



A Life  
in the  
Community  
for  
Everyone

*Reducing Substance  
Abuse in America:*

**Building the Nation's  
Demand  
Reduction  
Infrastructure**

A Framework for  
Discussion



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
[www.samhsa.gov](http://www.samhsa.gov)



# The Vision

## A Life in the Community for Everyone

Dear Colleague:

It is an honor and a pleasure to share this important document, *“A Life in the Community for Everyone—Reducing Substance Abuse in America: Building the Nation’s Demand Reduction Infrastructure—A Framework for Discussion.”* Americans know all too well the human and financial costs and burdens of substance abuse—to individuals and families, as well as to communities and States. Now we are thankfully and finally at a turning point in America—one where we have come to recognize and embrace three fundamental principles at the core of my vision for the Substance Abuse and Mental Health Services Administration (SAMHSA), “A Life in the Community for Everyone.”



*“People of all ages, with, or at risk for mental or substance use disorders, should have the opportunity for a fulfilling life that includes a job, a home and meaningful relationships with family and friends.”*

—Charles G. Curie,  
Administrator

The first of these principles is that prevention is not only possible, but is incredibly effective in reducing the demand for drugs through rigorous prevention and education efforts that embrace the natural resiliency of Americans. The second is that people with substance use and co-occurring mental health conditions can and do recover. When they take that brave step toward seeking help and the right treatment and services take hold, be they our brothers, our sisters, our children, or ourselves, the bright promise of recovery can unfold. The third is that we have finally recognized, and actually done something about, the long-neglected need to focus on designing, building, enhancing, expanding, and sustaining our Nation’s substance abuse prevention and treatment infrastructure—in States, in communities, and in families—by supporting the capacity of providers to deliver effective prevention and treatment programs and services for people in need. Keeping these three principles—the resiliency of Americans, the promise of recovery, and the need for effective infrastructures—at the core of everything that SAMHSA does is what has led us closer every day to achieving our mission of building resiliency and promoting recovery.

With the steadfast support of President George W. Bush and Health and Human Services’ Secretary Michael Leavitt, we have witnessed an evolution both within SAMHSA and within the broader fields of substance abuse prevention and treatment. Infrastructures now exist to logically and systematically bring to bear the full potential of our prevention and treatment resources and efforts at the level of local communities. This publication invites you to learn how SAMHSA has actively pursued our agenda—by implementing strategic prevention frameworks in States and communities, by offering new ways to access treatments and supports that provide more choice and more focus on sustaining recovery, by focusing our data collection and analysis efforts to provide communities with early warning signals and effective responses to emerging trends in drug abuse, and by implementing a set of national outcomes measures with States and communities to demonstrate to the American public that what we are doing works and is worthy.

I thank those of you in our Nation who joined with me and our many other partners in striving to achieve SAMHSA’s mission of “A Life in the Community for Everyone.” Now more than ever, we need to continue our unwavering commitment until this vision reaches reality—let us continue to develop resilient communities and embrace the promise of recovery together.

Charles G. Curie, M.A., A.C.S.W.  
Administrator, SAMHSA

# The Challenge

## Stopping Drug Use Before It Starts... Healing America's Drug Users

### The New Federal Leadership: Building Resiliency and Facilitating Recovery

While we are far from eliminating drug use, we have made enormous strides in the last several decades. There are three major fronts of progress which must be recognized:

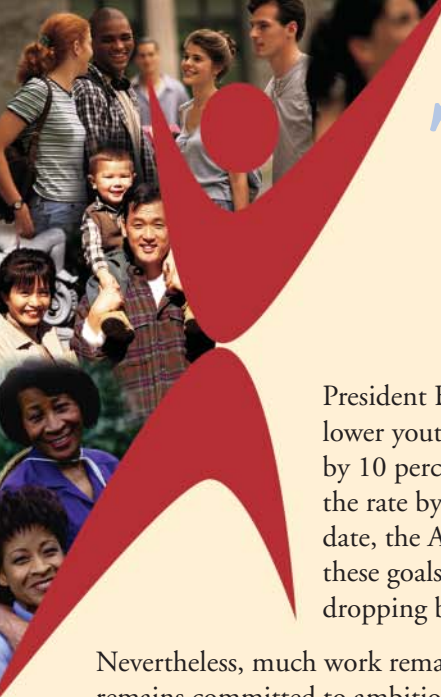
- **First, is the new understanding of the power of resiliency to thwart addiction.** We know now, thanks to prevention research, that by developing assets in individuals, families and communities, and by fostering relationships with caring adults, children can develop resiliency that acts as an antidote to substance abuse. Today building resiliency is the keystone of both prevention and treatment efforts in communities across the nation. It is a guiding principle and indeed, is recognized as the element which must pervade an entire continuum of care: To delay the onset of substance abuse, to prevent relapse, and to promote healthy recovering individuals and families.
- **Second, is the strong Federal commitment to facilitate recovery from addiction.** Today recovery means far more than simply continuing abstinence from drugs and alcohol. It means a rejuvenation of health on every level: Physical, mental and spiritual. It means a return to responsible living as evidenced by a lack of involvement with the criminal justice system and a re-engagement in productive activities such as work and school. Most of all, recovery means finding a sense of place within the community, a sense of belonging and purpose, and a feeling of connection to one's family, neighborhood and the people within it. The promise of recovery today means former substance abusers—and their families and friends—living fully among others; no longer sequestered by their disease, but thriving in spite of it.

These intangible qualities of “resilience” and “recovery,” while difficult to measure are the unmistakable elements of true well-being. They are the foundation of “A Life in the Community for Everyone.” Every SAMHSA dollar spent, every grant program, every technical assistance activity, every publication and conference is geared toward the fulfillment of this bold, yet simple, vision. But it was not always this way.

- **The third and critical stride forward was the transformation of Federal leadership in how it addressed substance abuse and co-occurring illness.** SAMHSA realized that it could not, should not, be the deliverer of direct prevention and treatment services. Instead, the Agency committed itself to become the prime architect for the nation's demand reduction infrastructure. Under new leadership, service providers received new support, prevention efforts thrived with increased funding, treatment capacity was targeted for expansion, communities were engaged as partners, and States were dealt with on an individual basis, according to their unique needs and data. Today, SAMHSA is fulfilling its proper Federal role while remaining grounded in the understanding that all substance abuse ultimately occurs at the local level: The entirety of SAMHSA's prevention and treatment efforts, including grants, programming, technical assistance and other efforts, is directed towards building resiliency and facilitating recovery at both the community and personal levels.

Commitment to the twin goals of building resiliency and facilitating recovery has been echoed in numerous speeches by the President and the First Lady. In the 2003 State of the Union address, President Bush announced to the American people his support for a new substance abuse treatment program known as “Access to Recovery (ATR).” This national initiative is today minimizing suffering, providing choice, and maximizing accountability by helping people with substance abuse problems to enter effective treatment quickly through a system of vouchers at the State and local level. The President's public announcement of the ATR initiative, greeted by warm applause, elevated to an even higher level SAMHSA's key conviction: *People with substance use and co-occurring mental disorders can and do recover!*

Finally, we stand at a crossroads. The dream of building resiliency and recovery is real and achievable. The building blocks of a powerful demand reduction infrastructure are in place. But if we are to conquer substance abuse and its co-occurring illness, enduring passion and perseverance are required. These are the qualities of the human heart, not of the Government structure. SAMHSA infrastructure and guiding principles are only part of the solution. They must be grounded in a citizenry committed to answering a call of action. Every American in every community must ask himself and decide, “What Can I Do To Help Achieve a Drug-Free America?”



# The Commitment

## Meeting the Challenge Through National Leadership

President Bush set accountable goals to lower youth and adult rates of drug use by 10 percent over 2 years, then lower the rate by 25 percent over 5 years. To date, the Administration has exceeded these goals for youth drug abuse—dropping by 19 percent over 4 years.

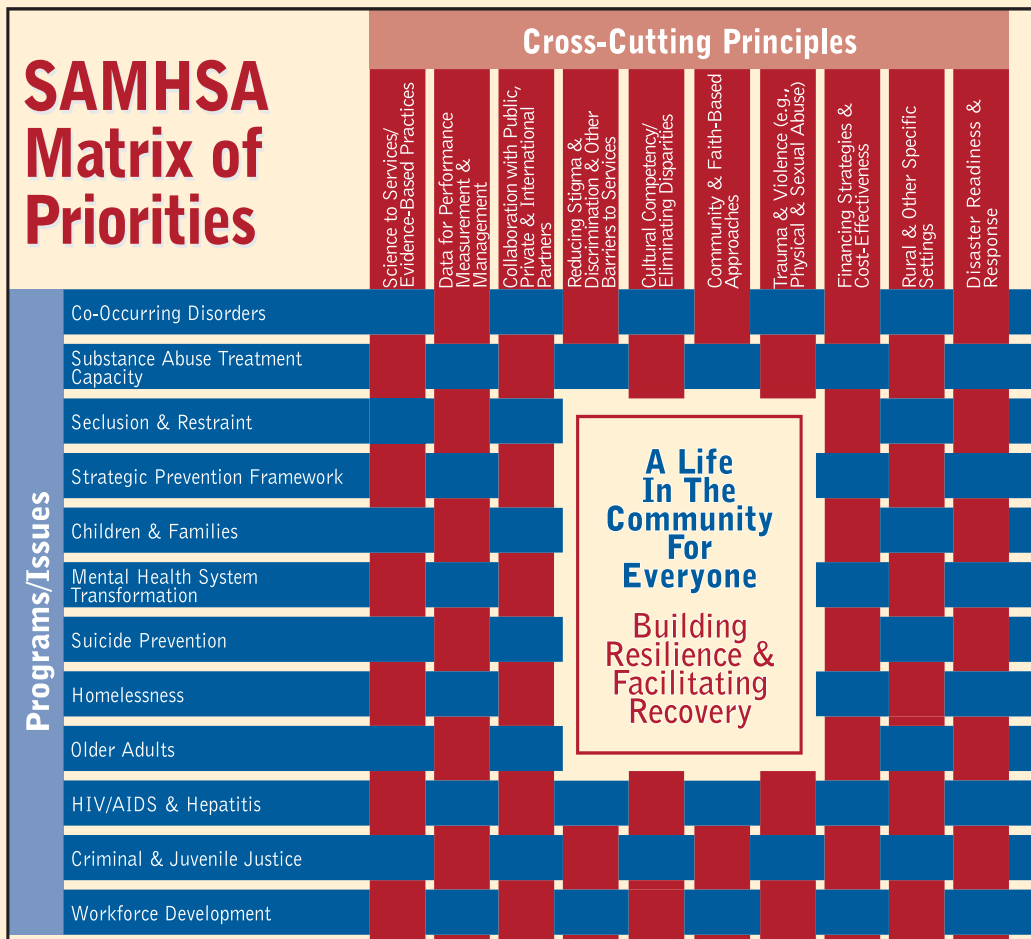


*"Our nation is blessed with recovery programs that do amazing work."*

—President George W. Bush

Nevertheless, much work remains to be done. The President remains committed to ambitious goals for reducing substance abuse. Accordingly, he has emplaced a determined and balanced strategy to (1) stop use before it starts, (2) heal America's drug users and (3) disrupt the market. The first two priorities fall squarely into SAMHSA's drug abuse prevention and treatment missions, as well as SAMHSA's role in preventing and treating co-occurring mental disorders.

Through its three Centers and supporting Offices, SAMHSA engages in activities aligned with the SAMHSA Matrix of Priorities to carry out its mission: To build resilience and facilitate recovery for people with, or at risk for, substance use and mental disorders.



SAMHSA's Centers and Offices administer and fund a rich portfolio of grant programs and contracts that support State and community efforts to expand and enhance prevention programs and to improve the quality, availability and range of substance abuse treatment and mental health services.

Driven by a strategy to improve accountability, capacity and effectiveness, SAMHSA can ensure that its resources are not only being used effectively and efficiently in State and community programs, but also that these resources are being invested in the best interest of the people SAMHSA serves.

# Resilience Prevention Treatment RECOVERY

## Center for Mental Health Services

The Center for Mental Health Services (CMHS) leads Federal efforts in expanding the availability and accessibility of high-quality, community-based services for adults with serious mental illnesses and children with serious emotional disturbances. CMHS administers the Mental Health Services Block Grant Program—the single largest Federal contribution to improving mental health service systems across the country. CMHS also administers a portfolio of discretionary grant programs to prevent mental health problems, promote mentally healthy communities, and expand the use of evidence-based practices.

## Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) works to improve the quality of substance abuse prevention practices in every community, nationwide. Through its discretionary grant programs and 20 percent of the Substance Abuse Prevention and Treatment Block Grant, CSAP provides States, communities, organizations and families with tools to promote protective factors and to reduce risk factors for substance abuse.

## Center for Substance Abuse Treatment

The Center for Substance Abuse Treatment (CSAT) promotes the quality and availability of community-based substance abuse treatment services for individuals and families who need them under their discretionary grant programs. CSAT works with States and community-based groups to improve and expand existing substance abuse treatment services under the Substance Abuse Prevention and Treatment Block Grant Program.

## Office of Applied Studies

The Office of Applied Studies (OAS) collects, analyzes and disseminates national data on behavioral health practices and issues and is responsible for the annual National Survey on Drug Use and Health, the Drug Abuse Warning Network and the Drug and Alcohol Services Information System, among other projects including the National Outcome Measures.



*“We can be a nation where families embrace the power of prevention and wellness, where fewer people get sick because they take action to stay healthy.”*

—Michael Leavitt  
Secretary, U.S. Department of  
Health and Human Services



# The Charge

## Building the Nation's Demand Reduction Infrastructure

### SAMHSA's Three Strategic Goals: Accountability, Capacity, and Effectiveness (ACE)

SAMHSA has streamlined its operations and has developed a strategy that allows it to pursue its mission as a one-SAMHSA in the most deliberate manner possible. The Strategic Plan is designed around three "ACE" goals:

- Accountability
- Capacity
- Effectiveness

The Accountability goal targets results with regard to programs, policies, and practices that SAMHSA promulgates through grants, contracts, and knowledge dissemination. It ensures that appropriate data collection is established for the purposes of measuring performance and managing agency processes.

The Capacity goal reflects SAMHSA's activities to build the infrastructure that provides mental health and substance abuse services throughout the Nation. SAMHSA's block and formula grants are key components of SAMHSA's efforts to achieve its Capacity goal.

The Effectiveness goal focuses on ensuring that the infrastructure that delivers mental health and substance abuse services promotes policies, programs, and practices that are evidence-based. SAMHSA's science-to-services activities, knowledge dissemination, and orientation toward best practices help it achieve its Effectiveness goal.

### PARTNERSHIPS

*Child Welfare League of America*

*Community Anti-Drug Coalitions of America*

*Department of Education*

*Department of Housing and Urban Development*

*Department of Justice*

*Department of Labor*

*Drug Enforcement Administration*

*Join Together*

*Leadership to Keep Children Alcohol Free*

*National Alliance for Model State Drug Laws*

*National Association of Drug Court Professionals*

*National Association for Children of Alcoholics*

*National Association of State Alcohol and Drug Abuse Directors*

### ACCOUNTABILITY

*Measure and Report Program Performance*

- Track National Trends
- Establish Measurements and Reporting Systems
- Implement National Outcome Measures (NOMS) within State and Community Program
- Achieve Excellence in Management Practices

## Prevention Infrastructure

Strategic Prevention Framework State Incentive Grants

Drug Free Communities Support Program

Substance Abuse & HIV Prevention Grants

Methamphetamine & Inhalant Grants

Underage Drinking Initiatives

Center for the Application of Prevention Technologies (CAPTs)

National Coalition Institute

Prevention Fellows

State Prevention Directors (NPNs) Leadership Academy

Fetal Alcohol Spectrum Disorders Center for Excellence

## Services

# Resilience Prevention Treatment RECOVERY

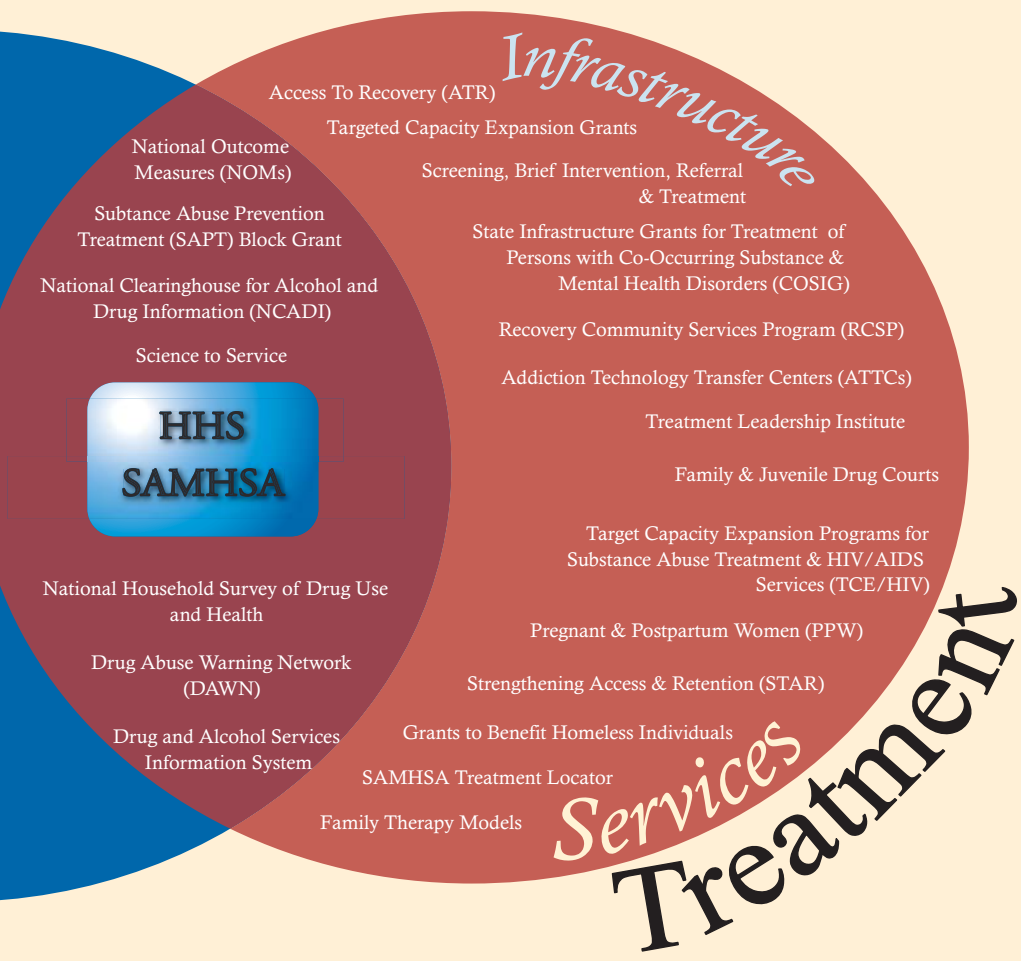
**VISION**  
*A Life in the Community for Everyone*

**MISSION**  
*Building Resilience and Facilitating Recovery*

- CAPACITY**  
*Increase Service Availability*
- Assess Resources and Needs
  - Support Service Expansion
  - Improve Services Organization and Financing
  - Recruit, Educate, and Retain Workforce
  - Create Interlocking Systems of Care
  - Promote Appropriate Assessment and Referral

- EFFECTIVENESS**  
*Improve Service Quality*
- Assess Service Delivery Practices
  - Identify and Promote Evidence-Based Approaches
  - Implement and Evaluate Innovate Services
  - Provide Workforce Training and Education

- PARTNERSHIPS**
- National Crime Prevention Council*
  - National Corporation for Community Service*
  - National Families in Action - The Parent Corps*
  - National Family Partnership*
  - National Guard*
  - National Institute on Alcohol Abuse and Alcoholism*
  - National Institute on Drug Abuse*
  - National Prevention Network*
  - National Treatment Network*
  - PRIDE Youth Programs*
  - Robert Wood Johnson Foundation*
  - Teen Challenge International, Inc.*
  - White House Office of National Drug Control Policy*



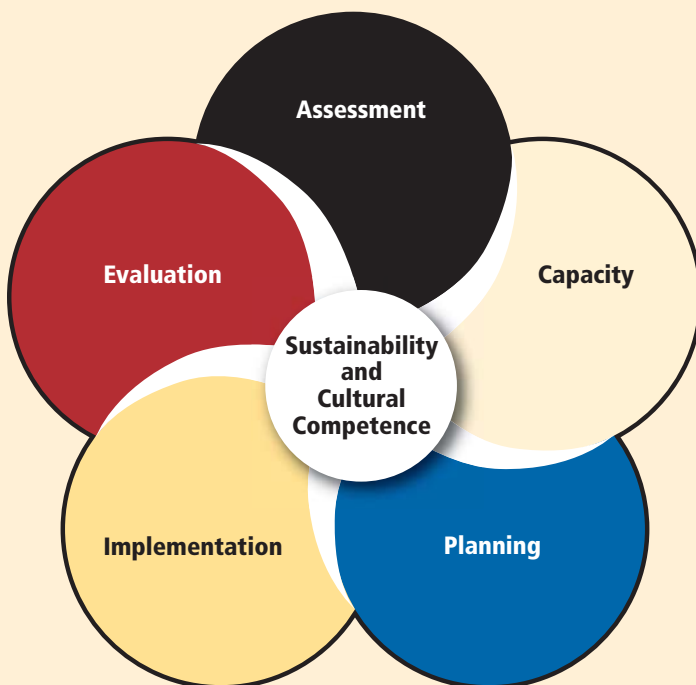
# The Programs

## Building Resilience

### SAMHSA's Strategic Prevention Framework: An Evidence-Based Prevention Planning and Implementation Process

SAMHSA's Strategic Prevention Framework (SPF) is the cornerstone of all of SAMHSA's prevention efforts. The SPF is also a key part of SAMHSA's

public health approach to enable states and communities to build prevention infrastructures and sustainable prevention programs, policies and practices. The SPF is built on the principle that communities must understand the nature, extent and scope of their local substance abuse problem, identify the causes and solutions, and take action. Indeed, the best solutions to substance abuse problems often come from local communities because local people solve local problems best. The SPF is based on five essential components that guide the planning and implementation of prevention services. In addition to the five steps of the SPF, sustainability and cultural competence permeate the process and ensure that all prevention efforts will be relevant and have an ongoing impact.



*"I see prevention organizations competing for dollars from multiple Federal, State, local, and private sector funding streams—all of which have specific and often competing requirements. Each alone provides a stream of funding; if combined under the framework, together they can produce an ocean of change."*

—Charles G. Curie,  
Administrator

**Components of Assessment**—Collecting data to define community problems and underlying risk and protective factors; mobilizing key stakeholders to collect needed data; creating epidemiology workgroups to build state and local data infrastructures and spearhead data collection efforts.

**Components of Capacity**—Identifying and mobilizing financial and organizational resources to address the identified problems within the State or community; convening key stakeholders, coalitions, and service providers to plan and implement sustainable prevention efforts; creating partnerships; addressing leadership, determining community readiness, and building capacity to implement strategies that include programs, policies, and practices, evaluation, cultural competence and sustainability.

**Components of Planning**—Developing a strategic plan that includes policies, programs, and practices that create a logical, data-driven plan to address the problems identified throughout the assessment process; identifying performance targets; developing ongoing action plans; selecting evidence based policies, programs, and practices that address the identified problems; developing a sustainability plan.

**Components of Implementation**—Taking action guided by the Strategic Plan; implementing culturally competent programs, practices, and policies; creating an evaluation plan; collecting process measure data; monitoring implementation; and implementing the sustainability plan.

**Components of Evaluation**—Measuring the impact of the SPF process, as well as the implemented programs, policies, and practices; identifying areas for improvement; reviewing the effectiveness, efficiency, and fidelity of implementation in relation to the strategic plan, implementing corrections to the plan if necessary; and evaluating sustainability of current efforts.



# Resilience Prevention Treatment RECOVERY

## Strategic Prevention Framework State Incentive Grants (SPF SIG)

SAMHSA/CSAP helps States to develop a prevention strategy that is tailored to local needs, implements new policies, programs and practices, and leverages the resources of the community programs that are already in place. The SPF SIG uses the Strategic Prevention Framework as a comprehensive state and community planning framework to:

- Build prevention capacity at the state and community levels
- Reduce substance abuse-related problems in communities
- Prevent the onset and reduce the progression of substance abuse.

Central to this grant program's success in building multi-level capacity are four reinforcing components:

- Working through the leadership of the Governor's Office in each state

- Creating the State Incentive Grant Advisory Committee that has representative members of State Agencies, non-profit organizations and other stakeholders who provide prevention resources, data, programs and funding within the state
- Incorporating Epidemiology Work Groups into assessment activity to emphasize data-driven decision-making at State and local data levels to ensure the closest possible relationship between assessment, planning and goal achievement
- Uniting multiple funding streams that cut across existing programs and systems to forge a common pathway from the State to the community
- Reinforcing a community-based approach to substance abuse prevention and mental health promotion by requiring that 85 percent of the SPF SIG funding go to communities to strengthen local prevention capacity and infrastructure.

## Success Story

With the support of SAMHSA's Strategic Prevention Framework State Incentive Grant (SPF SIG) program, New Mexico has used their SPF SIG funding to expand their focus to evidence-based programs, policies, and practices for all age groups. When asked about the primary advantages of the Strategic Prevention Framework State Incentive Grant, Donald Maestas, Chief of the New Mexico Prevention Services Bureau, says, "The SPF SIG has provided New Mexico with the ability to focus on community level indicators which is critical to changing systems, community norms, and individual behavior. It is the first SAMHSA grant that truly supports the State in its efforts to put funding where the data shows it is needed and involve people from the community every step of the way." New Mexico already has outcomes to report for 2005. The percentage of 30-day use of alcohol among 12-17 year olds dropped from 24.6-24 percent, while 30-day use of the comparison group increased from 23.3-25.3 percent. The percentage of 30-day use of marijuana among 12-17 year olds dropped from 16.5-14.8 percent, while the 30-day use of the comparison group increased from 13.3-15.8 percent. The percentage of 30-day use of tobacco among 12-17 year olds dropped from 23.2-21.2 percent, while 30-day use of the comparison group increased from 19.2-19.4 percent.



# The Programs

**Building Resilience**

# Stopping Drug Use Before It Starts

## Fostering Drug-Free Communities

Community anti-drug coalitions harness the power of multiple sectors of the community to work together, using evidence-based strategies and practices to achieve community-level change goals. In 1997, the Community Anti-Drug Coalitions of America was successful in getting Congress to create the Drug-Free Communities Support

Program (DFCSP). The DFCSP has grown to over 700 grantee anti-drug coalitions in communities across the United States and its territories. The goals of the Drug-Free Communities Support Program are to:

**Families, youth, schools, faith-based organizations, government agencies, businesses, and other community groups must all be involved and work together to help youth grow and develop in healthy ways, to support their making good decisions, and to provide the safe and supportive environments that help youth thrive.**

- Reduce substance abuse, including alcohol, tobacco, and drugs among youth
- Strengthen collaboration among various sectors in the community.

To facilitate the ongoing development of self-supporting community anti-drug coalitions, the Drug-Free Communities Support Mentoring Program was added. These grants are awarded to existing Drug-Free Communities grantees who agree to serve as guides for new coalitions in navigating start-up challenges and achieving sustainability. The Drug-Free Communities Program represents a collaborative effort between the White House Office of National Drug Control Policy (ONDCP) and SAMHSA/CSAP. Guidance is provided by an eleven-member expert Drug-Free Communities Advisory Commission appointed by the President.

## Success Story

There was a time when deputies like Corporal Barry Sowards, with the Lexington County, South Carolina, Sheriff's Department, would never have thought of writing citations for young people attending an underage drinking party. "I finally realized that by preventing underage drinking and enforcing laws we can prevent a lot of other types of crime—vandalism, robbery, rape, and even death." LRADAC (the Behavioral Health Center of the Midlands) and local law enforcement made a commitment to form a drug-free community coalition with goal of creating a safer and healthier community. The tremendous success of this collaborative effort is demonstrated through its outcomes.

- Among 6-8th graders, binge drinking is down by 42 percent, 30 day alcohol use is down 21 percent, and 30 day marijuana use is down 47 percent. Among 9-12th graders, binge drinking is down by 18 percent, 30 day alcohol use is down 35 percent, and 30 day marijuana use is down 17 percent.
- Attitudes and perceptions among 6-8th graders that the community's perception about the use of alcohol is not a good thing are up 24 percent among 6-8th graders and up 12.2 percent among 9-12th graders. Attitudes and perceptions among 6-8th graders that alcohol is never a good thing are up 10 percent and up by 16% among 9-12th graders. Thirty-six percent fewer youth in the 6-8th grades report that parents allow drinking at parties and 15 percent fewer youth in the 9-12th grades report that parents allow drinking at parties.
- The alcohol compliance check buy rate dropped from a baseline of 28 percent to 9.1 percent in 2005.

# Resilience Prevention Treatment RECOVERY

## **National Community Anti-Drug Coalition Institute**

The National Community Anti-Drug Coalition Institute aims to increase the knowledge, capacity and accountability of community anti-drug coalitions throughout the nation. The Institute serves as both a vehicle for coalition-specific substance abuse prevention policy development and a center for coalition training, technical assistance, evidence-based programming and implementation, evaluation, research and capacity building.

## **Fetal Alcohol Spectrum Disorders (FASD) Center for Excellence**

Launched in 2001, SAMHSA's FASD Center for Excellence focuses national attention on the problem of FASD by providing leadership in the fight against FASD and fostering collaboration among service providers in the field. The Center also works to improve quality of life for individuals and families affected by FASD. The FASD Center's work also includes coordinating, planning, training, and program development by states, Tribes, community-based organizations, and criminal justice organizations. Information is also disseminated through the FASD Web site which serves as an online information resource, offers science-based information on FASD through fact sheets, posters, brochures, videos and curricula, as well as links to local and national resources.

## **Substance Abuse & HIV Prevention Initiative**

The purpose of this grant is to expand substance abuse and HIV prevention services through rapid HIV testing. The focus of this program is on the prison population returning to racial or ethnic communities highly affected by the twin epidemics of substance abuse and HIV/AIDS.

## **Prevention Leadership Academy**

To develop the prevention workforce, SAMHSA will continue the Prevention Leadership Academy as an on-going series of events designed for State and Territory Prevention Directors who make up the National Prevention Network (NPN). The first event in January 2005—the largest gathering of NPN members ever—identified significant prevention leadership challenges and strategies for addressing them. The Executive Committee of the NPN, its Workforce Development Committee, and the majority of individual NPN members designed an Academy to meet the current challenges of change in the prevention field.

## **Prevention Fellowship Program**

SAMHSA/CSAP has launched the Prevention Fellowship Program that will help all States cultivate and nurture an ongoing work force for prevention throughout the United States. The purpose of this program is to provide professional development opportunities for the prevention field.

Through the fellowship program, participants will enhance their knowledge, skills, and competencies in all components of the SPF to include:

- Substance abuse prevention across the life span;
- Community prevention planning and service delivery at the State and community level, including coalition building;
- Data, evaluation, and alcohol and drug epidemiology;
- Environmental prevention strategies, systems change and service delivery; and
- Social marketing as it relates to prevention.

## **Centers for the Application of Prevention Technologies (CAPTs) (Northeast, Southeast, Central, Southwest, and Western)**

The CAPTs are regional technical assistance providers for the Center for Substance Abuse Prevention (CSAP) and serve as integral support for SAMHSA's mission to create a life in the community for everyone. The CAPT system is a practical tool to increase the impact of the knowledge and experience that defines what works best in prevention programming.

The primary mission of SAMHSA/CSAP's National Centers for the Application of Prevention Technologies is to bring research to practice by assisting States, Tribes, and Jurisdictions in the application of the latest evidence-based knowledge to their substance abuse prevention programs, practices, and policies. The CAPTs also work to:

- Expand the capacity, increase effectiveness and strengthen the performance and accountability of substance abuse prevention services at the State and community level.
- Provide training and technical assistance to support effective, evidence-based substance abuse prevention programs, practices, and policies.
- Monitor the delivery and quality of services so that the impact of these services can be assessed in relation to States and community-based prevention programs reaching their goals.



# The Programs

## Facilitating Recovery

# Healing America's

### Access to Recovery

Chief among SAMHSA's substance abuse treatment priorities is a focus on facilitating recovery. A key addition to the demand reduction infrastructure is the Access to Recovery (ATR) Program. Thousands of people seek treatment each year and sadly, many are unable to find care. With the leadership of the President, access to recovery is now a reality for thousands of Americans. ATR expands consumer choice through a unique voucher program aimed at increasing recovery options by focusing on both clinical treatment and other recovery support services. States (including eligible tribes and territories) take the lead on implementation of the Access to Recovery Program because Governors are key to ensuring a coordinated approach among various State departments.

ATR is built on three principles:

- **Free and Open Consumer Choice.** Achieving success in recovery takes many pathways. With a voucher, people in need of addiction treatment and recovery support are able to choose the programs and providers that will help them most. Increased choice protects individuals, encourages quality, and allows individuals to select the program that best fits their needs, including faith-based treatment programs as approved by the State.
- **Outcomes.** ATR measures success by outcomes such as abstinence from drugs and alcohol, attainment of employment or enrollment in school, no involvement with the criminal justice system, stable housing, social support, access to care, and retention in services.
- **Increased Capacity.** Access to Recovery supports treatment for approximately 50,000 people per year and expands the array of services available including medical detoxification, inpatient and outpatient treatment modalities, residential services, peer support, relapse prevention, case management, pre-employment counseling, employment coaching, recovery coaching (including stage-appropriate recovery education, assistance in recovery management and telephone monitoring), family support services including marriage education, parenting and child development services, and other recovery support services.

### Success Story

Wisconsin issued the first Access to Recovery voucher to a 41-year old mother from Milwaukee in December 2004. Her addiction and related felony conviction had become roadblocks to getting a job and raising her children. This single mother chose an agency which provides residential clinical treatment and recovery support services that will allow her one-year old baby to live with her in treatment once she is ready for re-unification. She worked with her Access to Recovery Coordinator to develop her own unique Recovery Support Team which includes her service providers, probation officer, church members, family members and others to help her achieve and then sustain recovery. When asked to describe the impact of the Access to Recovery program she describes the program as "an angel on her shoulder."

# Resilience Prevention Treatment RECOVERY

## Drug Users

### Treating People with Co-occurring Mental and Substance Use Disorders

According to SAMHSA's 2004 National Survey on Drug Use and Health, an estimated 4.6 million people experienced co-occurring mental and substance use disorders during the year. Nearly half of the adults with co-occurring disorders received no treatment for either problem, and only 6 percent received treatment for both. The resulting human and societal costs are high. People with co-occurring disorders are at greater risk for HIV/AIDS, homelessness, contact with the criminal justice system, violence, and suicide. To better serve individuals in need, states and communities must strengthen their systems to address both substance abuse and mental health disorders.

In a landmark 2002 Report to Congress, SAMHSA recognized that people in need with co-occurring disorders are the *expectation*, not the exception, in substance abuse and mental health treatment systems. In this report, SAMHSA outlined its commitment to ensure that States and communities have the incentives, technical assistance, and training they need to effectively serve people with co-occurring disorders. To this end, SAMHSA has awarded Co-occurring State Incentive Grants to help States develop or enhance their infrastructure to provide accessible, comprehensive, and evidence-based treatment services to people with co-occurring substance use and mental disorders. SAMHSA has also established the National Co-occurring Center for Excellence, published a new Co-occurring Treatment Improvement Protocol (TIP 42), and held policy academies to encourage the development of State action plans.



### Co-occurring Center for Excellence

SAMHSA created the Co-occurring Center for Excellence (COCE) as a vital link between the agency and States, communities, and providers. COCE provides the technical, informational, and training resources needed for the dissemination of knowledge and the adoption of evidence-based practices in systems and programs that serve persons with co-occurring disorders.

COCE's Mission is to:

- Receive, generate, and transmit advances in substance abuse and mental health treatment that address mental health and substance use disorders at all levels of severity that can be adapted to the unique needs of each client
- Guide enhancements in the infrastructure and clinical capacities of the mental health and substance abuse service systems
- Foster the infusion and adoption of evidence- and consensus-based treatment and program innovation into clinical and organizational practice.



# The Programs

**Building Treatment Capacity**

## Healing America's

### Targeted Capacity Expansion

To address new and emerging substance abuse trends, SAMHSA/CSAT developed the Targeted Capacity Expansion (TCE) family of programs geared toward expanding treatment capacity for specific modalities, populations and issues.

The TCE programs include:

- **HIV Prevention and Treatment Grants for Minority Populations**

SAMHSA initiated Minority HIV/AIDS Prevention and Treatment Grants to help community-based organizations expand their capacity to provide and sustain effective, integrated substance abuse prevention and HIV prevention services in high risk minority communities disproportionately impacted by the HIV/AIDS epidemic. These grants fund efforts by community-based organizations, faith communities, minority-serving colleges, universities, and others to provide effective HIV services in high-risk minority areas, and target African American, Hispanic/Latino and other racial and ethnic minority communities affected by the disease.

- **Services for People Who Are Homeless**

As many as 700,000 Americans are homeless on any given night. An estimated 20 to 25 percent of these people have a serious mental illness, and one-half of this subgroup also has an alcohol and/or drug problem. In response to this devastating problem, SAMHSA/CSAT created a grant program to provide substance abuse and mental health services to homeless individuals and people who are at imminent risk for becoming homeless because they are sharing another person's residence on a temporary basis.

- **Treatment for Adolescent Alcohol and Drug Abuse**

To increase the effectiveness of alcohol and drug abuse treatment for adolescents age 12-21, SAMHSA/CSAT expanded substance abuse programs that combine two types of therapy—motivational enhancement therapy and cognitive behavioral therapy—to youth within their communities.

- **Prevention and Treatment for Methamphetamine Abuse and other Emerging Drugs**

Rural areas have been particularly hit hard by methamphetamine abuse. While the prevalence of methamphetamine use is about the same, the number of persons seeking treatment for methamphetamine abuse has increased dramatically. For this reason, SAMHSA awarded grants nationwide to provide prevention and treatment for methamphetamine abuse and other emerging drugs for adults residing in rural communities.

### Screening, Brief Intervention, Referral and Treatment (SBIRT)

SBIRT cooperative agreements are designed to enhance state continuums of care by:

- Enabling States to expand their treatment capacity to new venues including general medical and other community settings (e.g., community health centers, school-based health clinics and student assistance programs, occupational health clinics, hospitals and emergency departments)
- Increasing capacity for clinically appropriate treatment services for nondependent substance users, as well as for dependent substance users
- Reducing the number of people in need of treatment services.

### Recovery Community Support Program

There are many ways to recover from alcohol and drug use disorders. In addition to professional treatment and medication-assisted therapies, peer recovery support services can help prevent relapse and promote long-term recovery. At SAMHSA, we support peer services and those provided by faith communities through funding, technical assistance, publications, and online support. Successful peer initiatives work closely with formal service systems and professionals in their community to maximize the opportunities for recovery.

# Resilience Prevention Treatment RECOVERY

## Drug Users

### Addiction Technology Transfer Centers

An accompanying regional technical assistance system including 14 Addiction Technology Transfer Centers (ATTC's) was created to build capacity at the State and program level to provide the highest quality treatment services.

The ATTC network focuses on six areas of emphasis to improve treatment services:

1. Enhancing Cultural Appropriateness
2. Developing & Disseminating Tools
3. Building a Better Workforce
4. Advancing Knowledge Adoption
5. Ongoing Assessment & Improvement
6. Forging Partnerships

### Treatment Leadership Institutes

In collaboration with the national network of Addiction Technology Transfer Centers (ATTCs) Partners for Recovery is sponsoring regional Leadership Institutes across the country. The Leadership Institutes are part of the overall strategy of Partners for Recovery to develop leadership within the addiction treatment field. As many of the current leaders in the addiction field near retirement, there is a need to transition leadership to the "next generation" while also developing leadership at all levels within organizations. The Southern Coast ATTC piloted the first Leadership Institute in October 2003. The Graduate School, USDA (GS/USDA) is responsible for the pre-assessment of participants (called "protégés") and a five day immersion training. Based on the tremendous success of the pilot, the five-day training is currently being hosted by regional ATTCs across the country with rave reviews from participants.

With up to 20 individuals participating in each of the Leadership Institutes, the field is beginning to create an identified pool of emerging leaders whose talents and influence will help shape the addiction treatment field in the coming years.

### SAMHSA's Treatment Locator: Supporting the Important First Step to Recovery

SAMHSA's Treatment Locator is an important information resource for individuals in need of treatment services. The service connects individuals in need with community-based providers and peers that can help them be successful as they take the first brave step toward recovery. Updated continuously as part of the Drug and Alcohol Services Information System, the treatment locator provides important contact information for substance abuse treatment services and is a valuable resource for medical providers, social workers, law enforcement, as well as concerned friends, family, and co-workers. You can access SAMHSA's Treatment Locator online at [www.findtreatment.samhsa.gov](http://www.findtreatment.samhsa.gov).

### Success Story

SBIRT has demonstrated effectiveness in multiple venues and is becoming an accepted standard of care in Primary and Generalist care settings, Emergency Rooms and Trauma Centers. In 2006, the American College of Surgeons Committee on Trauma adopted Screening and Brief Intervention as an Essential Element for Verification of Level I and II Trauma Centers and added Referral to Treatment for Level I Essential Elements.



# Cross-Cutting Infrastructure and Services

One thing is clear: Substance abuse is a local, community-based issue. In order to make a meaningful impact to combat our Nation's issues with drug and alcohol abuse, we must provide community-based solutions. Through grants and contracts, states and communities are given the means to build the nation's capacity

to address substance abuse and mental health problems. SAMHSA's principal responsibility—as reflected in its three strategic goals—is to provide resources and disseminate knowledge. The three goals are reflected in all of SAMHSA's activities, including discretionary grants, technical assistance, and dissemination of effective programs, policies, and practices, that enable states and communities to develop the local means to address local substance abuse problems.

## **The Substance Abuse Prevention and Treatment Block Grant: Cornerstone of Demand Reduction**

Initiated in 1993, the Substance Abuse Prevention and Treatment (SAPT) Block Grant is the cornerstone of the Nation's Substance Abuse Demand Reduction Infrastructure. Based on a congressionally-mandated formula, the SAPT Block Grant funds States to support a wide range of activities related to the abuse of alcohol, the use or abuse of drugs, and the use or abuse of tobacco products. The SAPT serves as the foundation on which states build a stable infrastructure that includes service delivery and training capacity. This foundation is increasingly important, in light of recent research that shows an increase in the percentage of substance abuse services paid for with public funding and a decrease in private spending for substance abuse services. Within the SAPT grant framework, states have the flexibility to plan, carry out, and evaluate substance abuse prevention and treatment services provided to individuals and families. The grant also affords a minimum 20 percent set-aside for support of substance abuse prevention that allows for infrastructure development, as well as specific programs and activities.

## **The National Clearinghouse for Alcohol and Drug Information: Disseminating Knowledge to the Public**

The National Clearinghouse for Alcohol and Drug Information (NCADI) is the Nation's one-stop resource for information about substance abuse prevention and addiction treatment.

NCADI staffs both English- and Spanish-speaking information specialists 24 hours a day, 7 days a week, who:

- Refer people seeking help for substance abuse problems to local treatment providers
- Recommend appropriate publications, posters, and videocassettes
- Conduct customized searches in the form of annotated bibliographies from alcohol and drug databases
- Provide grant and funding information.

NCADI offers information and resources to the public, many of which are free of charge, and distributes the latest studies and surveys, guides, videocassettes, and other types of information and materials on substance abuse. For more information, call 1 (800) 729-6686 (English and Español) or 1 (800) 487-4889 (TDD).

## **Science to Services: Evidence-Based Practices**

SAMHSA's Science to Services Agenda was born from SAMHSA's ongoing commitment to build on the effectiveness of programs, practices and policies delivered in communities and reduce the time lag between the development of scientific interventions and their application in service settings.

Through its partnerships with the National Institutes of Health—including the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Mental Health—SAMHSA developed and implemented the National Registry of Evidence-Based Programs and Practices (NREPP). NREPP is a comprehensive system to screen, select, and disseminate evidence-based prevention and treatment programs, policies and practices.



# Resilience Prevention Treatment RECOVERY

## Protecting the Nation's Youth

Despite significant success at reducing illicit drug and tobacco use among adolescents, underage drinking remains a serious, persistent, and stubborn problem. Under the leadership of Secretary Leavitt and SAMHSA Administrator Curie, the U.S. Department of Health and Human Services created the Interagency Committee on the Prevention of Underage Drinking. The Committee includes representatives from the Departments of Health and Human Services, Education, Justice, Transportation, the Office of National Drug Control Policy, the Department of Defense, the Department of Treasury, and ex-officio representation from the Federal Trade Commission. This unprecedented collaboration is fully consistent and in response to the Institute of Medicine Report: *Reducing Underage Drinking—A Collective Responsibility*. The preeminent goal of the IOM strategy is to create and sustain a broad societal commitment to reduce underage drinking. Such a commitment requires participation by multiple individuals and organizations at the national, state and local community levels that are in a position to affect youth decisions.

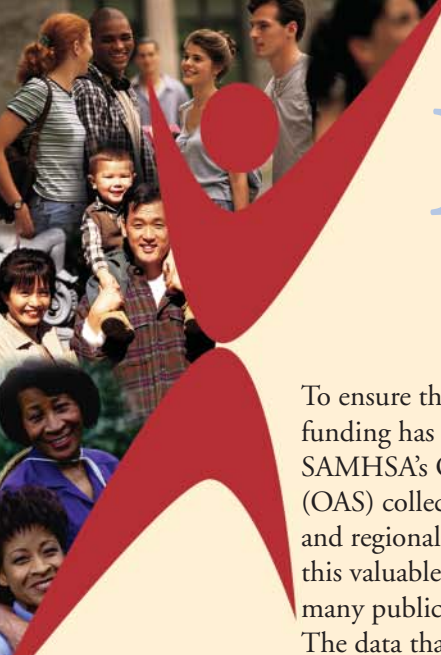
In addition to activities designed to prevent underage drinking, SAMHSA has also developed materials to help communities support children with addicted parents. SAMHSA's goal is to lessen the heavy burden of substance abuse from the children of individuals in treatment. Based on SAMHSA's Household Survey, an estimated 6 million children live with at least one parent who abused or was dependent on alcohol or drugs. In partnership with the National Association of Children of Alcoholics, SAMHSA developed a Children's Program Kit to help prevention and treatment professionals develop appropriate programs to reach youth with addicted parents.

## Partnering with the Criminal Justice Community

SAMHSA shares common goals with the criminal justice community and is committed to improving both public health and public safety. To address the inescapable link between mental illness, substance abuse, and crime, SAMHSA is focused on leveraging partnerships and building infrastructure. SAMHSA has developed a Criminal and Juvenile Justice Framework that focuses squarely on the needs of consumers who are involved or are at risk of becoming involved in the criminal and juvenile justice systems. Through the Framework, SAMHSA is determined to develop effective reentry efforts, reduce recidivism, and increase the coordination of treatment between providers in prison and in the community. SAMHSA continues to strengthen partnerships with criminal justice organizations such as the Association of State Corrections Administrators, the American Correctional Association, and the National District Attorney's Association. Additionally, SAMHSA supports Family, Juvenile and Adult Treatment Drug Courts, as well as the Youth Offender Reentry Program, which funds community partnerships that plan, develop, and provide services in the community to promote recovery, and prevent recidivism. SAMHSA also supports a jail diversion grant program to develop model jail diversion programs at 26 sites across the country. Preliminary results of a SAMHSA study on jail diversion for non-violent offenders indicate reduced rates of re-arrest, decreased incidence of substance abuse and psychiatric symptoms, and increased quality of life among people who are diverted from the justice system.

## Enhancing the Use of Data

SAMHSA is committed to moving away from simply collecting data, including outcomes, to using it to inform management and policy decisions. Survey data, as well as data from other information systems must be managed in the spirit of the old adage: "One's judgment is no better than one's information." SAMHSA will continue to improve the quality of management decisions by emphasizing the need for research-based data, as well as developing data management strategies to identify emerging drug threats such as trends in the use of methamphetamine and the abuse of prescription drugs.



# Making It Count

## Ensuring Accountability Through Data-Driven Decision-making

To ensure that prevention and treatment funding has the greatest possible impact, SAMHSA's Office of Applied Studies (OAS) collects important national, state, and regional data. SAMHSA provides this valuable data to the public through its many publications and internet resources. The data that SAMHSA collects and analyzes helps SAMHSA intervene early and prevent the further spread of substance abuse among our children, our families, and our communities. The following data collection and analysis efforts represent only a portion of the data that is collected by SAMHSA and SAMHSA funded grants.

### Streamlining Reporting Requirements

SAMHSA has responded to the public's demand that government agencies demonstrate accountability to the taxpayer by wisely investing resources into treatments and services that produce positive outcomes. To enhance

the effectiveness of SAMHSA-funded programs and to streamline reporting requirements, SAMHSA and the States have created a simple, performance-based, outcome-driven measurement system for SAMHSA's two Block Grant programs. These National Outcome Measures (NOMs) represent meaningful, real life outcomes for people who are striving to attain and sustain recovery, build resilience, and work, learn, live, and participate fully in their communities.

It's no longer enough to show evidence of a need; we must be able to demonstrate results in order to assure funding for the services that we know work. That's public accountability.

### National Outcome Measures (NOMs)

In alignment with SAMHSA's three strategic goals, NOMs also reduce State reporting burdens and provides uniform, consistent reporting of information focusing on 10 domains:

- Reduced symptomatology from mental illnesses or Abstinence from drug use and alcohol abuse
- Resilience and sustaining recovery, including:
  - Getting and keeping a job or enrolling and staying in school
  - Decreasing involvement with the criminal justice system
- Finding safe and stable housing
- Improving social connectedness to others in the community
- Increased access to services
- Retention in substance abuse treatment or decreased inpatient hospitalizations for mental health treatment
- Quality of services provided
- Client perception of care
- Cost-effectiveness
- Use of evidence-based treatment practices.

Data for reporting on the NOMs will come primarily from the States. SAMHSA will support States in their efforts with infrastructure and technical assistance through a new State Outcomes Measurement and Management System (SOMMS), an umbrella activity in SAMHSA to implement NOMs. After receiving data from each State, SAMHSA and State officials collaborate on data analysis and performance management to improve services. Currently, each State is at a different stage of readiness and some of the measures themselves are still in development. However, we will be able to report State-level, consistent, cross-year data, which will ultimately allow us to examine the impact of programs and changes over time.

SAMHSA is realigning its entire grant and contract data collection programs—both internal and external—using these NOMs, while expanding and focusing its technical assistance resources to help States and providers develop NOMs reporting capacity.

# Resilience Prevention Treatment RECOVERY

## The Annual National Household Survey on Drug Use and Health

The National Survey on Drug Use and Health (NSDUH) is the nation's most comprehensive source of substance abuse related data. The NSDUH is a SAMHSA-sponsored annual survey of the U.S. civilian population ages 12 and older, excluding people residing in institutions. Formerly known as the National Household Survey on Drug Abuse, NSDUH is the primary source of statistical information on the use of illegal drugs by the U.S. population. The survey presents national and State-level estimates on rates of use, numbers of users, and other measures related to illegal drugs, alcohol, and tobacco products, as well as measures related to mental health problems.

Because it is an annual survey, NSDUH reveals important trends in substance use that can be used to plan effective, science-based treatment and services and to judge the success of current activities. For example, results of the 2004 NSDUH show a 11 percent decline from 2002 to 2004 in use of illegal drugs among youth between the ages of 12 and 17. Youth who reported talking to at least one of their parents about the dangers of drugs, tobacco, or alcohol use reported less current, past year, and lifetime use of these substances. Unfortunately, the survey also indicates that many people who need substance abuse treatment do not receive it. SAMHSA, is committed to supporting evidence-based prevention programs and to expanding the capacity of the treatment system to meet the needs of youth and adults with substance use and mental disorders.

## The Drug Abuse Warning Network: A Public Health Surveillance System

SAMHSA's Drug Abuse Warning Network (DAWN) is a public health surveillance system designed to track the impact of drug use, misuse, and abuse in the U.S. by monitoring drug-related visits to hospital emergency departments and drug-related deaths investigated by medical examiners and coroners. Redesigned in 2003, DAWN helps communities and member facilities identify emerging problems, improve patient care, and manage resources.

DAWN tracks three categories of hospital emergency department visits related to drug misuse and abuse: Use of illegal drugs; use of alcohol, alone and in combination with other drugs; and non-medical use ("misuse") of pharmaceuticals, including prescription and over-the-counter medication. DAWN data helps SAMHSA to direct its resources toward unmet needs in communities with serious, emerging substance abuse problems.

## The Drug and Alcohol Services Information System

When people who are in need of substance abuse treatment and services reach out for help, quick and easy access to information about local treatment providers, programs and other resources can make all the difference in gaining back that "life in the community for everyone." The Drug and Alcohol Services Information System (DASIS) is the primary source of national information on the services available for substance abuse treatment and the characteristics of individuals admitted to treatment. DASIS contains three data sets that are maintained by SAMHSA with the cooperation and support of the States:

*According to DAWN,  
"In 2004,  
42 percent of  
drug-related  
emergency  
department visits  
among patients  
ages 12 to 20  
involved alcohol."*

- **The Inventory of Substance Abuse Treatment Services (I-SATS)** is a master list of organized substance abuse treatment programs known to SAMHSA.
- **The National Survey of Substance Abuse Treatment Services (NSSATS)** is an annual census of all facilities listed on the I-SATS that includes information on the location, characteristics, and use of services at public and private substance abuse treatment facilities.
- **The Treatment Episode Data Set (TEDS)** is a minimum data set of demographic and drug history information about individuals admitted to treatment, submitted primarily by providers receiving public funding.

# Contact

## **Substance Abuse and Mental Health Services Administration**

1 Choke Cherry Road  
Rockville, MD 20857  
(240) 276-2000

### **ADMINISTRATOR**

Charles G. Curie, M.A., A.C.S.W.

### **Substance Abuse Resources**

**SAMHSA'S NATIONAL CLEARINGHOUSE  
FOR ALCOHOL AND DRUG  
INFORMATION (NCADI)**

1 (800) 729-6686 (English and Español)  
or 1 (800) 487-4889 (TDD)

<http://www.ncadi.samhsa.gov>

### **Mental Health Resources**

**SAMHSA'S NATIONAL MENTAL HEALTH  
INFORMATION CENTER (NMHIC)**

1 (800) 789-2647 or  
1 (866) 889-2647 (TTY)

<http://www.mentalhealth.samhsa.gov>

The Substance Abuse and Mental Health Services Administration (SAMHSA), part of the U.S. Department of Health and Human Services (HHS), focuses attention, programs and funding on promoting a life in the community with jobs, homes and meaningful relationships with family and friends for people with, or at risk for, mental or substance use disorders. The Agency is achieving that vision through an action-oriented, measurable mission of building resilience and facilitating recovery.

For detailed information about current grant opportunities, browse the SAMHSA Web site at [www.samhsa.gov](http://www.samhsa.gov) and click on "Grants." Visit regularly for updates.