

# WASHINGTON

## State SSA Director

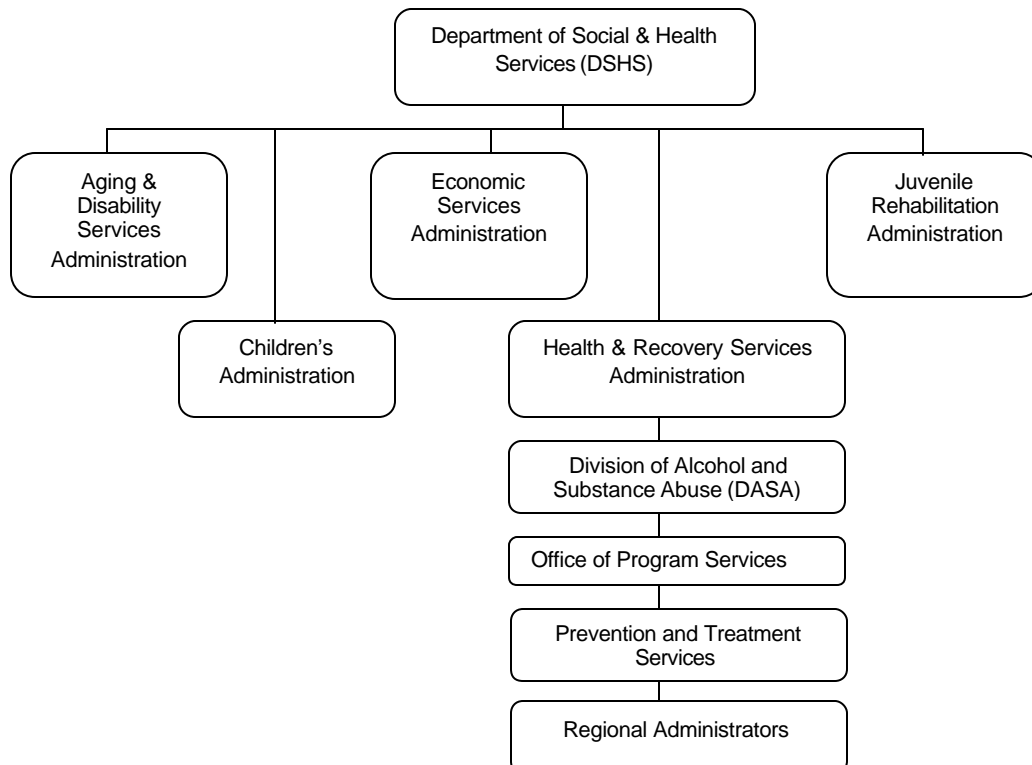
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## Structure and Function



The Department of Social and Health Services (DSHS) has broad statutory authority to plan, establish, and maintain substance abuse prevention and treatment programs. The Division of Alcohol and Substance Abuse (DASA) is the unit within DSHS that functions as the Single State Agency (SSA) for Washington. The goal of this division is to reduce the likelihood of persons becoming chemically dependent or experiencing negative consequences from misusing drugs and to provide for recovery. To accomplish its goal DASA (1) certifies providers of treatment services; (2) contracts with counties, tribes, and treatment organizations to provide services to persons who cannot pay the full cost of needed treatment; and (3) coordinates a comprehensive program of drug prevention and early intervention. The division works with county governments, Tribes, nonprofit organizations, and other State agencies to develop programs, and performs seven major program management functions: program policy and planning, program implementation and oversight, certification and evaluation of providers, fiscal and contract management, training and technical assistance, management information system, and comprehensive program research and outcome studies.

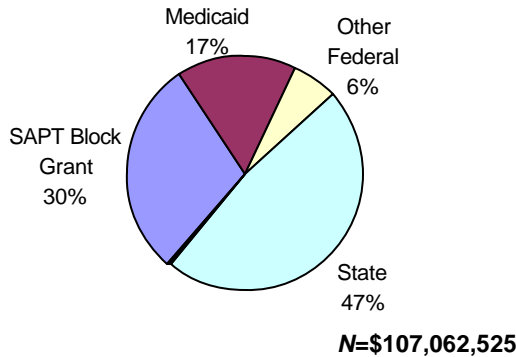
### Single State Agency Structure



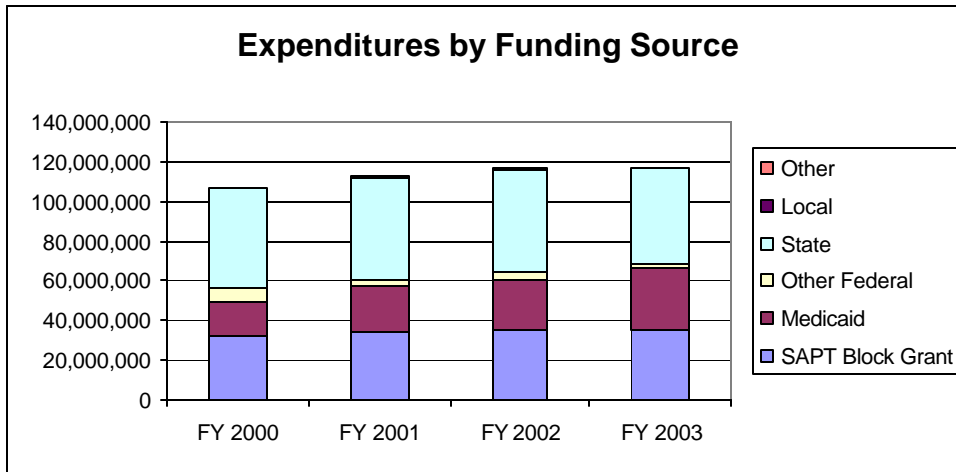
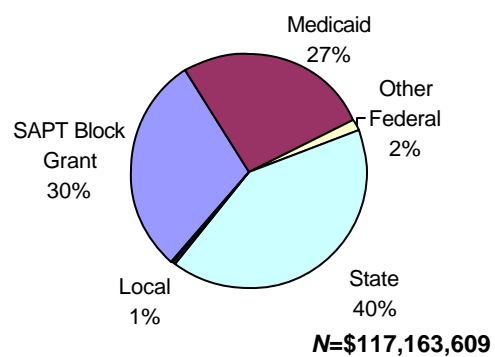
## Single State Agency Funding Overview

Between FYs 2000 and 2003 total SSA expenditures increased from \$107 to nearly \$117.2 million. In FY 2003, the State provided the largest proportion (40 percent) of total funds, followed by the Block Grant (at 30 percent) and Medicaid (27 percent). This distribution represents a change since FY 2000 when the State provided nearly 50 percent of SSA funds, and Medicaid provided 17 percent of funds.

**FY 2000 Expenditures by Funding Source**



**FY 2003 Expenditures by Funding Source**



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

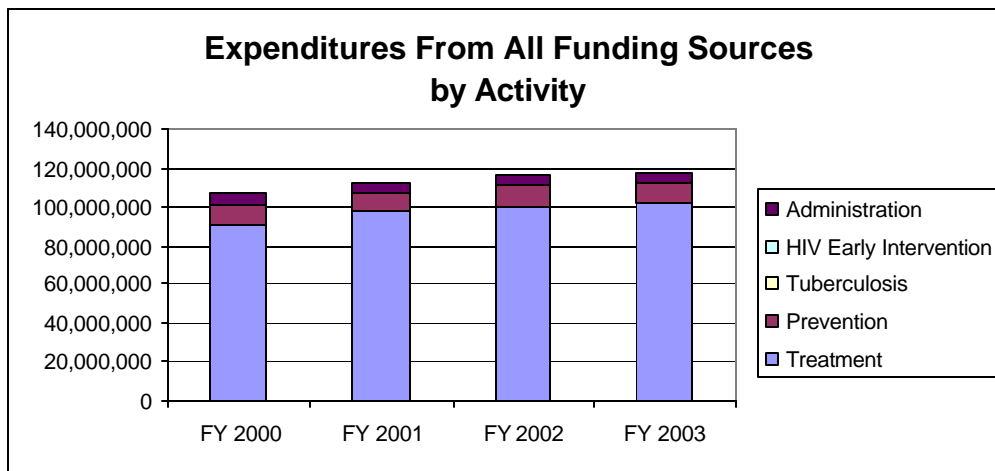
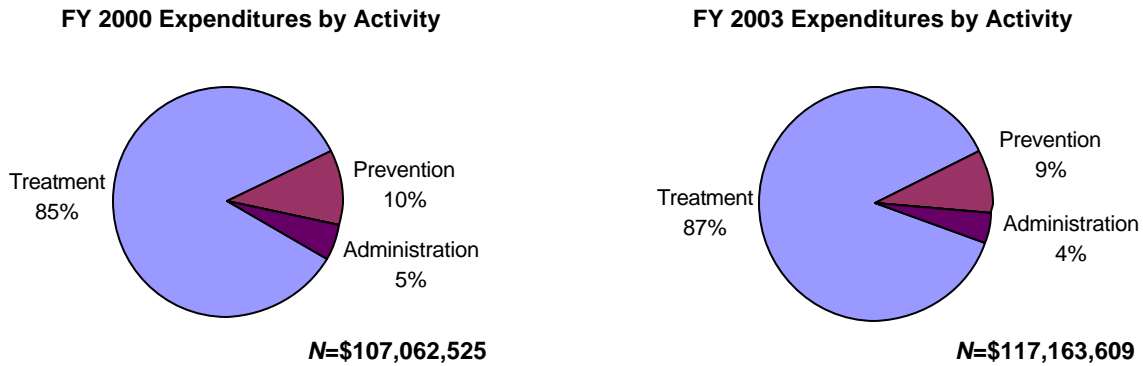
Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	31,732,096	30	33,750,256	30	34,946,027	30	35,125,673	30
Medicaid	17,704,369	17	22,795,496	20	24,619,090	21	31,346,544	27
Other Federal	6,454,368	6	3,029,599	3	3,968,409	3	1,814,572	2
State	50,806,275	47	52,812,663	47	52,454,495	45	48,253,834	40
Local	365,417	0	520,051	0	537,244	0	622,986	1
Other	0	0	0	0	0	0	0	0
<b>Total*</b>	<b>107,062,525</b>	<b>100</b>	<b>112,908,065</b>	<b>100</b>	<b>116,525,265</b>	<b>100</b>	<b>117,163,609</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 \$117.2 in total SSA expenditures in FY 2003, 87 percent was spent on treatment activities, 9 percent on prevention services, and 4 percent on administration costs. This distribution is similar to those in FYs 2000, 2001 and 2002.



#### 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	90,695,985	85	97,949,645	87	100,393,972	86	102,176,682	87
Alcohol Treatment	0	0	0	0				
Drug Treatment	0	0	0	0				
Prevention	10,884,604	10	9,114,844	8	11,069,777	9	10,095,235	9
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	5,481,936	5	5,843,576	5	5,061,516	4	4,891,692	4
<b>Total</b>	<b>107,062,525</b>	<b>100</b>	<b>112,908,065</b>	<b>100</b>	<b>116,525,265</b>	<b>100</b>	<b>117,163,609</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.

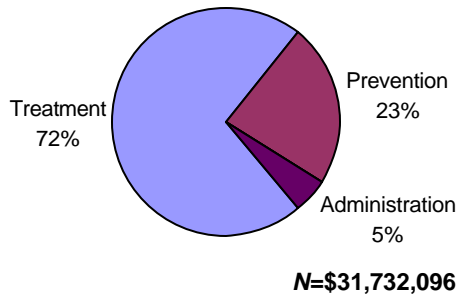
\* Totals may not equal 100 percent due to rounding.

## Expenditures of Block Grant and State Funds

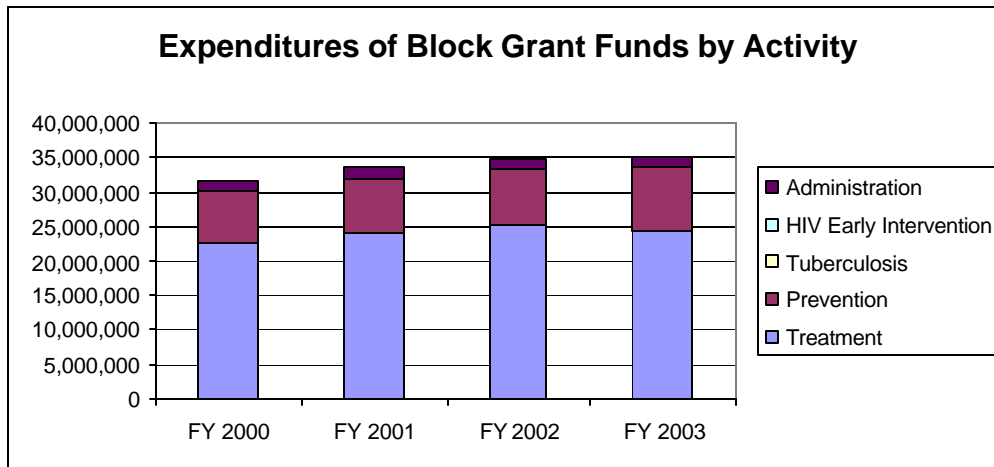
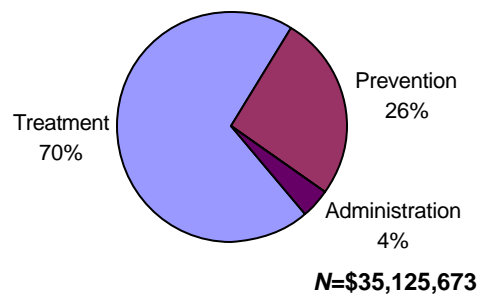
### Expenditures of Block Grant Funds

SAPT Block Grant expenditures in Washington increased from \$31.7 to \$35.1 million between FYs 2000 and 2003. The distribution of Block Grant funds during this time remained relatively stable. In FY 2003, treatment activities received the largest proportion (70 percent), followed by prevention activities (at 26 percent) and administration costs (4 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	22,795,536	72	24,202,190	72	25,353,204	73	24,587,971	70
Alcohol Treatment	0	0	0	0				
Drug Treatment	0	0	0	0				
Prevention	7,360,525	23	7,864,273	23	7,930,079	23	9,118,562	26
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	1,576,035	5	1,683,793	5	1,662,744	5	1,419,140	4
<b>Total*</b>	<b>31,732,096</b>	<b>100</b>	<b>33,750,256</b>	<b>100</b>	<b>34,946,027</b>	<b>100</b>	<b>35,125,673</b>	<b>100</b>

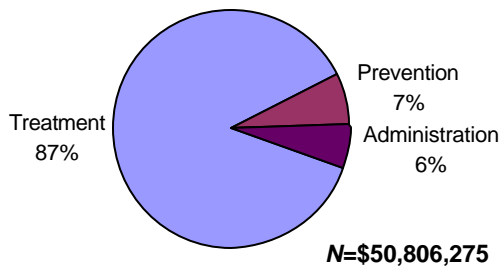
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

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

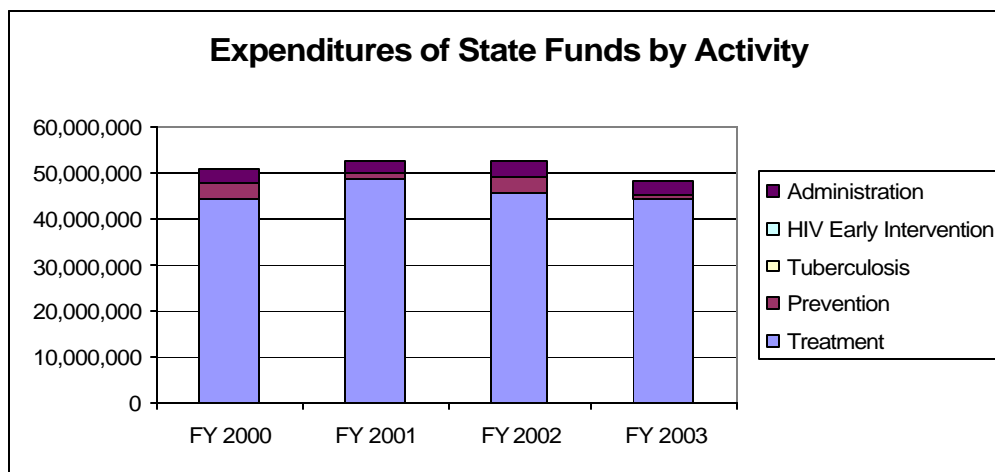
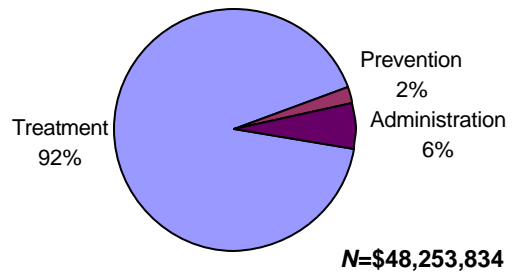
### Expenditures of State Funds

Between FYs 2000 and 2003 State expenditures declined slightly from \$50.8 to \$48.3 million. In FY 2003, most (92 percent) of State funds were spent on treatment services (up from 87 percent in FY 2000), followed by 6 percent on administration costs and 2 percent on prevention activities (down from 7 percent from FY 2000).

**FY 2000 State Expenditures by Activity**



**FY 2003 State 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	44,334,274	87	48,735,720	92	45,916,025	88	44,325,677	92
Alcohol Treatment	0	0	0	0				
Drug Treatment	0	0	0	0				
Prevention	3,524,079	7	1,250,571	2	3,139,698	6	976,673	2
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	2,947,922	6	2,826,372	5	3,398,772	6	2,951,484	6
<b>Total*</b>	<b>50,806,275</b>	<b>100</b>	<b>52,812,663</b>	<b>100</b>	<b>52,454,495</b>	<b>100</b>	<b>48,253,834</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

DASA's Prevention Program is aimed at preventing alcohol, tobacco, and other (ATOD) drug use and abuse to reduce their negative consequences and minimize future needs for substance abuse treatment. The program covers all segments of the population at potential risk for substance use and abuse, although the primary focus of the program is on children who have not yet begun use or are still only experimenting.

DASA's prevention philosophy adopts a risk and protective factor approach as the cornerstone of its efforts to prevent alcohol and other drug abuse. It contracts with the Department of Social and Health Services' Research and Data Analysis unit to compile risk and protection profiles for each of the State's 39 counties that are used to support program planning, resource allocation, and the development of outcome measures.

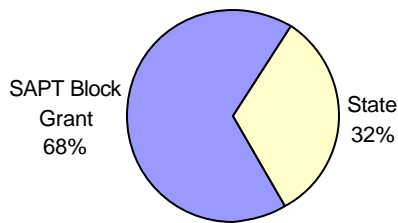
DASA supports a statewide system of county programs and a statewide network of tribal programs. Several special initiatives are in place and include a student assistance program; the Federal Office of Juvenile Justice and Delinquency Prevention project that supports community-based environmental strategies; media efforts; a mentoring program; and training and technical resources for special populations. Other strategies pursued by communities are being implemented and include peer support programs, cross-age teaching models, parent training, task force development, and education and support programs for children of substance users, among others.

### Prevention Funding and Expenditures

Prevention funding in Washington totaled nearly \$10 million in FY 2003, down slightly from \$10.9 million in FY 2000. In FY 2003, the Block Grant provided most (90 percent) of these funds, followed by 10 percent from the State. This is a dramatic shift from FY 2000 when the Block Grant provided 68 percent of prevention funds, and the State provided 32 percent.

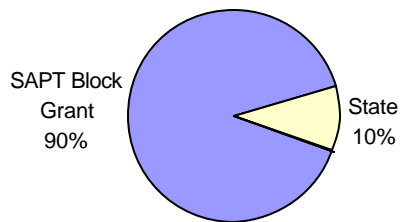
Block Grant prevention expenditures ranged from \$1.25 to \$1.31 per capita in Washington between FYs 2000 and 2002. In FY 2003 per capita prevention expenses increased to \$1.49.

**FY 2000 Prevention Expenditures by Funding Source**

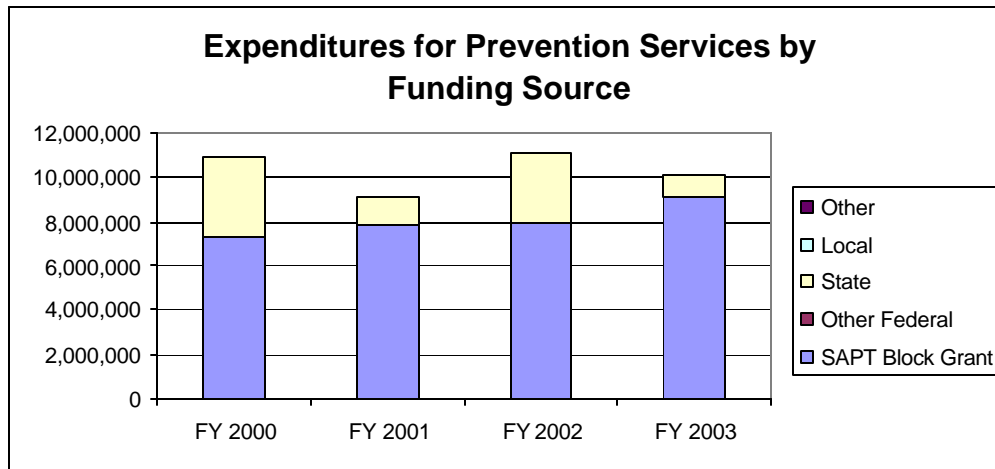


**N=\$10,884,604**

**FY 2003 Prevention Expenditures by Funding Source**



**N=\$10,095,235**



### 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	7,360,525	68	7,864,273	86	7,930,079	72	9,118,562	90
Other Federal	0	0	0	0	0	0	0	0
State	3,524,079	32	1,250,571	14	3,139,698	28	976,673	10
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
<b>Total*</b>	<b>10,884,604</b>	<b>100</b>	<b>9,114,844</b>	<b>100</b>	<b>11,069,777</b>	<b>100</b>	<b>10,095,235</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

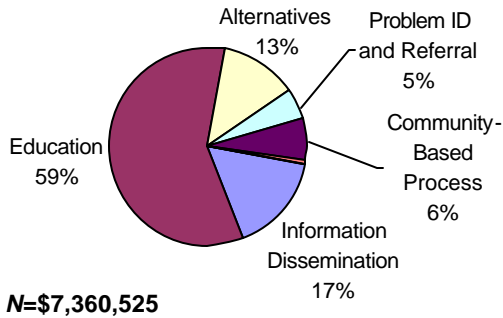
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	Resources include a clearinghouse and information center for prevention professionals, parents, students, school personnel, community members, as well as the electronic newsletter "Prevention E-briefs."
Education	Activities include education programs in community colleges, technical colleges, and universities; parent education programs; and peer helper programs.
Alternatives	Funding supports community drop-in centers and youth/adult leadership activities.
Community-Based Processes	Activities include community team building, systematic planning, and community and volunteer training.
Environmental	Funding supports the promotion of ATOD policies in schools and monitoring and changing advertising practices.
Problem Identification and Referral	Programs include driving under the influence (DUI) programs, student assistance programs, and drug-free business initiatives.

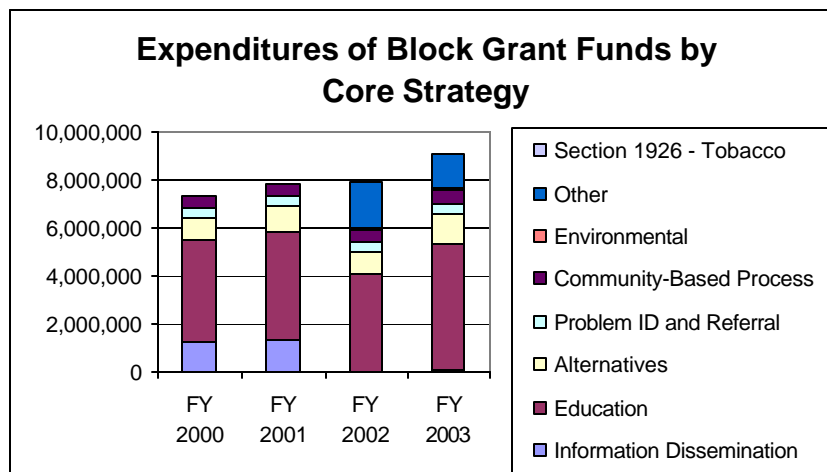
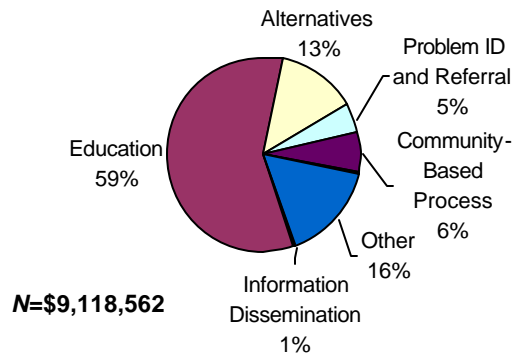
### Expenditures of Block Grant Funds for Core Strategies

Washington’s SAPT Block Grant funding for prevention strategies increased from FYs 2000 and 2003 from \$7.4 to \$9.1 million. During this time, education received the majority (59 percent) of prevention core strategies funds, and the remainder were spread among a wide array of activities.

**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	1,211,813	16	1,294,748	16	0	0	45,593	1
Education	4,299,184	58	4,593,417	58	4,031,180	51	5,325,240	58
Alternatives	972,558	13	1,039,119	13	1,047,563	13	1,203,650	13
Problem ID and Referral	375,003	5	400,668	5	403,641	5	465,047	5
Community-Based Process	470,593	6	502,800	6	499,595	6	583,588	6
Environmental	31,374	0	33,521	0	33,782	0	36,474	0
Other	0	0	0	0	1,914,318	24	1,458,970	16
Section 1926 - Tobacco	0	0	0	0	0	0	0	0
<b>Total*</b>	<b>7,360,525</b>	<b>100</b>	<b>7,864,273</b>	<b>100</b>	<b>7,930,079</b>	<b>100</b>	<b>9,118,562</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

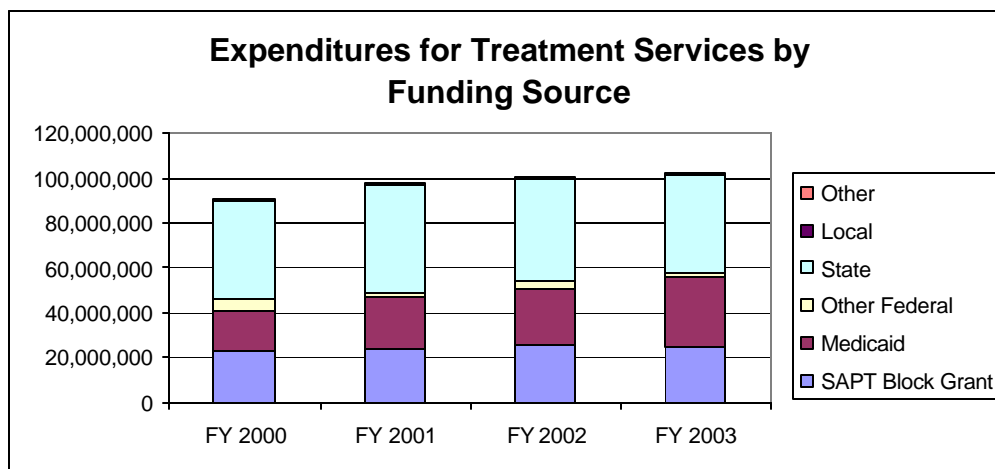
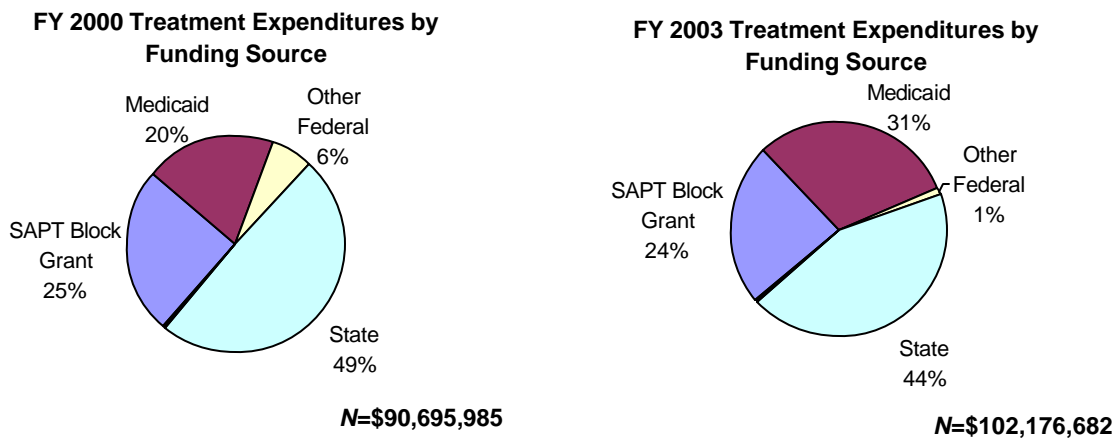
DASA-funded services are available to individuals who are low-income, indigent, or are unemployable as a result of their alcohol or other drug addiction. Treatment services are designed to maintain a cost-effective, quality continuum of care for rehabilitating individuals who abuse alcohol and other drugs. DASA supports basic services that include diagnostic evaluation, client motivational counseling, primary treatment, and followup counseling. Treatment includes opiate substitution, intensive inpatient, long-term residential, outpatient, recovery house, involuntary, youth residential, and youth outpatient services. In addition, Alcoholics Anonymous and Narcotics Anonymous provide peer support throughout and after the primary treatment phase.

Special efforts are made to serve pregnant women and new mothers, families with children, recipients of child welfare and child protective services, adolescents, ethnic minorities, criminal justice system referrals, injection drug users (IDUs), persons with HIV/AIDS, and persons with co-occurring mental health and substance abuse disorders.

### Treatment Funding and Expenditures

Treatment expenditures in Washington increased by more than \$10 million between FYs 2000 and 2003 (from \$90.7 to \$102.2 million). Most (44 percent) of FY 2003 treatment funds came from the State (down from 49 percent in FY 2000), followed by 31 percent from Medicaid (up dramatically from 20 percent in FY 2000), and 24 percent from the Block Grant.

Block Grant treatment funds per capita increased from \$3.86 to \$4.18 between FYs 2000 and 2002. In FY 2003, per capita funds declined to \$4.01.



**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	22,795,536	25	24,202,190	25	25,353,204	25	24,587,971	24
Medicaid	17,704,369	20	22,795,496	23	24,619,090	25	31,346,544	31
Other Federal	5,496,389	6	1,696,188	2	3,968,409	4	1,455,495	1
State	44,334,274	49	48,735,720	50	45,916,025	46	44,325,677	44
Local	365,417	0	520,051	1	537,244	1	460,995	0
Other	0	0	0	0	0	0	0	0
<b>Total*</b>	<b>90,695,985</b>	<b>100</b>	<b>97,949,645</b>	<b>100</b>	<b>100,393,972</b>	<b>100</b>	<b>102,176,682</b>	<b>100</b>

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

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

**Admissions**

Washington's SAPT Block Grant application indicates that over 50,000 persons were admitted to treatment during FY 2002, of which most were admitted for outpatient (non methadone and intensive outpatient treatment).

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

Type of Care	Total Number Admissions by Primary Diagnosis (N=50,281)		
	Alcohol Problems	Drug Problems	None Indicated
<b>Detoxification (24-hour care)</b>			
Hospital inpatient	0	0	0
Free-standing residential	0	0	7,913
<b>Rehabilitation/Residential</b>			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	0	0	7,139
Long-term residential	0	0	2,113
<b>Ambulatory (Outpatient)</b>			
Outpatient (methadone)	0	0	1,422
Outpatient (non-methadone)	0	0	19,782
Intensive outpatient	0	0	11,912
Detoxification (outpatient)	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>50,281</b>

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

Treatment Episode Data Set (TEDS) data indicate nearly 42,000 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that approximately 23 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. Approximately 16 percent of persons admitted for abusing alcohol only were diagnosed with a psychiatric problem and 24 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	7,067	15.5
Alcohol in combination with other drugs	34,862	24.3
<b>Total</b>	<b>41,929</b>	<b>22.8</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, 350,000 persons aged 12 and older (7.0 percent of Washington's population) needed, but did not receive, treatment for alcohol use and 154,000 persons (3.1 percent) needed, but did not receive, treatment for illicit drug use in Washington.

**Treatment Gap by Age Group**

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	7.00	5.70	17.79	5.33
Needing but not receiving treatment for illicit drug use	3.08	5.76	10.00	1.53

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

Washington conducted a statewide assessment of need and calculated the treatment gap for residents who qualify financially and clinically for DASA-funded treatment services but who, because of the limits of available funding, do not receive it. (This is in contrast to the NSDUH study above which calculates a treatment gap for the entire statewide population, regardless of income and need.) To compute the treatment gap, Washington established an estimate of all residents at or below 200 percent of the Federal Poverty Level and in need of treatment. Persons with private insurance, access to military health services, or those enrolled in the subsidized portion of the Washington Basic Health Plan were not included. The following equation was then used:

$$\text{Treatment Gap Rate} = \frac{\text{\# qualifying for and requiring DASA-funded treatment minus those receiving it}}{\text{\# qualifying for and requiring DASA-funded treatment}} \times 100$$

Findings from this study in FY 2003 show that the treatment gap for all adults aged 18 and older was nearly 74 percent and the treatment gap for adolescents was 69 percent.

Target Population	Needing & Eligible for DASA-Funded Treatment	Received Treatment with DASA-Funded Support	Number of Eligible Individuals Unserved	Treatment Gap Rate (Unserved Need)
All adults aged 18 and older	96,196	25,339	70,857	73.7%
Adolescents (aged 12-17)	18,930	5,875	13,055	69.0%
<b>Total</b>	<b>115,126</b>	<b>31,214</b>	<b>83,912</b>	<b>72.9%</b>

## Resource Development Activities

### Planning and Needs Assessment

DASA completed a Strategic Plan for 2004-2009 that identifies key priorities and enables it to position its work in the context of the overarching mission to promote healthy lifestyles and support recovery. The delivery of treatment services occurs through contracts with each of the 39 counties' Substate Planning Areas (SPAs) and through contracts with agencies serving clients statewide. Planning for statewide services is based on utilization data with input from advisory groups. Planning for services through the SPAs is based on needs assessment, population data, and risk factors. Funding allocations are reviewed and adjusted by advisory groups.

DASA collects treatment service data through the TARGET (Treatment Assessment Report Generation Tool) management information system and generates statewide and countywide summary reports. DSHS' Research and Data Analysis unit conducts the Washington State Needs Assessment Household Survey. Data from the survey and the TARGET system provide updated need data. DASA also produces a report on Tobacco, Alcohol, and Other Drug Abuse Trends in the State. The report is made available to the counties for use in developing their substance abuse needs assessments and for county planning.

DASA requires a biennial needs assessment for prevention services at the county level. Archival risk and protective factor data and Healthy Youth Survey data are provided to counties. Counties are required to review the data in a public forum with prevention agencies, coalitions, and others. The needs assessments are submitted to DASA.

### Evaluation

The Department of Health monitors and licenses facilities and DASA oversees the quality of the treatment provided, ensuring that all treatment and prevention program providers incorporate best practices and recent research findings into their programs. DASA certification staff monitor treatment providers to ensure compliance with rules and regulations on an ongoing basis. The TARGET management information system allows DASA managers to retrieve and conduct analysis of a broad range of client service data. A peer review process also is in place and coordinated by a committee of the Citizens Advisory Council on Alcoholism and Drug Addiction. Peer review covers both recruitment of providers and the evaluation of outcomes. Recommendations for change resulting from the peer review are directed to the full council, and if adopted, to DASA for action.

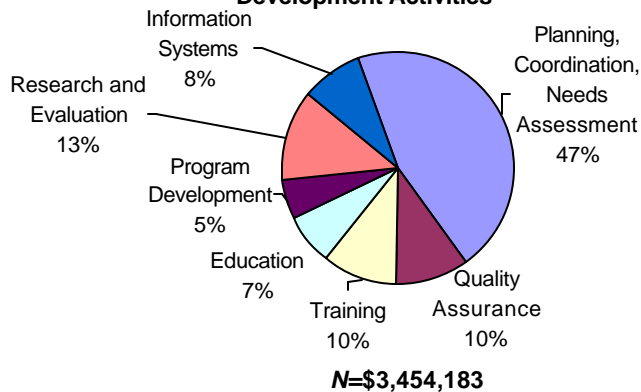
### Training and Assistance

DASA conducts or cosponsors institutes, regional training sessions, conferences, academies, summits, and continuing education activities for prevention and treatment professionals, other professionals, parents, youth, and policymakers. For example, hundreds of individuals attended multiple Substance Abuse Prevention Specialist Training events, including an advanced online prevention professional training. Treatment agency administrators were trained on business practices and human resource development issues. An annual prevention summit targeted issues of interest to the field and 12 regional skill-based training sessions focused on issues facing treatment providers in each region. Over 120 participants completed the Co-occurring Disorders Case Management Academy.

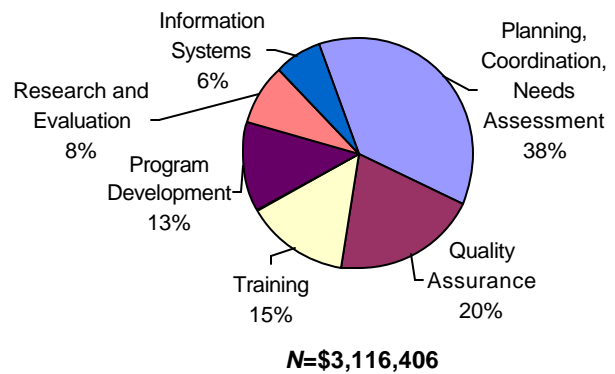
### Expenditures of Block Grant Funds for Resource Development Activities

Block Grant funding for resource development activities declined slightly between FYs 2000 and 2003 from \$3.5 to \$3.1 million. In FY 2003 the largest proportion (38 percent) of resource development activities funds was spent on planning, coordination, and needs assessment (down from 47 percent in FY 2000), followed by quality assurance at 20 percent (up from 10 percent in FY 2000). The remaining funds went towards a variety of activities.

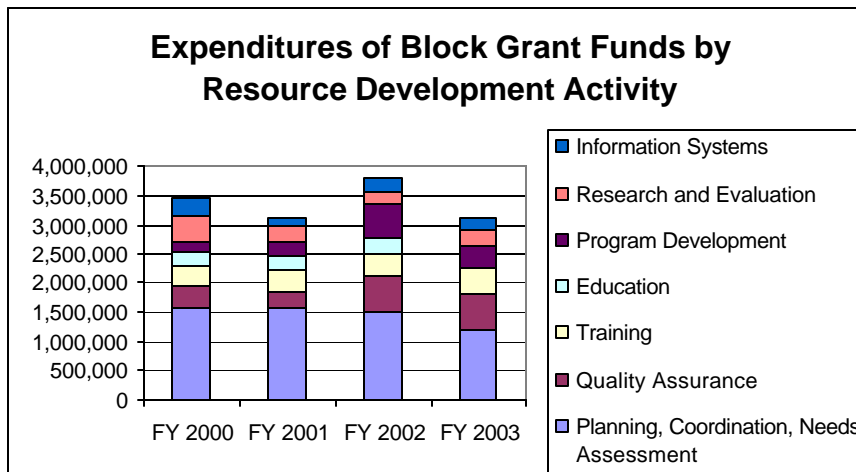
**FY 2000 Block Grant Expenditures on Resource Development Activities**



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



**Expenditures of Block Grant Funds by Resource Development Activity**



**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	1,575,288	46	1,551,038	50	1,478,785	39	1,173,638	38
Quality Assurance	352,233	10	286,520	9	637,576	17	625,240	20
Training	354,464	10	362,531	12	407,964	11	454,949	15
Education	243,443	7	255,536	8	270,695	7	0	0
Program Development	185,678	5	250,740	8	558,861	15	395,895	13
Research and Evaluation	453,524	13	276,579	9	192,064	5	264,727	8
Information Systems	289,553	8	141,125	5	258,228	7	201,957	6
<b>Total*</b>	<b>3,454,183</b>	<b>100</b>	<b>3,124,069</b>	<b>100</b>	<b>3,804,173</b>	<b>100</b>	<b>3,116,406</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) discretionary funding for prevention in Washington totaled nearly \$5.2 million in 2004. Most (29 of 31) of the grants were awarded to drug-free communities.

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

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Drug Free Communities	29	2,582,806
HIV/AIDS Cohort 5 Services	1	250,000
Strategic Prevention Framework State Incentive Grants	1	2,350,965
<b>Total</b>	<b>31</b>	<b>5,183,771</b>

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

### Center for Substance Abuse Treatment

Center for Substance Abuse Treatment (CSAT) discretionary treatment funding in FY 2004 totaled \$13.9 million in Washington. More than half (\$7.6 million) went toward Access to Recovery (ATR) grant.

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

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Access to Recovery	1	7,591,723
Adult Juvenile and Family Drug Courts	1	400,000
Effective Adolescent Treatment	1	248,576
Grants for Accreditation of OTPs	1	7,500
Methamphetamine Populations	1	470,718
Recovery Community Service	1	342,000
State Data Infrastructure	1	100,000
State TCE Screening Brief Intervention Referral Treatment	1	3,345,664
Targeted Capacity Expansion	2	927,664
Targeted Capacity - HIV/AIDS	1	500,000
<b>Total</b>	<b>11</b>	<b>13,933,845</b>

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