

## **2. Substance Abuse Programs**

**Substance Abuse Prevention and Treatment  
Block Grant**

**Drug-Free Communities Support Program**

**State Adolescent Substance Abuse Treatment  
Coordination**



## Substance Abuse Prevention and Treatment Block Grant

<b>Statutory Authority</b>	Section 1921 of the Public Health Service Act, 42 U.S.C. § 300x-21 to § 300x-66
<b>Federal Agency</b>	Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services
<b>Program Type</b>	Formula grant
<b>Eligibility, General</b>	Funds are distributed through a formula to all states to fund a network of state substance abuse prevention and treatment programs. States must submit an annual state plan detailing how grant funds will be used and how the requirements of the law will be carried out. To be eligible for a grant, the state must have a law that prohibits the sale of tobacco products to minors.
<b>Eligibility, Age</b>	All ages
<b>Eligibility, Other</b>	There are several set-asides for certain populations, including people with HIV/AIDS and pregnant women. There are also set-asides for certain services and activities (see below).
<b>Youth in Transition</b>	Not targeted
<b>Services</b>	<p>The block grant funds clinical treatment and recovery support services for substance abusers, education and counseling for individuals at risk and activities to reduce risk.</p> <p>Five percent of the block grant is set aside for various federal activities. The remaining 95 percent is distributed to the states and territories.</p> <p>States and territories may use the funds for planning, carrying out and evaluating activities to prevent and treat substance abuse and for related activities. This includes prenatal care to women receiving substance abuse services and childcare for their children, if necessary.</p> <p>The law requires that percentages of funds be used for certain purposes:</p> <ul style="list-style-type: none"> <li>◆ A minimum of 20 percent of the funds must be used for primary prevention.</li> <li>◆ Under a complex formula, funds must be used to expand services for pregnant women and women with dependent children. States must give pregnant women priority in admission to treatment facilities funded through the grant.</li> </ul> <p>The law also requires that the funds be focused on both alcohol and drug abuse, and sets minimums:</p> <ul style="list-style-type: none"> <li>◆ 35 percent must be used for alcohol prevention and treatment activities;</li> <li>◆ 35 percent must be used for other drug prevention and treatment activities; and</li> <li>◆ 30 percent is to be used at the state's discretion for alcohol programs alone, for drug programs alone, or shared by both alcohol and drug programs.</li> </ul> <p>Substance abuse providers may also use the funds for other health services, including testing, counseling and treatment for tuberculosis, and early intervention services (pretest counseling, testing and post-test counseling) for those testing positive for HIV.</p>

States must use their 20 percent set-aside for prevention:

- ◆ to educate individuals about substance abuse;
- ◆ for activities that reduce the risk of substance abuse; and
- ◆ to fund programs that develop community-based strategies to discourage minors' use of alcoholic beverages and tobacco products.

Funds may not be used for inpatient hospital services (unless such treatment is determined medically necessary and the person cannot be effectively treated in a community-based, non-hospital residential program). Limits are also placed on services in penal or correctional institutions.

Block grant funds are also to be used by states for a revolving fund to support the establishment of group homes for people with substance abuse issues.

### **Activities**

The Center for Substance Abuse Prevention (C-SAP) must set aside 5 percent of block grant funds to support data collection, technical assistance, the National Data Center and program evaluation. These funds are used to develop state data systems (including maintenance of baseline data on incidence and prevalence and development and implementation of outcome measures on the effectiveness of prevention programs), provision of technical assistance and program evaluation.

### **Funding**

FY 2007, \$1.76 billion; FY 2008, \$1.76 billion

More than 10,500 community-based organizations received block grant funds in 2001.

### **Evaluation**

The block grant received an overall rating of “ineffective” from the FY 2003 Program Assessment Rating Tool (PART). The PART was introduced in FY 2004 to assess the effectiveness of all federal programs.

The rating of “ineffective” is primarily due to a lack of outcome measures, data and an independent evaluation. Many of the criticisms of the program from this evaluation have been subsequently addressed and are currently under evaluation again.

### **Relevance for Youth with Serious Mental Health Conditions**

Youth with co-occurring substance abuse disorders may benefit from these federal funds, but they are not a priority population. However, women with children or who are pregnant are a priority population.

Substance abuse block grant funds may not be used to furnish mental health treatment, creating a barrier to integrated treatment programs that address both issues. However, there is new understanding of and research on the co-occurrence of mental health conditions and substance abuse among both adults and youth. Many substance abuse programs are now screening for serious mental health conditions and either furnishing treatment for mild to moderate mental illness or referring individuals to mental health care. But integrated programming is not a focus of the block grant.

## Drug-Free Communities Support Program

<b>Statutory Authority</b>	Drug-Free Communities Act of 1997, P.L. 105-20, reauthorized by P.L. 107-82, 21 U.S.C. § 1521 et seq.
<b>Federal Agency</b>	Office of Juvenile Justice and Delinquency Prevention (OJJDP), Office of Justice Programs, Department of Justice. The Office of National Drug Control Policy has entered into an Interagency Agreement with the OJJDP to administer and manage the program.
<b>Program Type</b>	Discretionary one-year grants
<b>Eligibility, General</b>	<p>Community coalitions are eligible for grants of up to \$100,000. They must demonstrate that they have worked together for at least six months on substance use-reduction initiatives. Coalitions must have five-year strategic plans aimed at reducing substance use among youth and, over time, among adults. They must also have a strategy to be self-sustaining and provide a match of 100-125 percent (cash or in-kind).</p> <p>The coalition must also meet requirements regarding composition. It must:</p> <ul style="list-style-type: none"> <li>◆ ensure a substantial community volunteer effort; and</li> <li>◆ be a nonprofit charitable or educational organization or unit of local government, or be affiliated with such an eligible entity.</li> </ul>
<b>Eligibility, Age</b>	Individuals who benefit from the coalition's activities can be of any age— child, youth or adult.
<b>Eligibility, Other</b>	Individuals served must be considered at risk of substance use.
<b>Youth in Transition</b>	Not explicitly targeted
<b>Activities Funded</b>	<p>This program is designed to increase coalitions' capacity to reduce substance use by strengthening collaboration among public and private entities. The coalitions must collaborate with community entities, including government agencies, to coordinate and strengthen efforts to reduce substance use.</p> <p>Coalitions disseminate timely, state-of-the-art information on practices and initiatives that have proven effective in reducing substance use among youth.</p>
<b>Funding</b>	<p>FY 2007, \$57.716 million; FY 2008, \$36.499 million</p> <p>The 184 coalitions funded in FY 2003 had to re-compete to be funded with a continuation grant in FY 2004. Applicants funded in FY 2004 were eligible for FY 2005 continuation funding, based on grantees' performance. Up to \$100,000 is awarded to individual applicants.</p>
<b>Evaluation</b>	Funded coalitions must agree to participate in an evaluation of their program. Biennial progress and financial reports are required.
<b>Relevance for Youth with Serious Mental Health Conditions</b>	This program does not fund new services, but strives to improve collaboration among local initiatives and promote better dissemination of information. While the coordination of agencies that furnish substance use prevention and treatment at the local level may make these activities more effective, it is difficult to gauge the effect of

this program on youth. The concept of funding the work for local collaboration is, however, an intriguing one that might be applied to other services needed by transition-age youth with serious mental health conditions.

## State Adolescent Substance Abuse Treatment Coordination

<b>Statutory Authority</b>	Section 509 of the Public Health Service Act, as amended, 42 U.S.C. § 290bb-7
<b>Federal Agency</b>	Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services
<b>Program Type</b>	Discretionary grant
<b>Eligibility, General</b>	States, territories and the District of Columbia may apply.
<b>Youth in Transition</b>	Targeted
<b>Activities</b>	<p>The program is designed to improve a state's capacity to provide effective and coordinated services to adolescents and their families. As a condition of funding, grantees are expected to:</p> <ul style="list-style-type: none"> <li>◆ hire a full-time employee to oversee and coordinate a statewide adolescent substance abuse treatment system;</li> <li>◆ coordinate with other service systems to promote comprehensive, integrated services for youth with substance abuse and co-occurring disorders;</li> <li>◆ coordinate funding and services across state agencies (to include screening, assessment, early intervention, treatment, family involvement, case management and aftercare);</li> <li>◆ identify fiscal, regulatory and policy barriers that impede the adoption and provision of evidence-based treatment;</li> <li>◆ with other relevant state agencies, devise and implement strategies to improve access to treatment, increase service capacity and improve quality;</li> <li>◆ develop/improve state standards for licensure, certification and accreditation;</li> <li>◆ identify, disseminate and support training (and cross-training) and technical assistance;</li> <li>◆ facilitate the adoption of provider screening and assessment protocols; and</li> <li>◆ promote coordination and collaboration with family support organizations to strengthen services.</li> </ul>
<b>Funding</b>	FY 2007, \$6.3 million; FY 2008, \$6.4 million
<b>Relevance for Youth with Serious Mental Health Conditions</b>	The program is focused on coordination of services across state agencies and promotes comprehensive, integrated services for youth with substance abuse and co-occurring mental and emotional disorder. While youth with serious mental health conditions may not benefit directly, better coordination across state mental health and substance abuse authorities and a focus on programs offering integrated services would benefit transition-age youth who also have a substance abuse problem.

