DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

Resource Summary

	Budget Authority (in Millions)		
	FY 2006 Final	FY 2007 Estimate	FY 2008 Request
Drug Resources by Function			
Treatment	–	–	75.000
Total Drug Resources by Function	**–**	**–**	**$75.000**
Drug Resources by Decision Unit			
Centers for Medicare and Medicaid Services	–	–	75.000
Total Drug Resources by Decision Unit	**–**	**–**	**$75.000**
Drug Resources Personnel Summary			
Total FTEs (direct only)	0	0	0

Program Summary

Mission

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

Budget

CMS has 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. With anticipated state implementation in FY 2008, funding is estimated at $75.0 million.

Centers for Medicare and Medicaid Services

Total FY 2008 Request: $75.0 million
(Included +$75.0 million in program changes)

Screening and Brief Intervention

FY 2008: $75.0 million
(Includes +$75.0 million in program changes)

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 fifteen minutes in duration for alcohol and/or drug abuse. The codes became effective on January 1, 2007. It is anticipated that state implementation will begin in FY 2008.

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 used by health care providers and states, will provide the opportunity for state Medicaid programs to pay for SBI services. These codes will also facilitate, for the first time, precise tracking of clinician adoption of these 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 2008 Program Changes (+$75.0 million)
The Office of National Drug Control Policy (ONDCP) worked with CMS Actuary to develop an estimated cost for these codes. The federal Medicaid cost under these assumptions is projected to be $75.0 million in FY 2008. ONDCP plans to continue to work closely with the Centers for Medicare & Medicaid Services, states, and medical societies in educating states and clinicians about the SBI approach so as to expand state participation in FY 2009.

Performance

Introduction

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institute on Drug Abuse

Resource Summary

	Budget Authority (in Millions)		
	FY 2006 Final	FY 2007 Estimate [/1]	FY 2008 Request
Drug Resources by Function			
Prevention	409.931	410.400	410.550
Treatment	588.927	589.600	589.815
Total Drug Resources by Function	**$998.858**	**$1,000.000**	**$1,000.365**
Drug Resources by Decision Unit			
National Institute on Drug Abuse	998.858	1,000.000	1,000.365
Total Drug Resources by Decision Unit	**$998.858**	**$1,000.000**	**$1,000.365**
Drug Resources Personnel Summary			
Total FTEs (direct only)	361	366	371
Drug Resources as a Percent of Budget			
Total Agency Budget	$998.858	$1,000.000	$1,000.365
Drug Resources Percentage	100.00%	100.00%	100.00%

[/1] The FY 2007 level does not include approximately $0.6 million for NIH internal program adjustments.

Program Summary

Mission

Research on drug abuse over the past thirty years has brought us a deeper understanding of the disease of addiction, allowing us to develop more targeted strategies for its prevention and treatment. This is the National Institute on Drug Abuse's (NIDA) continuing priority. Therefore, NIDA's goals must be both short- and long-term: to address the needs of people already suffering from drug abuse and addiction while at the same time developing the knowledge that will lead to more effective prevention and treatment of drug abuse and addiction in the future. The research also requires investigation of strategies that will ensure the "translation" of prevention or therapeutic interventions for the communities that can benefit from them.

While multiple challenges remain to fulfill this mission, many new opportunities have dawned to help overcome them. The challenges are familiar ones: high rates of drug abuse and low rates of treatment; lack of physician participation in identifying and treating substance abuse; lack of treatment integration with health care programs and major medical insurers; and lack of pharmaceutical industry involvement in developing anti-addiction medications. The opportunities, on the other hand, promise proactive approaches that can help overcome these obstacles through the application of revolutionary genetics and molecular biology tools, modern brain imaging technology, ground-breaking knowledge on brain development, and promising preclinical and clinical trials of anti-addiction medications and novel behavioral treatments.

Budget

In FY 2008, NIDA requests $1.0 billion, which is an increase of $0.4 million from FY 2007. Key programs are highlighted below.

Current Drug Abuse Prevalence
Knowledge from scientific research on drug abuse and addiction has prompted notable shifts in attitudes and behaviors toward drugs. According to the Monitoring the Future Study (MTF), approximately 840,000 fewer young people are using illicit drugs today than in 2001—an impressive 23 percent reduction. Further, SAMHSA found that the use of nicotine is now lower than at any time since MTF of students began in 1975. Nevertheless, in 2005, an estimated 19.7 million Americans aged 12 and older were current (noted as "past month" in the survey) illicit drug users.[2] And, according to MTF, almost 50 percent of 12th graders will have tried an illicit drug by the time they graduate from high school. These are unacceptably high numbers rendered even more problematic in that drugs of abuse may be especially deleterious to adolescent brains.

Addressing the Latest Trends
Prescription drugs. Drug abuse can apply to more than abuse of illicit substances. In fact, the MTF reports in 2006 that roughly one in ten 12th graders used the prescription pain reliever Vicodin nonmedically during the past year—abuse second only to marijuana. In general, prescription drug abuse is a problem that appears to be increasing in certain populations, and therefore is the subject of several NIDA initiatives.

Physician Outreach. NIDA is undertaking a Physician's Outreach Initiative to engage the medical community in identifying substance abuse problems, including prescription drug abuse, in their patients and to raise awareness of substance abuse and addiction as a primary care health issue. NIDA will (1) work with the Office of National Drug Control Policy (ONDCP) to increase drug abuse training for physicians; (2) partner with the American Medical Association to improve physician-patient communication about substance abuse; and (3) sponsor four National Centers of Excellence in Physician Information to conduct research and develop messages and dissemination avenues for medical students, primary care, and family practice residents to raise awareness of substance abuse issues and of NIDA as a resource.

Methamphetamine. NIDA is pursuing several different therapeutic approaches to address methamphetamine use, including both medications and behavioral therapies aimed at abstinence, relapse prevention, and cognitive dysfunction caused by long-term abuse.

Drug abuse and HIV/AIDS. HIV/AIDS, in which drug abuse is a major factor, continues to disproportionately affect African Americans and other minority populations. To overcome identified obstacles for differentially affected populations, NIDA released two program announcements in 2006 calling for drug abuse and mental health research on HIV/AIDS among African Americans, along with research on criminal-justice-related health disparities in this population.

New Directions in Drug Abuse Research
New knowledge is leading us to new solutions that address the multiple factors contributing to addiction. For example, an exciting new initiative being undertaken with the National Cancer Institute (NCI) will examine the interplay of gene-environment-development interactions and promises to aid in mitigating developmental risk. Fascinating results are already emerging from both basic and clinical social neuroscience studies, where non–invasive brain imaging techniques are providing information on the brain circuits involved in social behaviors and how these are affected by drug abuse.

Advances in neuroscience research, which yield a more accurate understanding of addiction as a chronic disease of the brain, have also inspired new approaches to treatment. Whereas formerly, medications development efforts zeroed in on the chemical dopamine and the brain reward system, therapeutic approaches are now also focusing on other brain circuits (memory, executive control, motivation), other neurotransmitter systems (cannabinoids, GABA, glutamate), and other strategies (vaccines, slow-release delivery systems).

For behavioral approaches, NIDA is encouraging investigators to evaluate the use of functional imaging technologies to optimize cognitive behavioral interventions (i.e., to develop messages that activate brain regions promoting greater acceptance) and to use neurofeedback to strengthen targeted brain circuits. The latter approach was shown to be useful in teaching subjects to decrease their emotional reaction to pain by activating brain areas that control emotions.

National Institute on Drug Abuse

Total FY 2008 Request: $1.0 billion
(Included +$0.4 million in program changes)

Clinical and Basic Neuroscience and Behavioral Research

Total FY 2008: $429.1 million
(Includes no program changes)

The $429.1 million in FY 2007 support NIDA's clinical and basic neuroscience and behavioral research. Clinical and basic neuroscience and behavioral research represent two programs in NIDA that work together to enlarge the understanding of neurobiological, genetic, and behavioral factors that underlie 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 needed to develop and inform prevention and treatment interventions for drug abuse and addiction.

FY 2008 Program Changes (none)

While total program funding for Clinical and Basic Neuroscience and Behavioral Research remains unchanged from the prior year, NIDA will undertake several new initiatives in FY 2008. These are highlighted below.

In FY 2008, NIDA plans to include several targeted initiatives to stimulate research in emerging scientific areas or those under-represented in the current research portfolio. NIDA will expand its portfolio to investigate the social brain, to include studies on genetics, molecular biology, behavioral pharmacology, and brain imaging. Plus, NIDA will advance a Genes, Environment, and Development Initiative to solicit research investigating the interplay among these variables in the etiology of substance abuse in humans. NIDA will also encourage and support the development of next generation technologies needed to identify and catalogue the myriad functional changes to the DNA (i.e., epigenetic modifications) that can result from exposure to a wide range of environmental variables, such as quality of parenting. NIDA will call for studies of medications and genetic interventions to facilitate the "unlearning" or extinction of conditioned drug responses—often the promoters of relapse to drug abuse. Resulting research will be used to guide and implement combined behavioral and pharmacological interventions to enhance drug abuse treatment and reduce relapse. Finally, NIDA promotes research to foster the development of more effective HIV prevention interventions, targeting the role of drug abuse on HIV transmission and acquisition.

Epidemiology, Services and Prevention Research

FY 2008: $249.4 million
(Includes –$0.2 million in program changes)

The $249.6 million provided in FY 2007 will promote integrated approaches to understand and address the interactions between individuals and environments that contribute to the continuum of problems related to drug abuse. The vision is to support research to prevent drug abuse and optimize service delivery in real-world settings.

FY 2008 Program Changes (–$0.2 million)

While the Budget includes a reduction in resources for FY 2008, key research will continue to be supported. These areas are highlighted below.

In FY 2008, NIDA will continue to support targeted research on how drug abuse treatment and criminal justice systems interact through the Criminal Justice Drug Abuse Treatment Research Studies (CJ-DATS). To further this research, centers within CJ-DATS will be re-competed in FY 2008. Another major area is prescription drug abuse. NIDA will address it through a multi-pronged strategy that includes epidemiological studies and basic, preclinical, and clinical research, including: (1) a collaboration with the National Institute on Aging and the National Institute of Dental and Craniofacial Research on a major solicitation (estimated at $3 million for FY 2008) for cross-disciplinary studies to investigate the use of opioids for pain treatment and to better understand the nexus of abuse and addiction to them; and (2) research on the development of therapeutic agents with reduced abuse liability. Examining factors that predispose or protect against opioid abuse and addiction will help develop screening and diagnostic tools for primary care physicians to assess the potential for prescription drug abuse in their patients. Other

tools being developed include those needed to assess the impact of social environmental variables on decision-making and drug abuse risk by looking at social setting, parenting, education, neighborhood, and public policies. NIDA is encouraging research on the use of the Internet and other web-based communication strategies to acquire information that can be integrated into prevention efforts.

Pharmacotherapies and Medical Consequences

FY 2008 Request: $116.6 million
(Includes no program changes)

The $116.6 million provided in FY 2007 will support NIDA developing medications aimed at helping people recover from drug abuse and addiction and sustain abstinence. Capitalizing on research showing the involvement of many different brain systems, beyond the dopamine system, in drug abuse and addiction, NIDA's medications development approach is pursuing newly defined targets and approaches to treatment. This program area also seeks solutions for the medical consequences of drug abuse and addiction, including infectious diseases such as HIV.

FY 2008 Program Changes (none)

Aggregate funding for this activity will be maintained in FY 2008. While the Budget includes no funding changes, key research will continue to be supported. These areas are highlighted below.

In FY 2008, highest priority will go to testing promising and novel therapies for different drugs of abuse, particularly stimulants and cannabis. To allow NIDA to be more nimble in its approach to developing medications, the program plans to test more compounds originating in the lab than in the marketplace. In a similar vein, NIDA has a FY 2007 Request for Applications (RFA) to stimulate research for the design, synthesis, and pharmacological evaluation of new classes of compounds as potential treatment agents for cocaine, methamphetamine, or cannabinoid addiction. NIDA's medication development efforts are also capitalizing on several innovative treatment approaches that have proven feasible and are now progressing to more advanced stages of research and development. Projects in this context include work on medications designed to diminish conditioned responses, promote new learning, and inhibit stress-induced relapse. Another alternative strategy for treating drug addiction is immunotherapy. Unlike conventional small molecule therapy, which targets the neural pathways/receptors involved in drug addiction, immunotherapy targets the drug itself. Addiction immunotherapies would cause the body to generate antibodies that bind specific drugs while they're still in the bloodstream, blocking their entry into the brain. NIDA has released a FY 2007 RFA to support activities aimed at generating the data needed to submit an Investigational New Drug application to the Food and Drug Administration for Phase I clinical trials of candidate vaccines for methamphetamine addiction.

Clinical Trials Network

FY 2008 Request: $54.4 million
(Includes no program changes)

The FY 2007 resources of $54.4 million will support NIDA's Clinical Trials Network. NIDA's National Drug Abuse Treatment Clinical Trials Network (CTN), which now comprises 17 research nodes and more than 240 individual community treatment programs, serves 34 States plus the District of Columbia and Puerto Rico. Plus, it tests the effectiveness of new and improved interventions in real-life community settings with diverse populations. The CTN also serves as a platform to help NIDA respond to emerging public health needs. Ongoing partnerships with agencies such as the Substance Abuse and Mental Health Administration (SAMHSA) and with Single State Authorities help ensure that promising findings are translated into practice. The CTN serves as an effective research platform for 31 additional research grants and a training platform for 60+ research fellows and junior faculty.

FY 2008 Program Changes (none)

Aggregate funding for this activity will be maintained in FY 2008. While the Budget includes no funding changes, key research will continue to be supported. These areas are highlighted below.

In FY 2008, NIDA will re-compete some of the CTN nodes, or centers and continue support of CTN trials evaluating promising medications and other treatment approaches in diverse patient populations. For example, CTN studies

focusing on comorbid conditions include: (1) testing a slow-release form of methylphenidate (i.e., Ritalin) to help drug-abusing adolescents and adult smokers with attention deficit hyperactivity disorder achieve abstinence and (2) assessing interventions to reduce HIV risk behaviors and other sexually transmitted infection among at-risk populations in community drug treatment settings. NIDA is also eager to advance new HIV rapid-screen technologies and counseling in CTN–affiliated community treatment programs and is also testing HIV screening practices in the criminal justice system through CJ-DATS. Another treatment protocol to be tested in NIDA's CTN in FY 2008 will evaluate the effectiveness of a 12-step facilitation intervention to foster the initiation of and lasting involvement with the traditional fellowship activities of such groups as Alcoholics or Cocaine Anonymous and thus achieve prolonged abstinence.

Intramural Research Program

FY 2008 Request: $81.2 million
(Includes –$0.6 million in program changes)

The FY 2007 resources of $81.8 million support NIDA's Intramural Research program. NIDA's Intramural Research Program (NIDA-IRP) performs cutting edge research within a coordinated multidisciplinary framework. NIDA-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.

FY 2008 Program Changes (–$0.6 million)

While the Budget includes a reduction in resources for FY 2008, key research will continue to be supported. These areas are highlighted below.

In FY 2008, NIDA will use $81.2 million to support ongoing programs covering a wide variety of drug abuse and addiction issues. Resources will fund basic research on the actions and consequences of abuse of marijuana, opioids, cocaine, methamphetamine, and ecstasy; the development/improvement of drug detection devices; the relationship between drug abuse and obesity; comorbid drug abuse and mental illness; and the development of medications and other treatments for drug abuse and addiction. A study exemplary of research conducted at the IRP has uncovered the ability of different brain receptor types to combine and thereby generate a broader range of neuronal responses once specific molecules bind to them—presenting exciting possibilities for dramatically expanding the range of medication options. NIDA-IRP is instrumental in understanding the mechanisms of methamphetamine-induced neuronal apoptosis (a type of cell death), including which genes are up-regulated or down-regulated in response to the drug. Understanding these mechanisms will help identify potential target molecules that can be either blocked or enhanced to prevent, treat, or mitigate the damage caused by methamphetamine.

Research Management and Support

FY 2008 Request: $56.4 million
(Includes +$0.6 million in program changes)

The FY 2007 resources of $55.9 million fund NIDA Research, Management and Support (RMS). NIDA 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. RMS functions also encompass strategic planning, coordination, and evaluation of NIDA's programs, regulatory compliance, international coordination, and liaison with other Federal agencies, Congress, and the public.

FY 2008 Program Changes (+$0.6 million)

The Budget proposes an increase for the program. This increase, in addition to existing resources, will allow NIDA to continue to develop informational products, such as research reports and public service announcements, on various drugs of abuse. These materials are aimed at diverse audiences, including the general public, HIV high–risk populations, and educators. Outreach activities to physicians and to NIDA's constituency groups help raise awareness of substance abuse issues and get the word out with regard to promising prevention and treatment strategies.

NIH Roadmap for Medical Research

FY 2008 Request: $13.2 million
(Includes +$1.2 million in program changes)

The NIH Roadmap for medical research is a series of progressive initiatives that seek to transform the nation's biomedical research capabilities and accelerate the advancement of research discoveries from the bench to the bedside. All Institutes, including NIDA, are involved in this endeavor. The Roadmap for medical research is composed of three overarching themes: new pathways to discovery, research teams of the future, and re-engineering the clinical research enterprise. All three of these broad initiatives have current and future funding opportunities associated with them, for which NIDA grantees can apply.

FY 2008 Program Changes (+$1.2 million)
The Budget includes $1.2 million increase for this program.

Performance

Introduction

This section on the FY 2006 performance of NIDA is based on agency GPRA documents and the PART review, discussed earlier in the Executive Summary. The table includes conclusions from the PART assessment as well as performance measures, targets and achievements for the latest year for which data are available.

NIH's AIDS, Extramural Research, Intramural Research, and Training programs, which include NIDA programs, have been assessed in 2003, 2004, 2005 and 2006 through PART reviews. The AIDS portfolio was found to be "Moderately Effective" and the Extramural, Intramural, and Training programs were rated "Effective." To ensure adequate representation of NIH's commitment to the coordination of research efforts across NIH, the goals articulated in NIDA's GPRA documents reflect NIH's broad and balanced portfolio of research. NIDA goals encompass the agency's activities while also reflecting trans-NIH foci.

In addition to participating in a number of trans-NIH scientific research outcome (SRO) goals that are reported through the NIH GPRA process, NIDA is the lead Institute on two drug abuse specific goals. The first, "By 2008, develop and test two new evidence-based treatment approaches for drug abuse in community settings," will bring more drug addiction treatments from "bench to bedside." The second goal, "By 2009, identify 1 or 2 new medication candidates to further test and develop for the treatment of tobacco addition," will help address the enormous costs and consequences of tobacco addiction to our society and the inadequacy of current treatment strategies.

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 Clinical Trials Network (CTN), NIDA enrolled more than 1,100 patients in the Brief Strategic Family Therapy (BSFT), Motivational Enhancement Therapy (MET), and Seeking Safety interventions, which are being tested in community settings. Treatments are being delivered to diverse communities that are 20 percent African-American and 43 percent Hispanic (BSFT); 34 percent African-American and 7 percent Hispanic (MET); and 41 percent African-American and 14 percent Hispanic, respectively.

In 2006, great strides were made in understanding better, how to prevent and treat methamphetamine abuse. NIDA researchers recently demonstrated that universal drug abuse prevention programs that focus on strengthening families and enhancing life skills can significantly reduce methamphetamine abuse among rural youth even 6 years after the intervention occurred. For those already in the grip of methamphetamine addiction, NIDA is pursuing therapeutic approaches including medications and behavioral treatments. A recent study through CTN showed that a behavioral treatment known as Motivational Incentives for Enhancing Drug Abuse Recovery (MIEDAR) is effective in achieving sustained abstinence from methamphetamine abuse. MIEDAR is currently being developed for dissemination to community treatment providers through NIDA's collaborative Blending Initiative with SAMHSA.

National Institute on Drug Abuse		
PART Review		
Year of Last Review: 2004	**Reviewed as part of NIH Extramural Research Programs**	
Year of Last Review: 2005	**Reviewed as part of NIH Intramural Research Programs**	
Selected Measures of Performance	**FY 2006 Target**	**FY 2006 Achieved**
» Recruit trial participants to test 2 community-based treatments.	1,000	1,100+
» Begin clinical trials of a candidate medication for tobacco addiction.	1	4

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Resource Summary

	Budget Authority (in Millions)		
	FY 2006 Final	FY 2007 Estimate	FY 2008 Request
Drug Resources by Function			
Prevention	562.650	563.029	526.823
Treatment	1,878.206	1,879.455	1,833.538
Total Drug Resources by Function	**$2,440.856**	**$2,442.484**	**$2,360.361**
Drug Resources by Decision Unit /1			
PRNS Prevention	192.767	192.902	156.461
Strategic Prevention Framework - State Incentive Grants (non-add)	*105.844*	*105.462*	*95.389*
PRNS - Treatment	398.675	398.949	352.090
Access to Recovery (non-add)	*98.208*	*98.208*	*98.000*
Screening, Brief Intervention, Referral, and Treatment (SBIRT) (non-add)	*29.624*	*29.624*	*41.151*
Adult, Juvenile, and Family Drug Courts (non-add)	*10.094*	*10.117*	*31.817*
Substance Abuse Prevention and Treatment Block Grant /2	1,757.425	1,758.591	1,758.591
Program Management /3	91.989	92.042	93.219
Total Drug Resources by Decision Unit	**$2,440.856**	**$2,442.484**	**$2,360.361**
Drug Resources Personnel Summary			
Total FTEs (direct only)	465	480	480
Drug Resources as a Percent of Budget			
Total Agency Budget (in billions)	$57.9	$56.2	$56.0
Drug Resources Percentage	0.85%	0.93%	0.49%

/1 Includes both Budget Authority and PHS Evaluation funds. PHS Evaluation Fund levels are as follows: $120.9 million in FY 2006, $120.9 million in FY 2007, and $121.2 million in FY 2008.

/2 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.

/3 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 2008, SAMHSA requests a total of $2,360.4 million for drug control activities, which is a reduction of $82.1 million from FY 2007 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 2008 Request: $156.5 million
(Includes –$36.4 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 2008 Request: $95.4 million
(Includes –$10.1 million in program changes)

The FY 2007 resources of $105.5 million for SPF-SIG support 42 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 2008 Program Changes (–$10.1 million)

The Budget includes a $10.1 million reduction for SPF-SIG. Funding will support the continuation of 42 grants and 3 contracts. At least eighty-five percent of SPF-SIGs fund community-level organizations, including faith-based organizations.

Other Prevention Capacity Programs

FY 2008 Request: $47.9 million
(Includes –$6.1 million in program changes)

The FY 2007 Budget includes resources of $54 million for Workplace programs, the Substance Abuse Prevention/Minority AIDS Initiative Grants (SAP/MAI), Methamphetamine Prevention, and Program Coordination. In FY 2007 resources of $39.4 million were provided for CSAP's SAP/MAI effort, which uses a 2-tier approach to expand the capacity of community-based organizations in combating HIV/AIDS in minority communities. Activities include planning and infrastructure development and prevention intervention services delivery. The program seeks to expand and sustain the capacity of community-based organizations to provide substance abuse prevention, HIV prevention and hepatitis prevention services.

FY 2008 Program Changes (–$6.1 million)

Reductions in Workplace programs and Program Coordination are proposed. The FY 2008 level would maintain all current grants, but would not continue workforce and program coordination grants coming to a natural end. The FY 2008

level supports 67 new 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 2008 Budget also funds a new cohort of Methamphetamine prevention grants. These grants focus on building capacity and infrastructure at the community level to support community interventions to change attitudes and norms regarding use of methamphetamine and inhalants.

Prevention Science to Service Activities

Science to 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 2008 Request: $0.7 million
(Includes +$0.1 million in program changes)

The FY 2007 resources of $0.6 million will support the National Registry of Evidence-Based Programs and Practices (NREPP). 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 2008 Program Changes (+$0.1 million)

The Budget includes an increase of $0.1 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 a 3 out of 4 scale on both the strength of evidence and readiness for dissemination dimensions).

Other Prevention Science to Service Programs

FY 2008 Request: $12.6 million
(Includes –$20.4 million in program changes)

The FY 2007 Budget provides resources of $32.9 million in support of: the Fetal Alcohol Spectrum Disorder program; the Center for the Advancement of Prevention Technologies; the SAMHSA Health Information Network; Evidence Based Practices; Dissemination and Training; Best Practices Program Coordination; and the Minority Fellowship Program.

FY 2008 Program Changes (–$20.4 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 to Service programs. These activities are less effective and the goals are accomplished through other SAMHSA or government activities.

Programs of Regional and National Significance – Treatment

Total FY 2008 Request: $352.1 million
(Includes –$46.9 million in program changes)

CSAT PRNS programs are also organized into two categories: 1) Capacity, and 2) Science to 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 Courts.

Access to Recovery

FY 2008 Request: $98.0 million
(Includes –$0.2 million in program changes)

The FY 2007 resources for ATR include $98.2 million to support a new cohort of grants. Within this amount, $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 2008 Program Changes (–$0.2 million)

The Budget includes a reduction of $0.2 million for ATR. The program seeks to serve 55,000 annually, an increase of 32 percent from the original cohort of ATR grantees. Data from the current 15 grantees shows, as of September 30, 2006, 117,616 clients had received services, exceeding the 75,000 target. Recovery support services account for approximately 50 percent of dollars redeemed, including family services, transportation, housing services, and education.

Screening, Brief Intervention, Referral, and Treatment Activities

FY 2008 Request: $41.2 million
(Includes +$11.5 million in program changes)

The FY 2007 resources specifically designated for SBIRT activities total $29.6 million, which supports continuations of grants and contracts. 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 2008 Program Changes (+$11.5 million)

The Budget proposes $41.2 million for SBIRT activities, an increase of $11.5 million over the FY 2007 level. Of the total, $13.1 million supports the continuation costs of existing grants and contracts; $10.0 million will support three new grants to states; $5.0 million will support 18 new grants for campuses; $7.5 million will support eight new grants to medical schools; $2.5 million will support 12 new grants to school districts, Community Health Clinics serving Native Americans, and participants in major cities; and $3.0 million supports new contracts for technical assistance and Training Summits. In total, 41 new SBIRT grants will be funded.

Adult, Juvenile, and Family Drug Courts

FY 2008 Request: $31.8 million
(Includes +$21.7 million in program changes)

The FY 2007 resources of $10.1 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 2008 Program Changes (+$21.7 million)

The Budget includes a $21.7 million increase over the FY 2007 level. These resources will triple the number of drug court grants from FY 2006.

Other Treatment Capacity Programs

FY 2008 Request: $168.1 million
(Includes –$63.6 million in program changes)

The FY 2007 Budget includes resources of $231.7 million for a number of Treatment Capacity programs including: the Co-occurring State Incentive Grants; Opioid Treatment Programs and Regulatory Activities; Program for Pregnant & Postpartum Women; Strengthening Treatment, Access & Retention; Recovery Community Support Program; Children, Adolescent, and Family Programs; Treatment Systems for Homeless; the Minority

AIDS Initiative; Criminal Justice Activities; Program Coordination and Evaluation; and Clinical Technical Assistance.

FY 2008 Program Changes (–$63.6 million)
The Budget includes a reduction of $63.6 million and focuses resources on activities that directly demonstrate improvements in substance abuse outcomes and increase capacity. The Budget eliminates or reduces less effective or redundant activities such as Strengthening Treatment, Access & Retention and Clinical Technical Assistance.

Treatment Science to Service Activities
As stated above, Science to 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 To Service
FY 2008 Request: $13.1 million
(Includes –$16.2 million in program changes)
The FY 2007 Budget includes resources for Treatment Science to Service programs including: the Minority Fellowship Program; Special Initiatives and Outreach; Addiction Technology Transfer Centers, State Service Improvement; Information Dissemination; the National Registry of Evidence-Based Programs & Practices; the SAMHSA Health Information Network; Program Coordination And Evaluation; and Technical Assistance.

In particular, the ATTC program 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 a national office to upgrade the skills of existing practitioners and other health professionals and to disseminate 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 2008 Program Changes (–$16.2 million)
The Budget proposes a net reduction of $16.2 million. Resources will fully fund all grant continuations. The 2008 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. The Budget includes increased funding for the National Registry of Evidence-Based Programs & Practices and the SAMHSA Health Information Network.

Substance Abuse Prevention and Treatment Block Grant:
Total FY 2008 Request: $1.8 billion
(Includes $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 2007 resources of $1.8 billion will support block 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 2008 Program Changes ($0 million)
While the overall funding level for the Block Grant remains unchanged, the Budget includes two elements worth highlighting. First, the FY 2008 Budget enhances accountability and improves performance outcomes by requiring States to report on National Outcome Measures (NOMs) linked to 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 reporting on certain measures since FY 2002. States that do not report on NOMs for the SAPT Block Grant will not receive more than 95 percent of their state allocation. This proposal will not decrease the overall funding level dedicated to the Block Grant. A primary weakness identified in a 2005 PART assessment was an inability of the SAPT Block Grant to document long-term outcomes. States reporting on the SAPT Block Grant NOMs could receive an increase to their allocation if some states do not report on NOMs as required.

Program Management

Total FY 2008 Request: $93.2 million
(Includes +$1.2 million in program changes)

The FY 2007 resources of $92.0 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 2008 Program Changes (+$1.2 million)
The Budget includes an increase of $1.2 million to support staffing and activities, as well as to fund federal pay cost increases and provide $0.3 million for the national surveys. SAMHSA will also continue 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 2008 Budget.

Performance

Introduction

This section on the FY 2006 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 the reviews was the lack of outcome measures, targets, and/or data, without which programs could not demonstrate effectiveness. SAMHSA has made progress in working with states to identify a set of standardized National Outcome Measures (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.
SAMHSA has improved data collection and reporting procedures for prevention and treatment programs and assisted states in developing their data infrastructures. Cost bands have been established for treatment programs and for discretionary prevention programs. CSAT's web-based performance measurement system for its discretionary programs enables grantees to demonstrate considerable success in achieving desired treatment outcomes.

CSAP

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

The SAPT Block Grant–Prevention

SAMHSA is moving toward a data-driven block grant mechanism which will monitor the new NOMs, as well as improve data collection, analysis, and utilization. SAMHSA is working with states to improve the collection of NOMs and will require all States to report in FY 2008. The program has developed an approved efficiency measure—services provided within identified cost bands. Targets and baselines have been reported.

SAMHSA has initiated funding for a national evaluation of the Block Grant. An evaluability assessment has been completed; however, some delays have been experienced in follow-on actions. Results from the full evaluation are not expected until after formal data collection has been completed and quantitative and qualitative analysis of primary and secondary data has been conducted. Based on current progress, SAMHSA's revised goal for some of the results availability is year-end FY 2007 or early FY 2008.

Discussion

The PART review recognized that the SAPT Block Grant is the only federal program that provides funds to every state to support statewide substance abuse treatment and prevention services. The PART review concluded that the program's primary shortcoming was the lack of outcome measures and long-term targets, making it difficult to demonstrate results. It also noted that the program was developing new outcome measures.

CSAP SAPT 20% Prevention Set Aside

PART Review

Year of Last Review: 2003 **Rating Received:** Ineffective

Evaluation Area	Score
Purpose	80
Planning	50
Management	89
Results	8

Review Highlights

Without uniformly defined and collected outcome information from each state, the program (including prevention and treatment) could not demonstrate its effectiveness.

Selected Measures of Performance*	FY 2006 Target	FY 2006 Achieved
» Lifetime drug non-use	55%	53.9%
» 30-day drug use	7.4%	8.1%
» Perception of harm of drug use	40%	73.2%
» Satisfaction with technical assistance	90%	96%

*Data from National Survey of Drug Use and Health. Perception of harm data reflects the range of values for individual substances. Long-term targets for FY 2008 are 57 percent for non-use and 6.4 percent for use. The "use" measure is the percent of program participants who used substances in the last 30 days. The "non-use" measure is the percent of individuals who have never used substances in their lifetime.

Prevention PRNS

CSAP Prevention PRNS		
PART Review		
Year of Last Review: 2004		**Rating Received:** Moderately Effective
Evaluation Area	**Score**	**Review Highlights**
Purpose	100	The program makes a unique contribution by focusing on regional, emerging problems. The program is developing two primary long-term outcome measures, which are already being used at the national level in the National Drug Control Strategy and in Healthy People 2010 and directly measure the program's purpose to reduce and prevent substance use.
Planning	88	
Management	90	
Results	47	

Selected Measures of Performance	FY 2006 Target	FY 2006 Achieved
» 30-day use of alcohol among youth, age 12-17.**	*	18%
» 30-day use of other illicit drugs, age 12 and up.**	*	7.8%
» Percent of a program participants age 12-17 that rate the risk of substance abuse as moderate or great.	95%	92.7%
» Percent of program participants age 12-17 that rate substance abuse as wrong or very wrong.	92%	94.5%
» Number of evidence-based policies, practices, and strategies implemented by communities.	1,700	1,891

*Baseline established.
**Long-term targets are 15 percent by FY 2010 for alcohol use; 5 percent by FY 2010 for other illicit drugs.
Note: Data shown are aggregated from several PRNS programs, excluding the Strategic Prevention Framework SIGS.

Discussion

The PART review of the group of programs funded by CSAP under Prevention PRNS found that the program makes a unique contribution, has an effective design, and compares favorably to other substance abuse prevention programs.

CSAP awarded 21 Strategic Prevention Framework-State Incentive Grants in FY 2004, an additional five the following year, and additional 16 in FY 2006. The funds are being used to implement a five-step process known to promote youth development, reduce risk-taking behaviors, build on assets, and prevent problem behaviors. A comprehensive evaluation of this program is being undertaken.

CSAP's original State Incentive Grants achieved great success in accomplishing the Prevention goals of promoting abstinence from substance use and of delaying the age of onset of use. Participants in the original SIG program (no longer funded) continued to abstain from use at high rates, ranging from 98.6 percent for both methamphetamine and prescription drugs, to 89.3 percent for alcohol. (Note that the previous table includes several PRNS programs).

CSAP completed a year-long study to develop a cost band efficiency measure. The measure has been approved and is being implemented across PRNS programs.

CSAT

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

The SAPT Block Grant - Treatment

CSAT Treatment 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 outome information from each state, the program (including prevention and treatment) could not demonstrate its effectiveness.
Planning	50	
Management	89	
Results	8	

Selected Measures of Performance	FY 2006 Target	FY 2006 Achieved
» Percent of clients reporting change in abstinence at discharge from treatment.	*	
» Number of clients served.**	1,983,490	TBR
» Percent of technical assistance events that result in systems. program, or practice change.	95%	TBR

*Long-term measure; no annual targets set. The 2005 baseline was 43%.

**SAMHSA's Treatment Episode Data Set (TEDS) is a proxy for this measure, representing treatment admissions rather than the total number served. This measure is one of SAMHSA's National Outcome Measures, which, will provide more direct and accurate data on number of clients served by reporting an unduplicated count of clients. FY 2004 is the most recent year for which data are currently available because of the time required for states to report data in any given year. FY 2005 data should be available in October 2007. The number of clients served for 2004 (as reported through the Treatment Episode Data Set) was 1,875,026.

Discussion

A PART review stated that the Block Grant is the only federal program that provides funds to every state to support statewide substance abuse treatment and prevention services. It also noted that the program was developing new outcome measures. Since then, SAMHSA and the states have finalized the NOMs for treatment. SAMHSA continues to work with them to improve data collection, analysis, and utilization. An efficiency measure—percent of states that provide treatment services within approved cost-per-person bands according to the type of treatment—has been developed to monitor and improve cost-effectiveness.

Treatment PRNS

Treatment PRNS		
PART Review		
Year of Last Review: 2003		**Rating Received:** Adequate
Evaluation Area	**Score**	**Review Highlights**
Purpose	80	PART found that not all activities best served the program purpose and activities lacked performance information.
Planning	86	
Management	64	
Results	33	

Selected Measures of Performance	FY 2006 Target	FY 2006 Achieved
» Percent of adult clients who were currently employed/engaged in productive activities.	49%	52%
» Percent of adult clients who had a permanent place to live.	51%	49%
» Percent of adult clients who had no reduced involvement with the criminal justice system.	98%	96%
» Percent of adult clients who experienced no/reduced alcohol or illegal drug-related health, behavioral, or social consequences.	67%	67%
» Percent of adult clients who had no past-month substance abuse.	67%	63%
» Number of clients served.*	34,300	36,038

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

Discussion

The PART review found that the coordination between treatment and science to service activities is unclear, and the unifying purpose for this discretionary budget is unclear. Some activities within the PRNS make a unique contribution since its service grants are designed specifically to fill gaps. While state and local governments support drug treatment, neither focus on regional, emerging problems. The PART review did not include the ATR program, but will evaluate it in FY 2007.

In FY 2006, CSAT exceeded its SBIRT goal by 28 percent, providing over 200,000 screenings in primary and generalist settings. CSAT also completed the design for an evaluation of the program. Another major achievement was the establishment of Medicaid program codes that may facilitate provider billings for these services.

ATR has continually exceeded its targets for the number of clients served. Program achievements in FY 2005 and FY 2006 make it highly likely that ATR will meet its 3-year goal of serving 125,000 potential clients by the end of FY 2007.

By fall 2006, 8,761 physicians, an increase of almost 30 percent over the previous year, were authorized to use buprenorphine products for treating opioid addiction – enabling thousands of patients to access safe, effective treatment for dependence and addiction to heroin and prescription pain killers.