DEPARTMENT OF HEALTH AND HUMAN SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare and Medicaid Services

Resource Summary

	Assumed Baseline Outlays[1] (in millions)		
	FY 2007 Estimate	FY 2008 Estimate	FY 2009 Estimate
Drug Resources by Function			
Treatment	–	45.000	265.000
Total Drug Resources by Function	**$0.000**	**$45.000**	**$265.000**
Drug Resources by Decision Unit			
Centers for Medicare and Medicaid Services	0.000	45.000	265.000
Total Drug Resources by Decision Unit	**$0.000**	**$45.000**	**$265.000**
Drug Resources Personnel Summary			
Total FTEs (direct only)	0	0	0

[1] HHS actuaries developed outlay estimates based on anticipated State Medicaid program participation.

Program Summary

Mission

The Centers for Medicare & Medicaid Services (CMS) mission is to ensure effective, up-to-date health care coverage and to promote high-quality care for beneficiaries. CMS supports the goals of the Strategy through support of screening and brief intervention services for those at risk for substance abuse.

Budget

CMS added two new Healthcare Common Procedure Coding System (HCPCS) codes for alcohol & drug screening and brief intervention (SBI) that became effective on January 1, 2007. ONDCP continues to work closely with the CMS, States, and medical societies to evaluate State participation in SBI, as well as educate States and clinicians about the SBI approach. The $265.0 million in FY 2009 outlays included in this Budget reflect the estimated Medicaid outlays due to anticipated growth in State participation in FY 2009.

Centers for Medicare and Medicaid Services

Total FY 2009 Estimate: $265.0 million
(Included +$220.0 million in program changes (assumed baseline outlays))

Screening and Brief Intervention

Total FY 2009 Estimate: $265.0 million
(Includes +$220.0 million in program changes (assumed baseline outlays))

The Administration has improved access to early intervention and treatment for substance abuse by adding two new Healthcare Common Procedure Coding System (HCPCS) codes for alcohol & drug screening and brief intervention (SBI). The first code, H0049, is for alcohol and/or drug screening. The second code, H0050, covers a brief intervention that is 15 minutes in duration for alcohol and/or drug abuse.

SBI is a proven approach for reducing drug use. Having a code specific for drug and alcohol screening will promote implementation of structured screenings carried out in accordance with evidence-based practice standards. In addition, the availability of a code that directly covers brief intervention for substance abuse will advance the use of standardized and structured interventions and is likely to increase the frequency of SBI in clinical practice.

These new codes, which can be adopted by States and used by health care providers, will provide the opportunity for State Medicaid programs to pay for SBI services if they choose to make SBI a covered benefit. These codes will also facilitate, for the first time, precise tracking of clinician adoption of these effective services across patient status and diagnosis. This information can in turn be employed to evaluate the effectiveness of these approaches and potentially identify areas for refinement and improvement.

FY 2009 Program Changes
(Assumed Baseline Outlays) (+$220.0 million)
The Office of National Drug Control Policy (ONDCP) worked with CMS' Office of the Actuary to develop estimates for these codes. The federal Medicaid outlays under these assumptions are projected to be $265.0 million in FY 2009. This is a $220.0 million increase over the FY 2008 level.

Performance

CMS' codes for screening and brief intervention services are new activities planned for FY 2008 and FY 2009. Performance measures will be identified after the program is established.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Indian Health Service

Resource Summary

	Budget Authority (in millions)		
	FY 2007 Estimate	FY 2008 Estimate	FY 2009 Estimate
Drug Resources by Function			
Prevention	15.061	22.368	15.388
Treatment	138.066	155.776	146.600
Total Drug Resources by Function	**$153.127**	**$178.144**	**$161.988**
Drug Resources by Decision Unit			
Alcohol and Substance Abuse	148.226	173.243	161.988
Urban Indian Health Program	4.901	4.901	0.000
Total Drug Resources by Decision Unit	**$153.127**	**$178.144**	**$161.988**
Drug Resources Personnel Summary			
Total FTEs (direct only)	162	195	196
Drug Resources as a Percent of Budget			
Total Agency Budget	$4,103.333	$4,282.169	$4,260.852
Drug Resources Percentage	3.73%	4.16%	3.80%

Program Summary

Mission

The Indian Health Service (IHS), an agency within the Department of Health and Human Services, is responsible for providing federal health services to American Indians and Alaska Natives. IHS supports substance abuse treatment and prevention services as part of this mission. Tribes operate approximately 95 percent of alcohol and drug abuse programs under self-determination agreements. This allows for flexibility in designing programs.

Methodology

IHS includes the appropriation for Alcohol and Substance Abuse (excluding the amount designated as Adult Alcohol Treatment) and the 14 percent of the total Urban Indian Health appropriation that provides for alcohol and substance abuse prevention and treatment.

Budget

In FY 2009, IHS requests $162.0 million for its drug control activities. This is $16.156 million below the FY 2008 level.

Alcohol and Substance Abuse

Total FY 2009 Request: $162.0 million
(Included -$11.3 million in program changes)

The FY 2008 level includes an increase in funding for Alcohol and Substance Abuse to support methamphetamine and suicide prevention and treatment grant program. During FY 2008, IHS will increase outreach, education, prevention, and treatment of methamphetamine-related issues. IHS plans to have at least four Tribal Communities with a Methamphetamine Plan including a community task force at each Area; four Trainings on a Methamphetamine "tool kit"; and an Area-wide training, summit/conference on Methamphetamine.

FY 2009 Program Changes (-$11.3 million)
The FY 2009 Budget does not include targeted funding for a methamphetamine and suicide prevention and treatment grant program. The FY 2009 Budget includes resources for substance abuse prevention, treatment, and provision of mental health services, including treatment and prevention of methamphetamine abuse and suicide prevention. In FY 2009, IHS will continue to serve Native American and Alaskan Natives impacted by methamphetamine use and abuse through its Youth Regional Treatment Centers and other federal and tribally-operated substance abuse treatment and prevention programs.

Urban Indian Health Program—Alcohol and Substance Abuse Title V Grants

Total FY 2009 Request: $0
(Included -$4.9 million in program changes)

The FY 2008 level includes funds for the Urban Indian Health Program, a portion of which is provided as grants to 34 urban Indian 501(c)3 non-profit organizations to carry out alcohol and substance abuse prevention and treatment activities in the communities they serve. All urban programs have active partnerships with their local Veteran's Administration programs to identify joint program initiatives.

FY 2009 Program Changes (-$4.9 million)
The FY 2009 Budget does not include funding for the Urban Indian Health Program. In FY 2009, IHS will continue to serve Native American and Alaskan Natives impacted by alcohol and substance abuse on or near reservations in federal and tribally-operated substance abuse treatment and prevention programs. In addition, urban Indians have access to other health care providers and programs such as Medicaid and other federal, state, and local health care programs.

Performance

Introduction

This section on the FY 2007 performance of the drug control portion of IHS—the Alcohol and Substance Abuse program—is based on agency GPRA documents and the PART review, discussed earlier in the Executive Summary. The Urban Indian Health Program does not report on measures specifically related to drug control.

The Alcohol and Substance Abuse Program within the IHS administers anti-drug abuse activities to raise community awareness and target high-risk groups in addition to educating staff on issues and skills related to substance abuse. IHS' Tribally-Operated Health Programs, including its drug control activities, were assessed through PART.

IHS Alcohol and Substance Abuse Program		
PART Review		
Year of Last Review: 2005	**Reviewed as part of Tribally-Operated Health Programs**	
Selected Measures of Performance	**FY 2007 Target**	**FY 2007 Achieved**
» Alcohol-use screening among appropriate female patients		
» Accreditation rate for Youth Regional Treatment Centers*	28%	41%

* Alcohol-use screening and YRTC accreditation are not Tribally-Operated Health Programs PART performance measures.

Discussion

The percent of appropriate female patients screened for alcohol-use (Fetal Alcohol Syndrome prevention) increased from 28% in FY 2006 to 41% in FY 2007, a 46% increase.

Primary Care Provider Training is provided twice a year to IHS/Tribal/Urban primary care providers to enhance professional skills in addiction prevention, intervention and treatment. Activities include the development of a lending library (video and slide materials) designed to improve provider in-service capability and community presentations. Approximately 50 primary care providers received this training each year.

The Integrated Behavioral Health Project (which includes the Behavioral Health Management Information System) continues to improve software development, deployment, coordination and integration with other software in order to measure substance abuse and underage alcohol problems among American Indians and Alaska Natives. This project enhances programmatic evaluation and research to develop effective prevention and treatment services. The program enabled Portland Area Office providers to attend the MATRIX Model of Stimulant Abuse Treatment and the Aberdeen Area Office to produce a methamphetamine awareness video.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institute on Drug Abuse

Resource Summary

	Budget Authority (in Millions)		
	FY 2007 Final	FY 2008 Enacted	FY 2009 Request
Drug Resources by Function			
Prevention	410.466	410.748	411.147
Treatment	589.548	589.952	590.525
Total Drug Resources by Function	**$1,000.014**	**$1,000.700**	**$1,001.672**
Drug Resources by Decision Unit			
National Institute on Drug Abuse	1,000.014	1,000.700	1,001.672
Total Drug Resources by Decision Unit	**$1,000.014**	**$1,000.700**	**$1,001.672**
Drug Resources Personnel Summary			
Total FTEs (direct only)	371	375	378
Drug Resources as a Percent of Budget			
Total Agency Budget	$1,000.014	$1,000.700	$1,001.672
Drug Resources Percentage	100.00%	100.00%	100.00%

Program Summary

Mission

Over the past three decades, NIDA-supported research has revolutionized our understanding of addiction as a chronic, relapsing brain disease—knowledge that is helping to correctly situate addiction as a serious public health issue and to frame how we ultimately treat this disease. By supporting research that reveals how drugs affect the brain and behavior and how multiple factors influence drug abuse and its consequences, including HIV, NIDA is advancing effective strategies to prevent people from ever using drugs and to treat them when they cannot stop.

NIDA continues to carry out its mission "to lead the Nation in bringing the power of science to bear on drug abuse and addiction," which includes rapidly disseminating the results of our research to better prevent and treat this disease and its consequences.

Budget

In FY 2009, NIDA requests $1.002 billion, which is an increase of $1.0 million from the FY 2008 enacted. NIDA-supported research has already led to positive shifts in behaviors and in disapproving attitudes toward abusing drugs. Research has informed more effective messages that speak to adolescents, helping to preempt drug abuse in this vulnerable population. Today, approximately 860,000 fewer young people are using illicit drugs than in 2001. NIDA's latest Monitoring the Future Survey of 8th, 10th, and 12th graders (2007) shows substantial declines in past-year illicit drug use for all grades since a decade ago, and use of nicotine is lower than at any time since the survey began in 1975.

While progress has helped to catalyze, challenges remain. A major one is the persistent high levels of abuse of prescription drugs, such as stimulants and pain relievers. Nearly 1 in 10 high school seniors reported non-medical use of the powerful opiate medication Vicodin in the past year. Notably, 5 of the top 10 drugs most abused by 12th grade students are prescription drugs, with abuse of over-

the-counter cough medicine also problematic. NIDA will continue to address these trends, along with other challenges, applying new insights and methods to further our mission.

New Tools, New Opportunities

Today, NIDA is poised to capitalize on new tools and technologies to reveal and counter different aspects of drug abuse and addiction. For example, the application of modern genetics tools will increase predictive abilities to ascertain biological risk, or a person's inherent susceptibility to disease. Such tools will also help inform the design and tailoring of treatments that make use of a patient's genetic profile (i.e., a "pharmacogenetic" approach), resulting in more personalized treatments. To complement these efforts, NIDA is investing in the newer field of epigenetics, which focuses on the lasting modifications to DNA structure and function resulting from exposure to various stimuli. Attention to epigenetic phenomena is crucial for understanding the interactions of genes, environment, and development, including the deleterious long-term changes to brain circuits from drug abuse. New methods are also opening the door to the identification of a variety of potential biomarkers (or biological "signatures") of chronic drug exposure and drug toxicities.

To make this knowledge count, NIDA must first optimize the bioinformatics infrastructure needed to make the growing databases more widely available to the scientific community. To this end, NIDA will develop more efficient ways to analyze, integrate, store, and retrieve the massive amounts of data that will be generated by genomic, epigenomic, and proteomic scans, for example.

Medications Development—the Promise of New Discoveries

Medications development is an important focus for NIDA and one that offers exciting opportunities even while it presents ongoing challenges. A major one is the limited pharmaceutical industry involvement in developing and testing potential addiction medications, which makes it critical for NIDA to be able to pursue and test newly defined targets for different drugs of abuse. NIDA supports multiple trials of promising medications for use by themselves or with behavioral treatments to counter addiction, focusing on marijuana and stimulants, including methamphetamine. Research is also being supported to develop pain medications with diminished abuse liability.

Several novel approaches to addiction pharmacotherapy have been tested and are advancing to the next stage of research and development. Many of these have emerged from an improved understanding of the brain circuitry involved in addiction, leading to an expanded range of possible targets to potentially affect craving, euphoria, motivation, learning, memory, and inhibitory control—key contributors to addiction and relapse. One innovative strategy in which NIDA is investing is immunotherapy, or "vaccines," for methamphetamine, cocaine, and nicotine dependence, the latter already in commercial development. Addiction immunotherapy causes the body to generate antibodies that bind to specific drugs while they are still in the bloodstream, blocking their entry into the brain. Such approaches have great potential to help people remain abstinent and avoid relapse once they are in treatment.

National Institute on Drug Abuse

Total FY 2009 Request: $1.001 billion[1]
(Included +$1.0 million in program changes)

Clinical and Basic Neuroscience and Behavioral Research

Total FY 2009: $455.4 million
(Includes -$0.6 million in program changes)

Clinical and basic neuroscience represent two programs in NIDA that work together to enlarge understanding of the neurobiological, genetic, and behavioral factors underlying drug abuse and addiction. Specifically, they examine the factors affecting increased risk and/or resilience to drug abuse, addiction, and drug-related disorders; the mechanisms of addiction; and the effects of drugs on the brain and behavior. Together, they provide the fundamental information to develop and inform prevention and treatment interventions for drug abuse and addiction.

In March 2007, NIDA and National Institute of Environmental Health Sciences hosted an NIH Roadmap Workshop *on The Epigenetics of Human Health and Disease* to define the unique opportunities for advancing epigenetics research through new technologies and data aimed at improving human health and preventing disease (http://nihroadmap.nih.gov/epigenomics). In October 2007, NIDA sponsored a meeting to highlight the latest social neuroscience findings, which could lead to more powerful behavioral interventions. Together with other institutes, NIDA is funding ongoing studies to stimulate investigations of the cognitive/behavioral processes and neurobiological mechanisms of social behavior relevant to drug abuse and decision-making over the life course.

FY 2009 Program Changes (-$0.6 million)
While the Budget includes a decrease of $642,000 for FY 2009, by applying funds from grants that are ending in FY 2008, NIDA will pursue opportunities to explore new biological targets to counter drug abuse and addiction. For example, glial cells in the brain are known to be involved in neuronal development and in protection against neuronal damage. NIDA intends to publish an request for application soliciting basic research applications to elucidate how drug abuse and glial cell function interact. NIDA also plans to stimulate basic research on the mechanisms underlying extinction learning (i.e., learning that alters conditioned responses to stimuli) as it pertains to drug-taking behaviors. This RFA encourages the testing of pharmacological and genetic interventions to enhance extinction learning and thereby reduce the salience of drug-associated cues and the powerful drive behind drug-seeking behaviors.

Epidemiology, Services and Prevention Research

FY 2009: $241.9 million
(Includes -$0.3 million in program changes)

This major program area seeks to promote integrated approaches to understand and address the interactions between individuals and environments that contribute to the continuum of drug abuse–related problems. The vision is to support research to prevent drug abuse and to optimize service delivery in real-world settings. Along with individual research studies, the program also supports major data collection systems and surveillance networks to help identify substance abuse trends locally, nationally, and internationally, to guide development of responsive interventions for a variety of populations.

In March 2007, NIDA held a pioneering public meeting on pain relief and addiction to discuss the growing problem of prescription painkiller abuse and the potential for addiction in patients with chronic pain conditions. The meeting was held in collaboration with the NIH Pain Consortium and the American Medical Association. In July 2007, NIDA co-hosted a meeting with SAMHSA to further the goal of creating reliable and valid drug abuse screening and brief intervention tools for use in primary care settings.

FY 2009 Program Changes (-$0.3 million)
While the Budget includes a reduction of $341,000 for FY 2009, key research will continue to be supported. A major focus for this NIDA program area is to improve drug abuse prevention and treatment services, particularly in medical and criminal justice settings. NIDA will support targeted research on how drug abuse treatment can be integrated into criminal justice systems through its Criminal Justice Drug Abuse Treatment Research Studies (CJ-DATS).

[1] Includes $13.2 million for NIH Roadmap research.

NIDA is also calling for studies to develop and test comprehensive models of care that integrate drug screening, brief intervention, and referral to specialized treatment by physicians working in general healthcare settings.

Pharmacotherapies and Medical Consequences

FY 2009 Request: $114.3 million
(Includes -$0.2 million in program changes)

This program area is responsible for medications development aimed at helping people recover from drug abuse and addiction and sustain abstinence. Capitalizing on research showing the involvement of different brain systems in drug abuse and addiction—beyond the dopamine system—NIDA's medications development program is pursuing a variety of newly defined targets and treatment approaches. This program area also seeks solutions addressing the medical consequences of drug abuse and addiction.

In 2007, a pharmaceutical company working with NIDA announced positive results of its efficacy (Phase II) trials of NicVax, a vaccine designed to promote smoking cessation by inducing antibodies that block nicotine from entering the brain.

FY 2009 Program Changes (-$0.2 million)

While the Budget includes a reduction of $161,000 for FY 2009, key research will continue to be supported. Program plans for 2009 give highest priority to testing innovative therapies for cannabis and stimulants, including methamphetamine. NIDA will support research to develop new medications designed to diminish conditioned responses, promote new learning, and inhibit stress-induced relapse. Building on the promise of the nicotine vaccine, NIDA is also investing in an immunological approach to treat methamphetamine and cocaine addiction. Addiction immunotherapy causes the body to generate antibodies that bind to specific drugs while they are still in the bloodstream, blocking their entry into the brain. Such approaches have great potential to help people remain abstinent and avoid relapse once they are in treatment.

Clinical Trials Network

FY 2009 Request: $46.9 million
(Includes no program changes)

NIDA's National Drug Abuse Treatment Clinical Trials Network (CTN), which now comprises 16 research nodes and more than 240 individual community treatment programs, serves 34 States, plus the District of Columbia and Puerto Rico. The CTN tests the effectiveness of new and improved interventions in real-life community settings with diverse populations. It also serves as a research and training platform to help NIDA respond to emerging public health areas. Currently, the CTN provides an effective research platform for more than 30 research grants and a training platform for 60+ research fellows and junior faculty.

Promising CTN activities in 2007 include progress in clinical trials involving patients with comorbid Attention Deficit Hyperactivity Disorder (ADHD) and drug abuse, as well as trials of prescription opioid addiction treatments. Burenorphine/naloxone, in combination with psychotherapy, is being tested as treatment for pain patients and others addicted to opioid medications. In addition, the CTN has just completed a study to use buprenorphine with adolescents and young adults addicted to heroin; preliminary results are positive.

FY 2009 Program Changes (none)

Aggregate funding for this activity will be maintained in FY 2009. Program plans, along with expected accomplishments, are to re-compete some of the CTN nodes (2010), or centers, and to continue support of CTN trials evaluating promising medications and other treatment approaches in diverse patient populations. For example, CTN protocols will (1) assess new HIV rapid-screen technologies and counseling in CTN-affiliated community treatment programs and (2) evaluate the effectiveness of a 12-step facilitation intervention in stimulant abusing patients to initiate and sustain involvement with support groups like Alcoholics or Cocaine Anonymous.

Intramural Research Program

FY 2009 Request: $85.1 million
(Includes +$1.3 million in program changes)

This Intramural program performs cutting edge research within a coordinated multidisciplinary framework. IRP attempts to elucidate the nature of the addictive process; to determine the potential use of new therapies for substance abuse, both pharmacological and psychosocial; and to decipher the long-term consequences of drugs of abuse on brain development, maturation, function, and structure, and on other organ systems.

Recent IRP activities include the conduct of basic research to understand the role of mitochondria—the "powerhouse" of a cell that breaks down glucose to release energy—in degenerative neurological diseases (e.g., Parkinson's Disease). IRP activities also use a variety of animal models of addiction to better understand the effects of drugs on brain and behavior. In addition, the IRP operates a Teen Tobacco Addiction Treatment Research Clinic, which is assessing the safety and efficacy of quit products such as the nicotine patch and gum, in combination with group therapy, for teens who want to stop smoking.

FY 2009 Program Changes (+$1.3 million)

The Budget proposes an increase of $1.3 million for the program above FY 2008. Program plans include taking advantage of new and emerging techniques, including genetics technology and laser capture microscopy, to permit an unprecedented level of resolution and detail in our understanding of addiction circuits, and provide new targets for medications development. Other plans include understanding the role of exercise in protecting and regenerating midbrain dopamine circuits.

Research Management and Support

FY 2009 Request: $58.1 million
(Includes +$0.9 million in program changes)

RMS activities provide administrative, budgetary, logistical, and scientific support in the review, award, and monitoring of research grants, training awards, and research and development contracts. Additionally, the functions of RMS encompass strategic planning, coordination, and evaluation of NIDA's programs, regulatory compliance, international coordination, and liaison with other Federal agencies, Congress, and the public. NIDA currently oversees more than 1,800 research grants and more than 190 research and development contracts.

In addition to the infrastructure required to support research and training, NIDA also strives to rapidly disseminate research information to inform policy and improve practice. As an example, NIDA partnered withNational Institute on Alcohol Abuse and Alcoholism, HBO, and the Robert Wood Johnson Foundation to launch the groundbreaking and Emmy award winning documentary ADDICTION in March, 2007. This included a multimedia public health campaign that spotlighted promising scientific advancements and personal testimonials to help Americans understand addiction as a chronic yet treatable brain disease. In October 2007, NIDA held a Drug Facts Chat Day via the Internet to give students and teachers in classrooms across the United States the chance to ask questions and receive answers in "real time" about drug effects, addiction, and treatment.

FY 2009 Program Changes (+$0.9 million)

The Budget proposes an increase of $859,000 for this program activity. NIDA will continue to support scientific meetings to stimulate interest and develop research agendas in areas significant to drug abuse and addiction. These meetings, as well as input from the NIDA Director, the National Advisory Council on Drug Abuse, NIDA Staff, Program Experts, and Constituent Organizations, have been critical to the development of NIDA's new 5-year Strategic Plan (to be completed in FY 2008). The plan outlines major goals that will guide NIDA's research agenda for the future. NIDA will also continue to support educational outreach aimed at diverse audiences, including the general public, physicians, and educators to help raise awareness of substance abuse issues and disseminate promising prevention and treatment strategies.

National Institute on Drug Abuse			
PART Review*			
NIH HIV/AIDS Research Program			
Year of Last Review:	2003	PART Rating Received: Moderately Effective	
NIH Extramural Research Program			
Year of Last Review:	2004	PART Rating Received: Effective	
NIH Buildings and Facilities			
Year of Last Review:	2005	PART Rating Received: Effective	
NIH Intramural Research Program			
Year of Last Review:	2005	PART Rating Received: Effective	
NIH Extramural Research Facilities Construction			
Year of Last Review:	2006	PART Rating Received: Moderately Effective	
NIH Research Training and Research Career Development Program			
Year of Last Review:	2006	PART Rating Received: Effective	
Selected Measures of Performance		FY 2007 Target	FY 2007 Achieved
» SRO-3.5, by 2013, identify and characterize at least 2 human candidate genes that have been shown to influence risk for substance use disorders and risk for psychiatric disorders using high-risk family, twin, and special population studies		Identify specific haplotypes for the most promising genes	Five gene regions associated with dependence susceptibility were identified
» SRO-4.5.5, by 2008, develop and test two new evidence-based treatment approaches for drug abuse in community settings		Analyze data from completed behavioral protocols and report intial findings	Data analysis on MET, BSFT, and Seeking Safety is progressing; intial findings have been reported at scientific meetings and in the scientific literature

*NIDA programs were included the listed NIH PART reviews for the identified calendar years.

Performance

Introduction

This section on NIDA's FY 2007 performance is based on agency GPRA documents and the PART review. The table includes the PART assessment as well as performance measures, targets, and achievements for the latest year for which data are available. In calendar years 2003 through 2006 NIDA programs were included the following NIH PART reviews: HIV/AIDS Research, Extramural Research Programs, Intramural Research Programs, Buildings and Facilities, Extramural Construction, and Extramural Research Training and Research Career Development. The HIV/AIDS portfolio and Extramural Construction were found to be Moderately Effective and the Buildings and Facilities, Extramural and Intramural Programs, and the Extramural Research Training and Research Career Development activities were found to be Effective.

To ensure adequate representation of NIH's commitment to the best possible research and coordination of research efforts across NIH, the goals articulated in the Annual

Performance Plan and Report are representative of NIH's broad and balanced portfolio of research. GPRA goals, therefore, are not Institute-specific; rather they are trans-NIH comprising lead Institutes and contributors. This approach ensures adequate representation of NIH's commitment to the best possible research and coordination of research efforts across NIH. NIDA also contributes to the HHS Strategic Plan Goal 4: Scientific Research and Development.

NIDA continues to participate in a number of trans-NIH scientific research outcome (SRO) goals reported through the NIH GPRA process. Two of these goals are indicative of NIDA's efforts in the prevention and treatment of drug abuse and addiction. NIDA is the lead Institute on SRO 4.5.5, which states, "By 2008, develop and test two new evidence-based treatment approaches for drug abuse in community settings." This goal is intended to bring more drug addiction treatments from "bench to bedside." NIDA also participates in SRO 3.5, which states, "By 2013, identify and characterize at least 2 human candidate genes that have been shown to influence risk for substance use disorders and risk for psychiatric disorders using high-risk family, twin, and special population studies." By identifying genetic factors involved in the various stages of the addiction process, this goal is intended to aid in the development of improved primary (stop drug use before it starts) and secondary (prevent relapse) prevention programs.

Discussion

NIDA is a lead contributor toward NIH's scientific research goal of developing and testing evidence-based treatment approaches for specialized populations in community treatment settings. Using the National Drug Abuse Treatment Clinical Trials Network that NIDA established in 1999, NIDA met the FY 2007 target by analyzing data from the Brief Strategic Family Therapy (BSFT), Motivational Enhancement Therapy (MET), and Seeking Safety interventions, and reporting initial findings at scientific meetings and in the scientific literature. Briefly,

Research from BSFT found that: (1) specialized family treatment was more efficacious than group intervention in reducing conduct problems, associations with anti-social peers, and substance use, and it increased engagement in treatment; (2) family changes were associated with changes in behavioral problems among those families entering treatment with poor family function; and (3) physicians trained to begin diagnostic work and engagement over the phone prior to bringing in families for treatment improved engagement of family members reluctant to be involved. In a multi-site randomized controlled trial of MET in community drug abuse clinics, MET resulted in sustained substance use reductions among primary alcohol users.

Research from Seeking Safety found that Seeking Safety treatment led by community substance abuse counselors can reduce PTSD symptoms at a statistically significant level.

NIDA also contributes to NIH's scientific research goal of identifying and characterizing human candidate genes that influence risk for substance use disorders and risk of psychiatric disorders. NIDA met the FY 2007 target by identifying 5 gene regions associated with dependence susceptibility. This research has identified multiple genes associated with dependence and addiction.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Resource Summary

	Budget Authority (in Millions)		
	FY 2007 Final	FY 2008 Enacted	FY 2009 Request
Drug Resources by Function			
Prevention	563.163	564.492	533.184
Treatment	1,879.993	1,881.331	1,837.426
Total Drug Resources by Function	**$2,443.156**	**$2,445.823**	**$2,370.610**
Drug Resources by Decision Unit /1			
PRNS – Prevention	192.902	194.120	158.040
SPF SIGs (non-add)	*[105.324]*	*[104.707]*	*[95.389]*
PRNS – Treatment	398.949	399.844	336.848
Access to Recover (non-add)	*[98.703]*	*[96.492]*	*[99.716]* /2
Screening and Intervention (SBIRT) (non-add)	*[29.624]*	*[29.106]*	*[56.151]*
Drug Treatment Courts (non-add)	*[10.217]*	*[9.940]*	*[37.823]*
Substance Abuse Prevention and Treatment Block Grant /3	1,758.591	1,758.728	1,778.591
Program Management /4	92.714	93.131	97.131
Total Drug Resources by Decision Unit	**$2,443.156**	**$2,445.823**	**$2,370.610**
Drug Resources Personnel Summary			
Total FTEs (direct only)	528	534	528
Drug Resources as a Percent of Budget			
Total Agency Budget	$3,327.014	$3,356.329	$3,158.148
Drug Resources Percentage	73.43%	72.87%	75.06%

/1 Includes both Budget Authority and PHS Evaluation funds. PHS Evaluation Fund levels are as follows: $99.5 million in FY 2007, $101.25 million in FY 2008, and $112.142 million in FY 2009.

/2 Includes PHS evaluation funds for ATR in the amount of $1.7 million in FY 2009

/3 Consistent with ONDCP guidance, the entire Substance Abuse Block Grant, including funds expended for activities related to alcohol is included in the Drug Budget. The Block Grant is distributed 20 percent to prevention and 80 percent to treatment.

/4 Consistent with ONDCP guidance, all SAMHSA Program Management funding is included. Program Management is distributed 20 percent to prevention and 80 percent to treatment.

Program Summary

Mission

SAMHSA's mission is to build resilience and facilitate recovery for people with, or at risk for, substance abuse and mental illness. SAMHSA supports the National Drug Control Strategy through a broad range of programs focusing on prevention and treatment of drug abuse. These programs, which include the Substance Abuse Prevention and Treatment (SAPT) Block Grant, as well as the competitive Programs of Regional and National Significance (PRNS), are administered through the Center for Substance Abuse Prevention (CSAP) and the Center for Substance Abuse Treatment (CSAT).

Budget

In FY 2009, SAMHSA requests a total of $2,370.6 million for drug control activities, which is a reduction of $75.2 million from the FY 2008 level. The Budget directs resources to activities that have demonstrated improved health outcomes and increase capacity, and terminates or reduces less effective or redundant activities. SAMHSA has four major drug-related decision units: Substance Abuse Prevention PRNS, Substance Abuse Treatment PRNS, the Substance Abuse Prevention and Treatment Block Grant, and Program Management.

Programs of Regional and National Significance—Prevention

Total FY 2009 Request: $158.0 million
(Includes -$36.1 million in program changes)

CSAP PRNS programs are organized into two categories: 1) Capacity, and 2) Science to Service. Several important drug related programs within these categories are detailed below.

Prevention Capacity Activities

Capacity activities include service programs, which provide funding to implement service improvement using proven evidence-based approaches, and infrastructure programs, which identify and implement needed systems changes. A major drug related program included in this category is the Strategic Prevention Framework-State Incentive Grants (SPF-SIGs).

Strategic Prevention Framework-State Incentive Grants (SPF-SIGs)

FY 2009 Request: $95.4 million
(Includes -$9.3 million in program changes)

The FY 2008 resources of $104.7 million for SPFSIG support 42 continuation grants to states and tribes and several contracts. CSAP's SPF-SIG uses a public health approach that supports the delivery of effective programs, policies and practices to prevent substance use disorders. It is an approach that can be embraced by multiple agencies and levels of government that share common goals. It emphasizes: developing community coalitions; assessing problems, resources, risk and protective factors; developing capacity in states and communities; implementing evidenced-based programs with fidelity; and monitoring, evaluating, and sustaining those programs.

FY 2009 Program Changes (-$9.3 million)

The FY 2009 Budget includes a $9.3 million reduction for SPF-SIG. The Budget fully funds all 21 continuation grants, 21 new grants, and 6 contracts. The reduction is due to grants coming to a natural end. At least eighty-five percent of SPF-SIGs fund community-level organizations, including faith-based organizations.

Other Prevention Capacity Programs

FY 2009 Request: $49.4 million
(Includes -$13.4 million in program changes)

The FY 2008 Budget includes resources of 62.833 million for existing Mandatory Drug Testing programs, the Substance Abuse Prevention/Minority AIDS grants (SAP/MAI), Methamphetamine Prevention, and Program Coordination.

FY 2009 Program Changes (-$13.4 million)

Reductions in Workplace programs, Methamphetamine Prevention, and Program Coordination are proposed. The FY 2009 level would maintain all current grants, but would not continue workforce and Methamphetamine grants coming to a natural end. The FY 2009 level supports continuation of 127 HIV/AIDS prevention grants. With increased access to SAMHSA's new rapid HIV testing methodology through its program sites, more high-risk minority populations can be identified and screened. The FY 2009 Budget also includes $7.0 million for a new Pre-

vention TCE grant program. These grants will address emerging prevention needs identified by States and local communities that could include various areas of need, such as: underage alcohol use, and methamphetamine-focused activities, among others.

Prevention Science and Service Activities

Science and Service Activities promote the identification and increase the availability of practices thought to have the potential for broad service improvement. A major drug-related program included in this category is the National Registry of Evidence-based Programs and Practices.

National Registry of Evidence-based Programs and Practices

FY 2009 Request: $1.936 million
(Includes +$0.786 million in program changes)

The FY 2008 resources of $1.15 million will support the National Registry of Evidence-based Programs and Practices (NREPP). This includes both prevention and treatment. NREPP is a system designed to support informed decision making and to disseminate timely and reliable information about interventions that prevent and/or treat mental and substance use disorders. The NREPP system allows users to access descriptive information about interventions, as well as peer-reviewed ratings of outcome-specific evidence across several dimensions. NREPP provides information to a range of audiences, including service providers, policy makers, program planners, purchasers, consumers, and researchers.

FY 2009 Program Changes (+$0.786 million)

The new NREPP web site provides an array of descriptive information on all reviewed interventions, as well as quantitative ratings (on zero to four scales) for two important dimensions -strength of evidence, and readiness for dissemination. The new web site will also have the capacity to generate customized searches on one or multiple factors including specific types of outcomes, types of research designs, intervention costs, populations and/or settings, as well as the two quantitative dimensions (strength of evidence and readiness for dissemination). This will allow states and communities to identify which factors are most important or relevant to them in the selection of interventions, and customize a search to yield only these interventions (e.g., interventions reducing underage drinking evaluated using an RCT design, and achieving 3 out of 4 scale on both the strength of evidence and readiness for dissemination dimensions).

Other Prevention Science and Service Programs

FY 2009 Request: $12.6 million
(Includes –$13.4 million in program changes)

The FY 2008 Budget provides resources of $25.930 million in support of: the Fetal Alcohol Spectrum Disorder program; the Center for the Advancement of Prevention Technologies; the SAMHSA Health Information Network.

FY 2009 Program Changes (-$13.4 million)

The Budget provides $12.6 million to continue Fetal Alcohol Spectrum Disorder grants and the SAMHSA Health Information Network. The Budget proposes eliminating funding for the remaining Prevention Science and Service programs. These activities are less effective and the goals are accomplished through other SAMHSA or government activities. The CAPTs will continue to be funded through the Set-Aside funds.

Programs of Regional and National Significance—Treatment

Total FY 2009 Request: $336.8 million[1] Includes $4.3M in PHS funds.
(Includes -$63.0 million in program changes)

CSAT PRNS programs are also organized into two categories: 1) Capacity, and 2) Science and Service. Several important drug-related programs within these categories are detailed below.

Treatment Capacity Activities

As stated above, capacity activities include services programs, which provide funding to implement service improvement using proven evidence-based approaches, and infrastructure programs, which identify and implement needed systems changes. Key activities included in this category are: Access to Recovery (ATR); Screening, Brief Intervention, Referral, and Treatment (SBIRT) initiatives; and Adult, Juvenile, and Family Drug Court services.

Access to Recovery

FY 2009 Request: $99.7 million
(Includes +$3.2 million in program changes)

The FY 2008 resources for ATR include $96.5 million to continue the last year of the second cohort of 24 grants awarded at the end of FY 2007. Within this amount, up to $25.0 million supports treatment for clients using methamphetamine.

ATR is designed to: (1) allow recovery to be pursued through personal choice and many pathways; (2) require grantees to manage performance based outcomes that demonstrate client successes; and, (3) expand capacity by increasing the number and types of providers who deliver clinical treatment and/or recovery support services. The program is administered through State Governor's Offices, recognized Tribal Organizations, or through the Single State Authority overseeing substance abuse activities. ATR uses vouchers, coupled with state flexibility and executive discretion, to offer an unparalleled opportunity to create profound positive change in substance abuse treatment and recovery service delivery across the Nation.

FY 2009 Program Changes (+$3.2 million)

The Budget includes an increase of $3.2 million for ATR. This level Includes PHS evaluation funds for ATR in the amount of $1.7 million in FY 2009. The program seeks to serve 65,000 in FY 2009 , or 160,000 over the three years of the cohort. Data from the first cohort of 15 ATR grantees shows, as of September 30, 2007, 199,247 clients had received services, exceeding the 125,000 target by 59.4%. Recovery support services account for approximately 50 percent of the dollars redeemed, including family services, transportation, housing services, and education.

Screening, Brief Intervention, Referral, and Treatment Activities

FY 2009 Request: $56.2 million
(Includes +$27.1 million in program changes)

Substance abuse is one of our Nation's most significant public health challenges. The Screening, Brief Intervention, Referral and Treatment (SBIRT) program has the potential to fundamentally transform substance abuse treatment and prevention in the U.S. The SBIRT approach can intervene early in the disease process before they become dependent and/or addicted, and motivate the addicted to pursue a referral to treatment. This powerful tool can not only prevent the human misery caused by substance abuse but also reduce health care and treatment costs.

The FY 2008 resources specifically designated for SBIRT activities total $29.1 million, which supports continuations of current grants and contracts, and provides $3.75 million for a new SBIRT initiative for Medical Residency programs. The SBIRT grant program uses cooperative agreements to expand and enhance a state or Tribal Organization's continuum of care by adding screening, brief intervention, referral, and treatment services within general medical settings. In addition, by providing consistent linkages with the specialty treatment system, the SBIRT approach is expected to result in systems and policy changes, which will increase substance abuse treatment access in both the generalist and specialist sectors.

FY 2009 Program Changes (+$27.1 million)

The Budget proposes $56.2 million for SBIRT activities, an increase of $27.1 million over the FY 2008 level. The Administration will expand its legacy with the SBIRT program in the FY 2009 President's Budget by supporting these three initiatives:

Promoting Sustainability. To ensure that the program is sustainable the program will now, as a condition of award, require grantee acknowledgement that federal resources are intended to catalyze local support for this effective program and also require local matching funding. The matching component will oblige grantees to provide matching funds; the grantee contribution will be 5% in the 1st year, 20% in the 2nd year, and 50% in the 3rd year.

Supporting Training. SBIRT grants for teaching hospitals will set-aside a portion of the grant funds for training. The training has a two-fold purpose, to (1) provide initial training for personnel to implement SBIRT within a teaching hospital system (2) become a focus for statewide training of SBIRT, by training-the-trainer for wider dissemination. The train-the-trainer approach will leverage the initial trainings and further expand the impact of the program.

Expanding SBIRT to Emergency Departments/ Trauma Centers. The President's Budget proposes expanding SBIRT to emergency departments and trauma centers(ED/TCs), especially those affiliated with a medical school that does not already support an SBIRT program. Focusing on ED/TCs will maximize opportunities for reaching a broad range of the population with high incidence of substance-related emergencies, create opportunities to educate medical students and medical residents on SBIRT and provide an opportunity for linking research efforts to SBIRT activities. Research findings drawn from these programs could be invaluable in improving future SBIRT initiatives.

Adult, Juvenile, and Family Drug Courts

FY 2009 Request: $37.8 million
(Includes +$27.9 million in program changes)

The FY 2008 resources of $9.9 million will support efforts to combine the sanctioning power of courts with effective treatment services to break the cycle of child abuse/neglect, criminal behavior, in addition to alcohol and/or drug abuse. The purpose of Adult, Juvenile, and Family Drug Court grants is to supply funds to treatment providers and the courts to provide alcohol and drug treatment, wrap-around services supporting substance abuse treatment, assessment, case management, and program coordination to those in need of treatment drug court services. Priority for the use of the funding will be given to addressing gaps in the continuum of treatment.

FY 2009 Program Changes (+$27.9 million)
The Budget includes a $27.9 million increase over the FY 2008 level. These resources will more than triple the number of drug court grants over FY 2008, including award of approximately 82 new grants.

Other Treatment Capacity Programs

FY 2009 Request: $123.80 million
(Includes -$112 million in program changes)

The FY 2008 Budget includes resources of $235.8 million for several other Treatment Capacity programs including: the Opioid Treatment Programs and Regulatory Activities; Treatment Systems for Homeless; the Minority AIDS Initiative; and Services Accountability, as well as others.

FY 2009 Program Changes (-$112 million)
The Budget includes a reduction of $112 million in other Treatment Capacity programs and focuses resources on activities that directly demonstrate improvements in substance abuse outcomes and increase capacity. The Budget reduces or eliminates less effective or redundant activities, such as: Pregnant and Post-Partum Women, Strengthening Treatment, Access and Retention, and Recovery Community Services Program. For example, the Pregnant and Post-Partum Women grantees have not demonstrated improved performance through outcome measures and more than 20 percent of grantees have exceeded approved costs bands for providing services.

Treatment Science and Service Activities

As stated above, Science and Service Activities promote the identification and increase the availability of practices thought to have the potential for broad service improvement. A major drug-related program included in this category is the Addiction Technology Transfer Centers (ATTCs).

Treatment Science and Service

FY 2009 Request: $2.858 million
(Includes -$15.256 million in program changes)

The FY 2009 Budget includes resources of $14.1 million for Treatment Science and Service programs including: Addiction Technology Transfer Centers, the National Registry of Evidence-Based Programs and Practices, the SAMHSA Health Information Network,.

SAMHSA remains committed to addressing co-occurring disorders throughout its grant portfolio. Grant announcements throughout the agency will include language requiring screening and services for individuals with co-occurring disorders where appropriate In addition, SAMHSA plans to continue technical assistance efforts in this area. One program in particular, the Addiction Technology Transfer Center network, supports training and technology transfer activities to promote the adoption of evidence-based practices in substance use disorder treatment and, more broadly, to promote workforce development in the addiction treatment field. The ATTC network operates as 14 individual Regional Centers serving the 50 States, the District of Columbia, Puerto Rico, the U.S. Virgin islands, and the Pacific Islands, and an ATTC National Office. The ATTC mission focuses on upgrading the skills of existing practitioners and other health professionals and dissemination of the latest science to the treatment community. The resources are expended to create a multitude of products and services that are timely and relevant to the many disciplines represented by the addiction treatment workforce. At the regional level, individual centers focus primarily on meeting the unique needs in their areas while also supporting national initiatives. The national office implements national initiatives and supports and promotes regional efforts.

FY 2009 Program Changes (-$15.256 million)

The Budget proposes a reduction of $14.5 million. Resources will fully fund most grant continuations; however, one grant program and several contract activities have been eliminated, including: Minority Fellowship Program grants, Special Initiatives and Outreach, State Service Improvement, and Information Dissemination. The goal of the MFP is to place practitioners in clinical settings; however, only 15 percent of psychiatry participants move on to a primary clinical work setting and only one percent of social work participants move on to a clinical setting. The 2009 Budget request will continue to support workforce needs, and emerging issues. Previous grants have focused on HIV/ AIDS, academic preparation, workforce development, veterans, and methamphetamine abuse.

Substance Abuse Prevention and Treatment Block Grant:

Total FY 2009 Request: $1.779 billion
(Includes +$20.0 million in program changes)

The overall goal of the SAPT Block Grant is to support and expand substance abuse prevention and treatment services, while providing maximum flexibility to states. States and territories may expend their funds only for the purpose of planning, carrying out, and evaluating activities related to these services. States may provide SAPT Block Grant funds to community and faith based organizations to provide services. Of the amounts appropriated for the SAPT Block Grant, 95 percent are distributed to states through a formula prescribed by the authorizing legislation. Factors used to calculate the allotments include total personal income; state population data by age groups (total population data for territories); total taxable resources; and a cost of services index factor. Remaining funds are used for data collection, technical assistance, and program evaluation, which are retained by SAMHSA for these purposes. The set-aside is distributed among CSAP, CSAT, and the SAMHSA Office of Applied Studies for purposes of carrying out the functions prescribed by the SAPT Block Grant legislation.

The FY 2008 resources of $1.759 billion will provide grant awards to 60 eligible States, Territories, the District of Columbia, and the Red Lake Indian Tribe of Minnesota. These resources will support approximately 2 million treatment episodes.

FY 2009 Program Changes (+$20.0 million)

A primary weakness identified in a 2003 PART assessment of the SAPT Block Grant was the

inability to document long-term outcomes in supported grantee programs. The FY 2008 SAPT Block Grant Application enhances accountability by requiring States to report on National Outcome Measures (NOMs) linked to prevention and treatment services financed with block grant funds. Comprehensive reporting on defined national outcome measures by all states will improve the quality of substance abuse services. Many states have been voluntarily reporting on selected outcome measures since FY 2002; however, more States have been coming on line each year, and all are expected to report NOMs by the end of FY 2008. As further performance incentive and to enhance capacity, the funding increase shown above has been provided for performance awards for the top 20 percent of SAPT Block Grant recipients that report on the NOMs. To receive an award, grantees would have to meet superior performance as determined by the Secretary. Awards would consist of a two-tiered approach: up to $2.5 million would be available for top performers receiving $21 million or greater in their prior year award and up to $1.5 million would be available for the top performers receiving less than $21 million in their prior year award.

Program Management

Total FY 2009 Request: $97.1 million
(Includes +$4.0 million in program changes)

The FY 2008 resources of $93.1 million support staffing and activities to administer SAMHSA programs. Program Management supports the majority of SAMHSA staff who plan, direct, and administer agency programs and who provide technical assistance and program guidance to states, mental health and substance abuse professionals, clients, and the general public. Agency staffing represents a critical component of the budget. Staff not financed directly through the Program Management account provide direct state technical assistance and are funded through the 5 percent Block Grant set-asides. There are currently 57 FTEs dedicated to Block Grant technical assistance. Program Management also includes: contracts for block grant investigations (monitoring); support for the Unified Financial Management System (UFMS); administrative activities such as Human Resources, Information Technology, and centralized services provided by the Program Support Center and the Department.

FY 2009 Program Changes (+$4.0 million)
The Budget includes an increase of $4.0 and will continue to support all staffing requirements including funding of federal pay cost increases, other personnel-related activities, and various support functions. Also provided within the PM funding is a total of $21.8 million to supplement the SAPT Block Grant Set-aside funds that support the national surveys. SAMHSA continues to ensure the viability of key data systems that support the Nation's policy and research interests consistent with the funding levels requested in the FY 2009 President's Budget.

Performance

Introduction

This section on the FY 2007 performance of SAMHSA programs is based on agency GPRA documents and the PART review, discussed earlier in the Executive Summary. The tables include conclusions from the PART assessment as well as performance measures, targets and achievements for the latest year for which data are available.

The PART reviews noted the key contributions of SAMHSA's substance abuse programs in supporting prevention and treatment services in states, territories, and communities. The primary criticism from earlier reviews was the lack of outcome measures, targets, and/or data, without which programs could not demonstrate effectiveness. Over the past several years, SAMHSA, in collaboration with the states, has identified a set of standardized NOMs that will be monitored across all SAMHSA programs. The NOMs have been identified for both treatment and prevention programs, as well as common methodologies for data collection and analysis. PART reviews in 2007 and 2004, both of the Access to Recovery program and the Prevention Programs of Regional and National Significance, resulted in ratings of "Moderately Effective."

SAMHSA has implemented on-line data collection and reporting systems for prevention and treatment programs, and has assisted states in developing their data infrastructures. Efficiency measures have also been implemented for all programs.

CSAP

The major programs are the 20 percent prevention set-aside from the SAPT Block Grant and PRNS, discussed in the following sections.

CSAP SAPT 20% Prevention Set Aside			
PART Review			
Year of Last Review*: 2003		**Rating Received: Ineffective**	
Evaluation Area	**Score**	**Review Highlights**	
Purpose	80	Without uniformly defined and collected outcome information from each state, the program (including prevention and treatment) could not demonstrate its effectiveness. The National Outcome Measures, implemented after the PART review, addressed this finding.	
Planning	50		
Management	89		
Results	8		
Selected Measures of Performance*		**FY 2007 Target**	**FY 2007 Achieved**
» Lifetime drug non-use**		56%	54%
» 30-day drug use***		7%	8%
» Perception of harm of drug use		75%	73%
» Number of participants served in prevention programs		Establish baseline	6,322,551

* The SAPT Block Grant was reviewed as a whole, including the prevention and treatment portions.
** Percent, ages 12 and older, who report they have never used illicit substances.
***Percent of program participants who used substances in the last 30 days.

Discussion

All States have submitted prevention NOMs data in the FY 2008 application. While most states' prevention NOMs data are complete, there are several cases where CSAP is providing technical assistance to states that are unable to provide the data for all the NOMs. CSAP'S Minimum Data Set is being enhanced to be consistent with NOMs data collection and will go live in February 2008 for use in future SAPT applications and other state program data reporting

Increasing emphasis on the Strategic Prevention Framework (SPF) is now being evidenced in the 20 percent set-aside and other state activities. For example, data collected between October 2004 and 2007 show that most states now use SPF (or its equivalent) for needs assessment, building state capacity, planning, and program implementation. Almost half the states use SPF or its equivalent for evaluation.

Six states promote Sustainability. For example in Nebraska, 254 people from various disciplines received in-depth training to allow them to serve as "Community Coaches." The coaches work with local coalitions to develop strong, sustainable prevention systems that can effectively engage in evidence-based planning processes to effectively reduce local substance abuse rates.

Fourteen states promote cultural competence. For example, Delaware funded the Latin American Community Center (LACC) to provide bilingual prevention education and information dissemination activities that include substance abuse prevention education for 2,000 young adults per year through 120 outreach and education sessions per year. LACC also provides bilingual outreach and referral activities including strategies targeting businesses, organizations, beverage providers, media, and community events.

CSAP PRNS

CSAP PRNS			
PART Review			
Year of Last Review: 2004		**Rating Received:** Moderately Effective	
Evaluation Area	**Score**	**Review Highlights**	
Purpose	100	The program has developed and implemented the Strategic Prevention Framework, a comprehensive planning and implementation model that facilitates coordination among PRNS projects and with other substance abuse prevention programs. The program has made outcome reporting a requirement for grantees and will make performance data more available to the public by posting grantee data on the internet.	
Planning	88		
Management	90		
Results	47		
Selected Measures of Performance		**FY 2007 Target**	**FY 2007 Achieved**
» Percent SPF SIG states with decrease in 30-day use of illicit drugs (ages 12-17)*		Establish baseline	56%
» Percent SPF SIG states with increase in perception of risk from substance abuse.		Establish baseline	74%
» HIV: 30 day use of other illicit drugs age 12 and up		95%	8%
» HIV: Percent of program participants, ages 12-17, who rate the risk of substance abuse as moderate or great		Establish baseline	TBR**

* SPF SIGs are Strategic Prevention Framework State Incentive Grants.
** TBR—To Be Reported

Discussion

The Prevention PRNS programs primarily focus on the Strategic Prevention Framework State Incentive Grants (SPF-SIG) and the Substance Abuse Prevention and HIV Prevention in Minority and Minority Re-entry Populations program (HIV). The SPF-SIG takes a public health approach for the prevention of substance abuse by requiring a systematic, comprehensive prevention process, first at the state and then at the community levels. This state and community infrastructure and capacity building is expected to have stronger and longer lasting effects over time. Because of the time lag in achieving outcomes, the SPF SIG program has been tracking interim outputs and benchmarks expected to result in better outcomes. For example, 100% of all funded cohorts have conducted state needs assessments, 96 percent have submitted state plans, and 89 percent have had their plans approved.

The HIV program supports grants to implement the SPF and evidence-based interventions to prevent the onset and reduce the progression of substance abuse, the transmission of HIV, and hepatitis infections for minority and minority reentry populations. Based on preliminary survey data, 3,454 people were served by grantees in cohort six thus far.

CSAT

The major programs are the SAPT Block Grant and the PRNS, highlighted in the following sections.

The SAPT Block Grant –Treatment

CSAT SAPT Block Grant			
PART Review			
Year of Last Review: 2003*		**Rating Received:** Ineffective	
Evaluation Area	**Score**	**Review Highlights**	
Purpose	80	Without uniformly defined and collected outcome information from each state, the program (including prevention and treatment) could not demonstrate its effectiveness. The National Outcome Measures, implemented after the PART review, addressed this finding.	
Planning	50		
Management	89		
Results	8		
Selected Measures of Performance		**FY 2007 Target**	**FY 2007 Achieved**
» Percent clients reporting abstinence from drug use at discharge		68%	TBR Oct 2008
» Number of admissions to substance abuse treatment programs receiving public funding**		2,003,324	TBR Oct 2009

* The SAPT Block Grant was reviewed as a whole, including the prevention and treatment portions.

** SAMHSA's Treatment Episode Data Set (TEDS) is the data source for this measure, representing treatment admissions rather than the total number served. FY 2005 is the most recent year for which data are currently available because of the time required for states to report data for any given year. The number of client admissions for 2005 was 1,849,548.

Discussion

SAMHSA has established a data-driven block grant mechanism which will monitor the new NOMs as well as improve data collection, analysis, and utilization. Data for the treatment NOMs are drawn from a combination of sources, including the Treatment Episode Data Set and State-specific reports. A major milestone was reached when the reporting of NOMs was made mandatory in the FY 2008 SAPT Block Grant Application. SAMHSA has committed funding for a national evaluation of the Block Grant. An evaluability assessment has been completed and the full evaluation is scheduled to be completed in December 2008.

CSAT PRNS		
PART Review		
Year of Last Review: 2002		**Rating Received:** Adequate
Evaluation Area	**Score**	**Review Highlights**
Purpose	80	It is not clear that all activities best serve the program purpose. Some activities more directly expand access to drug treatment; however, the relationship between those activities and the activities to improve the quality of treatment such as training and communications, is less clear. The program has not regularly performance information to improve outcomes, and has little data to indicate progress in performance measures." This language was taken directly from the PART Summary on www.Expectmore.gov.
Planning	86	
Management	64	
Results	33	

Selected Measures of Performance	FY 2006 Target	FY 2006 Achieved
» Percent adult clients currently employed/engaged in productive activities	52%	57%
» Percent adult clients with permanent place to live	53%	46%
» Percent adult clients with no/reduced involvement with the criminal justice system	96%	96%
» Percent adult clients with no/reduced alcohol or illegal drug-related health, behavioral, or social consequences	67%	65%
» Percent of adult clients with no past-month substance abuse.	63%	60%
» Number of clients served*	35,334	35,516

*Total of all CSAT Capacity programs excluding Access to Recovery and the Screening, Brief Intervention, Referral, and Treatment program.

Discussion

The Treatment PRNS provides funding to implement service improvements, using proven evidence-based approaches, system changes, and programs to promote identification and increase the availability of practices with potential for broad service improvement. The PRNS enables CSAT to address emerging issues in the field. A major advance since the PART assessment has been the implementation of the Services Accountability and Improvement System, a web-based data system to improve data collection, analysis, and reporting.

Among the PRNS programs is the Screening, Brief Intervention, Referral, and Treatment program (SBIRT), implemented in 2003. In FY 2007, SBIRT provided over 135,000 substance abuse screenings in primary and generalist settings. CSAT also completed the design for an evaluation of the program. In addition, the non-SBIRT and non-ATR components of the PRNS program served a total of 35,516 clients in 2007. Targets for employment and criminal justice involvement were also met or exceeded.

The ATR program, implemented in 2005, was assessed separately in 2007. The program is described below.

Access to Recovery

Access to Recovery			
PART Review			
Year of Last Review: 2007		**Rating Received:** Moderately Effective	
Evaluation Area	**Score**	**Review Highlights**	
Purpose	100	The PART review found that the program has a clearly defined purpose with specific goals and objectives; that the program has set ambitious targets; and performance data show considerable success in meeting program goals and objectives.	
Planning	88		
Management	70		
Results	67		
Selected Measures of Performance		**FY 2007 Target**	**FY 2007 Achieved**
» Percentage of individuals receiving services, who had no past month substance use		81%	85%
» Number of clients gaining access to treatment		50,000	79,150
» Percentage of individuals receiving services, who had improved family and living conditions		52%	60%
» Percentage of individuals receiving services who had no involvement with the criminal justice system.		97%	98%
» Percentage of adults receiving services who had improved social support		90%	75%
» Percentage of individuals receiving services who are currently employed or engaged in productive activities		50%	62%
» Average cost per client served through ATR		Establish baseline	1,605

Discussion

The Access to Recovery (ATR) program provides grants to States, Tribes, and Tribal organizations to undertake voucher programs that expand substance abuse treatment capacity and promote choice among clinical treatment and recovery support providers. It was proposed by President Bush in his 2003 State of the Union Address.

The program has been highly successful. Data from the first cohort of ATR grants shows that as of June 2007, 190,734 clients had received services, exceeding the program target of 125,000. Recovery Support Services account for approximately 48% of dollars redeemed.