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Health, Education, and
Human Services Division

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September 3, 1998

The Honorable J. Dennis Hastert
Chairman, Subcommittee on National Security,
International Affairs, and Criminal Justice
Committee on Government Reform and Oversight
House of Representatives

Subject: Drug Treatment: Overview of Federal Programs

Dear Mr. Chairman:

As requested in your July 28, 1998, letter, this correspondence provides information on drug abuse treatment programs and activities funded by federal agencies. You asked specifically that we prepare drug abuse treatment program profiles for the Federal Judiciary and seven executive branch agencies: Health and Human Services (HHS), Veterans Affairs (VA), Defense (DOD), Education, Housing and Urban Development (HUD), Justice, and the Office of National Drug Control Policy (ONDCP). Each profile includes

(1) detailed drug abuse treatment (including research) funding for fiscal years 1998 (enacted) and 1999 (requested), in terms of budget authority;

(2) the agency's current strategic (long-term) goals, objectives, targets, and performance measures for drug abuse treatment, developed in accordance with the Government Performance and Results Act of 1993 (referred to as GPRA or the Results Act);[1]

(3) for specific drug treatment programs: (a) descriptions of each activity; (b) their annual performance goals, objectives and targets, strategies, and performance measures, as described in the Results Act Performance Plan for fiscal year 1999; and (c) citations and key findings from their performance evaluations; and

[1]The Results Act's purpose is to ensure that the Congress, the public, and agency officials have the information they need to assess whether programs are achieving intended results.

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(4) selected program evaluations conducted over the past 5 years by agency inspectors general (IG) and GAO.

These profiles were prepared by compiling information submitted by officials of each agency. We asked officials to limit their responses, to the extent possible, to activities that relate to drug abuse, excluding alcohol abuse, and to drug treatment, excluding drug abuse prevention. To identify GAO and IG drug treatment-related program evaluations, we searched report databases covering four agencies in FY 1998, which account for approximately 93 percent of federal drug treatment spending in FY 1998. Due to time limitations, we are presenting information as it was submitted to us by each agency; we did not attempt to verify the data. For example, although we asked agencies to use only their current Results Act reports when referring to strategic and annual plans, we did not compare the information provided to us with these planning documents. Our work was performed between August 3 and August 31, 1998.

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The detailed results of our data collection for each agency are presented in enclosures I through IX.

As agreed with your office, unless you publicly announce its contents earlier, we plan no further distribution of this report until 30 days from the date of this letter. At that time, we will send copies to interested parties and make copies available upon request. Please call me on (202) 512-7119 if you or your staff have any questions regarding the issues discussed above. The information presented in this letter was developed by Rosamond Katz, Assistant Director, and Jared Hermalin, Senior Evaluator.

Sincerely yours,

Marsha Lillie-Blanton

Marsha Lillie-Blanton
Associate Director, Health Services
Quality and Public Health Issues

Enclosures - 9

ENCLOSURES

FEDERAL SPENDING FOR DRUG TREATMENT

Table I.1: Federal Budget Authority for Drug Treatment Activities, by Agency, Fiscal Years 1998-99 (Dollars in Millions)

Agency	FY 1998 enacted	FY 1999 requested
Total[a]	***$3,209.3***	***$3,446.0***
Health and Human Services	1,717.7	1,832.4
Substance Abuse and Mental Health Administration	944.1	984.1
National Institutes of Health	313.6	343.5
Health Care Financing Administration	360.0	400.0
Health Resources and Services Administration	47.9	51.5
Indian Health Service	39.4	40.4
Administration for Children and Families	12.7	12.7
Veterans Affairs[b]	1,096.9	1,138.7
Justice	160.9	219.7
Office of Justice Programs	134.8	193.1
Bureau of Prisons	26.1	26.6
Education	125.8	129.9
Judiciary	74.9	83.8
ONDCP	23.8	32.3
Defense	6.2	6.0
Housing and Urban Development	3.2	3.2

[a]Expenditures have been rounded, affecting totals.

[b]Includes 100 percent of medical costs provided to veterans with a diagnosis of drug abuse when treatment is provided in a specialized drug or substance abuse treatment program. For veterans with a secondary or associated diagnosis of drug abuse who receive care in other settings, only a proportion of their medical costs are included.

Source: Agency submissions and Office of National Drug Control Policy, The National Drug Control Strategy, 1998: Budget Summary (Washington, D.C.: Mar. 1998).

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FUNDING FOR DRUG TREATMENT

Table II.1: HHS Drug Abuse Treatment Activity Funding, Fiscal Years 1998-99 (Dollars in Millions)

Program/activity	FY 1998 enacted	FY 1999 requested
Total HHS[a]	*$1,717.7*	*$1,832.4*
Substance Abuse and Mental Health Services Administration (SAMHSA)	**944.1**	**984.1**
Center for Substance Abuse Treatment	916.6	948.6
Substance Abuse Prevention and Treatment Block Grant (Treatment)	750.3	823.1
Knowledge Development and Application	155.8	115.4
Program management	10.5	10.1
Office of Applied Studies	27.5	35.5
Substance Abuse Performance Partnership Block Grant (Set-Aside)	27.5	35.5
National Institutes of Health (NIH)	**313.6**	**343.5**
National Institute on Drug Abuse	313.6	343.5
Health Care Financing Administration (HCFA)	**360.0**	**400.0**
Medicaid (federal share)	290.0	320.0
Medicare (Part A)	70.0	80.0
Health Resources and Services Administration (HRSA)	**47.9**	**51.5**
Ryan White Comprehensive AIDS Resources Emergency Act[b]	47.9	51.5
Indian Health Service (IHS)[c]	**39.4**	**40.4**

Administration for Children and Families (ACF)	**12.7**	**12.7**
Abandoned Infants Assistance Program	6.1	6.1
Community-Based Resource Centers	6.6	6.6

[a]Individual program expenditures may not add to total due to rounding or incomplete data.

[b]Used to support the provision of health care services for people with AIDS who are also drug addicted in substance abuse settings.

[d]In preparing the agency's drug control budget, IHS includes the appropriation for alcohol and substance abuse, excluding the amount designated as adult treatment because this activity is primarily alcoholism treatment services, and the portion of the urban Indian health appropriation that is provided for alcohol and substance abuse prevention and treatment.

Source: The amounts shown were obtained from the ONDCP's 1998 Budget Summary and from individual HHS agencies.

STRATEGIC (LONG-TERM) PLANNING FOR DRUG TREATMENT

Strategic goal: Reduce the major threats to the health and productivity of all Americans by, among other things, supporting initiatives that result in lifestyle changes and improved health.

Objective: Reduce the illicit use of drugs through a variety of strategies, including drug abuse treatment.

Targets: Specific targets have not been set for the strategic objectives in the HHS strategic plan. Specific targets are attendant to the annual performance goals in the Department's annual performance plan. In turn, these annual performance goals set the incremental targets for achieving the overall strategic goals and objectives.

Performance measures:
- rate of past-month use of marijuana among 12- to 17-year-olds,
- rate of past-month use of all illicit drugs among 12- to 17-year-olds,
- parental attitudes toward youth use of drugs, and
- death rate of people 15- to 65-years-old attributed to drug use.

ANNUAL PLANNING (FY 1999) FOR DRUG TREATMENT

Program/activity: CSAT Substance Abuse Prevention and Treatment (SAPT) Block Grants

Description: The Secretary, HHS, acting through the Center for Substance Abuse Treatment (CSAT), makes an allotment each fiscal year for each state in an amount determined through a formula specified in legislation, if the state meets certain requirements that are also specified in legislation. The grant may be expended only for the purpose of planning, carrying out, and evaluating activities to prevent and treat substance abuse and for related activities specifically authorized regarding tuberculosis and HIV. CSAT conducts three types of activities dedicated to fulfilling the legislative intent of the SAPT Block Grant: (1) management of the block grant application process; (2) monitoring of block grant expenditures; and (3) technical assistance to state agencies. CSAT also is funding activities toward the development of outcome measures and supportive data related to this program.

FY 1998 funding: $750.3 million.

Performance goals: The legislative purpose of the SAPT Block Grant is to provide funding to states in support of the public-sector treatment system.

Objectives and targets:

Measure 1: Increase to 75 percent the proportion of block grant applications received electronically.

Measure 2: Increase to 80 percent the proportion of block grants applications that include needs assessment data from CSAT needs assessment program.

Measure 3: Identify seven potential treatment outcome measures through the Treatment Outcome Pilot Project and other activities and complete pilot test of those measures in seven States.

Measure 4: Increase to 85 percent the proportion of states that express satisfaction with technical assistance provided.

Measure 5: Increase to 50 percent the proportion of states that implement systems, program, or practice change(s) based on technical assistance provided.

Strategies for achieving them: Information not provided by SAMHSA.

How performance will be measured:

Measure 1: Improvement from a baseline of 60 percent in FY 1998.

Measure 2: Improvement from a baseline of 42 percent in FY 1998.

Measure 3: Improvement from a baseline of no treatment outcome measures tested in FY 1997.
Measure 4: Improvement from a baseline to be developed in FY 1998.
Measure 5: CSAT, in partnership with the single state agencies, will be developing further appropriate measures and data sources for this activity in FY 98.

What data will be used for measurement:

Measure 1: Data will be collected through the block grant application system.
Measure 2: Data will be collected through the block grant application system.
Measure 3: States' information systems and surveys of states.
Measure 4: Data source will be a survey of the states.
Measure 5: Data sources that are consonant with the selected measures will be selected.

Program evaluations: Information not provided by SAMHSA.

Program/activity: CSAT Knowledge Development and Application Program (KD&A)

Description: CSAT's KD&A program goals are to (1) identify and fill knowledge gaps of critical importance to the treatment field; (2) support the development and application of new knowledge to the public sector treatment field–whether or not it is supported by CSAT; and (3) serve as a conduit for continuous feedback on the perceived needs of treatment clients, treatment programs, and policymakers to ensure that the best practices, most cost-effective and -efficient methods, and highest level of scientific validity are brought to bear on the populations being served.

FY 1998 funding: $155.8 million

Performance goals: The goal of CSAT's KD&A program for knowledge development is to support the identification of key knowledge gaps in the substance abuse treatment field, to prioritize those gaps and to field well-designed clinically based studies that will support the discovery of new knowledge. For knowledge application, CSAT's goal is to provide the multiple audience segments–from policymakers to clinicians and consumers–with the information that they need in a timely way and in a way that makes the information accessible to the user.

Objectives and targets:

Measure 1: Ensure that answers/information produced by grantees are assessed as acceptable or superior through staff evaluation.

Measure 2: Ensure external evaluations of the answers/information produced by grantees.

Measure 3: Ensure that specified percentage of products were distributed to the intended audience.

Measure 4: Ensure that specified percentage of products are deemed to be useful by targeted audience and to be in actual use by targeted audience.

Strategies for achieving them:

Measure 1: Any answers/information found to be unacceptable will be subject to corrective action, and a brief statement outlining the planned corrective action plan will be produced for each case.

Measure 2: Institutionalize a process of expert review of KD&A knowledge and products. At the conclusion of each program, an invited panel will review the product(s), assess independently their utility to the field, and suggest both appropriate media of distribution and targeted audience segments.

Measure 3: Gain valuable knowledge about audience segments and whether or not their information needs are met by CSAT publications.

Measure 4: Develop a routine set of activities that measure "customer satisfaction" and "consumer utilization" of CSAT information and products.

How performance will be measured:

Measure 1: Baseline to be established in FY 1998; standards for acceptable and superior to be developed concomitantly.

Measure 2: CSAT will establish baseline measures during FY 1998 through a pilot program of external consultations concerning the quantity and quality of products which are, at that point, within the product stream of individual projects. Interim products produced under the older demonstration program rubric may also be evaluated externally in a similar manner and the results tabulated separately.

Measure 3: Baseline measures of some important audience segments were begun in FY 1997 with the funding of a full-scale evaluation of CSAT's treatment improvement protocol (TIP) series. In each successive year, CSAT will select one or more categories of products for a similar impact evaluation.

Measure 4: To be established in FY 1998.

What data will be used for measurement:

Measure 1: Project officers serve as the primary source of data for this measure.

Measure 2: These items will be determined during the pilot phase of the program in FY 1998.

Measure 3: Data sources cannot be determined precisely at this time since the measure is not yet fully developed. Ideally, data sources might include distribution lists, random sampling of recipients, counts of returned mail, hit counts on web pages, and the like.
Measure 4: Will be determined during the pilot phase of this program in FY 1998.

Program evaluations: Information not provided by SAMHSA.

Program/activity: Substance Abuse Performance Partnership Block Grant (SAPPBG Set-Aside)

Description: Office of Applied Studies is a major source of information in the United States on the extent and nature of substance abuse, the supply and cost of services for treating substance abuse, and the number and characteristics of people in treatment. It develops and manages data systems that produce information used by HHS, ONDCP, the Drug Enforcement Agency, and state and local agencies. Support for these data systems is derived from the 5-percent set-aside from the Substance Abuse Performance Partnership Block Grant authorized specifically for this purpose.

FY 1998 funding: $27.5 million.

Performance goals: To provide the information used to formulate substance abuse policy and to evaluate performance of programs and activities supported with federal funds.

Objectives and targets:
(1) Provide estimates of the prevalence of substance abuse and the number of people who have received treatment in the civilian, noninstitutionalized population.
(2) Identify emerging problems in substance abuse on the basis of emergency room and medical examiner records.
(3) Provide information on the services available for substance abuse treatment and the characteristics of individuals admitted for treatment.
(4) Describe changes occurring in the organization and structure of the substance abuse treatment system and to assess the impact of these changes on the process and effectiveness of treatment.

Strategies for achieving them: Implementation of major surveys.

How performance will be measured:
(1) National Household Survey on Drug Abuse.

(2) Drug Abuse Warning Network.
(3) Drug and Alcohol Services Information System.
(4) Alcohol and Drug Services Survey.

What data will be used for measurement: Survey results.

Program evaluations: The Office of Applied Studies conducts evaluations of the long-term effectiveness of drug abuse treatment and the validity of the information obtained from providers. The largest of these studies, the Alcohol and Drug Services Survey, was designed to describe the changes occurring in the organization and structure of the substance abuse system and to assess the impact of these changes on the process and effectiveness of treatment.

Program/activity: National Institute on Drug Abuse's (NIDA) Scientific Research on Treatment[2]

Description: NIDA supports over 85 percent of the world's research on the health aspects of drug abuse and addiction, including research to improve and evaluate the effectiveness of drug abuse treatment. The development of safe and effective medications and behavioral treatments for drug addiction, as well as the improvement of existing behavioral treatments, constitutes the bulk of NIDA's efforts in the area of treatment research. NIDA also supports research to study the impact of the organization, financing, and management of health services on the quality, cost, access to, and outcomes of drug abuse treatment.

FY 1998 funding: $313.6 million.

Performance goals: Improve and develop new therapies for treating disease and disabilities.

Objectives and targets: Improved treatment of diseases and disabilities.

Strategies for achieving them:
- Continue decisionmaking mechanisms and policies that ensure NIH research is responsive to public health needs, scientific opportunities, and new technologies.

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[2]NIDA's activities are covered within the NIH-wide Annual Performance Plan required under the Results Act. The FY 1999 performance goals and measures for NIH are detailed in this plan and are linked to both the budget and the HHS GPRA Strategic Plan.

- Maintain a high quality of peer review to ensure that the most meritorious research projects are considered for funding.
- Increase intra-NIH and interagency collaborations.

How performance will be measured:

- Development of new or improved treatments that expand therapy options, are most cost-effective, and improve the length and quality of life.
- Stories of discovery that demonstrate how scientific advances have contributed to the commercial development of new health care products such as pharmaceuticals.

What data will be used for measurement: Stories of discovery (provided in yearly Congressional Justifications) and new or improved treatments are finite products that do not require data for measurement.

Program evaluations:[3]

Institute of Medicine, Bridging the Gap Between Practice and Research, Forging Partnerships with Community Based Drug and Alcohol Treatment (Washington, D.C.: National Academy Press, 1998).

This study found that while research collaboration between academic research institutions and community-based drug abuse treatment programs would be beneficial to both, relatively few investigators work closely with community treatment programs, in large part due to the fact that only a small proportion of community-based agencies have the capacity to participate fully in long-term partnerships with teams of investigators.

B.W. Fletcher, F.M. Tims, and B.S. Brown, "Drug Abuse Treatment Outcome Study (DATOS): Treatment Evaluation Research in the United States," Psychology of Addictive Behaviors, Vol. 11, No. 4, (1997).

An overall review of treatment outcome research in the United States is presented in the NIDA-supported Drug Abuse Treatment Outcomes Study, a cooperative research study that includes four research sites that tracked 10,010 drug abusers in nearly 100 treatment programs in 11 cities from 1991-93.

[3]In response to our request for evaluations of program/activity performance, NIDA included in their submission a short list of study citations for agency-supported drug treatment research outcomes.

Program/activity: Medicaid (Federal Share)

Description: Treatment costs reflect estimates of both the hospital and nonhospital treatment costs for Medicaid. Medicaid-eligible individuals requiring drug abuse treatment can receive all covered hospital and nonhospital services required to treat their condition. Medicaid drug treatment expenditures are primarily for care received in hospitals and in specialized (free-standing) drug treatment facilities.

FY 1998 funding: $290.0 million.

Performance goals: Information not provided by HCFA.

Objectives and targets: Information not provided by HCFA.

Strategies for achieving them: Information not provided by HCFA.

How performance will be measured: Information not provided by HCFA.

What data will be used for measurement: Information not provided by HCFA.

Program evaluations: Information not provided by HCFA.

Program/activity: Medicare (Part A)

Description: Medicare-eligible individuals requiring drug abuse treatment can receive all covered hospital and some nonhospital services necessary to treat their condition. Treatment costs reflect estimates of only hospital insurance (part A) treatment costs for Medicare. The program primarily covers inpatient hospital treatment of episodes of drug abuse as well as some medically reasonable and necessary services in outpatient settings for the continued care of these patients. Medicare-covered treatments for drug abuse include detoxification and rehabilitation in an inpatient setting. Medicare generally will not cover exclusively preventive care, such as education and counseling, but rather pays for such services only as they relate to a specific treatment episode for drug abuse. Medicare drug abuse estimates have recently been revised on the basis of an analysis of FY 1990 Medicare data conducted by NIH.

FY 1998 funding: $70.0 million.

Performance goals: Information not provided by HCFA.

Objectives and targets: Information not provided by HCFA.

Strategies for achieving them: Information not provided by HCFA.

How performance will be measured: Information not provided by HCFA.

What data will be used for measurement: Information not provided by HCFA.

Program evaluations: Information not provided by HCFA.

Program/activity: Ryan White Comprehensive AIDS Resources Emergency (CARE) Act

Description: Ryan White HIV CARE Act programs are designed to improve the quality and availability of care for people living with HIV/AIDS and their families. Approximately 6 percent of the amounts appropriated for titles I, II, and III is estimated to be used to support the provision of health care services for people with AIDS who are drug addicted in substance abuse treatment settings.

Title I: Emergency Relief Grants for Eligible Metropolitan areas.
Title II: HIV/AIDS Care Grants to States (formula grants).
Title III: HIV/AIDS Early Intervention Services (provided at community-based health care centers).

FY 1998 funding: $47.9 million.

Performance goals:

Title I: Increase the number of visits for health-related care (primary medical, dental, mental health, substance abuse, and rehabilitative and home health) to a level that approximates inclusion of new clients.
Title II: Increase the number of visits for health-related care to a level that takes into account new clients in the program.
Title III: Increase the number of people receiving primary care services under Early Intervention Services Programs.

Objectives and targets:

Title I: 2.88 million total visits in FY 1999.
Title II: 1.28 million total visits in FY 1999.
Title III: 79,000 total clients.

Strategies for achieving them: Programs are designed to build on and enhance community-based systems of care. Community guidance is essential and provided through local planning councils and HIV care consortia that assess needs, organize and deliver HIV services in consultation with service providers and through contracts for services. The programs specifically target underserved populations, which often have limited access to care, including women, children, adolescents, racial and ethnic minorities, and substance abusers.

How performance will be measured: Performance is measured by the extent to which access to care is improved. This is reflected in the number of visits for health-related care and in the number of clients served. A long-term goal is to show a decrease in HIV-associated morbidity.

What data will be used for measurement: Data are collected from annual administrative reports and grant applications. The Title III program produces a program data report.

Program evaluations:
Support for Conduct of Evaluation Studies at Selected CARE Act Pilot Sites. The purpose of these studies is to provide assistance to Title I and II grantees in analyzing existing data sets and developing models to assess the effectiveness of their provision of primary health and supportive services. Local evaluation studies are being conducted by six grantees. One particular focus is on developing models to assess the effects of managed care on the allocation of funds and service delivery.

Development of Estimates of Unduplicated Annual Administrative Report (AAR) Client Counts. The AAR is the data collection system used by grantees to submit data about the demographic characteristics of clients served, the number of services delivered, and the characteristics of organizations providing services under the CARE Act. This is an effort to determine the extent of duplication in the reports because of the fact that clients often visit multiple providers for various health care and support services.

Program/activity: Indian Health Service Drug Abuse Program

Description: IHS funds approximately 330 American Indian and Alaskan Native alcoholism/substance abuse programs that provide a multitude of treatment and prevention services to rural and urban communities. Those activities identified as primarily treatment include Regional Treatment Centers (RTC), Community Rehabilitation/Aftercare, Gila River, Contract Health Service, Navajo Rehabilitation Program, Urban Clinical Services, and Expand Urban Program.

FY 1998 funding: $39.4 million.

Performance goals: To provide comprehensive health care services to American Indians and Alaskan Natives, including substance abuse treatment services.

Objectives and targets: (Related to both alcohol and drug abuse)
Indicator 1: Increase follow-up for youths discharged from adolescent RTC such that 55 percent receive at least 2 follow-up contacts per year.
Indicator 2: By the end of FY 1999, 75 percent of prenatal clinics will utilize screening and case management protocols for pregnant substance abusing women.

Strategies for achieving them:
Indicator 1: Information not provided by IHS.
Indicator 2: Develop and pilot test the use of screening instruments, such as the maternal substance abuse questionnaire, to ensure routine prenatal substance abuse screening and case management tailored to the resources of each site.

How performance will be measured:
Indicator 1: Chemical dependency management information system and RTC evaluation system to be implemented in FY 1998.
Indicator 2: Survey and possibly resource and patient management system prenatal application by 1998.

What data will be used for measurement:
Indicator 1: Baseline is a 1997 RTC evaluation indicating that only 50 percent of youths admitted between January 1993 and May 1995 received any follow-up care.
Indicator 2: Baseline will be established through survey in 1998 and repeated in 1999.

Program evaluations (Related to both alcohol and drug abuse):
Evaluation of the IHS Adolescent Regional Treatment Centers. The principle conclusion based on this study's findings is that RTCs have developed effective adolescent alcohol and substance abuse programs. The continuity of care and aftercare, however, is the biggest problem. The RTCs need additional mental health staff resources, client charting improvements, and innovative ways to increase family involvement.

Evaluating the Effectiveness of Alcohol and Substance Abuse Services for Native American and Alaska Native Women: Phase II Final Report. Women in focus groups tended to select their current alcohol and other drug treatment program over alternatives because of their focus on American Indian and Alaskan Native tradition and culture. The women and staff also espoused the benefits of the family-like environment that the treatment centers promoted. The availability of women-centered, family-focused

approaches to alcohol and other drug treatment is severely limited in the United States. Several barriers to services for potential participants exist. The leading obstacle for parenting women is the lack of child care for their children while in treatment. It was strongly emphasized that a woman's recovery was dependent on three key factors: herself, her social networks, and her community.

Program/activity: ACF's Abandoned Infants Assistance Program/Community-Based Resource Centers

Description: Although drug treatment is not specifically targeted in ACF programs, it is part of two comprehensive service programs: The Abandoned Infants program and Community-Based Resource Centers provide a broad range of community-based intervention services for women who are substance abusing or who may be HIV-positive and their infants who may have been perinatally exposed to drugs or HIV.

FY 1998 funding: $12.7 million.

Performance goals: ACF indicated that there is no FY 1999 annual plan for drug treatment activities.

Objectives and targets: ACF indicated that there is no FY 1999 annual plan for drug treatment activities.

Strategies for achieving them: ACF indicated that there is no FY 1999 annual plan for drug treatment activities.

How performance will be measured: ACF indicated that there is no FY 1999 annual plan for drug treatment activities.

What data will be used for measurement: ACF indicated that there is no FY 1999 annual plan for drug treatment activities.

Program evaluations: ACF indicated that no evaluations were conducted in the past 5 years.

SELECTED OIG AND GAO EVALUATIONS

OIG Reports

SAMHSA's Treatment Improvement Protocols, HHS, Office of Inspector General, OEI-07-96-00130 (Washington, D.C.: Mar. 1998).
The OIG found that 32 percent of the SAMHSA-funded grantees reported they were aware of at least one of the five TIPs referenced in the survey; 86 percent of the FDA narcotic/methadone treatment providers responded that they were aware of at least one of the five TIPs referenced in the survey; 32 percent of community mental health centers reported they were aware of at least one of the five TIPs referenced in the survey; and 4 percent of the "customary provider" group responded that they were aware of at least one of the five TIPs referenced in the survey.

Services to Persons With Co-occurring Mental Health and Substance Abuse Disorders: Program Descriptions, HHS, Office of Inspector General, OEI-05-94-00151 (Washington, D.C.: June 1995).
This report describes the structure and operation of 30 programs that serve people with co-occurring mental health and substance abuse disorders in a community setting. It is a companion to another report that describes the experiences and perspectives of supervisors or managers and staff who work directly with clients in treatment-related activities.

Measuring Drug Abuse Treatment Costs, HHS, Office of Inspector General, OEI-04-91-00430 (Washington, D.C.: June 1995).
This management advisory report found that the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) is required to collect costs on different drug abuse treatment approaches, but its data collection system does not provide reliable data for measuring drug abuse treatment costs. It also found that ADAMHA's three major sources of data on drug abuse treatment are flawed in their cost reporting and limit the completeness, accuracy, and relevancy of cost data.

GAO Reports

Emerging Drug Problems: Despite Changes in Detection and Response Capability, Concerns Remain (GAO/HEHS-98-130, July 20, 1998).
Following the crack cocaine epidemic of the 1980s, concerns were raised in the Congress about the availability of crack/cocaine treatment, limited monitoring of the drug abuse block grant program, and the lack of a national drug control strategy. To help strengthen the federal drug abuse detection and response capability, the Congress legislated several organizational changes, including the establishment of SAMHSA, to focus on prevention and treatment services and the transfer of NIDA to NIH. In addition, the Congress

created ONDCP to coordinate the national drug control effort. Despite these changes, concerns remain about the nation's ability to detect and respond to emerging drug problems. While federal agencies have an array of tools to detect drug use, there is concern about the efficiency and effectiveness of these efforts. In addition, questions remain about the nation's lack of a defined strategy for determining the timing, nature, and magnitude of a response to new patterns of drug use identified through the nation's surveillance systems.

Drug Abuse: Research Shows Treatment Is Effective, but Benefits May Be Overstated (GAO/HEHS-98-72, Mar. 27. 1998).
GAO noted that billions of dollars are spent annually to support drug abuse treatment and related research. In 1998, 20 percent of the federal drug control budget, $3.2 billion, supported drug abuse treatment. Treatment for drug abuse can be provided in a variety of settings, using pharmacological and behavioral approaches. Other treatment approaches, such as faith-based strategies, are sometimes used but have not been sufficiently evaluated to determine their effectiveness. Measuring the effectiveness of drug abuse treatment is a complex undertaking. Few studies have used the most rigorous approach for assessing treatment outcome: random assignment of clients to experimental and control groups. In addition, conclusions about treatment effectiveness are limited by research factors such as reliance on self-reported data and the time frame planned for client follow-up. Still, a number of large, multisite, longitudinal studies provide evidence that drug abuse treatment is beneficial, although reliance on self-reported data may overstate treatment effectiveness. Substantial numbers of clients participating in these studies reported reductions in drug use and criminal activity following treatment. The studies also found that clients who stay in treatment for longer periods report better outcomes. The research evidence to support the relative effectiveness of specific treatment approaches or settings for particular groups of drug abusers is more varied. Methadone maintenance has been shown to be the most effective approach for treating heroin abusers; research on the best treatment approach or setting for other groups of drug abusers is less definitive.

Substance Abuse and Mental Health: Reauthorization Issues Facing the Substance Abuse and Mental Health Services Administration (GAO/T-HEHS-97-135, May 22, 1997).
SAMHSA faces three important challenges in the current environment. First, given the many different, yet related, federal agency activities in the areas of substance abuse and mental health, it is especially important that SAMHSA communicate and coordinate its efforts with agencies involved in similar or complementary activities. Second, under the Results Act, SAMHSA will have to show that its funds are used efficiently and effectively. This will present a particular challenge for the agency because most of its funds are used to support services provided by states and local grantees. Finally, the move to managed care in the private and public sectors affords potential opportunities to improve the coordination of care, yet it has risks, given the financial pressures to control cost and

health plans' limited experience in setting capitation rates for mental health and substance abuse services.

Cocaine Treatment: Early Results From Various Approaches (GAO/HEHS-96-80, June 7, 1996).
Cocaine treatment research is still in its early stages. Yet, preliminary study results have shown that relapse prevention, community reinforcement and contingency management, and neurobehavioral therapy may produce prolonged periods of cocaine abstinence and high rates of retention in treatment programs. Pharmacological agents have not proven to be consistently effective in preventing cocaine use, and none have been submitted for Food and Drug Administration approval. Animal researchers have demonstrated the positive effects of a new immunization procedure in blocking the stimulant effects of cocaine. Few researchers have assessed the effectiveness of acupuncture treatment, but some research findings are favorable. Experts believe that more rigorous treatment evaluation studies are needed that focus on the importance of various treatment components, appropriate treatment intensities and durations, and clients' readiness and motivation for treatment before standard cocaine treatment protocols can be formulated.

Treatment of Hardcore Cocaine Users (GAO/HEHS-95-179R, July 31, 1995).
No consensus exists on the meaning of the term "hardcore" user, and current diagnostic manuals do not refer to the term. For purposes of this report, NIDA and the Research Triangle Institute developed a working definition of the hardcore user as an individual reporting use of cocaine weekly or more often in the year before treatment. The NIDA-sponsored Cocaine Treatment Outcome Study (CTOS) results indicate that participating hardcore cocaine users are making sizable gains in reducing their crack/cocaine use, needle use, and arrests as well as in improving their health and employment status. However, CTOS findings do not provide an adequate basis for making conclusions about the success of hardcore cocaine treatment because: (1) discrepancies exist between self-reported drug use and urine test results; (2) clinical trials do not support the high rates of continuous abstinence found in CTOS at 12-month follow-ups; (3) drug treatment experts believe that hardcore users underreport cocaine use in the year following treatment; and (4) inaccurate recall over a 2-year period is problematic, making before and after treatment comparisons unreliable.

Indian Health Service: Basic Services Mostly Available; Substance Abuse Problems Need Attention (GAO/HRD-93-48, Apr. 9, 1993).
Alcohol, substance abuse, and related mental health services are the greatest unmet health care needs among the IHS service areas. The Congress had expanded IHS authority and increased funding for alcoholism and substance abuse prevention and treatment services. GAO found that IHS had no comprehensive data on the rates of alcoholism and substance abuse in Indian communities, tribal initiatives, or the effectiveness of IHS and tribal prevention and treatment programs. IHS sought funding

for a study of alcohol and substance abuse in Indian communities and has discussed research needs with NIH and SAMHSA.

DEPARTMENT OF VETERANS AFFAIRS

FUNDING FOR DRUG TREATMENT

Table III.1: VA Drug Abuse Treatment Activity Funding, Fiscal Years 1998-99 (Dollars in Millions)

Program/activity	FY 1998 enacted	FY 1999 requested
Total VA[a]	*$1,096.9*	*$1,138.7*

Note: These funds support the following activities: Inpatient Treatment Programs, Residential Programs, Intensive Outpatient Programs, Standard Outpatient Programs, and Casefinding and Early Intervention Teams.

[a]Includes 100 percent of medical costs provided to veterans with a diagnosis of drug abuse when treatment is provided in a specialized drug or substance abuse treatment program. For veterans with a secondary or associated diagnosis of drug abuse who receive care in other settings, only a proportion of their medical costs are included.

Source: The amounts shown were obtained from the ONDCP's 1998 Budget Summary and from VA.

STRATEGIC (LONG-TERM) PLANNING FOR DRUG TREATMENT

Strategic goals: Improve access to diagnostic and treatment services for addicted veterans, relieving suffering and avoiding further social, medical, and psychiatric complications.

Objectives: Increase the percentage of patients with primary addictive disorders showing improvement in the Addiction Severity Index (ASI) composite score at 6 months after an initial ASI assessment.

Targets: The percentage of patients with primary addictive disorders showing improvement 6 months after initial ASI: 55 percent in FY 1999; 60 percent in FY 2000; 65 percent in FY 2001; 70 percent in FY 2002; and 75 percent in FY 2003.

Performance measures: The measure for this goal is the percentage of patients assessed at follow-up as compared with the percentage of patients assessed during the

initial survey. The source for this data is the Program Evaluation and Resource Center, Veterans Affairs Medical Center, Palo Alto, California.

ANNUAL PLANNING (FY 1999) FOR DRUG TREATMENT

Program/activity: Substance Abuse Services

Description: The mission of this program is to provide services that improve identification, management, and treatment of substance use disorders. This is accomplished by providing early intervention, stabilization (including detoxification) and rehabilitative services, continuing care and monitoring services, staff education, and research.

FY 1998 funding: $1,096.9 million.

Performance goals: In FY 1998, all newly admitted patients with a primary substance abuse disorder diagnosis will be tested with the ASI instrument. All patients with a primary substance abuse disorder diagnosis will receive a follow-up ASI at 6-month intervals. At least 50 percent of the patients whose initial ASI was administered within 14 days of admission for a new episode of care and who have received no treatment in the 30 days before admission will show 25 percent or more improvement in their drug composite score and at least one other composite score.

Objectives and targets: By FY 2003, the proportion of patients who demonstrate improvement will increase to 75 percent. (FY 1998 baseline is 38,000 patients.)

Strategies for achieving them: Improve access to diagnostic and treatment services for addicted veterans, relieving suffering and avoiding further social, medical, and psychiatric complications.

How performance will be measured: External factors: VA treatment goals are guided by ONDCP. To implement this goal, VA will develop a "train-the-trainers" program to ensure that each Veterans Integrated Service Network (VISN) will select two candidates to attend a training program for trainers. These individuals will then function as training resources for clinical facilities in their VISNs.

What data will be used for measurement: Baseline data on ASI and bi-yearly program, surveys from the Program Evaluation and Resource Center.

Program evaluations: Yearly evaluation reports from Program Evaluation and Resource Center.

SELECTED OIG AND GAO EVALUATIONS

OIG Report

The Impact of Downsizing Inpatient Substance Abuse Rehabilitation Programs on Homeless Veterans and Other Frequent Users, Officer of Inspector General, 7HI-A28-108 (Washington, D.C.: July 8, 1997).
This evaluation found that (1) VISN managers and clinicians included substance abuse treatment bed reductions in their strategic planning process, (2) VA Medical Center employees had involvement in planning the transition from inpatient to outpatient substance abuse treatment programs (SATP), (3) databases available for evaluating the impact of downsizing acute inpatient SATP beds were not consistent, (4) improvement is needed in identifying homeless veterans who participate in VA and community-based SATP, (5) program officials identify alternative housing resources to improve access to outpatient SATP, (6) support systems did not always include transportation to and from treatment sites, (7) VISNs should maintain a core of acute inpatient beds for mentally and physically impaired and acutely destabilized substance abuse patients, and (8) medical record documentation needed improvement.

GAO Reports

Readjustment Counseling Service: Vet Centers Address Multiple Client Problems, but Improvement Is Needed (GAO/HEHS-96-113, July 17, 1996).
Vet centers help certain veterans make a successful transition from military to civilian life. Vet center services range from assistance with basic needs and benefits to drug and alcohol abuse and post-traumatic stress disorder counseling. Veterans who have more serious psychological problems visit vet centers more often than veterans with employment or benefit concerns. About 283,000 new clients used vet centers between FYs 1993 and 1995. Many veterans have social concerns that can be addressed by other VA and non-VA programs, thus limiting the number of center visits needed. Client visits are generally recorded accurately in the workload reporting system, but program managers and supervisors lack the information needed to oversee the program and monitor staff activities and resources. VA has established standards for determining whether treatment plans are appropriate, but it has not developed a systematic approach for demonstrating that vet center services are effective in meeting veterans' psychological needs.

Substance Abuse Treatment: VA Programs Serve Psychologically and Economically Disadvantaged Veterans (GAO/HEHS-97-6, Nov. 5, 1996).
In FY 1995, VA substance abuse treatment units served about 180,000 veterans. (Numerous non-VA substance abuse treatment programs are also available to, and are used by, veterans.) About one-half of the inpatients were homeless at the time of admission and about one-third had psychiatric disorders. Many of these veterans were chronically unemployed, had problems maintaining relationships, reported low incomes, or were criminal offenders. VA provides a variety of treatment settings and approaches. Between FYs 1991 and 1996, VA funding for treatment increased from $407 million to $589 million to accommodate growth in the substance abuse treatment program. VA lacks the necessary data to adequately measure and fully evaluate the efficacy of its many treatment programs and has primarily relied on utilization information and recidivism rates to monitor the quality of its substance abuse treatment programs. VA is developing a performance monitoring system based on treatment outcome measures. If VA stopped treating veterans for substance abuse, resulting societal costs may shift to welfare or other social services, other federal or state substance abuse treatment programs, and the criminal justice system. VA cannot ascertain the implications of contracting for these services because it lacks critical information on the health care needs of eligible veterans, the number of veterans who might seek care, and actual cost of treating veterans with substance abuse disorders. VA officials have not decided which substance abuse treatment outcome measures to use to evaluate treatment and program effectiveness.

Brockton Substance Abuse (GAO/HEHS-95-172R, June 2, 1995).
The Brockton Veterans Administration Medical Center (VAMC) has an extensive drug abuse program that provides inpatient and outpatient detoxification and rehabilitation services; counseling; training for psychiatrists, psychologists, and social workers; and research activities. Brockton's rehabilitation program provides individual and group therapy and contracts for residential programs for veterans as well as for counseling and drug abuse education for veterans' families. Brockton also provides full medical and surgical services to veterans through another nearby VAMC. Brockton spent about $4.5 million on its drug abuse program and served over 1,200 veterans in the first half of FY 1994. Between October 1991 and June 1994, about 71 percent of admitted veterans completed the detoxification regimen and 89 percent completed the rehabilitation regimen. In part to curb high readmission rates and to expand access, Brockton staff made extensive program changes in 1994. However, they did so without detailed program utilization data. Recognizing the need to measure effects of program changes, Brockton also established an evaluation committee to assess short and long-run effects of treatment over time.

DEPARTMENT OF JUSTICE

FUNDING FOR DRUG TREATMENT

Table IV.1: Justice Drug Abuse Treatment Activity Funding, Fiscal Years 1998-99 (Dollars in Millions)

Program/activity	FY 1998 enacted	FY 1999 requested
Total Justice	*$160.9*	*$219.7*
Office of Justice Programs (OJP)	**134.8**	**193.1**
Residential Substance Abuse Treatment for State Prisoners	62.0	70.6
Byrne Formula Grant Program	40.3	39.6
Byrne Discretionary Grant Program	4.2	4.2
At-Risk Children Initiative	0	11.5
Juvenile Justice Program	0.6	0
Rural Domestic Violence Program	1.2	1.2
Drug Courts Program	23.6	0
Drug Intervention Program	0	42.5
Violent Youth Court Program	0	19.6
Management and Administration	2.9	3.8
Bureau of Prisons (BOP)	**26.1**	**26.6**
Drug Abuse Programs	26.1	26.6

Source: The amounts shown were obtained from the ONDCP's 1998 Budget Summary and from Justice.

STRATEGIC (LONG-TERM) PLANNING FOR DRUG TREATMENT

Strategic goals: Provide productive work, education, medical, and other programs to meet inmate needs and facilitate their successful reintegration into society, consistent with community expectations and standards.[4]

Objectives: Continue to develop and expand the availability of quality drug treatment programs.

Targets: Eligible inmates who successfully complete drug treatment programs while in the custody of the federal government.

Performance measures: Number of enrollees in residential drug programs.

ANNUAL PLANNING (FY 1999) FOR DRUG TREATMENT

Program/activity: Residential Substance Abuse Treatment for State Prisoners

Description: The program's mission is to enhance the capability of states and units of local government to provide residential substance abuse treatment for incarcerated inmates.

FY 1998 funding: $62.0 million.

Performance goals: To increase the proportion of offenders who remain drug free when returned to the community and the proportion of offenders who do not recidivate.

Objectives and targets:
(1) Increase the number of residential substance abuse programs initiated or expanded in state and local correctional facilities.
(2) Increase the number of offenders treated for substance abuse.
(3) Provide technical assistance and training to state and local policymakers and correctional and treatment practitioners.

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[4]Drug treatment rises to the level of a strategic goal within Justice in only one of its seven core functions, Detention and Incarceration. The information shown here is for that core function.

Strategies for achieving them:
- Review 56 applications and make 56 awards in FY 1998 and 1999.
- Increase the number of technical workshops and national technical assistance conferences conducted for state grantees from two to three.

How performance will be measured:
(1) Increase the number of residential substance abuse programs from 120 in 1998 to 140 in 1999.
(2) Increase the number of offenders treated from 8,000 in 1998 to 22,000 in 1999.
(3) Provide technical assistance and training to 800 individuals in FY 1998 and 1999.

What data will be used for measurement:
(1) Internal reports.
(2) Individual project reports and annual evaluation reports submitted by the states.
(3) Internal report of number of technical assists provided and survey of number of conference participants.

Program evaluations: In FY 1998, the Corrections Program Office will begin to conduct follow-up surveys of recipients of site-specific technical assistance, as well as those who participate in training and technical assistance conferences and workshops 4 to 6 months after the event, to assess the number that have changed policies and practices.

Program/activity: Byrne Formula Grant Program

Description: This program assists states and local governments in carrying out programs that offer a high probability of improving the functioning of the criminal justice system, with a special emphasis on nationwide and multilevel drug control strategies and violent crime prevention. The states, in consultation with local officials, develop statewide drug and violent crime strategies and funding priorities to address their drug and violent crime problems and to improve the functioning of their criminal justice systems, while supporting national priorities and objectives. There are 26 program purpose areas authorized by law; a number of them are related to drug treatment activities (see note below).

FY 1998 funding: $40.3 million.

Performance goals: Develop and test the effectiveness of new programs and practices to control and prevent drug use, crime and violence, and improve the functioning of the criminal justice system at the state and local levels.

Objectives and targets: Continue efforts to eradicate drug use by (1) expanding drug testing and treatment services; (2) targeting programs to reduce illicit drug use among juveniles; and (3) strengthening multiagency linkages among prevention, treatment, and criminal justice programs to effectively address problems caused by drug use, most notably crime and violence.

Strategies for achieving them: The following are a sampling of the types of strategies implemented in FY 1997 by states to address the above goal and objectives: drug testing of offenders, demand reduction programs, and multijurisdictional narcotics task forces.

How performance will be measured: For the Results Act, the following data are collected: number of states that implement programs that address national priorities, number of students receiving demand reduction or other prevention training, number of multijurisdictional drug and violence task forces funded, and number of drug arrests made (this particular outcome is not aggregated at the national level; numbers are estimates based on reports submitted by state grantee agencies).

What data will be used for measurement: Data are collected annually from state grantee agencies.

Program evaluations: State grantee organizations are required to assess the program's activities.

Note: Legislative purpose areas related to drug treatment:

#1 Demand reduction education programs in which law enforcement offices participate.

#2 Multijurisdictional task force programs that integrate federal, state, or local drug law enforcement agencies and prosecutors for enhancing interagency coordination and intelligence and facilitating multijurisdictional investigations.

#10 Improving the operational effectiveness of the court process by expanding prosecutorial, defender, and judicial resources and implementing court delay reduction programs. (Example: drug courts and specialized narcotics courtrooms).

#11 Programs designed to provide additional public correctional resources and improve the corrections system, including treatment in prisons and jails, intensive supervision programs, and long-range corrections and sentencing strategies.

#13 Providing programs that identify and meet the treatment needs of adult and juvenile drug-dependent and alcohol-dependent offenders.

#15 Developing programs to improve drug control technology, such as pretrial drug testing programs, programs that provide for identifying, assessing, referring to treatment, managing cases of, and monitoring drug-dependent offenders; and programs to enhance state and local forensic laboratories.

#20 Providing alternatives to prevent detention, jail, and prison for people who pose no danger to the community. (Example: Drug courts directed to diverting offenders into treatment.)

Program/activity: Drug Courts Program

Description: The program's mission is to provide financial and technical assistance for states, state courts, units of local government, local courts, and Indian tribal governments for developing and implementing treatment drug courts that employ the coercive power of courts to subject nonviolent offenders to an integrated mix of treatment, substance abuse testing, incentives, and sanctions to break the cycle of substance abuse and crime.

FY 1998 funding: $23.6 million (as indicated in the final plan).

Performance goals:
- establish new drug courts (including tribal drug courts).
- establish cooperative programs with other federal agencies.
- drug court program participants in grantee programs do not commit other crimes while participating in the program.

Objectives and targets:
(1) Provide training sessions (including special training for tribal applicants) and technical support and expertise to grantees.
(2) Contact and exchange information with other federal agencies evaluated by grantees as good or excellent.
(3) Have grantees evaluate on-site technical assistance as good or excellent.

Strategies for achieving them: Award planning grants, implementation grants, and enhancement grants.

How performance will be measured:
(1) Provide 16 training sessions and technical support to 500 grantees.
(2) Exchange information with six federal agencies.
(3) Achieve a good to excellent rating of 95 percent for on-site technical assistance.

What data will be used for measurement: Drug Courts Program Office On-Site Monitoring System tracks development of new courts and need for technical assistance.

Program evaluations: The Drug Courts Program Office conducted a survey of the FY 1997 implementation grants to determine their status, revealing that 96 drug courts were

operational as of June 25, 1998. It conducted 21 on-site program monitoring visits between September 1997 and June 1998 to examine the basic operations of the drug courts.

Program/activity: BOP's Drug Abuse Programs

Description: Provide an appropriate strategy for treating inmates with substance abuse problems. Ensure a means for identifying inmates for program participation in drug education nonresidential and residential drug abuse treatment. Further ensure that inmate transition to the community is supervised and continues a treatment regimen that contributes to successful program outcomes.

FY 1998 funding: $26.1 million.

Performance goals: Provide services and programs to address inmate needs, provide productive use-of-time activities, and facilitate the successful reintegration of inmates into society, consistent with community expectations and standards.

Objectives and targets: To provide residential drug abuse treatment (RDAP) to all inmates with a substance abuse problem (as defined by the Bureau of Prisons) who volunteer for treatment. Encourage inmates to participate in treatment.

Strategies for achieving them: All Bureau staff should work toward identifying and motivating inmates for participation in RDAP. Closely monitor overall inmate participation to ensure that all inmates who need and volunteer for treatment receive treatment before their release.

How performance will be measured: The percentage of inmates within 24 months from release who have a substance abuse problem and seek treatment that receive treatment. The percentage of inmates who successfully complete RDAP that receive community transition.

What data will be used for measurement: SENTRY data and data collected by the Bureau of Prisons' Office of Research and Evaluation (follow-up with U.S. Probation, urinalysis testing, inmate interviews, and surveys) combine to provide process and outcome data.

Program evaluations:
In October 1996 the Bureau of Prisons' Office of Research and Evaluation released data indicating that high-security inmates who completed RDAP received nearly 50 percent

fewer misconduct reports in the 2 years following treatment than high-security inmates who did not participate in RDAP.

The Bureau of Prisons, in coordination with the National Institute on Drug Abuse, is conducting a long-term outcome study of the Bureau's drug abuse programs. In February 1998, an interim report was issued indicating that 6 months after their release, inmates who completed RDAP were 73 percent less likely to be rearrested than the comparison group who did not complete the program. In addition, these inmates were 44 percent less likely to relapse into drug use than similar inmates who did not receive this treatment.

SELECTED GAO EVALUATIONS

Drug Courts: Overview of Growth, Characteristics, and Results (GAO/GGD-97-106, July 31, 1997).

The number of drug court programs started in the United States has substantially increased in recent years, with greater availability of federal funds to support them. Between 1989 and 1994, 42 drug court programs were started, bringing the total number to 161 as of March 31, 1997. Since 1989, over $125 million has been made available for the planning, implementation, enhancement, or evaluation studies of the drug court programs from a variety of sources. More than $80 million derives from federal funding. Of this amount, more than 95 percent has been provided through federal grants administered by Justice and HHS. State and local governments, private donations, and fees collected from program participants have provided about $45 million. Some programs reported that they deferred prosecuting offenders entering the program, others allowed offenders to enter the program after their case had been adjudicated, and still others allowed offenders to enter their program on a trial basis after entering a plea. Most drug court programs surveyed reported that they maintained various types of data on program participants. However, GAO could not draw any firm conclusions about the overall impact of the drug court programs because of various limitations and inconsistencies in the available evaluations and studies reviewed by GAO and the unavailability of critical data about program participants after they leave a program and similarly situated nonparticipants. Justice, in conjunction with various stakeholders in the drug court community, has initiated an impact evaluation, to be completed in 1999, on four of the oldest drug court programs.

Drug Courts: Information on a New Approach to Address Drug-Related Crime (GAO/GGD-95-159BR, May 22, 1995).

In exchange for reduced charges, drug-using defendants have been diverted to drug courts, where judges monitor their progress through frequent status hearings. Drug court programs vary in length, participant eligibility, funding, and practices. As of March 1995, at least 37 drug courts were operating nationwide; 33 such courts have accepted over

20,000 defendants; most do not accept violent offenders. Drug courts have not been operating long enough to determine their overall effectiveness. Although the 1994 Crime Act authorized $1 billion to support drug court programs from FY 1995 through FY 2000, the Congress has proposed repealing the drug court grant program.

Drug Control: Treatment Alternatives Program for Drug Offenders Needs Stronger Emphasis (GAO/GGD-93-61, Feb. 11, 1993).
Treatment Alternatives to Street Crime (TASC) is an effective mechanism to coordinate criminal justice and drug treatment efforts. Research indicates that offenders may be more likely to enter and stay in drug treatment when faced with possible criminal sanctions. TASC enhances the criminal justice system's ability to assess needs and match offenders with the appropriate treatment. But TASC officials stated that lack of adequate community-based drug treatment was a major problem that hindered them from placing offenders in the most appropriate treatment program. TASC programs did not measure how effective they were at reducing follow-up offender drug use. Barriers that limit TASC program potential include inadequate funding and inconsistent implementation of the TASC program model. ONDCP has not targeted any particular cities for implementation of TASC programs.

DEPARTMENT OF EDUCATION

FUNDING FOR DRUG TREATMENT

Table V.1: Education Drug Abuse Treatment Activity Funding, Fiscal Years 1998-99 (Dollars in Millions)

Program/activity	FY 1998 enacted	FY 1999 requested
Total Education	*$125.8*	*$129.9*
Office of Special Education and Rehabilitative Services	**89.9**	**92.2**
Vocational Rehabilitation State Grants	89.9	92.2
Office of Special Education Programs	**35.2**	**37.0**
Special Education Grants for Infants and Families	35.0	37.0
Special Education National Activities	0.2	0.0
National Institute on Disability and Rehabilitation Research	**0.5**	**0.5**
Treatment program administrative costs	0.2	0.2

Note: These funds reflect only approximations of the cost of activities that assist individuals with a drug-related disabling condition.

Source: The amounts shown were obtained from the ONDCP's 1998 Budget Summary and from Education.

STRATEGIC (LONG-TERM) PLANNING FOR DRUG TREATMENT

Education indicated that no strategic planning exists for drug treatment activities.

ANNUAL PLANNING (FY 1999) FOR DRUG TREATMENT

Program/activity: Vocational Rehabilitation (VR) State Grants

Description: VR state grant funds are used by state VR agencies to provide services to drug-dependent clients. The program provides vocational counseling, training, placement, and other services designed to help individuals with a physical or mental disability prepare for and engage in gainful employment to the extent of their capabilities.

FY 1998 funding: $89.9 million.

Performance goals: Education indicated that no FY 1999 annual plan exists for drug treatment activities.

Objectives and targets: Education indicated that no FY 1999 annual plan exists for drug treatment activities.

Strategies for achieving them: Education indicated that no FY 1999 annual plan exists for drug treatment activities.

How performance will be measured: Education will continue to collect data on the number of people with drug abuse as a primary or secondary disability classified by VR agencies.

What data will be used for measurement: Federal and state financial data and caseload statistics collected by the R-911 instrument submitted by state VR agencies.

Program evaluations: Education indicated that no evaluations were conducted in the past 5 years.

Program/activity: Special Education Grants for Infants and Families

Description: The Grants for Infants and Families program provides financial assistance to states to help them develop and implement statewide systems of comprehensive, coordinated early intervention programs for children with disabilities aged birth through 2 years.

FY 1998 funding: $35.0 million.

Performance goals: Education indicated that no FY 1999 annual plan exists for drug treatment activities.

Objectives and targets: Education indicated that no FY 1999 annual plan exists for drug treatment activities.

Strategies for achieving them: Education indicated that no FY 1999 annual plan exists for drug treatment activities.

How performance will be measured: Education indicated that no FY 1999 annual plan exists for drug treatment activities.

What data will be used for measurement: None specifically for drug treatment.

Program evaluations: Education indicated that no evaluations were conducted in the past 5 years.

THE FEDERAL JUDICIARY

FUNDING FOR DRUG TREATMENT

Table VI.I: Judiciary Drug Abuse Treatment Activity Funding, Fiscal Years 1998-99 (Dollars in Millions)

Program/activity	FY 1998 enacted	FY 1999 requested
Total Judiciary	*$74.9*	*$83.8*[a]
Federal Corrections and Supervision Division	**74.9**	
Substance Abuse Treatment Program	31.5	
Alternatives to Pretrial Detention	9.1	
Quality Control and Standards Development	[b]	
National Treatment Database	0.2	
Operation Drug TEST	[c]	
Supporting personnel/operating costs[d]	34.1	

[a]Distribution of total funding by program category for FY 1999 is not yet available.

[b]The amount of the contracts awarded to the national drug testing laboratory and to be awarded for on-site testing quality control is $7.2 million. This amount is included in Substance Abuse Treatment programs.

[c]The Administrative Office of the U.S. Courts is also administering Operation Drug TEST, a pretrial drug testing and treatment program funded by the Department of Justice under reimbursable agreement.

[d]The program dollar amounts are those earmarked for specific drug treatment contracts. The difference between the sum of these direct expenses and the total drug treatment submission is attributable to the drug portion of the personnel and operating costs necessary to implement these programs.

Source: The amounts shown were obtained from the ONDCP's 1998 Budget Summary and from the Judiciary.

STRATEGIC (LONG-TERM) PLANNING FOR DRUG TREATMENT[5]

Strategic goals: To protect the public from criminal activity associated with the abuse of drugs by federal defendants and convicted federal offenders.

Objectives: To deliver effective drug rehabilitative programs to federal defendants and offenders.

Targets:

(1) By 2002, reduce by 10 percent the proportion of offenders *received for supervision* with a drug-related condition who are rearrested while on supervision within 1 year of the date received as compared with the 1997 baseline.
(2) By 2005, reduce by 10 percent the proportion of treated offenders *released from supervision* who are rearrested within 6 months after release as compared with the 2000 baseline.
(3) By 2005, increase by 15 percent the proportion of treated offenders *released from supervision* who remain in the community (that is, are not incarcerated) and are drug free after 6 months of release as compared with the 2000 baseline.
(4) To maintain through 2002 the 1997 percentage of defendants with a history of drug use who are arrested during the pretrial period at under 5 percent.

Performance measures:

(1) Comparison of the rate of re-arrest within 1 year of being *received for supervision* for a subset of offenders received during FY 1997 and those received during FY 2002. The analysis subset includes only offenders who were released to a term of supervision of 1 year or more with a drug-related condition. The analysis will statistically control for changes in characteristics of the offender population.
(2)(3) Comparison of (a) the rate of re-arrest within 6 months of being discharged from supervision and (b) the percentage still in the community and drug free after 6 months of discharge for a subset of offenders whose terms of supervision terminated during FY 2000 and those terminated during FY 2005. The analysis subset for both measures includes only offenders who were released to a term of supervision of one year or more; who received drug-related interventions during supervision; and who are not subject to the authority of any criminal justice

[5]The Judiciary is not subject to the provisions of GPRA. This is a preliminary strategic plan developed by the Federal Corrections and Supervision Division of the Administrative Office of the U.S. Courts for its internal use. It is not a Judiciary-approved plan. All specific target percentages are preliminary and have not yet been subjected to an empirical target-setting process. They may be revised.

jurisdiction at the time of termination. The analysis will statistically control for changes in characteristics of the offender population, time under supervision, time in treatment, and current treatment status. Outcomes will be presented within categories of drug type, intervention type, and treatment outcome.

(4) Comparison of the percentage of pretrial defendants whose cases were terminated during FY 1997 who were arrested during the pretrial period with the percentage of those whose cases were terminated during FY 2002. The analysis will include only defendants identified as having a known history of substance use and will statistically control for changes in characteristics of the offender population, nature of the charge, and days under pretrial release.

ANNUAL PLANNING (FY 1999) FOR DRUG TREATMENT[6]

Program/activity: Substance Abuse Treatment Program (SATP)[7]

Description: The purpose of this program is to provide substance abuse treatment to offenders under the supervision of the U.S. Probation Office in 94 federal districts. It includes implementation of all phases of substance abuse treatment: identifying, assessing, and referring offenders for appropriate services; monitoring compliance with drug-related conditions and responding to noncompliance of offenders; assessing district needs, developing additional services as indicated, and monitoring the performance of treatment providers; and contracting for services to provide a continuum of treatment care.

FY 1998 funding: $31.5 million (contract costs).

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[6]All specific target percentages are preliminary; they have not yet been subject to an empirical target-setting process.

[7]The program has been in operation since 1978 when the Congress enacted the Contract Services for Dependent Offenders Act, which transferred the authority to contract for drug aftercare services from the Attorney General to the Director of the Administrative Office of U.S. Courts. In 1990, the Director delegated authority to contract for services to chief probation officers and chief pretrial services officers.

Performance goals:
(1) To ensure the availability of a broad range of contract substance abuse services to better meet the identified needs of the offender population.
(2) To put policies in place at the local district level to improve the consistency of probation officers' responses to each instance of offender noncompliance with drug-related conditions of release.

Objectives and targets:
(1) The approximately 60 districts that have been recently trained in the judiciary's new local procurement procedures will have purchase agreements/orders in place to meet all offenders' treatment needs as identified by their formal district needs assessment.
(2) 75 percent of districts will have in place by the end of FY 1999 a court-approved graduated sanctions policy that sets forth appropriate and escalating officer responses to each instance of offender noncompliance with drug-related conditions of release.

Strategies for achieving them:
(1) Pinpoint problem areas in districts' implementation of the new local contracting authority and deliver (on-site and remote) technical assistance to address identified problems.
(2) Assess each district's graduated sanctions policy for post-conviction releases. Select and disseminate model examples to assist those districts that are still in the policy development process.

How performance will be measured:
(1) Compare each district's substance abuse service needs as identified through formal assessment with the actual purchase agreements/orders each district has put in place.

(2) Examine each district's graduated sanction plan.

What data will be used for measurement:
(1) Copies of districts' formal needs assessments and purchase agreements/orders.
(2) Copies of districts' graduated sanction policies.

Program evaluations:
Administrative Office of the U.S. Courts, A Review of the Federal Substance Abuse Treatment Program, 1996.
This report from an independent review panel convened by the Federal Corrections and Supervision Division cites 12 recommendations for improving program operations, including the development of standard procedures for the intake process for matching offenders with appropriate services and for using various methods of detecting and identifying drug use; improved training; development of a substance abuse management

information system; and research into the efficacy of various testing schedules and the utility of emerging drug-testing technologies.

Program/activity: Alternatives to Pretrial Detention

Description: The purpose of this program is to provide effective community-based programs for federal pretrial defendants that serve the statutory goals of reasonably ensuring (1) public safety and (2) the defendant's appearance at all court hearings under the least restrictive conditions. The community-based programs include drug testing, drug treatment, mental health treatment, home confinement, and other treatment and restrictive conditions of pretrial release.

FY 1998 funding: $9.1 million (contract costs).

Performance goals:
(1) To ensure the availability of a broad range of contract substance abuse services to better meet the identified needs of the defendant population.
(2) Where consistent with reasonably ensuring community safety and the defendant's appearance, to increase placement of drug-dependent defendants in appropriate community-based treatment/monitoring/sanctions programs.

Objectives and targets:
(1) Each of the separate pretrial services offices that have been trained in the new local procurement procedures will have purchase agreements/orders in place (independently or through piggy-back arrangements with the probation office procurement) to meet all of the treatment needs as identified by their formal district needs assessment.
(2) Increase by 10 percent the proportion of defendants with drug-related conditions who are released within 15 days of release conditions being set by the court.

Strategies for achieving them:
(1) Pinpoint problem areas in districts' implementation of the new local contracting authority and deliver (on-site and remote) technical assistance to address identified problems.
(2) Produce district-by-district statistics indicating the proportion of defendants who were not released within 15 days of the court setting a drug-related condition of release.

How performance will be measured:
(1) Compare each district's substance abuse service needs as identified through the formal assessment with the actual purchase agreements/orders each district put in place.
(2) Compare the proportion of defendants who were released within 15 days of the court setting a drug-related condition of release at a hearing or consideration held between October 1, 1998, and September 15, 1999, with the same percentage for decisions made between October 1, 1997, and September 15, 1998.

What data will be used for measurement:
(1) Copies of districts' formal need assessments and purchase agreements/orders.
(2) Pretrial service database.

Program evaluations: Judiciary indicated that no evaluations were conducted in the past 5 years.

Program/activity: Quality Control and Standards Development

Description: These activities are undertaken by the Administrative Office to ensure consistent quality of treatment services and include (a) setting the standards and contracting with a national laboratory for direct and confirmation drug testing; (b) awarding a quality control contract to monitor the accuracy of on-site drug testing; (c) conducting special studies to assess the effectiveness of drug test methodologies and assessment techniques; (d) setting the standards for treatment services to be procured locally; (e) developing substance abuse certification standards for officers; (f) continuously reviewing and updating policy guidance for program implementation; and (g) training and on-site technical assistance and compliance reviews.

FY 1998 funding: $7.2 million in contracts included as part of SATP's drug dependent offender payments.

Performance goals: To enhance the ability of federal probation and pretrial services offices to deliver quality drug treatment services.

Objectives and targets:
(1) Certify as counselors under approved standards 20 percent of the officers who serve in drug and alcohol treatment specialist positions.
(2) Expand the new local simplified procurement process to all districts.
(3) Expand the use of the sweat patch drug testing technology from its current 67 percent to 90 percent of the districts.

Strategies for achieving them:
(1) Certify the Administrative Office as a certifying board for drug and alcohol treatment specialists.
(2) Deliver training in the new local procurement process to the remaining (approximately 30) districts.
(3) Provide to districts current information on sweat patch procurement and the procedures for the submission, testing, and return of results.

How performance will be measured:
(1) Count of officers certified per treatment specialist as of September 30, 1999.
(2) Count of districts represented at procurement training sessions; participant evaluation of training sessions; and review of local district needs assessments for the coming contract year in newly trained districts.
(3) Count of districts using sweat patch testing technology.

What data will be used for measurement:
(1) Certification documents and accompanying summaries.
(2) List of training participants, session evaluations, and copies of participants' needs assessments.
(3) National laboratory sweat patch analysis by district.

Program evaluations:
PharmChem Laboratories, Inc., PharmChek Drugs of Abuse Patch Federal Probation Pilot Program (Oct. 30, 1996).
This reports on the findings of the use of the sweat patch for detecting drug use in 10 pilot federal courts. The patch was worn by offenders for 7 to 14 days, and parallel urine specimens were collected. The results indicate that the patch is more effective than urine testing in identifying offenders using drugs; and the cost of the patch was less than urine testing.

Sweat Patch Project Pilot Survey (prepared by Ronald Hudson, Supervising U.S. Probation Officer, Northern District of Indiana for the Federal Corrections and Supervision Division), Mar. 28, 1997.
This was a survey of officers who have had experience with the sweat patch to ascertain their opinions and recommendations for improving on the application and wearability of the device, the adequacy of the reporting procedures, and a comparison of the costs/benefits of the patch and urine testing. The majority of the responses were positive toward use of the patch as one of many detection devices to deter and monitor drug use.

Duo Research, Inc., An Evaluation of Non-Instrumented Drug Tests (June 26, 1997).
This controlled study assessed the effectiveness of 15 noninstrumented (hand-held) drug-testing devices and one instrumented on-site lab. Although some noninstrumented

devices were better than others in specific areas (low false positives or low false negatives for particular substances), no one showed clear superiority for all applications. The report provides the results for each device, allowing for purposeful selection in light of the specific application. It concluded that one or more of the study devices can expand the level of testing within the criminal justice area.

Program/activity: Development of the National Treatment Database

Description: In FY 1996, the Federal Corrections and Supervision Division of the Administrative Office of the U.S. Courts launched systemwide implementation of its Substance Abuse Treatment Module (SATM) as an upgrade to its Probation and Pretrial Services Automated Case Tracking System (PACTS). The SATM tracks individual treatment plans and related referrals and expenditures by type of service and service provider. The National Treatment Database, which brings this local information together in a centralized database, was implemented in 1998. It provides the capability to assess substance use and re-arrest outcomes for up to 6 months after completion of the supervision period, categorized by defendant/offender characteristics and the type of treatment services delivered. This system will provide data for controlled evaluation of treatment outcomes, cost-benefit analyses, and assessment of the achievement of performance objectives.

FY 1998 funding: $0.2 million.

Performance goals:
(1) To increase the number of districts reporting through the SATM module of PACTS.
(2) To develop a prototype drug-testing component to be added to the SATM module of PACTS.

Objectives and targets:
(1) By the end of FY 1999, 75 percent of the districts will be reporting through SATM.
(2) By the end of FY 1999, a drug-testing component for the SATM module based on the approved specifications as supplemented with detail provided by experience with the Operation Drug TEST pilot system will be ready for prototype testing.

Strategies for achieving them:
(1) Provide technical assistance and training to those districts not yet using SATM.
(2) Contract with a programmer to develop the drug prototype.

How performance will be measured:
(1) Count of districts submitting SATM data.
(2) Delivery of drug test tracking prototype.

What data will be used for measurement:
(1) Compilation of "SATM data received by district" summary.
(2) Prototype demonstration.

Program evaluations: Judiciary indicated that no evaluations were conducted in the past 5 years.

Program/activity: Operation Drug TEST (Testing, Effective Sanctions, Treatment)[8]

Description: The purpose of Operation Drug TEST is to promote the early identification of drug use among federal defendants and to develop programs of monitoring, treatment, and sanctions that carry out the statutory mandate to reasonably ensure public safety and the appearance of the defendant at all future court hearings under the least restrictive conditions. It has two operating models, one requiring preappearance drug testing of all consenting defendants (Model I); the second requires a drug test of all releases either by consent or as a condition of release (Model II). Both models feature on-site drug testing through instrumented laboratories or noninstrumented hand-held tests and an emphasis on developing innovative supervision strategies to deal with the drug-dependent population.

FY 1998 funding: $4.7 million to Justice, of which $3.3 million is earmarked for reimbursement to the federal courts.

Performance goals:
(1) To increase the number of defendants screened for drug use.
(2) To design and implement effective pretrial supervision programs for drug-dependent defendants.

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[8]This is a pilot program implemented in the pretrial services offices (or units in combined probation-pretrial offices) of 24 federal courts that is administered by the Administrative Office of the U.S. Courts but funded by the Department of Justice under a Memorandum of Understanding and accompanying reimbursable agreement. The program was phased in during the last three quarters of FY 1997, with the last four pilot courts coming on board in July 1997.

Objectives and targets:

(1.1) Model I: Request 90 percent of eligible defendants to submit to a drug test before their initial appearance in court.

(1.2) Model I: Test 75 percent of eligible defendants before their initial appearance in court.

(1.3) Model II: Test 85 percent of eligible releases.

(2.1) Implement in-house defendant assessment pilot projects in a minimum of four pilot districts.

(2.2) 80 percent of the pilot courts will develop a joint pretrial-U.S. Attorney action plan for enhancing the supervision of drug-dependent federal defendants.

Strategies for achieving them:

(1) Revise the Operation Drug TEST Manual with "best practice" information to assist in improving timely testing and reducing the frequency of defendant refusal to submit a sample.

(2.1) Appropriate funding (for hardware, software, personnel, and training) to implement automated versions of assessment tools.

(2.2) Conduct regional action planning sessions for representatives of the pretrial and U.S. Attorneys offices (four to five pilot courts at each session).

How performance will be measured:

(1.1) Comparison of defendants with initial appearances with number of defendants asked to test before their initial appearance (Model I courts only, by district).

(1.2) Comparison of defendants with initial appearances with (a) number of defendants tested preappearance and (b) number of defendants tested before release decision (Model I courts only, by district).

(1.3) Comparison of releases with number of defendants tested before release (Model II courts only, by district).

(2.1) Number and type of in-house assessments performed.

(2.2) Attendance at action planning sessions; skeletal plans developed at session; follow-up plans developed within 6 months of planning session.

What data will be used for measurement:

(1) Initial appearances and releases from pretrial services database; number asked to test and number tested from Operation Drug TEST prototype test tracking database (matched records).

(2.1) Modified defendant records from Operation Drug TEST prototype test tracking database.

(2.2) Action planning session sign-in sheets; copies of initial and follow-up plans.

Program evaluations: The program is being evaluated by an independent team under contract with the National Institute of Justice.

OFFICE OF NATIONAL DRUG CONTROL POLICY

FUNDING FOR DRUG TREATMENT

Table VII.1: ONDCP Drug Abuse Treatment Activity Funding, Fiscal Years 1998-99 (Dollars in Millions)

Program/activity	FY 1998 enacted	FY 1999 requested
Total ONDCP	*$23.8*	*$32.3[a]*
Special Forfeiture Fund	**12.0**	**20.0**
Break-the-Cycle/Prison Programs	12.0	0.0
Hardcore User Study	0.0	10.0
Director's Discretionary Funds (unspecified)	0.0	10.0
High Intensity Drug Trafficking Areas[b]	**5.5**	**5.5**
Salaries and Expenses	**6.3**	**6.7**
Counter-Drug Technology Assessment R&D[c]	4.6	5.0
Operations[d]	1.7	1.7

[a]Individual program expenditures may not add to total due to rounding or incomplete data.

[b]ONDCP designates High Intensity Drug Trafficking Areas and provides overall policy guidance and oversight for the award of resources to federal, state, and local law enforcement partnerships in these areas.

[c]Counter-Drug Technology Assessment provides new technology to improve federal agency counter-drug enforcement operations as well as drug abuse treatment and rehabilitation research missions.

[d]Pro-rata cost for the Office of Demand Reduction treatment staff.

Source: The amounts shown were obtained from the ONDCP's 1998 Budget Summary and separate submission.

STRATEGIC (LONG-TERM) PLANNING FOR DRUG TREATMENT

The National Drug Control Strategy includes specific goals, objectives, targets and measures in its performance measures of effectiveness system for drug abuse treatment (under goals 2 and 3). ONDCP's own strategic and annual plans include performance measures reflecting ONDCP's mission as a policy coordinating body. Most of ONDCP's treatment resources are transferred to other agencies. Consequently, specific goals, objectives, targets, and measures for these resources are reflected in the securing agencies' programs.

ANNUAL PLANNING (FY 1999) FOR DRUG TREATMENT

Since most of ONDCP's treatment funds are transferred to other agencies, it has no annual plan for its drug treatment activities.

SELECTED GAO EVALUATIONS

Drug and Alcohol Abuse: Billions Spent Annually for Treatment and Prevention Activities (GAO/HEHS-97-12, Oct. 8, 1996).
Federal funding for combined substance abuse treatment and prevention activities increased from $2.8 billion in FY1990 to $4.4 billion in FY 1994. The Departments of Health and Human Services, Education, and Veterans Affairs provided 83 percent of the total federal funding for treatment and prevention activities in FY 1994. A broad range of treatment and prevention services were found among the 16 federal agencies identified, often targeted to specific populations. Treatment services included diagnostic assessment, detoxification, and counseling activities. State, county, and local governments' total expenditures for treatment and prevention activities increased from about $1.3 billion in FY 1990 to about $1.6 billion in FY 1994. Although data on private-sector funding for substance abuse treatment are very limited, available sources indicate treatment funding of more than $1 billion in 1993.

Drug Control: Observations on Elements of the Federal Drug Control Strategy (GAO/GGD-97-42, Mar. 14, 1997).
This report examines both domestic and international drug control issues. Regarding drug treatment, it draws on an earlier GAO report (Cocaine Treatment: Early Results From Various Approaches, GAO/HEHS-96-80, June 7, 1996), citing three treatment approaches as being potentially promising in cocaine therapy: relapse prevention, community reinforcement and contingency management, and neurobehavioral therapy. These approaches include avoidance or better management of drug-triggering situations; inclusion of significant others in the treatment process; community sanctions or rewards

for drug abstinence; and use of a coordinated behavioral, emotional, cognitive, and relational treatment approach. Measuring the effectiveness of U.S. antidrug activities has been a continuing problem in assessing the results of the national drug control strategy. In reauthorizing ONDCP in 1993, the Congress specified that ONDCP's performance measurement system assess the changes in drug use, drug availability, consequences of drug use, drug treatment capacity, and adequacy of drug treatment systems. To implement the statutory requirements, which are consistent with recommendations in a 1993 GAO report, ONDCP is developing national-level measures of drug control performance.

DEPARTMENT OF DEFENSE

FUNDING FOR DRUG TREATMENT

Table VIII.1: DOD Drug Abuse Treatment Activity Funding, Fiscal Years 1998-99 (Dollars in Millions)

Program/activity	FY 1998 enacted	FY 1999 requested
Total DOD	*$6.2*	*$6.0*
Military medical treatment	3.0	3.4
Adolescent substance abuse counseling[a]	3.2	2.6

[a]Annual budget reports indicate an increase in funds for youth-directed counseling services. However, with the increase in TRICARE availability and the draw down in military presence overseas, the increase in adolescent services are being provided under the medical portion of the program. These adolescent counseling services are provided by military treatment facilities or facilities operated through TRICARE managed care support contracts.

Source: The amounts shown were obtained from the ONDCP's 1998 Budget Summary and from DOD.

STRATEGIC (LONG-TERM) PLANNING FOR DRUG TREATMENT

Strategic goals:

(1) Reduce the health and military/social cost to DOD associated with drug abuse.
(2) Educate and enable DOD military personnel and their dependents at risk for drug abuse to reject illicit drugs.

Objectives:

(1)(a) Support and promote effective, efficient, and accessible drug treatment and responsiveness to emerging drug trends.
(2)(a) Through counseling services provide support to parents in developing modeling behavior and in encouraging youths to accept a drug-free life style.
(2)(b) Support and promote education, training, and credentialing of professionals who work with substance abusers.

Targets:

(1)(a) Reduce by 5 percent by 2002 the proportion of military members who have a drug acceptance lifestyle relative to 1998 as the base year.

(2)(a) Continue developing mentoring programs accessible to military dependents for counseling support both overseas and stateside.

(2)(b) By 2002, ensure that counseling services are provided to military personnel and their dependents using certified counselors with nationally recognized standards in education and training.

Performance Measures:

(1)(a) Reporting data provided by Triennial Worldwide Survey of Substance Abuse and Health Behaviors Among Military Personnel.

(2)(a) and (b) Service reporting data contained in annual budget submissions.

ANNUAL PLANNING (FY 1999) FOR DRUG TREATMENT

Program/activity: Military Medical Treatment

Description: Military personnel and dependent hospital-based drug treatment or referrals conducted by/at military treatment facilities or facilities operated through TRICARE managed care support contracts.

FY 1998 funding: $3.0 million.

Performance goals: Reduce the health and military/social cost to DOD associated with drug abuse.

Objectives and targets: Support and promote effective, efficient, and accessible drug treatment and responsiveness to recent drug trends.

Strategies for achieving them: Work with the Office of the Assistant Secretary of Defense for Health Affairs to ensure adequacy of resources and access to military medical facilities or TRICARE treatment programs.

How performance will be measured: (1) Patient satisfaction surveys, (2) Service Surgeon General Inspections of facilities, (3) Triennial Worldwide Survey of Substance Abuse and Health Behaviors among Military Personnel, and (4) annual service reports on drug testing.

What data will be used for measurement: Principle sources of data will be the Triennial Worldwide Survey of Substance Abuse and Health Behaviors among Military Personnel to track drug acceptance attitudes and usage.

Program evaluations:
Triennial Worldwide Survey of Substance Abuse and Health Behaviors Among Military Personnel. This document has followed drug abuse attitudes and trends among military personnel since 1980. It provides a historical perspective of DOD's antidrug program effort. A key finding is the 90-percent reduction in drug use by military personnel since 1980. Drug use is highest in the junior enlisted population most recently entering into military service.

Program/activity: Adolescent Substance Abuse Counseling

Description: Adolescent substance abuse counseling services for military dependents stationed overseas.

FY 1998 funding: $3.2 million.

Performance goals: Educate and enable DOD military personnel and their dependents at risk for drug abuse to reject the use of illicit drugs.

Objectives and targets: Through counseling services, provide support to parents in developing modeling behaviors and in encouraging youths at risk to accept a drug-free lifestyle and support and promote education, training, and credentialing of professionals who work with substance abusers.

Strategies for achieving them: Work with the Office of the Assistant Secretary of Defense for Health Affairs to ensure adequacy of resources and access to counseling services for dependent youth at risk and their parents.

How performance will be measured: (1) Patient satisfaction surveys and (2) service inspections of counseling centers.

What data will be used for measurement: Principle sources of data regarding counseling support services will be obtained from annual budget submissions of accomplishments and performance.

Program evaluations: Information not provided by DOD.

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

FUNDING FOR DRUG TREATMENT

Table IX.1: HUD Drug Abuse Treatment Activity Funding, Fiscal Years 1998-99 (Dollars in Millions)

Program/activity	FY 1998 enacted	FY 1999 requested
Total HUD	*$3.2*	*$3.2*

Note: These funds support the following specific treatment programs and activities: development and maintenance of sobriety, substance-free maintenance support groups, substance abuse counseling, referral treatment services, and structured aftercare. Awards will be made in September 1998 to Public Housing Authorities who may contract with a variety of community and service providers of treatment.

Source: The amounts shown were obtained from the ONDCP's 1998 Budget Summary and from HUD.

STRATEGIC (LONG-TERM) PLANNING FOR DRUG TREATMENT

HUD's Results Act strategic plan does not include any specific drug abuse treatment programs and activities.

ANNUAL PLANNING (FY 1999) FOR DRUG TREATMENT

HUD indicted that it has no annual plan for drug treatment activities.

(108383)

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