The Promise of New Funding for Substance Abuse Prevention and Treatment to Promote Safety, Permanence, and Well-Being for Children

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Questions & Answers

About New Grants under the Child and Family Services Improvement Act of 2006 P.L. 109-288

February 2007

A collaborative effort of the American Public Human Services Association, Center for Law and Social Policy, Child Welfare League of America, Children's Defense Fund, Legal Action Center, National Association of State Alcohol and Drug Abuse Directors, and the Rebecca Project for Human Rights

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These Questions and Answers (Q&A) were prepared by an informal coalition of groups, including the American Public Human Services Association, Center for Law and Social Policy, Child Welfare League of America, Children's Defense Fund, Legal Action Center, National Association of State Alcohol and Drug Abuse Directors, and the Rebecca Project for Human Rights. Our group convened after passage of the Child and Family Services Improvement Act of 2006 to develop materials about the new funding and the opportunity for those concerned about alcohol and drug addiction and its impact on children and families to use it to improve outcomes for children and families. We hope that this Q&A will stimulate organizations and agencies to begin planning and forming regional partnerships so they will be ready to apply for grants under the Act once they are formally announced by the Department of Health and Human Services (HHS) in the Spring of 2007.

The Child and Family Services Improvement Act takes an important step forward toward

providing adequate and appropriate services to children and youth involved or at risk of becoming involved with the child welfare system. Among the provisions of the new Act is the authorization of $145 million over five years in mandatory, targeted grants to regional partnerships to improve the safety, permanence, and well-being for children who are in out-of-home placement or at risk of out-of-home placement as a result of a parent's or other caretaker's methamphetamine or other substance abuse. We hope investments in quality prevention and treatment activities supported with these funds will help to promote the expansion of these activities in the future so more children and families can benefit.

We know that quality substance abuse treatment works. As noted in materials cited in Appendix A of this Q&A, the National Institute of Drug Abuse has cited three decades of scientific research and clinical practice that have yielded a variety of effective approaches to drug addiction and treatment. Recent cost benefit studies have consistently found that benefits to society associated with reducing substance abuse, including decreased crime, improved health, increased employment, and increased overall social functioning are greater than the cost of addiction treatment. The particular benefits of comprehensive family treatment for mothers with substance abuse problems who often have been victims of violence also have been well documented in recent years. Evaluations of family treatment by the Substance Abuse and Mental Health Services Administration (SAMHSA) in the Department of Health and Human Services (HHS) demonstrate significantly reduced alcohol and drug use, as well as decreased criminal behavior. Such treatment is also cost-effective. As former Secretary of HHS Tommy Thompson said almost a decade ago, "There's no question that treatment provides a second chance to mothers and children, and we need to do everything we can to give them that opportunity."

There is also evidence that prevention activities can help to safeguard families and communities against the deleterious effects of substance abuse. Data on model programs and cross-site evaluations compiled by the Center for Substance Abuse Prevention in SAMHSA offer the most compelling research to date that substance abuse prevention works, provided certain core components are in place. The success of these programs relates, in part, to the extent to which families and community resources are involved in the prevention activities. Many model programs involve community building activities or are delivered through community organizations. They often seek to reduce risk factors and enhance protective factors for substance abuse.

The Administration for Children and Families in HHS will issue the announcement and request for proposals for these new substance abuse prevention and treatment grants later this year, likely in Spring 2007. The information noted below tracks closely the Act's provisions. Where additional views are expressed, they represent the views of our various organizations.

Thank you for your interest and good work on behalf of children and families. Please take a

careful look at the opportunities provided by these new funds. Contacts for the collaborating organizations are noted in Appendix E. Please contact any of us for further information.

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Source of Funds

1. What is the source of the new funding for substance abuse prevention and treatment for families with children in out-of-home care or for children at risk of placement in care?

The Child and Family Services Improvement Act of 2006 (P.L. 109-288), which reauthorized the Promoting Safe and Stable Families Program, targeted $145 million over five years of the program's total five-year funding for competitive grants for substance abuse prevention and treatment activities for children in out-of-home care or at risk of placement in care as a result of a parent's or other caretaker's methamphetamine or other substance abuse. The grants, which will be made from FY 2007 through FY 2010, may be expended through FY 2011. See the Child and Family Services Improvement Act at http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109_cong_public_laws&docid=f:publ288.109.pdf.

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Uses of Funds

2. What are the intended goals and outcomes of these grants?

These targeted grants are to address the needs of families with methamphetamine or other substance abuse whose children are at risk of or involved in the child welfare system, and to enhance the safety, permanence, and well-being of these children (§ 4(b)(2)(A)(f)(1)).

3. What types of prevention or treatment activities may be supported with these new funds?

Competitive federal grant awards will be made to regional partnerships to provide integrated and collaborative interagency programs and services designed to increase the well-being, safety, and permanency outcomes for children who are in out-of-home placement, or at risk of such placement, as a result of a parent's or caretaker's methamphetamine or other substance abuse (§ 4(b)(2)(A)(f)(1)). Funds may be used to accomplish these goals through a broad range of prevention and treatment activities. The Act specifically mentions: family-based comprehensive long-term substance abuse prevention and treatment services, early intervention and preventative services, children and family counseling, mental health services, parenting skills training, and the replication of successful models for providing family-based comprehensive long-term substance abuse treatment services (§ 4(b)(2)(A)(f)(5)).

The list of broad uses for the funds, the focus on integrated and collaborative approaches, *and* the requirement that regional partnerships must apply for the grants (discussed in more detail below at questions 9-15) suggest that Congress intended for the grants to provide a range of services and take a comprehensive coordinated approach both to the prevention and treatment of substance use disorders. For example, comprehensive family-based long-term treatment, by definition, provides a full range of services to address not only the substance use disorder of the parent but also children and other family members affected by the disorder. The services often include individual, group, and family counseling; therapy for psychological, emotional, and sexual abuse; prenatal and pediatric care; parenting education; therapeutic interventions for infants and young children; nursery and preschool; vocational services; legal services; and transportation. After-care services and supports also are often provided. The treatment programs often serve families for at least six months and upwards of two years.

Family-based long-term treatment is also a comprehensive approach to prevention for the children of parents with substance use disorders. Family treatment programs providing therapeutic intervention services addressing the emotional, psychological, and educational needs of children, for example, can help prevent children from using drugs in the future to reduce the symptoms of post-traumatic stress and attachment disorders typical in children of parents with substance abuse disorders. See Appendix B for a list of Selected Comprehensive Family-based Treatment Programs.

There are also other approaches to prevention that build on partnerships. Home visiting, for example, is a well-established prevention model that can help address the multiple needs of parents and children and help link them to appropriate services and supports. It can help identify families in need of treatment for substance use disorders and other problems and encourage them to seek treatment. The Nurse Family Partnership model specifically has made consistent improvements in maternal and child health and the prevention of child maltreatment for the families it serves.

Other prevention programs specifically target alcohol and drug abuse. For example, in Oregon, Southern Oregon Public Television, the Oregon Criminal Justice Commission and the Oregon Partnership (a coalition of law enforcement agencies, treatment providers, and others) have come together to create a project called “Target Meth: Building a Vision for a Drug Free Community.” They define prevention as “a process that brings us together to promote conditions that guide people to make healthy lifestyle decisions and helps people resist decisions that will lead to unhealthy consequences.” They say that one of the most successful prevention strategies is “the establishment of a broad-based community anti-drug coalition” made up of youth, parents, businesses, schools, community-based

organizations, health care professionals, treatment providers, law enforcement agencies, and local policymakers. Such an approach recognizes that educational campaigns, with compelling public service announcements and school programs about the danger of abusing alcohol and drug abuse, are more likely to be effective when they are accompanied by efforts to provide safe, healthy alternative activities for children in communities.

4. Can states use these new federal funds to replace other federal substance abuse prevention and treatment funds?

No. These targeted grant funds for substance abuse prevention and treatment activities cannot be used to supplant any federal funds that could also have been used for these same purposes (§ 3(c)(2)(B)).

5. Can the funds be used for expansions of existing activities and programs as well as for new activities and programs? What might these expanded programs look like?

Yes. As it is written, nothing in the Act seems to prohibit the use of these funds to expand existing prevention and treatment activities, if proposed by a regional partnership. Possible expansions could include increasing the capacity of a family treatment program, or adding a therapeutic child care program, comprehensive therapeutic services that facilitate positive parent-child interactions, or more extensive after care treatment and supports to a program. Funds could also be used to expand collaborations between treatment providers and the courts to establish family drug courts that can help get families into comprehensive family treatment more quickly.

6. Why are these activities so important for promoting safety, well-being, and permanence for children?

As noted in the introduction to this Q&A, there is evidence that both prevention and treatment work. However, prevention and treatment services currently are unavailable to many parents and children who could benefit from them. Too often there are not protective factors for substance abuse in place in communities. Treatment, especially comprehensive family treatment, is also limited. As a result, challenges facing families struggling with substance abuse intensify; and untreated substance use disorders can threaten children's safety, permanence, and well-being, putting them at increased risk of involvement with the child welfare system. The legislative findings listed at the beginning of the new Act indicate the importance of prevention and treatment for improving the conditions of children affected by substance abuse, especially those affected by methamphetamine abuse.

Congress noted that methamphetamine use has increased by 72 percent in the past ten years, and continues to increase, especially among women of childbearing age. The findings cite a study by the National Association of Counties that reported that, at the county level, methamphetamine use is often a major contributor to child abuse and neglect, and that 40 percent of child welfare officials responding to its survey reported an increase in out-of-home placements due to methamphetamine abuse. (§ 2 (10)-(13)) For example, Congress notes that in Montana alone, 66 percent of all foster care placements are related to drug abuse, and Tennessee has seen an increase of nearly 50 percent for foster care placements related to methamphetamine abuse. Over two-thirds of parents involved in the child welfare system require substance abuse treatment, but existing treatment opportunities meet less than one-third of that need. Only 10 percent of child welfare agencies can successfully find substance abuse programs for women and their children in a timely manner.

7. Must these funds be used only for methamphetamine abuse?

No. While the Congressional findings emphasize the deleterious effects of methamphetamine abuse and the Secretary is required to give greater weight to awarding grants that propose to address methamphetamine abuse (§ 4(b)(2)(A)(f)(7)(B), the Act clearly states that grants may be awarded to regional partnerships that aim to treat the abuse of other substances (§ 4(b)). Family treatment programs that address the use of methamphetamines, as well as the use of other drugs, will still meet the criteria for receiving priority consideration. Generally, prevention and treatment programs are not focused solely on a single drug. There is recognition that the use of certain drugs is likely to lead to the use of others and that families coming to treatment may be involved with multiple substances, including alcohol.

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Targeted Children and Families

8. Must the funds be targeted to particular groups of children and families?

The new Act is intended to address families of children in out-of-home care or who are at risk of being placed in out-of-home care due to substance abuse. The written application submitted by the regional partnership to the Secretary of HHS must include recent evidence demonstrating that the abuse of methamphetamine or other substances has had a substantial impact on the number of out-of-home placements, or the number of children who are at-risk

for out-of-home placements, in the region the partnership aims to serve (§ 4(b)(2)(A)(f)(4)(A)).

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Eligible Applicants

9. Who can apply for the funding?

The Secretary of HHS is authorized by the Act to make grants to regional partnerships that will provide, through collaboration between public and private agencies and integration of programs and services, activities designed to increase the safety, permanence, and well-being of children detrimentally affected by their parent's or caretaker's substance abuse (§ 4 (b)(2)(A)(f)(1)).

10. How does the Act define regional partnerships?

The Act defines a regional partnership as a collaborative agreement, established on an interstate or intrastate basis, entered into by at least two of the following groups, with some exceptions noted in questions 11-13 below:

- the state child welfare agency;
- the state agency responsible for administering the federal substance abuse prevention and treatment block grant;
- an Indian tribe or tribal consortium;
- nonprofit or for-profit child welfare service providers;
- community health or mental health service providers;
- local law enforcement agencies;
- judges and court personnel;
- juvenile justice officials;
- school personnel;
- tribal child welfare agencies; or
- other provider, agency, personnel, official, or entity that is related to the kinds of services the Act intends the allocated grants to provide (§ 4(b)(2)(A)(f)(2)(A)).

11. Must state child welfare agencies be part of the regional partnerships?

Any regional partnership entered into for the purposes of the Act must include the state child welfare agency that is responsible for administering the federal Title IV-B and IV-E State plans as a member of the partnership, except in partnerships that include Indian tribes or tribal consortia (§ 4(b)(2)(A)(f)(2)(B)(i)). Congress clearly believes that public child welfare agencies are important partners. County child welfare agencies also might be part of some of the regional partnerships.

12. Can a state child welfare agency and a state substance abuse prevention and treatment agency be the only partners in a regional partnership?

No. The Act precludes a state child welfare agency and a state substance abuse prevention and treatment agency from forming a collaborative agreement together, with no other partners (§ 4(b)(2)(A)(f)(2)(B)(iii)).

13. What special provisions are made for Indian tribes in this new grant program?

Indian tribes and tribal consortia may be included as members of regional partnerships (§ 4 (b)(2)(A)(f)(2)(A)(iii)), but may not enter into such a collaborative agreement only with other tribal child welfare agencies (§ 4(b)(2)(A)(f)(2)(B)(ii)(II)). Unlike other members of regional partnerships applying for competitive grants, Indian tribes are not required to, but may, include the state child welfare agency as a partner in their collaborative agreement (§ 4 (b)(2)(A)(f)(2)(B)(ii)(I)). When developing performance indicators, the Secretary must consult with representatives of those Indian tribes, tribal consortia, or tribal child welfare agencies that are members of regional partnership grant recipients (§ 4(b)(2)(A)(f)(8)(B) (iv)). In its application, a regional partnership including an Indian tribe, consortium, or tribal child welfare agency does not need to describe how it will collaborate with state child welfare or substance abuse treatment agencies or state law enforcement and judicial agencies, should the Secretary determine that such collaboration would not be appropriate for such a partnership (§ 4(b)(2(A))(f)(4)(E)). For further information on Indian tribes, tribal consortia, and Indian child welfare agencies in your region, contact the National Indian Child Welfare Association at info@nicwa.org or 503-222-4044.

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Forming Regional Partnerships

14. What are some things to think about in forming a regional partnership?

Congress required that regional partnerships apply for these grants because it recognized that quality substance abuse prevention and treatment will require the best efforts of multiple partners. The partners can bring valuable expertise, resources, and connections to the table as they work to plan integrated and collaborative approaches to prevention and treatment.

In thinking about forming regional partnerships to apply for the substance abuse prevention and treatment grants, there are at least nine important questions to answer:

1) Who is already active in the prevention and treatment of substance use disorders in your area and in assisting children and families in the child welfare system? What relationships exist among them, or could be established or expanded?

2) Who manages the state substance abuse prevention and treatment and child welfare agencies? How do these agencies currently relate to one another regarding the prevention and treatment of substance abuse for families whose children are at risk of or involved in the child welfare system? See Appendices C and D for lists of State Alcohol and Drug Abuse and State Child Welfare Agencies.

3) What are the unmet prevention and treatment needs of children from families with substance abuse problems who come to the attention of the child welfare system and are at risk of placement in out-of-home care or are already in care? Reach out to families to see what they need but are not getting.

4) Who can best meet these unmet needs? Consider new partners as well as existing players. Consider other public and private agencies and service providers in the region that are already in contact with the children and families whom these grants aim to help. What community-based organizations, schools, courts, juvenile agencies, police departments or precincts, health, mental health, child welfare substance abuse or domestic violence service providers, homeless shelters, soup kitchens, or food banks might be helpful allies?

5) What existing programs and activities need to be expanded? What new services are needed?

6) Who are the children and families who need to be served by the new or expanded prevention and treatment programs, and what outreach and enrollment strategies will the

partnership use to reach the children and families most in need who are involved in or at risk of involvement with the child welfare system? How will organizations and agencies that have contact with these children and families be involved in the partnership? How will the broader community be made aware of the new prevention and/or treatment opportunities, and how it can help to refer children and families appropriately?

7) What will be the goal of this specific grant? How will it ensure effective prevention activities and/or clinically appropriate services and treatment? How will it ensure safety, permanence, and well-being for children?

8) How will this grant complement other substance abuse prevention and treatment activities, and enhance child welfare services, in your state or region?

9) What are the common principles that you want the partners to share as they work together to achieve the goals of the grant and improve outcomes for children?

Experience demonstrates that partnerships work most effectively when all partners share a common vision and mission. The Act makes clear that the purpose of the funds, and thus the regional partnerships that receive them, is to enhance the safety, permanence, and well-being of children whose parents or caretakers are struggling with substance use disorders and who are at risk of out-of-home care or already in placement. It will be important for partners to share a common vision for preventing substance abuse for families in the region and for approaching these children and their families, treating their parents' substance use disorders and the children's related needs, and understanding and approaching child protection concerns when necessary.

15. Who might potential partners be in your community or state?

The Act provides examples of some potential partners, including, but not limited to, the required state child welfare agency, state substance abuse and prevention agencies, an Indian tribe or consortium, a nonprofit child welfare service provider, a for-profit child welfare service provider, a community health service provider, a community mental health service provider, a local law enforcement agency, a juvenile justice official, a tribal child welfare agency, or school personnel (§ 4(b)(2)(A)(f)(2)(A)). Other partners might include comprehensive community-based family treatment programs, networks of advocates for persons in recovery, and advocates for children who have come to the attention of the child welfare system.

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Application Requirements

16. What are the requirements for the grant application?

The Act lists several requirements for what information must be described or included by the regional partnership in the written grant application:

- recent evidence demonstrating that methamphetamine or other substance abuse has had a substantial impact on the number of children who are in out-of-home placements or who are at risk of being placed in an out-of-home placement in the partnership region;
- goals and outcomes that the partnership aims to achieve during the funding period, in order to enhance the well-being of children participating, lead to their safety and permanence, and decrease the number of out-of-home placements or the number of children at risk of being placed in out-of-home placements in the region;
- activities that will be carried out jointly using the grant funds, including the order in which those activities will occur;
- how appropriate programs and services will be integrated; and
- strategies that will be put in place to collaborate with the state child welfare agency, when that agency is not the lead partner, and consult, as appropriate, the state substance abuse prevention and treatment agency and state law enforcement and judicial agencies.

The Secretary may also request additional information in the application (§ (4)(2)(A)(f)(4)).

17. Where might potential applicants turn to find evidence of the impact of substance abuse on children and the ability of child welfare agencies and others to meet the needs of children and families affected by substance abuse?

There are a number of reports and other resources available at the national level that may be helpful to applicants. They provide national, state, and local data demonstrating the substantial impact of substance use disorders on children and families and the child welfare system, limited resources for addressing the needs of children affected by substance use disorders and methamphetamine addiction specifically, and evidence that prevention and treatment work. A number of these are noted in Appendix A. Also be sure to check with

local child welfare and substance abuse prevention and treatment agencies and police departments, which may track such data or conduct special studies of local experiences. Advocates for parents and others challenged by substance abuse may be another good resource.

18. How can I assess what substance abuse prevention and treatment activities already are underway in my state?

Each state's substance abuse agency director, also known as the Single State Authority (SSA) for Substance Abuse, is responsible for planning, overseeing, and evaluating its publicly-funded addiction treatment and prevention system. Please check http://findtreatment.samhsa.gov/ufds/abusedirectors to find the SSA in your state. The SSA should be a resource, as well as a potential regional partner, for a grant application under the new Act. The publicly funded substance abuse prevention and treatment system is supported in large part by the Substance Abuse Prevention and Treatment (SAPT) Block Grant, which represents approximately 40 percent of each SSA's prevention and treatment expenditures. At the federal level, the SAPT Block Grant is managed by the Substance Abuse and Mental Health Services Administration (SAMHSA) within HHS. In addition to the SAPT Block Grant, SAMHSA also manages a more targeted group of substance abuse grant programs that address both prevention and treatment. See http://www.samhsa.gov/statesummaries/index.aspx for a list, by state, of SAMHSA grants that have been awarded for substance abuse treatment. SAMHSA also operates a useful substance abuse treatment facility locator that includes state-by-state information. It can be found at http://dasis3.samhsa.gov. It will be especially important to try to identify programs that have served children who are at risk of or already involved in the child welfare system or where there has been collaboration between the substance abuse prevention and treatment and child welfare agencies. To help you get started, a state by state list of Selected Comprehensive Family Treatment Programs is included in Appendix B.

19. Must the grants be used to fund only statewide initiatives?

No. The Act only specifies that a partnership address problems within a region. The partnership could potentially be formed to address problems on a statewide level, on a county level, and/ or for a metropolitan area.

20. Can an applicant apply for more than one grant?

Yes. Nothing in the Act prohibits agencies or organizations, as part of a regional partnership, from submitting multiple applications for grants.

21. Can a state child welfare agency be involved with more than one application?

Yes. The Act does not preclude a state child welfare agency from participating in more than one regional partnership or submitting more than one application. However, it should be made very clear, especially if the state child welfare agency is the lead grantee in more than one application, that the multiple partnerships will be serving different regions of the state, children and families with different needs, or providing different types or services.

22. Can an applicant apply for a grant that will support activities in more than one state?

Yes. The Act specifically provides that regional partnerships and collaborative agreements may be established on an interstate regional basis (§ 4(b)(2)(A)(f)(2)(A)).

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Making Awards

23. What considerations must the Secretary take into account in making grant award determinations?

In awarding these competitive grants, the Secretary must consider the extent to which regional partnerships:

- demonstrate that methamphetamine or other substance abuse by parents or caretakers has had a substantial impact on the number of children who are in, or at risk for, out-of-home placement in their partnership region;
- have limited resources to address the needs of children affected by such substance abuse;
- have a lack of capacity for or access to provide comprehensive family treatment services; and
- demonstrate a plan for sustaining the services they will provide with the grant

funds after the grant period has ended (§ 4(b)(2)(A)(f)(7)(A)).

24. Are any factors given greater weight or extra consideration?

After considering the required factors, the Secretary must also give greater weight to awarding grants to those partnerships that propose to address methamphetamine abuse and addiction (either alone or in combination with treatment for other substance abuse and addiction) in the partnership region, and that demonstrate that methamphetamine abuse is adversely affecting child welfare in the partnership region (§ 4(b)(2)(A)(f)(7)(B)).

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Amount of Funds

25. How much money will be available and over what period of time?

The Act makes available $145 million in federal grants over five years to fund regional partnerships for substance abuse prevention and treatment. The Secretary must reserve for grant awards $40 million for FY 2007, $35 million for FY 2008, $30 million for FY 2009, and $20 million for each of FY 2010 and FY 2011 (§ 4(b)(1)(5)).

26. Will a match for the federal funds be required?

Yes. An increasing non-federal match is required after the second fiscal year of the grant. The federal share of the grant declines over time to promote state and local investments in the substance abuse prevention and treatment activities. The federal share is 85 percent for the first and second fiscal years of the grant, 80 percent for the third and fourth fiscal years, and 75 percent for the fifth fiscal year, meaning non-federal matches of 15, 20, and 25 percent respectively. The increasing non-federal share of the costs may be in cash, or in the value of services rendered to the partnership from non-federal funds. The matching funds need not consist of state dollars (§ 4(b)(2)(A)(f)(6)).

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Size of Grants

27. What is the size of the grants that will be available?

The Secretary is authorized to award grants to qualified regional partnerships of not less than $500,000 and not more than $1 million per grant per fiscal year of the grant. Individual grants may be awarded for not less than two and not more than five fiscal years (§ 4(b)(2)(A)(f)(3)).

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Timetable for Announcement of Grants

28. When will the availability of the new grants be formally announced? How much time will be given for the submission of grant applications?

HHS has not issued any guidance to date on when the grant announcement will be made. The Administration for Children and Families will prepare the grant announcement, hopefully with input from the Centers for Substance Abuse Prevention and Substance Abuse Treatment within the Substance Abuse and Mental Health Services Administration. A bidder's conference will also be planned once the Request for Proposals is issued. HHS will convene peer reviewers, hopefully those with relevant substantive expertise in child welfare, substance abuse prevention, and substance abuse treatment activities, including parents in recovery who are familiar with the child welfare system, to renew the grants and recommend awards. Given the requirement that applicants for grants must be regional partnerships, that grantees will be eligible for relatively large grants ranging from $500,000 to $1 million, and that they will be expected to take on an increasing share of the financial responsibility for carrying out their proposed activities, it is essential that potential partners begin planning now. It will also be important for HHS to provide enough time for potential partners to prepare a thoughtful response to the formal Request for Proposals once it is issued.

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Evaluation

29. What are the evaluation requirements for activities conducted with these grants?

The only references to evaluation in the new Act are to the performance indicators that the Secretary of HHS must establish and to the report HHS must make to Congress on the progress made in addressing the needs of families affected by substance abuse. Often, however, the Administration for Children and Families, which has responsibility for this grant in HHS, requires third party evaluations of demonstration grants.

Looking first at the Act, by the end of June 2007, the Secretary is required to establish a series of performance indicators to be used to periodically assess how well grant recipients are doing in addressing the purposes and goals of the Act. In order to establish the performance indicators, the Secretary must consult with the Assistant Secretary for the Administration for Children and Families, the Administrator of the Substance Abuse and Mental Health Services Administration, representatives of states whose agencies are members of regional partnerships receiving grants, and representatives of Indian tribes, tribal consortia, or tribal child welfare agencies that are members of regional partnership grant recipients (§ 4(b)(2)(A)(f)(8)). No further information is yet available on how HHS will proceed with the establishment of these indicators.

However, as regional partnerships are formed to apply for the grants, it is useful for the partnership to think about how data on children and families participating in the activities, the nature and duration of the activities, and the scope of the activities can be collected. It is also important to decide how program performance, impacts on children and families, and program success will be assessed and measured most effectively consistent with the specific purposes of the grant. Such information can help grantees direct limited resources to where they are most needed and most effective in communities. Obviously, where programs and activities result in successful outcomes, and the success can be documented, the information also can be extremely useful in making the case for increased funding for the expansion of such activities so more children and families may benefit. To help put in place appropriate evaluation activities, HHS has developed *The Program Manager's Guide to Evaluation.* This useful primer explains what program evaluation is, who should conduct it, how to prepare for an evaluation, what should be in the evaluation plan, how to get the information you need, and how to use evaluation effectively to improve programs and benefit children and families. The *Guide* can be found on the ACF web site in HHS at http://www.acf.hhs.gov/programs/opre/other_resrch/pm_guide_eval/reports/pmguide/pmguide_toc.html. Other evaluation resources can be found in Appendix A.

30. Are any funds set aside for evaluation, research, or technical assistance?

Yes. Of the total $6 million in mandatory funds reserved each year for research, evaluation, training, and technical assistance in the Promoting Safe and Stable Families Program (42 U.

S.C. § 629f(b)(1), $1 million is set aside for evaluation, research, and technical assistance related to the targeted grants to regional partnerships to address substance abuse (§ 4(c)).

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Reporting

31. What types of reports are required of grantees?

By September 30 of the first fiscal year a grant is received, and each year after that until September 30 of the last fiscal year in which grant funding is received, a grant recipient must submit a report to the Secretary, providing information on the services provided during the fiscal year using the grant funds. The Secretary can determine what information is needed for the reports to provide an accurate description of what services have been provided using the federal funds. At a minimum, it will be important to know what kinds of services were provided, at what cost, to how many children and families, and for what duration of service. As mentioned above, it will also be important to try to track the progress made in achieving the goals of the programs and activities funded under the grants. After the Secretary develops performance indicators, grantees must report data related to these indicators (§ 4(b)(2)(A)(f)(9)(A)).

32. Must reports also be made to Congress?

Regional partnerships are not required to report directly to Congress. However, based upon the grantees' reports, the Secretary must submit annually, to both the Committee on Ways and Means in the House of Representatives and the Committee on Finance in the Senate, a report describing the services provided with the appropriated funds, the established performance indicators, and the progress that has been made in addressing the needs of families affected by methamphetamine or other substance abuse and in achieving goals of child safety, permanence, and family stability (§ 4(b)(2)(A)(f)(9)(B)).
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(Provided by the National Association of Public Child Welfare Administrators, an affiliate of the American Public Human Services Association)

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SELECTED RESOURCES ON SUBSTANCE ABUSE AND CHILD WELFARE DATA, RESEARCH, AND POLICY AND PROGRAMMATIC APPROACHES

U. S. Department of Health and Human Services

Substance Abuse and Mental Health Services Administration (SAMHSA)

National Center on Substance Abuse and Child Welfare, funded by SAMHSA and the Children's Bureau within HHS, provides a variety of relevant informational resources on substance abuse and child welfare. See http://www.ncsacw.samhsa.gov. Some specific materials that may be helpful include:

- Presentations from "Methamphetamine: The Child Welfare Impact and Response" (May 8-9, 2006). A Conference sponsored by the Administration for Children and Families' Children's Bureau and Child Care Bureau, and SAMHSA's Center for Substance Abuse Treatment. Available at http://www.ncsacw.samhsa.gov/conf_Methamphetamine.html.
- Young, N.K. (April 25, 2006). *The social and economic effect of the methamphetamine epidemic on America's child welfare system.* Testimony before the U.S. Senate Finance Committee. Available at http://finance.senate.gov/hearings/testimony/2005test/042506nytest.pdf.
- Otero, C., Boles, S., Young, N.K., and Dennis, K. (2006). *Methamphetamine addiction, treatment, and outcomes: Implications for child welfare workers.* Available at http://www.ncsacw.samhsa.gov/Meth%20and%20Child%20Safety.pdf.
- Young, N.K., Gardner, S.L., Whitaker, B., Yeh, S., and Otero, C. (2005). *A review of alcohol and other drug issues in the states' child and family services reviews and program improvement plans.* Available at http://www.ncsacw.samhsa.gov/files/SummaryofCFSRs.pdf. Contains state level information on the impact of substance abuse on child welfare and substance abuse services availability, but may be an underestimate of cases that are substance abuse involved.

Addiction Technology Transfer Center (ATTC) Network is made up of 14 centers and a national office that can be helpful in identifying and advancing opportunities for improving addiction treatment. See http://www.nattc.org/index.html.

Center for Substance Abuse Prevention (CSAP) focuses on developing comprehensive prevention systems. For descriptions of federal substance abuse prevention grants and grantees, see http://prevention.samhsa.gov/. For more about effective prevention programs, see:

- SAMHSA. CSAP. (2002). *Science-based prevention programs and principles.* Available at http://modelprograms.samhsa.gov/template_cf.cfm?page=pubs_sub&pubid=3.

- SAMHSA. CSAP. (2002). *Achieving outcomes: A practitioner's guide to effective prevention.* Available at http://modelprograms.samhsa.gov/pdfs/AchievingOutcomes.pdf.
- SAMHSA. CSAP. (1999). *Understanding substance abuse prevention; Toward the 21st Century: A primer on effective programs.* Available at http://www.modelprograms.samhsa.gov/template.cfm?page=pubs_monograph.

Centers for the Application of Prevention Technologies (CAPTs) are regional technical assistance providers of the CSAP. These centers assist in identifying and applying evidence based substance abuse prevention programs, practices, and policies. See http://captus.samhsa.gov/home.cfm.

Drug and Alcohol Service Information System (DASIS) is the major source of national data on substance abuse treatment and includes a **National Survey of Substance Abuse Treatment Services (N-SSATS), Treatment Episode Data (TEDS),** and an **Inventory of Substance Abuse Treatment Services**. Most of this information also includes state profiles, although there are not often specific data on family treatment. See http://oas.samhsa.gov/dasis.htm#Reports.

Institute for Research, Education and Training in Addictions provides useful summaries of the scientific literature that addresses treatment effectiveness and cost offsets. See http://www.ireta.org.

SAMHSA Grants includes a list, by state, of SAMHSA grants awarded for substance abuse treatment. See http://www.samhsa.gov/statesummaries/index.aspx.

SAMHSA Model Programs is a Web site that features model programs that have prevented or reduced substance abuse and other related high-risk behaviors. Programs categorized as "promising" and "effective" are also included. See http://www.modelprograms.samhsa.gov/template.cfm?page=default.

Substance Abuse Facility Locator is a searchable file of more than 10,000 treatment facilities. See http://oas.samhsa.gov/2k5/locator/locator.cfm.

Assistant Secretary for Planning and Evaluation

- U.S. Department of Health and Human Services. (1999). *Blending perspectives and building common ground. A report to Congress on substance abuse and child protection.* Available at http://aspe.hhs.gov/hsp/subabuse99/subabuse.htm.

Administration for Children and Families

- Child Welfare Information Gateway. (2003). *Substance abuse and child maltreatment.* Available at http://www.childwelfare.gov/pubs/factsheets/subabuse_childmal.cfm.

Other Federal or Federally-supported Agencies and Organizations

National Abandoned Infants Assistance Resource Center provides useful resources on children, substance abuse, and child welfare. They include *The Source,* their biannual newsletter, and numerous monographs. See http://aia.berkeley.edu/publications/publications.php. See also:

- National Abandoned Infants Assistance Resource Center (Spring 2006), *The Source,* What Do We Know About the Impact of Methamphetamines on Infants and Children? Vol. 15, No. 1.
- National Abandoned Infants Assistance Resource Center (2005). *Identifying, reporting, and responding to substance exposed newborns: An exploratory study of policies and practices.* Available at http://aia.berkeley.edu/media/pdf/rwj_report.pdf.

Office of National Drug Control Policy in the White House provides basic facts on numerous drugs, state and city drug profiles, and information on community anti-drug coalitions underway across the country. See http://www.whitehousedrugpolicy.gov/.

Treatment Improvement Exchange (TIE) provides information exchange between CSAT staff and state and local alcohol and substance abuse agencies, including information on women and children. See. http://www.treatment.org.

U.S. Drug Enforcement Administration provides information on specific drugs and also programs addressing the impact of methamphetamines on children. See http://www.dea.gov and http://www.dea.gov/concern/meth_children.html.

U.S. General Accountability Office

- U.S. General Accounting Office. (2006, October). *Improving social service program, training, and technical assistance information would help address long-standing service level and workforce challenges.* (Publication No. GAO-07-75). Washington, DC. Available at http://www.gao.gov/new.items/d0775.pdf.
- U.S. General Accounting Office. (2003, April). *Foster care: States focusing on finding permanent homes for children, but long-standing barriers remain.* (Publication No. GAO-03-626T). Washington, DC. Available at http://www.gao.gov/new.items/d03626t.pdf.

Non-Governmental Resources

American Bar Association, Center for Children and the Law

- Elstein, Sharon. (2005). *Parental substance abuse, child protections and ASFA: Implications for policymakers and practitioners.* American Bar Association

Center for Children and the Law. Available at http://www.abanet.org/child/abuse-summary.pdf.

Generations United

- Generations United. (2006). *Meth and child welfare: Promising solutions for children, their parents and grandparents.* Available at http://ipath.gu.org/documents/A0/Meth_Child_Welfare_Final_cover.pdf.

Legal Action Center

- Legal Action Center. (2003). *Safe and sound: Models for collaboration between the child welfare and addiction treatment systems.* Available at http://www.lac.org/pubs/gratis.html.

National Association of Counties

- Kyle, A.D. & Hansell, B. (2005, July). *The meth epidemic in America: The criminal effect of meth on communities; The impact of meth on children.* Available at http://www.naco.org/Template.cfm?Section=Publications&template=/ContentManagement/ContentDisplay.cfm&ContentID=17216.
- Hansell, B. (2006, January). *The meth epidemic in America: The effect of meth abuse on hospital emergency rooms; The challenges of treating meth abuse*. Available at http://www.naco.org/Template.cfm?Section=Publications&template=/ContentManagement/ContentDisplay.cfm&ContentID=18837.
- Hansell, B. (2006). *The meth epidemic: The criminal effect of meth on communities.* Available at www.naco.org/Template.cfm?Section=Publications&template=/ContentManagement/ContentDisplay.cfm&ContentID=20709.

National Association of State Alcohol and Drug Abuse Directors

- Nardini, K.M. (2004). *A policy guide on collaborative models for state alcohol and other drug directors and child welfare administrators.* National Association of State Alcohol and Drug Abuse Directors (NASADAD*).* Available at http://www.nasadad.org/resource.php?base_id=84.

National Center on Addiction and Substance Abuse at Columbia University

- National Center on Addiction and Substance Abuse. (1999). *No safe haven: Children of substance abusing parents.* Available at http://www.casacolumbia.org/pdshopprov/files/no_safe_haven_1_11_99.pdf.

APPENDIX B

THE REBECCA PROJECT
FOR HUMAN RIGHTS

SELECTED COMPREHENSIVE FAMILY TREATMENT PROGRAMS

ALABAMA	ALASKA
Olivia's House – Alchohol and Drug Abuse Treatment Centers, Inc. Fred Armstead, M.A. Executive Director 2101 Daniel Payne Dr.; Building 3 Birmingham, AL 35203 205-923-6552 armsteadph@aol.com	***Clar Swan Recovery Services – Cook Inlet Tribal Council Recovery Services*** Rabecca Ling 3600 San Jeronimo Dr. Anchorage, AK 99508 907-793-3223 rling@citci.com
ALASKA	**ARIZONA**
Women and Children's Center for Inner Healing – Fairbanks Native Association (FNA) 1027 Evergreen Fairbanks, AK 99709 (Mailing Address: PO Box 71098 Fairbanks, AK 99707) 907-451-8164 lhisamoto@fairbanksnative.org	***Las Amigas: CODAC Behavioral Health*** Lynn Aldrich Program Coordinator 49001 E. 5th St. Tucson, AZ 85711 520-318-3266 520-882-5898
ARIZONA	**ARIZONA**
New Arizona Family Inc. Tom McKelvey CEO Phoeniz and Mesa, AZ 602-553-7300 x7710 tmckelvey@nafi.us	***Women in New Recovery – Winner & Kids*** Patty Henderson Executive Director 860 North Center St. Mesa, AZ 85201 480-464-5764 winrpah@winr.org
ARKANSAS	**CALIFORNIA**
Arkansas Cares Cindy Crone Executive Director West Charles Bussey Ave. Little Rock, AR 72205 501-661-7983 cronecynthiac@uams.edu	***Bienvenidos Children's Center*** Barbara Kappos, M.S.W. Director 5233 East Beverly Blvd. Los Angeles, CA 90022 323-728-9577 bkappos@aol.com

CALIFORNIA	CALIFORNIA
Center Point; LifeLink Sushma Taylor 39 Mary St. San Rafael, CA 94901 415-456-6655	***Family Recovery Center; EYE Counseling*** 1100 Sportfisher Dr. Oceanside, CA 92054 760-439-6702 or 888-826-6384
CALIFORNIA	**CALIFORNIA**
Family Ties Frances Hutchins 1212 N. California St. Stockton, CA 95202 209-468-3800 209-468-3695	***Jelani House Inc.*** Margaret Gold Executive Director 1588 Quesada St. San Francisco, CA 94124 415-822-5977 415-822-5945 jelanisf4@aol.com
CALIFORNIA	**CALIFORNIA**
La Casita: Southern California Alcohol and Drug Programs 11500 Paramount Boulevard Downey, CA 90241 562-622-2268	***Pasos de Vida; Life Steps Foundation*** Nipomo, CA 93444 805-481-2505
CALIFORNIA	**CALIFORNIA**
Project Pride, East Bay Community Recovery Project Anna Talmo, MFT Program Manager 22971 Sutro St., Ste. A Hayward, CA 94541 510-728-8600 atalamo@ebcrp.org	***PROTOTYPES*** Maryann Fraser, M.B.A., LCSW Executive Vice President 5601 W. Slauson, Ste. 200 Culver City, CA 90230 310-641-7795 x111 mfraser@prototypes.org; bechevar@gmail.com

CALIFORNIA	COLORADO
Shields for Families, Inc Kathy Icenhower, Ph.D., LCSW Executive Director 12714 S. Avalon Blvd. Los Angeles, CA 90061 323-242-5000 ext. 268 kicenhower@shieldsforfamilies.org	***Arapahoe House*** Veronica Medina Case Manager 8801 Lipan St. Thorton, CO 80260 303-657-3700 info@ahinc.org
CONNECTICUT	**CONNECTICUT**
Coventry House 46 Coventry St. Hartford, CT 06112 860-714-3703 anderson@stfranciscare.org	***Crossroads Inc. – Amethyst House*** Leida Acevedo Program Director 42 Howe St., 3rd Floor New Haven, CT 06511 203-821-3040 adiel77@sbcglobal.net
CONNECTICUT	**DISTRICT OF COLUMBIA**
Wheeler Clinic Mary Painter 91 NW Dr. Plainville, CT 6062 860-224-6364 mpainter@Wheelerclinic.org	***Community Action Group*** Dr. Diane Brown Clinical Director 3323-13th St. SE Washington, DC 20032 202-373-0650
FLORIDA	**FLORIDA**
The Center for Drug Free Living Joyce Bruton-Glenn PO Box 538350 Orlando, FL 32853 407-245-0012	***Gateway Community Services*** 555 Stockton St. Jacksonville, FL 32204 904-387-4661

APPENDIX B

<table>
<tr><th>FLORIDA</th><th>FLORIDA</th></tr>
<tr><td>Operation PAR
Nancy Hamilton, MPA, CAP, CCJAP
CEO
6655-66th St.
Pinellas Park, FL 33781
727-545-7564 ext. 276
nhamilton@operpar.org</td><td>Safeport- Guidance Clinic of the Middle Keys
301 White St.
Key West, FL 33040
305-292-6770</td></tr>
<tr><th>FLORIDA</th><th>GEORGIA</th></tr>
<tr><td>Village South/ WestCare Foundation, Inc.
Valera Jackson, M.S.
CEO
3180 Biscayne Blvd.
Miami, FL 33137
305-438-4547
vjackson@westcare.com</td><td>Heritage Foundation, Inc.
Gloria Jones
Executive Director
PO Box 2966
Thomasville, GA 31799
229-228-5545
gjones@heritageofthomasville.org</td></tr>
<tr><th>ILLINOIS</th><th>ILLINOIS</th></tr>
<tr><td>Haymarket House
Mary Shaver
932 W. Washington Blvd.
Chicago, IL 60607
312-226-7984 x434
mshaver@hcenter.org</td><td>Human Service Center/ White Oaks Companies
Pat Kennedy, M.S.W.
Manager of Women's Services
3500 New Leaf Lane
Peoria, IL 61614
309-692-6900
pkennedy@fayettecompanies.org</td></tr>
<tr><th>ILLINOIS</th><th>ILLINOIS</th></tr>
<tr><td>Latinas Unidas – United Community Center
Cecilia Vallejo Licenciado En Psicol
Clinical Director
1028 S. 9th St.
Milwaukee, IL 53204
414-643-8530
cvallejo@unitedcc.org</td><td>The Women's Treatment Center
Jewell Oates, Ph.D.
Executive Director
140 North Ashland Ave.
Chicago, IL 60607
312-850-0050
joates@womenstreatmentcenter.org</td></tr>
</table>

IOWA	IOWA
Heart of Iowa Judy Knobbe Director 4050 Bowling St. SW Cedar Rapids, IA 52404 319-862-1050 x404 jknobbe@asac.us	***House of Mercy*** Todd Beveridge Director 1409 Clark St. Des Moins, IA 50314 515-643-6500 tbeveridge@mercydesmoines.org
IOWA	**KENTUCKY**
Jackson Recovery Centers Janelle Tomoson Program Director Sioux City, IA jtomoson@jacksonrecovery.com	***Chrysalis House, Inc.*** Lisa Minton, M.P.A. Executive Director 1589 Hill Rise Dr. Lexington, KY 40504 859-255-0500 x2502 lisaminton@chrysalishouse.org
KENTUCKY	**LOUISIANA**
Foothills Community Action Partnership Vicki Jozefowicz, M.P.A. Executive Director 309 Spangler Dr. Richmond, KY 40475 859-624-2046 jozef@ipro.net	***Claire House for Women and Children*** Tammy Williams, MSW, GSW Program Director 1101 Southeast Blvd., Building A Bayou Vista, LA 70380 985-395-2424
MARYLAND	**MARYLAND**
Mellwood House, Second Genesis 4620 Mellwood Rd. Upper Marlboro, MD 20772 301-563-6527 mcguinness@secondgenesis.org	***Safe Harbor; Potomac Healthcare Foundation*** Mary Roby PO Box E Emmitsburg, MD 21727 301-447-2361 x 37

<table>
<tr><th>MASSACHUSETTS</th><th>MASSACHUSETTS</th></tr>
<tr><td>Emerson House; Gosnold, Cape Cod
PO Box 929
Falmouth, MA O2540
508-540-1554
tbower@gosnold.org; help@gosnold.org</td><td>Entre Familia, Boston Hospital
Ana Lopez
209 River St.
Mattapan, MA 02126
617-534-9384; 617-534-7968; 617-534-9105
ana_lopez@bphc.org</td></tr>
<tr><th>MASSACHUSETTS</th><th>MASSACHUSETTS</th></tr>
<tr><td>H.A.R.T. House
Program Director
PO Box 477
Tewksbury, MA O1876
978-851-0969</td><td>Institute for Health and Recovery
Norma Finkelstein, Ph.D., LCSW
Executive Director
32 Alpine St.
Cambridge, MA 02238
617-661-3991
normafinkelstein@healthrecovery.org</td></tr>
<tr><th>MICHIGAN</th><th>MICHIGAN</th></tr>
<tr><td>Flint Odyssey House
Ron Brown
529 Martin Luther King Ave.
Flint, MI 48503
810-238-0483; 810-610-8503 (cell)
ronald@odysseyvillage.com</td><td>Saginaw Odyssey House
128 North Warren St.
Saginaw, MI 48607
989-754-8598</td></tr>
<tr><th>MICHIGAN</th><th>MISSOURI</th></tr>
<tr><td>SHAR East Women and Children Project
Cheryl Olden, M.S.
Program Manager
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parenting4216@aol.com</td><td>Bridgeway Counseling Services
Janet Woodburn
Executive Director
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jwoodburn@bridgewaycounseling.com</td></tr>
</table>

APPENDIX B

MISSOURI	MISSOURI
Grace Hill Beverley Pulshar Executive Director 2600 Hjadley St. St. Louis, MO 63106 314-241-2200 richardq@gracehill.org	***Queen of Peace Center*** Connie Neumann Executive Director 325 N. Newstead Ave. St. Louis, MO 63108 314-531-0511 x115 cneumann@ccstl.org
MONTANA	**MONTANA**
Carol Graham Home Sue Rajacich 1335 Wyoming Missoula, MT 59802 406.532.9824 srajacich@wmmhc.org	***Grace Home (Gateway Community Services)*** Kathy Curtis Director (Judy overall Director of Gateway) 2511 5th Ave N. Great Falls, MT 59401 406.452.6655 grchome@gatewayrecovery.org, judy@gatewayrecovery.org
MONTANA	**NEBRASKA**
Michel's House (Rimrock Foundation) Mona Sumner Director 1231 North 29th St. Billings, MT 59101 406.248.3175 x413 monasumner@aol.com; monasumner@rimrock.org	***St. Monica's*** Mary Magsamen Executive Director 120 Wedgewood Dr. Lincoln, NE 68510 402-441-3768 mbmagsamen@stmonicas.com
NEW JERSEY	**NEW YORK**
Matriarch – Seabrook House Audrey Carter Director 133 Polk Lane Seabrook, NJ O8302 856-455-7575 x 5812	***Regenerations – Narco Freedom*** Donna Peters 250 Grand Concourse Bronx, NY 10451 718-292-2240; 718-993-7862 donna.peters@narcofreedom.com

NORTH DAKOTA	OHIO
Growing Together Inc. Evette Ethridgehille Executive Director Minot, ND 701-852-3200 newhope@srt.com	***Amethyst, Inc.*** Virginia O'Keef,e LICDC CEO 527 South High St. Columbus, OH 43215 614-242-1284 okeeffev@amethyst-inc.org
OHIO	**OKLAHOMA**
Iwo San; East Side Catholic Center and Shelter Inc. Michelle Burley-Keys PO Box 20177 Cleveland, OH 44120 216-231-5556	***Choctaw Nation, Chihullo*** Renae Baughman Director One Choctaw Way Talihina, OK 74570 918-567-4128; 918-567-3255 drbaughman@choctawnationhealth.com
OKLAHOMA	**OKLAHOMA**
Eagle Ridge Family Treatment Center Tammy Vaughn Executive Director 1916 East Perkins St. Guthrie, OK 73044 405.208.2393 tvaughn@eagleridgeok.org	***Monarch, Inc.*** Joyce O'Neal 2310 W Broadway Muskogee, OK 74401 918-683-0124; 918-682-7210 joyceoneal@sbcglobal.net
OREGON	**OREGON**
Families in Recovery; Willamette Family Treatment Services Micki Knuckles 687 Cheshire Ave. Eugene, OR 97405 541-343-2993 micki@wfts.org	***Legacy – Project Network*** Jeanne Cohen 2631 N. Mississippi Portland, OR 97227 503-335-0855 jcohen@lhs.org

APPENDIX B

PENNSYLVANIA	RHODE ISLAND
Guadenzia, Inc. Mary Gomez, B.S. Program Director 95 Broad St. Ashland, PA 17921 570-875-4700 mgomez@gaudenzia.org	***STARBIRTH*** Judy Gorman Acting Clinical Supervisor 80 East St. Cranston, RI O2920 401-463-6001 redsoxjudy@aol.com
TENNESSEE	**TEXAS**
Renewal House Jude White Executive Director PO Box 2803566 Nashville, TN 37228 615-255-5222 ext, 108 jwhite@renewalhouse.org	***Alpha Home*** Julie Wisdom-Wild CEO 300 E. Mulberry San Antonio, TX 210-735-3822 ext. 203 alphahome@satx.rr.com
TEXAS	**TEXAS**
Integrated Family Treatment Center David Sabine, Ph.D 8535 Tom Slick Dr. San Antonio, TX 76301 940-322-237	***Nexus Recovery Center, Inc*** Becca Crowell Executive Director 8733 La Prada Dr. Dallas, TX 75228 214-321-0156 ext. 2100 bcrowell@nexusrecovery.org
TEXAS	**UTAH**
Santa Maria Hostel, Inc Kay Austin Chief Executive Officer 2005 Jacquelyn Houston, TX 77035 281-657-0898 kaustin@santamariahostel.org	***Cottonwood Treatment Center*** Susan Mitchel Director Valley Mental Health 5965 S. 900 East Salt Lake City, UT 84121 801-263-7225 susanm@vmh.com

UTAH	UTAH
House of Hope – Provo Darrell Noble Director 1726 South Buckley Lane Provo, UT 84606 801-373-6562 dnoble@uafslc.org	***House of Hope – Salt Lake*** Melinda Melow-Murchie, LSAC Director 667 East South Temple Salt Lake City, UT 84102 801-355-8536 mmurchie@uafslc.org
WISCONSIN	**WISCONSIN**
Maehnowesekiyah; Menominee N2150 Kesaehkahtek Gresham, WI 54128 715-799-3835 bwozniak@mitw.org	***Meta House*** Francine Feinberg, Psy.D., LCSW Executive Director 2266 North Prospect Ave. Milwaukee, WI 53202 414-977-5808 francine@metahouse.org
WEST VIRGINIA	
Prestera Center, Renaissance Women and Children's Kim Miller Director 1853-8th Ave. Huntington, WV 25703 304-525-1522 x4506 kim.miller@prestera.org	

NATIONAL ASSOCIATION OF STATE ALCOHOL AND DRUG ABUSE DIRECTORS (NASADAD)

APPENDIX C

STATE ALCOHOL AND DRUG ABUSE AGENCIES

ALABAMA	ALASKA
J. Kent Hunt Associate Commissioner for Substance Abuse Services AL Department of Mental Health and Mental Retardation 100 N. Union Street Montgomery, AL 36130-1410 Tel: (334) 242-3961 Fax: (334) 242-0759	Cristy Willer, Director Division of Behavioral Health 3601 C Street, Suite 378 Anchorage, AK 99503 Tel: (907) 269-3410 Fax: (907) 269-3786
AMERICAN SAMOA	**ARIZONA**
Dr. Uiagalelei Lealofi, Director Department of Human & Social Services American Samoa Government P.O. Box 997534 Pago Pago, AS 96799 Tel: (011-684) 633-2696 Fax: (011-684) 633-7449	Christina A. Dye, Chief Arizona Department of Health Services/ Division of Behavioral Health Services Bureau of Substance Abuse Treatment & Prevention 150 North 18th Avenue, Suite 220 Phoenix, AZ 85007 Tel: (602) 364-4626 Fax: (602) 364-4763
ARKANSAS	**CALIFORNIA**
Joe M. Hill, Director Office of Alcohol and Drug Abuse Prevention Division of Behavioral Health Department of Human Services 4313 W Markham Street, 3rd Floor Admin Little Rock, AR 72205-4023 Tel: (501) 686-9871 Fax: (501) 686-9035	Kathryn Jett, Director Department of Alcohol & Drug Programs 1700 K. Street, 5th Floor Sacramento, CA 95814-4037 Tel: (916) 445-1943 Fax: (916) 323-5873
COLORADO	**CONNECTICUT**
Janet Wood, Director Behavioral Health Services CO Department of Human Services 3824 West Princeton Circle Denver, CO 80236 Tel: (303) 866-7486 (direct)/7480 (office) Fax: (303) 866-7428	Thomas A. Kirk, Jr., Ph.D., Commissioner CT Dept. of Mental Health & Addiction Services 410 Capitol Avenue, 4th Floor, MS#14COM P.O. Box 341431 Hartford, CT 06134 Tel: (860) 418-6700 Fax: (860) 418-6691

DELAWARE	DISTRICT OF COLUMBIA
Renata J. Henry, Director Division of Substance Abuse and Mental Health Delaware Health & Social Services 1901 N. DuPont Highway, Main Bldg. Central Office New Castle, DE 19720 Tel: (302) 255-9398 or 9433 Fax: (302) 255-4427 or 4428	Linda Y. Fisher Interim Senior Deputy Director for Substance Abuse Addiction Prevention & Recovery Administration D.C. Department of Health 1300 First Street, N.E., Suite 300 Washington, D.C. 20002 Tel: (202) 727-8952 Fax: (202) 727-0092
FLORIDA	**GEORGIA**
Stephenie Colston Director for Substance Abuse FL Department of Children & Families 1317 Winewood Blvd., Bldg. #6, Room 334 Tallahassee, FL 32399-0700 Tel: (850) 921-2495 Fax: (850) 487-2627	Nancy “Neil” Kaltenecker, Director Office of Addictive Diseases GA Department of Human Resources Two Peachtree Street., NW Suite 22.394 Atlanta, GA 30303-3171 Tel: (404) 657-2275 Fax: (404) 657-1137
GUAM	**HAWAII**
J. Peter Roberto, ACSW, Director Department of Mental Health & Substance Abuse 790 Governor Carlos Camacho Road Tamuning, GU 96913 Tel: (671) 647-5330 or 5303 Fax: (671) 649-6948	Keith Yamamoto, Division Chief Alcohol & Drug Abuse Division 601 Kamokila Boulevard, Room 360 Kapolei, HI 96707 Tel: (808) 692-7506 Fax: (808) 692-7521
IDAHO	**ILLINOIS**
Bethany Gadzinski, Director FACS Division, Substance Abuse Program Department of Health and Welfare P.O. Box 83720 - 5th Floor Boise, ID 83720-0036 Tel: (208) 334-5756 Fax: (208) 332-7305	Theodora Binion Taylor, Director Division of Alcoholism & Substance Abuse IL Department of Human Services 100 W. Randolph Street, Suite 5-600 Chicago, IL 60601-3297 Tel: (312) 814-2300 Fax: (312) 814-3838

INDIANA	IOWA
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