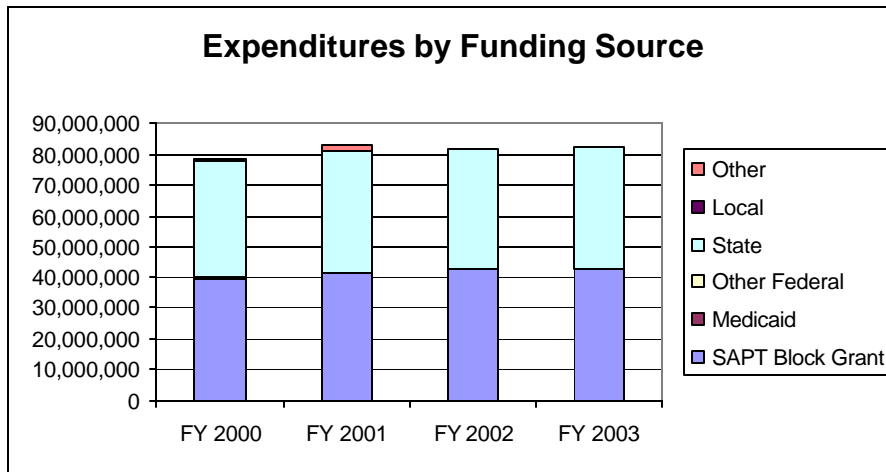


**N=\$78,740,484**

**FY 2003 Expenditures by Funding Source**



**N=\$82,385,627**



### 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	39,245,298	50	40,929,104	49	42,309,094	52	42,526,592	52
Medicaid	291,703	0	0	0	0	0	0	0
Other Federal	0	0	0	0	0	0	0	0
State	38,503,482	49	40,202,220	49	39,492,092	48	39,859,035	48
Local	0	0	0	0	0	0	0	0
Other	700,001	1	1,699,999	2	0	0	0	0
<b>Total*</b>	<b>78,740,484</b>	<b>100</b>	<b>82,831,323</b>	<b>100</b>	<b>81,801,186</b>	<b>100</b>	<b>82,385,627</b>	<b>100</b>

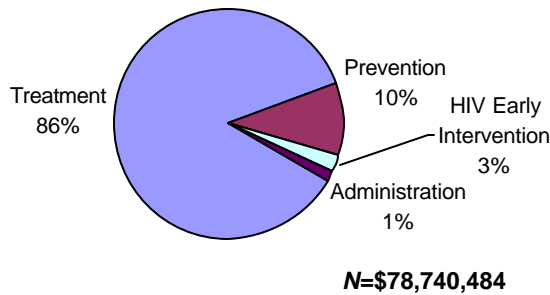
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

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

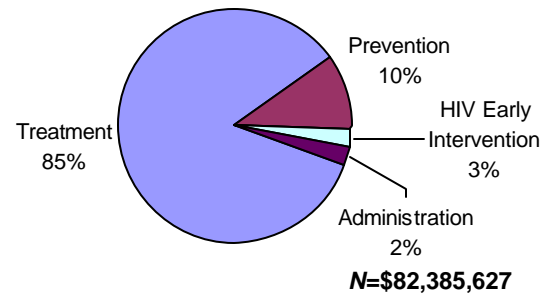
### Activities and Expenditures From All Funding Sources

The distribution of funding among the various SSA services and activities has been stable since 2000. The majority of expenditures went toward treatment and rehabilitation activities (86 percent in 2000 and 2001, and 85 percent in 2002 and 2003). Prevention services consistently received 10 percent of funds, and the remaining funds went toward HIV early intervention activities and administrative costs.

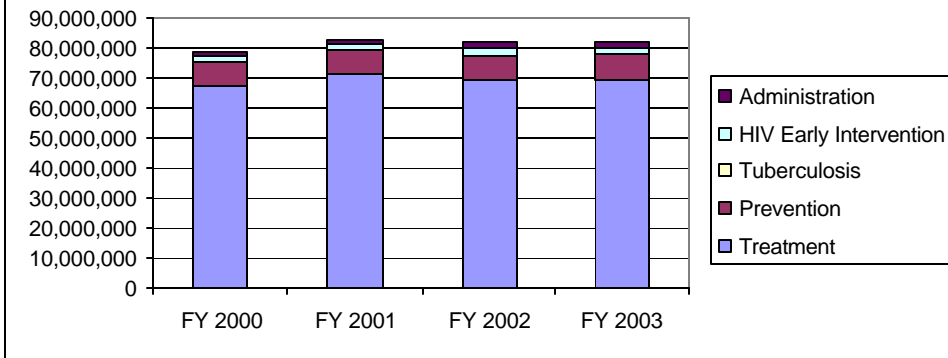
**FY 2000 Expenditures by Activity**



**FY 2003 Expenditures by Activity**



**Expenditure From All Funding Sources by Activity**



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

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	39,495,186	50	41,902,219	51	69,241,146	85	69,711,951	85
Alcohol Treatment	14,455,538	18	15,167,239	18				
Drug Treatment	13,793,778	18	14,363,958	17				
Prevention	7,965,941	10	8,206,542	10	8,509,884	10	8,511,634	10
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	2,006,085	3	2,036,990	2	2,115,456	3	2,126,330	3
Administration	1,023,956	1	1,154,375	1	1,934,700	2	2,035,712	2
<b>Total*</b>	<b>78,740,484</b>	<b>100</b>	<b>82,831,323</b>	<b>100</b>	<b>81,801,186</b>	<b>100</b>	<b>82,385,627</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.

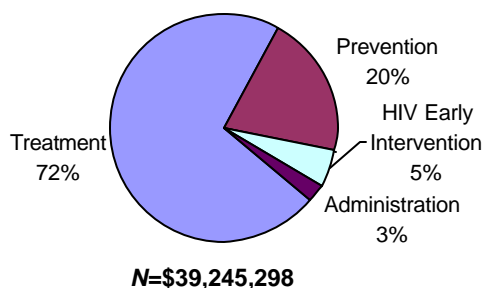
\* Totals may not equal 100 percent due to rounding.

## Expenditures of Block Grant and State Funds

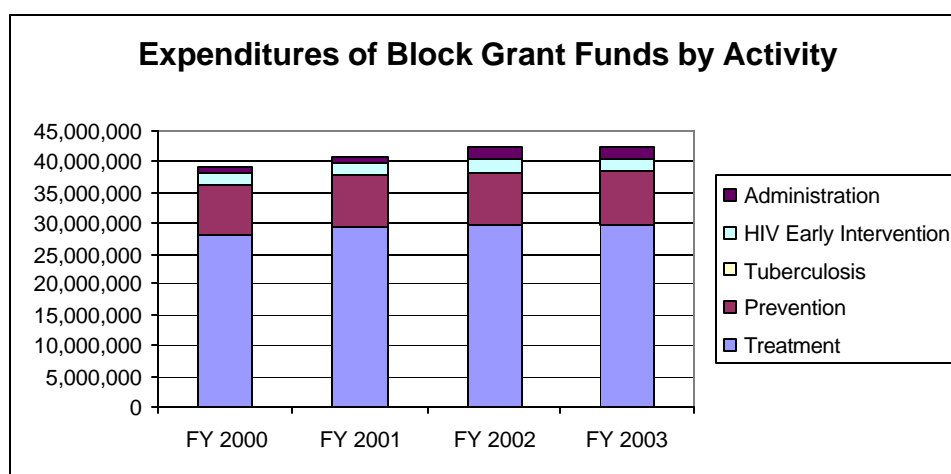
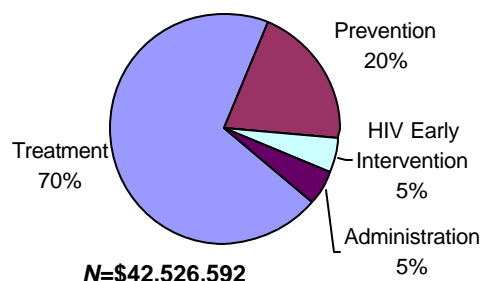
### Expenditures of Block Grant Funds

Block Grant funding for SSA activities increased steadily over time, from \$39.4 to \$42.5 million, from FY 2000 to FY 2003, respectively. The distribution of Block Grant expenditures among SSA activities has also been stable since FY 2000. Treatment accounted for the majority of Block Grant expenditures (72 percent in 2000 and 2001; 70 percent in 2002 and 2003) and prevention expenditures have remained consistent at 20 percent for all four years.

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	29,749,054	70	29,852,916	70
Alcohol Treatment	14,455,538	37	15,167,239	37				
Drug Treatment	13,793,778	35	14,363,958	35				
Prevention	7,965,941	20	8,206,542	20	8,509,884	20	8,511,634	20
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	2,006,085	5	2,036,990	5	2,115,456	5	2,126,330	5
Administration	1,023,956	3	1,154,375	3	1,934,700	5	2,035,712	5
<b>Total*</b>	<b>39,245,298</b>	<b>100</b>	<b>40,929,104</b>	<b>100</b>	<b>42,309,094</b>	<b>100</b>	<b>42,526,592</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.

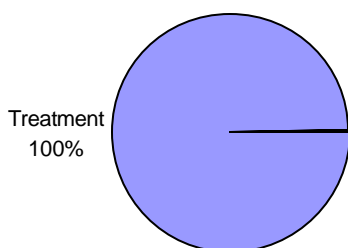
NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

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

## Expenditures of State Funds

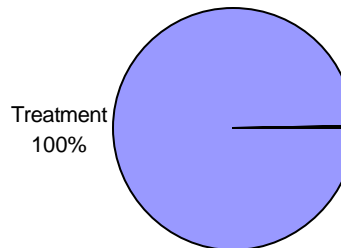
State funding remained fairly stable from FYs 2000 to 2003, ranging from \$38.5 million in FY 2000 to \$40.2 million in FY 2001. All of State funds were expended for treatment and rehabilitation activities during this time period.

**FY 2000 State Expenditures by Activity**

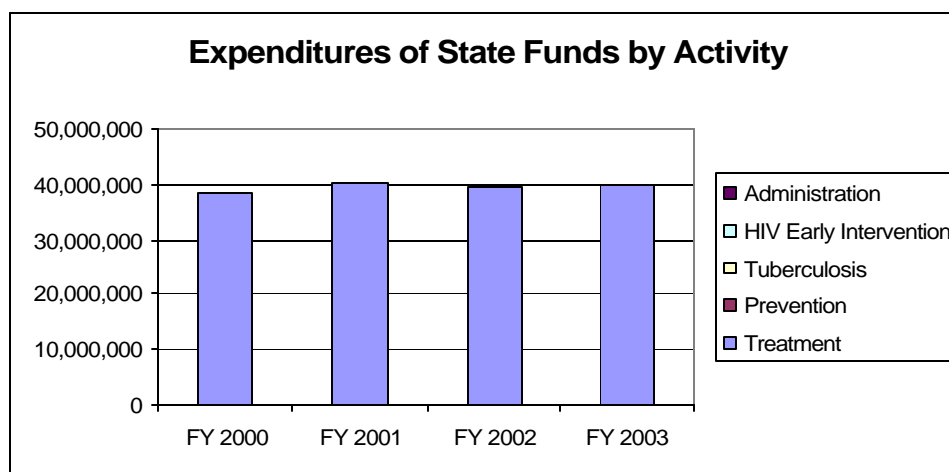


**N=\$38,503,482**

**FY 2003 State Expenditures by Activity**



**N=\$39,859,035**



### 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	38,503,482	100	40,202,220	100	39,492,092	100	39,859,035	100
Alcohol Treatment	0	0	0	0				
Drug Treatment	0	0	0	0				
Prevention	0	0	0	0	0	0	0	0
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	0	0	0	0	0	0	0	0
<b>Total*</b>	<b>38,503,482</b>	<b>100</b>	<b>40,202,220</b>	<b>100</b>	<b>39,492,092</b>	<b>100</b>	<b>39,859,035</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

The prevention mission of Virginia DMHMRSAS is to reduce the incidence and prevalence of dependence on and addiction to alcohol, tobacco, and other drugs by strategically addressing the risk factors associated with these disorders. The emphasis is on the enhancement of protective factors and reduction of risk factors.

The Prevention Service Unit Manager is part of the Governor's Office for Substance Abuse Prevention (GOSAP) Collaborative. The collaborative includes the State prevention directors in the Department of Education, Social Services, Juvenile Justice, Criminal Justice Services, Motor Vehicles, Health, the Alcohol Beverage Control Board, the Virginia Tobacco Settlement Foundation, and the National Guard. The group is developing and maintaining a statewide, cross-system social data indicator and youth survey database. A statewide prevention plan is also being developed. Prevention services also utilize the 40 CSBs as a single entry point for the publicly funded system. Each CSB has a prevention director that administers or contracts for prevention services.

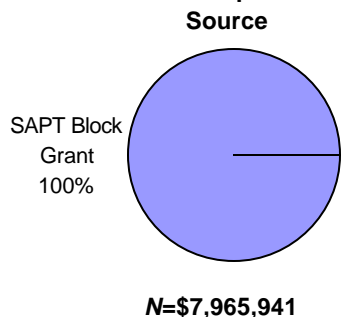
GOSAP is the recipient of a 3-year State Incentive Grant (SIG). The majority of the SIG is to award 20 subgrants for the implementation of community-oriented, evidence-based prevention practices to fill gaps in critical prevention services in 44 communities. GOSAP also sponsors other prevention initiatives, including Kidsafe Virginia, a program initiated in 2002 to provide personal safety resources to students, parents, educators, and public safety professionals throughout Virginia; the Youth Alcohol and Drug Prevention Project, a student-run conference empowering youth to change their lives through leadership; and The Youth Public Safety Advisory Council, a channel for options and feedback of Virginia high school youth about school and community safety issues.

### Prevention Funding and Expenditures

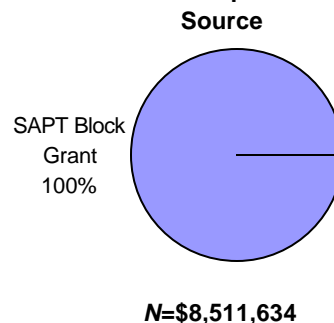
Prevention expenditures in Virginia increased steadily over time, from nearly \$8 million in FY 2000 to \$8.5 million in FY 2003. All prevention activities were funded exclusively by the SAPT Block Grant for all four years (FYs 2000 – 2003).

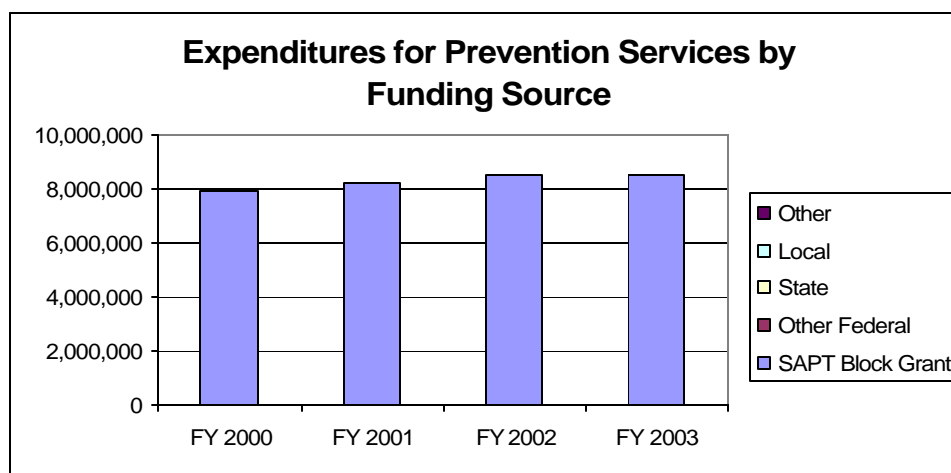
Block Grant expenditures per capita remained stable during these years, ranging from \$1.12 to \$1.17.

**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	7,965,941	100	8,206,542	100	8,509,884	100	8,511,634	100
Other Federal	0	0	0	0	0	0	0	0
State	0	0	0	0	0	0	0	0
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
<b>Total*</b>	<b>7,965,941</b>	<b>100</b>	<b>8,206,542</b>	<b>100</b>	<b>8,509,884</b>	<b>100</b>	<b>8,511,634</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

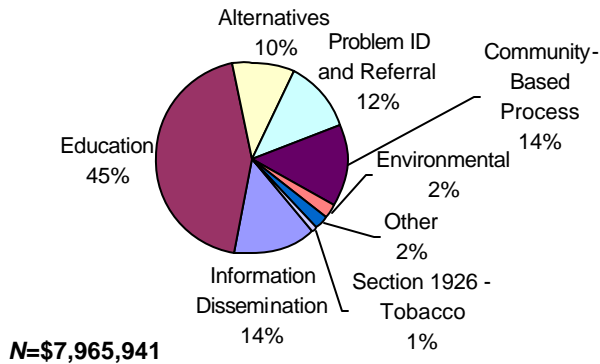
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	Strategies include informational mailings, regional meetings, and onsite training on request at the CSBs; information clearinghouse; and distribution of the Directory of Virginia Prevention Researchers and Evaluators.
Education	Strategies include co-sponsoring the Virginia Summer Institute for Addiction Studies; supporting the Strengthening Families Initiative; and to conduct basic and advanced training quarterly in the Performance Based Prevention System.
Alternatives	Strategies include supporting collaborative activities involving other community service providers, organizations, and individual citizens, as well as provision of technical assistance and training on the planning, implementation, and evaluation of alternative activities as requested by prevention directors.
Community-Based Processes	Strategies include provision of training and technical assistance on the community-based planning process to prevention personnel on the State and local levels, and representation on many State and local prevention activities, including GOSAP KIDSafe Conference Planning Committee, VA Youth Tobacco Prevention Research to Practice Grant Request and Conference Planning Committee, Virginia Tobacco Settlement Strategic Planning Committee, and CSAP Regional Alcohol and Drug Awareness Resources (RADAR) Network Steering Committee.
Environmental	Strategies include distribution of merchant awareness materials to store owners and clerks and teaming with the Alcohol Beverage Control (ABC) board to conduct inspections related to Virginia youth access to tobacco legislation.
Problem Identification and Referral	Strategies include continued support of the eight LINK projects, student assistance programs in collaboration with local school systems, and employee assistance programs.

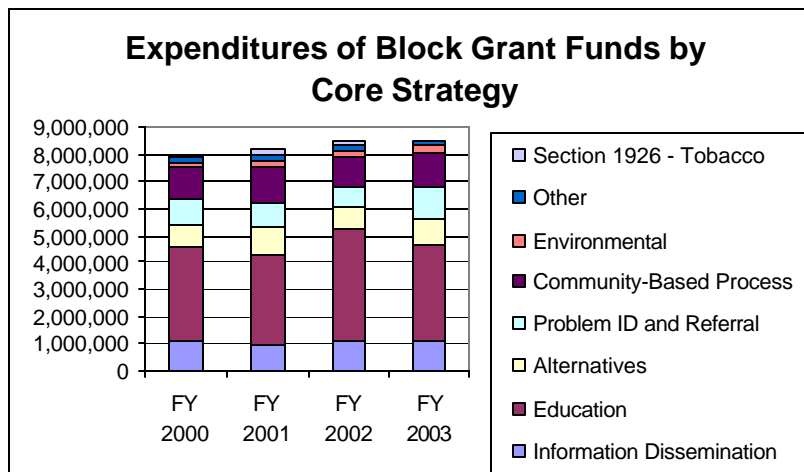
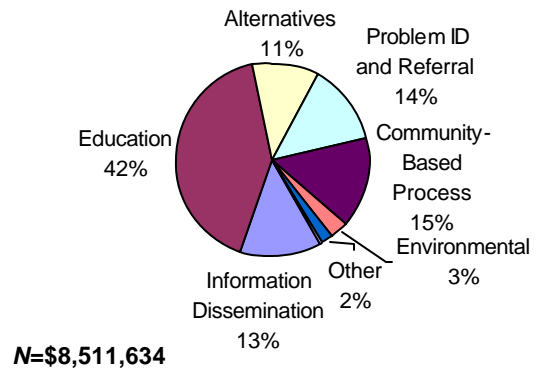
### Expenditures of Block Grant Funds for Core Strategies

The distribution of Block Grant funds among the core prevention strategies remained quite stable from FYs 2000 to 2003. Education consistently received the majority of funds (from 41 to 49 percent of total funding). The remaining funds were distributed among a variety of activities, including community-based process, information dissemination, problem identification and referral, and alternative 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	1,096,702	14	984,432	12	1,097,191	13	1,123,368	13
Education	3,517,452	44	3,344,894	41	4,148,474	49	3,574,957	42
Alternatives	825,871	10	985,986	12	793,366	9	932,670	11
Problem ID and Referral	957,645	12	936,260	11	746,937	9	1,168,336	14
Community-Based Process	1,130,288	14	1,282,792	16	1,133,031	13	1,270,763	15
Environmental	176,448	2	235,425	3	226,443	3	257,316	3
Other	174,171	2	171,932	2	196,782	2	151,706	2
Section 1926 - Tobacco	87,364	1	264,821	3	167,660	2	32,518	0
<b>Total*</b>	<b>7,965,941</b>	<b>100</b>	<b>8,206,542</b>	<b>100</b>	<b>8,509,884</b>	<b>100</b>	<b>8,511,634</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

Virginia’s DMHMRSAS does not provide direct alcohol and drug treatment services. Rather, services are contracted to 40 CSBs located throughout the State. The CSBs provide direct substance abuse services or contract for services through local providers. The CSBs vary in their composition, organizational structures, and array of services and include operating CSBs (which are nongovernmental entities that provide direct services or contract for services), administrative CSBs (which employ city or county employees that provide direct services or contract for services), and policy advisory CSBs (which serve in an advisory role to a local government entity that provides direct services or contracts for services).

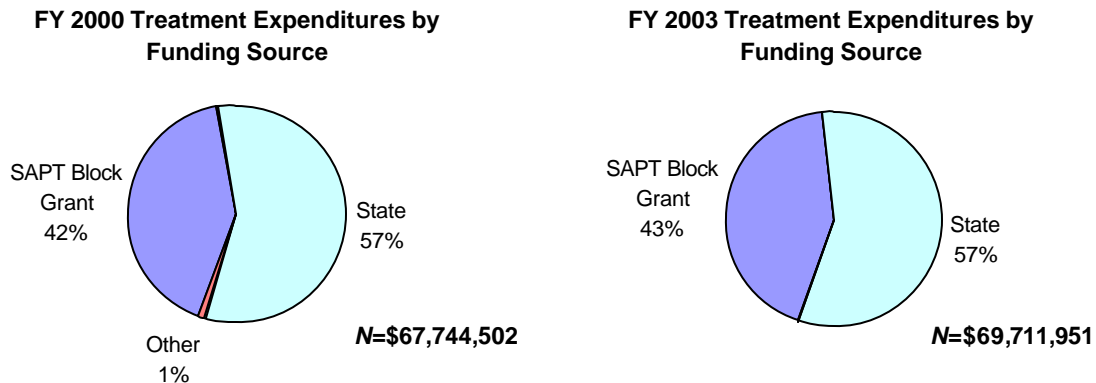
DMHMRSAS has also funded education and collaboration efforts to target child welfare and substance abuse services providers throughout Virginia regarding perinatal substance use and Virginia’s Substance Exposed Infant Legislation. A variety of special education initiatives regarding perinatal addiction and the impact of maternal substance use on children for medical providers, child welfare staff, and front-line and in-home service providers have been funded.

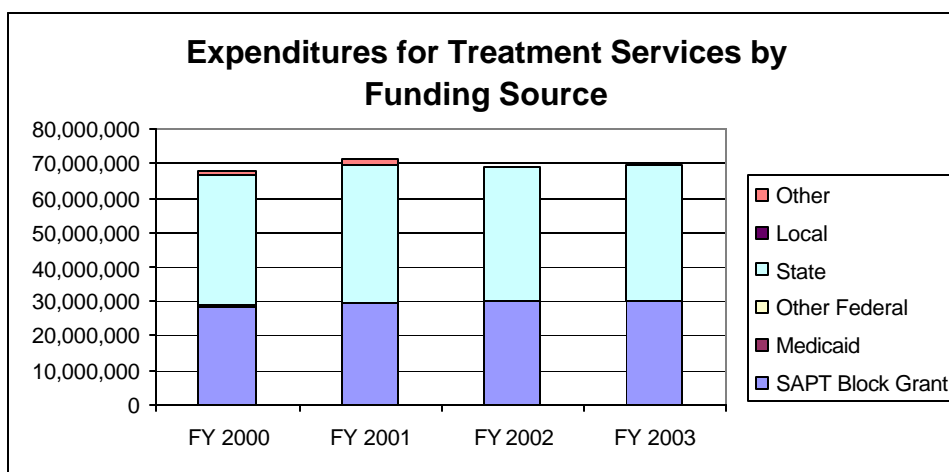
In addition, there are 6 publicly funded and 11 privately funded opioid treatment programs statewide. A staff person in the Office of Substance Abuse Services is the delegated opioid treatment authority, and works with the Office of Licensure to ensure that programs comply with state licensure requirements, which are more stringent than the Federal guidelines.

### Treatment Funding and Expenditures

Expenditures on treatment and rehabilitation services in Virginia increased from \$67.7 million in FY 2000 to \$69.7 million in FY 2003. The State has consistently funded 56 to 57 percent of treatment expenditures, while the SAPT Block Grant has funded between 41 and 43 percent of treatment expenditures.

Block Grant expenditures on treatment have remained fairly stable in Virginia, ranging from \$3.98 to \$4.11 per capita.





### 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	28,249,316	42	29,531,197	41	29,749,054	43	29,852,916	43
Medicaid	291,703	0	0	0	0	0	0	0
Other Federal	0	0	0	0	0	0	0	0
State	38,503,482	57	40,202,220	56	39,492,092	57	39,859,035	57
Local	0	0	0	0	0	0	0	0
Other	700,001	1	1,699,999	2	0	0	0	0
<b>Total*</b>	<b>67,744,502</b>	<b>100</b>	<b>71,433,416</b>	<b>100</b>	<b>69,241,146</b>	<b>100</b>	<b>69,711,951</b>	<b>100</b>

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

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

## Admissions

Virginia did not include the number of persons admitted by type of treatment care for FY 2002 (Form 7a) in their FY 2005 Block Grant Application. Treatment Episode Data Set (TEDS) data indicate more than 22,000 admissions (where at least one substance is known) of which nearly 18,000 were admitted for substance abuse treatment of alcohol in combination with other drugs. Calculations (with imputation) from TEDS data show that approximately 18 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	4,446	18.2
Any other drugs	17,825	18.4
<b>Total</b>	<b>22,271</b>	<b>18.4</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, 418,000 persons aged 12 and older (7.1 percent of Virginia's population) needed, but did not receive, treatment for alcohol use and 159,000 persons (2.7 percent) needed, but did not receive treatment, for illicit drug use in Virginia.

#### Treatment Gap by Age Group

Measure	12 and older	12–17	18–25	26 and older
Needing but not receiving treatment for alcohol use	7.08	6.01	17.15	5.59
Needing but not receiving treatment for illicit drug use	2.69	5.51	7.95	1.46

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

## Resource Development Activities

### Planning and Needs Assessment

Virginia is divided into five Health Planning Regions (HPRs) for substate planning. DMHMRSAS allocates funding for the 40 CSBs based on population of the catchment area, need for services, and ability to pay. Need for service indicators include substance abuse-related deaths; arrests for sale/distribution of a controlled substance, arrests for possession of a controlled substance, prevalence of AIDS attributable to intravenous drug use, average level of disability among substance abuse clients served, poverty rate, and unemployment rate. Each CSB is also required to develop a community-based prevention plan based on the Strategic Prevention Framework (SPF) model.

Virginia has conducted a substance abuse treatment needs assessment, which included a Household Telephone Survey of Adults, Substance Abuse Need for Treatment Among Arrestees (SANTA), Social Indicator Study, and household survey of adolescents. Data from the studies were entered in the Virginia Social Data Base which is updated regularly. The Virginia State prevention needs assessment studies includes a community youth survey, a community resource assessment, and a social indicator study.

### Evaluation

The evaluation of substance abuse treatment and prevention services in Virginia is accomplished through a variety of methods. First, each CSB must submit a plan for services, including a community-based prevention plan based on the SPF, which includes monitoring and evaluation. Also, Virginia DMHMRSAS makes periodic site visits to the CSB to ensure compliance. DMHMRSAS uses a quality improvement approach to obtain needed changes in service operations of the CSBs, and will, on occasion, make performance contract addenda to ensure necessary changes in services. DMHMRSAS also performs licensure, regulation, and consultation services to the CSBs.

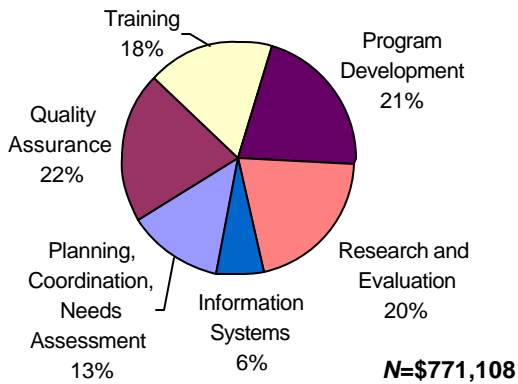
### Training and Assistance

Virginia DMHMRSAS provides training opportunities for both treatment and prevention providers. Staff assistance and financial support is provided by DMHMRSAS for the Virginia Summer Institute for Addiction Studies (VSIAS). The institute is designed to train prevention specialists and substance abuse counselors in basic and advanced skill development. Program administrators are also trained in advance program management techniques. The Mid Atlantic ATTC delivers a 12-month training curriculum that highlights the 12 core functions associated with substance abuse treatment and recovery. The curriculum meets the academic requirements for State substance abuse certification and licensure through the Virginia Department of Health Professions. In addition, DMHMRSAS staff conducts quarterly basic and advanced training in the Performance Based Prevention System.

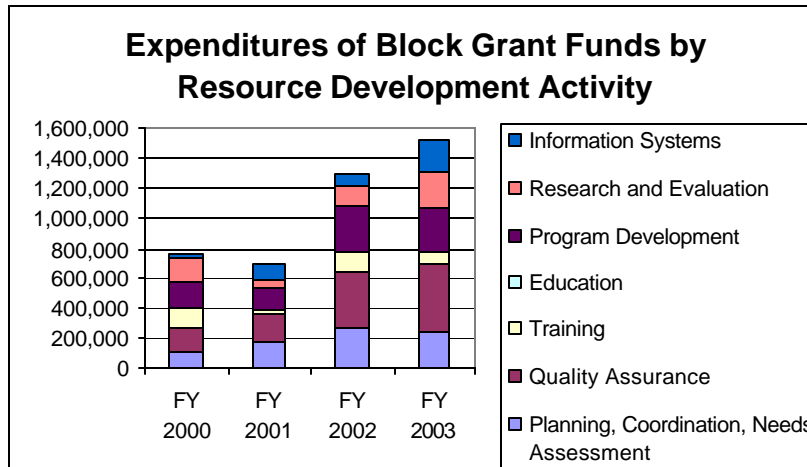
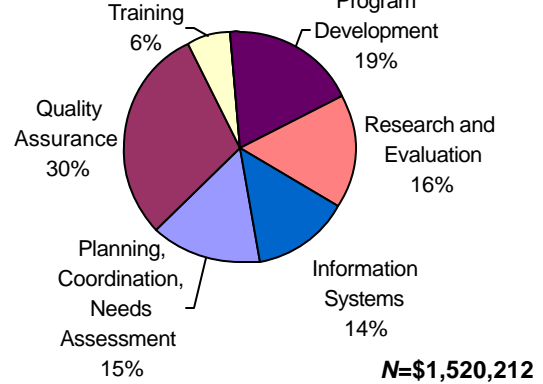
### Expenditures of Block Grant Funds for Resource Development Activities

Block Grant funding for resource development activities in Virginia more than doubled from FY 2000 to 2003 (from over \$770,000 to \$1.5 million, respectively). Funding was widely distributed among different areas, including quality assurance; planning, coordination, and needs assessment; program development; and research and evaluation.

**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	102,057	13	170,969	25	261,097	20	232,442	15
Quality Assurance	162,662	21	184,741	27	372,646	29	456,560	30
Training	136,655	18	29,536	4	142,551	11	91,049	6
Education	0	0	0	0	0	0	0	0
Program Development	162,662	21	138,029	20	313,255	24	288,369	19
Research and Evaluation	158,021	20	58,728	9	129,919	10	242,840	16
Information Systems	49,051	6	99,513	15	78,241	6	208,952	14
<b>Total*</b>	<b>771,108</b>	<b>100</b>	<b>681,516</b>	<b>100</b>	<b>1,297,709</b>	<b>100</b>	<b>1,520,212</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) awarded nearly \$4 million to Virginia in 26 discretionary grants in FY 2004. Most of the funding (\$1.6 million) and awards (18 of the 26) went to Drug Free Community grantees.

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

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Anti-Drug Coalition	1	994,100
CSAP 2004 Earmarks	1	99,410
Drug Free Communities	18	1,568,577
HIV/AIDS Cohort 2 Youth Services Cooperative Agreements	1	63,636
HIV/AIDS Cohort 3 Services	1	349,989
HIV/AIDS Cohort 5 Services	3	750,000
Youth Transition into the Workplace	1	149,976
<b>Total</b>	<b>26</b>	<b>3,975,688</b>

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

### Center for Substance Abuse Treatment

The Center for Substance Abuse Treatment (CSAT) awarded nearly \$2.9 million in discretionary grants to Virginia in FY 2004. Most of the awards went to the Addiction Technical Transfer Center, for residential treatment, and for the targeted capacity HIV/AIDS or rural populations' grants.

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

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
State Data Infrastructure	1	100,000
SAMHSA Conference Grants	1	50,000
Targeted Capacity - HIV/AIDS	1	500,000
Adult Juvenile and Family Drug Courts	1	400,000
TCE Rural Populations	1	500,000
Residential SA Treatment	1	500,000
Strengthening Access and Retention	1	188,740
Addiction Technical Transfer Center	1	649,990
<b>Total</b>	<b>8</b>	<b>2,888,730</b>

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