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Center for Substance Abuse Treatment December 7, 1993 [1]

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meeting - Dec.

THE WHITE HOUSE

WASHINGTON

November 23, 1993

Lisa Schekel, Acting Director
Center For Substance Abuse Treatment
5600 Fishers Lane
Rockville, MD 20857

Dear Ms. Schekel:

This letter confirms your meeting with Kristine M. Gebbie, National AIDS Policy Coordinator, on December 7, 1993. The 30 minute meeting begins at 11:00 a.m. and will be held at her office, 750 17th Street N.W., Suite 1060 in Washington, DC.

If you have any questions or need further clarification, please call me at (202) 632-1090.

Sincerely,

W. Steve Lee

W. Steve Lee, Executive Assistant
and Scheduler to
National AIDS Policy Coordinator

BRIEFING FOR KRISTINE GEBBIE, R.N.
DIRECTOR, OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT

CENTER FOR SUBSTANCE ABUSE TREATMENT

PROGRAM OVERVIEW

December 7, 1993

Center for Substance Abuse Treatment
MISSION

To reduce the level of alcohol and drug use and its consequences through:

- **Infrastructure Development**
  - **State Systems Development**
  - **Community-wide Integration of Health and Human Services**
  - **Human Resource Development**

- **Knowledge Development and Translation**
  - **Refine state-of-the-art knowledge via interagency and interdepartmental collaborative demonstrations**
  - **Translate State-of-the-art technology to practice**

- **Capacity Development**

  For high-risk populations residing in high incidence and/or geographically disburse jurisdictions

- **Policy Development and Advocacy**
  - **Interdepartmental/Interagency Collaboration**
  - **Training of Executive, Judicial and Legislative Branches at the State and Local Levels**
  - **Health Care and Insurance/Reimbursement Reform**
  - **Information dissemination**

Center for Substance Abuse Treatment
The Relationship Between HIV/AIDS and Substance Abuse
Guiding Principles

For the Present:

- **HIV/AIDS screening and treatment services, partner notification, and specialized counseling related to HIV prevention (e.g. safe sex, sexuality, bereavement, lifestyle management, peer support) are requisite components of all CSAT demonstration, training and technical assistance programs.**

- **All CSAT infrastructure development efforts (Federal, State and local) are geared to link and integrate substance abuse services with outreach, prevention and primary health care delivery on the public health model.**

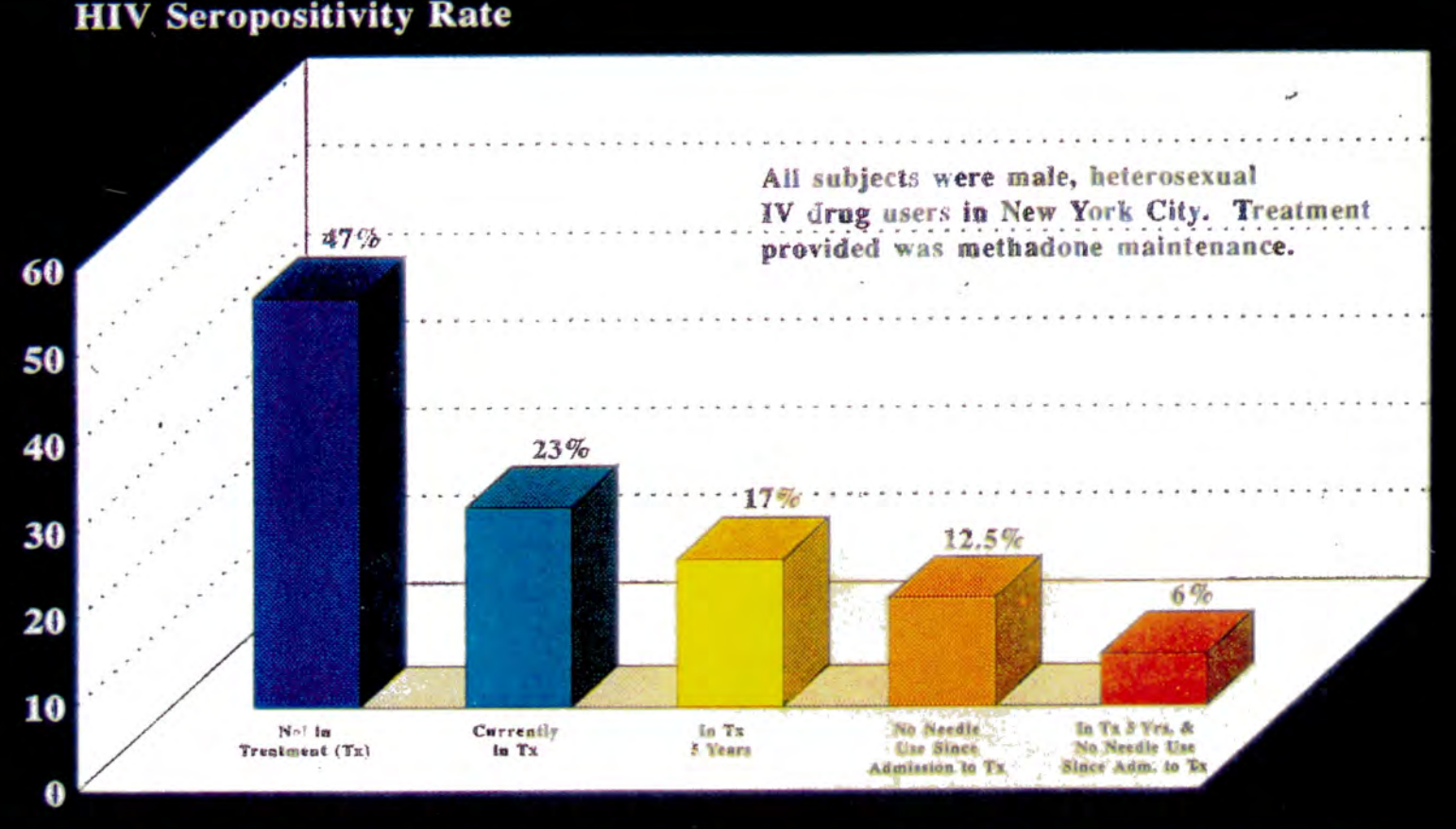
- **CSAT works with the CDC and HRSA on a variety of initiatives that recognize substance abuse as a primary factor in the transmission of HIV and etiology of HIV disease, even in cases where the primary mode of transmission is men having sex with men.**

- **CSAT supports outreach efforts with multiple goals: risk reduction, interim service provision, and successful referral to treatment.**

- **CSAT promotes all primary, secondary and tertiary HIV/AIDS prevention efforts, but recognizes the provision of a sustained continuum of comprehensive substance abuse treatment services as the most effective method of reducing HIV transmission for individuals with alcohol and drug problems.**

- **CSAT recognizes that community-based substance abuse treatment providers that operate on the front lines are frequently the "primary caregivers" in blighted neighborhoods.**

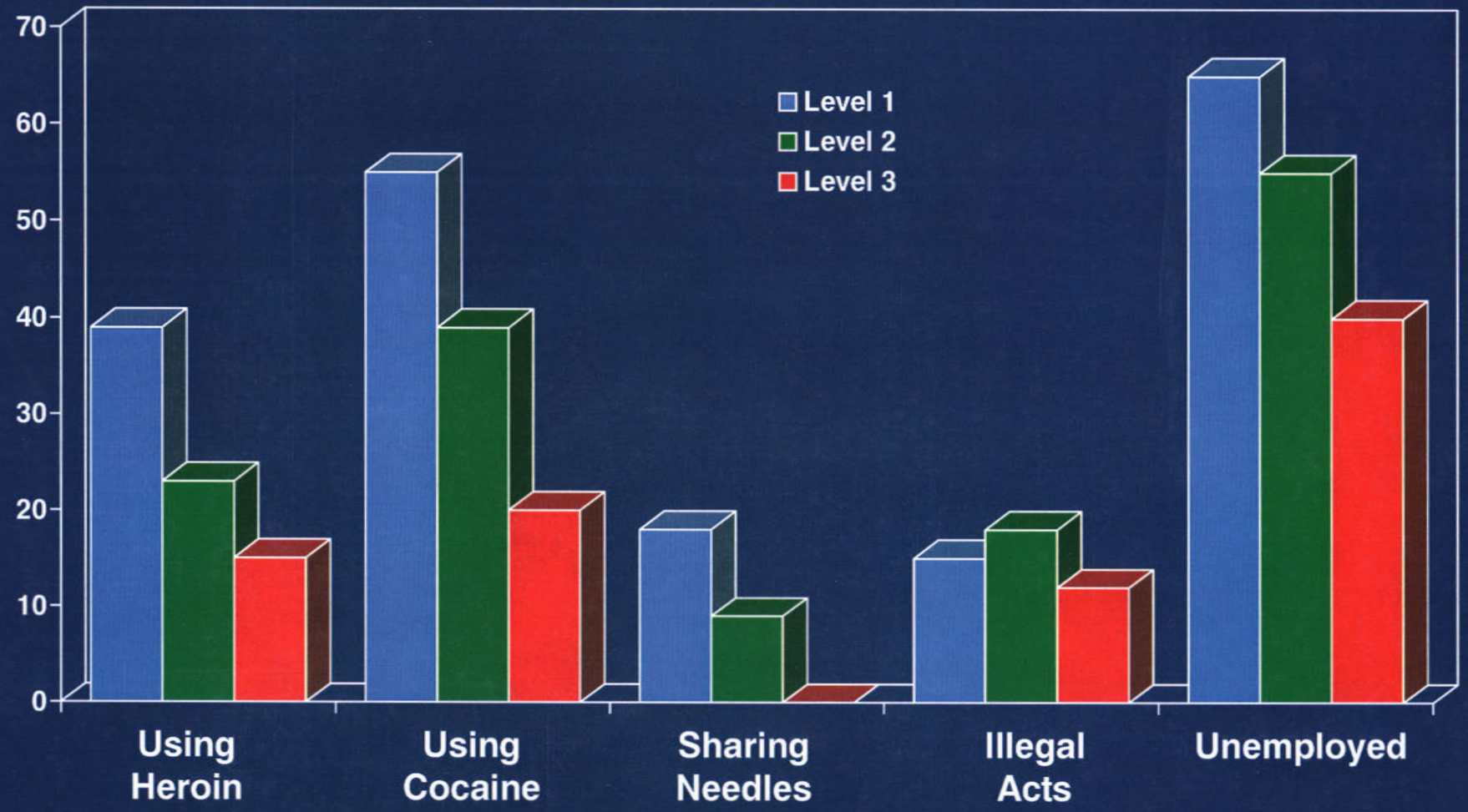
The Effect of Drug Abuse Treatment on HIV Seropositivity Rates



Novick et al. In: Problems of Drug Dependence 1985: Proceedings of the 47th Annual Scientific Meeting. Committee on Problems of Drug Dependence.

Methadone Levels Study

Target Behaviors at Six Months, by Level of Services



Center for Substance Abuse Treatment
INFRASTRUCTURE DEVELOPMENT

State Systems Development Program

Purpose: to leverage CSAT's administration of the Substance Abuse Prevention and Treatment (SAPT) Block Grant, funded at $1.177 billion in FY 1993, to:

- **Pull substance abuse into the public health arena**
- **Improve State oversight capability/accountability**
- **Ensure funds are targeted to meet the needs of the under-served**

Basis: 45 CFR Part 96, as drafted by CSAT in the NPRM published in March, 1993, requires the States, among other things, to:

1) **Provide, directly or via arrangements with other health care providers, Tb screening and treatment.**

2) **In the event the State's AIDS incidence rate is in excess of 10 per 100,000, provide HIV/AIDS early intervention services at the treatment site and establish linkages with a comprehensive community resource network of related health and social service organizations.**

3) **Provide preferential access for injection drug users and women**

4) **Provide interim services for injection drug users and women**

5) **Target funds to jurisdictions with greatest need**

6) **Maintain State level of effort**

Components:

- **State needs assessments**

- **Statewide planning toward: identification of needs at the sub-state level; investment of public funds in jurisdictions of greatest need; improved monitoring/quality**

- **Statewide technical reviews**

- **Developmental technical assistance on a statewide and targeted basis (e.g. epidemiology, prevention of infectious disease, justice populations)**

- **Treatment Improvement Protocols**

Center for Substance Abuse Treatment
INFRASTRUCTURE DEVELOPMENT

Target Cities Program

A series of Intergovernmental Cooperative Agreements, funded at $ 35 million in FY 1993, that provide assistance to high-incidence metropolitan areas for the purposes of:

- **Establishing central intake, assessment and referral systems to improve differential diagnosis and patient-treatment matching.**
- **Ensuring all patients are afforded screening and treatment for the HIV/AIDS, Tb, STDs, hepatitis, bacterial pneumonias and other infectious diseases, as well as mental disorders.**
- **Providing coordinated, intra-system case management of preventive and primary health care, substance abuse and mental health services, social services, legal services, employment development, housing, daycare and transportation.**
- **Establishing automated systems capable of tracking service delivery, associated costs and treatment outcomes and maximizing utilization of treatment capacity.**
- **Creating specialized outreach and substance abuse treatment capacity for high-risk, underserved populations.**

Current sites: Boston, New York, Newark, Philadelphia, Miami, San Juan, New Orleans, Dallas, St. Louis, Milwaukee, Cleveland, Chicago, Detroit, San Francisco, Los Angeles, Portland (Atlanta and Albuquerque are continued under administrative extensions).

Rural, Remote and Culturally Distinct Program

Intergovernmental Cooperative Agreements, funded at $ 5 million in FY 1993, designed to enhance, expand and integrate health and human service delivery for substance abusing populations that reside in rural or geographically remote locations. Infrastructure and service enhancements are similar to those relevant to the Target Cities Program, with additional emphasis on:

- **Outreach**
- **Mobile treatment capacity**
- **Leveraging existing social, cultural and socio-medical institutions (including indigenous healers)**

Center for Substance Abuse Treatment
INFRASTRUCTURE DEVELOPMENT

<u>Human Resource Development</u> (FY 1993 appropriations = $8.2 million)

- **The Addiction Training Center Program**
  - **Partnerships between academia, State Health Departments, preventive and primary health care, and the community-based network of specialized addiction treatment providers.**
  - **Operationalizing state-of-the-art curricula for both students and existing practitioners across all health and allied health disciplines.**
  - **Field experience requirements (in-service praticum, preceptorships, internships, fellowships).**
  - **Emphasis on the development of minority practitioners**

- **Substance Abuse Counselor Training**

  National effort to standardize credentialing requirements and train entry-level counselors

- **HIV/AIDS Training**

  A series of individual training modules designed for outreach workers, substance abuse service providers and primary health care providers practicing in a variety of specialized and general settings

Center for Substance Abuse Treatment
KNOWLEDGE DEVELOPMENT AND TRANSLATION/CAPACITY DEVELOPMENT

CSAT administers over $186 million in demonstration programs that focus on enhancing and expanding effective service delivery for populations at greatest risk for addiction-related morbidity and mortality, with a special focus on HIV/AIDS prevention.

Programming is focused on meeting the needs of racial and ethnic minorities, women and children, youth, justice populations, all populations at-risk for the HIV/AIDS.

All CSAT demo grantees: 1) must ensure that patients receive pre-and post-test counseling, screening, and treatment for the HIV, AIDS, Tb and other infectious diseases (either directly or through inter-agency agreement), and 2) must establish linkages with a comprehensive community resource network of related health and social service organizations.

CSAT utilizes HIV seroprevalence data, AIDS and Tb incidence rates to allocate demonstration funds. Approximately 80 percent of CSAT's demonstration program base is targeted at urban areas.

Demonstration Programs Include:

<u>Research Demonstration Efforts</u>:

- **The Addiction Treatment Campus Program (CSAT/NIDA)**
- **The Perinatal Women's Program (CSAT/NIDA/NICHD)**
- **D.C. Pre-trial Services (CSAT/DOJ)**
- **Youth and Adult Job Corps Treatment Programs (CSAT/DOL)**

<u>Service Enhancement/Expansion Initiatives</u>

- **The Health Care/Substance Abuse Linkage Program (CSAT/BPHC)**
- **Residential Women and Children's Program**
- **Pregnant and Post-partum Women and Infants Program**
- **The Critical Populations Program**
- **Treatment for Correctional Populations**
- **Treatment for Non-incarcerated Justice Populations**
- **AIDS Outreach Program**
- **The Capacity Expansion Program**

Center for Substance Abuse Treatment
POLICY DEVELOPMENT AND ADVOCACY

o **Interdepartmental/Interagency Collaboration**

CSAT works in partnership with the CDC, HRSA, IHS, HCFA, the research institutes, and several Departments (DOJ, DOL, DHUD) to evolve national policy and program direction at the Federal, State and local levels. Among other things:

- **CSAT is working with the CDC to leverage use of EIS officers and State Health officers toward the integration of substance abuse and preventive and primary health care at the State level.**

- **CSAT provides national, regional and state-by-state developmental assistance on a number of issues, including: practitioner training, screening and treatment for infectious disease, training of State Executive, Judicial and Legislative Branch staff, conducting incidence and prevalence studies.**

o **Insurance/Reimbursement/Health Care Reform**

CSAT has initiated the development of policy and practice guidelines, automated and manual tools consistent with the delivery of substance abuse services in a managed care environment, to include:

- **Regional and State roundtables to foster consensus among third-party payors, the Single State Agencies for Alcohol and Drug Abuse, HMOs, and public tier providers of specialized substance abuse services.**

- **A national automated clearinghouse of information on State Health Care Reform initiatives.**

- **Focused evaluation of the impact of Statewide reform on access, quality and outcomes for individuals affected by substance abuse disorders.**

- **The development of an automated chart-of-accounts and billing systems appropriate for specialized providers of substance abuse services.**

- **The implementation of a National Evaluation Data Technical Assistance Center (NEDTAC) that will work with State and local Health Departments and practitioners to describe outcome measures, outcome assessment methods, and outcome expectations.**

Center for Substance Abuse Treatment
FUTURE DIRECTIONS OF INTEREST TO NAPO

- **Engage State Health Departments, the Single State Agencies for Alcohol and Drug Abuse, and Departments of Mental Health in Statewide strategic planning efforts.**

- **Consolidate demonstration program authority so that communities will have greater flexibility in the design of integrated approaches to outreach, screening and treatment across the health, allied health and social service domains; consolidation would foster the availability of:**

  - **Multi-disciplinary, single and multiple-site, community-based service capacity for jurisdictions where there are large cohorts of individuals who are HIV seropositive (asymptomatic and symptomatic) or at-risk for the HIV, and who suffer from severe substance abuse disorders.**

  - **Integrated outreach and intra-system case management capability in jurisdictions where there exists a fairly well-developed infrastructure of specialized HIV/AIDS, substance abuse, mental health, and human services.**

- **Distinguish demonstration programs geared toward knowledge development from those designed to translate technology and build infrastructure; such distinction would allow for:**

  - **Rapid expansion/enhancement of the existing infrastructure without the burden of quasi-experimental and experimental evaluation designs.**

  - **More valid services research outcomes and more rapid generation of new findings.**

  - **More flexibility in the provision of developmental technical assistance to service providers and communities that lack the clinical, technical and administrative skills required to negotiate the competitive process.**

  - **Enhanced ability to prescribe minimum treatment standards and outcome expectations toward improving provider accountability.**

- **Directly link reimbursement to access, quality and treatment outcomes, rationalize reimbursement rates, and expedite receipt of reimbursement by service delivery units, all of which would foster consumer-driven access and better patient-treatment matching.**

CSAT

Center for Substance Abuse Treatment

PHOTOCOPY
PRESERVATION

CSAT

Center for Substance Abuse Treatment

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service • Substance Abuse and
Mental Health Services Administration

DRUG INFORMATION HOTLINE

1-800-662-HELP (4357)

Se Habla Español: **1-800-662-9832**

TDD: **1-800-228-0427**

Treatment Works!

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Public Health Service
Substance Abuse and Mental
Health Services Administration

CSAT
Center for Substance
Abuse Treatment

Clinton Library Transfer Form

Case #, if applicable	2018-0756-F	**Accession #**	
Collection/Record Group	Clinton Presidential Records	**Series/Staff Member**	Kristine Gebbie
Subgroup/Office of Origin	National AIDS Policy Office	**Subseries**	
Folder Title	Center for Substance Abuse Treatment De	**OA/ID Number**	3772
		Box Number	
Description of Item(s)	1) Magnet - Drug Information Hotline (Shaped like a telephone); 2) Pin - CSAT		

Donor Information

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Call The National Drug Information Treatment and Referral Hotline.

Monday through Friday 9:00 a.m. to 3:00 a.m.
Saturday and Sunday 12:00 p.m. to 3:00 a.m.

The Hotline offers alcohol and other drug abuse-related information and/or referrals to people seeking treatment programs and other assistance. The Hotline is caring, confidential, and available to everyone.

Treatment Works!

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

CSAT Center for Substance Abuse Treatment

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Providing National Leadership in Treatment Services

16pgs

Providing National Leadership in Treatment Services

Mission, Goals, and Programs

CSAT
Center for Substance Abuse Treatment

TRIPS

improving the Nation's methadone maintenance treatment system

Treatment Referral, Information & Placement Services (TRIPS) helps implement the Federal Government's commitment to providing comprehensive services for methadone maintenance patients. TRIPS expresses the Government's belief that meaningful treatment must foster patients' need to live a normal life--work, family, and recreation--and experience new environments. Thus the Center for Substance Abuse Treatment (CSAT) supports TRIPS to serve as a communications link for methadone maintenance programs whose patients want to travel or relocate.

TRIPS helps methadone maintenance programs ensure uninterrupted medication for their patients who travel. These patients remain in treatment—a critical factor for treatment success. Patients who stay in treatment also experience less illicit drug use and fewer other illegal activities, increased employment, greater stability in social relationships, reduced morbidity and mortality from HIV infection and other infectious diseases such as syphilis, hepatitis, and tuberculosis, and reduced diversion resulting from illicit take-home medication.

A note about confidentiality--TRIPS complies with Federal regulations pertaining to alcohol and drug abuse program patients. Each traveler is assigned a unique identification number that is used on all records maintained at TRIPS. Following completion of service arrangements, including follow-up, TRIPS destroys all patient names. TRIPS also reminds programs that traveling patients must sign a consent for release of information prior to traveling through TRIPS.

TRIPS

is easy to use

To arrange a Trip Plan for a traveling methadone maintenance patient, Sending Programs can call TRIPS, Monday through Friday, between 8:00 am and 6:00 pm EST, or leave a recorded message for return call the next business day. Here's what happens:

❒ **Sending Program provides:**
- Confirmed consent for release of modality information
- Medical information (entry date, dose, schedule, take-home, other medications, urinalysis requirements)
- Travel information (reason, mode, destination)
- Detailed itinerary

❒ **TRIPS contacts and makes temporary medication arrangements with Receiving Program(s).**

❒ **TRIPS contacts the Sending Program and relays specific instructions for the program and patient:**
- Address and location
- Contacts
- Take-home
- Fees
- Telephone number
- Dosing hours
- Other program requirements and restrictions

❒ **TRIPS forwards follow-up forms for Receiving Program(s) to return to the Sending Program and TRIPS.**

TRIPS

A project of the
Center for Substance Abuse Treatment (CSAT)
Under contract with
Birch & Davis Associates, Inc.
8905 Fairview Road, Silver Spring, MD 20910
1-800-553-9580
(301) 589-6760

TREATMENT REFERRAL, INFORMATION & PLACEMENT SERVICES

TRIPS

arranging temporary medication for methadone maintenance patients who travel

1-800-553-9580

A project of the
Center for Substance
Abuse Treatment (CSAT)

TRIPS

facilitating travel in the US

Methadone maintenance programs approved by the Food and Drug Administration (FDA) are encouraged to use TRIPS to arrange temporary medication of their traveling patients:

- Toll-free number (1-800-553-9580)
- Up-to-date, automated directory of methadone maintenance programs in the US and territories
- Tools to help "sending" programs plan itineraries and identify convenient "receiving" programs
- Complete medication arrangements, including follow-up
- Consideration of individual program requirements
- Documentation for programs and patients
- Special assistance for patients who travel frequently
- Assistance in planning permanent transfers
- Adherence to Federal and individual State methadone and confidentiality regulations
- Information Coordinators ready to assist, Monday through Friday, 8:00 am to 6:00 pm EST

TRIPS

assisting with travel abroad

Methadone maintenance programs can call TRIPS to inquire about ongoing treatment for their internationally traveling patients:

- Current laws regarding methadone transport into and out of foreign countries
- Availability of methadone maintenance services in foreign countries
- Comprehensive referral information for arranging international travel
- Capability to research drug laws and treatment policies in individual countries

TRIPS

providing information

Anyone can call TRIPS for information about methadone maintenance and substance abuse:

- Explanation of Federal methadone and confidentiality regulations
- Location of community services (treatment programs, hotlines, therapeutic communities, counseling and emergency services)
- Information about drug abuse, alcoholism, and mental health issues and AIDS
- Database of TRIPS service utilization for research purposes

TRIPS informs the methadone maintenance community with a periodic communiqué:

- Existing and evolving methadone regulations, trends, and philosophies
- Important treatment developments (research advances, treatment practices, new medications, clinical trials)
- Special tips for using TRIPS
- Up-to-date information about program openings, closings, and other important changes

NCADI Publications Order Form

National Clearinghouse for Alcohol and Drug Information
1-800-729-6686 or 301-468-2600
TDD 1-800-487-4889

Quantity	Inventory Number	Title
	RPO776	Bibliography of Abstracts on Co-Existing Substance Abuse and Mental Disorders
	PHD580	**Technical Assistance Publication** Series 1. Approaches in the Treatment of Adolescents with Emotional and Substance Abuse Problems
	PHD581	**Technical Assistance Publication** Series 2. Medicaid Financing for Mental Health and Substance Abuse Services for Children and Adolescents
	PHD582	**Technical Assistance Publication** Series 3. Need, Demand, and Problem Assessment for Substance Abuse Services
	PHD583	**Technical Assistance Publication** Series 4. Coordination of Alcohol, Drug Abuse, and Mental Health Services
	PHD584	**Technical Assistance Publication** Series 5. Self-Run, Self-Supported Houses for More Effective Recovery from Alcohol and Drug Addiction
	BKD81	**Technical Assistance Publication** Series 6. Empowering Families, Helping Adolescents; Family-Centered Treatment of Adolescents with Alcohol, Drug Abuse & Mental Health Problems
	PHD599	TIE Communique: Improving the Nation's Methadone Maintenance Treatment Systems
	PHD615	TIE Communique: Forging Links to Treat the Substance Abusing Offender
	PH295	Treatment Improvement Exchange (TIE): Criminal Justice Planning Chart

More ⟶

Meeting the information needs of the public and professionals concerned about the prevention and treatment of alcohol and other drug problems.

Quantity	Inventory Number	Title
____	PHD598	Treatment Improvement Exchange (TIE): Juvenile Justice Treatment Planning Chart
		Treatment Improvement Protocol (TIP)
		Series 1. State Methadone Treatment Guidelines
____	BKD98	**Administrators' version** - Bound copy
____	BKD98C	**Clinicians' version** - Loose Leaf (3 hole punch)
		Treatment Improvement Protocol (TIP)
		Series 2. Pregnant, Substance-Using Women
____	BKD107	**Administrators' version** - Bound copy
____	BKD107C	**Clinicians' version** - Loose leaf copy (3 hole punch)
____	RPO816	Assessment Instruments for Programs Serving Pregnant, Substance -Using Women
		Treatment Improvement Protocol (TIP)
		Series 4. Guidelines for the Treatment of Alcohol-and Other Drug-Abusing Adolescents
____	BKD109	**Administrators' version** - Bound copy
____	BKD109C	**Clinicians' version** - Loose leaf copy (3 hole punch)
		Treatment Improvement Protocol (TIP)
		Series 5. Improving Treatment for Drug-Exposed Infants
____	BKD110	**Administrators' version** - Bound copy
____	BKD110C	**Clinicians' version** - Loose leaf copy (3 hole punch)

Complete this form and return to: National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345, or call 1-800-729-6686.

Name _____ Title _____

Organization _____

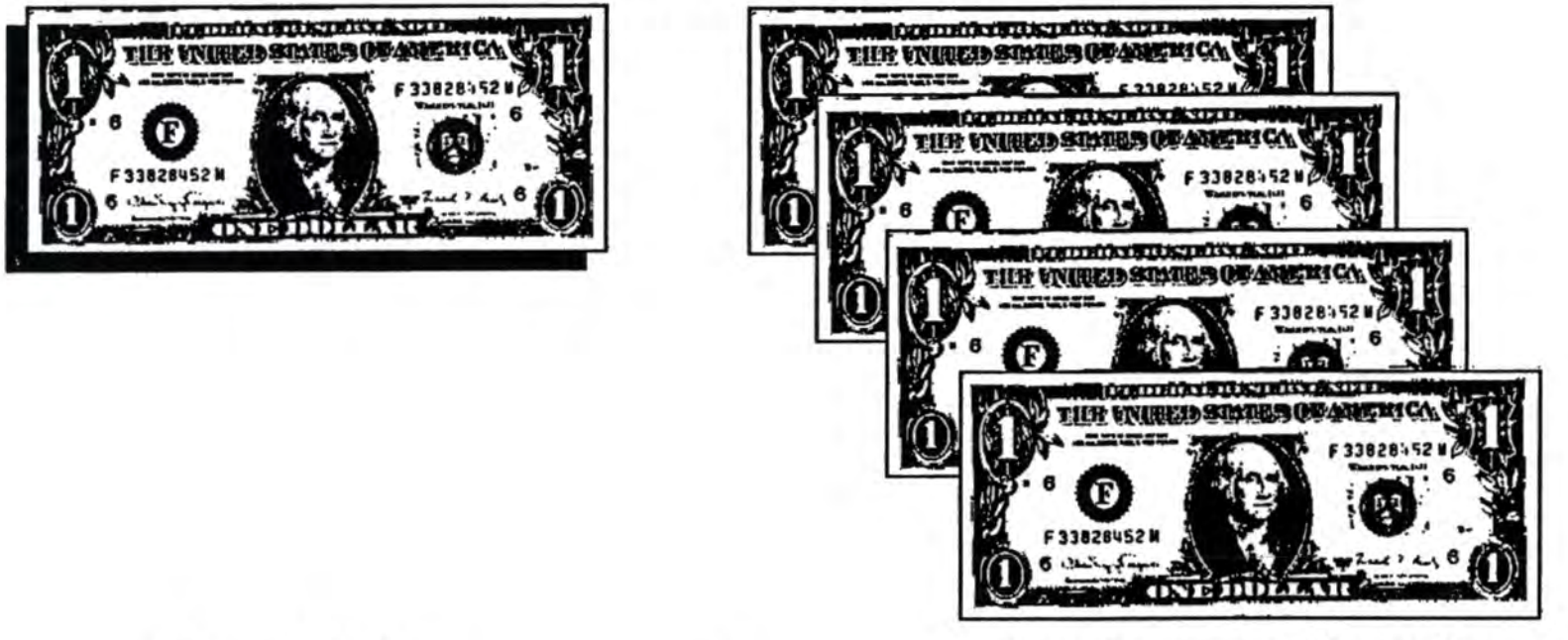
Address _____

City _____ State _____ Zip _____

Telephone (___) _____

TREATMENT *saves money*

Spending on Substance Abuse Treatment Reduces other Drug Related Costs

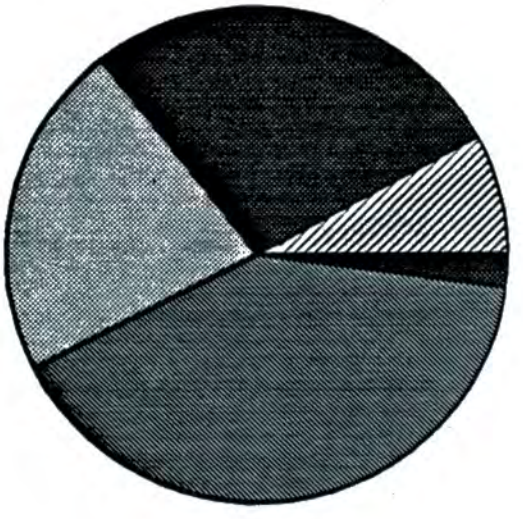


Every Dollar Invested in Treatment Programs *Saves* **Four Dollars Otherwise Lost on Drug Related Costs**

SOURCE: Center for Substance Abuse Treatment

Annual Costs to Society from Substance Abuse

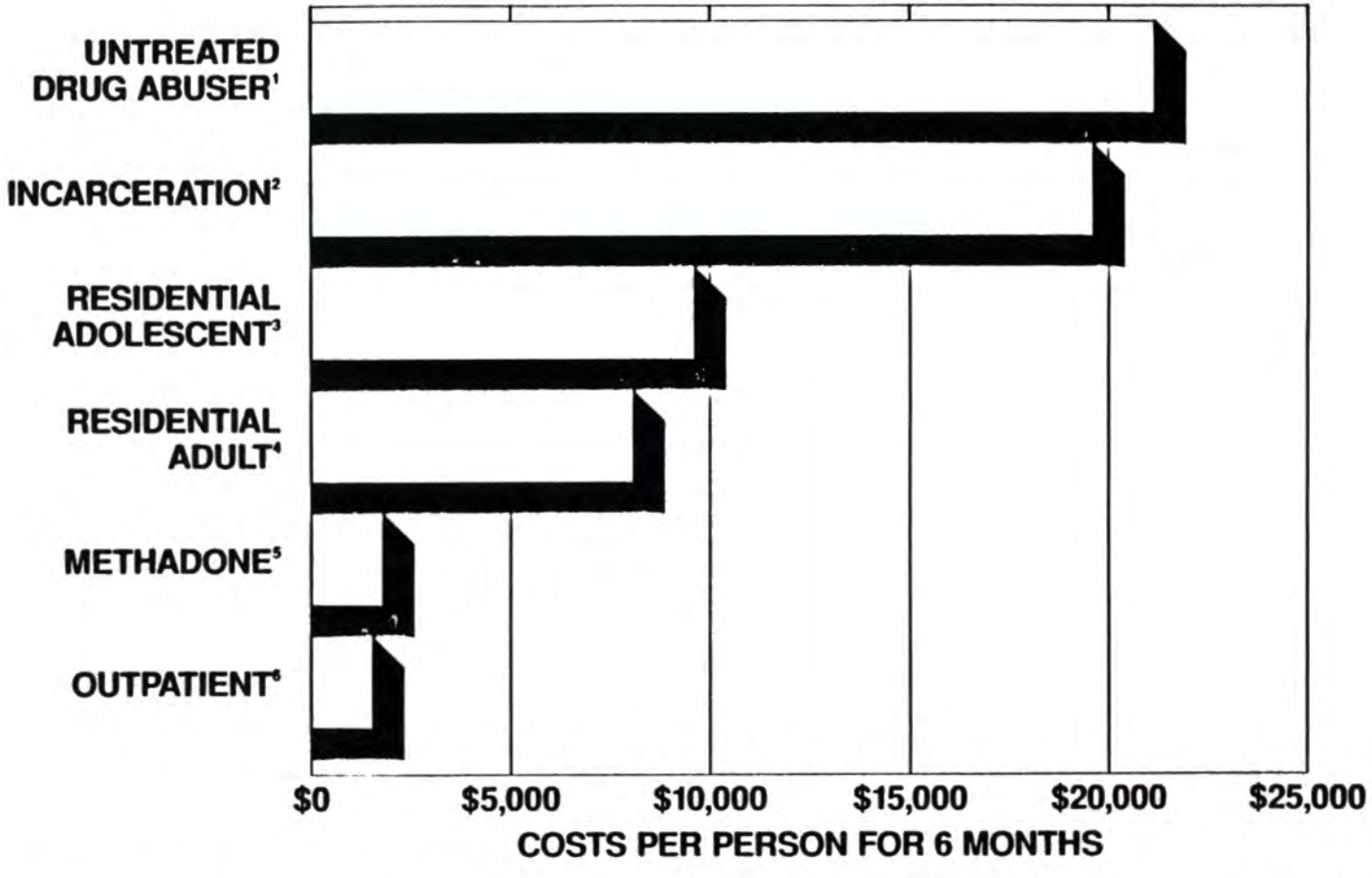
The total annual cost of substance abuse is estimated at 144.1 billion.



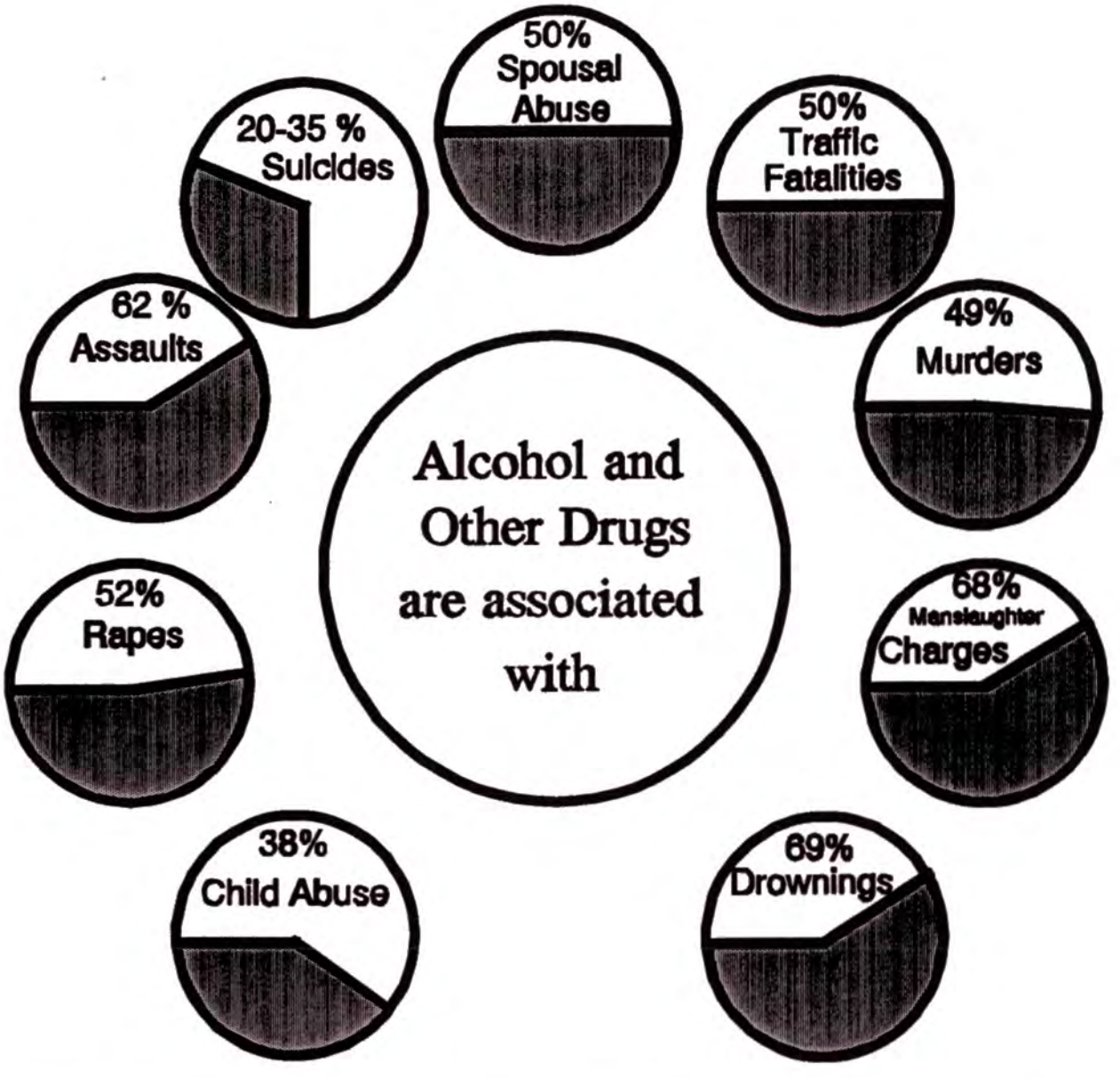
COST IN BILLIONS OF DOLLARS	
Treatment - 11.4	7.9%
Loss of Productivity - 40.1	27.8%
Mortality Rates - 31.5	21.9%
Related Costs - 57.9 (e.g., crime expenditures)	40.2%
AIDs associated with IDU - 3.2	2.2%

The above data are based on projected 1988 estimates compiled from the study, "The Economic Costs of Alcohol and Drug Abuse and Mental Illness: 1985"

THE COST-EFFECTIVENESS OF TREATMENT



SOURCES: 1. New York State, Division of Substance Abuse Services, 1985. Estimated social and governmental costs of an untreated drug abuser. 2. G. Godshaw, R. Koppel, and R. Pancoast. "Anti-drug Law Enforcement Efforts and Their Impact," (U.S. Customs Services, Department of the Treasury, Washington, D.C., August 1987). 3. William Butynski, Paper presented at Research Analysis Utilization System (RAUS) Review Meeting, (National Institute on Drug Abuse, Washington, D.C., August 1989). 4. Dean R. Gerstein and Henrick J. Harwood, eds. *Treating Drug Problems* Vol. 1, (Washington, DC: National Academy Press 1990) 189. Average treatment costs for adult residential drug free treatment range from $6,500-$10,000. 5. Gerstein 188. Average outpatient methadone treatment costs range from $1,500–$2,000. 6. Gerstein 189. Average treatment costs for outpatient drug free treatment range from $1,350-$1,800



America Has a Big Problem with Alcohol and Other Drugs

FAST FACTS ABOUT METHADONE MAINTENANCE TREATMENT

NOTICE TO MEDIA: This bulletin provides an overview of the facts about the use of methadone as a maintenance medication for opiate addicts. This fact sheet was compiled by the Center for Substance Abuse Treatment (CSAT), (formerly the Office for Treatment Improvement). We believe this fact sheet will be useful for media outlets in researching and preparing stories about methadone maintenance treatment.

What Is Methadone Maintenance?

Methadone is an FDA (Food and Drug Administration) approved medication for use in treating narcotic addiction. Methadone maintenance, which involves the daily oral administration of a therapeutic dose of methadone, in combination with comprehensive medical, rehabilitation, and counseling services, can be a safe and effective treatment for chronic opiate addiction. Methadone maintenance treatment was established twenty-five years ago, and it is currently being provided at more than 725 FDA approved outpatient programs, treating approximately 115,000 patients in 40 states. Methadone maintenance treatment programs are regulated by the FDA, Drug Enforcement Administration, and State methadone authorities.

The CSAT is actively supporting initiatives to improve the nation's methadone maintenance treatment system. Recent studies have shown variability in the policies, goals, and practices of methadone maintenance programs across the country. CSAT is working with other federal and state officials and the methadone maintenance treatment community to establish guidelines and protocols that, if effectively implemented, would help to strengthen and enhance the quality of treatment.

Important Facts

Objective research findings have repeatedly documented the following benefits of methadone maintenance treatment. *(Sources available from CSAT upon request)

- Methadone Maintenance Decreases Opiate Use
  Methadone maintenance decreases opiate abuse in over 80 percent of its patients.

- Methadone Maintenance Slows the Spread of AIDS
  Injection drug users are the second largest group to develop AIDS, and the primary source for heterosexual and perinatal transmission. Methadone maintenance helps to slow the spread of AIDS by reducing injection drug use and needle sharing and by offering the potential for access to medical care and AIDS prevention and education programs.

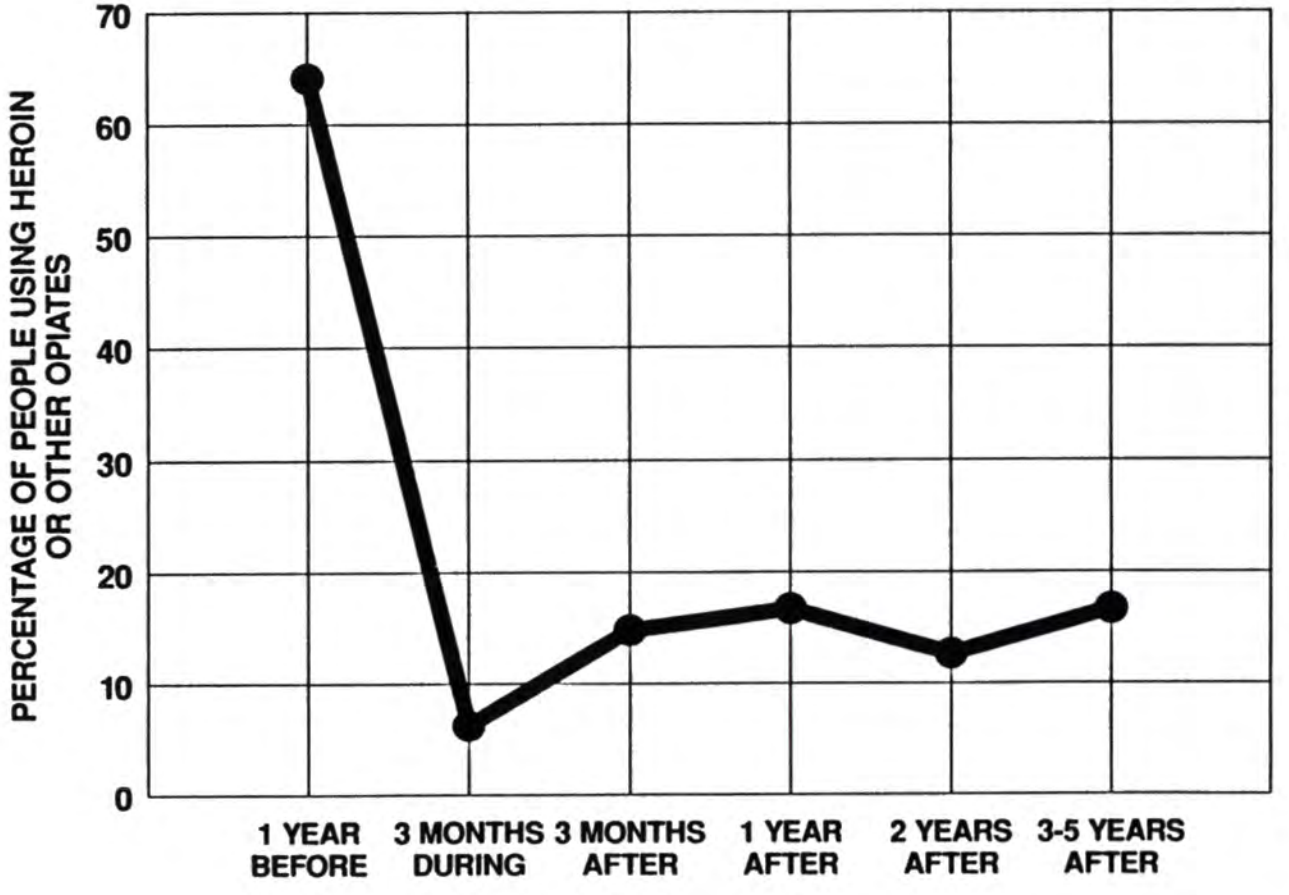
- Methadone Maintenance Decreases Crime
  Methadone maintenance reduces criminal activities and resultant costs to society in 80 percent of patients who remain in treatment for one year.

- Methadone Maintenance Typically Maintains Employment
  Patients who remain stable in methadone maintenance treatment are typically employed.

- Methadone Maintenance Improves General Health
  Methadone maintenance improves the health of heroin and other narcotic addicts by early identification of medical problems, like tuberculosis, and continued health maintenance.

***For More Information Call**
The Center for Substance Abuse Public Affairs Office
(301) 443-5052

RECIDIVISM RATES FOR METHADONE MAINTENANCE TREATMENT PATIENTS



SOURCES: Robert L. Hubbard, et. al., *Drug Abuse Treatment*, Chapel Hill: University of North Carolina Press, (1989): 166.

CSAT
Center for Substance Abuse Treatment

5600 Fishers Lane, Rockville II Building, Rockville, MD 20857

Office of the Director	**301-443-2467**
Office of Policy Coordination	**301-443-5050**
Public Affairs	**301-443-5052**
Office of Management Operations	**301-443-6501**
Grants Management Branch	301-443-9665
Contracts Management Branch	301-443-8215
Division of State Programs	**301-443-3820**
Information Systems and Analysis Branch	301-443-3820
Treatment Operations and Review Branch	301-443-3820
Quality Assurance and Evaluation Branch	301-443-8391

(More on Back)

U.S. Department of Health and Human Services
Public Health Service • Substance Abuse and
Mental Health Services Administration

CSAT
Center for Substance Abuse Treatment

Office of Scientific Analysis and Evaluation	**301-443-6549**
Human Resources Development Staff	301-443-7730
Program Evaluation Branch	301-443-7730
Peer Review Branch	301-443-8923
Division of National Treatment Demonstrations	**301-443-7745**
Criminal Justice Systems Branch	301-443-6533
Critical Populations Branch	301-443-6533
Special Projects Branch	301-443-7745
Systems Improvement Branch	301-443-8802
Division of Clinical Programs	**301-443-8160**
Women and Children's Branch	301-443-8160
HIV/Linkage Branch	301-443-8160

CSAT
Center for Substance Abuse Treatment

5600 Fishers Lane, Rockville II Building, Rockville, MD 20857

Office of the Director	**301-443-2467**
Office of Policy Coordination	**301-443-5050**
Public Affairs	**301-443-5052**
Office of Management Operations	**301-443-6501**
Grants Management Branch	301-443-9665
Contracts Management Branch	301-443-8215
Division of State Programs	**301-443-3820**
Information Systems and Analysis Branch	301-443-3820
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Quality Assurance and Evaluation Branch	301-443-8391

U.S. Department of Health and Human Services
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their infants and children, CSAT has established a national program supporting comprehensive treatment for women and children. Guided by legislative authority, this program especially targets those women most in need of services, including racial and ethnic minority women; women who have been physically or sexually abused; women in public housing communities; women in the criminal justice system; homeless and low-income women; women in rural areas; women with infectious diseases such as TB, HIV, and STDs; pregnant, adolescent females; pregnant and postpartum women; and women who have co-occurring disorders of alcohol and other drug use and mental illnesses.

The goals of the CSAT program are to:

- Decrease alcohol and other drug use among women.
- Promote women's physical, social, and psychological health.
- Enhance the social-economic well-being of women and the family unit by improving employment status, accessibility to housing, and human services.
- Promote safe and healthy pregnancy and perinatal outcomes.
- Enhance the physical, emotional, social, and cognitive development of children exposed prenatally and/or environmentally to alcohol and other drugs.
- Decrease related crime and other social dysfunctions and dislocations, such as homelessness, unemployment, child abuse, sexual abuse, and other forms of violence.

NATIONAL PROGRAM ELEMENTS

The CSAT national program focuses on developing comprehensive residential treatment models during a 5-year period for pregnant and postpartum women and their infants and children, and for other women with dependent children. Administered by CSAT's Women and Children's Branch, Division of Clinical Programs, the two programs foster comprehensive services integration and are as follows.

The Residential Treatment Program for Pregnant and Postpartum Women supports comprehensive substance abuse treatment services in residential settings for pregnant and postpartum women and their children. The program elements include housing that permits children to live with their mothers, primary health care, prenatal and postnatal health care, pediatric care, and education and counseling related to HIV/AIDS, STDs, domestic violence, sexual abuse, and psychological, legal, and employment issues. The program includes a congressional appropriation to support programs designed to reduce fetal alcohol syndrome among Native American and Alaskan Native women.

The Residential Treatment Program for Women and Children supports comprehensive substance abuse treatment services in residential settings for alcohol and other drug abusing women and their children. Service integration is achieved through linking primary health care, including HIV/AIDS and STDs, pediatric care, domestic violence, sexual abuse, mental health, housing, legal, and employment services.

The CSAT Women and Children's Branch is developing a women's treatment manual to assist treatment providers in addressing the comprehensive needs of substance-abusing women and their children. *Improving Substance Abuse Treatment for Women: A Practical Approach* offers hands-on techniques for developing outreach, identification, retention, and treatment strategies as well as specific suggestions for building successful model treatment programs. In addition, the following two Treatment Improvement Protocols (TIPs) are available through CSAT: Pregnant, Substance-Using Women, and Improving Treatment for Drug-Exposed Infants.

For further information, contact the Substance Abuse and Mental Health Services Administration; Center for Substance Abuse Treatment; Public Affairs Office; Rockwall II, 10th Floor; 5600 Fishers Lane; Rockville, MD 20857; 301-443-5052.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service • Substance Abuse and Mental Health Services Administration

TREATMENT FOR WOMEN, THEIR INFANTS AND CHILDREN

CSAT
Center for Substance Abuse Treatment

THE IMPORTANCE OF ADDRESSING WOMEN'S NEEDS IN TREATMENT PROGRAMMING

Women who suffer from alcohol and other drug abuse and related problems have traditionally been considered difficult to reach. These women face many barriers to accessing the comprehensive treatment services that they require to sustain recovery. Substance abusing parenting women who have children or who are pregnant often resist entering treatment because of denial and the fear that entering treatment will result in losing child custody, losing friend and family support, and possibly facing criminal prosecution.

In addition to substance abuse treatment services, women and their children are in dire need of high-quality health services to address significant health problems which are frequently related to substance abuse. The incidence and perinatal transmission of human immunodeficiency virus (HIV) infection, and the incidence of tuberculosis (TB) and sexually transmitted diseases (STDs) have been rising at alarming rates, particularly among those who abuse alcohol and other drugs. Acquired immune deficiency syndrome (AIDS) is now the fourth leading cause of death among women 15 to 44 years of age.

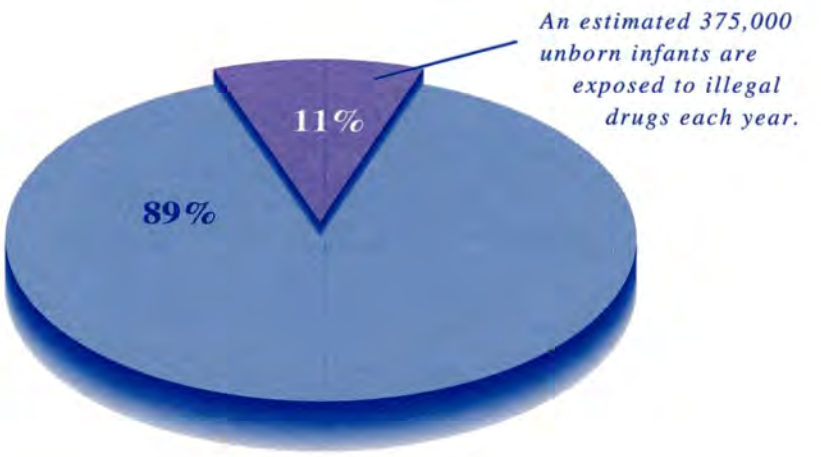
Histories of and issues around physical violence and sexual abuse are common among alcohol and other drug dependent women (50 percent of spousal abuse cases and 52 percent of rapes are associated with alcohol and other drug use). Data indicate that many of these women suffer from depression and other psychiatric disorders co-occurring with their substance abuse.

Addiction and related problems frequently impair the ability of women to take adequate care of themselves and their children, particularly when they face the combined stresses of poverty, homelessness, and parenting with inadequate or no familial or social resources. This situation can foster negative consequences for dependent children, including increased risk of mental, emotional and physical abuse and neglect. Additionally, drug-exposed children of substance using women face an increased risk of physical, developmental, behavioral, and cognitive problems.

Unfortunately, when women seek treatment, most often they face resource-strained agencies that do not provide appropriate family-centered approaches to meet their multiple treatment requirements and those of their infants and children. Few treatment programs provide all of the essential services necessary to address women's physical and mental health problems, including the residual effects resulting from histories of physical and sexual abuse; parenting skills development; child care services and additional services that may be needed to address the special problems of drug-exposed children; and prevention of child abuse and neglect.

Under a congressional mandate to expand the availability of effective alcohol and other drug use treatment services on a nationwide scale, the Center for Substance Abuse Treatment (CSAT) provides support for comprehensive treatment services for women and their infants and children through its discretionary grant and other programs. Because alcohol and other drug use in women is a complex and chronic disease involving multiple physical, psychological, social, and cultural aspects, CSAT believes that substance abuse treatment is most effective when the women and their children are afforded an array of health and human services addressing the full range of their needs.

UNBORN INFANTS EXPOSED TO ILLICIT DRUGS



Women pregnant with drug-exposed unborns used at least one of the following: heroin, amphetamines, PCP, marijuana, and most commonly, cocaine.

Source: National Institute on Drug Abuse, January 1990.

NATIONAL PROGRAM GOALS

Recognizing the serious deficiencies in treatment availability and services for alcohol- and drug-dependent women and

CSAT Quality Assurance and Evaluation Branch, the technical assistance program empowers States to design solutions to their specific addiction problems.

TECHNICAL ASSISTANCE PROGRAM SERVICES

The CSAT technical assistance program comprises a wide array of services that can be tailored to match specific needs. While the CSAT mandate is to assist State alcohol and other drug agencies, the technical assistance program ultimately helps the addict obtain the necessary treatment outcome and maintain recovery.

As part of the technical assistance program, CSAT is producing a series of **Treatment Improvement Protocols (TIPs).** TIPs provide standards of care and information for establishing, funding, monitoring, and evaluating addiction treatment programs. The guidelines are developed by non-Federal consensus panels and distributed to the field for review. After the field review process is completed, a final document is produced for public distribution. TIPs cover a number of subjects, such as:

- methadone treatment
- pregnant, substance-using women
- drug-exposed infants
- screening for infectious diseases among substance users
- screening, assessment, and treatment of AOD-abusing adolescents

Moreover, the technical assistance program for SAPT Block Grant-funded treatment programs includes the following components:

- **Treatment Improvement Exchange (TIE),** comprising a national electronic bulletin board to facilitate communication among treatment providers and CSAT, a consultant exchange data base, the *TIE Communiqué* newsletter, and technical assistance publications.
- **Methadone Treatment Improvement Project (MTIP),** which provides technical assistance to improve the quality of methadone treatment programs.
- **Confidentiality training,** provided to about 20 States per year on laws and regulations concerning confidentiality of patient records on infectious diseases and AOD.
- **Infectious disease expertise,** comprising state-of-the-art information for treatment providers on testing and counseling services for HIV/AIDS, sexually transmitted diseases, and tuberculosis, to ensure that improvements in service delivery may be achieved.
- **Criminal justice and treatment linkages,** projects that provide training and technical assistance for States to create a continuum of care for adult and juvenile offenders. CSAT is developing prototype models of coordinated State and local systems linking treatment, health, and justice agencies.

Technical assistance in managing SAPT Block Grant resources helps the nation's treatment infrastructure expand the availability and delivery of high quality addiction prevention and treatment services. Working in partnership with State and local government agencies and community-based organizations, CSAT is dedicated to building and strengthening a coordinated system of comprehensive services designed to ensure a continuum of support for recovery.

ACCESSING TECHNICAL ASSISTANCE

To access CSAT's technical assistance services, treatment providers should contact their State alcohol and other drug abuse agency, which will apply to CSAT on their behalf. Publications listed in here can be obtained by contacting the National Clearinghouse for Alcohol and Drug Information directly at 1-800-729-6686.

For further information, contact the Substance Abuse and Mental Health Services Administration; Center for Substance Abuse Treatment; Public Affairs Office; Rockwall II, 10th Floor, 5600 Fishers Lane; Rockville, MD 20857; 301-443-5052.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service • Substance Abuse and Mental Health Services Administration

TREATMENT WORKS

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT TECHNICAL ASSISTANCE PROGRAM

CSAT
Center for Substance Abuse Treatment

EXPANDING SUBSTANCE ABUSE TREATMENT AND RECOVERY SERVICES

Many States face a growing gap between the need for high-quality, comprehensive treatment services and the availability of those services. Factors such as rising treatment costs, financial cutbacks, and shortages of manpower contribute to the lack of treatment programs available to meet the demand for services in some communities.

The Center for Substance Abuse Treatment (CSAT) was created with the congressional mandate to expand and enhance the availability of effective treatment and recovery services for alcohol and other drug (AOD) problems on a nationwide scale. One of CSAT's initiatives in carrying out this mandate is to administer the Substance Abuse Prevention and Treatment (SAPT) Block Grant. The block grant is the primary tool the Federal government uses to support and expand AOD prevention and treatment programs throughout the United States and its territories.

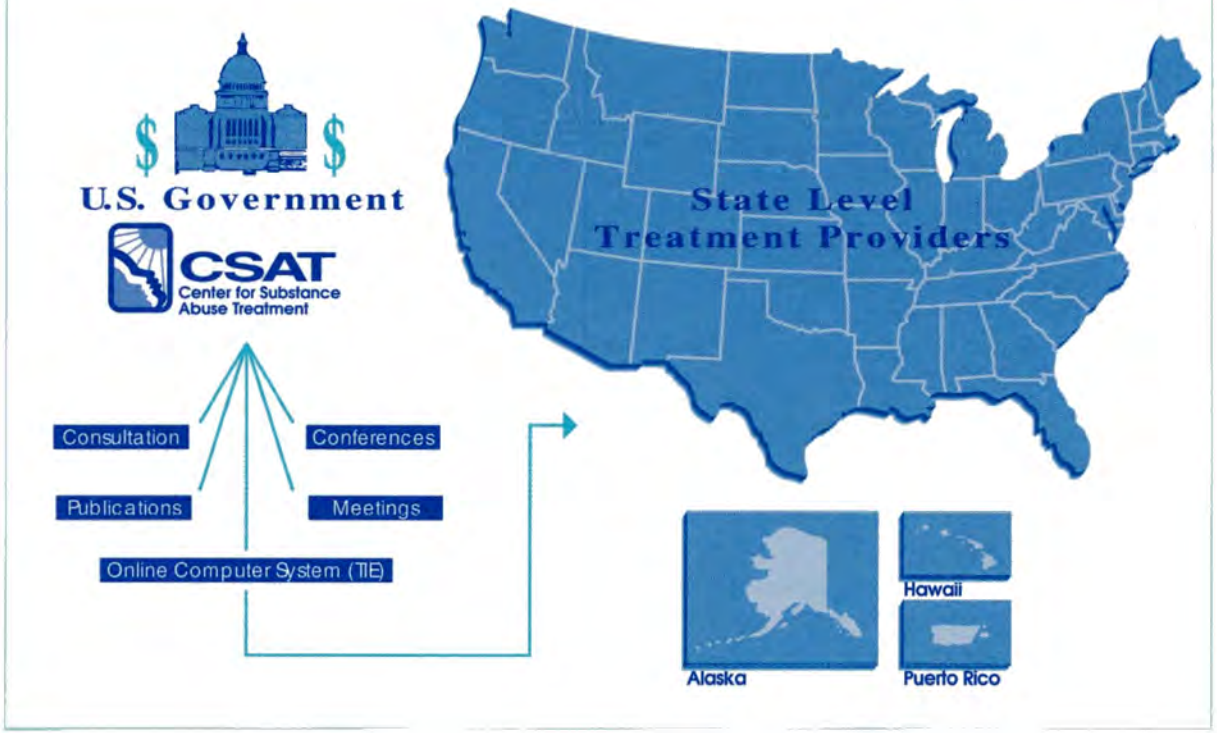
SAPT Block Grant funds are allocated directly to States according to a formula legislated by Congress. Each State has a single State agency that is responsible for administering the grant within the State and distributing the funds to areas within its jurisdiction based upon need.

ENHANCING ACCOUNTABILITY FOR THE SAPT BLOCK GRANT

CSAT created the State Systems Development Program (SSDP) to work with States in using and managing SAPT Block Grant funds. To enhance accountability for these funds, SSDP monitors State compliance with the grant's statutory requirements and State expenditures at the provider level. Enhancing accountability also includes the provision of appropriate services. The program provides assistance to States in:

- Developing Statewide comprehensive AOD prevention and treatment plans.
- Conducting assessments of States' needs for AOD prevention and treatment programs.
- Matching prevention and treatment needs with service capacity to optimize the provision of appropriate services.
- Conducting onsite performance and technical reviews.
- Obtaining targeted technical assistance.
- Fulfilling data requirements for a national data base of current State prevention and treatment information using a uniform reporting mechanism to convey the data.

CSAT PROVIDES TECHNICAL ASSISTANCE TO STATES



PURPOSE OF THE TECHNICAL ASSISTANCE PROGRAM

CSAT's technical assistance program provides leadership and expertise to treatment providers at the State level, helping them to:

- Comply with the SAPT Block Grant's statutory requirements.
- Improve the quality of treatment effectiveness.
- Reduce the incidence of AOD addiction.

This technical assistance draws on national experts and takes the form of consultation, conferences, forums, and publications to share expertise and develop new knowledge for creating state-of-the-art treatment programs. Managed by the

TECHNICAL ASSISTANCE PUBLICATIONS

To obtain copies of these publications, contact the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686.

INVENTORY #	TITLE
RPO776	Bibliography of Abstracts on Co-Existing Substance Abuse and Mental Disorders
PHD580	Series 1. Approaches in the Treatment of Adolescents with Emotional and Substance Abuse Problems
PHD581	Series 2. Medicaid Financing for Mental Health and Substance Abuse Services for Children and Adolescents
PHD582	Series 3. Need, Demand, and Problem Assessment for Substance Abuse Services
PHD583	Series 4. Coordination of Alcohol, Drug Abuse, and Mental Health Services
PHD584	Series 5. Self-Run, Self-Supported Houses for More Effective Recovery from Alcohol and Drug Addiction
PHD599	*TIE Communiqué*: Improving the Nation's Methadone Treatment Systems
PHD615	*TIE Communiqué*: Forging Links to Treat the Substance Abusing Offender
PH295	Treatment Improvement Exchange (TIE): Criminal Justice Planning Chart
PHD598	Treatment Improvement Exchange (TIE): Juvenile Justice Treatment Planning Chart
BKD98 (Administrators)	TIPs Series 1. State Methadone Treatment Guidelines
BKD98C (Clinicians)	TIPs Series 1. State Methadone Treatment Guidelines

The following Treatment Improvement Protocols (TIPs) are under preparation by the Center for Substance Abuse Treatment:

Combining Alcohol and Other Drug (AOD) Abuse Treatment Services with Intermediate Sanctions for Adults in the Criminal Justice System, Peggy McGarry, and Robert Aukerman, M.S.W., Consensus Panel Chairs

Combining Alcohol and Other Drug (AOD) Treatment with Models for Diverting Adult Criminal Offenders

Combining Alcohol and Other Drug (AOD) Treatment with Early Interventions for Juveniles, Sara Herald, J.D., Consensus Panel Chair

Improving Treatment for Drug-Exposed Infants, Stephen Kandall, M.D., Consensus Panel Chair

Intensive Outpatient Treatment for Alcohol and Other Drug (AOD) Abuse, Paul Nagy, M.S., Consensus Panel Chair

Legal and Ethical Issues for Alcohol and Other Drug Treatment Providers Posed by the Tuberculosis Epidemic

Planning for Alcohol and Other Drug (AOD) Abuse Treatment for Adults in the Criminal Justice System, Gerald L. Vigdal, Consensus Panel Chair

Pregnant, Substance-Using Women, Janet Mitchell, M.D., M.P.H., Consensus Panel Chair

Screening and Assessment for Alcohol and Other Drug (AOD) Abuse Among Adults in the Criminal Justice System, James Inciardi, Ph.D., Consensus Panel Chair

Screening and Assessment of Alcohol and Other Drug (AOD)-Abusing Adolescents, A. Tom McLellan, Ph.D., and Richard Dembo, Ph.D., Consensus Panel Chairs

Screening, Assessment, and Treatment Planning for Patients with Coexisting Mental Illness and Alcohol and Other Drug (AOD) Abuse, Richard Ries, M.D., Consensus Panel Chair

Screening, Assessment, and Treatment Planning for Patients with Concurrent Dependency on Opioids and Stimulants, Herb Kleber, M.D., Consensus Panel Chair

Screening for Infectious Diseases Among Substance Abusers, Andrea Barthwell, M.D., Consensus Panel Chair

Simple Screening Instruments for Outreach for Alcohol and Other Drug (AOD) Abuse and Infectious Disease, Kenneth Winters, Ph.D., and Jonathan Zenilman, M.D., Consensus Panel Chairs

State Methadone Treatment Guidelines, Mark W. Parrino, M.P.A., Consensus Panel Chair

Treatment for HIV-Infected Alcohol and Other Drug (AOD) - Abusers, Peter Selwyn, M.D., and Stephen Batki, M.D., Consensus Panel Chairs

Treatment of Alcohol and Other Drug (AOD) - Abusing Adolescents, S. Kenneth Schonberg, M.D., Consensus Panel Chair

PRELIMINARY SUCCESSES

Current research indicates that outreach programs are an effective component of HIV risk-reduction strategies. These programs have been successful in a variety of ways:

- Contacting and following up with high-risk substance abusers who were not in treatment.
- Providing educational materials and other information designed to modify high-risk behaviors.
- Persuading substance abusers to enter treatment, many for the first time.
- Reporting findings which indicate that substance abusers are reducing high-risk behaviors.

Outreach Works

The CSAT outreach program is a vital part of a larger national task (Healthy People 2000, and the National Drug Control Strategy) to reduce the spread of HIV infection and AIDS. From this program, treatment providers and others will have a better understanding of which methods work best and which are the most cost-effective.

For further information, contact the Substance Abuse and Mental Health Services Administration; Center for Substance Abuse Treatment; Public Affairs Office; Rockwall II, 10th Floor; 5600 Fishers Lane; Rockville, MD 20857; 301-443-5052.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service • Substance Abuse and Mental Health Services Administration

TREATMENT WORKS

HIV/AIDS OUTREACH PROGRAM

CSAT
Center for Substance Abuse Treatment

WHY HIV OUTREACH IS IMPORTANT

Research has demonstrated that substance abuse treatment can be an effective method of reducing the spread of the human immunodeficiency virus (HIV) among substance abusers, their sex partners, and others. For substance abusers already exposed to HIV, intervention and early access to treatment greatly decrease the likelihood of multiple exposure and of exposing others to HIV infection.

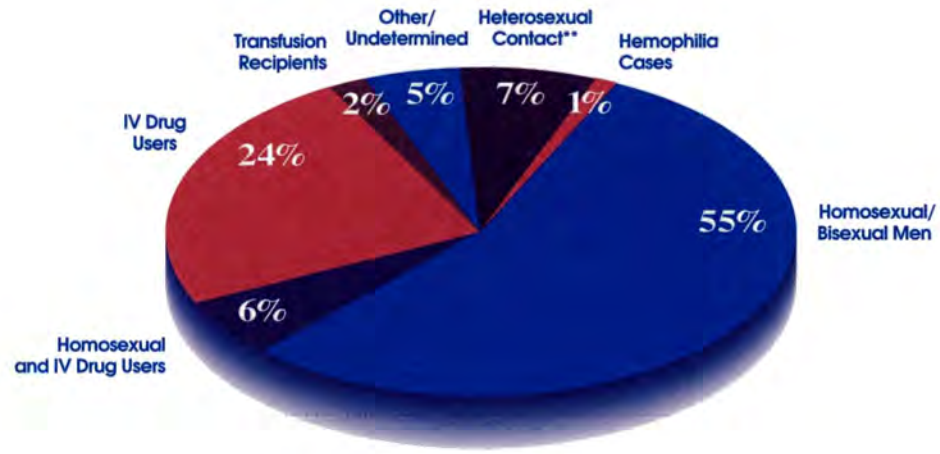
Alcohol and other drug use contributes to high-risk behaviors. Consequently, high-risk behaviors increase an individual's susceptibility to HIV infection and other infectious diseases, such as tuberculosis (TB), multidrug-resistant TB, and sexually transmitted diseases (STDs). Effective treatment helps all drug users and is especially important in reducing the risk of exposure to HIV infection among injecting drug users, one of the fastest growing risk groups for HIV infection.

Three models of outreach have been identified by researchers as effective in modifying substance abusers' high-risk behaviors and increasing access to treatment services. Under its congressional mandate to expand the availability of effective alcohol and other drug treatment services on a nationwide scale, the Center for Substance Abuse Treatment (CSAT) has awarded grants totalling more than $10 million to 33 community-based organizations throughout the United States.

PROGRAM GOALS

The CSAT HIV/AIDS Outreach Program targets high-risk injecting drug users and other substance abusers and their sex partners, including adolescents; pregnant and postpartum women; female addicts and their children; low-income, unemployed, and homeless individuals; public housing residents; migrant workers; racial and ethnic minority populations, and lesbian and gay individuals. The program's aim is to reduce the risk of exposure to HIV, TB, and STDs, and to facilitate early entry into treatment.

UNITED STATES ADULT/ADOLESCENT AIDS CASES



By Exposure Category*

**Total number of AIDS cases through July 1993 was 310,680.*
***Nearly half of heterosexuals with AIDS had sex with injecting drug users.*

Source: CDC HIV/AIDS Surveillance Report, July 1993.

The goal of the program is to explore the replicability and cost-effectiveness of three community-based intervention models to determine the extent to which these interventions can exert a positive effect on the rate of HIV infection and other related diseases.

Outreach programs have begun in both urban and rural areas in 14 States, Puerto Rico, and the District of Columbia. These programs are designed to:

- Improve opportunities for risk reduction.
- Encourage entry into treatment of chemical dependency.
- Provide medical diagnostic services.
- Provide risk-reduction and educational information.

PROGRAM MODELS

The CSAT program is based on three models:

- **National Institute on Drug Abuse (NIDA) Standard Intervention Model** - incorporates counseling sessions.
- **Health Education Model** - uses mobile vans and personal contact for accessibility and educating individuals.
- **Indigenous Leader Outreach Model** - provides role models within a community to give street outreach services.

CSAT HIV/AIDS

OUTREACH PROGRAMS

ARIZONA
CODAC Behavioral Health Services of Pima County - Tucson

CALIFORNIA
San Joaquin County Office of Substance Abuse - French Camp

JWCH Institute, Inc. - Los Angeles

Los Angeles County Department of Health Services - Los Angeles

Asian American Recovery Services, Inc. - San Francisco

Orange County Health Care Agency Drug and Alcohol Services - Santa Ana

Public Health Foundation of Los Angeles County - Ventura

CONNECTICUT
Hispanic Health Council - Hartford

DISTRICT OF COLUMBIA
KOBA Institute

Whitman-Walker Clinic, Inc.

FLORIDA
Switchboard of Miami, Inc.- Miami

Tri-County Addictions Rehabilitation Services - Winter Haven

ILLINOIS
Hektoen Institute for Medical Research - Chicago

TASC, Inc.- Chicago

University of Illinois School of Public Health - Chicago

INDIANA
The Health and Hospital Corporation of Marion County - Indianapolis

NEVADA
Northern Area Substance Abuse Council, Inc.- Reno

NEW YORK
Buffalo Columbus Hospital - Buffalo

Association for Drug and Alcohol Prevention and Treatment- New York

Hispanic AIDS Forum, Inc.- New York

Project Return Foundation, Inc.- New York

NORTH CAROLINA
Southeastern Center for Mental Health, Drug Dependency, and Substance Abuse Services - Wilmington

OHIO
Cleveland Treatment Center - Cleveland

Combined Health District of Montgomery - Dayton

OREGON
On Track, Inc.- Medford

Multnomah County Health Department - Portland

PENNSYLVANIA
Allegheny County Mental Health, Mental Retardation, and Drug Abuse - Pittsburgh

Bucks County Drug and Alcohol Commission, Inc.- New Britain

PUERTO RICO
Puerto Rico Department of Anti-Addiction Services-Research Institute - Rio Piedras

RHODE ISLAND
Marathon of Rhode Island, Inc.- Providence

TEXAS
Affiliated Systems Corporation - Houston

Houston Department of Health and Human Services - Houston

The University of Texas Health Science Center - San Antonio

- Substance use screening and education, infectious disease screening, introduction to treatment, and therapeutic services in a segregated jail treatment unit. This model also includes case management and referral to treatment upon release as well as a tracking system from the correctional facility to community-based treatment.

CSAT also provides support to jail-based, comprehensive treatment approaches in up to 10 metropolitan areas as part of the CSAT Target Cities Program.

CSAT INITIATIVES FOR NONINCARCERATED CRIMINAL AND JUVENILE JUSTICE POPULATIONS

The CSAT initiatives for nonincarcerated criminal and juvenile justice populations support comprehensive treatment services for adult and juvenile offenders who are under some form of court or correctional supervision in the community, including pretrial release, probation and parole, and who are determined appropriate for treatment. Linkages are formed among the judiciary system, prosecutors, probation authorities, treatment providers, mental health providers, and human service agencies.

The goals of these initiatives are to improve the range of treatment services for these populations and to reduce rates of incarceration in jails, prisons, and juvenile facilities for individuals whose primary problem is substance abuse. CSAT is demonstrating model comprehensive treatment programs as follows.

Diversion to Treatment. This model incorporates early intervention for substance abusers who have been arrested for misdemeanors or a limited number of nonviolent felonies, whose primary problem is addiction to one or more substances, and for whom treatment would be appropriate in lieu of incarceration. While the individual is in treatment, prosecution is deferred or courts defer sentencing.

Drug Courts. This is one method for diverting substance abusers to treatment. CSAT supports models that establish a new "track" with one or more judges, who divert appropriate offenders to a treatment program with guaranteed treatment slots and monitor the offenders' status until completion of treatment or other termination. Drug courts involve a new court team comprising judge, prosecutor, public defender, pretrial services official, treatment/case management coordinator, and probation official. The process is informal, lapse or relapse is accepted as a common occurrence, and a full range of treatment and graduated sanctions is available. This method is particularly appealing to jurisdictions that are under court order to reduce jail crowding and where the courts and prosecutors are inundated with drug-involved offenders.

Justice-Treatment Consortiums. This is another method for diverting substance users to treatment. CSAT supports models in which representatives of the court/prosecutor and treatment agency develop a formal partnership and process for diverting certain classes of defendants from court processing to treatment. This process includes drug testing, screening, assessment, case management, a range of treatment services, and feedback to the court.

High-Risk Probation/Parole Populations Model. CSAT supports projects that develop intensive, community-based treatment for probationers and parolees who are deemed high risk because of serious substance abuse and related problems, and who would normally fail in traditional supervision programs. The model's continuum of care includes screening and assessment, comprehensive substance use treatment, a case management mechanism, and referrals for housing, employment, and other services.

Intensive Day Treatment Model. A high-risk probation/parole population provides intensive supervision, case management, and a continuum of treatment services at one location. This model usually involves a phased approach in which probationers and parolees are engaged in work, education, treatment, and support services for the entire day. Random drug testing is an inherent part of the monitoring process.

The CSAT criminal justice initiatives are an important part of the nation's work to reduce crime and substance abuse. From these models, the criminal justice system and treatment providers will have a better understanding of how to help offenders successfully complete treatment programs and lead productive lives.

For further information, contact the Substance Abuse and Mental Health Services Administration; Center for Substance Abuse Treatment; Public Affairs Office; Rockwall II, 10th Floor, 5600 Fishers Lane; Rockville, MD 20857; 301-443-5052.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service • Substance Abuse and Mental Health Services Administration

TREATMENT WORKS

TREATMENT PROGRAMS FOR CRIMINAL JUSTICE POPULATIONS

CSAT
Center for Substance Abuse Treatment

THE NEED TO ADDRESS SUBSTANCE ABUSE TREATMENT IN THE CRIMINAL JUSTICE SYSTEM

The high correlation between substance use and criminal behavior has been well documented in recent years in a number of studies by the National Institute of Justice and the National Institute on Drug Abuse. It is now clear that drug-using offenders account for a disproportionate share of all crime. Through statistics and trends developed under the Drug Use Forecasting (DUF) system in major metropolitan areas, we know that alcohol and other drugs are intertwined with the high incidence of crime and violence in our cities, suburbs, and rural areas.

The arrest, prosecution, and sentencing of this drug-using population is now a major contributor to prison and jail crowding, as well as to escalating costs of other criminal justice agencies. Without effective treatment, we also know that drug-using offenders have high recidivism rates. Probation and parole agencies and cooperating treatment agencies are overwhelmed with high caseloads and long waits for treatment services.

This gap of unmet addiction treatment services for offender populations has been identified as a major problem. Congress has mandated that the Center for Substance Abuse Treatment (CSAT) support model substance use treatment programs for incarcerated and nonincarcerated criminal and juvenile justice populations. During the past three fiscal years, CSAT has funded 38 projects for adult and juvenile justice populations. Funding is earmarked for up to 60 current and new treatment projects for adult and juvenile offenders.

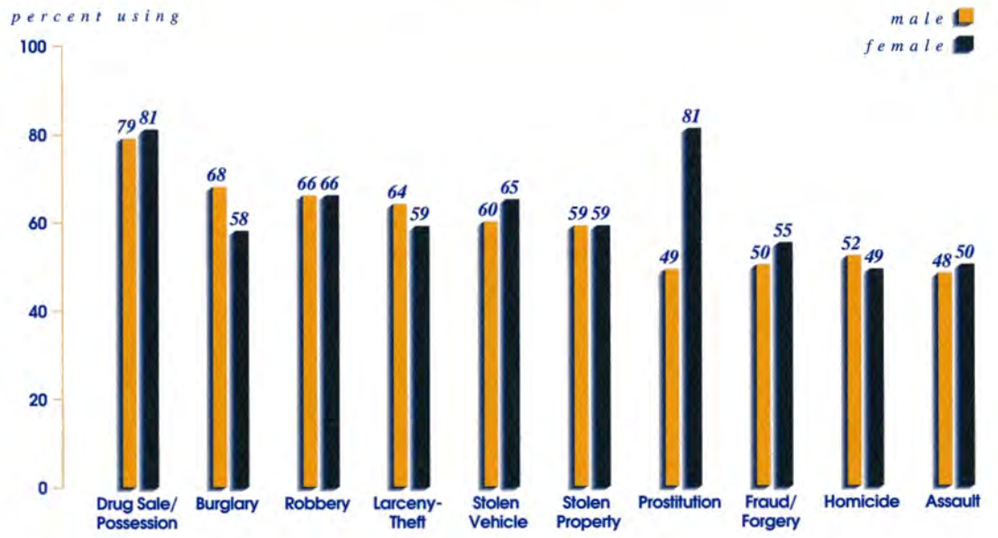
GOALS OF THE CSAT INITIATIVES

The overall goal of the CSAT initiatives for substance abusers under criminal justice supervision is to improve treatment outcomes for these individuals and reduce the frequency with which they interact with the criminal justice system or engage in criminal behavior because of their addictive disorders. Three populations are targeted for demonstrating model treatment services: (1) individuals in prison, jail, and juvenile detention settings; (2) individuals who are suited for diversion from incarceration to treatment programs; and (3) probationers and parolees who are rated as being high risk for recidivism and drug use by their supervising agency.

The CSAT criminal justice initiatives are based on the philosophy that addiction is a chronic, relapsing disorder, which is treated most successfully when providers offer a continuum of comprehensive services addressing the full range of an individual's needs. To better treat offenders' addiction problems, each CSAT-funded model program supports interagency criminal justice and human service linkages, including coordination of:

- Court, correction, and probation/parole authorities.
- Substance abuse treatment services.
- Health services, including screening, testing, referral, and treatment services for human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS), tuberculosis, and other communicable diseases.
- Mental health services.
- Education and work skills, such as literacy training, remedial education, job training, and job placement services.
- Related case management and drug testing (urinalysis) to ensure accountability and coordination of services.

SUBSTANCE USE AMONG ARRESTEES



Source: National Institute of Justice, 1990 Drug Use Forecasting Program.

CSAT INITIATIVES FOR CORRECTIONAL POPULATIONS

The CSAT initiatives for correctional populations support partnerships to develop and expand State prison-based and local and regional jail-based treatment services for adult offenders with a documented history of substance use, particularly chronic drug users with significant criminal activities, and juvenile offenders, ages 10 through 21, who are either chronic users or at risk for sustained drug use.

CSAT is demonstrating the following comprehensive treatment models for correctional populations:

- Dedicated institutions, known as "treatment prisons" or "treatment jails," where all or most of the facility is devoted to treatment and other rehabilitation services.
- Substance abuse treatment service enhancements to current treatment efforts in one or more institutions based on comprehensive State correctional treatment plans.
- Continuum of treatment, recovery, and support services, beginning in institutions, for incarcerated female offenders. These treatment programs include services for infants and children as well as coordinated health, housing, social, educational, and other socioeconomic services.
- Integration of services for juvenile offenders with juvenile justice agencies, local detention centers, experienced adolescent treatment providers, and community-based consortiums for incarcerated or at-risk youth.
- Substance abuse screening and education, infectious disease screening, introduction to treatment, and appropriate referrals for pretrial populations in regional or multicounty detention facilities.

CURRENT INITIATIVES

Four major initiatives comprise the CSAT program for addressing adolescents' needs: demonstration grants, publications, a task force, and conferences. Each of these initiatives stresses the CSAT philosophy that substance addiction is a chronic and relapsing disorder and that treatment and recovery are most successful when a continuum of comprehensive services is provided, including continuing care.

Demonstration Grants. This grant program supports treatment agency projects that result in a coordinated, comprehensive network of adolescent alcohol and other drug treatment services. The purpose of the grants is to develop prototypes for effective programs that can be replicated elsewhere. These models of substance abuse treatment and care include after school programs, with onsite counseling; residential programs in the community; intensive outpatient care; building linkages with existing public health agencies; and activities for recovering adolescents to build their self-confidence and help them participate in healthful alternatives to drugs.

Publications. As part of its technical assistance series, CSAT is producing publications addressing the critical health and socioeconomic difficulties facing today's adolescents, including substance abuse and acquired immune deficiency syndrome (AIDS). The most recent publication is *Empowering Families, Helping Adolescents: Family Centered Treatment of Adolescents with Alcohol, Drug Abuse, and Mental Health Problems.* CSAT is also developing two Treatment Improvement Protocols (TIPs), which define guidelines and standards of care for adolescents for use by States. These guidelines will cover screening and assessment of substance-abusing adolescents and the treatment of adolescents with addictive disorders.

Task Force. CSAT currently has an Adolescent Task Force in place comprised of experts in adolescent substance abuse treatment from across the nation. This distinguished group provides suggestions for CSAT's initiatives concerning adolescent treatment issues.

Conferences. The National Conference on the Treatment of Adolescents with Alcohol, Drug Abuse, and Mental Health Problems, held in October 1989 with over 1,300 participants, was the beginning of CSAT's adolescent initiatives. Since then, conferences and workshops are used to convey state-of-the-art treatment methods and strategies for helping adolescents at a critical stage in their lives.

These CSAT initiatives stimulate effective treatment programs for adolescents at an important point in their life development. With effective treatment during these formative years, adolescents hold greater promise for fulfilling and productive lives.

For further information, contact the Substance Abuse and Mental Health Services Administration; Center for Substance Abuse Treatment; Public Affairs Office; Rockwall II, 10th Floor, 5600 Fishers Lane; Rockville, MD 20857; 301-443-5052.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service • Substance Abuse and Mental Health Services Administration

TREATMENT WORKS

CRITICAL POPULATIONS: ADOLESCENTS

CSAT
Center for Substance Abuse Treatment

THE CRUCIAL NEED TO REACH ADOLESCENTS

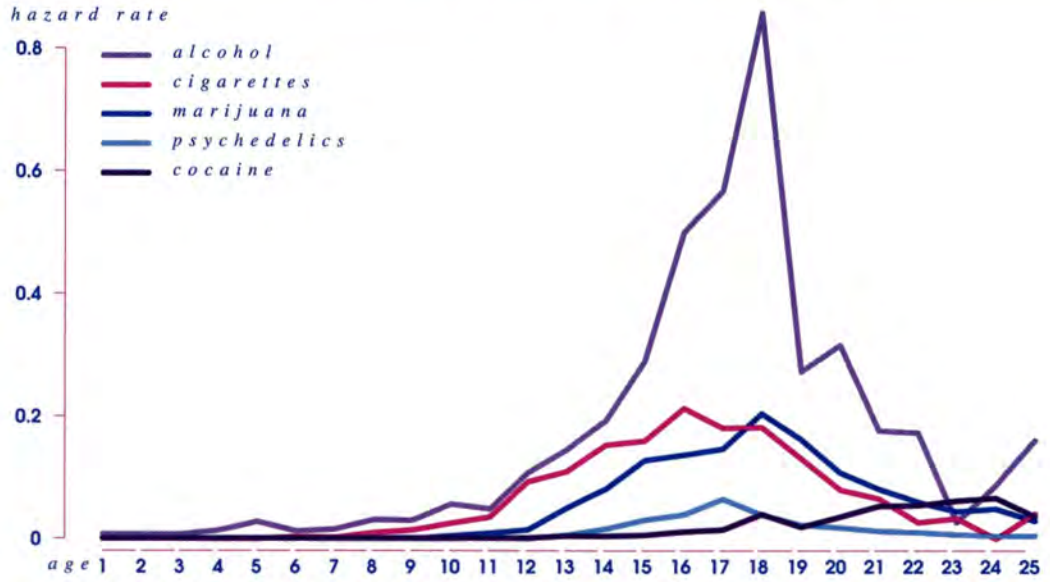
While most of the adolescents in the United States survive their turbulent teen years ready to meet adult challenges, some face major obstacles in preparing for adult life. These obstacles include alcohol and other drug abuse; family displacement and breakup; high-risk behaviors and physical susceptibility associated with human immunodeficiency virus (HIV) and other infectious diseases, most notably tuberculosis (TB), bacterial pneumonias, and sexually transmitted diseases (STDs); child abuse and neglect; sexual abuse; school failure; pregnancy; and antisocial and criminal behavior.

Unfortunately for adolescents, the impact of these dysfunctions and diseases is further exacerbated by limited access to high-quality substance abuse and primary health, mental health, and human services. The limited access to appropriate health and human services and the limited ability of some agencies to provide services specifically designed to meet the needs of adolescents often result in high rates of adolescent morbidity and mortality.

Therefore, a crucial need exists nationwide to help adolescents be drug free and acquire durable self-esteem, reliable and healthful human relationships, a sense of belonging in a valued group, and a rewarding sense of usefulness during their transition to adulthood. Adolescents throughout the nation are being helped by State and community-based agencies that receive grants and technical assistance provided by the Center for Substance Abuse Treatment (CSAT).

CSAT was created in October 1992 with the congressional mandate to expand the availability of effective treatment and recovery services for alcohol and other drug problems on a nationwide scale. CSAT works to expand the knowledge base regarding which interventions or array of interventions have the greatest impact on helping adolescents overcome the critical health and socioeconomic difficulties they face today.

ADOLESCENT DRUG USE (10 - 21 YEARS OF AGE)



Many begin to use drugs during early adolescence, but 18-year-olds have the highest risk of beginning to use most drugs.
**The hazard rate is the proportion of nonusers at the beginning of each age who become users during that year.*

Source: U.S. Department of Justice National Report, *Drugs Crime and the Justice System*, December 1992.

GOALS

CSAT targets alcohol and other drug-abusing adolescents aged 10 through 21. Of particular concern are adolescents who are chronic truants or have dropped out of school; at risk for teenage pregnancy; homeless and runaways; victims of physical and sexual abuse; suffering from co-occurring addictive disorders and mental illness; and at high risk for the consequences of sustained substance abuse, including death due to suicide, homicide, or accidents directly related to intoxication, overdose, and HIV or other infections.

Specifically, CSAT aims to:

- Provide comprehensive treatment approaches designed to address the multiple health and human service needs of adolescents and their families and collaterals.
- Reduce adolescents' alcohol and other drug abuse.
- Reduce the incidence of TB, HIV infection, STDs, and other infectious diseases among adolescents and improve their overall health and mental health status.
- Develop documented models of service delivery that can be replicated in other communities across the nation.
- Reduce crime associated with alcohol and other drug abuse.
- Increase family and social functioning.

of services, attrition from treatment programs, and outcome for patients in the community after completion of treatment.

- Determine whether increased medical and psychological services increase retention in residential treatment.
- Provide treatment services to at-risk individuals who cannot easily access primary and mental health care.

TREATMENT SERVICES

Each campus consists of five distinct service providers that occupy a common facility. To reduce costs and maximize efficiency and access to services, each campus provides centralized resources that are shared by all treatment providers, including the following:

- **Intake and Assessment.** A central intake and assessment unit conducts medical and psychological evaluations.
- **Medical Services.** Centralized medical and psychiatric services in addition to routine dental care are provided.
- **Drug Testing.** Random urine testing for all patients is required.
- **Criminal Justice System Linkages.** Patients admitted under court-order or criminal justice supervision are monitored and action is taken for noncompliance with the terms of supervision.
- **Education and Vocational Training.** The Texas Campus emphasizes centralized services for education and vocational training.
- **Recreation.** Each campus offers recreation and exercise facilities for patients from all treatment components.
- **Aftercare.** After completion of the residential phase, each patient is offered aftercare for a specified number of months.

EVALUATING THE EFFECTIVENESS OF THE TREATMENT CAMPUS PROGRAM

The Treatment Campus Program offers several types of treatment at the same facility, which creates an ideal environment to compare and evaluate diverse substance abuse treatment methods. The National Institute on Drug Abuse (NIDA) is completing research designed to answer questions regarding the effectiveness of different treatment modalities on the campuses. Several studies will be conducted to determine which programs are most effective including:

- Studying factors that facilitate or impair the implementation of effective campus-based treatment programs and describe the stages in the development of the campus programs.
- Performing controlled studies that concentrate on the difference in philosophies of similar treatment programs such as the length of treatment.
- Evaluating the treatment process and outcomes to determine if the treatment provided by these programs is both effective and cost-effective in terms of changes in use of alcohol and other drugs, criminal behavior, productive behavior, and social, psychological, and physical functioning.

For further information or if you are interested in visiting these campuses, contact the Substance Abuse and Mental Health Services Administration; Center for Substance Abuse Treatment; Public Affairs Office; Rockwall II, 10th Floor; 5600 Fishers Lane; Rockville, MD 20857; 301-443-5052.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service • Substance Abuse and Mental Health Services Administration

TREATMENT CAMPUS

CSAT
Center for Substance Abuse Treatment

THE IMPORTANCE OF RESEARCH AND COMPREHENSIVE SERVICES IN SUBSTANCE ABUSE TREATMENT

More than two decades of research on the nature of chemical dependency have documented that addiction is both a symptom and a cause of a host of social, economic, psychological, and biological ills that collectively threaten the integrity of individuals, families, communities, the economy, and the fabric of society. For those at or below the poverty line, addiction has extremely dire, often life-threatening consequences.

Many individuals who suffer from addiction also suffer from physical disease and infection. Alcohol and other drug use contributes to high-risk behaviors and physical susceptibility associated with the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS), tuberculosis (TB), bacterial pneumonias, sexually transmitted diseases (STDs), and liver and brain disease.

Drug addiction is a complex, chronic relapsing disorder, and because of its nature and its health-related effects, it is important to acquire research-based knowledge that provides the essential foundation for the prevention and treatment of addictive disorders. It is important that researchers and treatment providers work together to provide the treatment needed to decrease drug addiction. It is also important to provide an array of substance addiction services. Research demonstrates that substance abuse treatment is more effective when individuals are afforded an array of health and human services specific to their needs.

The Center for Substance Abuse Treatment (CSAT) was created in October 1992 with the congressional mandate to expand the availability of effective treatment and recovery services for alcohol and other drug problems on a nationwide scale. To evaluate different residential treatment approaches and provide quality health care for those who abuse substances, CSAT established a three-year Treatment Campus Program in 1991, which combines an array of treatment and services at one site.

TREATMENT CAMPUS: ONE-STOP SERVICE SHOPPING

Many patients who suffer from addiction also have need for other services.

Source: Center for Substance Abuse Treatment, 1993.

The program consists of two substance abuse treatment campuses, one in Secaucus, New Jersey, and one in Houston, Texas. Each campus consists of a central intake unit, medical and psychiatric services, educational and vocational training, and recreational activities.

PROGRAM GOALS

The Treatment Campus Program focuses on providing services to the following populations: racial and ethnic minority populations; pregnant and postpartum women, their infants and children; and adolescents. Individuals may be self-referred or be referred from treatment agencies, individual practitioners, the criminal justice system, juvenile justice system, and social service agencies.

The purpose of the Treatment Campus Program is to develop knowledge that will help to improve the therapeutic residential community treatment model, increase the efficiency of the drug abuse treatment system, and expand treatment capacity. Specifically, the Treatment Campus Program is designed to:

- Develop models for treatment that can be utilized by other States and communities.
- Increase the capacity for residential treatment of drug-dependent individuals.
- Evaluate the efficiency of alternative approaches to treatment including consideration of the cost

INITIATIVES TO FOSTER CULTURALLY APPROPRIATE TREATMENT PROGRAMS

To ensure cultural competency in health and human services, treatment providers must recognize the cultural differences that exist in a community where a greater percentage of individuals are from another country. These individuals have different behaviors, attitudes, and beliefs. A program that is culturally competent provides treatment services that include appropriate accommodations for individuals who are disadvantaged in their environment because of language barriers and other cultural characteristics in order that they may achieve effective treatment outcomes.

All those who staff treatment programs need to have an understanding and appreciation for cultural characteristics and how these impact treatment. Therefore, many organizations need to provide ongoing training to assist staff in effectively serving the needs of substance-abusing individuals, whose cultural differences need to be addressed in order to impact treatment.

The following treatment program elements must be culturally appropriate:

- Intake and assessment provided by staff familiar with the cultural nuances of the target population.
- Substance abuse counseling provided by certified persons able to understand an individual's behavior in relation to the context of his or her culture.
- Vocational and education counseling and training.
- Nutritional and general health education provided by qualified individuals who are knowledgeable of the dietary habits, cultural values, customs, beliefs, and lifestyle of the culture of individuals seeking services.
- Peer support groups led by culturally competent providers.
- Criminal justice, legal aid, and immigration services with mediators familiar with the plight of the individual.
- Day care and transportation for individuals who need these services.
- Provisions for alternative housing for those whose living situations are conducive to maintaining addictive, unhealthful, or antisocial behavior.

Culturally competent treatment programs supported by CSAT are helping racial and ethnic minority populations access much needed services. Through specific treatment approaches designed to meet the unique needs of these populations, these individuals can have better treatment outcomes and lead more productive lives.

For further information, contact the Substance Abuse and Mental Health Services Administration; Center for Substance Abuse Treatment; Public Affairs Office; Rockwall II, 10th Floor, 5600 Fishers Lane; Rockville, MD 20857; 301-443-5052

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service • Substance Abuse and Mental Health Services Administration

TREATMENT WORKS

CRITICAL POPULATIONS: RACIAL AND ETHNIC MINORITIES

CSAT
Center for Substance Abuse Treatment

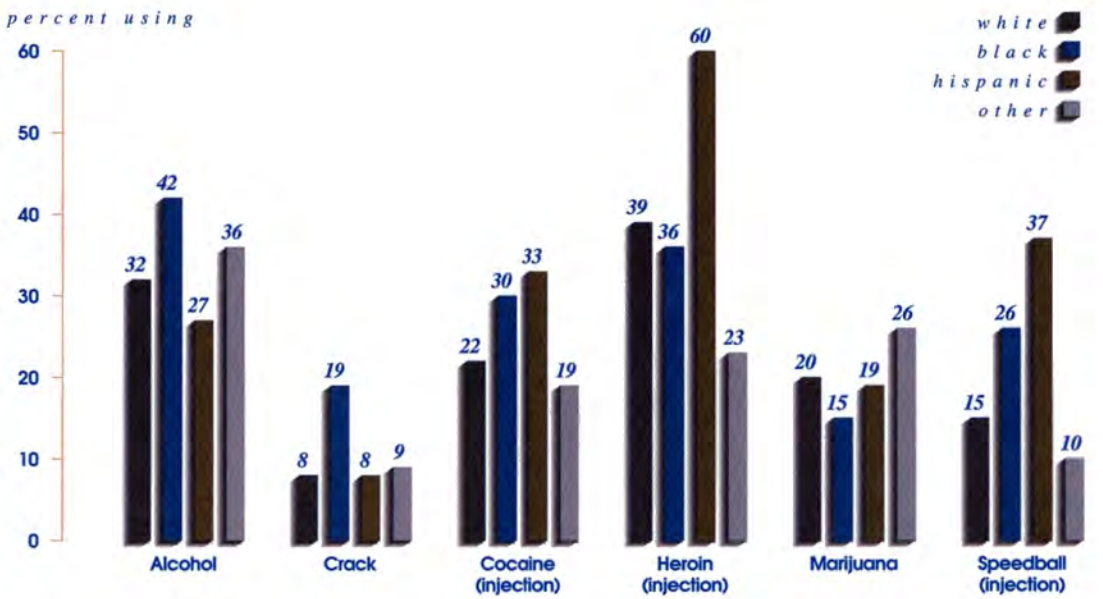
THE NEED TO ADDRESS CULTURAL CHARACTERISTICS IN SUBSTANCE ABUSE TREATMENT

Individuals in racial and ethnic populations who suffer from substance abuse addiction face extremely dire, often life-threatening consequences. Addiction to alcohol and other drugs has proved most devastating for those who live at or below the poverty line. Addiction is often correlated with homelessness, family displacement, deprivation, child abuse and neglect, sexual abuse, unemployment, exposure to crime, violence, and mental illness. In addition, substance-abusing individuals are at high risk for the human immunodeficiency virus (HIV) and other infectious diseases, including tuberculosis (TB), bacterial pneumonias, and sexually transmitted diseases (STDs).

Unfortunately, the impact of these dysfunctions and diseases is further exacerbated by various barriers to solving these problems. In some cases, substance-abusing individuals in racial and ethnic populations do not seek help for addiction problems because of their fear of being stigmatized, their lack of familiarity with treatment agencies, or conflicts with traditional values. When they do seek treatment, often treatment agencies lack culturally competent staff who understand and are sensitive to cultural characteristics. In many areas throughout the country, addicted individuals are hampered by limited access to high-quality addiction treatment, primary and mental health care, and human services, resulting in higher rates of morbidity and mortality.

Therefore, a crucial need exists to provide culturally appropriate treatment programs that are easily accessible and that improve treatment outcomes. Under its congressional mandate to expand the availability of effective alcohol and other drug abuse treatment services on a nationwide scale, the Center for Substance Abuse Treatment (CSAT) supports model comprehensive treatment programs that serve the needs of individuals whose health and welfare are especially at risk. Through its critical populations grants, CSAT funds programs that encourage cultural understanding.

RACIAL/ETHNIC DAILY SUBSTANCE USE



Source: National Institute on Drug Abuse, National AIDS Demonstration Research Project, January 1992

GOALS

Racial and ethnic populations include African Americans; Hispanic Americans, Mexican Americans, Puerto Ricans, Cuban Americans, and Latin Americans; Asians/Pacific Islanders; Native Hawaiians; Native Americans; and Alaskan Natives. A variety of treatment approaches are required to achieve productive lifestyle changes for individuals in these populations who abuse alcohol and other drugs.

The CSAT initiatives for fostering culturally appropriate treatment programs are based on the philosophy that addiction is a chronic, relapsing disorder, which is treated most successfully when providers offer a continuum of comprehensive services designed to meet the unique needs of each individual. By providing culturally competent, gender-specific health and human services, the quality of care can better be ensured and more individuals in need will use the services.

Specifically, CSAT aims to:

- Provide comprehensive treatment approaches designed to address the multiple health and human service needs of racial and ethnic populations.
- Reduce alcohol and other drug abuse.
- Reduce the incidence of HIV infection, TB, bacterial pneumonias, STDs and other infectious diseases, and improve overall health and mental health status.
- Develop documented models of service delivery that can be replicated in other communities across the nation.
- Reduce crime associated with alcohol and other drug abuse.
- Increase family and social functioning.

The Target Cities Program is designed to improve the effectiveness of treatment services for alcohol and other drug-abusing individuals in metropolitan areas and to demonstrate models that can serve as a model to be replicated across the country. The goals of the Target Cities Program are to:

- Improve access to addiction treatment and recovery programs by designating sites dedicated to assessment and referral to treatment and related services, and disseminating information on the availability of treatment within the community.
- Foster coordination among addiction treatment and recovery programs and related health, housing, job training, education, community redevelopment, social programs and institutions, and the legal system.
- Develop methods by which metropolitan systems of health care can continually improve treatment effectiveness.
- Develop a central intake and assessment unit/process that could both reduce waiting time and assist patients in entering the programs suited to their needs.

TREATMENT SERVICE IMPROVEMENTS

The Target Cities Program is a comprehensive treatment demonstration program that emphasizes the benefits of providing an array of substance addiction services in one location. Improved treatment outcomes can be achieved cost-effectively in a community-wide service system by implementing the following treatment service improvements:

- Ensuring that individuals are comprehensively assessed at entry and during advanced stages in the treatment and service delivery continuum.
- Ensuring that individuals are referred to and receive treatment, recovery, and support services that match their specific needs.
- Maximizing use of existing treatment and recovery services on a metropolitan-wide scale.
- Increasing the quantity and quality of linkages between addiction treatment and recovery programs.
- Improving staff quality and retention rates for addiction treatment and recovery programs.
- Improving the extent to which existing treatment and recovery programs are clinically, socially, culturally, and linguistically equipped to meet the needs of individuals with alcohol and other drug problems.
- Improving the physical facilities of existing treatment and recovery programs.

The Target Cities Program is an important national effort to determine which methods are most effective in reducing drug abuse and improving the cost-effectiveness of drug treatment services.

For further information, contact the Substance Abuse and Mental Health Services Administration; Center for Substance Abuse Treatment; Public Affairs Office; Rockwall II, 10th Floor; 5600 Fishers Lane; Rockville, MD 20857; 301-443-5052.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service • Substance Abuse and Mental Health Services Administration

TREATMENT WORKS

ADDICTION TREATMENT AND RECOVERY SYSTEMS IN TARGET CITIES

CSAT
Center for Substance Abuse Treatment

THE NEED FOR EFFECTIVE SUBSTANCE ABUSE TREATMENT SERVICES IN METROPOLITAN AREAS

Studies indicate that individuals who live near or below the poverty line in large metropolitan areas tend to exhibit a relatively high prevalence of alcohol and drug use in addition to a high incidence of addiction-related medical, psychological, and socioeconomic problems. Escalating incidence rates for the human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS), tuberculosis (TB), and sexually transmitted diseases (STDs) in metropolitan areas also are closely linked to alcohol and other drug use, as are homelessness, unemployment, crime, and violence.

The severity of addiction and addiction-related disorders in a community can change within a relatively brief time due to events or secular trends such as economic downturns or increased criminal activity. The problem of addiction is complex, and many community-based systems of addiction treatment are not well equipped to deal with the diverse and changing needs of individuals who suffer from addiction and addiction-related disorders.

In metropolitan areas where the demand for drug treatment services are high, a large number of health and human service providers offer a diversity of intervention, treatment, recovery, rehabilitative, health and socioeconomic support services composed of differing philosophies, policies, and procedures. Many addiction treatment and recovery programs do not have the resources or appropriate linkages with health care facilities to ensure that individuals with addictive disorders and their sexual partners are screened and treated for HIV, TB, STDs, and other infectious diseases.

The Center for Substance Abuse Treatment (CSAT) was created in October 1992 with the congressional mandate to expand the availability of effective treatment and recovery services for alcohol and other drug problems on a nationwide scale. To assist major metropolitan areas with linking, integrating, and enhancing the components of their addiction treatment, health, and human service systems, CSAT formed the Target Cities Program.

In 1991, the first year of the three-year program, CSAT awarded a total of $29 million to improve drug treatment systems in eight cities with populations of 315,000 or more, and an additional Target City grant was awarded in June 1992. In fiscal year 1993, continuation and new grants will be awarded for a five-year period. These grants will include U.S. Department of Justice funds to implement programs that link the criminal justice system to the target city efforts.

TARGET CITIES PROGRAM SITES

Source: Center for Substance Abuse Treatment, 1993.

PROGRAM GOALS

The CSAT Target Cities Program focuses on providing services to populations in metropolitan areas at greatest risk of alcohol and other drug addiction. The target populations include racial and ethnic minorities populations; women, including pregnant and postpartum women, their infants and children; adolescents; residents of public housing and the homeless; those who suffer from diagnosable mental illnesses in addition to alcohol and other drug problems; and individuals involved in the juvenile and adult criminal justice systems. The basis for the Target Cities Program is that comprehensive treatment matched to an individual's specific needs will result in better treatment outcomes.

APPLYING THE SAPT BLOCK GRANT TO PREVENTION AND TREATMENT NEEDS

To provide greater access to services and higher quality of care, the Federal statute requires States to allocate SAPT Block Grant funds as follows:

- 20 percent for primary prevention services
- 35 percent for alcohol treatment services
- 35 percent for drug treatment services
- 5 percent in fiscal year (FY) 1993 for services targeting pregnant women and women with dependent children and another 5 percent increase in services in FY 1994 for this population
- 2 to 5 percent for human immunodeficiency virus (HIV) intervention services if the State has an acquired immune deficiency syndrome (AIDS) rate greater than or equal to 10 cases per 100,000 individuals
- 5 percent for administration of services

SAPT Block Grant funds support outpatient and residential treatment programs, including methadone treatment programs. To meet the grant's requirement of providing coordinated, comprehensive services, treatment programs furnish services directly or through arrangements with other public or nonprofit entities, including government, health, educational, vocational, and employment service providers. Specifically, grant recipients must provide:

- Interim services for:
  - -Reducing the risk of transmission of diseases, including HIV infection, tuberculosis, and sexually transmitted diseases
  - -Reducing the adverse health effects of substance abuse
  - -Promoting the health of the individual.
- Outreach services to injecting drug users using the three models in CSAT's HIV/AIDS Outreach Program.
- For designated States, early intervention services for HIV, including testing and counseling.
- Tuberculosis counseling, testing, and treatment.
- Preference for admitting pregnant women to treatment programs and providing interim services, including referral for prenatal care if no treatment program has the capacity to admit.
- Prenatal care to pregnant women receiving treatment services.
- Child care while women are receiving treatment services, as well as therapeutic services for dependent children.

CSAT provides technical assistance to States through its State Systems Development Program (SSDP) to help States comply with the grant's statutory requirements and monitor the expenditures at the provider level. The program also provides assistance to States in assessing State and local demand and capacity, developing statewide treatment improvement plans, and matching prevention and treatment needs and services capacity.

The SAPT Block Grant is the best method by which to expand the availability and delivery of quality addiction prevention and treatment services nationally. In partnership with State and local government agencies and community-based organizations, CSAT is dedicated to improving the nation's treatment infrastructure.

For further information, contact the Substance Abuse and Mental Health Services Administration; Center for Substance Abuse Treatment; Public Affairs Office; Rockwall II, 10th Floor, 5600 Fishers Lane; Rockville, MD 20857; 301-443-5052.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service • Substance Abuse and Mental Health Services Administration

TREATMENT WORKS

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT PROGRAM

CSAT
Center for Substance Abuse Treatment

THE IMPORTANCE OF FEDERAL SUPPORT TO TREATMENT PROGRAMS

More than two decades of research on the nature of chemical dependency have documented that substance abuse is both a symptom and a cause of a host of social, economic, psychological, and biological ills that collectively threaten the integrity of individuals, families, communities, the economy, and the fabric of society. Because alcohol and other drug use is a complex and chronic problem, many individuals who suffer from addiction also suffer from related disorders, such as physical disease and infection, diagnosable mental disorders, and social and economic dislocations.

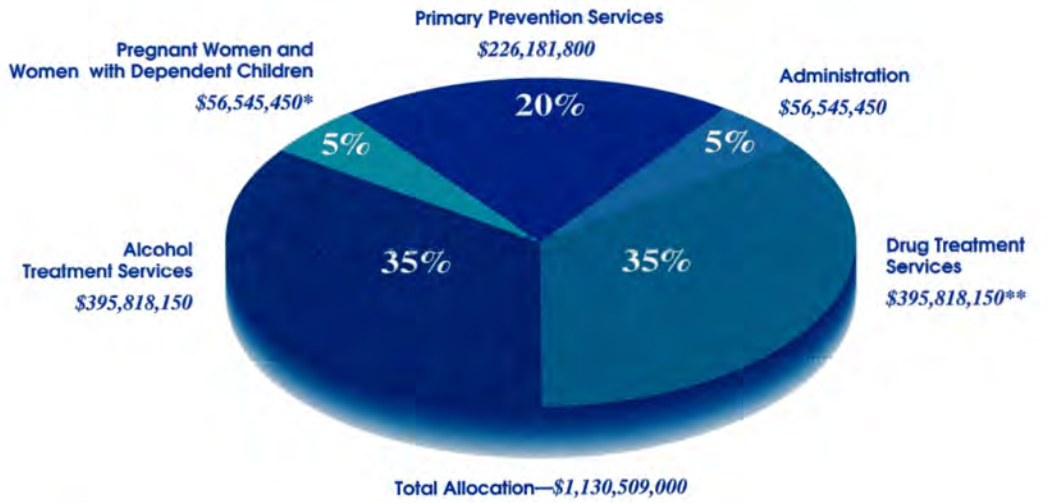
Individuals who experience extreme social and economic dislocations are at highest risk of addiction by virtue of their exposure to crime, poverty, abuse, and homelessness, as well as their lack of access to high-quality primary health and mental health care, social services, housing, vocational training, and education. For these individuals, addiction has extremely dire, often life-threatening consequences. As a result, substance abuse treatment and recovery have been a national priority since the 1970s.

To meet the health and human service needs of addicted individuals and their families, a wide array of different treatment and recovery programs exist in thousands of communities across the country. For most of these individuals, treatment and recovery services work best in the context of a community-based, coordinated system of comprehensive services designed to assure a continuum of support for recovery. Treatment and recovery services have been proven to work even better when they are tailored to the specific needs of each individual and include a sustained continuum of intervention.

State and local governments, however, are experiencing rising costs of needed services combined with financial cutbacks. Publicly funded treatment programs, which primarily serve partially employed individuals and those living at or below the poverty line, often lack monetary resources and manpower. In some jurisdictions, too few programs exist to meet the demand for services in their communities.

Under its congressional mandate to expand the availability of effective alcohol and other drug abuse treatment services on a nationwide scale, the Center for Substance Abuse Treatment (CSAT) administers the Substance Abuse Prevention and Treatment (SAPT) Block Grant. The SAPT Block Grant is the primary tool the Federal government uses to support and expand substance abuse prevention and treatment programs throughout the United States and its territories.

SAPT BLOCK GRANT ALLOCATION



**5 percent increase in services in FY 1994.*
***Of this amount, 2 to 5 percent has been allocated for human immunodeficiency virus (HIV) intervention services in States that have an acquired immune deficiency syndrome (AIDS) rate greater than or equal to 10 cases per 100,000 individuals.*

Source: Center for Substance Abuse Treatment, 1993.

SAPT BLOCK GRANT GOALS

The goal of the SAPT Block Grant is to expand and enhance the availability and delivery of quality addiction prevention and treatment services nationally. The grant's provisions place special emphasis on providing services to pregnant women addicted to alcohol and other drugs, substance-abusing women with dependent children, and injecting drug users. States, however, have the flexibility to design solutions to specific addiction problems that are experienced locally.

The Federal funds are allocated directly to States according to a formula legislated by Congress. Each State has a single State agency responsible for administering the grant within the State. That State agency distributes the funds to treatment providers based upon need.

- Reduce crime associated with alcohol and drug use.

- Increase work productivity and family and social functioning among substance abusers.

PROGRAM ELEMENTS

The programs being demonstrated to bring improved health and human services to public housing residents range widely. Some programs, aimed at both treatment and prevention, bring together a coalition of neighbors, management, and housing authorities, who work to enhance the environment in which to rear children. Other programs are concerned with residents who are at imminent risk of becoming homeless because of their drug use. Still other programs are taking steps to bring help to residents who suffer from co-occurring disorders, such as alcoholism, HIV infection, and mental illness.

Under this program, alcohol and other drug treatment services must be provided within the physical boundaries of the public housing community being served. All demonstration programs include ambulatory treatment; day care for children of individuals participating in treatment; and screening, treatment, and counseling for HIV, TB, sexually transmitted diseases, bacterial pneumonia, and other infectious diseases. The demonstration programs also ensure that a continuum of services and interventions are available to meet an individual's unique needs, and that these interventions are provided in a manner that is socially and culturally appropriate.

For further information, contact the Substance Abuse and Mental Health Services Administration; Center for Substance Abuse Treatment; Public Affairs Office; Rockwall II, 10th Floor, 5600 Fishers Lane; Rockville, MD 20857; 301-443-5052.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service • Substance Abuse and Mental Health Services Administration

TREATMENT WORKS

CRITICAL POPULATIONS: PUBLIC HOUSING

CSAT
Center for Substance Abuse Treatment

THE NEED FOR SUBSTANCE ABUSE TREATMENT IN PUBLIC HOUSING

During the past ten years, there has been a dramatic increase in substance abuse in public housing communities throughout the country. This increase in substance abuse has greatly impacted the quality of life for public housing residents. In addition, addiction is correlated with homelessness, family displacement, deprivation, child abuse and neglect, sexual abuse, unemployment, exposure to crime, violence, and mental illness. Public housing residents, like others with alcohol and other drug addictions, are at high risk for the human immunodeficiency virus (HIV) and other infectious diseases, including tuberculosis (TB), bacterial pneumonia, and sexually transmitted diseases (STDs).

The impact of addiction-related dysfunctions and diseases is further exacerbated by public housing residents' limited access to high-quality addiction treatment, primary and mental health care, and human services, resulting in higher rates of morbidity and mortality. Without effective and comprehensive treatment, addiction and its related problems cannot be overcome.

Most community-based treatment programs do not include public housing developments as part of their catchment area; therefore, public housing must be viewed as a separate catchment area and treatment services must be afforded to public housing residents as a discrete population. Under its congressional mandate to expand the availability of effective alcohol and other drug treatment services on a nationwide scale, the Center for Substance Abuse Treatment (CSAT) supports treatment programs that serve the needs of individuals whose health and welfare are especially at risk. Through its Critical Populations Demonstration Grant Program, CSAT awards grants to programs that are designed to improve treatment service delivery and treatment outcomes for public housing residents.

Photo: Fran Albin

GOALS

Public housing residents are defined as families or individuals residing in public housing units within cluster communities that are subsidized by local governments and/or the Federal government.

The overall goal is to determine the best ways to increase public housing residents' access to health and human services and eliminate the scourge of addiction that is threatening the social, health, and moral fabric of our communities. The CSAT initiatives are based on the philosophy that addiction is a chronic, relapsing disorder, which is treated most successfully when providers offer a continuum of comprehensive services addressing the full range of individual needs. Specifically, the public housing grants serve to:

- Provide comprehensive treatment approaches designed to address public housing residents' multiple health and human service needs.
- Reduce alcohol and drug use.
- Reduce the incidence of HIV infection, TB, sexually transmitted diseases, and other infectious diseases.
- Develop documented models of service delivery that can be replicated in similar communities.

CSAT PUBLIC HOUSING INITIATIVES

CALIFORNIA
AADAP, Inc. – Sacramento
Shields-Sacramento

CONNECTICUT
Elmhaven Resident Council – Hartford

DISTRICT OF COLUMBIA
KOBA Associates
Kenilworth / Parkside Resident Management

FLORIDA
Anti - Recidivist Effort – Tallahassee

GEORGIA
Sunshine Community Foundation – Atlanta

LOUISIANA
Desire Narcotics Rehabilitation Center – Baton Rouge

NEW JERSEY
Northstar – Trenton

NEW YORK
Friendship House of Western New York, Inc .– Albany

OHIO
MetroHealth Clement Center – Columbus

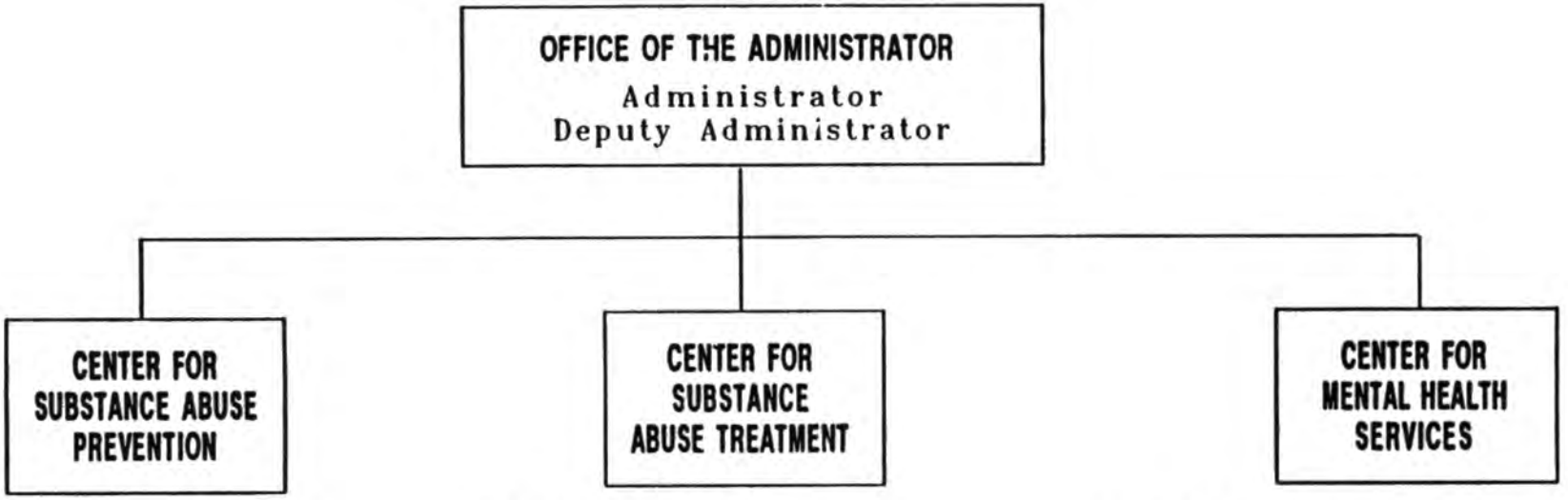
PENNSYLVANIA
P.B.A., Inc., The Second Step – Harrisburg

TENNESSEE
CADAS – Nashville

VIRGINIA
Fairfax-Falls Church Community Services Board – Richmond

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION



EXISTING FUNCTIONS:

- o Comprehensive Residential Projects for Women and Children
- o Prevention Programs for Pregnant and Postpartum Women and Their Infants
- o National Clearinghouse
- o Education and Knowledge Dissemination
- o Community Youth Activity Program
- o Prevention Training Program
- o Community Programs
- o High Risk Youth Program
- o Conference Grants
- o Communications Cooperative Agreements
- o National Evaluation

NEW FUNCTIONS:

- o National Data Base
- o Employee Assistance Program
- o Employee Drug Testing Program and Laboratory Certification Program

EXISTING FUNCTIONS:

- o Substance Abuse Block Grant Program
- o Treatment Improvement Demonstration Projects
- o Grants for Substance Abuse Treatment in State and Local Criminal Justice Systems

NEW FUNCTIONS:

- o Residential and Outpatient Treatment Programs for Pregnant and Postpartum Women
- o Model Treatment Demonstration Program in the National Capital Area
- o Substance Abuse Treatment Clinical Training
- o Capacity Expansion Grant Program
- o Alternative Utilization of Military Facilities
- o AIDS Health Care Worker Training/Hotline

EXISTING FUNCTIONS:

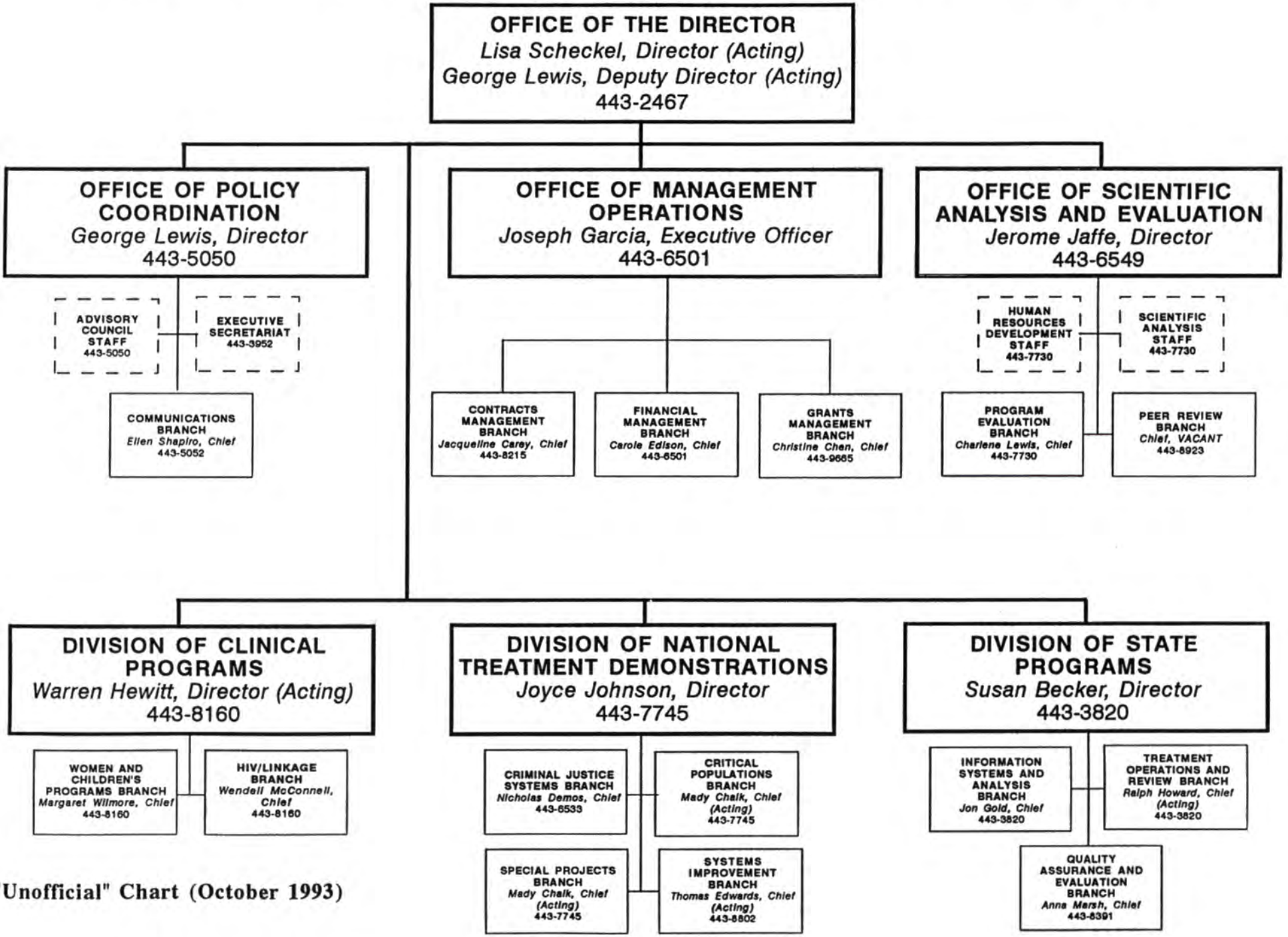
- o Protection and Advocacy Program
- o Community Support Program (including CSP and CASSP)
- o Mental Health Clinical Training Programs, AIDS Health Care Worker Training, State Human Resource Development
- o Projects for Assistance in Transition from Homelessness (PATH) Formula Grant
- o National Reporting Program
- o CMHC Construction Monitoring Program
- o Mental Health State Planning
- o Mental Health Statistics Improvement Program
- o Refugee Mental Health and SEH Activities
- o Merchant Seamen
- o Mental Health and Alcohol Homeless Demonstration Program
- o Emergency Mental Health Services

NEW FUNCTIONS:

- o Mental Health Services Block Grant Program
- o Children with Serious Emotional Disturbances Program

DHHS/PHS/SAMHSA

CENTER FOR SUBSTANCE ABUSE TREATMENT



"Unofficial" Chart (October 1993)

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SAMHSA

THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

The Substance Abuse and Mental Health Services Administration (SAMHSA) was established by the U.S. Congress on October 1, 1992, in Public Law 102-321. Congress took this action in order to strengthen the Nation's delivery system for prevention and treatment services for addictive and mental disorders. SAMHSA is the newest agency of the U.S. Public Health Service in the U.S. Department of Health and Human Services.

SAMHSA is the successor to the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA), which since 1974 had encompassed the major research and services activities of the Federal Government aimed at reducing and controlling substance abuse and mental health problems. PL 102-321 transferred the three ADAMHA research institutes--i.e., the National Institute on Alcohol Abuse and Alcoholism, National Institute on Drug Abuse, and National Institute of Mental Health--to the National Institutes of Health.

SAMHSA consists of an Office of the Administrator and three Centers that administer the prevention and treatment services programs formerly in ADAMHA: the Center for Mental Health Services (CMHS), the Center for Substance Abuse Prevention (CSAP), and the Center for Substance Abuse Treatment (CSAT).

Mission

As the Nation's agency with lead responsibility for prevention and treatment of addictive and mental health problems and disorders, SAMHSA's mission for ensuring that the Nation has a comprehensive service delivery system is threefold:

First - to reduce both the incidence and the prevalence of substance abuse and mental health problems and improve treatment outcomes for persons suffering from addictive and mental disorders.

Second - to improve access and reduce barriers to high quality, effective programs. SAMHSA is committed to leading the Nation in its efforts to ensure that prevention and treatment work for all those in need.

Third - to provide national leadership to ensure the best use of knowledge derived from science and service program evaluations to prevent and treat mental and addictive disorders.

Agency Directions

The creation of SAMHSA reflects a strengthened Federal commitment to improving the delivery of substance abuse and mental health services across the country. SAMHSA actively assists State and local organizations expand access to prevention and treatment programs, as well as increase the capacity and enhance the effectiveness of

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service

(Rev. July 1993)

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federal register

Wednesday
March 31, 1993

Part XI

Department of Health and Human Services

45 CFR Part 96

Substance Abuse Prevention and Treatment Block Grants; Interim Final Rule

CENTER FOR SUBSTANCE ABUSE TREATMENT

HIV/Linkage Projects

1993

Grantee	City	ST
Center Point, Inc.	San Rafael	CA
Southside Healthcare, Inc.	Atlanta	GA
Multnomah County	Portland	OR
Highland General Hospital	Oakland	CA
Koba Institute, Inc.	Washington	DC
StandUp Harlem, Inc.	New York	NY
Sunset Park Family Health Center	Brooklyn	NY
Stanley Street Tx & Res. Inc.	Fall River	MA
Seattle-King Co. Dept. of Public Health	Seattle	WA
Maricopa County	Phoenix	AZ
Asotin County Mental Health Center	Clarkston	WA
Erie Family Health Center, Inc.	Chicago	IL
Children's Hospital Los Angeles	Los Angeles	CA
Providence Hospital, Inc.	Holyoke	MA
Fenway Community Health Center	Boston	MA
16th Street Community Health Center	Milwaukee	WI
Young Women's Christ Assoc of St Joseph	South Bend	IN
Native American Rehab. Assoc. of NW, Inc.	Gresham	OR

shaded rows indicate projects being funded by HRSA's BPHC

DRAFT	CENTER FOR SUBSTANCE ABUSE TREATMENT TRAINING CONTRACTS/GRANTS SUMMARY				
TOPIC	TARGET GROUP	CONTRACTOR	AMOUNT	CSAT	PURPOSE
1. HIV/AIDS Training of Trainers for Staff of Programs Serving African American Drug Abusers	CSAT Grantees, Trainers, counselors and service workers who provide services to clients at risk for substance abuse and HIV	Advanced Resource Technologies, Inc. 271-90-2203	01 = 505,142 02 = 485,994 03 = 435,690 Year 01 = 9/90 1 9/90 2 9/91 3 9/92 - 9/93	(Transferred from NIDA) Ofc. of Scientific Analysis and Evaluation Human Resources Development Donna Simms d'Almeida 443-8923	To serve as a capacity building prevention approach within the African American Community for HIV/AIDS prevention, education, information and outreach in a culturally specific and sensitive manner; To develop a cadre of trainers to replicate the African American HIV/AIDS training package to individuals and agencies that work with African Americans at risk for HIV infection; and To provide technical assistance to treatment agencies and community based organizations.
2. HIV/AIDS Training for Adolescents and Staff	CSAT Grantees, a wide range of youth treatment and service professionals and high risk adolescents	Westover Consultants, Inc. 271-90-2208	01 = 949,933 02 = 981,362 03 = 1,028,347 Year 01 = 9/90 9/90 9/91 9/92	(Transferred from NIDA) Ofc. of Scientific Analysis and Evaluation Human Resources Development Donna Simms d'Almeida 443-8923	To provide on-site HIV/AIDS training, Training of Trainers, and technical assistance to a wide spectrum of youth treatment services professionals who work with high risk adolescents; and to provide a peer educator HIV/AIDS direct training experience to youth themselves.

3. HIV/AIDS Prevention Among Hispanic/Latina Women	CSAT Grantees, treatment and service providers working with high risk Hispanic/Latina Women	Transamerica Systems, Inc. 271–90–2206	01 = 641,493 02 = 625,529 03 = 625,305 Year 01 = 9/90 9/90 3/1 9/92	(Transferred from NIDA) Ofc. of Scientific Analysis and Evaluation Human Resources Development Edward Morgan 443–8923	To implement a highly specialized and culturally specific HIV prevention training curriculum designed for prevention and treatment staff working with high risk Hispanic/Latina women; and to deliver training in English and Spanish at both the provider and Training of Trainers Levels with content built upon the foundation of the varied Hispanic/Latino cultures. Technical assistance is provided on culturally specific issues.
4. Evaluation of Training Contracts and Treatment Program Self–Evaluation Training of Trainers Course	Programs receiving HIV and substance abuse training from (former NIDA) CSAT vendors. Drug abuse treatment program administrators and senior clinical personnel	T. Head & Co., Inc. 271–902207	01 = 654,003 02 = 565,184 03 = 585,202 Year 01 = 9/90 9/90 9/91 9/92	(Transferred from NIDA) Ofc. of Scientific Analysis and Evaluation Human Resources Development Donna Simms d'Almeida 443–8923	National level outcome and follow–up evaluation of targeted CSAT HIV and substance abuse training contracts; and development and pilot test of a treatment program self–evaluation training program curriculum.
5. Center for HIV/AIDS Substance Abuse Training	Staff of State agencies, state training coordinators, staff of treatment programs, service providers and public health specialist	HI–Tech International Inc. 271–92–2217 01 5/92 02 5/93 03 5/94	01 = 849,879 02 = 959,508 03 = 935,229 Year 01 = 5/92	(Transferred from NIDA) Ofc. of Scientific Analysis and Evaluation Ofc. of Human Resources Development Edward Morgan 443–8923	A systematic centralized approach to HIV and substance abuse/TB training services for State agencies; utilizing a capacity building model including training needs assessment, design of state training plans, development of state trainers, delivery of TA, and evaluation of training efforts. Delivery of 12 training curricula to a wide range of treatment workers and care providers.

6. AIDS Training Videotapes for Substance Abuse Workers	Substance abuse counselors	Advanced Resource Technologies, Inc.	15 month contract $491,311 Year 01 = 5/91 Scripts approved 1-93, by Asst Sec Public Affairs; awaiting concurrence from Counsel to Sec for Drug Policy.Est.	(Transferred from NIDA) Ofc. of Scientific Analysis and Evaluation Human Resources Development Edward Morgan 443-8923	To develop three videotapes for use in AIDS training programs conducted by CSAT, and for utilization by staff of treatment programs to assist in their management of clients at risk for HIV infection. The three tapes are: o Pre-HIV Antibody Test Counseling o Post-HIV Seropositive or Negative Counseling o HIV Risk Reduction/Health Promotion
7.Training and TA for the CAMPUS Project, Rural and Remote Programs, & Target Cities	Substance Abuse Counselors and Administrators	ES Inc.	Final yr $600,000; new RFC in '94	Div of Nat'l Treatment Demonstration Grants Clifton Mitchell 443-8923	To provide training and technical assistance services upon request.
8.					
9. Project for Addiction Counselor Training (PACT)	Develop career opportunities for entry level counselor candidates not yet certified, with priority given to minority candidates	Prime: NASADAD Subs: MACRO NADAC ETI	Base Period (18 Mo) 429,585 01 = 3,514,329 02 = 3,681,112 Base Period = 9/90 01 02	Division of State Programs Quality Assurance Branch Richard Bast 443-8391	To increase number of entry level alcohol and other drug abuse counselors in the field emphasizing recruitment of trainees from minority/special interest populations; and to provide training in the 12 core skills and functions for addiction counselors.
10.					
11.					
12.					

CSAT Division of Clinical Programs: Women and Children's Branch Grantees

Project Officer: Sharon Amatetti

Grantee	Location	Type	Summary	1993 Award
The Center for Drug-Free Living, Inc.	Orlando, FL	PPW	Residential treatment for pregnant and postpartum women and their children. A collaborative effort between the program, medical providers, and HRS. Annually, 30 women and 50 children will receive residential services for up to 12 months.	$1,219,190
Operation PAR, Inc.	St. Petersburg, FL	RWC2	Now in its second year of a 5-year grant, this program serves low-income Black women, including pregnant and postpartum women and their children, in a Therapeutic Community setting. The program has the capacity to serve 27 women and 33 children. Length of stay will average between 12 and 18 months.	$970,340
The Village South, Inc.	Miami, FL	RWC2	Now in its second year of a 5-year grant, this program serves predominantly Black pregnant and postpartum women and their infants and children. The program is a collaborative project between the program, medical provider and social service providers in the area. The program has the capacity to serve 30 women and 60 children per year. Length of stay will average 12 months.	$924,156
Human Service Center through the IL Department of Alcohol and Substance Abuse	Peoria, IL	PPW	Residential treatment for pregnant and postpartum women and their young children, through an agency providing a range of inpatient and outpatient services to women. Length of stay in residence will range from 1.5 to 4.0 months, with a strong continuing care component. Annually, 135 women and 45 children will receive services.	$862,351
The Women's Treatment Center through the IL Department of Alcohol and Substance Abuse	Chicago, IL	PPW	Residential treatment for pregnant and postpartum women and their young children, through an agency providing a range of inpatient and outpatient services to women. Comprehensive services including an onsite intensive nursery to predominantly inner-city, Black families. Annually, 36 women and 51 children will be served. Treatment duration averages 4.5 months residential care.	$1,198,547
Florence City Commission on Alcohol and Drug Abuse (Circle Park Family Counseling)	Florence, SC	RWC2	Now in its second year of a 5-year grant, this program provides residential treatment for women, pregnant women, infants and children. The program has the capacity for 16 women and 32 children. Length of stay in residence will average 12 months, with a strong continuing care component.	$834,764

CSAT Division of Clinical Programs: Women and Children's Branch Grantees

Project Officer: Rey Anthony

Grantee	Location	Type	Summary	1993 Award
Koba Institute, Inc. (Partnership for Family Preservation)	Washington, DC	RWC	Residential treatment with coordinated comprehensive services, including mental health services, vocational, educational, and legal services, for substance-abusing mothers and their children. A collaborative effort between DC government agencies, private organizations, and Howard University. The project will serve 26 women and 40 children per year.	$811,063
Eagle Ridge Institute (New Destiny)	Oklahoma City, OK	RWC	Residential treatment for 24 women, 32 of their children, and 48 family members per year. Majority of women served are polydrug users with crack/cocaine the primary drug of choice. Special attention is given to inhalant abuse among Native American women. Codependency is addressed through a gender perspective by addressing three layers: family, culture, and society.	$845,352
Diagnostic and Rehabilitation Center (Hutchinson Place)	Philadelphia, PA	RWC	Residential treatment targeting predominantly African American women who are cross-users of alcohol and cocaine, and their children aged 1 to 6. Unique features include a Supported Employment Program, which will provide personalized job supports, and a Bridges to the Community Program (a community church link) to assist recovering women with transition into the community. The project will serve 40 women and 80 children per year.	$1,196,669
Philadelphia Health Management Corp.	Philadelphia, PA	RWC2	Residential treatment for polydrug-abusing, low-income, and African American women and their children. The program includes three phases: therapeutic and transitional care, and establishment of a continuum of care to assist women with independent living. Special emphasis is placed on meeting the needs of the children who have delayed cognitive skills and exhibit emotional or behavior problems. The program will serve 30 women and 75 children per year.	$918,937
Nexus, Inc. (Nexus' Link to Healthy Beginnings)	Dallas, TX	PPW	Comprehensive residential treatment designed to meet the bio-psycho-socioeconomic needs of low-income pregnant and postpartum women and their children. Special emphasis will made to serve women who have HIV, hepatitis, TB, and/or STD infection. The program will serve 30 women and 42 infants and/or children.	$833,203

Project Officer: Rey Anthony

Grantee	Location	Type	Summary	1993 Award
City of San Antonio (Metropolitan Health Residential Treatment Program)	San Antonio, TX	PPW	Comprehensive residential treatment for substance-abusing pregnant and postpartum women (60% Hispanic). The service will be provided by a community collaboration of organizations and an interdisciplinary team of professionals with special emphasis on providing culturally competent services. The program will serve 70 women and 40 children per year.	$529,230
Prestera Center for Mental Health Services (Project Renaissance)	Huntington, WV	RWC	Residential treatment for chronic substance-abusing women and their children in a four-county region in West Virginia. The project will serve 40 women, many of Appalachian heritage, and 84 children per year. The program will identify the culturally specific problems encountered by Appalachian women and children.	$469,876

CSAT Division of Clinical Programs: Women and Children's Branch Grantees

Project Officer: John Bland

Grantee	Location	Type	Summary	1993 Award
PROTOTYPES/ACIH, Mental Health and Social Services	Culver City, CA	RWC2	This project is for inner-city substance-abusing women and their children located in a second generation therapeutic community. Comprehensive services are provided and continuing care day treatment and outpatient care. There are 40 slots for the women.	$817,461
Exodus/SHIELDS for Families Project, Inc.	Los Angeles, CA	PPW	Residential treatment services for 250 families, at 50 families per year. The program is comprehensive and accessible to target population. A day treatment component is an added feature to reduce relapse after residential care.	$1,201,980
Watts Health Foundation, Inc.	Los Angeles, CA	RWC2	The project proposes to decrease the incidence of infants born with positive toxicology screens as well as drug-related child abuse/neglect. Also, it is designed to decrease recidivism and increase retention of the participants. The project will serve 30 women and 60 children.	$1,232,507
Tarzana Treatment Center	Tarzana, CA	PPW	A comprehensive array of services designed to meet the needs of families in Long Beach area. With a capacity of 50 a year, this project can treat 250 families by the end of the award period. Grantee has been providing services for 5 years with a good track record.	$1,238,503
Flint Odyssey House, Inc.	Flint, MI	PPW	Approximately 40 mothers and at least 40 infants and other children are expected to be treated annually. By providing an array of intensive early intervention for children and psycho-social therapy for mothers, its believed that the program will be able to significantly interrupt the intergenerational cycle of poverty and substance abuse.	$624,847
Saginaw-Bay Substance Abuse Commission	Saginaw, MI	PPW	A residential facility that will provide extensive treatment for 25 women and their newborn plus 25 other children yearly. The array of services are designed to bring about a decrease in infant mortality and morbidity and to assist the mothers in remaining substance-free.	$390,692
Grace Hill Neighborhood Services	St. Louis, MO	PPW	Comprehensive residential treatment services for 28 families per year, about 140 families receiving care during the grant period. The largest group to be treated, 80%, will be Black.	$807,766
Renaissance West, Inc.	Kansas City, MO	PPW	Proposes to enhance birth outcomes and child development for substance-abusing mothers who are dually diagnosed and to eliminate their alcohol and other drug abuse via comprehensive residential care. Serves 30 women and 90 children.	$882,396

CSAT Division of Clinical Programs: Women and Children's Branch Grantees

Project Officer: Dorothy Lewis

Grantee	Location	Type	Summary	1993 Award
Fairbanks Native Association	Fairbanks, AK	RWC	Comprehensive residential treatment for 32 women and 45 children; family centered, gender and culture specific.	$893,993
Crossroads, Inc.	New Haven, CT	RWC	Comprehensive treatment services to 15 women and 15 children; focus on family reunification, father support, smoking cessation to bilingual/multicultural client population.	$807,370
Gateway Community Services, Inc.	Jacksonville, FL	RWC	Will enhance a comprehensive continuum of care for 13 women and 39 children through the addition of a supported transitional housing component, following up to 12 months residential treatment services & therapeutic onsite child care; designed to facilitate financial independence and reentry into society.	$446,483
Gateway Community Services, Inc.	Jacksonville, FL	PPW	Provides up to 18 months residential treatment for 30 women and 72 preschoolers; 12 months transitional housing; focus on family reunification and vocational opportunities.	$437,603
Thomasville County Area Mental Health, Mental Retardation, and Substance Abuse Services	Thomasville, GA	RWC	Provides 6-9 months comprehensive residential treatment services to 30 women and 60 children in a rural community; focus on family reunification; significant others, male parents/partners involved in healing, habilitation process.	$821,038
Comprehensive Addiction Rehabilitation Program of Georgia, Inc.	Decatur, GA	PPW	Will expand and enhance comprehensive residential treatment services to 30 women (70% homeless), 72 infants/children, and 60 significant others; includes educational and vocational opportunities; transitional housing; family focused.	$762,256
Georgia Department of Children and Youth Services/Emory University	Atlanta, GA	RWC2	Provides 6-month comprehensive residential treatment services to 40 mothers, onsite therapeutic child care as needed to 80-100 children per year, 12-month structured continuing care, and unlimited unstructured continuing care. Focus on recovery dynamics for individual and family, self-empowerment and independent living skills.	$1,035,395
Chrysalis House, Inc.	Lexington, KY	RWC	Provides service enhancements that focus on family reunification, vocational rehabilitation, and therapeutic child care to 50% dually diagnosed residents; expands residential treatment capacity by 12 women and 24 children.	$291,335

CSAT Division of Clinical Programs: Women and Children's Branch Grantees

Project Officer: Marilyn Vranas

Grantee	Location	Type	Summary	1993 Award
Amity, Inc.	Tucson, AZ	RWC2	The Amity residential treatment project, with a capacity for 20 women and 40 children, is a comprehensive program located on a ranch outside of Tucson. The program targets pregnant and postpartum women and their children, with an emphasis on reaching a low-income, racial/ethnic population. Priority for admission is given to women with histories of sexual or physical abuse, ethnic minority status, prior problem pregnancies due to alcohol and other drug use, or low-income status.	$1,108,592
CODAC Behavioral Health Services of Pima County, Inc.	Tucson, AZ	PPW	The Las Amigas project treatment has a cognitive-behavioral and reality-based approach, which will focus on wellness, not illness. The target population is diverse with Native American, African American, Caucasian, and over 50 percent Hispanic women. The duration of treatment will be approximately 12 months. The program expects to serve 44 women and 60 children per year.	$849,623
Tulare County Mental Health Alcohol and Drug Division	Visalia, CA	RWC	The project will serve a combination of urban, suburban, and rural clients (14 women and 42 children) in a transitional, residential treatment program that focuses on preparing women to live independently and self-reliantly. The clients must have already successfully completed a treatment program before admission. The program targets low-income, recovering women and their children.	$327,873
East Bay Community Recovery Project	Oakland, CA	RWC	This program will add a residential component to an existing program and expand the treatment continuum. A complete spectrum of care is offered to residents through the existing program and other collaborating agencies. The program gives priority to African American women who are homeless, live in public housing, have HIV, and/or who are involved with the criminal justice system. The average length of stay will be 8-12 months. In Year 01, the program expects to serve 17 women and 30 children.	$1,146,538

Grantee	Location	Type	Summary	1993 Award
Odyssey House, Inc.	Portsmouth, NH	PPW	The Odyssey Family Center Long-Term Residential Treatment Program is a 9- to 12-month comprehensive residential, therapeutic community program with a bed capacity for 16 women and 24 children. The three phases of the program include healing, learning, and growth. The tri-State service area includes Maine, New Hampshire, and Vermont. The majority of the population will be Caucasian. The program expects to serve up to 20 women and 35 children.	$964,865
Oglala Sioux Tribe	Pine Ridge, SD	RWC2	The Flowering Tree Project provides a holistic, long-term residential and continuing care treatment program in a rural setting on the Pine Ridge reservation. The program targets low-income, young Oglala Sioux women, who are involved with the Tribal Court System and the Department of Social Services, and their children. The program expects to serve 20 women and 25 children in Year 02.	$691,099
Brattleboro Retreat, Inc.	Brattleboro, VT	RWC	The Brattleboro Retreat, in collaboration with the Early Education Services, provides specialized, community-based residential treatment services to low-income rural women through a comprehensive program that is relationally oriented, individualized, flexible, gender-specific, and family-centered. The project will serve primarily Caucasian women with a small percentage of African American and Hispanic who are Vermont residents. The project expects to serve 8-12 women and 16-36 children.	$641,675
Our Home Foundation, Inc.	Milwaukee, WI	RWC2	Meta House is a comprehensive residential treatment program for substance-abusing (polydrug) low-income, inner-city, minority/ethnic women who are of childbearing age, pregnant, and/or women with young children, in a combined capacity of 60 beds. The program expects to serve 55 women and 150 children.	$915,979

Project Officer: Marilyn Vranas

Grantee	Location	Type	Summary	1993 Award
Menominee Indian Tribe of Wisconsin	Keshena, WI	PPW	The Maehnoweskekiyah project is located on the Menominee indian Reservation, a mostly forested geographic area in northeastern Wisconsin with a population maximum of 7,218 persons. The program design has a mixture of treatment approaches. The pregnant and postpartum women's program will fit into the existing program currently serving both makes and females, and additionally will have a separate three afternoons per week designed for them. The total program currently has a 24-bed capacity, and five new slots for women will be created. The program will treat 9 women and 18 children with a 9-month average length of stay. The target population is Native American women with a predominance of alcohol abuse.	$359,333

CSAT Division of Clinical Programs: Women and Children's Branch Grantees

Project Officer: Linda White Young

Grantee	Location	Type	Summary	1993 Award
Alcoholism Recovery Services, Inc.	Birmingham, AL	RWC	The project will provide 6 months of residential treatment, targeting African American and Caucasian families. The program will serve an average of 50 women and 100 children annually. The full continuum of care consists of comprehensive on-site treatment, case management, crisis intervention, detoxification, and continuing care. The Developmental Model of Recovery and the Twelve Steps of Alcoholics Anonymous serve as the program's basic therapeutic components.	$1,056,956
Arkansas Children's Hospital Research Center, Inc.	Little Rock, AR	RWC	The Women and Children's Recovery Center will provide 9 months of residential treatment, targeting African American and Caucasian families. Emphasis is on the provision of services to dually diagnosed women. The treatment model consists of educational and psychotherapeutic intervention, including parenting and living skills development, later supplemented by self-in-relation and mirror image therapies. The program will serve 10 women and 25 to 30 children annually.	$504,220
The Mirror, Inc.	Newton, KS	RWC	The program will provide 6 months of residential treatment, targeting Caucasian and African American families. The comprehensive approach will provide individual and group counseling, treatment planning and prevention for children, medical care, educational and vocational training, and psychological and social services. The program will serve 30 women and 15 children annually.	$304,253
City of New Orleans Infinity Network	New Orleans, LA	PPW	The program will identify women early in order to provide substance abuse treatment in conjunction with comprehensive medical care, including prenatal care to improve birth outcomes for substance-abusing pregnant women and the overall health and well-being of their infants. The program will serve 40 to 50 women and 25 to 60 children annually.	$782,105
New England Hospital d/b/a Dimock Community Health Center	Roxbury, MA	RWC	The project will provide 12 months of residential services, targeting African American families. Treatment modalities include a therapeutic milieu; individual and group substance abuse counseling; comprehensive medical care; acupuncture; mental health services; parenting groups; nutrition counseling; recreational therapy; educational and vocational counseling; child developmental services; day care and Head Start programs. The program will serve 20 women and 35 children annually.	$769,142

Grantee	Location	Type	Summary	1993 Award
Narco Freedom, Inc.	Bronx, NY	RWC	The project will provide 12 months of residential treatment, targeting Latino and African American families. Approximately 24 women and 40 to 45 children will receive services annually. A combination of motivational counseling, cognitive behavioral techniques, support, and skills training will be used to empower women to overcome addictive behavior. There also will be medical detoxification beds and two transitional independent living suites.	$915,842
Women In Need, Inc.	New York, NY	RWC2	The goals of this project are to increase sobriety and the factors that enhance the quality of life for the women who enter into treatment and for their families, and to reduce factors that impact on children who are at a high risk for future substance abuse and poverty. The program serves 16 women and their children annually.	$790,258
East Side Catholic Shelter and Center, Inc.	Cleveland, OH	RWC	The project will provide 6 months of residential treatment, targeting African American homeless women and their children. The program will serve annually approximately 22 to 34 women and 40 to 52 children. The women targeted typically abuse crack cocaine and alcohol. The rehabilitation program for adults will employ the use of an education module using the disease concept plus a therapeutic module aimed at breaking denial and empowering women to deal with themselves and others in a responsible manner. The children's program will emphasize substance abuse prevention, building and rebuilding parent-child relationships, as well as a strong positive parenting component using the Effective Black Parent Program.	$362,727
The Village-Virgin Islands Partners In Recovery	Christiansted, St. Croix, VI	RWC	The Project will provide 6 months of residential treatment, including a comprehensive continuum of intervention and treatment services for women, along with prevention and intervention services for their children and families. The treatment model for the women consists of five treatment phases, beginning with the initial orientation of women through continuing care. Comprehensive infant medical and day care, preschool child care, and adolescent services for children older than 11 years are included in the provision of services. The program will serve 20 women and 60 children annually.	$776,668

CSAT Division of Clinical Programs: Women and Children's Branch Grantees

Project Officer: Judy Uriyu

Grantee	Location	Type	Summary	1993 Award
Catholic Charities of San Francisco	San Francisco, CA	PPW	This project provides comprehensive services for 17 pregnant and postpartum women and their children (up to 78 children) with emphasis on early intervention. This is a community-based program with linkages throughout San Francisco.	$247,882
Klein Bottle Youth Programs	Santa Barbara, CA	PPW	This project is a comprehensive residential treatment program for pregnant and postpartum women and their infants and children with a strong emphasis on improving quality of attachments with infants and parenting skills. The target population will be homeless or marginally low income families who are not able to make use of existing case management programs and outpatient treatment, primarily because of environmental factors. The program will provide treatment to five women and their children.	$300,000
EYE Counseling and Crisis Services	Escondido, CA	PPW	This project is a comprehensive residential treatment program featuring a "one-stop shopping" approach, utilizing a learning center model, for pregnant and postpartum women and their children. The target population is minority women, and 40 women and 60 children will be served annually.	$817,624
Alcohol and Drug Recovery Centers, Inc.	Hartford, CT	PPW	A full-service residential treatment center for pregnant, substance-abusing women and their children. The program population will reflect the ethnic distribution of Hartford. The project is committed to gender and cultural sensitivity. It will provide services to 10 women and 12 children over 12-15 months.	$535,676
Cape Cod Alcoholism Intervention and Rehabilitation Unit, Inc.	Falmouth, MA	PPW	A full-service residential treatment center for postpartum substance-abusing women based on a Step Down model, it is designed to positively influence substance abuse and birth outcomes. Approximately 40 women and 20 children served annually.	$765,000

Grantee	Location	Type	Summary	1993 Award
Stanley Street Treatment & Resources, Inc.	Fall River, MA	PPW	The initial setting for this project will be in Providence, RI, an urban setting, which will provide comprehensive services, or a "one-stop shopping" approach to meeting the needs of pregnant and postpartum women. The program will target minority women of color, pregnant adolescents, women at risk for HIV/AIDS infection, pregnant incarcerated substance-abusing women, and low-income or homeless women residing in Rhode Island. The projected number of clients to be treated per year is 25 women and 50 children.	$856,673
Seabrook House	Seabrook, NJ	PPW	The program model has a Twelve Step orientation integrated with some components of the therapeutic community. The program will focus on the individual needs of the women and children, while interrupting the generational cycle of poverty and substance abuse by providing the women with the tools and skills for a healthy lifestyle. The program will serve 34 women and 29 children annually.	$1,049,233
Virginia Commonwealth University	Richmond, VA	PPW	This project will provide comprehensive medical, psychiatric and psychosocial services to pregnant and postpartum women, their infants and preschoolers. Treatment will be largely individualized, with many elective activities, and includes intensive case management. The target population is mostly minority women who are unemployed. The program will provide services to 16-32 women and 18-36 children annually.	$767,975

CSAT Division of Clinical Programs: Women and Children's Branch Grantees

Project Officer: Jane Ruiz

Grantee	Location	Type	Summary	1993 Award
Potomac Healthcare Foundation	Baltimore, MD	PPW	The program proposes to establish a continuum of treatment services to include intervention and intensive inpatient, residential and continuing care for pregnant and postpartum women who abuse alcohol and other drugs. Approximately 240 women and 500 children served annually.	$973,440
Florence Crittenton Services, Inc.	Charlotte, NC	PPW	Program to focus on developing additional services for 161 women, infants and children. Target populations are adolescent and adult pregnant women who use alcohol and other drugs and their newborn and existing children. Approximately 96 women and 65 children served annually.	$607,107
Blue Ridge Area Authority	Asheville, NC	PPW	Residential treatment designed to meet the needs for comprehensive and accessible substance abuse services for target populations. The goals are to decrease use of alcohol and other drugs among PPW's and to improve the health, growth and development of infants and children exposed to alcohol and other drugs. Approximately 20 women and 30 children served annually.	$439,667
Ohio State University Department of Psychiatry Research Center	Columbus, OH	PPW	The program provides comprehensive treatment services in three phases, a 30-day inpatient detoxification, a 120-day residential program, and an 18-month continuing care program while program participants live in the community. All of the women to be served will be homeless. The program will serve 45 women and 63 children annually.	$700,062
Emanuel Hospital and Health Center (Project Network)	Portland, OR	PPW	A comprehensive residential treatment services program with focus on improving treatment outcomes for pregnant and postpartum women, their children and families. In addition to prenatal, labor and delivery and postpartum care, treatment will include parenting skills, life skills enhancement, and continuing care. Approximately 75 women and 200 children served annually.	$968,099
Buckley House Programs, Inc.	Eugene, OR	PPW	Residential treatment for 25 low-income substance-abusing pregnant women and their children. The continuum of treatment ranges from a sobering station and detoxification unit through residential facilities and outpatient services. Approximately 25 women and 35 children served annually.	$516,516

HIV Outreach Projects

ARIZONA

Mr. Ed Zborower
Division of Behavioral Health
AZ Department of Health Services
Office of Substance Abuse
2122 East Highland
Phoenix, AZ 85016
602/381-8995
602/553-9143 FAX

CALIFORNIA

Ms. Joan Hirose
Acting Chief
Grants Management Section
CA Department of Alcohol and Drug Programs
1700 K Street, 3rd Floor
Sacramento, California 95814
916/323-2051
916/323-5873 FAX

*** cc: Ms. Susan Kwong**
Project Analyst

*** cc: Mr. Andrew Mecca**
Director

For Anna Long ONLY
*** cc: Mr. John E. Schunhoff**
AIDS Programs Director
Los Angeles County Department of Health Services
600 South Commonwealth Ave., 6th Fl.
Los Angeles, California 90005
213/351-8001
213/387-0912 FAX

*** Mr. Stephen Trujillo**
Program Director
CODAC Behavioral Health Services of Pima County
2530 E. Broadway, Suite D
Tucson, Arizona 85716
602/327-4505
602/327-5073 FAX
TI00365-01 001 APPLICATION NUMBER

*** Anna Long, Ph.D.**
Chief Research Analyst
AIDS Program
LA Co. Dept. of Health Services
600 South Commonwealth Ave., 6th Fl.
Los Angeles, California 90005
213/351-8001
213/387-0912 FAX

*** Mr. Lawrence Tsang**
Director
COPASA
Asian American Recovery Services, Inc.
300 Fourth Street, Suite 200
San Francisco, California 94107
415/541-9404
415/541-9986 FAX

*** Ms. Lynn Evans-Riester**
HIV Project Director
Ventura County Department of Alcohol and Drug Program
955 East Thompson Boulevard
Ventura, California 93001
805/648-9522
805/648-4139 FAX

*** Ms. Suzanne Westman**
Project Director
JWCH Institute, Inc.
1910 W. Sunset Blvd., Suite 650
Los Angeles, California 90026-3290
213/744-5245
213/413-3443 FAX

For Dan Gleason ONLY
*** cc: Bill Edelman, LCSW**
Division Manager
Orange County Health Care Agency
Drug Abuse Services
405 W. 5th Street, Suite 212
Santa Ana, CA 92701
714/568-4796
714/667-3968 FAX

*** Mr. Dan Gleason**
Program Supervisor
HIV Outreach Project
Orange County Health Care Agency
Drug Abuse Services
1725 W. 17th Street, Suite 149-B
Santa Ana, California 92706
714/834-7926 Main Phone
714/834-7904 Mr. Gleason's Line
714/834-8741 FAX

*** Ms. Barbara Walker**
Grants Administrator
San Joaquin County Office of
Substance Abuse
Post Office Box 1020
Stockton, California 95201
209/468-6781
209/468-6826 FAX

*** Ms. Kathy Coleman**
Program Director
Community Works!
511 East Magnolia
2nd Floor
Stockton, CA 95202
209/468-2299

CONNECTICUT

John C. Higgins-Biddle, Ph.D.
Executive Director
Program Management
CT Alcohol and Drug Abuse Commission
999 Asylum Avenue, 3rd Floor
Hartford, Connecticut 06105
203/566-4145 or 3403
203/566-6055 FAX

*** cc: Mr. Jim Donagher**
203/566-6555
HIV Project Officer
Program Management

*** Merrill Singer, Ph.D.**
Program Director
Project Connect
Hispanic Health Council
98 Cedar St.
Hartford, Connecticut 06106
203/527-0856
203/724-0437 FAX
TI00344-01 003 APPLICATION NUMBER

D.C.

Maude Holt
Administrator
Alcohol and Drug Abuse Services
Administration
1300 1st Street, N.E., 3rd Floor
Washington, D.C. 20002
202/727-9074
202/727-1653 FAX

*** Mary L. Bahr**
Director of Contracts and Grants
Whitman-Walker Clinic, Inc.
1407 S Street, N.W.
Washington, D.C. 20009
202/797-3510
202/797-3504 FAX
TI00355-01 002 APPLICATION NUMBER

*** cc: Vernell Roberts or Sharon Cox**
HIV Project Officer
Room 715
202/724-5637
202/673-4318 FAX

*** cc: Beverly Fleming**
Project Director
The OASIS Project at the Max Robinson Center
Whitman-Walker Clinic, Inc.
3920 S. Capital St., S.E.
Washington, D.C. 20032
202/562-1261
202/562-1240 FAX

*** Richard C. Birkel, Ph.D.**
Program Director
KOBA Institute
1156 15th Street, N.W., Suite 200
Washington, D.C. 20005
202/328-5700
202/659-3027 FAX
TI00355-01 004 APPLICATION NUMBER

*** cc: Laureen Malatesta, PA-C, MPH**
Director
Project Aquarius
680 Rhode Island Ave., N.E.
Rhode Island Shopping Center
Suite 200
Washington, DC 20002
202/526-9700 ext. 760
202/526-2924 FAX

FLORIDA

Ms. Pamela Peterson
Deputy Assistant Secretary
Alcohol and Drug Abuse
FL Department of Health and Rehabilitation Services
1317 Winewood Blvd., Bld. 6, # 182
Tallahassee, Florida 32301
904/922-4270
904/487-2239 FAX

*** cc: Atrica Warr**
HIV Project Officer
904/488-0900
904/487-2239 FAX

*** Ms. Shirley Aron**
Program Director
Switchboard of Miami, Inc.
75 S.W. 8th Street
Miami, Florida 33130
305/358-1640
305/379-3767 FAX
TI00354-01 007 APPLICATION NUMBER

*** Ms. Audrey Rumbel**
Program Director
Tri-County Addictions Rehabilitation Services
Post Office Drawer 9306
Winter Haven, Florida 33883
813/299-4464
813/299-8760 FAX
TI00354-01 004 APPLICATION NUMBER

ILLINOIS

Mr. James E. Long
Director
IL Department of Alcoholism and Substance Abuse
222 South College, 2nd Floor
Springfield, Illinois 62704
217/785-9067
217/785-0954 FAX

*** cc: Ms. Barbara Huyler**
HIV Project Manager
Program Development Division
IL Department of Alcoholism and Substance Abuse
100 West Randolph, Suite 5600
Chicago, Illinois 60601
312/814-6435
312/814-2419 FAX

*** Mr. Stuart Wegener**
Program Director
TASC, Inc.
1500 N. Halsted
Chicago, Illinois 60622
312/787-0208
312/787-9663 FAX
TI00360-01 002 APPLICATION NUMBER

*** Jennifer Smith, M.D.**
Program Director
Hektoen Institute for Medical Research (Cook Co. Hospital)
9th Floor, CCSN
Division of General Medicine
1900 West Polk Street
Chicago, Illinois 60612
312/633-7810 (7815)
312/633-8333 FAX
TI00360-01 004 APPLICATION NUMBER

*** Dr. Wayne Wiebel**
Program Director
University of Illinois - School of Public Health
2121 West Taylor Street, Room 555
Chicago, Illinois 60612
312/996-5523
312/996-0064 FAX
TI00360-01 003 APPLICATION NUMBER

INDIANA

Larry D. Miller
Deputy Director
Office of Resource Development
Division of Mental Health
402 West Washington St., Room W-353
Indianapolis, Indiana 46204-2730
317/233-4320
317/233-3472 FAX

*** cc: Toby Miller**
317/232-7854

*** Virginia Caine, M.D.**
Director
The Health & Hospital Corp. of Marion County
3838 North Rural Street
Indianapolis, Indiana 46205
317/541-2301 or 630-8190
317/541-2304 FAX
TI00343-01 000 APPLICATION NUMBER

*** Mary McKey (If Dr. Caine not in)**
317/541-2129

NEVADA

Ms. Elizabeth Breshears
Chief
Bureau of Alcohol and Drug Abuse
505 East King Street
Carson City, Nevada 89710
702/687-4790
702/687-4733 FAX

*** cc: Tim Moen**

*** Bill Wollitz, Dr.P.H.**
President/Executive Director
Northern Area Substance Abuse Council, Inc.
320 Flint Street
Reno, Nevada 89501
702/786-6563
702/329-3402 FAX
(The Copy Store)

*** Ms. Dione Shamberger**
Project Coordinator
900 N. Main St.
Fallon, NV 89406
702/423-1412

NEW YORK

Ms. Marguerite T. Saunders
Director
NY State Division of Alcoholism & Alcohol Abuse
194 Washington Avenue
Albany, NY 12210
518/474-5417
518/474-3004 FAX

*** cc: Mr. Terry Jackson**
518/457-7629
518/485-7198 FAX

*** Ed Reese**
State Reg. Contract Manager in Buffalo
NY State Office of Alcoholism & AA
Donavon State Office Bldg.
125 Main St., Rm. 232
Buffalo, New York 14203
716/847-3943
716/847-3952 FAX

*** Mr. Einar Borgstrom**
NY State Office of Alcoholism and Substance Abuse Services
Bureau of Contract Management/ Program Operations
55 West 125th St.
New York, New York 10027-4516
212/870-8439

*** Mr. Steven Rabinowitz**
212/870-8330
212/870-5820 FAX

*** Ms. Vernatta Chesimard**
212/870-8498

*** Ms. Miguelina Maldonado**
Program Director
Hispanic AIDS Forum, Inc.
121 Avenue of the Americas, # 505
New York, New York 10013
212/966-6336
212/966-7890 FAX
TI00353-01 005 APPLICATION NUMBER

*****
Program Director
Association for Drug Abuse Prevention and Treatment
522 Southern Boulevard
Bronx, New York 10455
718/665-5421
718/665-0492 FAX
TI00353-01 008 APPLICATION NUMBER

*** Ms. Valerie Eastman**
Program Director
Project Reach
228 Franklin Street
Buffalo, New York 14202
716/847-0269
716/845-4322 FAX (Hospital)
(716/847-1394 Office FAX)
TI00353-01 001 APPLICATION NUMBER

*** Ms. Diane Bonavota**
Program Director
Project Return Foundation, Inc.
10 Astor Place
New York, New York 10003
212/979-8800
212/979-0100 FAX
TI00353-01 009 APPLICATION NUMBER

NORTH CAROLINA

Ms. Flo Stein, Acting
Director
Alcohol and Drug Abuse Section
NC Division of Mental Health and
Mental Retardation Services
325 North Salisbury Street
Raleigh, North Carolina 27611
919/733-4670
919/733-9455 FAX

*** cc: Doug Baker**
Adult Treatment

*** Les McLemore**
Project Manager
919/556-3464 (H)
919/733-4671 (W)
919/733-9455 FAX

*** Mr. Doug Sudduth**
Program Director
Southeastern Center for Mental
Health, Developmental Disabilities
and Substance Abuse Services
721 Market Street, 3rd Floor
Wilmington, North Carolina 28401
919/343-0145
919/341-5779 FAX
TI00345-01 001 APPLICATION NUMBER

[Subcontract to:]
*** Ms. Lois Vandergrift**
Project Coordinator
Coastal Horizons Center, Inc.
919/343-0145
919/341-5779 FAX

*** Kenny House**, Unit Director
Treatment and Out Reach Workers

*** Eric Lutmer**, Assistant Director

OHIO

Ms. Lucille Fleming
Director
OH Department of Alcohol and Drug
Addiction Services
2 Nationwide Plaza, 12th Floor
280 North High Street
Columbus, OH 43215-3445
614/466-3445
614/752-8645 FAX

*** cc: Ms. Sharon Tennison**

*** Mr. Gregory J. Rozelle**
Program Director
Combined Health District of
Montgomery County
451 West Third Street
Dayton, Ohio 45422
513/225-4477
513/496-3073 FAX
TI00359-01 001 APPLICATION NUMBER

*** Lawrence D. Sanders, Ph.D.**
Program Director
Cleveland Treatment Center
1127 Carnegie Avenue
Cleveland, Ohio 44115
216/991-7233
216/241-1879 FAX
TI00359-01 003 APPLICATION NUMBER

OREGON

Mr. Jeffrey N. Kushner
Assistant Director
OR Office of Alcohol and Drug Abuse
Programs
1178 Chemeketa Street, N.E. #102
Salem, Oregon 97310
503/378-2163
503/378-8467 FAX

*** cc: Toni Phipps**
QA and Training Manager

*** Ms. Jean Gould**
Program Director
Multnomah County Health Department
426 S.W. Stark Street, 6th Floor
Portland, Oregon 97204
503/248-3674
503/248-3676 FAX

*** Ms. Rita Sullivan**
Program Director
OnTrack, Inc.
221 West Main Street
Medford, Oregon 97501
503/772-1777
503/779-5093 FAX

PENNSYLVANIA

Ms. Jeannine D. Peterson
Deputy Secretary
Office of Drug and Alcohol Programs
PA Department of Health
Health & Welfare Building, Room 809
P.O. Box 90
Harrisburg, PA 17108
717/787-9857
717/772-6959 FAX

*** cc: Mr. Tom Brown**
Room 932
717/783-8665
717/787-6285 FAX

*** Ms. Annette Green**
Program Director
Allegheny County Mental Health,
Mental Retardation,
Drug and Alcohol Program
304 Wood Street
Pittsburgh, Pennsylvania 15222-1900
412/355-4291
412/355-3880 FAX
TI00347-01 002 APPLICATION NUMBER

*** Dr Bernadette Holmes**
Project Coordinator
412/244-4718

*** Ms. Renata J. Henry**
Manager
Bucks County Drug & Alcohol
Commission, Inc.
928 Town Center, West Butler Avenue
New Britain, Pennsylvania 18901
215/345-8576
215/345-7906 FAX
TI00347-01 001 APPLICATION NUMBER

*** Mr. Michael Black**
Project Director
215/788-7817

PUERTO RICO

Nestor Galarza, M.D.
Administrator
Mental Health and Anti-Addiction
Services Administration
Box 21414, Rio Piedras Station
Rio Piedras, Puerto Rico 00928-1414
809/764-3795
809/765-5895 FAX

*** Rafaela R. Robles, Ph.D.**
Project Director
Department of Anti-Addiction
Services Research Institute
Post Office Box 21414
Rio Piedras, Puerto Rico 00928-1414
809/765-1228
809/765-5895 FAX

RHODE ISLAND

Mr. William Pimentel
Deputy Director
Division of Substance Abuse
RI Department of Mental Health, Retardation and Hospitals
P.O. Box 20363
Cranston, Rhode Island 02920
401/464-2091
401/464-2089 FAX

*** cc: Curt Topper**
HIV Project Officer
401/464-2140

*** Mr. Dale A. Simpson**
Program Director
Marathon of Rhode Island, Inc.
131 Wayland Avenue
Providence, Rhode Island 02906
401/331-4250
401/421-5520 FAX
TI00349-01 001 APPLICATION NUMBER

*** cc: Martin (Marty) Camacho**
Director of Outreach
Community Outreach Project
Division of Marathon Inc. of Rhode Island
247 Lockwood Street
Providence, Rhode Island 02905
401/351-7330

TEXAS

Mr. Bob Dickson
Executive Director
TX Commission on ADA
720 Brazos, Suite 403
Austin, Texas 78701
512/867-8802
512/867-8181 FAX

*** cc: Beverly Mendez**
Attn: Contracts

*** cc: Ms. Monica Knighton**
Grants Specialist
512/867-8846
512/867-8180 FAX

*** Kenneth N. Vogtsberger, M.D.**
Program Director
The Univ. of Texas Health Sciences Center at San Antonio
7703 Floyd Curl Drive
San Antonio, Texas 78284-7792
512/567-5508
512/567-6941 FAX

*** Ms. M. desVignes-Kendrick**
Program Director
Houston Department of Health & Human Services
8000 N. Stadium Drive
Houston, Texas 77054
713/794-9311
713/794-9464 FAX
TI00363-01 008 APPLICATION NUMBER

*** Mr. Mark L. Williams**
Program Director
Affiliated Systems Corporation
3104 Edloe, Suite 330
Houston, Texas 77027-6022
713/439-0210
713/439-1924 FAX
TI00363-01 004 APPLICATION NUMBER

CSAT
Center for Substance Abuse Treatment

DIVISION OF NATIONAL TREATMENT DEMONSTRATIONS

Critical Populations Branch
and
Criminal Justice Systems Branch

DIRECTORY OF STATE GRANTEES/PROVIDERS

Revised
November 1993

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Substance Abuse and Mental Health Services Administration

Rockwall II Building, 7th Floor
5600 Fishers Lane
Rockville, Maryland 20857

This directory was developed for the Center for Substance Abuse Treatment (CSAT), Division of National Treatment Demonstrations Branch, by United Information Systems, Inc., 3206 Tower Oaks Boulevard, Rockville, Maryland 20852 and Technical Resources, Inc., 3202 Tower Oaks Boulevard, Rockville, Maryland 20852, under Contract No. (CSAT) 270-91-0013.

DIVISION OF NATIONAL TREATMENT DEMONSTRATIONS
Critical Populations Branch
and
Criminal Justice Systems Branch

DIRECTORY OF STATE GRANTEES/PROVIDERS

Table of Contents

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CRITICAL POPULATIONS — ADOLESCENTS
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Project Officer — Janice Berger

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Providers:	15

CALIFORNIA

State Grantee

Project Director

Joan Hirose
Chief, Grants Management Section
Department of Alcohol & Drug Programs
1700 K Street
Sacramento, CA 95814
(916) 322-5935
FAX: (916) 323-0653

Contact Person

Susan Wilson
Grants Management Section
Department of Alcohol & Drug Programs
1700 K Street
Sacramento, CA 95814
(916) 323-6698
FAX: (916) 323-0653

1 TI00446-01000-CP

Providers

Project Director

William F. Manov, Ph.D.
Alcohol and Drug Programs Administrator
Santa Cruz County Health Svcs. Agency
1080 Emeline Avenue
Santa Cruz, CA 95060
(408) 454-4050
FAX: (408) 454-4488

Contact Person

William F. Manov, Ph.D.
Alcohol and Drug Programs Administrator
Santa Cruz County Health Svcs. Agency
1080 Emeline Avenue
Santa Cruz, CA 95060
(408) 454-4050
FAX: (408) 454-4488

1 TI00446-01021-CPA

CALIFORNIA (continued)

Providers

Project Director

Nora Cole, M.Ed.
Program Director
San Diego Youth & Community Services
3255 Wing Street, Suite 550
San Diego, CA 92110
(619) 221-8600
FAX: (619) 221-8611

1 TI00446-01024-CPA

Contact Person

Nora Cole, M.Ed.
Institute Director
San Diego Youth & Community Services
Teen Recovery Center
3925 Adams Avenue
San Diego, CA 92116
(619) 521-2250
FAX: (619) 236-6939

Project Director

Michael J. Beard
County of Lassen
Alcohol and Drug Program
476 Alexander Avenue
Susanville, CA 96130
(916) 257-8311
FAX: (916) 257-8177

1 TI00446-01026-CPA

Contact Person

Michael J. Beard
County of Lassen
Alcohol and Drug Program
476 Alexander Avenue
Susanville, CA 96130
(916) 257-8311
FAX: (916) 257-8177

Project Director

Allan Seid, M.D.
Executive Director
Asian Americans for Community Involvement
232 E. Gish Road, 2nd Floor
San Jose, CA 95112
(408) 452-5151
FAX: (408) 452-4620

1 TI00446-01063-CPA

Contact Person

Allan Seid, M.D.
Executive Director
Asian Americans for Community Involvement
232 E. Gish Road, 2nd Floor
San Jose, CA 95112
(408) 452-5151
FAX: (408) 452-4620

COLORADO

State Grantee

Project Director

Robert B. Aukerman
Director
Alcohol and Drug Abuse Division
Colorado Department of Health
4300 Cherry Creek Drive, South
Denver, CO 80222
(303) 692-2930
FAX: (303) 782-4883

Contact Person

Jan Embree-Beaver
Field Representative
Alcohol and Drug Abuse Division
Colorado Department of Health
4300 Department of Health
Denver, CO 80222
(303) 692-2930
FAX: (303) 782-4883

1 TI00435-01000-CP

Provider

Project Director

Donna Briones
Project Director
San Luis Valley Comprehensive
Community Mental Health Center
1015 4th Street
Alamosa, CO 81101
(719) 589-3671
FAX: (719) 589-9136

Contact Person

Donna Briones
Project Director
San Luis Valley Comprehensive
Community Mental Health Center
1015 4th Street
Alamosa, CO 81101
(719) 589-3671
FAX: (719) 589-9136

1 TI00435-01003-CPA

CONNECTICUT

State Grantee

Project Director

Ardell Wilson
Bureau Chief of Addiction
and Community Health Service
Connecticut Dept. of Public Health
and Addiction Services
999 Asylum Avenue
Hartford, CT 06105
(203) 566-3464
FAX: (203) 566-6055

Contact Person

Michael Amara
Assistant Director of Program Mgmt.
Connecticut Alcohol
and Drug Abuse Commission
999 Asylum Avenue, 3rd Floor
Hartford, CT 06105
(203) 566-3403
FAX: (203) 566-6055

1 TI00408-01000-CP

Provider

Project Director

Joseph P. Sheehan, M.S.
Program Management Coordinator
CT Dept. of Children & Families
Substance Abuse Division
170 Sigourney Street
Hartford, CT 06105
(203) 566-3453
FAX: (203) 566-8022

Contact Person

Joseph P. Sheehan, M.S.
Program Management Coordinator
CT Dept. of Children & Families
Substance Abuse Division
170 Sigourney Street
Hartford, CT 06105
(203) 566-3453
FAX: (203) 566-8022

1 TI00408-01003-CPA

FLORIDA

Grantee & Provider

Project Director

Jose Szapocznik, Ph.D.
Director
University of Miami
Center on Minority Families
1425 NW 10th Avenue, 3rd Floor
Miami, FL 33136
(305) 548-4592
FAX: (305) 547-5577

Contact Person

Jose Szapocznik, Ph.D.
Director
University of Miami
Center on Minority Families
1425 NW 10th Avenue, 3rd Floor
Miami, FL 33136
(305) 548-4592
FAX: (305) 547-5577

1 TI00417-01-CPA

OHIO

State Grantee

Project Director

Michael J. Stringer
Chief
Division of Special Programming
Ohio Dept. of Alcohol
and Drug Addiction Services
280 N. High Street, 12th Floor
Columbus, OH 43215
(614) 644-8317
FAX: (614) 752-8645

Contact Person

Michael J. Stringer
Chief
Division of Special Programming
Ohio Dept. of Alcohol
and Drug Addiction Services
280 N. High Street, 12th Floor
Columbus, OH 43215
(614) 644-8317
FAX: (614) 752-8645

1 TI00416-01000-CP

Provider

Project Director

Rev. Gilbert J. Carter
Executive Director
Community Treatment
and Correction Center
Juvenile Program
1200 Market Avenue South
Canton, OH 44707
(216) 453-8401
FAX: (216) 453-8430

Contact Person

Rev. Gilbert J. Carter
Executive Director
Community Treatment
and Correction Center
Juvenile Program
1200 Market Avenue South
Canton, OH 44707
(216) 453-8401
FAX: (216) 453-8430

1 TI00416-01004-CPA

SOUTH CAROLINA

State Grantee

Project Director

Bill B. Burnett
Director for Intervention
and Treatment Services
SC Dept. of Alcohol and Other
Drug Abuse Services
3700 Forest Drive, Suite 300
Columbia, SC 29204
(803) 734-9543
FAX: (803) 734-9663

Contact Person

William L. Belvin, Jr.
Director
Division of Program Support
SC Dept. of Alcohol and Other
Drug Abuse Services
3700 Forest Drive, Suite 300
Columbia, SC 29204
(803) 734-9589
FAX: (803) 734-9663

1 TI00415-01000-CP

Provider

Project Director

Bill B. Burnett
Director for Intervention
and Treatment Services
SC Dept. of Alcohol and Other
Drug Abuse Services
3700 Forest Drive, Suite 300
Columbia, SC 29204
(803) 734-9543
FAX: (803) 734-9663

Contact Person

William L. Belvin, Jr.
Director
Division of Program Support
SC Dept. of Alcohol and Other
Drug Abuse Services
3700 Forest Drive, Suite 300
Columbia, SC 29204
(803) 734-9589
FAX: (803) 734-9663

1 TI00398-01003-CPA

VIRGINIA

State Grantee

Project Director

John F. Draude, Jr., Ph.D.
Director
Office of Substance Abuse Services
VA Dept. of Mental Health, Mental Retardation, & Substance Abuse Svcs.
109 Governor Street
P.O. Box 1797
Richmond, VA 23214
(804) 786-3906
FAX: (804) 371-0091

1 TI00410-01000-CP

Contact Person

Mellie Randall
Director for Program Planning and Consultation
Office of Substance Abuse Services
VA Dept. of Mental Health, Mental Retardation, & Substance Abuse Svcs.
109 Governor Street
P.O. Box 1797
Richmond, VA 23214
(804) 371-0767
FAX: (804) 371-0091

Provider

Project Director

Joan N. Volpe, Ph.D.
Director
Alcohol and Drug Services
Fairfax-Falls Church Community Services Board
3900 Jermantown Rd., Suite 200
Fairfax, VA 22030
(703) 934-5477
FAX: (703) 934-8742

1 TI00410-01002-CPA

Contact Person

Joan N. Volpe, Ph.D.
Director
Alcohol and Drug Services
Fairfax-Falls Church Community Services Board
3900 Jermantown Road, Suite 200
Fairfax, VA 22030
(703) 934-5477
FAX: (703) 934-8742

COMPETITIVE RENEWALS

CALIFORNIA

State Grantee

Project Director

Joan Hirose
Chief, Grants Management Section
Department of Alcohol & Drug Programs
1700 K Street
Sacramento, CA 95814
(916) 322-5935
FAX: (916) 323-0653

Contact Person

Susan Wilson
Grants Management Section
Department of Alcohol & Drug Programs
1700 K Street
Sacramento, CA 95814
(916) 323-6698
FAX: (916) 323-0653

1 TI00050-04000-CP

Provider

Project Director

Brian Greenberg, Ph.D.
Project Director
Walden House, Inc.
Adolescent Program
520 Townsend Street
San Francisco, CA 94103
(415) 554-1100
FAX: (415) 554-1122

Contact Person

Brian Greenberg, Ph.D.
Project Director
Walden House, Inc.
Adolescent Program
520 Townsend Street
San Francisco, CA 94103
(415) 554-1100
FAX: (415) 554-1122

2 TI00050-04003-CPA

MINNESOTA

Grantee & Provider

Project Director

Debra Guthmann, M.A.
Program Director
Fairview Riverside Medical Center
2450 Riverside Avenue
Minneapolis, MN 55454
(612) 672-4402
FAX: (612) 672-4516

Contact Person

Debra Guthmann, M.A.
Program Director
Fairview Riverside Medical Center
2450 Riverside Avenue
Minneapolis, MN 55454
(612) 672-4402
FAX: (612) 672-4516

1 TI00951-01-CPA

OHIO

State Grantee

Project Director

Michael J. Stringer
Chief
Division of Special Programming
OH Department of Alcohol
and Drug Addiction Svcs.
2 Nationwide Plaza
280 N. High Street, 12th Floor
Columbus, OH 43215
(614) 644-8454
FAX: (614) 752-8645

1 TI00047-04000-CP

Contact Person

Michael J. Stringer
Chief
Division of Special Programming
OH Department of Alcohol
and Drug Addiction Svcs.
2 Nationwide Plaza
280 N. High Street, 12th Floor
Columbus, OH 43215
(614) 644-8454
FAX: (614) 752-8645

Provider

Project Director

Kathleen Kinney
Executive Director
Lake Area Recovery Center
2801 "C" Court
Ashtabula, OH 44004
(216) 998-0722
FAX: (216) 992-2761

2 TI00047-04007-CPA

Contact Person

Diana Rosa
Administrative Coordinator
Ivan Rosa
Adolescents Services Coordinator
Lake Area Recovery Center
2801 "C" Court
Ashtabula, OH 44004
(216) 998-0722
FAX: (216) 992-2761

OREGON

State Grantee

Project Director

Jeffrey N. Kushner
Director
Oregon Office of Alcohol
and Drug Abuse Programs
Human Resources Bldg.
500 Summer Street, NE
Salem, OR 97310-1016
(503) 378-2163
FAX: (503) 378-8467

Contact Person

Toni Phipps
Manager, Quality Assurance & Training
Oregon Office of Alcohol
and Drug Abuse Programs
Human Resources Bldg.
500 Summer Street, NE
Salem, OR 97310-1016
(503) 378-2163
FAX: (503) 378-8467

1 TI00065-04000-CP

Provider

Project Director

Jim Forbes
Executive Director
Looking Glass Youth and Family Services
Adolescent Recovery Program
44 W. Broadway, Suite 501
Eugene, OR 97401
(503) 686-2688
FAX: (503) 345-7605

Contact Person

Bruce Abel, D.S.W.
Program Director
Looking Glass Youth and Family Services
Adolescent Recovery Program
20 E. 13th Avenue
Eugene, OR 97401
(503) 484-4428
FAX: (503) 484-7212

2 TI00065-04002-CPA

WASHINGTON

State Grantee

Project Director

Ken Stark
Director
Division of Alcohol & Substance Abuse
Department of Social and Health Services
P.O. Box 45330
Olympia, WA 98504-5330
(206) 438-8200
FAX: (206) 438-8078

Contact Person

Thelma Robinson
Program Manager
Division of Alcohol & Substance Abuse
Department of Social and Health Services
P.O. Box 45330
Olympia, WA 98504-5330
(206) 438-8066
FAX: (206) 438-8078

1 TI00077-04000-CP

EXPRESS MAIL ADDRESS: 612 Woodland Square Loop, S.E., Bldg. C
Lacey, WA 98503

Provider

Project Director

Steven Freng, M.S.W.
Administrator
Seattle-King County Dept. of Public Health
Div. of Alcohol & Substance Abuse Svcs.
506 2nd Ave, Suite 1008
Seattle, WA 98104
(206) 296-7615
FAX: (206) 296-0177

Contact Person

Mark L. Wirschem
Youth and Family Services Coordinator
Seattle-King County Dept. of Public Health
Div. of Alcohol & Substance Abuse Svcs.
506 2nd Avenue, Suite 1008
Seattle, WA 98104
(206) 296-7613
FAX: (206) 296-0177

2 TI00077-04003-CPA

CRITICAL POPULATIONS — WOMEN AND THEIR CHILDREN (FY '93 - FY '96)
Project Officers — Janice Berger/Nancy Ramos-Sayre

State Grantees/Providers:	20
State Grantees:	9
Providers:	11

ALABAMA

State Grantee

Project Director

Dory Hector
Grants Coordinator
Division of Substance Abuse Svcs.
Alabama Dept. of Mental Health
and Mental Retardation
P.O. Box 3710
527 Interstate Park Drive
Montgomery, AL 36109-0710
(205) 270-4652
FAX: (205) 270-4654

Contact Person

Dory Hector
Grants Coordinator
Division of Substance Abuse Svcs.
Alabama Dept. of Mental Health
and Mental Retardation
P.O. Box 3710
527 Interstate Park Drive
Montgomery, AL 36109-0710
(205) 270-4652
FAX: (205) 270-4654

1 TI00414-01000-CP

Provider

Project Director

Laurie Prentice-Dunn, M.A.
Executive Director
Indian Rivers Substance Abuse Center
Substance Abuse Division
P.O. Box 2190
1914 7th Street
Tuscaloosa, AL 35403
(205) 391-0107
FAX: (205) 391-0106

Contact Person

Laurie Prentice-Dunn, M.A.
Executive Director
Indian Rivers Substance Abuse Center
Substance Abuse Division
P.O. Box 2190
1914 7th Street
Tuscaloosa, AL 35403
(205) 391-0107
FAX: (205) 391-0106

1 TI00414-01002-CPW (Janice Berger serves as Project Officer)

CALIFORNIA

State Grantee

Project Director

Joan Hirose
Chief, Grants Management Section
Department of Alcohol & Drug Programs
1700 K Street
Sacramento, CA 95814
(916) 322-5935
FAX: (916) 323-0653

Contact Person

Susan Wilson
Grants Management Section
Department of Alcohol & Drug Programs
1700 K Street
Sacramento, CA 95814
(916) 323-6698
FAX: (916) 323-0653

1 TI00446-01000-CP

Providers

Project Director

Nika St. Claire
Children's Hospital Oakland
Center for the Vulnerable Child
747 52nd Street
Oakland, CA 94609
(510) 428-3783
FAX: (510) 601-3913

Contact Person

Nika St. Claire
Children's Hospital Oakland
Center for the Vulnerable Child
747 52nd Street
Oakland, CA 94609
(510) 428-3783
FAX: (510) 601-3913

1 TI00446-01029-CPW (Nancy Ramos-Sayre serves as Project Officer)

Project Director

Stephen A. Ambrose, Ph.D.
Director, Family Care Center
Children's Institute International
711 South New Hampshire Avenue
Los Angeles, CA 90005
(213) 385-5100
FAX: (213) 383-1820

Contact Person

Stephen A. Ambrose, Ph.D.
Director, Family Care Center
Children's Institute International
711 South New Hampshire Avenue
Los Angeles, CA 90005
(213) 385-5100
FAX: (213) 383-1820

1 TI00446-01061-CPW (Janice Berger serves as Project Officer)

ILLINOIS

State Grantee

Project Director

James E. Long
Director
Illinois Department of Alcoholism
and Substance Abuse
100 West Randolph Street, 5-600
Chicago, IL 60601
(312) 814-2291
FAX: (312) 814-2419

Contact Person

Michael Rainey
Manager, Project Development
Illinois Department of Alcoholism
and Substance Abuse
100 West Randolph Street, 5-600
Chicago, IL 60601
(312) 814-6432
FAX: (312) 814-2419

1 TI00437-01000-CP

Provider

Project Director

Judy Fried, M.A.
Executive Director
Northern IL Council on Alcoholism
and Substance Abuse
31979 N. Fish Lake Road
Round Lake, IL 60073
(708) 546-6450
FAX: (708) 546-6760

Contact Person

Judy Fried, M.A.
Executive Director
Northern IL Council on Alcoholism
and Substance Abuse
31979 N. Fish Lake Road
Round Lake, IL 60073
(708) 546-6450
FAX: (708) 546-6760

1 TI00437-01005-CPW (Nancy Ramos-Sayre serves as Project Officer)

MICHIGAN

State Grantee

Project Director

Kristi Broessel
Budget Specialist
Center for Substance Abuse Services
Michigan Department of Public Health
3423 North Logan/Martin L. King Blvd.
Lansing, MI 48909
(517) 335-8807
FAX (517) 335-8837

Contact Person

Kristi Broessel
Budget Specialist
Center for Substance Abuse Services
Michigan Department of Public Health
3423 North Logan/Martin L. King Blvd.
Lansing, MI 48909
(517) 335-8807
FAX (517) 335-8837

1 TI00405-01000-CP

Provider

Project Director

Nancy L. Siegrist, M.P.A.
Executive Director
National Council on Alcoholism/
Lansing Regional Area, Inc.
3400 S. Cedar Street, Suite 200
Lansing, MI 48910
(517) 887-0226
FAX: (517) 887-8121

Contact Person

Nancy L. Siegrist, M.P.A.
Executive Director
National Council on Alcoholism/
Lansing Regional Area, Inc.
3400 S. Cedar Street, Suite 200
Lansing, MI 48910
(517) 887-0226
FAX: (517) 887-8121

1 TI00405-01003-CPW (Nancy Ramos-Sayre serves as Project Officer)

NEW YORK

State Grantee

Project Director

John S. Gustafson
Deputy Director for Federal Relations
New York State Office of Alcoholism
and Substance Abuse Services
Executive Park South
Albany, NY 12203-8200
(518) 457-7629
FAX: (518) 485-7198

Contact Person

John S. Gustafson
Deputy Director for Federal Relations
New York State Office of Alcoholism
and Substance Abuse Services
Executive Park South
Albany, NY 12203-8200
(518) 457-7629
FAX: (518) 485-7198

1 TI00424-01000-CP

Provider

Project Director

Jacob M. Romo, Ph.D.
Executive Director
Sullivan County, New York
Dept. of Community Services
100 North Street
Monticello, NY 12701
(914) 794-3000 ext. 5025
FAX: (914) 794-3459

Contact Person

Rosemarie Spencer
Asst. Director for Clinical Operations
and Support
Sullivan County, New York
Dept. of Community Services
100 North Street
Monticello, NY 12701
(914) 794-3000 ext. 5025
FAX: (914) 794-3459

1 TI00424-01007-CPW (Janice Berger serves as Project Officer)

PENNSYLVANIA

State Grantee

Project Director

Jeannine D. Peterson
Deputy Secretary for Health Promotion
and Substance Abuse Prevention
Pennsylvania Department of Health
P.O. Box 90
Commonwealth & Foster Streets, Rm. 809
Harrisburg, PA 17108
(717) 787-9857
FAX: (717) 772-6959

Contact Person

Peter Pennington
Supervisor, Treatment and Criminal Justice
Programs
Office of Drug and Alcoholism
Pennsylvania Department of Health
P.O. Box 90
Commonwealth & Foster Street, Rm. 929
Harrisburg, PA 17108
(717) 787-2712
FAX: (717) 787-6285

1 TI00415-01000-CP

Providers

Project Director

John T. Carroll
Director
Crozer-Chester Medical Center
Substance Abuse Services
1 E. 9th Street
Chester, PA 19013
(215) 499-5440
FAX: (215) 499-5470

Contact Person

Ann Gormley
Service Coordinator
Crozer-Chester Medical Center
Substance Abuse Services
1 E. 9th Street
Chester, PA 19013
(215) 499-5440
FAX: (215) 499-5470

1 TI00415-01002-CPW (Janice Berger serves as Project Officer)

Project Director

Karol Kaltenbach, Ph.D.
Director of the Family Center
Thomas Jefferson University
1201 Chestnut Street, 11th Floor
Philadelphia, PA 19107
(215) 955-4068
FAX: (215) 568-4664

Contact Person

Marilee Comfort
Research Coordinator, Family Center
Thomas Jefferson University
1201 Chestnut Street, 11th Floor
Philadelphia, PA 19107
(215) 955-4068
FAX: (215) 568-4664

1 TI00415-01008-CPW (Janice Berger serves as Project Officer)

SOUTH CAROLINA

State Grantee

Project Director

William L. Belvin, Jr.
Director
Division of Program Support
SC Dept. of Alcohol and Other
Drug Abuse Services
3700 Forest Drive, Suite 300
Columbia, SC 29204
(803) 734-9589
FAX: (803) 734-9663

Contact Person

William L. Belvin, Jr.
Director
Division of Program Support
SC Dept. of Alcohol and Other
Drug Abuse Services
3700 Forest Drive, Suite 300
Columbia, SC 29204
(803) 734-9589
FAX: (803) 734-9663

1 TI00415-01000-CP

Provider

Project Director

Claude T. Wilson, M.S.
Executive Director
Greenville Co. Commission on Alcohol
and Drug Abuse
3336 Old Buncombe Road
Greenville, SC 29609
(803) 467-3737
FAX: (303) 467-3779

Contact Person

Claude T. Wilson, M.S.
Executive Director
Greenville Co. Commission on Alcohol
and Drug Abuse
3336 Old Buncombe Road
Greenville, SC 29609
(803) 467-3737
FAX: (303) 467-3779

1 TI00398-01001-CPW (Janice Berger serves as a Project Officer)

WASHINGTON

State Grantee

Project Director

Ken Stark
Director
Division of Alcohol & Substance Abuse
Washington Department of Social
and Health Services
P.O. Box 45330
Olympia, WA 98504-5330
(206) 438-8200
FAX: (206) 438-8078

Contact Person

Thelma B. Robinson
Program Manager
Division of Alcohol & Substance Abuse
Washington Department of Social
and Health Services
P.O. Box 45330
Olympia, WA 98504-5330
(206) 438-8066
FAX: (206) 438-8078

1 TI00445-01000-CP

EXPRESS MAIL ADDRESS: 612 Woodland Square Loop, S.E., Bldg. C
Lacey, WA 98503

Provider

Project Director

Patricia Donaldson, Ph.D.
Clinical Director
Catholic Community Services
of Snohomish County
1918 Everett Ave.
Everett, WA 98201
(206) 259-9188
FAX: (206) 252-7599

Contact Person

Patricia Donaldson, Ph.D.
Clinical Director
Catholic Community Services
of Snohomish County
1918 Everett Ave.
Everett, WA 98201
(206) 259-9188
FAX: (206) 252-7599

1 TI00445-01004-CPW (Janice Berger serves as Project Officer)

WISCONSIN

State Grantee

Project Director

Philip McCullough
Director
Wisconsin Dept. of Health & Social Svcs.
P.O. Box 7851
1 West Wilson Street, Room 434
Madison, WI 53707-7851
(608) 266-3719
FAX: (608) 266-0036

Contact Person

Keith J. Lang, M.S.W.
Contract Administrator
Wisconsin Dept. of Health & Social Svcs.
P.O. Box 7851
1 West Wilson Street, Room 434
Madison, WI 53707-7851
(608) 266-0040
FAX: (608) 266-0036

1 TI00433-01000-CP

Provider

Project Director

Diane Olsen
Program Coordinator
ARC Community Services, Inc.
1409 Emil Street, Second Floor
Madison, WI 53713
(608) 283-6427
FAX: (608) 283-6434

Contact Person

Diane Olsen
Program Coordinator
ARC Community Services, Inc.
1409 Emil Street, Second Floor
Madison, WI 53713
(608) 283-6427
FAX: (608) 283-6434

1 TI00433-01003-CPW (Nancy Ramos-Sayre serves as Project Officer)