Conference Copy

Substance Abuse and Mental Health Services Administration

Center for Substance Abuse Prevention

Orientation Manual

May 2009

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Part I: SAMHSA Overview

SAMHSA's vision is
"A Life in the Community for Everyone."

SAMHSA's mission is to build resilience and facilitate recovery for people with or at risk for substance abuse disorders and mental illness.

The Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Department of Health and Human Services (HHS), was established by an act of Congress in 1992 under Public Law 102-321. SAMHSA was created as a services agency to focus attention, programs, and funding on improving the lives of people with or at risk for substance abuse disorders and mental illness. SAMHSA's vision is of "a life in the community for everyone." SAMHSA is achieving that vision through its mission, which is both action-oriented and measurable: to build resilience and facilitate recovery for people with or at risk for substance abuse disorders "people with…substance abuse…" and mental illness. In collaboration with national, State, and local community- and faith-based organizations and with public and private sector providers, SAMHSA is working to ensure that people with or at risk for substance abuse disorder and mental illness have the opportunity for a fulfilling life that includes a job, a home, and meaningful relationships with family and friends.

SAMHSA's Centers and Offices

SAMHSA includes three centers that engage in program activities focusing on substance abuse treatment, mental health services, and substance abuse prevention.

- **Center for Mental Health Services (CMHS)—**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 as well as a portfolio of discretionary grant programs that include efforts to help prevent mental health problems.

- **Center for Substance Abuse Prevention (CSAP)—**CSAP provides national leadership in the development of policies, programs, and services to prevent the onset of illegal drug, underage alcohol, and tobacco use. CSAP disseminates effective substance abuse prevention practices and builds the capacity of States, communities, and other organizations to apply prevention knowledge effectively. An integrated systems approach is used to coordinate these activities and collaborate with other Federal, State, public, and private organizations. CSAP works to improve the quality of substance abuse prevention practices nationwide. Through its discretionary grant programs, 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 (CSAT)—**CSAT promotes the quality and availability of community-based substance abuse treatment services for individuals and families who need them. CSAT works with States and community-based groups to improve and expand existing substance abuse treatment services under the Substance Abuse Prevention and Treatment (SAPT) Block Grant Program. CSAT also supports SAMHSA's toll-free treatment referral line, 1-800-662-HELP, to link people with the community-based

substance abuse treatment services they need. The referral line also is available on the Internet at www.findtreatment.samhsa.gov.

SAMHSA also has two offices that address Agency-wide issues and activities.

- **SAMHSA's Office of Applied Studies (OAS)—**OAS collects, analyzes, and disseminates national data on behavioral health practices and issues. OAS is responsible for the annual National Survey on Drug Use and Health (NSDUH), the Drug Abuse Warning Network (DAWN), and the Drug and Alcohol Services Information System (DASIS), among other studies and programs.

- **SAMHSA's Office of Communications—**The Office of Communications is the official source of news and information about SAMHSA. The Office of Communications oversees the following SAMHSA activities:

  - **Newsroom**—Presents the latest SAMHSA news releases and press announcements (http://www.samhsa.gov/newsroom/).
  - **Publications**—Provides clearinghouse information, statistics and data, and information about SAMHSA (http://www.samhsa.gov/newsroom/pubs.aspx).
  - **Exhibits Schedule**—Prepares SAMHSA's online calendars, covering conferences, meetings, and events (http://www.samhsa.gov/conferences/2006conferences.htm).
  - **Freedom of Information Act (FOIA)**—Maintains the documents that are most frequently requested through the SAMHSA FOIA office, as well as simple instructions on how to request Agency information (http://www.samhsa.gov/foia/content/foia_main.html).
  - ***SAMHSA News***—Provides links to sites and sources that offer updates and information on Agency campaigns and initiatives, grants, data on drug and alcohol abuse, treatment updates, and new publications (http://www.samhsa.gov/SAMHSA_News/index.htm).
  - **Statistics**—Provides links to SAMHSA information on the latest data, short reports, and fact sheets on substance abuse and mental illness, including NSDUH (formerly called the National Household Survey on Drug Abuse (NHSDA), DAWN, the Treatment Episode Data Set (TEDS), and reports by drug.
  - ***Communicating in a Crisis: Risk Communication Guidelines for Public Officials, 2002*** (http://www.riskcommunication.samhsa.gov/index.htm).

Matrix of Priority Programs

SAMHSA has initiated a dialogue with representatives of the substance abuse and mental health fields to help shape priorities for the immediate and longer-term future. The guidance and insight of the members of SAMHSA's national advisory councils, constituents, staff, and other stakeholders were utilized to create a matrix that visually depicts SAMHSA's priority programs and crosscutting principles.

The matrix is an evolving tool. It highlights SAMHSA priorities and reflects both HHS Departmental priorities and a public health approach to services, but it does not preclude activities targeting other critical or emerging issues. The matrix is reviewed annually and revised periodically. The decision-making process for revising the matrix takes into account the needs of the field. Recommendations are discussed by SAMHSA's executive leadership team, but the SAMHSA Administrator makes the final decision regarding any changes to the matrix.

The current version of the matrix is presented on the following page. It can also be found in SAMHSA's Strategic Plan FY 2006–FY 2011 document on p. 11 and online at http://www.samhsa.gov/About/SAMHSAStrategicPlan.pdf and http://www.samhsa.gov/Matrix/matrix_brochure.pdf.

SAMHSA Matrix of Priorities

Cross-Cutting Principles

Science to Services/ Evidence-Based Practices
Data for Performance Measurement & Management
Collaboration with Public, Private & International Partners
Reducing Stigma & Discrimination & Other Barriers to Services
Cultural Competency/ Eliminating Disparities
Community & Faith-Based Approaches
Trauma & Violence (e.g. Physical & Sexual Abuse)
Financing Strategies & Cost-Effectiveness
Rural & Other Specific Settings
Disaster Readiness & Response

Programs/Issues

Co-Occurring Disorders
Substance Abuse Treatment Capacity
Seclusion & Restraint
Strategic Prevention Framework
Children & Families
Mental Health System Transformation
Suicide Prevention
Homelessness
Older Adults
HIV/AIDS & Hepatitis
Criminal & Juvenile Justice
Workforce Development

A Life In The Community For Everyone
Building Resilience & Facilitating Recovery

- **Matrix Area Action Plans—**Each matrix area lead (with the help of a cross-agency workgroup) developed an initial two-year action plan that covered FY 2004 and FY 2005. Action plans include a purpose statement, performance goals, policy and program parameters/drivers, and action steps. Action steps must support SAMHSA's strategic goals and objectives; be consistent with the priorities of HHS; and, for substance abuse activities, be consistent with the priorities of the White House Office of National Drug Control Policy (ONDCP). The plans are updated each year and may be found on the SAMHSA Web site (www.samhsa.gov).

  - ***Mental Health System Transformation—***To ensure that mental health services and treatments (1) are consumer- and family-centered; and (2) focus on increasing consumers' ability to manage life's challenges successfully, on facilitating recovery, and on building resilience. These goals are consistent with the goals of mental health system transformation outlined in the Federal Mental Health Action Agenda.
    - SAMHSA Lead: A. Kathryn Power

  - ***Strategic Prevention Framework (SPF)—***To build the capacity of States, Territories, tribes, and communities to decrease substance use and abuse; promote mental health; and reduce disability, comorbidity, and relapse related to mental and substance use

conditions. The SPF approach to prevention supports the vision of a healthier United States in States, Territories, tribes, and communities.
  - SAMHSA Lead: Frances M. Harding

- ***Substance Abuse Treatment Capacity—***To build and expand substance abuse treatment, improve treatment systems, and respond to new and emerging substance abuse trends. Through its SAPT Block Grant and Targeted Capacity Expansion programs, SAMHSA, provided more than $1.6 billion to support States' efforts in 2006. SAMHSA also oversees the Access to Recovery program, a $96-million, State-run voucher program that allows thousands of Americans with substance use disorders to choose treatment and recovery support services from a range of qualified community provider organizations, including faith-based organizations.
  - SAMHSA Lead: H. Westley Clark

- ***Children and Families—***To improve outcomes for children with and/or at risk for mental illness, substance abuse, and/or co-occurring disorders and for their families by increasing access to a continuum of comprehensive, integrated, and culturally and linguistically competent services and supports that include prevention, early intervention, and treatment.
  - SAMHSA Lead: Larke Nahme Huang

- ***Seclusion and Restraint***—To provide training, technical assistance (TA), and other support to States, providers, facilities, consumers, and families to reduce and ultimately eliminate seclusion and restraint in mental health and substance abuse care.
  - SAMHSA Lead: Larke Nahme Huang

- ***Co-occurring Disorders***—To expand and improve prevention, appropriate treatment, and other supportive services to individuals with and/or at risk for co-occurring disorders.
  - SAMHSA Leads: H. Westley Clark; A. Kathryn Power

- ***Homelessness***—To prevent or reduce homelessness among persons with mental illness and/or substance abuse disorders by providing outreach, mental health and substance abuse prevention and treatment, and other supportive services to individuals who are homeless or at risk of becoming homeless.
  - SAMHSA Lead: Elaine Parry

- ***HIV/AIDS and Hepatitis***—To provide access and increase use of mental health and substance abuse prevention and treatment services to prevent Human Immunovirus (HIV) and hepatitis transmission among high-risk populations, including minority populations.
  - SAMHSA Lead: Beverly Watts Davis

- ***Criminal and Juvenile Justice***—To create a SAMHSA strategy for developing and managing mental health and substance abuse prevention, early intervention, clinical treatment, and recovery support policies, programs, strategies, and practices for criminal and juvenile justice-involved populations.
  - SAMHSA Lead: H. Westley Clark

- ***Older Adults***—To promote adoption of evidence-based mental health and substance abuse programs for older adults and promote the integration of older adult issues into SAMHSA's other matrix priority areas.
  - SAMHSA Lead: Daryl Kade

- ***Suicide Prevention***—To provide national leadership for suicide prevention consistent with the 11 goals and 68 objectives of the National Strategy for Suicide Prevention (NSSP).
  - SAMHSA Lead: Mark A. Weber

- ***Workforce Development***—To identify and articulate key workforce development issues in the mental health and substance use disorders prevention and treatment fields and to encourage the retention and recruitment of an effective, compassionate workforce.
  - SAMHSA Lead: A Kathryn Power; Beverly Watts Davis

SAMHSA's "ACE" goals—*Accountability*, *Capacity*, and *Effectiveness*—align the Agency's organization and budget structure with its mission.

- **Accountability: Measure and Report Performance—**The *Accountability* goal ensures a focus on tracking national trends, establishing measurement and reporting systems, and achieving excellence in management practices.

- **Capacity: Increase Service Availability—**The *Capacity* goal contributes to increased service availability for people with or at risk for substance abuse disorders and mental illness.

- **Effectiveness: Improve Service Quality—**The *Effectiveness* goal contributes to the improvement of service quality by improving outcomes of programs that provide funds for direct services, as measured by SAMHSA National Outcome Measures (NOMs); and by contributing to the documentation of effective practices through the National Registry of Evidence-based Programs and Practices (NREPP).

SAMHSA's National Outcome Measures (NOMs)

Excerpt from "A Message from the [SAMHSA] Administrator"

"The NOMs we have defined embody 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. "

The first and foremost domain is abstinence from drug use and alcohol abuse or decreased symptoms of mental illness with improved functioning. Four domains focus on resilience and sustaining recovery activities such as getting and keeping a job or enrolling and staying in school; decreased involvement with the criminal justice system; securing a safe, decent, and stable place to live; and establishing social connectedness to and support from others in the community such as family, friends, co-workers, and classmates. Two domains directly address the treatment process, comparing available services to services provided. One domain measures increased access to services for both mental illness and substance abuse disorders; another measures increased retention in services for substance abuse and decreased inpatient hospitalizations for mental health treatment. Three domains examine the quality of services provided, including client perception of care, cost-effectiveness, and use of evidenced-based practices in treatment.

Data for reporting on these measures come from the States, which are supported in their efforts by SAMHSA. SAMHSA provides infrastructure, TA, and financial support through the State Outcome Measurement and Management System (SOMMS) program, which is funded through the set-asides for the mental health and substance abuse block grants. National-level NOMs for substance abuse prevention are drawn primarily from the NSDUH, an annual SAMHSA survey that collects data from members of U.S. households aged 12 or older.

For the stakeholders of SAMHSA services, these NOMs data find their greatest value as the means to assure that the Agency is providing the best services to the citizens its funded programs serve and that it is achieving the best outcomes possible within current standards of care and prevention. These data are the lifeblood of quality assurance at each level of administration—Federal, State, and local.

- **NOMs Web Site—**http://www.nationaloutcomemeasures.samhsa.gov/welcome.asp)
  In addition to the message from the SAMHSA Administrator, this site includes NOMs-related State profiles, a glossary of terms, and listings of data sources and NOMs measures. Below is an overview of each of these areas:

  - **State Profiles—**
    http://www.nationaloutcomemeasures.samhsa.gov/./StateProfiles/index_2007.asp
    The material presented in the State profiles section of this Web site uses combined data from a number of HHS sources and is organized into two subsections: (1) State Profiles and Maps, and (2) State Summaries.

    The State Profiles and Maps section has four areas:
    - “Substance Use, Treatment, and Financing: Profiles”: Provides information on substance dependency and past month use; characteristics of substance abuse treatment admissions; and block grant funding for treatment and rehabilitation, tuberculosis, primary prevention, HIV prevention, administration, and women’s programs;
    - “Substance Abuse Prevention: Profiles and Maps”: Provides information on an at-risk population (youth aged 12 to 17), 30-day substance use, perceived risk/harm of use, and the annual average rate of new marijuana users;
    - “Mental Health Services: Maps”: Provides maps indicating the availability of mental health professionals nationwide; and
    - “Mental Health Services: Profiles”: Provides charts indicating the proportions of the U.S. population aged 18 or older reporting serious psychological distress (SPD).

    The State Summaries section has two areas:
    - “Substance Abuse: State Summaries”: Provides overviews of substance abuse prevention and treatment programs in each State; and
    - “Mental Health Services: State Summaries”: Currently under construction.

  - **Glossary of Terms**—
    http://www.nationaloutcomemeasures.samhsa.gov/glossary.asp?id=998

  - **Data Sources—**
    http://www.nationaloutcomemeasures.samhsa.gov/new_reserve/substance_info.asp?id=999
    NSDUH, TEDS, Area Resource File (ARF) and the Health Professional Shortage Areas (HPSA) Data, CMHS Uniform Reporting System (URS); Common Core of Data (CCD) National Public Education Financial Survey (NPEFS), Fatality Analysis Reporting System (FARS), SAPT Block Grant Program, Uniform Crime Reporting (UCR) Program

  - **NOMs Measures—**
    http://www.nationaloutcomemeasures.samhsa.gov/./outcome/index.asp
    The NOMs grid reprinted on the following page is available on this site

**Substance Abuse and Mental Health Services Administration
National Outcome Measures (NOMs)**

DOMAIN	OUTCOME	MEASURES		
		Mental Health	Substance Abuse	
			Treatment	Prevention
Reduced Morbidity	Abstinence from Drug/Alcohol Use	NOT APPLICABLE	Reduction in/no change in frequency of use at date of last service compared to date of first service ▶	30-day substance use (non-use/reduction in use) ▶ Perceived risk/ harm of use ▶ Age of first use ▶ Perception of disapproval/attitude
	Decreased Mental Illness Symptomatology	Under Development	NOT APPLICABLE	NOT APPLICABLE
Employment/ Education	Increased/Retained Employment or Return to/Stay in School	Profile of adult clients by employment status and of children by increased school attendance ▶	Increase in/no change in number of employed or in school at date of last service compared to first service ▶	Perception of workplace policy; ATOD-related suspensions and expulsions; attendance and enrollment
Crime and Criminal Justice	Decreased Criminal Justice Involvement	Profile of client involvement in criminal and juvenile justice systems	Reduction in/no change in number of arrests in past 30 days from date of first service to date of last service ▶	Alcohol-related car crashes and injuries; alcohol and drug-related crime
Stability in Housing	Increased Stability in Housing	Profile of client's change in living situation (including homeless status) ▶	Increase in/no change in number of clients in stable housing situation from date of first service to date of last service ▶	NOT APPLICABLE
Social Connectedness	Increased Social Supports/Social Connectedness[1]	Under Development	Under Development	Family communication around drug use
Access/Capacity	Increased Access to Services (Service Capacity)	Number of persons served by age, gender, race and ethnicity ▶	Unduplicated count of persons served; penetration rate-numbers served compared to those in need ▶	Number of persons served by age, gender, race and ethnicity
Retention	Increased Retention in Treatment - Substance Abuse	NOT APPLICABLE	Length of stay from date of first service to date of last service ▶ Unduplicated count of persons served ▶	Total number of evidence-based programs and strategies; percentage youth seeing, reading, watching, or listening to a prevention message
	Reduced Utilization of Psychiatric Inpatient Beds - Mental Health	Decreased rate of readmission to State psychiatric hospitals within 30 days and 180 days ▶	NOT APPLICABLE	NOT APPLICABLE
Perception of Care	Client Perception of Care[2]	Clients reporting positively about outcomes ▶	Under Development	NOT APPLICABLE
Cost Effectiveness	Cost Effectiveness (Average Cost)[2]	Number of persons receiving evidence-based services/number of evidence-based practices provided by the State	Number of States providing substance abuse treatment services within approved cost per person bands by the type of treatment	Services provided within cost bands
Use of Evidence-Based Practices	Use of Evidence-Based Practices[2]		Under Development	Total number of evidence-based programs and strategies

[1] For ATR, "Social Support of Recovery" is measured by client participation in voluntary recovery or self-help groups, as well as interaction with family and/or friends supportive of recovery.
[2] Required by 2003 OMB PART Review.

Data Sets

- **CMHS Uniform Reporting System (URS)—**In response to the need for accountability for the expenditure of community mental health block grant funds, SAMHSA has worked with numerous agencies, offices, and organizations to ensure the uniform reporting of State-level data to describe the public mental health system and the outcomes of its programs since 1997. To satisfy the requirement for uniformity of data definitions, the CMHS URS was developed. The URS consists of 21 standardized tables (12 basic tables and 9 developmental tables). State mental health agencies submit URS data to CMHS each December in their CMHS block grant implementation reports. Starting in 2001, these grants were awarded to State mental health agencies to help them build their data system infrastructures so that they could report URS data. The URS tables allow both (1) the tracking of individual State performance over time and (2) the aggregation of State information to develop a national picture of public mental health systems in the States (http://www.mentalhealth.samhsa.gov/cmhs/mentalhealthstatistics/about_urs2002.asp). The most current (2006) CMHS URS Output Tables (pdf and Excel versions) by State and Territory are available at http://mentalhealth.samhsa.gov/cmhs/MentalHealthStatistics/URS2006.asp.

- **DASIS—**This system is the primary source of national data on substance abuse treatment (http://www.oas.samhsa.gov/dasis.htm). It has three components:

  - The Inventory of Substance Abuse Treatment Services (I-SATS) is a listing of all known public and private substance abuse treatment facilities in the United States and its Territories. Before 2000, the I-SATS was known as the National Master Facility Inventory.

  - The National Survey of Substance Abuse Treatment Services (N-SSATS) is an annual survey that collects information on location, characteristics, services offered, and utilization of all facilities in the I-SATS (see below).

  - TEDS is a compilation of data on the demographic and substance abuse characteristics of admissions to substance abuse treatment (see above).

- **DAWN—**DAWN is a public health surveillance system that monitors drug-related visits to hospital emergency departments (and drug-related deaths investigated by medical examiners and coroners (ME/Cs). In 2003, a new, redesigned DAWN expanded its focus beyond drug abuse. The new DAWN helps communities and member facilities identify emerging problems, improve patient care, and manage resources. (https://dawninfo.samhsa.gov/default.asp).

- **NSDUH—**NSDUH provides the latest data on prevalence and correlates of substance use and serious mental illness as well as their related problems and treatment in the United States. Before 2002, the name of the survey was the National Household Survey on Drug Abuse (NHSDA) (http://oas.samhsa.gov/nsduhLatest.htm).

- **N-SSATS—**N-SSATS is an annual survey that collects information on location, characteristics, services offered, and utilization of all facilities in the I-SATS. Information from the N-SSATS is used to compile and update the National Directory of Drug and Alcohol Abuse Treatment Programs and the online Substance Abuse Treatment Facility Locator (http://dasis3.samhsa.gov/). The N-SSATS includes a periodic survey of substance abuse treatment in adult and juvenile correctional facilities (http://oas.samhsa.gov/dasis.htm#nssats2).

- **TEDS—**TEDS is a compilation of data on the demographic and substance abuse characteristics of admissions to (and more recently, discharges from) substance abuse treatment. TEDS data are routinely collected by State administrative systems and then submitted to SAMHSA in a standard format. The logistics involved in collecting and

standardizing admissions and discharge data for an entire calendar year from all the participating States and jurisdictions typically delay the availability of the entire national data set for publication. The data cover almost 2 million admissions reported by over 10,000 facilities to the 50 States, the District of Columbia, and Puerto Rico over the 12-month period. States vary in their reporting load and in the latest year for which they have complete data (http://oas.samhsa.gov/dasis.htm). Summary tables for each State area are available at (http://wwwdasis.samhsa.gov/webt/NewMapv1.htm).

HHS Employee Directory
(http://directory.psc.gov/employee.htm)

Viewers can search the online *HHS Employee Directory* to obtain contact information for SAMHSA staff. Entering a staff member's name on the Directory's main page yields that person's contact information. If more than one person has the same name, the Directory presents a list of all staff persons with that name, along with partial information (e.g., organization, job title, duty station). Upon selection of the appropriate name, the following information for that person appears:

- Last name
- First name
- Agency
- Organization
- Job title
- Non-govt
- Building
- Duty station
- Mail stop
- Phone
- Internet e-mail

To generate a listing of all CSAP Division of State Programs (DSP) staff members, directory users must select “SAMHSA” in the “Agency” field, type “CSAP” in the “Organization” field, and select “Enter.” A sample *HHS Employee Details* screen is presented below.

HHS Employee Details

Last name	Lowther
First name	Mike
Agency	SAMHSA
Organization	HHS/SAMHSA/CSAP/DSCSD
Job title	Divison Director
Duty station	Rockville MD
Mail stop	1 Choke Cherry
Phone	240-276-2581
Fax	240-276-2580*0*
Internet e-mail	Mike.Lowther@samhsa.hhs.gov

Browse Organizations | Search employees | Customize

Directory services provided by Program Support Center
To make corrections, see the HHS directory contact list.

PART II: FUNDING RESOURCES

Substance Abuse Prevention and Treatment (SAPT) Block Grant

The current SAPT Block Grant regulations were published in the *Federal Register* in March 1993. The official citation of the regulations is Title 45 of the Code of Federal Regulations Part 96 (45 CFR Part 96), Substance Abuse Prevention and Treatment Block Grants; Interim Final Rule. The regulations authorize the HHS Secretary to provide block grants to States for the purpose of planning, implementing, and evaluating activities to prevent and treat substance abuse.

- **SAPT Block Grant Application Process—SAPT** Block Grant recipients include each of the 50 States, each U.S. Territory, the District of Columbia, and the Red Lake Band of Chippewa Indians of Minnesota. The applicant's chief executive officer (e.g., Governor, Mayor, Chief, etc.) or designee must submit a signed application to SAMHSA no later than October 1 of the Federal fiscal year for which funding is being requested. The Block Grant Application System (BGAS) is available to eligible applicants online at https://bgas.samhsa.gov/2009/. The BGAS help desk phone number is 1-888-301-BGAS (2427).

- **Key Provisions of the SAPT Block Grant—**As a condition of receiving a SAPT Block Grant, the Single State Authority (SSA) for substance abuse prevention and treatment in each jurisdiction must adhere to the following requirements:

  - Obligate and expend each year's SAPT Block Grant allocation within two Federal fiscal years;

  - Maintain aggregate State expenditures for authorized activities that are no less than the average level of expenditures for the preceding two State fiscal years;

  - Use at least 20 percent of the SAPT Block Grant on primary prevention activities/strategies;

  - Ensure that all six primary prevention strategies (i.e., information dissemination, education, alternative activities, problem identification and referral, community-based process, and environmental approaches) are funded at a level equivalent to or greater than the 20-percent primary prevention set-aside. (Strategies may be classified using the Institute of Medicine Model [IOM] as universal, selective, and/or indicated strategies);

  - Have in place a law that prohibits the sale or distribution of tobacco products to individuals under the age of 18;

  - Maintain a calculated base of expenditures for special treatment services for pregnant women and women with dependent children;

  - Maintain a capacity management system for programs that treat intravenous drug abuse;

  - Ensure that programs that use SAPT Block Grant funds to treat intravenous substance abuse conduct scientifically sound outreach activities to encourage individuals in need of such services to undergo treatment;

  - Require SAPT Block Grant-funded treatment programs to make routine tuberculosis services available to each substance abuse treatment client;

- Maintain a minimum level of State-appropriated funds for tuberculosis services for substance abuse treatment clients;
- Submit an assessment of Statewide and locality-specific need for authorized SAPT Block Grant activities;
- Have in place an independent peer review system to assess the quality, appropriateness, and efficacy of SAPT Block Grant-funded treatment services;
- Require SAPT Block Grant-funded programs to make continuing education available to their staffs;
- Coordinate with other appropriate services (health, mental health, criminal justice, etc.);
- Have in place a system to protect patient records from inappropriate disclosure; and
- Restrict the use of the SAPT Block Grant to expenditures that are authorized by the grant.

HIV-designated States (States with 10 or more HIV cases per 100,000 people) must also do the following:

- Provide one or more HIV early intervention project at substance abuse treatment sites; and
- Maintain a minimum level of State-appropriated expenditures for HIV early intervention services.

▪ **Impact of Other Legislation and Initiatives—**Below are examples of how the SAPT Block Grant has been affected by other legislation and initiatives:

  - Prior to the Children's Health Act of 2000, States were required to maintain a $100,000 revolving loan fund to support homes for persons recovering from substance abuse. With the passage of that act, the revolving loan fund is now optional.
  - SAMHSA now requires States to be able to report on NOMs.
  - The SAPT Block Grant is one of three block grants affected by Charitable Choice, a legislative provision designed to remove barriers to faith-based organizations receiving certain Federal funds.

Note: SAMHSA provides information on formula and discretionary grant allotments to States, the District of Columbia, and U.S. Territories. Go to http://www.samhsa.gov/statesummaries/index.aspx and select a locality for more information. An overview of grant allotments is provided, along with a link to detailed information on discretionary funds.

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Other Funding Opportunities

In addition to infusing State treatment systems with SAPT Block Grant funds, SAMHSA and other Federal agencies continue to support systems improvement and expansion through several discretionary grants and cooperative agreements. The following are some of the SAMHSA and HHS online sites that can help you identify available funding opportunities:

- **SAMHSA Grants—**http://www.samhsa.gov/grants/)
  This Web site describes new grant material currently available online from SAMHSA. It also provides information applicants will need to respond to SAMHSA's Requests For Applications (RFAs). Although some agencies' grants may already be closed, it is often helpful to review what they have funded previously because SAMHSA might fund similar grants in the future. The site's pages address the following:

  - FY 2009 Grant Announcements
  - FY 2008 Grant Awards
  - Applying for a New SAMHSA Grant
  - Applying for a Continuation SAMHSA Grant (Current Grantees Only)
  - SAMHSA Grants Management
  - SAMHSA Performance Measurement/Government Performance Results Act GPRA Tools
  - Important Offices
  - SAMHSA Grant Awards by State
  - SAMHSA Grant Archives

- **GrantsNet—**http://www.hhs.gov/grantsnet/
  GrantsNet is an Internet application tool created by the DHHS Office of Grants Management and Policy for finding and exchanging information about HHS and other Federal grant programs. GrantsNet serves the public, the grantee community, and grant-makers (e.g., State and local governments, educational institutions, nonprofit organizations, and commercial businesses). GrantsNet provides information on a variety of Department-wide grants policies governing the award and administration of grant activities; it is also a source of grants policy directives, regulations, and/or manuals. Further, GrantsNet links to informative materials relating to the opportunities, application process, and management of Federal grants.

- **Catalog of Federal Domestic Assistance (CFDA)—**www.gsa.gov/cfda
  The online CFDA site provides access to a database of all Federal programs available to State and local governments (including the District of Columbia); federally recognized Indian Tribal governments; Territories (and possessions) of the United States; domestic public, quasi-public, and private profit and nonprofit organizations and institutions; specialized groups; and individuals. The site includes the following sections:

  - User's Guide
  - Search for Assistance Programs (*This listing is updated often and should be checked periodically)
  - Types of Assistance
  - Applying for Assistance
  - Writing Grant Proposals
  - Top 10 Percent Program List
  - New Programs
  - Historical Index

  After finding a program of interest on the online CFDA site, viewers can contact the office that administers that program and find out how to apply for the desired assistance.

PART III: OTHER SAMHSA RESOURCES

Division of State Programs (DSP) Technical Assistance (TA)

CSAP's DSP provides support and guidance to the 50 States, District of Columbia, Territories, Pacific jurisdictions, and Tribe that receive SAPT Block Grant funds (hereafter referenced collectively, in this section, as "States") in advancing SSA substance abuse prevention systems, including the Synar (tobacco regulation) program. DSP offers a wide range of TA and conducts onsite system reviews to support States in satisfying the requirements of the SAPT Block Grant and Synar regulations. These two main functions and the roles of the DSP State Project Officers are described below, as are other SAMHSA resources for State prevention systems.

State Project Officers

The DSP State Project Officers (SPOs) are the primary CSAP contact for States regarding the SAPT Block Grant, Synar regulatory requirements, and Strategic Prevention Framework State Incentive Grants (SPF SIGs). Each SPO is assigned specific States and reviews the prevention portion of those States' annual SAPT Block Grant applications and the Annual Synar Reports. The SPOs also review and approve all TA requests for their States, are involved in the TA process, and serve as the team leader for their States' system reviews.

Technical Assistance

DSP offers a wide range of TA to help State substance abuse prevention systems build and maintain the capacity to plan, implement, and manage those systems. Given that States confront varied systemic, programmatic, policy, financial, infrastructure, and management issues, TA approaches must be flexible and far-reaching in scope. Thus, DSP works with States to plan and deliver TA that is specifically targeted to each States' needs.

Examples of Available TA—The breadth of possible TA activities is extensive. The focus of TA can range from issues affecting the entire system of care to issues that address highly specific prevention approaches. For example, current and previous TA efforts have helped State substance abuse prevention systems achieve the following:

- Comply with Federal requirements, including the prevention set-aside of the SAPT Block Grant, NOMs, and Synar regulations;
- Resolve pressing issues that affect State prevention service delivery, management, and financing and the annual Synar survey;
- Anticipate and prepare for major policy, organizational, and economic shifts;
- Adopt evidence-based practices; and
- Implement CSAP's SPF or similar planning process.

More specifically, TA can be provided to help States:

- Convey and monitor prevention SAPT Block Grant requirements;
- Implement and enhance systems to comply with the SAPT Block Grant prevention set-aside;
- Implement and enhance systems to comply with Synar regulatory requirements;
- Reorganize State Agency functions and responsibilities;
- Develop performance-based contracts;
- Establish performance measures and performance-monitoring systems;
- Develop capacity-management systems;
- Implement NOMs;
- Manage and use data for decision making;
- Use technology to expand service delivery;
- Prepare workforce development plans;

- Serve rural and remote communities;
- Promote cross-systems collaboration;
- Implement cultural competency strategies throughout State prevention systems;
- Develop sustainability plans; and
- Provide TA for SPF SIG grantees.

The above list is not intended to be exhaustive or to suggest that DSP TA replaces State responsibilities or resources. Instead, the list includes examples of areas in which DSP TA might be of assistance to States.

How a TA Request is Generated—TA can be generated by a State's request to CSAP or by a CSAP system review in a State. Below is an overview of each mechanism:

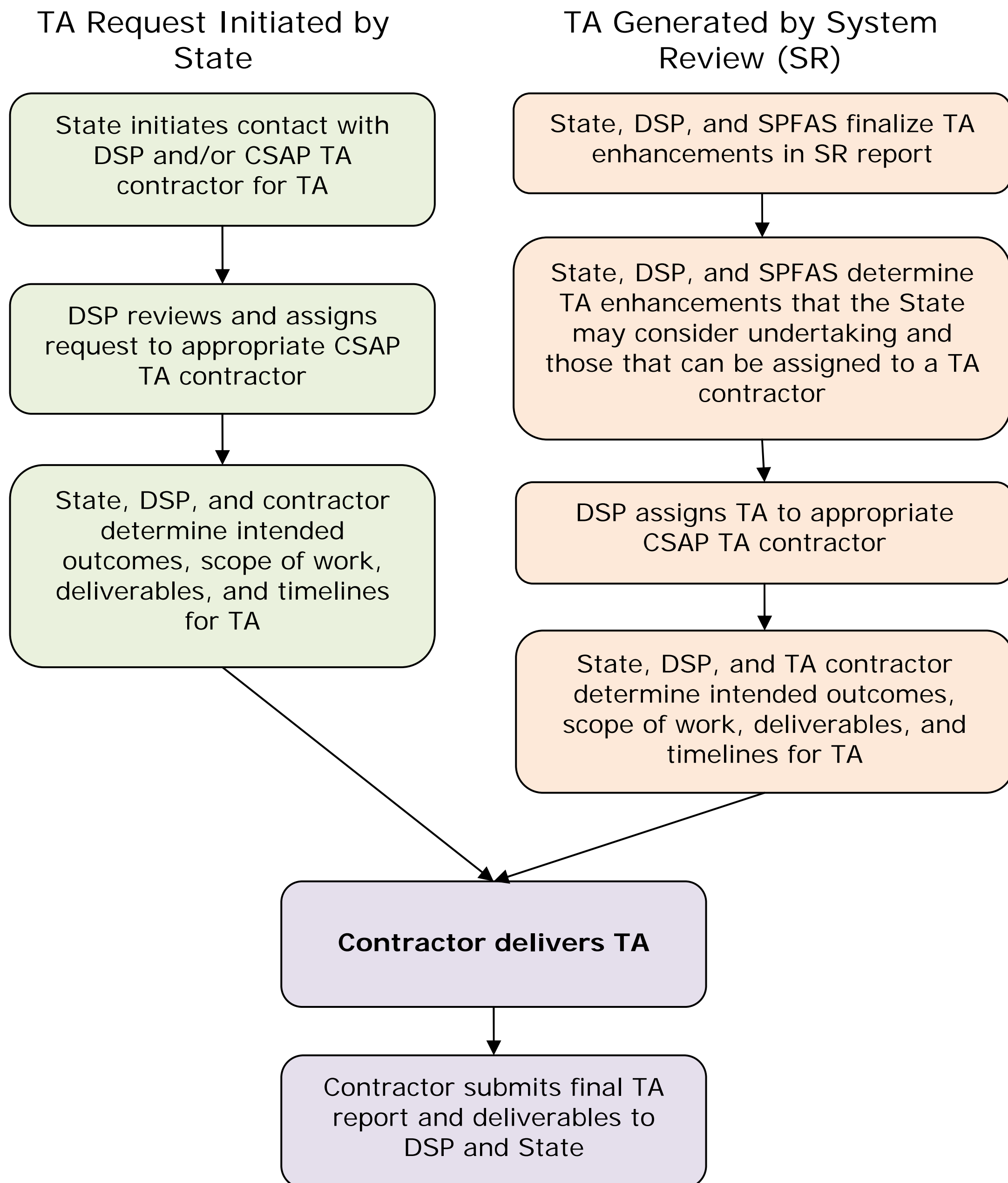
- ***State-Requested TA.*** A State can request TA by submitting a TA request to the SPO assigned to the State. Usually, the SSA director submits a TA request; however, the director can delegate this task to the National Prevention Network (NPN) representative or the Synar Coordinator. The SSA director or designee has the authority to edit all requests before they are submitted to the SPO.

  SPOs direct each new request they receive for TA through CSAP's review process, and CSAP assigns approved requests to the appropriate TA contractor. The State is advised if the TA request is denied or approved. The TA planning process for approved TA begins with a conference call that includes the State, the SPO, and the TA contractor to identify a consultant and determine action steps, including establishing dates for deliverables and onsite TA.

- ***TA Generated From a System Review.*** After the completion of a system review in a State, DSP's Strategic Prevention Framework Advancement and Support Project (SPFAS) staff draft a comprehensive TA plan. This plan is based on TA enhancements developed by the system review team, discussed with the State, and included in the system review report. Essentially, the TA plan operationalizes the suggested enhancements by prioritizing and outlining the TA outcomes (immediate, intermediate, and long-term) as well as the goals, objectives, action steps, and timeframes for the TA. The SPFAS Regional Services Manager (RSM) assigned to the State works with DSP and State staff to refine, implement, and prioritize TA enhancements in the plan the State chooses to develop into a formal CSAP TA request. The RSM develops a draft TA request for State review and comment before SPFAS enters the request into CSAP's Training and Technical Assistance (T/TA) Tracker database for CSAP review and action.

The flow chart on the next page illustrates the process for both of the above-described TA mechanisms.

Technical Assistance Flowchart
March 2009



State System Review Process

The Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act (P.L. 102-321) enacted by Congress in July 1992 authorized the SAMHSA-administered SAPT Block Grant program. CSAP is charged with providing policy and program guidance to help States use and report on the 20-percent primary prevention set-aside of the SAPT Block Grant. One of the ways CSAP provides support and guidance for advancing State substance abuse prevention systems is through onsite system reviews.

Scheduling System Reviews

CSAP schedules a system review in each State approximately every three years. When the time for a system review is near, the SPO or CSAP contractor charged to support that review emails the SSA director in the State and proposes several dates in the upcoming calendar year to schedule the three-day onsite review. When a mutually convenient date is identified, the system review is added to the master calendar of onsite reviews. This scheduling occurs in the fall of each year, typically between October and December, and the system reviews are conducted between March and September.

System Review Objectives

The system review has three objectives:

1. To clarify and document SSA progress in accomplishing State SAPT Block Grant prevention goals, including the State's capacity to collect and report data related to NOMs;
2. To confirm State compliance with the prevention and Synar requirements of the SAPT Block Grant; and
3. To delineate the State's current efforts and future intentions for strengthening and enhancing its prevention system and Synar reporting program, and to identify areas for which the State needs CSAP TA support.

The system review focuses on SAPT Block Grant prevention set-aside compliance requirements as well as on the following activities, which CSAP has identified as core elements:

- Prevention System Development and Organization
- SAPT Block Grant Compliance
- Prevention System Infrastructure and Operations
- Synar Program Development and Organization
- State Synar Program Compliance and Compliance Support
- Synar Program Support.

System Review Team

The typical system review team is comprised of the CSAP SPO, who leads the team; a contractor staff member, who serves as the senior reviewer; a prevention consultant; and a Synar consultant. Occasionally, a team may also include an observer who is learning the process or, if needed, a special content expert such as a sampling consultant.

System Review Three-Phased Process

The system review is conducted in three phases, and each phase involves specific activities. Phase I is the presite segment, Phase II is the onsite segment, and Phase III is the postsite segment.

Phase I—Before the system review, the system review team reviews selected materials from the State's last system review, reports of TA provided to the State, and documents obtained either directly from the State or from the State's Web sites. Based on these materials, the team completes a preliminary review of the State's SAPT Block Grant and Synar compliance and

conducts an assessment of the State's performance-management elements.

A conference call with the State representatives is scheduled during this presite phase to discuss expectations for the onsite phase of the system review. The call involves a review of the onsite agenda and invited participants, a preliminary review of the State's prevention system, and a discussion of how that review will serve as the basis for the facilitated onsite discussion of the State's substance abuse prevention system. Any questions or concerns about the system review can be addressed during this call.

Phase II—In this phase, the system review team visits the State site for three days to meet with State prevention staff and other State partners and engage in facilitated discussions. These discussions help the onsite team understand and document the State's substance abuse prevention system development processes as well as its existing systems. The team uses the information gained from its onsite discussions to identify system enhancements, potential challenges to outcomes, required follow-up actions, and other postsite tasks, including determining the types of CSAP TA that could best assist the State in achieving needed system enhancements. The team also attempts to identify any noteworthy State performance-management accomplishments that can be shared with other States.

Day One of the system review begins with an entrance conference at which the SPO provides an overview of SAMHSA/CSAP, discusses national progress toward reaching NOMs, and explains the purpose and process of the review. The SPO also details the system review agenda at this conference, describes the review's intended outcomes, answers any questions from the State representatives, and identifies expectations on the part of the State. The SSA participants are expected to present information on their State prevention system via a PowerPoint® presentation (CSAP provides a suggested outline for this presentation in advance of the conference)..State participants and system review team members spend the rest of the day discussing the State's prevention system.

Day Two of the visit begins with the SSA Synar PowerPoint presentation, followed by a review of the State's Synar program and facilitated discussions. The State arranges for two members of the onsite team (usually the SPO and the Synar consultant) to observe five Synar youth inspections of tobacco outlets to validate that the State is using the CSAP-approved inspection protocol described in its annual Synar report. (If the system review occurs when no actual Synar inspections are scheduled, mock inspections are acceptable.) These inspections should usually be conducted in the city where the SSA offices are located so they can be completed in about two hours.

The State should also provide the review team with access to the complete set of Synar inspection forms completed during inspections reported in the State's most recent CSAP-approved annual Synar report (e.g., inspections conducted in calendar year 2008 and reported in the FFY 2009 annual Synar report). These forms are to be returned to SSA staff during the exit conference the last day of the site visit.

Day Three consists of an exit conference during which the system review team meets with the SSA director, the State's NPN and Synar Coordinator, and anyone else the SSA director wants to include to discuss the findings from the system review and to plan next steps.

Phase III—Shortly after the system review has been completed, the SPO, State representatives, and contractor staff participate in a follow-up conference call to prioritize, sequence, and coordinate relevant CSAP-supported TA. The development, review, and distribution of the *Substance Abuse Prevention and Synar System Review Report* are completed during this phase*;* which provides the State representatives with an opportunity to review and to provide feedback to CSAP before the report is finalized. The final report documents the review team's recommendations for system enhancements and future TA topics suggested by the State

participants. These recommendations become the basis for the TA Requests that help the State move forward in its quest to develop a comprehensive prevention system.

The flowchart on the next page outlines the three-phased system review process.

Center for Substance Abuse Prevention (**CSAP) System Review Flowchart**
March 2009

Presite Process

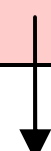
- SPO identifies States to schedule for system review.
- SPO, contractor, and State representatives schedule the system review.
- State receives Confirmation Letter and System Review Preparation Package about 18 weeks prior to system review.
- System review team reviews documents received from the State to determine the State's compliance with SAPT Block Grant and Synar requirements and also to assesses the State's performance-management elements.
- System review team and SSA staff participate in a conference call to discuss expectations for the onsite review.

Onsite Process

Day 1: Prevention
- SPO makes presentation explaining the system review process and outlining the purpose of the visit.
- State representatives make presentation on their State prevention system.
- Participants discuss prevention system development and operations and compliance issues.

Day 2: Synar
- Synar program operation and support and Synar compliance issues are discussed.
- System review team observes five Synar inspections and reviews inspection sheets and protocols.

Day 3: Exit Conference
- System review team discusses outcomes and findings from the visit and the postsite process with State representatives.
- System review team requests questions and feedback from the State representatives regarding system review process and findings.



Postsite Process

- System review team prepares the *Substance Abuse Prevention and Synar System Review Report* and sends to the State for comment.
- SPO, contractor, and State representatives participate in a follow-up conference call to prioritize enhancements from the system review and discuss the technical assistance development process.

Possible State Benefits of a System Review

- Can provide States with an objective, comprehensive overview of how they are complying with the SAPT Block Grant prevention set-aside and Synar regulatory requirements;
- Can be used as an early-alert mechanism to identify areas that must be addressed and strengthened to bring the States into compliance with NOMs requirements;
- Can be used as a validation tool (e.g., to evaluate how well the States' internal quality management is functioning);
- Can provide States with a potential model for conducting their own compliance reviews;
- Can provide States with an objective assessment of how well their alcohol and other drug prevention service delivery systems and their Synar programs are functioning and help them identify strategies for systems improvement.

Division of Community Programs (DCP)

CSAP's DCP is responsible for operationalizing those aspects of the Center's agenda that address increasing the capacity and improving the accessibility of effective substance abuse prevention services across communities. This includes management of all CSAP grants targeted to communities and nonprofit organizations such as Drug-Free Communities (http://www.ondcp.gov/dfc), HIV/AIDS and methamphetamine abuse prevention programs, and conference grants. The DCP is organized into three branches, which are responsible for the following:

- Planning, developing, and administering programs of regional and national significance for the purpose of enhancing comprehensive and effective community substance abuse prevention systems, including disaster relief programs;
- Promoting and establishing comprehensive substance abuse prevention/intervention policies, programs, practices, and support services to address substance abuse and emerging issues;
- Collaborating with other units in the application of SAMHSA's Strategic Prevention Framework for community prevention systems;
- Developing funding announcements, ensuring coordination with grant management systems, and administering discretionary grant programs;
- Working across SAMHSA to promote interagency collaboration;
- Monitoring grantee and contractor progress in achieving NOMs and planning associated TA; and
- Monitoring compliance with all Federal requirements.

Division of Systems Development (DSD)

CSAP's DSD provides leadership and guidance in the planning, development, and implementation of programs and prevention concepts across CSAP and is responsible for carrying out the Center's health promotion and public education activities. DSD's responsibilities include the following:

- Promotion and implementation of key prevention concepts across all programs and activities of the Center, including the Strategic Prevention Framework, project sustainability efforts, and coordination/integration of community and State programs;
- Management of technical assistance contracts that support all CSAP prevention programs;
- Coordination of CSAP's GPRA and NOMs activities, including liaison with offices responsible for data collection;

- Analysis of data related to program operations and the provision of assistance to other CSAP components in using data to improve program performance;
- Analysis, development, and integration of information, including evidence-based practices and NREPP programs as necessary to improve State and community prevention service delivery;
- Provision of leadership within SAMHSA in the development, training, and use of geographic information system (GIS) resources to improve policy development and program operations;
- Collaboration with Federal, State, and local governments to promote the adoption of evidence-based prevention programs and practices and to develop innovative strategies to address emerging substance abuse issues;
- Initiation, development, and coordination of efforts to support workforce development for substance abuse prevention professionals;
- Provision of leadership to the Center with regard to the development of health promotion and education products, materials, messages, publications, and information technologies;
- Collaboration with other Federal and private sector prevention initiatives, including the SAMHSA Office of Communications, in the development and dissemination of targeted prevention material; and
- Development and continual updating of prevention material for use by external prevention partners.

Division of Workplace Programs (DWP)

CSAP's DWP addresses primary substance abuse prevention, through which early identification and intervention in adult and youthful employees is accomplished through comprehensive drug-free workplace programs that incorporate drug testing as one component. Workplace substance abuse prevention is also part of a continuum of resources that addresses substance abuse including health promotion and wellness; early identification and intervention; referral and treatment; aftercare follow-up; and reintegration into the workforce, family, and community. CSAP's drug-free workplace programs are recognized as a critically important element in efforts to transition youth into the workplace successfully via job training, welfare-to-work initiatives, public housing and community redevelopment programs, health care, and criminal justice system reforms.

Two principal DWP activities are mandated by Executive Order and Public Law:

(1) oversight of the Federal Drug-Free Workplace Program (DFWP), which is aimed at eliminating illicit drug use in the Federal workforce; and
(2) oversight of the National Laboratory Certification Program (NLCP), which certifies laboratories to conduct forensic drug testing for the Federal agencies and for some federally regulated industries.

DWP maintains a toll-free DFWP Help Line for businesses: 800-WORKPLACE (800-967-5752), which provides public and private workplaces with authoritative and evidence-based information, resources, and tools for creating and maintaining drug-free workplace policies and programs. DWP also maintains a free, online health/wellness resource (www.GetFit.SAMHSA.gov), which is available to workplaces, communities, and schools. This site provides appropriate substance abuse prevention and early intervention information, tests, and resources for employees and their families about substance abuse issues, including alcohol-specific education and use assessment. The website can be customized for individual workplaces and communities. Additionally, the DFWP Web site (www.drugfreeworkplace.gov) provides focused, up-to-date, and state-of-the-art how-to guides, materials, best practices, knowledge, annotated bibliography, fact sheets, research, and applied research. This website contains training and TA information, multimedia presentations such as e-briefings and live conference videos, and a calendar of relevant meetings, events, and news.

Additional SAMHSA Resources for State and/or Tribal Prevention Systems

Strategic Prevention Framework Advancement and Support Project (SPFAS)

CSAP designed SPFAS to support and facilitate enhancements to and ongoing development of States' substance abuse prevention systems and youth tobacco-use control efforts. SPFAS supports CSAP and the States in addressing the SAPT Block Grant prevention and Synar requirements through system reviews, TA, national meetings, multistate workshops, and training and TA materials.

Over the past several years, the prevention field has shifted toward the use of outcomes-based planning and accountability systems. SAMHSA/CSAP is a leader and a partner in this process through a number of initiatives including the SPF, the SPF SIGs, and the SAMHSA Data Strategy. As part of the Data Strategy effort, SAMHSA and the States are in the process of transitioning the existing SAPT Block Grant funding mechanism to a performance-management environment. SPFAS builds on SAMHSA's and the States' progress in developing the data infrastructure and other infrastructure elements. Moreover, SPFAS will continue the process of preparing CSAP and the States for the additional data and other requirements mandated by a performance-management system.

SAMHSA's SPF has emerged as both critical tool and organizing framework for State and community prevention efforts in an outcomes-based planning and accountability system environment. SAMHSA's NOMs requirements are an essential element in the quest to help States achieve outcomes-based planning, accountability, and population change. Accordingly, a key focus of the support SPFAS provides to CSAP is the provision of a comprehensive and integrated approach to advancing the SPF and enabling States to report and use NOMs data and to improve public health outcomes as measured by NOMs.

SPFAS is charged with the following basic duties:

- To work directly with and through CSAP and with States to expand the decision-making infrastructure capacity and thus improve the accountability and effectiveness of State prevention systems; and
- To implement SPF through the SAPT Block Grant process by supporting CSAP's monitoring of States' prevention needs, resources, outcomes, and compliance with the requirements of the prevention set-aside regulations of the SAPT Block Grant.

For organizational purposes, the SPFAS coverage area duplicates the five NPN regions. Each SPFAS region has a RSM assigned to work with States in that region and with the CSAP SPOs assigned to those States. This arrangement provides a consistent SPFAS contact person for the State and the SPO. SPFAS activities are described in more detail below.

System Reviews—SPFAS supports CSAP's SPOs in conducting routine system reviews and issue-specific site visits in the States for the purpose of collecting information on State prevention infrastructure and systems, needs-assessment activities, mobilization and capacity building, prevention planning, evidence-based prevention program implementation, monitoring and evaluation systems, and ability to report and use NOMs data.

Technical Assistance—At the State level, SPFAS provides TA to support the continued development of substance abuse prevention systems that are consistent with the SAMHSA/CSAP SPF, the enhancement of youth tobacco-use control efforts, and the efficient administration of SAPT Block Grant resources. SPFAS makes available to States expert consultant services for the purpose of assisting States to address the broad array of issues identified by a system review, issue-specific site visit, or direct requests from the SSA director,

the State prevention designee, or CSAP. SPFAS can provide TA to States via onsite and offsite methods or it can involve the participation of clusters of States (multistate TA). SPFAS also provides TA to States on the development of guidance documents.

The following are examples of TA requests within the SPFAS scope of work:

- **Prevention System Development TA**
  - Data collection and application
  - Statewide prevention strategic planning
  - Prevention workforce development planning linked to the strategic plan
  - Outcomes-based contracting
  - Design and implementation of statewide TA systems
  - Establishment of performance measures and performance monitoring systems
  - Evaluation
- **SAPT Block Grant TA**
  - Prevention Block Grant NOMs
  - Design of Synar-specific compliance elements (e.g., valid probability sample, coverage study, enforcement, Synar reporting)
  - Multi-State training in Synar Survey Estimation System (SSES)

National Meetings—SPFAS provides meeting planning, implementation, evaluation, and reporting support for CSAP-sponsored national meetings such as the National Synar Conference and the annual Prevention Leadership Academy for NPNs.

Transition to Performance-Management Tools—SPFAS supports CSAP's efforts to develop and monitor a plan for performance-management transition and implementation. It also supports CSAP's review of SAPT Block Grant prevention set-aside outcomes data.

Sampling Support for CSAP's Review of State Synar Reports—SPFAS provides CSAP with a State-by-State review of the SAPT Block Grant program's annual Synar report, which verifies State sampling procedures such as those addressing the validity of State tobacco outlet lists. It also assists CSAP in validating reported State compliance rates for sales of tobacco to minors.

State Online Resource Center (SORCE)—SORCE offers a secure Web site that allows users to access documents, useful links, announcements, and information on events of relevance to the substance abuse, mental illness, and co-occurring disorders prevention fields. Additional items posted to this site are grouped by area of interest such as those relating to NOMs, Synar, and State documents. States are encouraged to post to this site any documents that might be of interest to SSA staff in other States (e.g., State strategic plans, subrecipient requirements and RFPs, workforce development-related tools and documents, etc.). SSA staff receive their access/password information from SPFAS.

CSAP's Centers for the Application of Prevention Technologies (CAPTs)
(http://captus.samhsa.gov/)

SAMHSA's five regional CAPTs provide technical support to States and communities in their respective regions. Using multiple and varied T/TA approaches, CAPTs transfer substance abuse prevention knowledge, demonstrate the application of prevention skills, and translate prevention science into practice for planners and practitioners. Once awarded, the new National CAPT contract will consolidate and integrate the CAPT system, balancing centralized capacity for coordination at the national level with decentralized regional capacity for ongoing communication and service delivery tailored to diverse populations and to the unique needs of the five NPN regions.

The primary mission of the CAPTs is to bring research to practice by assisting States/Jurisdictions and community-based organizations in applying the latest scientific knowledge to their substance abuse prevention programs, practices, and policies. The overall CAPT program goals are as follows:

- To expand the capacity, increase the effectiveness, and strengthen the performance and measurement of substance abuse prevention services at both the State and community level;
- To provide training and TA to support the selection, implementation, and evaluation of effective substance abuse prevention programs, practices, and policies to meet the needs of diverse populations and contexts of life within communities, States, other U.S. Territories and Tribes.
- Monitor the delivery and quality of training and TA services, and assess the impact of these services on clients' achievement of program goals.

The CAPTs serve States and communities supported under SAMHSA's SAPT Block Grant program and CSAP's Programs of Regional and National Significance (PRNS). PRNS grantees currently include States, Jurisdictions and Tribes under the Strategic Prevention Framework State Incentive Grant Program, and community-based Minority Aids Initiative (MAI) and methamphetamine prevention program grantees.

Each regional CAPT works with a variety of clients within its region (see below). Information on the clients served by each CAPT is available on each CAPT's Web site.

- ***Central CAPT—***Iowa, Illinois, Indiana, Michigan, Minnesota, North Dakota, Ohio, South Dakota, Wisconsin, West Virginia, and Red Lake Nation (http://captus.samhsa.gov/central/central.cfm)

- ***Northeast CAPT—***Connecticut, Delaware, Massachusetts, Maryland, Maine, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont (http://captus.samhsa.gov/northeast/northeast.cfm)

- ***Southeast CAPT—***Alabama, District of Columbia, Florida, Georgia, Kentucky, Mississippi, North Carolina, Puerto Rico, South Carolina, Tennessee, Virginia, and Virgin Islands (http://captus.samhsa.gov/southeast/southeast.cfm)

- ***Southwest CAPT—***Arkansas, Colorado, Kansas, Louisiana, Missouri, Nebraska, New Mexico, Oklahoma, and Texas (http://captus.samhsa.gov/southwest/southwest.cfm)

- ***Western CAPT—***Alaska, American Samoa, Arizona, California, Commonwealth of Northern Mariana Islands, Federated States of Micronesia, Guam, Hawaii, Idaho, Montana, Nevada, Oregon, Republic of the Marshall Islands, Republic of Palau, Utah, Washington, and Wyoming (http://captus.samhsa.gov/western/western.cfm)

FindYouthInfo.gov: A New Federal Web Site on Youth

The FindYouthInfo.gov Web site provides federally developed interactive tools and other resources to help youth-serving organizations and community partnerships. It is designed to benefit Federal agencies, youth service providers, and the youth-serving community. Tools and resources available on the Web site provide information on the following:

- Key elements of effective partnerships, including strategies for engaging youth;
- Helpful community assessment tools;
- Mapping tools that generate maps of local and Federal youth programs;
- A searchable database of evidence-based programs that address risk and protective factors among youth; and

- High-quality Federal publications and Web links on youth issues.

Beginning in spring 2009, the Web site will be enhanced to include strategic planning tools, interactive resources to support community partnerships, and other features.

Native American Center for Excellence (NACE)

SAMHSA's NACE is the premier, national, Native American-run project that promotes effective substance abuse prevention programs in Native American communities throughout the United States. It was designed to further empower Tribal communities and foster cooperation and scientific innovation among Native American substance abuse prevention and mental health service providers. NACE serves as the repository for the best available information on effective services and strategies for preventing substance abuse and related disorders in Native American populations. NACE staff members identify innovative and promising programs and practices that prevent substance abuse disorders and related problems among Native Americans, and the center facilitates these programs and practices with TA and additional opportunities to demonstrate their efficacy.
Contact: Gary Neumann, (301) 588-6800

National Registry of Evidence-based Programs and Practices (NREPP)
(http://www.nrepp.sahmsa.gov)

SAMHSA's NREPP is a searchable, online registry of mental health and substance abuse interventions that have been reviewed and rated by independent reviewers. Its purpose is to assist the public in identifying effective approaches to the prevention and treatment of mental and/or substance use disorders that have been scientifically tested and that can be readily disseminated to the field. NREPP is a voluntary, self-nominating system in which intervention developers elect to participate. NREPP staff members prepare an intervention summary for each intervention reviewed and post their summaries on NREPP's Web site. Each summary includes descriptive information about the interventions and targeted outcomes, ratings of the quality of supporting research provided and of the readiness of each intervention for dissemination, a listing of studies and materials submitted for review, and contact information for the intervention's developer. Approximately 50 substance abuse prevention interventions have been posted to the Web site thus far, with an additional 40 or more currently under or pending review. NREPP is a key partner in SAMHSA's efforts to help community organizations and State and local officials make informed decisions about evidence-based interventions for the prevention and treatment of mental and substance abuse disorders.

Data Analysis Coordination and Consolidation Center (DACCC)

CSAP's DACCC is a centralized resource for substance abuse prevention data and analysis. It also serves as the Center's data quality-assurance arm, developing helpful products based on those analyses that target diverse audiences, and promoting the use of reliable and valid instruments such as common data definitions and measures including but not limited to NOMs, GPRA, and PART requirements. DACCC helps CSAP ensure that its substance abuse initiatives adequately address the nation's needs and that they promote science-based strategies and activities for targeted populations. DACCC products include an annual State-by-State report on NOMs trends and an accountability report detailing GPRA, PART, and NOMs results for CSAP's SAPT and SPF SIG programs. The DACCC also supports the evaluation of SPF SIG programs for cohorts 3 and 4 as well as for other CSAP initiatives such as the Sober Truth on Preventing Underage Drinking Act (STOP Act), MAI, and methamphetamine prevention programs.

Prevention Management Reporting and Training System (PMRTS)
(http://www.pmrts.samhsa.gov)

PMRTS provides access to all of CSAP's educational, data collection, and training systems, services, and materials through a single Web portal and sign-on point, thereby eliminating the need for multiple logins or passwords.

PMRTS provides three separate but integrated information "centers" on its Web site: (1) Prevention Resources, (2) Data Submissions, and (3) Reporting Services.

- a) Prevention Resources: Provides links to coordinated prevention knowledge and information dissemination sources.
- b) Data Submissions: Provides a centralized data collection and management system for monitoring and managing SAPT Block Grant as well as other discretionary grant and contract programs.
- c) Reporting Services: Provides data repository and report-generation resources to the field of prevention.

Disaster Technical Assistance Center (DTAC)
(http://www.mentalhealth.samhsa.gov/dtac/)

DTAC supports SAMHSA's efforts to prepare States, Territories, and local entities to deliver an effective behavioral health response during natural and manmade disasters. DTAC supports collaboration between mental health and substance abuse authorities, Federal agencies, nongovernmental organizations, and experts in the field. Its staff organizes training events and workshops and facilitates the sharing of information and best practices among all stakeholders.

- **Technical Assistance—**DTAC provides TA to States and Territories throughout all phases of disaster recovery to support an effective behavioral health response.

  - ***Preparation***—DTAC provides consultation services for the review of disaster plans, conducts literature reviews, and brokers knowledge and support.

  - ***Response***—DTAC assists in the identification of suitable publications, psychoeducational materials, and expert consultants; organizes training events and workshops; and disseminates information on how States have confronted certain types of disasters.

  - ***Communication***—DTAC maintains a contact database of State/Territory mental health commissioners, substance abuse directors, and disaster coordinators as well as a roster of Federal agencies and nongovernmental organizations involved in disaster and trauma research and/or service delivery.

  - ***Resources***—DTAC provides dedicated TA, publications, and logistics personnel to State programs that are designed to help people in the aftermath of disasters, regardless of funding sources.

  - **Recipients Eligible for SAMHSA DTAC Assistance—**DTAC serves State programs that are designed to help people in the aftermath of disasters, regardless of funding sources.

SAMHSA Health Information Network (SHIN)
(http://www.samhsa.gov/shin)

Formerly the National Clearinghouse for Alcohol and Drug Information (NCADI) and the National Mental Health Information Center (NMHIC), SHIN connects the behavioral health workforce and the public to the most current and comprehensive information on the prevention and treatment of mental and substance use disorders. Through SHIN, SAMHSA offers over a thousand informational items to the public including fact sheets, brochures, pamphlets, monographs, posters, studies, surveys, and DVDs—most of which are available free of charge. (To order or view SHIN publications online, visit the Network's Web site; address above.) SHIN's information specialists can recommend products, assist with orders, and refer callers to related resources and organizations. English- and Spanish-speaking information specialists are available Monday through Friday from 8 a.m. to 8 p.m. at 1-877-SAMHSA-7 (1-877-726-4727). Treatment referrals are available 24 hours a day, 7 days a week, by calling 1-800-662-HELP (1-800-662-4357).

- **Online Databases and Other Resources—**Other relevant Federal databases include the following:

    - **Government Printing Office Database List (GPO Access**)—
      http://www.gpoaccess.gov/databases.html
      This site provides free electronic access to a wealth of important information products produced by the Federal Government

    - **Education Resources Information Center (ERIC) *Digests* (U.S. Department of Education)**—http://eric.ed.gov/

    - **NIAAA Alcohol and Alcohol Problems Science Database (*ETOH)*—**
      http://etoh.niaaa.nih.gov/

    - ***PubMed* (National Library of Medicine)**—http://www.ncbi.nlm.nih.gov/entrez/query.fcgi

    - **Substance Abuse Information (**Working Partners**) Database**—
      http://www.dol.gov/asp/gils/records/000152.htm

Substance Abuse and Mental Health Data Archive (SAMHDA)
(http://www.icpsr.umich.edu/SAMHDA/)

SAMHDA offers public access to the nation's substance abuse and mental health research data and facilitates use of those data by providing related tools and resources. Data files, documentation, and reports are downloadable from the SAMHDA Web site in public-use format such as quick tables that can be adapted to user specifications. The Web site also features tools that allow users to conduct their own analyses on selected datasets. User support for SAMHDA data is available via e-mail to SAMHDA personnel (information provided on the site) and a toll-free help line (1-888-741-7242).

SAMHSA's ENetwork
(http://samhsa.gov/enetwork/index.aspx)

SAMHSA is the Federal Government's premier source of information about mental health services, substance abuse prevention, and addiction treatment. By joining the SAMHSA ENetwork, participants can receive, via email notifications, timely information about SAMHSA's mental health and substance abuse services, grants, publications, campaigns, programs, and statistical and data reports.

Suicide Prevention Resource Center (SPRC)
(http://www.sprc.org)

SAMHSA's SPRC supports suicide prevention with up-to-date information on science, skills, and practices that help advance the NSSP and strengthen suicide prevention networks. It is the first federally funded center of its kind.

Additional SAMHSA Campaigns and Programs

- **Faith-based and Community Initiative (FBCI)—**The beneficial role that faith and spirituality play in the prevention of drug and alcohol abuse and in programs designed to treat and promote recovery from substance abuse and mental disorders has long been acknowledged. SAMHSA's partnerships with faith-based and community organizations have benefited people with or at risk for mental illness and substance abuse disorders. (http://www.samhsa.gov/FBCI/fbci.aspx).

- **"Caring for Every Child's Mental Health" Campaign—**This communications campaign was designed to increase public awareness of the real, painful, and sometimes severe mental health problems faced by many children in the United States; and to promote the belief that the mental health of the nation's young people can be protected and nurtured through early, appropriate treatment and services. (http://www.mentalhealth.samhsa.gov/child/default.asp).

- **A Family Guide to Keeping Youth Mentally Healthy and Drug-Free—**This public education Web site was developed to support the efforts of parents and other caring adults in their efforts to promote mental health and prevent the use of alcohol, tobacco, and illegal drugs among youth aged 7 to 18. (http://www.family.samhsa.gov/)

- **Emergency Services and Disaster Relief Activities—**CMHS works with the Federal Emergency Management Agency (FEMA) to implement a Crisis Counseling Assistance and Training Program. After a Presidentially declared disaster, States can apply online for Crisis Counseling Program grants to provide mental health services to disaster victims. (http://www.mentalhealth.samhsa.gov/cmhs/Katrina).

- **15+ Make Time to Listen, Take Time to Talk—**This program is part of the CMHS School Violence Prevention Initiative. It is designed to provide practical guidance to parents and caregivers about how to listen to and talk with their children. (http://www.mentalhealth.samhsa.gov/15plus/)

- **Closing the Health Gap—**HHS and ABC Radio Networks are collaborating to sponsor this national campaign to bring the best health information to African American communities and help African American consumers take charge of their health. (http://www.omhrc.gov/templates/content.aspx?ID=2840)

- **Prevention Leadership Academy—**The Prevention Leadership Academy is an ongoing series of leadership development events provided by CSAP in consultation with NPN leaders to help build and enhance State prevention systems. Via an interactive workshop format, it provides opportunities to new NPN leaders to increase their awareness of critical SAMHSA activities and operations as well as other relevant national initiatives. This format allows SAMHSA division directors and staff to share information on programs, grants, and contracts that support State prevention systems and the work of the NPN.
Contact: Andrea Harris, (240) 276-2441

- **School Action Grants/Youth Violence Prevention—**The Safe Schools/Healthy Students Initiative is a grant program designed to develop real-world knowledge about what works best to reduce school violence. School districts are using these funds to help communities design and implement comprehensive, youth-focused educational, mental health, social service, law enforcement, and juvenile justice services that promote healthy childhood development, foster resilience, and prevent youth violence.
(http://www.mentalhealth.samhsa.gov/schoolviolence/)

- **Sober Truth on Preventing Underage Drinking Act (STOP Act)—**STOP Act programs and materials are designed to prevent and reduce alcohol use among youth in communities throughout the United States. Their objective is to strengthen collaboration and coordination on this issue among governments (e.g., Federal, State, local, and Tribal) and communities that demonstrate long-term commitments to reducing alcohol use among youth; and to disseminate timely information to communities regarding state-of-the-art practices and initiatives that have been proven effective in preventing and reducing youth alcohol use.
- (E-mail inquiries to: StopAct@samhsa.hhs.gov).

- **Myths, Facts and Illicit Drugs: What You Should Know—**SAMHSA has joined with the ONDCP, Community Anti-Drug Coalitions of America (CADCA), National Institute on Drug Abuse (NIDA), and National Guard to sponsor a series of Webcasts on illicit drugs that currently are gaining popularity in American life. In each Webcast, a panel of experts discusses the facts and misinformation about these drugs and responds to the concerns of community coalitions, community leaders, drug prevention and treatment providers, law enforcement officials, parents, caregivers, and educators.
(http://ncadi.samhsa.gov/multimedia/webcasts/mythfactseries/)

- **Fetal Alcohol Spectrum Disorders (FASD) Center for Excellence—**This SAMHSA center is devoted to facilitating the development and improvement of prevention, treatment, and care systems in the United States. It provides national leadership, information, and resources aimed at reducing the number of infants born prenatally exposed to alcohol; increasing the functional capacities of persons with FASD; and improving the quality of life for individuals and families affected by FASD.
(http://fasdcenter.samhsa.gov/)

- **U.S. Counties Along the Mexican Border Initiative—**This program strives to infuse the SPF process within the 24 U.S. counties contiguous to the U.S.-Mexico border. The primary audience for this initiative is local prevention providers living and working in a broad spectrum of venues (e.g., schools, community centers, workplaces, and faith-based organizations). Program participants are exposed to the various aspects of the SPF and receive training via a bilingual (English and Spanish) SAMHSA/CSAP curriculum to become Substance Abuse Prevention Technology Specialists (SAPTS)..Numerous types of State and local organizations as well as other SAMHSA/CSAP projects are involved in these efforts.

- **Workplace Resource Center—**This center provides centralized access to information about drug-free workplaces and related topics.
(http://workplace.samhsa.gov/)

PART IV: RELEVANT LEGISLATION, REGULATIONS, AND MAJOR INITIATIVES

The Tobacco Regulation for SAPT Block Grants (The Synar Amendment and its Implementing Regulation)
(http://prevention.samhsa.gov/tobacco/)

In July 1992, Congress enacted the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act (P.L. 102-321), which includes an amendment (section 1926) aimed at decreasing youth access to tobacco. This amendment, named for its sponsor, Congressman Mike Synar of Oklahoma, requires all States, the District of Columbia, and the 8 U.S. Territories (hereafter, "States") to enact and enforce laws prohibiting the sale or distribution of tobacco products to individuals under the age of 18.

A set of actions was put in place by States, with the support of the Federal Government, to implement the requirements of the Synar Amendment, which was framed in the context of a growing body of evidence about the health problems related to tobacco use by youth as well as evidence about the ease with which youth could purchase tobacco products through retail sources. Synar Amendment-related programs are a critical component of the success of youth tobacco-use prevention efforts.

Synar Amendment: The Synar Amendment requires States to do the following: enact laws prohibiting the sale and distribution of tobacco products to minors; enforce such laws in a manner that can reasonably be expected to reduce the availability of tobacco products to youth under the age of 18; conduct random, unannounced inspections of tobacco outlets; and report annually the findings of these inspections to the HHS Secretary.

SAMHSA was charged with implementing the Synar Amendment because it plays a lead Federal role in substance abuse prevention. In January 1996, SAMHSA issued the Synar Regulation to provide guidance to the States. This regulation requires that States:

- Effect laws prohibiting any manufacturer, retailer, or distributor of tobacco products from selling or distributing such products to any individual younger than age 18;
- Enforce these laws;
- Conduct annual, unannounced inspections in a way that provides a valid probability sample of tobacco sales outlets accessible to minors;
- Negotiate interim targets and establish a date for achieving a noncompliance rate of no more than 20 percent (SAMHSA required that each State reduce its retailer violation rate [RVR] to 20 percent or less by FY 2003); and
- Submit an annual report detailing State activities to enforce their laws.

Penalties for Noncompliance: In addition to setting targets for States, the Synar Amendment established penalties for noncompliance. The penalty for a State is loss of up to 40 percent of its SAPT Block Grant funds.

Children's Health Act of 2000
(http://www.samhsa.gov/legislate/Sept01/childhealth_title32.htm)

This Act reauthorizes SAMHSA programs for children and adolescents and amends previous legislation on the responsibilities of CSAT, CSAP, and CMHS with regard to children. It also transfers services for children of substance abusers from the Health Resources and Services Administration (HRSA) to SAMHSA and permits faith-based organizations to receive SAPT Block

Grant or discretionary grant funding. The Act mandated the following changes to the SAPT Block Grant that provided greater flexibility to the States:

- States are no longer required to expend a minimum of 35 percent of their SAPT Block Grant allocations on alcohol-related services and a minimum of 35 percent of their allotments on drug-related services.

- States are no longer required to maintain $100,000 in a revolving loan fund to support the establishment of recovery homes; maintenance of such a fund is now optional.

- States are allowed to exempt a one-time infusion of special funding from the maintenance of effort (MOE) calculation (the calculation used to determine if expenditures in a given fiscal year are no less than the average of the two preceding fiscal years).

The Act also authorizes funding for data infrastructure support for transitioning to a performance-based block grant system..It enables use of both substance abuse and mental health block grants for services to individuals with co-occurring disorders. It further repealed several discretionary grants and authorizes grants for (1) knowledge development and application (KDA), (2) training grants to disseminate KDA, and (3) targeted capacity response to meet specific needs in local communities. The Act also provides for stronger law enforcement regarding methamphetamine use.

Charitable Choice
(http://www.samhsa.gov/FBCI/charchoice.aspx)

Federal, State, and local governments that receive funds under the Charitable Choice program cannot discriminate against an organization that is or applies to become a program participant on the basis of that organization's religious character or affiliation. Applicants for SAPT Block Grant funding must certify that they will comply with all Charitable Choice requirements.

Under Charitable Choice, SAPT Block Grant-funded faith-based organizations may do the following:

- Retain authority over their internal governance;
- Retain religious terms in their organizational names;
- Select board members based on their religious affiliation;
- Include religious references in the organizations' mission statements and other governing documents; and
- Use space in their facilities to offer SAPT Block Grant-funded activities without removing religious art, icons, scriptures, or other symbols.

Faith-based organizations *cannot* use SAPT Block Grant funds for inherently religious activities such as worship, religious instruction, or proselytization. SAPT Block Grant-funded religious organizations can engage in such religious activities only if the activities are offered separately, in time or location, from Block Grant-funded activities, and participation in the activities must be voluntary. In delivering services, including outreach activities, such organizations cannot discriminate against current or prospective program participants based on religion, religious belief, refusal to hold a religious belief, or refusal to actively participate in a religious practice. If an otherwise eligible client objects to the religious character of a SAPT Block Grant-funded program, the program shall refer the client to an alternative provider within a reasonable period of time after the objection.

Confidentiality of Alcohol and Drug Abuse Patient Records; Final Rule (42 CFR Part 2)
(http://www.access.gpo.gov/nara/cfr/waisidx_02/42cfr2_02.html)

Federal mandates regarding governing alcohol and drug abuse patient records are specified in the Confidentiality of Alcohol and Drug Abuse Patient Records; Final Rule, otherwise referred to as 42 CFR Part 2 (Title 42 of the Code of Federal Regulations, Part 2). These regulations appear in the Tuesday, June 9, 1987, edition of the *Federal Register*. Unless expressly permitted by the above-noted regulations, these mandates apply to and restrict disclosure of information that identifies a patient as an alcohol and drug abuser either directly, by reference to other publicly available information, or through verification of such identification by another person.

Programs may disclose patient-identifying information only under the following conditions:

- With the prior written consent of the patient;
- To medical personnel to the extent necessary to meet a bona fide medical emergency;
- As authorized by court order granted after application showing “good cause”; or
- To qualified personnel for the purpose of conducting scientific research, management audits, financial audits, or program evaluation.

- **Applicability of 42 CFR—**These confidentiality regulations cover any information about alcohol and drug abuse patients obtained by federally assisted programs involved in alcohol or drug abuse treatment, diagnosis, or referral, including the following:

  - Treatment or rehabilitation programs;
  - Employee assistance programs;
  - Programs within general hospitals;
  - School-based programs; and
  - Private practitioners

  Federally assisted programs include those that the Federal Government conducts or funds and to which it grants a license, certification, registration, or other authorization.

- **Security of Patient Records—**Written patient records must be maintained in a secure room, locked file cabinet, safe, or other similar container when not in use.

- **Relationship to State Laws—**If a disclosure permitted under these regulations is prohibited under State law, neither these regulations nor authorizing statutes may be construed to authorize any violation of that State law; however, no State law may either authorize or compel any disclosure prohibited by these regulations.

- **Patient Access to Records—**Programs may give patients access to the patients’ own records.

- **Disclosure of Information of Minor Patients—**The general conditions for disclosing information of minor patients are specified below:

  - Where a minor patient has the legal capacity under State law to apply for and obtain alcohol and drug abuse treatment, only the minor patient can give consent for disclosures of patient information.

  - Where State law requires parental consent of a parent or guardian to treat a minor patient, both the minor patient and parent/guardian must provide written consent authorizing disclosures.

  - Programs are allowed to release information regarding a minor patient to parents, guardians, or other persons authorized under State law to act in the minor’s behalf

without the patient's written consent only when the program director has determined that the "minor applicant lacks capacity for rational choice."

- **Penalty for Violations—**Any person who violates any provision of these regulations shall be fined not more than $500 in the case of a first offense and not more than $5,000 in the case of each subsequent offense.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)
(http://hipaa.samhsa.gov/)
(http://aspe.hhs.gov/admnsimp/pl104191.htm)

HIPAA included a number of administrative simplification provisions requiring HHS to adopt national standards for electronic health care transactions and for the security and privacy of health information. The Standards for Electronic Transactions regulation adopts standards for eight electronic transactions and for national code sets to be used in those transactions. In December 2000, HHS issued its "Standards for Privacy of Individually Identifiable Health Information" (the "Privacy Rule"). This rule applies to health plans, health care clearinghouses, and health care providers who submit health information electronically in connection with standardized transactions. State agencies that act in any of these capacities are considered covered or subject to the Privacy Rule. This means that they must have contracts with their business associates that protect the privacy of individually identifiable health information held by the associates, who may be individuals or organizations. A business associate is defined as an entity or individual that (1) creates/receives protected health information in order to perform a function or activity on behalf of the covered State, or (2) creates/receives protected health information while providing services (legal, actuarial, accounting, management, consulting, financial services, data aggregation, and others) to the covered State. State agencies are not covered as health plans if they principally provide or pay the cost of health care, or if they principally manage grants that fund the direct provision of health care, such as SAPT Block Grants.

Government Performance Results Act of 1993 (GPRA)
(http://www.whitehouse.gov/omb/mgmt-gpra/gplaw2m.html)
(http://www.samhsa.gov/Budget/B2005/gpra/index.aspx)

GPRA makes Federal agencies accountable for achieving specified, objectively documented results from the funds they spend. It focuses on program performance or the extent to which programs meet clearly defined and measurable goals, and it ties budget to performance. GPRA's emphasis is on results, service quality, and customer satisfaction rather than on processes or simple outputs. Federal agencies must develop strategic plans, including outcome-related goals and objectives; prepare annual performance plans and reports; and justify budget requests based on these data. In effect, to meet their own responsibilities, Federal agencies pass on accountability requirements to the recipients of Federal funds. including State substance abuse agencies. SAMHSA has developed a standard set of NOMs and works with States to establish baselines and set targets for treatment and prevention performance measures.

Program Assessment Rating Tool (PART)
(http://www.whitehouse.gov/omb/part/)
(http://www.gpoaccess.gov/usbudget/fy05/pdf/part/hhs.pdf)

PART is associated with the GPRA requirements in that it links budgeting to results. Developed by the Office of Management and Budget, PART helps assess and improve program performance so that the Federal Government can achieve better results. PART consists of a questionnaire that assesses (1) the extent to which a program's design and purpose are clear and defensible; (2) the extent to which the designated agency's strategic plan sets valid annual and long-term goals for its programs; (3) agency management, including financial oversight and program improvement

efforts; and (4) the extent to which a program can report results accurately and consistently. PART enriches but does not replace budget analysis.

Part V: Other Resources and Organizations

Other Federal Agencies

- **The Centers for Disease Control and Prevention (CDC)**
  (http://www.cdc.gov/)

CDC is one of the 13 major operating components of HHS. HHS is the principal Federal Government Agency responsible for protecting the health and safety of all Americans and for providing essential human services, especially for those who are least able to help themselves.

Information on the CDC Web site includes the following:

- **Data and Statistics**—http://www.cdc.gov/node.do/id/0900f3ec8000ec28
- **Full listing of CDC publications**—http://www.cdc.gov/doc.do/id/0900f3ec8021ee7a/
- ***Health, United States, 2005—***http://www.cdc.gov/nchs/hus.htm (including the *Chartbook on Trends in the Health of Americans, With Special Feature on Adults 55-64 Years)*
- **Public Health Image Library (PHIL)**—http://phil.cdc.gov/phil/home.asp (The PHIL offers an organized, universal electronic gateway to CDC's photographs, illustrations, and multimedia files. Most of the images are in the public domain and are thus free of any copyright restrictions; permission to use copyright protected images must be obtained from the content provider.)

- **U.S. Department of Education (DOE) Office of Safe and Drug-Free Schools (OSDFS)**
  (http://www. ed.gov/about/offices/list/osdfs/index.html)

OSDFS administers, coordinates, and recommends policy for improving the quality and excellence of programs and activities, including providing financial assistance for drug and violence prevention activities and activities that promote the health and well-being of students in the nation's elementary and secondary schools and institutions of higher education. OSDFS activities may be carried out by State and local educational agencies and by other public and private nonprofit organizations.

Information on the Drug Information and Decision Support Assessment (DIADS) is also available on the OSDFS Web site (http://education.indiana.edu/cas/diads/diads.html). This assessment, designed by the Center for Adolescent Studies at Indiana University and funded in part by a grant from the Safe and Drug-Free Schools Program, helps schools to develop comprehensive drug abuse prevention programs.

OSDFS funds two TA centers. The Character Education and Civic Engagement Technical Assistance Center (http://www.cetac.org/) provides State program administrators, local educators, and the public with information on character education, civic engagement, and strategies that support academic goals and other reform efforts. The Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention (http://www.edc.org/hec/) is the DOE's primary provider of services in alcohol and other drug abuse and violence prevention in higher education.

- **Department of Justice (DOJ)**
  Community Capacity Development Office (CCDO)
  Office of Juvenile Justice and Delinquency Prevention (OJJDP) (http://www.usdoj.gov/)

The DOJ includes two offices that operate programs that may be of interest to SSA directors. The CCDO works with local communities to design strategies for deterring crime, promoting economic growth, and enhancing quality of life. The highly successful Weed and Seed initiative is CCDO's flagship strategy. Weed and Seed is an innovative and comprehensive multiagency approach to

law enforcement, crime prevention, and community revitalization. CCDO also addresses reentry issues by helping State and local agencies access and leverage resources from existing State formula and block grants to support their efforts to integrate returning offenders (http://www.ojp.usdoj.gov/ccdo/about/welcome.html).

OJJDP supports States and communities in their efforts to develop and implement effective and coordinated prevention and intervention programs. It also focuses on improving the juvenile justice system so that it protects public safety, holds offenders accountable, and provides treatment and rehabilitative services tailored to the needs of juveniles and their families (for more information on these initiatives, go to http://ojjdp.ncjrs.org/). Additionally, the OJJDP's National Training and Technical Assistance Center (http://www.nttac.org/main/index.cfm?event=about) delivers, brokers, and promotes T/TA to the juvenile justice field and its related criminal justice initiatives by utilizing a vast array of T/TA resources funded through OJJDP and its partners.

- **U.S. Department of Housing and Urban Development (HUD)**
  (http://www.hud.gov/)

HUD is responsible for national policy and programs that address America's housing needs, improve and develop the nation's communities, and enforce fair housing laws. (Information about homes and communities, organized by State, is available at http://www.hud.gov/local/index.cfm.)

HUD's Housing Opportunities for Persons With AIDS (HOPWA) program (http://www.hud.gov/offices/cpd/aidshousing/index.cfm) provides housing assistance and supportive services to prevent homelessness among low-income persons with HIV/AIDS and their families as well as to devise long-term comprehensive strategies for meeting the housing needs of those populations. Eligible activities include construction, acquisition, renovation, and operation of facilities; rental assistance and short-term housing payments; supportive services; TA; and other housing-related activities. Ninety percent of HOPWA funds are allocated on a formula basis to States and metropolitan areas that have the largest number of AIDS cases. Governments and nonprofit organizations may compete for the remaining 10 percent of funds for the purpose of developing model programs.

- **National Institute on Alcohol Abuse and Alcoholism (NIAAA)**
  (http://www.niaaa.nih.gov/)

NIAAA provides leadership in the national effort to reduce alcohol-related problems by:

- Conducting and supporting research in a wide range of scientific areas;
- Coordinating and collaborating with other research institutes and Federal programs;
- Collaborating with international, national, State, and local institutions, organizations, agencies, and programs engaged in alcohol-related work; and
- Translating and disseminating research findings to health care providers, researchers, policymakers, and the public.

NIAAA-sponsored Web sites include:

- **The Cool Spot (Middle School; ages 11-13)**—http://www.thecoolspot.gov/
- **Alcohol Policy Information System (APIS)—**http://www.alcoholpolicy.niaaa.nih.gov/ (This site was designed primarily as a tool for researchers to help simplify the process of ascertaining relevant State law and studies on the effects and effectiveness of alcohol-related policies)
- **National Epidemiologic Survey on Alcohol and Related Conditions (NESARC)—** http://www.niaaa.nih.gov/ (NESARC is the primary source for information and data on alcohol and drug use, dependence, and associated psychiatric and other medical comorbidities in the United States)
- **College Drinking Prevention**—http://www.collegedrinkingprevention.gov/
- **Leadership to Keep Children Alcohol-Free**—http://www.alcoholfreechildren.org/ (This unique coalition of Governors' spouses, Federal agencies, and public and private organizations, is an initiative to prevent the use of alcohol by children ages 9 to 15; State-specific information is available at http://www.alcoholfreechildren.org/en/map.cfm.)
- **Interagency Coordinating Committee on Fetal Alcohol Syndrome (ICCFAS)—** http://www.niaaa.nih.gov/AboutNIAAA/Interagency/

- **National Institute on Drug Abuse (NIDA)—**http://www.nida.nih.gov/NIDAHome.html

NIDA's goal is to lead the nation in bringing the power of science to bear on drug abuse and addiction. NIDA supports over 85% of the world's research on the health aspects of drug abuse and addiction. NIDA-supported science addresses the most fundamental and essential questions about drug abuse, ranging from molecular to managed care issues and from DNA to community outreach research.

NIDA publications include *NIDA InfoFacts: Science-Based Facts on Drug Abuse and Addiction* (http://www.drugabuse.gov/Infofacts/Infofaxindex.html) and *NIDA Notes* (http://www.drugabuse.gov/NIDA_Notes/NNIndex.html). A full listing of NIDA publications is available at http://www.nida.nih.gov/PubCat/PubsIndex.html.

- **National Institute of Mental Health (NIMH)** **(**http://www.nimh.nih.gov/nimhhome/index.cfm)

NIMH's mission is to reduce the burden of mental illness and behavioral disorders through research on mind, brain, and behavior. Its Outreach Partnership Program (http://www.nimh.nih.gov/outreach/partners/index.cfm) is a nationwide NIMH initiative supported additionally by NIDA and CMHS. This program enlists national and State organizations in partnerships to help bridge the gap between research and clinical practice by disseminating the latest scientific findings; informing the public about mental disorders, alcoholism, and drug addiction; and reducing the stigma and discrimination associated with these illnesses. It strives to increase public awareness about the importance of basic and clinical research in improving treatments for, and ultimately curing, mental illnesses and addiction disorders through advancing knowledge about the brain and behavior.

NIMH offers a variety of publications and other educational resources to help people with mental disorders, the public, mental health and health care practitioners, and researchers gain a better understanding of mental illnesses and NIMH research programs. All materials are free. A full listing of NIMH publications is available at http://www.nimh.nih.gov/publicat/pubListing.cfm?dID=0&start=1&maxRows=88.

- **The White House Office of National Drug Control Policy (ONDCP)**
  (http://www.whitehousedrug policy.gov/index.html)

ONDCP, a unit within the Executive Office of the President, was established by the Anti-Drug Abuse Act of 1988. Its principal purpose is to establish policies, priorities, and objectives for the nation's drug control program. ONDCP's National Youth Anti-Drug Media Campaign (http://mediacampaign.org/) works at a national level to establish and reinforce anti-drug beliefs and behaviors. Created by Congress in 1998 in response to a rising trend in teen substance abuse, this campaign is part of an integrated approach involving other Federal, State, and local participants in efforts to prevent and reduce illicit drug use among youth and to support parents in their efforts to keep their children drug-free. It utilizes the power of TV, radio, print, and Web-based advertising as well as other available media tools and public communications outreach techniques targeted to teens and parents to strengthen anti-drug attitudes and behaviors—and it is showing signs of success.

State and local ONDCP profiles, contacts, and resources are available at http://www.whitehousedrugpolicy.gov/statelocal/index.html and can be accessed by selecting a State from the map or the drop-down menu on that Web site. A link on that Web site to the *DEA State Fact Sheets* site provides information on the drug situation in each State (http://www.dea.gov/pubs/state_factsheets.html); the *State Data on Substance Abuse* link directs Web viewers to SAMHSA reports containing State and local data (http://www.oas.samhsa.gov/states.htm.)

Major Organizations

- **The Alcohol and Drug Problems Association of North America (ADPA)**
  (http://www.adpana.com/)

ADPA is the oldest trade association in the alcohol and drug abuse prevention and treatment fields. Its mission is to advocate for alcohol and other drug abuse prevention, intervention, and treatment services for all who require those services, especially special populations (e.g., pregnant women, women with dependent children, adolescents, and ethnic and racial minorities). ADPA has published the following policy papers, all of which are available online:

- *Economic Benefits of Drug Treatment* (http://www.adpana.com/EconomicBenefits_2005Feb.pdf)
- *Chemical Dependency Waiver Checklist* (http://www.adpana.com/policy_papers1.htm)
- *Opportunities for AOD Treatment Providers Under TANF* (http://www.adpana.com/policy_papers01.htm)
- *Gender-Specific Adolescent Alcohol and Drug Abuse Prevention and Treatment* (http://www.adpana.com/pp3summary.htm)
- *Alcohol and Drug Dependence Is Not a Mental Illness or Behavioral Disorder* (http://www.adpana.com/alcohol.html)

- **American Association for the Treatment of Opioid Dependence (AATOD)**
  (www.aatod.org/)

AATOD was founded in 1984 to enhance the quality of patient care in treatment programs by promoting the growth and development of comprehensive methadone treatment services throughout the United States. AATOD works with Federal agencies and State substance abuse authorities on issues related to opioid treatment policy. Among other work, AATOD assisted

CSAT in 2005 the development of an updated, encyclopedic Treatment Improvement Protocol (TIP #43): *Medication Assisted Treatment for Opioid Addiction in Opioid Treatment Programs.*

- **American Public Health Association (APHA):** Alcohol, Tobacco and Other Drugs Section (http://www.hhd.org/apha/)

The goals of the APHA Alcohol, Tobacco and Other Drugs (ATOD) Section are: (1) to develop, foster, and advocate for sound research, policy, and practice in the fields of ATOD epidemiology, prevention, and treatment; and (2) to enhance communications concerning ATOD issues among members of the Section and among Section members, the APHA leadership, and the public.

- **American Society of Addiction Medicine (ASAM)** (http://www.asam.org)

ASAM is the national medical specialty society dedicated to improving the treatment of individuals suffering from alcoholism and other addiction by educating physicians and medical students, promoting research and prevention, and enlightening and informing the medical community and public about these issues. ASAM publications include *Principles of Addiction Medicine, ASAM Patient Placement Criteria,* and *ASAM News.*

- **The Association of Problem Gambling Service Administrators (APGSA)** (http://www.apgsa.org)

APGSA was formed in October 2000 to serve as a forum for public discussion on the improvement of data gathering, reporting, research, and public awareness efforts relative to problem gambling. A need for the APGSA was identified following the 1999 National Gambling Impact Study Commission's investigation into issues related to the proliferation of legalized gambling in the United States. That investigation revealed the lack of formal, nationwide resource linkages or system coordination for problem gambling services. It further revealed that States that funded problem-gambling services often developed and maintained programs to address this growing social issue in isolation. The APGSA membership is comprised of administrators of public funds dedicated to providing problem-gambling services. Most are State employees responsible for developing and implementing problem gambling service delivery systems.

- **The Association of State and Territorial Health Officials (ASTHO)** (http://www.astho.org)

ASTHO is the national nonprofit organization representing State and territorial public health agencies in the United States, the District of Columbia, and U.S. Territories. ASTHO members include the chief health officials of these jurisdictions, whose work is dedicated to formulating and influencing sound public health policy and ensuring excellence in State-based public health practice.

- **Community Anti-Drug Coalitions of America (CADCA)** (http://cadca.org/)

CADCA's mission is to build and strengthen the capacity of community coalitions to create safe, healthy, and drug-free communities. The organization supports its members—over 5,000 community coalition members nationwide—with T/TA, public policy, media strategies and marketing programs, conferences, and special events.

CADCA publications can be purchased online at its bookstore site (http://cadca.org/shopcart/). Excerpts from CADCA's February 2002 report, *Illicit Drug Policies: Selected Laws from the 50 States,* can also be viewed on this site. This report confirmed that State statutory drug laws vary significantly across the United States, contradicting a commonly held assumption that State drug

policies follow Federal drug policy and concluding that State law matters because the majority of drug offenders are tried in State courts. *Illicit Drug Policies: Selected Laws from the 50 States* is the first comprehensive reference guide to illicit drug laws in all 50 States and the District of Columbia. It documents, on a State-by-State basis, each State's scheduling and penalty provisions for selected drugs including medical marijuana. It also identifies disparities in Federal and State-controlled substance scheduling.

- **Join Together**
  (http://www.jointogether.org)

Join Together, founded in 1991, was originally a Boston University School of Public Health program. In 2009, it merged with the National Center on Addiction and Substance Abuse (CASA) at Columbia University to provide information, strategic planning assistance, and leadership development for community-based efforts to advance effective alcohol and drug policy, prevention, and treatment. Join Together helps community leaders understand and use the most current scientifically valid prevention and treatment approaches. Its surveys have shown that communities with documented strategies that are broadly supported by key leaders and institutions are the most likely to be successful in reducing and preventing alcohol and drug problems.

- **International Certification & Reciprocity Consortium/Alcohol and Other Drug Abuse (IC&RC)**
  (http://www.icrcaoda.org/)

Incorporated in 1981, IC&RC is a nonprofit, voluntary membership organization composed of certifying agencies that credential alcohol and drug abuse counselors, clinical supervisors, and prevention specialists. IC&RC sets international standards of practice in addiction counseling, prevention, and clinical supervision through testing and credentialing of addiction professionals.

- **Institute of Medicine (IOM)**
  (http://www.iom.edu)

IOM was chartered in 1970 as a branch of the National Academy of Sciences. IOM works outside the framework of government to ensure scientifically informed analysis and independent guidance. It is organized into committees focusing on 17 topic areas: mental health, child health, food and nutrition, aging, women's health, education, public policy, health care and quality, diseases, global health, workplace, military and veterans, health sciences, environment, treatment, public health and prevention, and minority health.

IOM's work centers principally on the preparation of committee reports or studies on subjects ranging from the overall quality of medical care to the national smallpox vaccination program. Additionally, IOM manages The Robert Wood Johnson Health Policy Fellowships Program, designed to train outstanding mid-career health professionals in academic and community-based settings to assume leadership roles in health policy and management.

- **Legal Action Center (LAC)**
  (www.lac.org)

LAC conducts a wide range of activities and services aimed at protecting and advancing the rights of individuals, promoting sound public policies through research and advocacy, and educating and assisting organizations and policymakers across the country. LAC initiatives include the following:

- ***Policy Advocacy***—LAC works to expand addiction and AIDS treatment, prevention, and research; promote community-based corrections initiatives; fight discrimination; reform sentencing laws; protect privacy rights; and promote other sound public policies.
- ***Research***—LAC's Arthur Liman Policy Institute conducts cutting-edge policy research on critical issues involving alcohol and drug addiction, criminal justice, and AIDS as well as the intersection of these issues with issues relating to public assistance, health care finance, former offenders' reentry into society, and other critical matters.
- ***Education, Training, and Technical Assistance***—LAC personnel provide education and T/TA to thousands of programs, staff personnel, policymakers, and other interested organizations and individuals around the country that address addiction, HIV/AIDS, and criminal justice issues.
- ***National HIRE*** (Helping Individuals with criminal records Re-Enter through Employment) ***Network***—This network serves as an information clearinghouse for and provides leadership on public policy to promote the employment of people with criminal records.

LAC publications cover topics related to alcohol and drug abuse, HIV/AIDS, criminal justice issues, and welfare reform. They are available online at http://www.lac.org/pubs/gratis.html.

- **The Association for Addiction Professionals (NAADAC)**
  (http://naadac.org/)

NAADAC is the largest membership organization serving addiction counselors, educators, and other addiction-focused health care professionals who specialize in addiction prevention, treatment, and education. With nearly 11,000 members and 46 State affiliates, NAADAC's network of addiction professionals spans the United States and the world. NAADAC's members work to create healthier families and communities through prevention, intervention, and quality treatment.

NAADAC promotes excellence in care by promoting the highest-quality and most up-to-date, science-based services to clients, families, and communities through education, clinical training, and certification. Among the organization's national certification programs are those that award the National Certified Addiction Counselor, Tobacco Addiction Credential, and the Master Addiction Counselor designations.

- **National Association of Addiction Treatment Providers (NAATP)**
  (www.naatp.org)

Since its founding in 1978, NAATP, which represents nearly 275 nonprofit and for-profit providers, has served as the voice of private alcoholism and drug-dependency treatment programs throughout the United States. NAATP assumes a strong leadership role on behalf of treatment providers in areas such as treatment standards, education, research, and advocacy of legislative, regulatory, and reimbursement. The NAATP newsletter archive is available at http://www.naatp.org/newsletters/index.php.

- **National Association of Drug Court Professionals (NADCP)**
  (http://www.nadcp.org/)

NADCP seeks to reduce substance abuse, crime, and recidivism by promoting and advocating for the establishment and funding of drug courts and providing for collection and dissemination of information, TA, and mutual support to association members. NADCP resources include:

- ***Facts on Drug Courts*—http://www.nadcp.org/whatis/ (**This online resource includes FAQs, drug court research, statistics on drug courts, and an explanation of the key components of drug courts.)
- ***Resource and Funding Guide*—**
  http://www.nadcp.org/publications/ResourceFundingGuide1.pdf (This monograph examines resources available to communities that are developing or institutionalizing drug courts. It delineates monies available from Federal, State, and local sources that can enable drug courts to remain viable in their communities for generations to come.)
- *Facts on Drug Courts*—http://www.nadcp.org/docs/FactsFinal.pdf (This brief brochure answers the most common questions concerning drug courts.)

- **National Association of State Alcohol/Drug Abuse Directors (NASADAD)**
  (www.nasadad.org/)

NASADAD is a private, nonprofit, educational, scientific, and informational organization. It was originally incorporated in 1971 to serve State drug agency directors, but in 1978 its membership guidelines expanded to include State alcoholism agency directors. NASADAD's mission is to foster and support the development of effective alcohol and other drug abuse prevention and treatment programs throughout every State. NASADAD serves as a focal point for examining alcohol and other drug-related issues of common interest to national organizations and Federal agencies. The NPN, which is comprised of State prevention directors/coordinators, is a subcomponent of NASADAD..

- **National Association of State Mental Health Program Directors (NASMHPD)**
  (www.nasmhpd.org/)

Founded in 1959, NASMHPD operates under a cooperative agreement with the National Governors Association. It is the only national association to represent State mental health commissioners/directors and their agencies, whose work sustains a $23-billion public mental health service delivery system serving 6.1 million people annually in all 50 States, the District of Columbia, and 4 U.S. Territories. Although NASMHPD's organizational structure includes five divisions composed of directors of special populations/services (Adult; Children, Youth, and Families; Forensic; Legal; and Older Persons) as well as a Medical Directors Council. NASMHPD is formally affiliated with the National Association of Consumer/Survivor Mental Health Administrators, an organization that represents the directors of consumer affairs offices within State mental health agencies. It is also affiliated with about 240 State psychiatric hospitals, including hospitals for children, adults, older persons, and people who have entered the mental health system via the court system.

- **National Center on Addiction and Substance Abuse (CASA)**
  (www.casacolumbia.org)

CASA, headquartered at Columbia University in New York City, is a nationwide organization that brings together all of the professional disciplines needed to study and combat the abuse of alcohol and nicotine as well as illegal, prescription and performance-enhancing drugs in all sectors of society. Founded in 1992 by former U.S. Health, Education, and Welfare Secretary Joseph A. Califano, Jr., this nonprofit organization aims to inform Americans of the economic and

social costs of substance abuse and its impact on their lives. It also works to remove the stigma of substance abuse and replace shame and despair with hope.

- **State Associations of Addiction Services (SAAS**)
  (www.saasnet.org)

SAAS is the only national organization of State alcohol and drug abuse treatment and prevention provider associations. Through its member associations, SAAS has a direct link to the thousands of prevention and treatment programs that form the core of the publicly supported substance abuse system. SAAS is a leading advocate for addiction prevention and treatment providers. SAAS and its State-based member associations work together to increase Federal and State funding, expand services, and improve the quality of treatment, prevention, training, and research.

- **Therapeutic Communities of America (TCA)**
  (www.therapeuticcommunitiesofamerica.org/)

TCA is a national nonprofit membership association representing more than 500 substance abuse and mental health nonprofit treatment programs. TCA's member agencies provide services to a diverse range of substance-abusing clients with special needs, including persons with HIV/AIDS, mothers with children, criminal justice clients, adults with chronic and persistent mental illness or co-occurring disorders, homeless persons, veterans, and adolescents. Most provide a continuum of care, including assessment, detoxification, residential care, case management, outpatient, transitional housing, education, vocational, primary medical, and continuing care services.