FOIA Number: 2018-0758-F

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Budget - FY [Fiscal Year] '99 - HHS [Health and Human Services] - SAMHSA [Substance Abuse and Mental Health Services Administration] [1]

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FISCAL YEAR 1999

JUSTIFICATIONS OF BUDGET ESTIMATES TO OMB

SAMHSA

Substance Abuse and Mental Health Services Administration

Substance Abuse and Mental Health Services Administration
Budget Authority by Activity
(Dollars in thousands)

	FY 1997 Enacted 1/	FY 1998 Pres Budget	FY 1998 House 2/	FY 1998 Senate 2/	FY 1999 Estimate
Knowledge Development and Application	$345,701	$298,332	$368,032	$364,832	$321,632
Mental Health	*57,964*	*58,032*	*58,032*	*57,964*	*66,832*
Substance Abuse Prevention	*131,869*	*84,300*	*151,000*	*151,000*	*90,200*
Substance Abuse Treatment	*155,868*	*156,000*	*159,000*	*155,868*	*164,600*
Targeted Capacity Expansion	24,000	66,700	—	10,000	123,800
Mental Health	—	—	—	—	*3,100*
Substance Abuse Prevention	*24,000*	*66,700*	—	*10,000*	*90,600*
Youth Substance Abuse Prevention (Non-add)	*(24,000)*	*(66,700)*	—	—	*(90,600)*
High Risk Youth Grants (Non-add)	—	—	—	*(10,000)*	—
Substance Abuse Treatment	—	—	—	—	*30,100*
National Data Collection/State Infrastructure Dev	—	28,000	15,000	—	48,000
Mental Health	—	—	—	—	*10,000*
Substance Abuse (Prevention & Treatment)	—	—	—	—	*10,000*
Office of Applied Studies	—	*28,000*	*15,000*	—	*28,000*
Children's Mental Health Services	69,896	69,927	72,927	69,896	79,927
Protection & Advocacy	21,957	21,957	21,957	21,957	23,557
PATH Homeless Formula Grants	20,000	20,000	23,000	20,000	23,000
Mental Health Perf. Part. Block Grant	275,420	275,420	275,420	275,420	305,420
Substance Abuse Perf. Part. Block Grant	1,310,107	1,320,107	1,320,107	1,310,107	1,405,107
Buildings and Facilities	—	1,000	—	—	1,000
Program Management	54,431	54,500	55,500	54,431	63,000
TOTAL, SAMHSA	$2,121,512	$2,155,943	$2,151,943	$2,126,643	$2,394,443
SSI Supplement (P.L. 104-121)	50,000	50,000	50,000	50,000	—
1% Evaluation Funds (Sec 241, PHS Act)	—	—	—	10,000	—
TOTAL, Program Level 3/	$2,171,512	$2,205,943	$2,201,943	$2,186,643	$2,394,443

Footnotes:

1/ 1997 Enacted does not include $12.8 million appropriated to SAMHSA for Community Schools Programs that are operated by the Administration for Children and Families (ACF).

2/ 1998 Estimates reflect the respective House/Senate Appropriation Committee action.

3/ The 1997 Program Level does not reflect a DHHS 1% transfer (YSAPI), nor does it include the ONDCP Special Forfeiture Fund (SFF) supported Interagency Agreements with SAMHSA. In addition, 1998-99 funding for the Opiate Accreditation Program, to be transferred from FDA to SAMHSA, and 1999 funding for a Targeted Legislative Proposal on Tobacco have not been included in this table.

increase in use. The budget request seeks to assess the most effective means of reducing use of alcohol by pregnant women. This prevention initiative will target: the general public--to increase awareness of the negative consequences of alcohol use during pregnancy, as well as targeting providers who are likely to serve pregnant women; pregnant women--to increase their knowledge of the specific negative effects that alcohol can have on the developing fetus; and women from populations where alcohol use is above average or knowledge of alcohol-related pregnancy outcomes is below average. This program will work closely with Tribes and other Native American/Alaska Native organizations.

HIV/AIDS

Substance use and/or abuse and the transmission of HIV is so prominent in American culture, that it is imperative that substance abuse prevention activities and programs incorporate HIV prevention. In 1999, CSAP is proposing to initiate two new initiatives in this area:

1. The Substance Abuse Prevention and HIV/AIDS Prevention - Women of Color Initiative -- this initiative provides for national leadership in the prevention of the dual epidemics of substance abuse and HIV in Women of Color. This population is disproportionately represented in the cases reported to have AIDS. HIV transmission among women has been linked to direct substance use or sex with a substance abuser. This initiative proposes to comprehensively address the dual risks of HIV and addiction posed to women of color because of their sexual choices. In 1999, CSAP proposes to develop knowledge on how women of color can make more appropriate choices in this regard. Recognition of the social and economic factors that play a role in their sexual choices can be the preventive strategy necessary to abate this epidemic in women of color.

2. The Substance Abuse Prevention and HIV/AIDS Prevention - Youth Initiative. This initiative provides for national leadership in the prevention of the dual epidemics of substance abuse and HIV in adolescence. Since 1992 there has been an exponential rise in the number of reported cases of adolescents who have AIDS while SAMHSA's National Household Survey on Drug Abuse reports a marked increase in the number of adolescents who are using illicit drugs. There is a direct relationship between substance use and abuse and HIV infection. SAMHSA/CSAP has been successful in delaying the onset of first use of alcohol and drugs through our substance abuse prevention strategies. This initiative proposes to couple our successful substance abuse prevention strategies with HIV prevention strategies to retard not only first use of alcohol and other drugs, but first sexual encounter.

C. Change Perceptions Related to Substance Abuse

A significant pattern that has held true over the past twenty- five years of our national surveys is that where there is widespread belief in the harmfulness of drug use, there is also a lower rate of drug use. Last year, the Center on Addiction and Substance Abuse (CASA) reported a sharp decrease in the percentage of teenagers who indicate that they will never try illegal drugs, from 86 percent in 1995 to 51 percent in 1996. Consistent with the historical correlation with attitudes toward drug use, the

rates of drug use among youth have shown an upturn in the past few years, as both the perceived risk and social disapproval have declined.

Several explanations are suggested for these developments. They include: (1) decreased national attention to drug use, such as news coverage or airing of PSA's, which has fostered an impression that drug abuse is not a big problem, and that marijuana use, in particular, is not harmful; (2) glamorization of drug use, as the popular culture promotes pro-use messages, so impressionable teens may come to think that "everyone's using," and there is growing perception of peer approval; (3) ambivalent attitudes of the increasing number of secondary school students' parents, who themselves used marijuana and other drugs during the 1970's and early 1980's, the peak years of illicit drug use and; (4) easy access and availability of marijuana.

In 1999, CSAP needs to continue to conduct ongoing national media campaigns to address emerging substance abuse trends, since it is more cost efficient for the Federal government to carry out the message development efforts. As noted, some of these campaigns will be highly targeted to selected audiences, while others will have a more universal appeal. In addition to conveying clear messages that drug use is dangerous and wrong, other objectives are to counter its glamorization and to build a culture of caring for our youth. The campaigns directed to youth would be ongoing in order to address the issue of "generational forgetting," as each new cohort of youth needs consistent, positive messages in sufficient quantity from a variety of means and sources to help ensure success. These efforts support goal 1, objective 1 and 2 of the ONDCP Drug Strategy.

1. Prevention is Everybody's Business Media Campaign . This overarching campaign which focuses on the theme, Prevention is Everybody's Business, was designed to complement the educational efforts under the Secretary's Initiative on Youth Substance Abuse Prevention. This campaign will highlight the benefits of prevention to such entities as employers, managed care organizations and other insurers, colleges and universities, families, community health planners and the general public. Through this campaign, CSAP expects to significantly increase the number of adults with both the ability and willingness to help youth reject illegal drug and alcohol use.

2. Vulnerable Populations (Targeted Public Education Campaign) -- Complementing the Vulnerable Populations initiatives described above, a public education campaign will target policy makers and funding bodies to address how substance abuse prevention goals can be achieved by integrating community services to meet the needs of vulnerable populations. Specific messages also will be targeted to the general public to garner additional support for prevention services, and to help reduce the stigma associated with substance abuse problems among these populations. Through this campaign, SAMHSA will measure the awareness of the trends and successful strategies associated with substance abuse prevention among vulnerable populations.

C. CENTER FOR SUBSTANCE ABUSE PREVENTION
2. Substance Abuse Performance Partnership Block Grant (SAPPBG)
(Dollars in Thousands)

Authorizing Legislation - New legislation to be submitted.

	FY 1997 Enacted	FY 1998 President's Budget	FY 1998 House	FY 1998 Senate	FY 1999 Estimate
BA	$262,021	$264,021	$264,021	$262,021	$281,021
FTE	10	10	10	10	10

1999 Authorization

Substance Abuse Performance Partnership Block Grant ..... pending in Congress

FY 1998 Base

CSAP administers the primary prevention component of the performance partnership block grant as it applies to 60 States, jurisdictions and one Indian Tribe, one of the largest substance abuse prevention systems funded by the United States government. States and jurisdictions are required to provide appropriate primary prevention services as outlined in the block grant legislation. Six (6) strategies are mandated and include: information dissemination; education; community mobilization; alternatives; environmental change; and problem identification and referral. Federal initiatives such as the Performance Partnership Block Grants (initiated by HHS) and the GPRA require clearer outcome goal setting and the definition of specific indicators of success.

Many States are dependent upon the primary prevention block grant for funding of their State-wide prevention system. In addition, these efforts are consistent with the strategic goals and objectives of the ONDCP National Drug Strategy, goal 1: "Educate and enable America's youth to reject illegal drugs, as well as alcohol and tobacco." It is also consistent with Healthy People 2000, a national plan to improve the health of the nation and reduce the consequences of alcohol, drug, and tobacco use among youth in the nation's families, schools and communities.

For example, Kentucky supports seventeen Regional Prevention Centers (RPCs) which comprise the State's prevention infrastructure delivery system for prevention programs and activities. Their main strategy is facilitating community involvement in planning, developing, and maintaining community-based programs and activities. The Centers consult with and provide assistance to schools, social service agencies, youth organizations, health departments, local governments, businesses, colleges, and other community groups and agencies, helping to develop various educational and environmental prevention programs. A community mobilization program called "Champions" is the cornerstone of the Kentucky community empowerment model. The Centers mobilize and organize adult and youth supporters in each county into Champions' County Action Coalitions. Similarly, RPCs facilitate development and maintenance of Regional Youth Advisory Councils (RYACs) which develop youth programs and Champions groups in school settings.

Additionally, the Block Grant program provides for a five percent set aside to assist States and DHHS in devising data collection techniques, needs assessment procedures, program improvement mechanisms, performance partnership efforts, integration of substance abuse prevention and HIV/AIDS prevention, as well as on-going technical support. Set-aside projects assist States in developing their infrastructure and data reporting capabilities. Support to the States includes needs assessment studies, the State Prevention Minimum Data Set Pilot project, development of the Prevention Enhancement Protocols (PEPS), and administration of the primary prevention set-aside of the Substance Abuse Prevention and Treatment (SAPT) Block Grant:

- CSAP is responsible for State compliance with the regulations governing the 20 percent of the SAPT Block Grant that has been designated as a set-aside for primary prevention. In addition to reviewing State applications for consistency with the legislative intent, CSAP provides technical assistance that enables State agencies to maximize the effectiveness of their investment in prevention. CSAP currently is developing a detailed inventory of State prevention activity funded by the 20 percent set-aside which will become part of the "blueprint" used by States as they plan, implement, and evaluate effective prevention systems.

- CSAP has funded prevention needs assessment studies in 19 States, with the studies expected to be completed by the end of 1997. Initial results are already proving useful for State planning and resource allocation.

- The Minimum Data Set pilot currently supports identification, collection, analysis, and reporting of common prevention data from States that have voluntarily chosen to participate. Following a 6-month trial, the Minimum Data Set is being modified for final testing and dissemination to 11 States in the fall of 1997.

- The Prevention Enhancement Protocol System (PEPS) is designed to meet the demand of prevention practitioners at the State and community level for guidelines that synthesize research and practice information on significant prevention topics. This program develops evidence-based guidelines for practitioners in the field of substance abuse prevention. CSAP has prepared three sets of PEPS guidelines for release in 1997: Reducing Tobacco Use Among Youth—Community-based Approaches; Reducing Problems Related to Alcohol Availability—Environmental Approaches; and Family-based Approaches to Substance Abuse Prevention.

- The National Center for the Advancement of Prevention (NCAP) is a major source for dissemination of substance abuse prevention findings to the States. During 1997, NCAP generated three products: Effective Community Mobilization, Guidelines and Benchmarks for Prevention Programming, and State and Territorial Guide to Substance Abuse Prevention in Declared Disasters. NCAP also provided a volume of resource papers for the Regional Technical Assistance Workshops in March 1997, to provide a scientific background for the States in developing their applications for State Incentive Grants.

The 1998 distribution formula will be updated to reflect more recent demographic statistics and will reflect the use of the non-manufacturing wage proxy in the calculation of the cost of services index. We anticipate that Congress will enact legislation to phase in the impact of changing the wage proxy effective either 1998 or 1999. Net increases in funding proposed for 1999 will help ameliorate the impact of reallocations among the States during and at the end of this transition period.

FY 1999 Request

Synar Enforcement

We have not included additional funds in the request for the enforcement of Synar. However, we estimate the $10 million is needed to assist States as they seek to enforce the requirements of the Synar Amendment. The Synar Amendment gives SAMHSA the responsibility for requiring States to enact and enforce youth tobacco control laws, and to inspect outlets to ensure that such laws are being enforced. CSAP fully supports all aspects of this law and continues to work with the States as they seek to meet the requirements of the statute.

Currently, all States now have in place laws prohibiting the sale or distribution of tobacco products to minors. By March 1998, all States will establish milestones and interim targets as they progress toward the ultimate goal of a maximum violation rate (for inspections) of 20 percent by 2003. However, Congress has not provided any funds to the States relating to this statute, and as a result, States are absorbing the costs for Synar enforcement. The Synar legislation and its implementing regulation represent an unfunded mandate placed on the State Substance Abuse Agencies by the Congress. It is estimated that States will conduct 30,000 tobacco inspections in 1999 in their efforts to comply with the Synar legislation. This proposal requests $10.0 M in dedicated Block Grant resources to support enforcement of tobacco laws at the State level.

In response to 1998 appropriations language, CSAP will provide a report to the House of Representatives Committee of the steps taken and the results achieved. This report will include information, provided on a State-by-State basis, regarding State compliance, enforcement efforts and success rates, and compliance strategies.

Substance Abuse Treatment for Women with Co-Occurring Disorders - In 1998, CSAT proposes a project to identify and break the links between depression and alcohol and drug abuse in women. CSAT's Job Corps Drug Treatment Enrichment Program identified a cadre of adolescent girls who display simultaneously the effects of clinical or sub-clinical depression and the use of alcohol and other drugs. Similarly, CSAT's National Drug Treatment Improvement Study showed a strong link between diagnosable depression in adult females and use/abuse of illicit substances. Correct screening procedures, accurate diagnosis, and appropriate treatment are seen as the three essential keys to combating this problem. This project will have embedded in it, a Uniform Chart of Accounts to determine the cost of service received, as well as the cost offset methodology to determine what other benefits are attendant to the treatment of women with a diagnosable, but not severe, co-occurring disorder.

Integrated Juvenile Offender Program - In 1998 CSAT / SAMHSA proposes a new initiative in partnership with the Department of Justice, Office of Juvenile Justice & Delinquency Prevention (OJJDP) and the Department of Education. This effort would integrate five innovative concepts on a community wide basis. These concepts include: Prevention / Early Intervention for High Risk Youth; Truancy Prevention and Follow-up; Juvenile Assessment Centers; Juvenile Justice Treatment Networks; and Restorative Justice as a Core Concept. This initiative would create and evaluate a new accountability system by use of a tight web of interventions to curb drug abuse at each point where drug abusing adolescents come into contact with justice agencies.

Treatment Approaches for Dually Diagnosed Adolescents - A second joint venture for CSAT will address the issue of co-morbidity of substance abuse and mental health disorders in adolescents. Early work from the National Co-Morbidity Study and from CSAT's own evaluations of substance-abusing adolescents shows that substance abuse is frequently linked with conduct disorders, affective personality disorders, anxiety and depression among youth. As with adults, it is unusual for a substance abuse program for dually diagnosed individuals to succeed in the absence of appropriate diagnosis and treatment for mental health disorders. The negative and potentially fatal consequences of under-diagnosed and untreated adolescent substance abuse are also associated with other negative consequences: crime and violence, risky sexual behavior, pregnancy, AIDS, STDs, rape, injuries, and suicide.

This project, a joint venture between CSAT and CMHS, will provide and evaluate treatment approaches for dually diagnosed adolescents and ultimately make available validated information regarding the connection between adolescent substance abuse and psychiatric disorders and model treatment protocols. The outcome will be valid and credible information on treating this most difficult population in order to improve treatment outcomes. In addition, this program will carefully evaluate not only the effectiveness and cost-effectiveness of early identification and treatment for this population, but will also examine the issue of cost-offsets for this population.

Starting Early Starting Smart - A collaboration among all SAMHSA components led to the Children's Initiative. This program is designed to develop and test a comprehensive approach for at-risk families and children. The populations targeted for this program include children of alcoholics, children of HIV-infected adults, and foster care children. We expect improvements in

the physical and mental health of children and prevention of the intergenerational cycle of substance abuse. These grants will be awarded late in 1997.

HIV/AIDS - Substance Abuse Treatment for HIV Infected AOD abusers has been shown to be effective in reducing the spread of HIV. Numerous treatment programs have shown that there is a relationship between treatment and HIV seroprevalence among drug users. Additionally, HIV positive persons receiving substance abuse treatment have treatment needs that their uninfected counterparts do not have. In particular, in addition to the reduction of substance abuse, substance abuse treatment may appropriately focus on reducing the risk of further transmission and improving use of and compliance with medical treatment of the HIV infection.

In order to determine the relative effectiveness of different substance abuse treatments designed for HIV positive individuals with substance abuse disorders and to develop and disseminate materials that will enable successful models to be replicated, CSAT will fund two study coordination centers. The centers would compare intravenous drug users who enter treatment to those who do not with respect to HIV serostatus and seroconversion rates. The study centers would compare treatment modalities with regard to retention rates, cost factors and HIV seroconversion rates. It is expected that these studies would be long term and will include multiple substance abuse treatment programs and multiple treatment modalities.

Knowledge Application

Statewide Regional Networks - While CSAT has worked to increase the quantity and quality of treatment for addicts, one component that has been lacking is the inclusion of the actual consumers (i.e., alcohol and other substance abusers) and their families. To address this, CSAT will fund a program in 1998 that will provide for the development of State-wide networks composed of consumers and families. Assistance will be provided to States to support and organize groups of consumers and families such that these groups can become self-sufficient, empowered networks that can effectively participate in State and local substance abuse treatment service planning and health care reform activities. These networks can and will foster the participation of consumers and families in the development of policies, programs and quality assurance activities related to the treatment of alcohol and other drug abuse. The results of this activity will be the empowerment of consumers and families through the development and support of State-wide and regional partnerships. Through these partnerships, consumers and families also will strengthen their ability to participate in State and local planning as it relates to substance abuse treatment and benefit from their knowledge on the issue.

Treatment Episode Outcomes - In order to meet the requirements of GPRA and to assist States in developing their own internal outcome monitoring systems which will support the move to Performance Partnership Grants, in 1998 CSAT will fund Treatment Episode Outcome Data activities. In partnership with the States, CSAT will develop appropriate measures of the impact and outcome of treatment and ensure that data systems are in place to provide measurement for these areas. As States move forward into managed care scenarios and into developing outcome monitoring systems, quality outcome and follow-up information on clients in the public sector treatment system are imperative. This activity will accomplish several objectives: 1) States will be assisted in

SAMHSA HIV/AIDS ACTIVITIES

The interrelationship among substance abuse, mental health, and HIV/AIDS is of critical concern to SAMHSA. The devastating effect of receiving an HIV positive test result and/or an AIDS diagnoses among substance abusing populations coupled with the difficulty of accessing substance abuse treatment, primary care, and mental health services, has prompted a need for comprehensive services designed to meet the complex needs of this often marginalized, stigmatized, and disempowered population.

Reports on HIV infection in the United States suggest that more than 50 percent of new HIV cases are directly or indirectly related to injecting drug use. This underscores the urgency in addressing the dual epidemics of substance abuse and HIV/AIDS. Current estimates suggest that there are more than 21 million alcohol and other drug abusers in this country. The National Institute on Drug Abuse estimates that there are approximately 1.5 million injecting drug users, many of whom are multiple drug users. In addition, the sexual partner(s) and unborn children of injecting drug users are at great risk of exposure to HIV infection. As of 1995 (year end data), approximately one-third of the total reported AIDS cases were associated with injection drug use.

The effect of HIV among substance abusing populations is quite evident -- injection drug use accounts for approximately 66 percent of the reported AIDS cases among women; 61 percent of the reported pediatric AIDS cases; and 30 percent of the total male AIDS cases. This does not take into account AIDS cases related to alcohol and other non-injection drug use (including crack cocaine use). Being under the influence of alcohol and/or drugs, and/or having a mental illness, greatly increases an individual's likelihood of engaging in unsafe sex practices, including having multiple sex partners that can lead to transmitting HIV.

The impact of HIV on the mental health status of persons living with HIV/AIDS is also of critical concern to SAMHSA. To date, more than 500,000 AIDS cases have been reported in the United States, and current CDC estimates suggest that there are 800,000 to one million people infected with the virus. The current public mental health system in this country does not have the capacity to meet all the mental health needs of those infected with the HIV much less those affected by HIV and AIDS. It is important that services addressing the needs of this population are maintained and/or enhanced.

Since its inception, SAMHSA has supported HIV/AIDS related activities through its Centers. SAMHSA's Center for Mental Health Services (CMHS) has supported a portfolio of projects since October 1992, designed to educate and train traditional and non-traditional mental health care providers to address the mental health needs of HIV infected persons and those at risk for HIV infection. Since October 1992, more than 64,000 mental health care providers have received specialized training supported by the CMHS program.

SAMHSA's Center for Substance Abuse Treatment (CSAT) has supported HIV/AIDS related activities through demonstration programs and the Substance Abuse Prevention and Treatment (SAPT) Block Grant. States whose AIDS case rate is 10 or more per 100,000 population, are required to expend 2-5 percent of the block grant to establish one or more projects to make

available HIV/AIDS early intervention services at substance abuse treatment sites. In 1997, the HIV set-aside will amount to approximately $50 million. In addition, SAMHSA's Center for Substance Abuse Prevention (CSAP) has supported HIV prevention activities targeting high risk adolescents through its High Risk Youth Program.

SAMHSA has been increasingly involved in collaborative efforts to address the interconnected epidemics of substance abuse and HIV/AIDS. In August 1996, SAMHSA along with other Federal agencies and national organizations co-sponsored a forum to bring substance abuse and HIV/AIDS policy makers, and service providers together to improve collaboration and integration of substance abuse and HIV prevention. In addition, SAMHSA's Office on AIDS convened a group of experts from the field to assist in the development of effective plans to ensure that substance abuse prevention and treatment, and mental health are fully integrated with HIV/AIDS prevention strategies and to recommend knowledge, development and application (KDA) study questions in the area of HIV/AIDS as it relates to substance abuse prevention and treatment, and mental health. In 1997, SAMHSA is co-sponsoring three national organization HIV/AIDS conferences, i.e., the Latino Lesbian and Gay Organization (LLEGO), the United States Conference on AIDS, and the Men Who Have Sex with Men Conference. SAMHSA's participation in these most significant conferences will not only improve collaboration efforts, but also encourage information sharing and data gathering for SAMHSA's activities and development of a strategic plan for HIV/AIDS.

In 1999, SAMHSA and its Centers will continue to pursue and participate in collaborative efforts with other Federal agencies such as the CDC, NIH, HRSA, IHS and HFCA as well as our State partners and national constituency organizations to address the multifaceted needs of substance abusers at high risk for HIV infection or living with HIV disease.

Center for Mental Health Services

In every case of AIDS, there are mental health consequences for the patient, friends, families, and stress on the health care support systems. Research and clinical experience have yielded increasing evidence that HIV infects the brain, resulting in central nervous system impairment and neuropsychiatric complications, including AIDS Dementia Complex. In addition to dealing with the neuropsychologic and neuropsychiatric sequelae of HIV/AIDS, infected persons and their partners or significant others have a broad range of psychosocial needs and may require assistance in coping with the psychological impact of this disease. Similarly, persons from at risk populations, such as injecting drug uses (IDUs) and their partners, gay and bisexual men, sex workers, persons from racial and ethnic minority populations, the homeless, people with serious mental illness, and adolescents, need culturally sensitive, gender specific, and age appropriate information and assistance to change high-risk behavior or to maintain low-risk behavior. The Center for Mental Health Services (CMHS) provides targeted funding to address these complex needs within local systems.

In 1998, the Mental Health Knowledge Development and Application Program will continue to support projects previously funded by the HIV/AIDS Mental Health Care Provider Education Program and well as the new HIV/AIDS High-Risk Behavior Prevention/Intervention Program

implemented in 1997. A new HIV/AIDS Mental Health Services Demonstration Next Generation Program has been planned for 1998 that will focus on one of the issues from the old HIV/AIDS Demonstration program.

The *HIV/AIDS High-Risk Behavior Prevention/Intervention Program* was initiated in 1997 to identify the key factors needed to implement and evaluate a community-focused prevention and intervention protocol to reduce the incidence of high-risk behavior among populations at-risk of acquiring HIV through sexual contact with an HIV infected person. The program is targeted particularly toward women and adolescents. The program is expected to development of replicable and "teachable" effective intervention approaches for preventing further transmission of HIV in adolescents and women who engage in high-risk behaviors.

The *HIV/AIDS Treatment Adherence/Health Outcome and Cost Study* has been designed to study discrete treatment interventions and the costs associated with providing integrated mental health, substance abuse and primary medical care interventions for those individuals who are HIV infected and have both a serious mental illness and a co-occurring substance use disorder. Study sites will examine both treatment adherence/health outcome and costs associated with integrated service intervention utilizing strong investigator initiated study designs. The study sites are collaborating to determine cross-site opportunities. A technical assistance center was funded to provide programmatic and evaluation technical assistance to the study sites and to coordinate any data sharing that may occur.

The *HIV/AIDS Mental Health Care Provider Education Program*, which completes its final year of funding in 1998, provides education and training for mental health care providers in the neuropsychiatric and psychosocial aspects of HIV spectrum infection. The *1999 Mental Health Provider Education in HIV/AIDS Program II* has been designed to support the evaluation of HIV/AIDS education/training programs in the dissemination of knowledge on the psychological and neuropsychiatric sequelae of HIV/AIDS to both traditional and nontraditional first-line providers of mental health services and to evaluate the relative effectiveness of different education approaches. These training approaches incorporate the most current research-based information on the neuropsychiatric and psychological aspects of HIV/AIDS as well as the relationship between substance abuse and the progression of AIDS. Training approaches allow easy modifications to reflect changes in the medical regimen for treatment of AIDS.

Center for Substance Abuse Prevention

America is at a critical juncture in the fight against drugs and HIV disease. Substance use and/or abuse and the transmission of HIV are so prominent in American culture that it is imperative that substance abuse prevention programs incorporate HIV prevention. The relationship between HIV/AIDS and drug use and the increasing impact on those disproportionately affected including, youth, women and communities of color are immense. Yet, in the face of this overwhelming problem, society and, in specific, government, has not been able to articulate effective prevention policies needed to curb substance use, abuse and the transmission of HIV.

The second largest group of reported AIDS cases is those directly or indirectly related to drug use. The use of alcohol and other drugs places individuals at risk for engaging in activity that also puts them at risk for transmission of HIV. The Center for Substance Abuse Prevention (CSAP) should be at the forefront of preventing drug use and HIV transmission.

The increase in marijuana use is particularly troubling because, despite the all too common perception that marijuana is benign, marijuana is dangerous and unhealthy. Research continues to show that it damages short-term memory, distorts perception, impairs judgement and complex motor skills, alters the heart rate, can lead to severe anxiety, and can cause paranoia and lethargy. Young marijuana users are more likely than nonusers to use other illicit drugs.

In addition to the increase in drug use among youth, HIV/AIDS has disproportionately affected this population. We have found that shortly after the onset of drug use, adolescents initiate sexual activity. For adolescents, the primary risk category for HIV infectivity is sexual transmission and the incidence rates now for adolescent females are exponential. Cervical ectopy has been documented to be a risk factor for heterosexual transmission of HIV. Adolescent females normally have an increased amount of cervical ectopy, which consequently may predispose them to the transmission of infectious pathogens, including HIV, HPV, gonorrhea, syphilis and chlamydia. Pubescence occurs in females earlier than it does in their chronologic male counterparts; thus, sexually active young adolescent females have heterosexual encounters with older male partners at higher risk for HIV infection. Data confirms that consistent condom use by adolescents is rare.

Research has demonstrated that retardation of first use of alcohol can reduce by nearly 30 percent the lifetime probability of cocaine use. CSAP is committed to the generation of new knowledge that will determine if the same or similar outcomes can be expected from marijuana and whether the retardation of first use of marijuana retards the onset of sexual activity, thereby, reducing one's risk for HIV disease.

CSAP is committed to assisting our State partners with their State wide prevention systems through the prevention set-aside of the Substance Abuse Performance Partnership Block Grant. The horrendous consequences of early drug use and early sexual encounters are devastating this country's most valuable resource —our children. CSAP's ability to provide technical assistance and facilitate the collaboration and integration of substance abuse prevention and HIV prevention through our State liaisons will be invaluable to this country's future.

Substance use and/or abuse and the transmission of HIV is so prominent in American culture, that it is imperative that substance abuse prevention activities and programs incorporate HIV prevention. CSAP plans two new HIV/AIDS prevention initiatives for 1999.

The *HIV/AIDS Prevention - Women of Color Initiative* provides for national leadership in the prevention of the dual epidemics of substance abuse and HIV in Women of Color. This population is disproportionately represented in the cases reported to have AIDS. HIV transmission among women has been linked to direct substance use or sex with a substance abuser. This initiative proposes to comprehensively address the dual risks of HIV and addiction posed to women of color

because of their sexual choices. CSAP proposes to develop knowledge on how women of color can make more appropriate choices in this regard. Recognition of the social and economic factors that play a role in their sexual choices can be the preventive strategy necessary to abate this epidemic in women of color.

The *HIV/AIDS Prevention - Youth Initiative* provides for national leadership in the prevention of the dual epidemics of substance abuse and HIV in adolescence. Since 1992 there has been an exponential rise in the number of reported cases of adolescents who have AIDS while SAMHSA's National Household Survey on Drug Abuse reports a marked increase in the number of adolescents who are using illicit drugs. There is a direct relationship between substance use and abuse and HIV infection. SAMHSA/CSAP has been successful in delaying the onset of first use of alcohol and drugs through our substance abuse prevention strategies. This initiative proposes to couple our successful substance abuse prevention strategies with HIV prevention strategies to retard not only first use of alcohol and other drugs, but first sexual encounter.

Center for Substance Abuse Treatment

Heterosexual IDUs have emerged as the greatest portion of the population contracting new HIV infections. CSAT's AIDS Outreach program provides access and entry into substance abuse treatment and HIV risk reduction interventions. The AIDS Outreach program builds upon the 1987 National AIDS Demonstration Research projects conducted by the National Institute on Drug Abuse, the ultimate goal of which was to develop, publish and transfer models of engaging IDUs in treatment and reduce their HIV risk relevant behaviors. The first round of AIDS Outreach grants (1992-1994) field tested three models. From data collected from those grantees, CSAT developed a hybrid model approach which is currently being field tested with a new round of grantees.

Results from the first round of grantees are positive and bode well for the current model being tested. According to data from CSAT's National Evaluation Data and Technical Assistance Center, clients reported that outreach staff had helped them get into treatment which is one of the primary goals of the program. Several of the projects reported that number of clients referred to treatment who actually enrolled in some form of treatment varied from 55% to 75%. In addition, according to CSAT's 1995 Client Outreach Services Assessment Report the majority of outreach clients reported a reduction in high risk HIV/AIDS behaviors including practicing safer sex, practicing safer needle use/decreased sharing, and decreased or stopped needle use.

In 1998 CSAT will be entering the fourth year of model testing. These efforts will continue and will be followed by knowledge dissemination and replication activities.

Substance abuse treatment for HIV infected alcohol and other drug (AOD) abusers has been shown to be effective in reducing the spread of HIV. Numerous treatment programs have shown a relationship between substance abuse treatment and HIV seroprevalence among drug users. Additionally, HIV infected persons receiving substance abuse treatment have additional treatment needs than their non-infected counterparts. In particular, in addition to the reduction of substance

abuse, substance abuse treatment may appropriately focus on reducing the risk of further transmission and improving use of and compliance with medical treatments for HIV disease.

AIDS Outreach Program - This program is designed to demonstrate the replicability and cost-effectiveness of community-based intervention models that seek out injecting drug users, their sex partners, and other high risk substance abusers, encourage their entry into treatment for chemical dependence, provide medical diagnostic services for HIV/AIDS and related illnesses, and effect those behavior changes most likely to decrease the risk of acquiring or transmitting HIV and related diseases. The extensive cross-site evaluation begun in 1995, will continue in 1998 in order to demonstrate that comprehensive HIV/STD/TB and other services will effect behavior changes in the targeted populations. In addition, data will be gathered on the Service Delivery Units (sites of actual treatment episodes) which will include information on the clinical interventions, plus a cost gathering section which will be used to determine actual treatment costs. In 1998, ten projects will continue to address objectives including the effectiveness of outreach and encouraging entry into substance abuse treatment, reducing infectious disease risk, increasing availability and utilization of screening, and linkages with comprehensive care.

HIV/AIDS High-Risk Behavior Prevention/Intervention Model for Young Adults/Adolescents and Women - This program, new in 1997, is a collaboration with the Center for Mental Health Services. One of the key findings in the 1996 Office of Technology Assessment report on effectiveness of AIDS education is that there is a gap between what is known about effective interventions (to reduce the incidence/transmission of AIDS) and what is actually delivered, particularly in community-based organizations which provide a significant amount of prevention interventions. This program is designed to develop and evaluate a model for a common brief/short-term prevention/intervention approach, based on what is currently known , to encourage adolescents and women to change their high-risk behaviors associated with HIV acquisition and transmission. It is expected that eight study sites will be funded late in 1997.

HIV/AIDS Study Coordination Centers - Substance Abuse Treatment for HIV Infected AOD abusers has been shown to be effective in reducing the spread of HIV. Numerous treatment programs have shown that there is a relationship between treatment and HIV seroprevalence among drug users. Additionally, HIV positive persons receiving substance abuse treatment have treatment needs that their uninfected counterparts do not have. In particular, in addition to the reduction of substance abuse, substance abuse treatment may appropriately focus on reducing the risk of further transmission and improving use of and compliance with medical treatment of the HIV infection.

In order to determine the relative effectiveness of different substance abuse treatments designed for HIV positive individuals with substance abuse disorders and to develop and disseminate materials that will enable successful models to be replicated, CSAT will fund two study coordination centers. The centers would compare intravenous drug users that enter treatment to those who do not with respect to HIV serostatus and seroconversion rates. The study centers would compare treatment modalities with regard to retention rates, cost factors and HIV seroconversion rates. It is expected that these studies would be long term and will include multiple substance abuse treatment programs and multiple treatment modalities.

HIV Set-Aside Activities

One of the Substance Abuse Performance Partnership Block Grant set-asides is for HIV early intervention services. Legislation requires States whose AIDS case rate is 10 or more such cases per 100,000 population (as indicated by the number of such cases reported to and confirmed by the Centers for Disease Control and Prevention for the most recent calendar year for which such data is available), increase spending from 2-5 percent, relative to the first fiscal year during which a State was required to expend amounts from the grant for HIV early intervention services, and such block grant expenditures may only be used as a payment of last resort for HIV testing and counseling services and may not be used for medical evaluation and treatment. Once block grant awards are made to the States, they then have a 2 year period in which to expend all funds. The block grant application submitted each year by the States, reports on actual expenditures for the fiscal year 2 years prior to the fiscal year for which the States are applying for funds. This reporting also applies to the HIV set-aside.

The projects funded by the HIV set-aside seek to reduce the spread of HIV infection among substance abusers and their sex and needle-sharing partners. These projects direct their efforts toward encouraging individuals receiving treatment for substance abuse to know their HIV serostatus and to provide a range of essential clinical services which are appropriate to the individual's stage of immune system impairment.

HIV set-aside early intervention services projects are intended to improve the quality of life for substance abusers living with HIV infection, to slow the progression of disease in HIV infected substance abusers, and to prevent the onset of life-threatening illnesses among this target population. The continuum of care extends from health education and risk reduction activities to comprehensive clinical care for individuals living with HIV infection and/or AIDS defining illnesses.

These onsite projects are designed to treat a specific target group of at-risk individuals, notably individuals receiving treatment for substance abuse. These same individuals have historically encountered barriers to primary health care services and it is the intent of the HIV set-aside to improve access to primary health care for such individuals. Furthermore, many community-based organizations (CBOs) and/or local health departments would be unable to absorb the number of referrals from public and nonprofit private entities receiving amounts from the block grant and who provide substance abuse treatment services; and neither the CBOs or substance abuse treatment providers would be able to ensure that such individuals utilized HIV services.

The 1999 budget request includes $77,002,000 for HIV/AIDS related activities. Copies of the HIV/AIDS tables are located in the Crosscut Section.

Substance Abuse and Mental Health Services Administration
HIV/AIDS Historical Table
(Dollars in thousands)

	FY 1989 Actual	FY 1990 Actual	FY 1991 Actual	FY 1992 Actual	FY 1993 Actual	FY 1994 Actual	FY 1995 Actual	FY 1996 Acutal	FY 1997 Enacted	FY 1998 Pres. Bud.	FY 1999 Estimate
Knowledge Development and Application	$58,009	$49,865	$29,209	$25,116	$24,934	$27,599	$23,374	$6,843	$10,270	$13,904	$20,300
Mental Health	(—)	(4,421)	(3,112)	(3,016)	(2,987)	(4,443)	(4,419)	(2,843)	(5,270)	(4,904)	(6,000)
Substance Abuse Prevention	(—)	(—)	(—)	(—)	(—)	(1,000)	(929)	(—)	(—)	(—)	(5,000)
Substance Abuse Treatment	(58,009)	(45,444)	(26,097)	(22,100)	(21,947)	(22,156)	(18,026)	(4,000)	(5,000)	(9,000)	(9,300)
Targeted Capacity Expansion	—	—	—	—	—	—	—	—	—	—	1,000
Substance Abuse Prevention	—	—	—	—	—	—	—	—	—	—	(1,000)
Substance Abuse Block Grant (Set-aside)	—	—	—	—	—	—	—	46,858	55,122	52,920	55,122
Program Management	—	—	909	909	721	721	721	500	500	580	580
Total, SAMHSA	$58,009	$49,865	$30,118	$26,025	$25,655	$28,320	$24,095	$54,201	$65,892	$67,404	$77,002

Substance Abuse and Mental Health Services Administration
HIV/AIDS Budget
(Dollars in thousands)

	FY 1997 Enacted	FY 1998 Pres. Bud.	FY 1998 House	FY 1998 Senate	FY 1999 Estimate
Knowledge Development and Application	$10,270	$13,904	$13,904	$13,904	$20,300
Mental Health	(5,270)	(4,904)	(4,904)	(4,904)	(6,000)
Substance Abuse Prevention	(—)	(—)	(—)	(—)	(5,000)
Substance Abuse Treatment	(5,000)	(9,000)	(9,000)	(9,000)	(9,300)
Targeted Capacity Expansion	—	—	—	—	1,000
Substance Abuse Prevention	—	—	—	—	(1,000)
Substance Abuse Block Grant (Set-aside) 1/	55,122	52,920	52,920	52,920	55,122
Program Management	500	580	580	580	580
Total, SAMHSA	$65,892	$67,404	$67,404	$67,404	$77,002

1/ Once the block grant awards are made to the States, the States then have a two year period in which to expend all funds. The block grant application submitted each year reports on actual expenditures for the fisal year two years prior to the fiscal year for which the States are applying for funds. Thus the FY 1997 grant application would contain the actual expenditures for the HIV set-aside for FY 1995. Given the two year time frame for reporting the actual block grant expenditures, the amount reported for FY 1996 is just an estimate of how much the States are expected to spend on their HIV set-aside activities. The FY 1996 actuals will be reported in September when the FY 1998 block grant application is submitted.
(Note the HIV set-aside was first authorized in the ADAMHA Reorganization Act, P.L. 102-321.)

Substance Abuse and Mental Health Services Administration
HIV/AIDS by Functional Category
(Dollars in thousands)

Functional Categories	FY 1997 Enacted	FY 1998 Pres. Bud.	FY 1998 House	FY 1998 Senate	FY 1999 Estimate
II. Risk Assessment and Prevention:					
C. Information and Education/Preventive Services:					
1. High risk or infected persons:					
a. Health education/risk reduction	$2,000	$2,000	$2,000	$2,000	$8,000
Subtotal, High Risk or Infected Persons	2,000	2,000	2,000	2,000	8,000
5. Health-care workers and providers	1,870	904	904	904	2,000
Subtotal, Information and Educ./Preventive Servs	3,870	2,904	2,904	2,904	10,000
Total, Risk Assessment and Prevention	3,870	2,904	2,904	2,904	10,000
IV. Clinical Health Services Research and Delivery:					
A. Services:					
1. Community and health center services	1,400	2,000	2,000	2,000	2,000
3. Substance abuse treatment improvement program	60,622	62,500	62,500	62,500	65,002
Subtotal, Services	62,022	64,500	64,500	64,500	67,002
Total, Clinical Health Services Res. and Delivery	62,022	64,500	64,500	64,500	67,002
Total, SAMHSA	$65,892	$67,404	$67,404	$67,404	$77,002

Substance Abuse and Mental Health Services Administration
Minority HIV/AIDS
(Dollars in thousands)

	FY 1997 Enacted	FY 1998 Pres. Bud.	FY 1998 House	FY 1998 Senate	FY 1999 Estimate
Knowledge Development and Application	$4,700	$7,640	$7,640	$7,640	$11,459
Mental Health	*(2,180)*	*(2,600)*	*(2,600)*	*(2,600)*	*(2,600)*
Substance Abuse Prevention	*(—)*	*(—)*	*(—)*	*(—)*	*(3,000)*
Substance Abuse Treatment	*(2,520)*	*(5,040)*	*(5,040)*	*(5,040)*	*(5,859)*
Targeted Capacity Expansion	—	—	—	—	197
Substance Abuse Prevention	—	—	—	—	*(197)*
Total, SAMHSA	$4,700	$7,640	$7,640	$7,640	$11,656

Substance Abuse and Mental Health Services Administration
Pediatric HIV/AIDS
(Dollars in thousands)

	FY 1997 Enacted	FY 1998 Pres. Bud.	FY 1998 House	FY 1998 Senate	FY 1999 Estimate
Knowledge Development and Application	$2,180	$2,800	$2,800	$2,800	$3,345
Mental Health	*(1,580)*	*(1,300)*	*(1,300)*	*(1,300)*	*(1,300)*
Substance Abuse Prevention	*(—)*	*(—)*	*(—)*	*(—)*	*(500)*
Substance Abuse Treatment	*(600)*	*(1,500)*	*(1,500)*	*(1,500)*	*(1,545)*
Total, SAMHSA	$2,180	$2,800	$2,800	$2,800	$3,345