NATIONAL INSTITUTE ON DRUG ABUSE

I. RESOURCE SUMMARY

(Budget Authority in Millions)

	2004 Final	2005 Enacted	2006 Request
Drug Resources by Function			
Prevention Research	$402.701	$412.493	$414.155
Treatment Research	584.991	593.589	595.975
Total	$987.692	$1,006.082	$1,010.130
Drug Resources by Decision Unit			
National Institute on Drug Abuse	$987.692	$1,006.082	$1,010.130
Total	$987.692	$1,006.082	$1,010.130
Drug Resources Personnel Summary			
Total FTEs (direct only)	367	348	348
Information			
Total Agency Budget	$987.7	$1,006.1	$1,010.1
Drug Percentage	100%	100%	100%

II. PROGRAM SUMMARY

- Drug abuse continues to affect millions of Americans on a daily basis. Reducing the adverse health, economic, and social consequences to individuals, families, and communities that are associated with all drugs of abuse, including nicotine, is the ultimate goal of our nation's investment in drug abuse research. The National Institute on Drug Abuse (NIDA), a component of the National Institutes of Health (NIH), through its scientific studies on all aspects of drug abuse and addiction, and in its collaborations with other NIH Institutes, federal agencies, including the ONDCP, the Substance Abuse and Mental Health Services Administration, and the private sector, is making great progress in reducing drug abuse and its detrimental consequences.

- NIDA will continue to support research that will provide the research-based tools and knowledge needed to reduce illegal drug use and nicotine. NIDA will also continue to form collaborations to ensure that science is used, including working with other National Drug Control Agencies to help achieve the President’s national priorities.

- NIDA is working to ensure the rapid translation of its science-based findings into community-based settings. Armed with a comprehensive portfolio, that includes a strong neuroscience foundation, a robust health services research program, and newly established, expertly-designed, national prevention, treatment and criminal justice network infrastructures, NIDA is committed to reducing the lag time between a laboratory discovery and its direct application to the individual.

- NIDA's support of research has advanced the current understanding about drug abuse and addiction and how to approach it. Powerful research tools and extraordinary science advances have demonstrated that drug abuse is a preventable behavior and that drug addiction is a treatable disease. Drug addiction is a disease that targets the brain, modifying its function in ways that limit the individual's ability to make decisions on his/her behavior. The results are widespread and devastating, and can include family disintegration, child abuse, loss of work and income, accidents, criminal behavior, mental illness, and suicide.

- New research by NIDA and others is also revealing that drug addiction is a "developmental disease." That is, it often starts during the early developmental stages in adolescence and sometimes as early as childhood. Research indicates that exposure to drugs of abuse in adolescence may be a period of significantly increased vulnerability to drugs' effects because of all the changes occurring in the brain.

III. BUDGET SUMMARY

2005 Program

The total drug control budget for FY 2005 is $1.006 billion, a net increase of $18.4 million over the FY 2004 level. Some of the priorities funded by NIDA include:

- **Prevention Research: Stopping Initiation and Intervening with Those Not Yet Addicted.** Research has shown that drug abuse is preventable. Preventing the initiation of drug use will continue to be a high research priority for NIDA. No matter how good prevention strategies are, some youth still are likely to experiment with drugs and it is critically important to get them to stop once they have begun. NIDA supports research on how to prevent escalation from early drug use to regular use, abuse and addiction.

- **Prevention and Treatment of Drug Abuse in Primary Care Settings.** General practitioners, clinicians, and other medical personnel are well positioned to help identify and address drug and alcohol problems. Their involvement however, has been less than optimal. Last year, NIDA launched an initiative to develop a research program to expand the role of primary care in drug abuse prevention and treatment intervention.

- **Support the Research Based Infrastructure Launched Under the Criminal Justice Drug Abuse Treatment Studies (CJDATS).** NIDA will continue to support science that will fuel the development of more successful strategies to treat drug abusing criminal offenders. Left untreated, when released, drug addicted offenders often relapse to drug use and return to criminal behavior. NIDA, in collaboration with other agencies in the Department of Health and Human Services and the Department of Justice has established the CJ-DATS. The goal

of CJ-DATS is to establish and utilize a research infrastructure to develop and test models for an integrated approach to the treatment of incarcerated individuals with drug abuse or addictive disorders, including both treatment in jail or prison and treatment as part of re-entry into the community.

- **Testing new pharmacological and behavioral treatments in diverse populations through the National Drug Abuse Treatment Clinical Trials Network (CTN).** As part of NIDA's efforts to improve the quality of drug addiction treatment nationwide, NIDA will continue to provide the infrastructure for testing science-based behavioral and pharmacological treatments in diverse patient and treatment settings, and the mechanism for promoting the rapid translation of new science-based treatment components into practice.

- **NIDA and SAMHSA: Facilitating the Translation of Research into Practice.** Through a collaborative "Blending" effort, NIDA worked with SAMHSA to take the findings from NIDA-supported research and to disseminate this research-based knowledge so that addiction treatment and public health/mental health personnel, institutional and community corrections professionals, and personnel in other related disciplines can adapt and adopt the research to best suit the needs of their patients. NIDA will continue this effort in FY 2005.

- **New Targets for Addiction Medications: From Molecules to Clinical Practice**. Bringing effective new addiction medications more rapidly to practitioners is a primary goal for NIDA. To take advantage of the new neurobiological discoveries and emerging technologies, NIDA and other interested NIH institutes launched a novel drug development initiative to facilitate the discovery of novel compounds. NIDA will continue to work with ONDCP and others to engage pharmaceutical companies in the development of anti-addiction medications.

- **Developing Medications for Marijuana**. NIDA initiated a number of activities to encourage researchers to more rapidly bring new preventions and treatments for cannabis-related disorders to fruition. Additionally, NIDA has encouraged more research to examine the effects of marijuana exposure on the developing brain, at points along a continuum of development from the prenatal period through the transition to adulthood. NIDA will continue research in this area in FY 2005

2006 Request

The FY 2006 request is $1.010 billion. Given the important role that research plays in bringing effective prevention and treatment approaches, NIDA plans to continue to fund important work in these areas. Recent scientific discoveries have provided new insights into the human brain and its role in addiction development, treatment and prevention.

The following are some of the research activities that NIDA initiated previously and plans to continue to support in FY 2006.

- **Developing Medications for Marijuana**. NIDA will remain committed to developing new treatments for addiction to marijuana and other drugs of abuse. Increasing understanding of

the brain mechanisms involved in addiction will help identify new targets for medications, including testing new compounds for America's most abused illegal substance -- marijuana.

- **Prevention:** NIDA-supported researchers are finding that drug addiction is a "developmental disease," that is, it often starts in adolescence and sometimes as early as childhood, times when the brain is undergoing dramatic development both structurally and functionally. Understanding the neurobiological consequences of environmental stressors during childhood and adolescence as it pertains to drug use and addiction is essential to drug abuse prevention efforts.

- **Bridging the Gap Between Treatment Research and Practice:** NIDA's National Drug Abuse Treatment CTN will continue to systematically test promising behavioral, pharmacological, and integrated drug abuse treatments in community settings across the country to improve the quality of treatment nationwide. NIDA will continue to work with SAMHSA and others to disseminate research findings directly to community providers and to bridge the gap between research and practice.

- **Reducing Prescription Drug Abuse.** Reducing prescription drug abuse, particularly among youth, will continue to be a priority for NIDA. NIDA will continue to develop science-based materials to educate the public and health care professionals and encourage research on all classes of abused prescription drugs.

- **Using Health Services Research Findings to Meet Future Prevention and Treatment Needs.** NIDA will continue to maintain a strong health services research portfolio to better understand how drug abuse prevention and treatment services are and should be delivered in "real life" settings and to ensure that research is used to identify the most effective ways to organize, manage, finance and deliver high quality care. Agencies such as SAMHSA then work with State agencies and providers to ensure the application of these evidence-based interventions into practice.

IV. PERFORMANCE

Summary

- This section on program accomplishments is drawn from the NIH FY 2006 Budget Request and Performance Plan, and the FY 2004 Performance Report. No PART review of NIDA programs has been undertaken to date although the NIH extramural program reviewed as part of the FY 2006 budget included the extramural portion of NIDA programs. The table below includes a comparison of FY 2004 targets and achievements from the GPRA documents listed above. The outcome-oriented measures and selected output measures presented indicate how program performance is being monitored.

- As the lead agency responsible for drug abuse-focused scientific research, NIDA supported basic research on the cannabinoid receptor system, which may facilitate the development of new medications for alcoholism, drug abuse, obesity, and for new painkillers less likely to be abused. NIDA formed an Institute–wide working group and collaborates with agencies such as the SAMHSA and ONDCP to address the issue of prescription drug abuse. NIDA

encourages additional research in this area and developed educational materials to inform the public about the consequences of taking medications for non-medical use and to alert health care professionals about the problem. NIDA increased efforts to address the issue of marijuana abuse, especially to more rapidly develop safe and effective medications for marijuana addiction. New grants are being funded that will help develop new promising compounds that can be tested in clinical trials. Also, NIDA addressed the issue of marijuana abuse on adolescent brain development by identifying factors associated with risk and consequences of marijuana dependence. These results will guide the development of prevention and other intervention programs.

- In addition to supporting a comprehensive research portfolio, NIDA collaborates with SAMHSA to translate research discoveries into practice. NIDA continues to pursue collaborations with pharmaceutical companies in an effort to move their novel and promising compounds forward to clinical evaluation for the treatment of addiction disorders and/or to obtain research tools for NIDA investigators. NIDA participates in many of the activities undertaken as part of the NIH Roadmap, which will more rapidly advance research discoveries from the bench to the bedside.

Selected Measures of Performance	
PART Review: Not Reviewed	
Outcome-Oriented Measures	**FY 2004**
Target	**Actual**
a. For SRO-5.5, FY 2004 Annual Target: adapt two treatment approaches from small-scale research settings to community-based settings for the purpose of bringing research-based treatments to communities.	a. Adapted three treatment approaches
b. For SRO-5.4, FY 2004 Implementation Strategies: The National Cooperative Drug Discovery Group (NCDDG) Program will be expanded to advance the development of new medications for mental disorders and nicotine addiction. The development of new PET and SPECT imaging probes will occur through collaborations with industry and academia.	b. NIDA's contribution: The NCDDG PA has been reissued. NIDA currently funds four grants under this mechanism. Progress includes the identification of eight novel small molecules for development as neuroimaging probes.
Selected Output Measures	**FY 2004**
Target	**Actual**
a. Develop two dissemination materials and/or implementation strategies for community practitioners based on NIDA research findings or CTN results.	a. "Blending Teams" developed two dissemination packages: 1. "Buprenorphine Treatment: A Training for Multidisciplinary Addiction Professionals" and 2. "S.M.A.R.T. Treatment Planning: Utilizing the Addiction Severity Index (ASI): Making Required Data Collection Useful"

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 CTN that NIDA established in 1999, NIDA exceeded the FY 2004 target by adapting three behavioral treatment approaches from small scale research settings. These adapted treatment approaches will be tested in randomized clinical trials in community settings associated with this network.

- NIDA's extensive research portfolio seeks to understand how drugs of abuse can impact the brain in order to develop new medications and research tools. NIDA is working with other Institutes to identify 20 small molecules that are active in models of nervous system function or disease and show promise as drugs, diagnostic agents, or research tools. NIDA identified eight novel small molecules for development as neuroimaging probes.

- The landmark initiative developed jointly (in 2001) by NIDA and SAMHSA to blend science and practice to improve drug abuse and addiction treatment, continues as NIDA provides its third year of funding to help support CSAT's Addiction Technology Transfer Center (ATTC) Network and to conduct other activities such as sponsoring "Blending Clinical Practice & Research" Conferences, which provide an opportunity for clinicians and researchers to examine cutting-edge findings about drug abuse and addiction and their application to clinical practice.

- In collaboration with SAMHSA, NIDA has also developed a Blending initiative, comprised of teams of NIDA researchers, community treatment providers, members of CSAT's ATTCs. These "blending teams" work together to develop dissemination materials and implementation strategies for community practitioners based on NIDA research findings and CTN results. Two dissemination packages were completed in 2004: 1) "Buprenorphine Treatment: A Training for Multidisciplinary Addiction Professionals; and 2) "S.M.A.R.T. Treatment Planning: Utilizing the Addiction Severity Index (ASI): Making Required Data Collection Useful."

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

I. RESOURCE SUMMARY

(Budget Authority in Millions)[1]

	2004 Final	2005 Enacted	2006 Request
Drug Resources by Function [1]			
Prevention	$572.670	$572.597	$557.823
Treatment	1,916.068	1,917.854	1,940.950
Total	$2,488.738	$2,490.451	$2,498.773
Drug Resources by Decision Unit [1]			
Programs of Regional & National Significance			
Prevention	$198.458	$198.725	$184.349
Treatment	419.219	422.365	447.052
Access to Recovery (non-add)	*99.410*	*99.200*	*150.000*
Substance Abuse Block Grant [2]	1,779.146	1,775.555	1,775.555
Program Management [3]	91.915	93.806	91.817
Total	$2,488.738	$2,490.451	$2,498.773
Drug Resources Personnel Summary			
Total FTEs (direct only)	470	486	486
Information			
Total Agency Budget	$3,351.0	$3,391.8	$3,336.0
Drug Percentage	74.3%	73.4%	74.9%

[1] Includes both Budget Authority and PHS Evaluation Funds. PHS Evaluation Fund levels are as follows: $95.2 million in FY 2004, $101.5 million in FY 2005, and $99.5 million in FY 2006.

[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.

II. PROGRAM SUMMARY

- The Substance Abuse and Mental Health Services Administration (SAMHSA) supports the *Strategy* through a broad range of programs focusing on prevention and treatment of the abuse of illicit drugs. These programs, which include Substance Abuse Prevention and Treatment (SAPT) Block Grant funding as well as funding from 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).

Center for Substance Abuse Prevention

- CSAP's mission is to bring effective prevention programs to all states and communities in order to reduce substance abuse. That mission will be accomplished through the Strategic Prevention Framework (SPF), which incorporates SAMHSA's strategic goals of Accountability, Capacity, and Effectiveness. The SPF incorporates a five-step model: 1) organize the community to profile needs, including community readiness; 2) mobilize the community and build the capacity to address needs and plan for sustainability; 3) develop the prevention action (evidence-based activities, programs, strategies, and policies); 4) implement the prevention plan; and 5) conduct ongoing evaluation for quality improvement and outcomes. CSAP is in the process of realigning its programs to support the SPF.

  - Capacity: In addition to funds provided from the 20 percent Block Grant set-aside, CSAP has implemented several program efforts targeted to increasing the capacity of states and communities to provide effective substance abuse prevention services. The SPF State Incentive Grants (SIGs) are designed to address the specific and immediate prevention service capacity needs within states and communities. The SIGs represent a comprehensive effort to improve the quality and availability of effective evidence-based prevention services and to assist states and communities to address and close gaps in prevention services.

  - Effectiveness: CSAP prevention activities support the identification and promotion of model and promising prevention programs, primarily through the National Registry of Effective Programs and Practices. CSAP's objective is to significantly increase the number of identified model programs and the number of communities implementing evidence-based prevention programs. Many of the programs identified as models have been adapted to meet the specific needs of diverse target populations.

  - Accountability: CSAP promotes accountability throughout all of its activities by requiring the ongoing monitoring and evaluation of prevention programs. The SAPT Block Grant set-aside supports direct technical assistance and oversight to the states to implement their Block Grant funds, supports the development of state data infrastructures, and supports oversight of Synar Amendment implementation. Beginning in FY 2005, SAMHSA will initiate the State Outcome Measurement and Management System (SOMMS) to support expansion of current state data collection efforts to the requirements of the agreed-upon National Outcomes Measures (NOMS).

Center for Substance Abuse Treatment

- In partnership with other federal agencies, national organizations, state and local governments, and faith-based and community-based providers, CSAT's goals are to: 1) increase the availability of clinical treatment and recovery support services commensurate with need; 2) improve and strengthen substance abuse clinical treatment and recovery support organizations and systems; and 3) promote and sustain evidence-based practices.

  - Capacity: The SAPT Block Grant is CSAT's primary program to support state alcohol and drug abuse treatment activities. Funding is allocated by formula to the states, and approximately 80 percent is used in support of treatment services (including up to 5 percent for state administration). CSAT also provides additional discretionary funding through PRNS, including Targeted Capacity Expansion (TCE) treatment service programs. TCE programs focus on reducing substance abuse treatment need by supporting strategic responses to demands for substance abuse treatment services. Response to treatment capacity problems may include communities with serious, emerging drug problems or communities struggling with an unmet need.

  - Effectiveness: CSAT promotes effectiveness through evidence-based practice programs, which help communities and providers to identify, adapt, implement, and evaluate evidence-based practices. Programs include activities to bridge the gap between knowledge and practice by promoting the adoption of evidence-based practices, and by ensuring that services availability meets targeted needs. These programs also are used to disseminate information about systems and practices shown to be most effective.

  - Accountability: CSAT continues to align outcome measurement in treatment programs across the NOMS. The goal is to enhance SAMHSA's accountability while simultaneously reducing reporting requirements for states and community-based organizations. The established domains of NOMS for both prevention and treatment programs are: Drug/Alcohol Use, Employment/Education, Crime and Criminal Justice, Family and Living Conditions, Social Connectedness, Access/Capacity, Retention in Treatment, Cost Effectiveness, Use of Evidence-Based Practices, and Client Perception of Care. The final three domains were added as a result of the 2003 PART review of SAMHSA's block grants. During FY 2004, collection of data for these domains was initiated within CSAT's Access to Recovery (ATR) program and CSAP's SPF SIGs program. States and Territories will remain partners and will serve as focal points for both data compilation from direct service providers and as the source of administrative data sets. As state data capabilities improve, the corresponding federal data reporting programs will adjust to the common measures, improved reporting timelines, streamlining reporting requirements, and enhancing data infrastructure capabilities. Beginning in FY 2005, SAMHSA will initiate SOMMS to support expansion of current state data collection efforts to the requirements of the agreed-upon NOMS.

III. BUDGET SUMMARY

2005 Program

- The total drug control budget supported by the FY 2005 enacted level is $2.5 billion.

Prevention

- A total of $198.7 million is available for PRNS activities. Funding will:
  - Expand the SPF SIGs program begun in FY 2004 in order to increase states' capacity to evaluate the progress and utilization of funds. Two more states will be funded at approximately $5.8 million.
  - Continue focusing on underage drinking initiatives, including a new Service to Science SPF SIG program focusing on underage drinking, and expansion of the Reach Out Now program for the prevention of underage drinking among 5th and 6th graders.

Treatment

- A total of $422.4 million is available for treatment PRNS activities and $1.776 billion is available for the SAPT Block Grant.
  - Targeted Capacity Expansion programs: The FY 2005 level continues several important services programs at the prior year level, including the ATR voucher program and the *Screening, Brief Intervention, Referral and Treatment* (SBIRT) program. CSAT also expects to invest approximately $40.6 million from expiring projects to: expand the *Young Offender Reentry* program; establish a *State Adolescent Substance Abuse Treatment Coordination* grant program to help build infrastructure/capacity in states to provide effective, accessible, and affordable substance abuse treatment for youth and their families; and award a limited number of new grants in several existing TCE services programs.
  - SAPT Block Grant: A total of $1.776 billion is available for the SAPT Block Grant. This represents a decrease of approximately $3.6 million from the FY 2004 level.

Program Management

- The FY 2005 budget provides $93.8 million for program management activities.

2006 Request

- A total of $2.5 billion is requested for the drug control budget in FY 2006, including $631.4 million for Prevention and Treatment PRNS funding, $1.776 billion for the SAPT Block Grant, and $91.8 million for Program Management. The request reflects a net increase of $8.3 million over the FY 2005 enacted level.

Prevention

- The FY 2006 request for Prevention PRNS is $184.3 million, reflecting a program reduction of $14.4 million compared to the FY 2005 enacted amount. At this level, SAMHSA proposes to:

  - Expand the SPF SIGs program, with the proposed award of approximately five new SPF SIG grants ($12.5 million). The funds will be used to implement the five-step process known to promote youth development, reduce risk-taking behaviors, build on assets, and prevent problem behaviors that are built on a community-based risk and protective factors approach to prevention.

Treatment

- The FY 2006 request for Treatment PRNS funds of $447.1 million reflects an increase of $24.7 million compared to the FY 2005 enacted level. The SAPT Block Grant in FY 2006 is maintained at the FY 2005 enacted level.

  - Within the total for PRNS, $150 million is for the ATR program, an increase of $50.8 million over the FY 2005 enacted amount. This increase in ATR funding will support approximately seven additional grants in FY 2006 for a total of 22 active grantees.

  - Also within the PRNS total, SBIRT will receive a $5.8 million increase over the FY 2005 enacted level for a total of $30.8 million. This increase will support approximately two additional grants in FY 2006 for a total of nine program grantees.

Program Management

- A Program Management funding level of $91.8 million is requested for FY 2006, a decrease of approximately $2.0 million compared to the FY 2005 enacted level. This decrease will be in the area of non-substance abuse data collection.

IV. PERFORMANCE

Summary

- This section is drawn from the FY 2006 Budget Request and Performance Plan, the FY 2004 Performance Report, and PART reviews conducted during the FYs 2004, 2005, and 2006 budget cycles. The chart below includes conclusions from the PART assessment: scores on program purpose, strategic planning, management, and results achieved are synthesized into an overall rating of the program's effectiveness. Also included is a comparison of targets and achievements from the GPRA documents listed above, for the latest year for which data are available. The outcome-oriented measures and selected output measures presented indicate how program performance is being monitored.

- 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 the states to identify a set of "national outcomes" 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 continues to assist states in developing their data infrastructures. SAMHSA is also working with the states to improve state accountability for the SAPT Block Grant program while increasing state flexibility by monitoring the NOMS through the block grant application. SAMHSA expects to develop baselines for cost bands for different types of prevention and treatment programs by December 2005. The TCE program's web-based performance measurement system enables them to demonstrate considerable success in achieving desired treatment outcomes. Other programs are exploring similar web-based systems.

CSAP Program Accomplishments

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

SAPT Block Grant 20 Percent Prevention Set-aside

Selected Measures of Performance				
PART Review				
Purpose	80	FY 2005 Rating: *Ineffective.* 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			
Outcome-Oriented Measures			**FY 2004**	
			Target	**Actual**
a. 30-day drug use/non-use among program participants (targets under development)			----	----
b. Perception of harm of drug use among program participants (targets under development)			----	----
c. Past year drug use (targets under development)			----	----
Selected Output Measures			**FY 2004**	
			Target	**Actual**
a. Percent of states satisfied with technical assistance (measure of program quality)			90%	92%

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. At present, states are not

collecting uniformly-defined information on the results or outcomes of the program although some states, such as Nebraska, are monitoring their own progress toward prevention outcomes.

- 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. Three of the ten outcome areas - cost effectiveness, use of evidence-based practices, and client perception of care – resulted from PART review recommendations. States will begin reporting data in FY 2005. In addition, SAMHSA has initiated funding for a national evaluation of the Block Grant with results expected late 2006. It is also expediting the posting of disaggregated state-specific data on the Internet.

- The program is also developing an efficiency measure—services provided within identified cost bands. Targets and baselines are under development.

CSAP PRNS

Selected Measures of Performance				
PART Review of a group of programs funded under PRNS				
Purpose	100	FY 2006 Rating: *Moderately Effective.* 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 ONDCP 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			
Outcome-Oriented Measures			**FY 2004**	
			Target	**Actual**
a. 30-day use of alcohol among youth age 12-17			*	----
b. 30-day use of other illicit drugs age 12 and up			*	----
c. Percent of program participants age 12-17 that rate the risk of substance abuse as moderate or great			**	61%
d. Percent of program participants age 12-17 that rate substance abuse as wrong or very wrong			***	----
Selected Output Measures			**FY 2004**	
			Target	**Actual**
a. Number of evidence-based policies, practices, and strategies implemented by communities			1,300	1,450
b. Number of practices reviewed and approved through the National Registry of Effective Programs (NREP) process			**	153

* Long-term measure-- no target set for FY 2004
** Baseline developed-- no target set for FY 2004
*** No target set for FY 2004

- The PART review of the group of programs funded under 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 SPF SIGs in FY 2004. The funds will be used to implement a five-step process known to promote youth development, reduce risk-taking behaviors, build on assets, and prevent problem behaviors. The success of the SPF will be measured by specific national outcomes, including abstinence from drug use and alcohol abuse, reduction in substance abuse-related crimes, attainment of employment or enrollment in school, increased stability in family and living conditions, increased access to services, and increased social connectedness. A comprehensive evaluation also will be performed.

- The program has set baselines and targets for FY 2010 for its long-term measures, part of the NOMS for prevention. Baselines and targets may be revised based on improved state epidemiological data that will be required from grantees. Evaluations suggest that some CSAP PRNS components are achieving these long-term goals.

- The program continues to make progress in achieving annual performance output goals, such as the large increase in state adoption of evidence-based policies, practices, and strategies. The number of science-based programs implemented by local sub-recipients in SIG states for FY 2004 was 1,450, exceeding the target of 1,300.

- The program has initiated steps to improve efficiencies. A number of small CSAP data and evaluation contracts are being consolidated into one larger contract, leading to efficiencies in administration and oversight. SAMHSA has also streamlined the grants application process. The program is moving away from having many small grant programs to having a few larger, longer-term programs. The agency is contracting for a cost bands study; when it is completed, CSAP and its grantees will be able to better monitor and control program costs.

CSAT Program Accomplishments

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

The SAPT Block Grant – Treatment

Selected Measures of Performance				
PART Review				
Purpose	80	FY 2005 Rating: *Ineffective.* 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			
Outcome-Oriented Measures			**FY 2003***	
			Target	**Actual**
a. Percent technical assistance events that result in systems, program, or practice change			95%	91%
b. Percent clients reporting change in abstinence at discharge from treatment (targets under development)*			----	----
Selected Output Measures			**FY 2002****	
			Target	**Actual**
# clients served			1,751,537	1,882,584

* Baseline data to be reported September 2005

** FY 2003 results to be reported September 2005, and FY 2004 results in FY 2006

Discussion

- The 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. At present, states vary considerably in their ability to provide outcome information. SAMHSA and the states have, since, finalized the NOMS for treatment. These were included in the FY 2005 revision of the Block Grant application: hence, states will be reporting on them in FY 2005. SAMHSA will continue to work with the states 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. Targets and baselines are under development.

- State utilization of CSAT's technical assistance has continued to be high, with over 90 percent reporting change in systems, programs, or practice as a result of the assistance provided.

CSAT PRNS

Selected Measures of Performance				
PART Review of a group of programs funded under PRNS				
Purpose	80	FY 2004 Rating: *Adequate*. While a 1997 study documented the effectiveness of the national program, PART recommended funding incentives and reductions based on grantee performance.		
Planning	86			
Management	64			
Results	33			
Outcome-Oriented Measures			**FY 2004**	
			Target	**Actual**
Percent adults clients who:				
a. were currently employed/engaged in productive activities			45%	45%
b. had permanent place to live			89%	86.3%
c. had no/reduced involvement with criminal justice system			96%	95.1%
d. experienced no/reduced substance use-related consequences			83%	81.6%
e. had no past month substance use			63%	63%
Selected Output Measures			**FY 2004**	
			Target	**Actual**
# TCE clients served			29,567	30,217

Discussion

- The FY 2004 PART review found that PRNS makes 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. PRNS also include unique training, communications, and certification efforts.

- The 1997 *National Treatment Improvement Evaluation Study* indicated that the program's demonstration grants were effective. No evaluation has been undertaken since. However,

evaluations of other major programs, such as the SBIRT and ATR programs, are being initiated.

- The chart above reflects success in meeting most of the FY 2004 targets. TCE's web-based system to collect and report outcome information from its grantees is a useful model for other SAMHSA programs.

- The PART review did not include the new ATR program initiated in FY 2004. The ATR program seeks to provide services to individuals through a voucher system so they may better access the care they require. Awards were made in August 2004 to 14 states and one Tribal organization. Baseline data will be reported in December 2005. Accountability is a key component of this program—the program will further strengthen the link between performance and the budget.