

CSAT Grant Portfolio Report #2: Overview of CSAT Grantees Providing Treatment Services to Women

Prepared for:

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment

By:

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CSAT GRANT PORTFOLIO #2: OVERVIEW OF CSAT GRANTEE PROVIDING TREATMENT SERVICES TO WOMEN

Introduction/Overview

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment's (CSAT) commitment to enhancing the provision of substance abuse treatment that meets the unique needs of various individuals with substance use disorders is evident by the myriad grant programs in which it invests. This report, which will be updated periodically, is intended to provide a snapshot of CSAT-funded programs that provide treatment services to women.

It highlights general information on grantees—such as the number of grantees that serve women by discretionary grant program, budget information, projected number of clients to be served, and geographic distribution of grantees—in addition to other attributes of grantees, such as subpopulations served (besides women), types of treatment services provided and in what kind of settings services are provided. The report also discusses briefly how the profile of women's grantees has changed over the past several years. (A similar report is also available that provides an overview of CSAT grantees providing treatment services to adolescents.)

The data used to compile this report comes from the Service Accountability Improvement System (SAIS), which is the Government Performance and Results Act (GPRA) data entry and reporting system used by CSAT's Discretionary Services and Best Practices grantees and SAMHSA/CSAT staff.

As of January 4, 2007 CSAT funded approximately 473 active grantees providing direct services.¹ Of these, 102 grantees (22 percent) serve only women or include women as a primary target population. This represents an annual investment in women's treatment of approximately \$72.8 million and a total investment of approximately \$267.5 million². Together, these women's grantees are projected to serve 88,548 clients over the course of their programs (see Table 1).

¹ This figure reflects the number of active grantees that provide direct services and were entered in the CSAT GPRA database as of January 4, 2007. It does not include, for example, knowledge application grants, conference grants, performance improvement, Addiction Technology Transfer Centers (ATTCs), or other non-service oriented grants (which, together, represented an additional 45 grantees). Active grantees include those whose deactivation date may have been extended beyond their original project end date; however, they did not receive any additional funds. This report will be updated periodically with the awarding of new grantees.

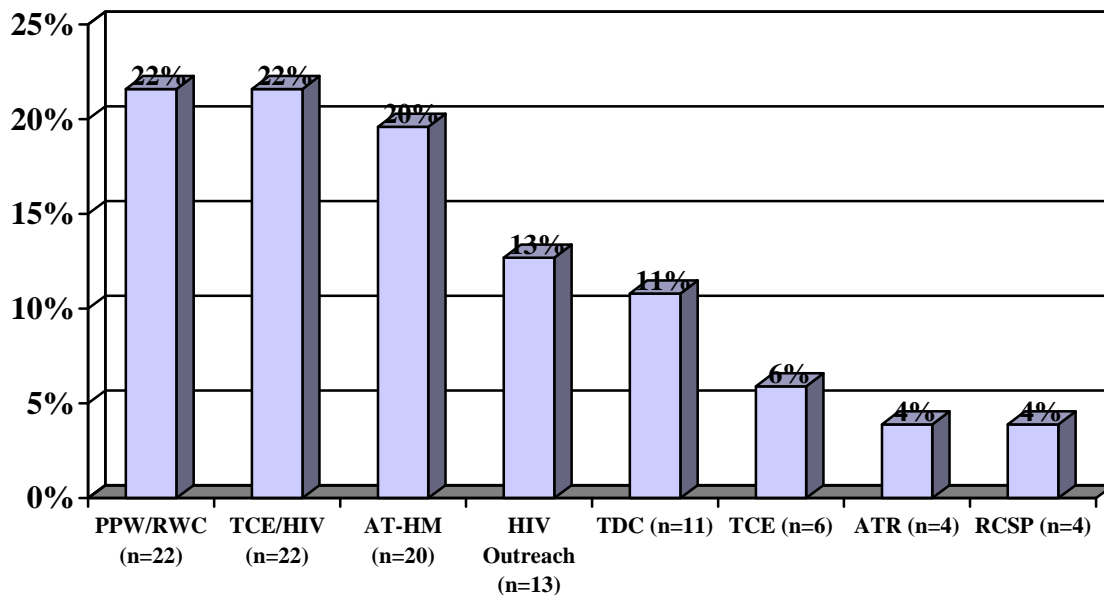
² The total investment represents the expected total budget over the length of the grant program. Programs vary in length from 2 to 5 years; most are 3- or 5-year grants (42 and 53 percent, respectively).

TABLE 1					
CSAT GRANTEES SERVING WOMEN: AT A GLANCE					
GFA Program	# Grantees	% of All Women's Grantees	Projected # Clients	Annual Budget (000s)	Total Budget (000s)
Pregnant and Postpartum Women/ Residential Treatment for Women and Their Children (PPW/RWC)	22	22%	2,769	\$10,336	\$31,008
Targeted Capacity Expansion/HIV (TCE/HIV)	22	22%	18,855	\$10,766	\$53,828
Addiction Treatment for Homeless (AT-HM)	20	20%	5,857	\$7,920	\$39,154
HIV Outreach	13	13%	12,310	\$5,867	\$29,336
Treatment Drug Court (TDC)	11	11%	1,745	\$3,849	\$11,547
Targeted Capacity Expansion (TCE)	6	6%	1,609	\$3,018	\$8,507
Recovery Community Services Program (RCSP)	4	4%	1,426	\$1,460	\$5,415
Access to Recovery (ATR)	4	4%	43,977	\$29,583	\$88,749
TOTAL	102	100%*	88,548	\$72,799	\$267,546*

* Column does not add to total due to rounding.

While grantees serving women cut across these eight CSAT-funded grant programs, nearly two-thirds of all women's grantees fall within three programs: Pregnant and Postpartum Women/ Residential Treatment for Women and Their Children (PPW/RWC), Targeted Capacity Expansion/HIV (TCE/HIV), and Addiction Treatment for the Homeless (AT-HM). Figure 1 provides a graphic breakdown of the number of women's programs by GFA program.

FIGURE 1:
CSAT Grantees Serving Women by GFA Program (N=102)



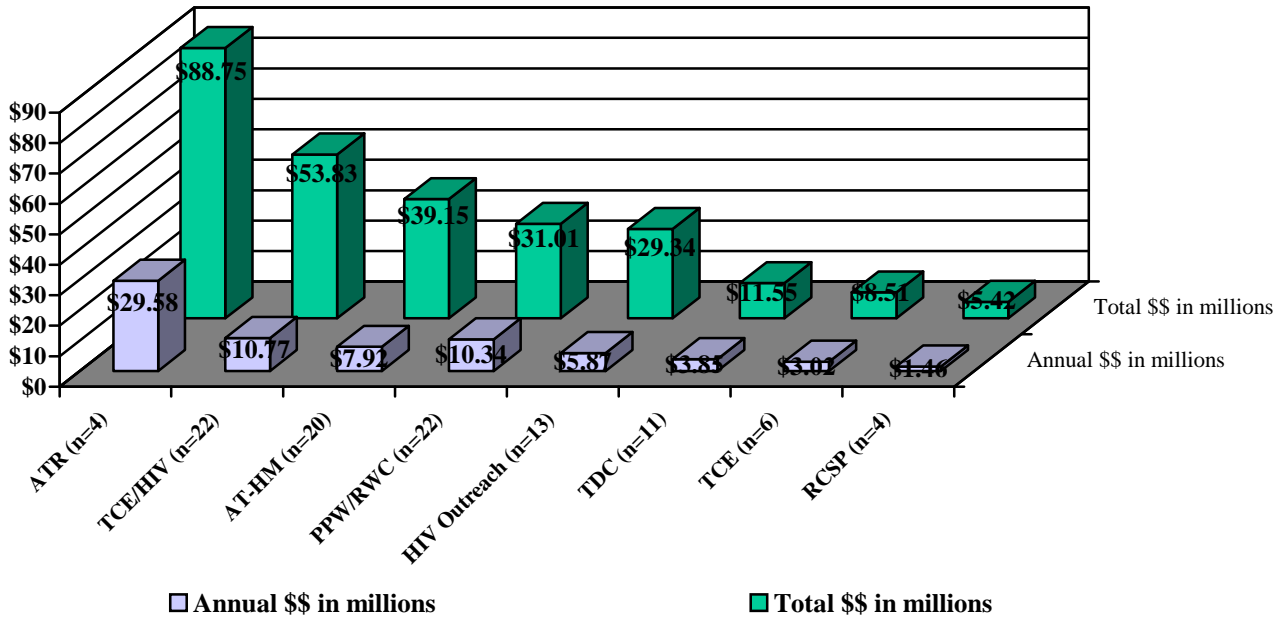
To provide a more comprehensive picture of CSAT’s investment in women’s treatment, it is also useful to consider information on women’s grantees in the context of the larger portfolio for selected CSAT grant programs. For instance, as Table 2 below indicates, those TDC grantees that serve only or primarily women represent approximately one-third (34 percent) of the entire TDC grant portfolio. Similarly, ATR and TCE/HIV grantees that focus on women represent slightly more than one-fourth (27 percent) of the entire ATR and TCE/HIV grant portfolios, respectively. Yet, taking into account the bigger program picture is pertinent because additional women will be served through the other, more universal programs that are intended to serve all adults (male and female), thereby increasing the total number of women who receive services.

GFA Program	GRANTEES		ANNUAL BUDGET (000s)		TOTAL BUDGET (000s)	
	No. All	No. Targeting Women (% of All)	\$\$ All Grantees	\$\$ Women’s (% of All)	All Grantees	Women’s (% of All)
ATR	15	4 (27%)	\$99,388	\$29,583 (30%)	\$298,164	\$88,749 (30%)
AT-HM	89	20 (22%)	\$35,915	\$7,920 (22%)	\$178,689	\$39,154 (22%)
HIV Outreach	53	13 (25%)	\$23,881	\$5,867 (25%)	\$119,406	\$29,336 (25%)
RCSP	24	4 (17%)	\$13,016	\$1,460 (11%)	\$44,282	\$5,415 (12%)
TCE	60	6 (10%)	\$28,006	\$3,018 (11%)	\$79,920	\$8,507 (11%)
TCE/HIV	82	22 (27%)	\$39,086	\$10,766 (28%)	\$195,428	\$53,828 (28%)
TDC	32	11 (34%)	\$11,777	\$3,849 (33%)	\$35,630	\$11,547 (32%)

Annual and Total Dollars Invested in Women’s Programs by GFA Program

When it comes to the annual and total financial investment in grantees serving women, the Access to Recovery (ATR) grant program ranks the highest, in terms of actual dollars, of all women’s grantees, followed by the TCE-HIV grant program (See Figure 2).

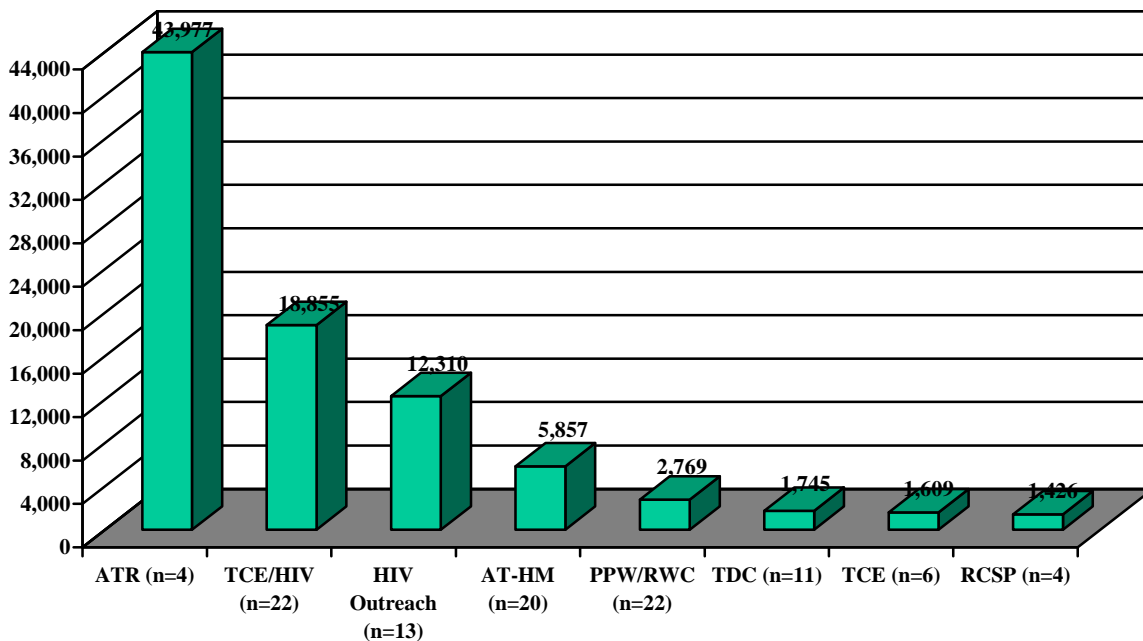
FIGURE 2: Annual and Total Dollars Invested in Women’s Programs, by GFA Program (N=102)



Clients Served

Of the approximately 88,550 clients that women’s grantees expect to serve over the course of their programs, half (50 percent) will be served by the ATR program. This is due, in large part, to the nature of the ATR program, which provides vouchers to clients for the purchase of substance abuse clinical treatment and recovery support services. The TCE-HIV and HIV Outreach grantees serving women will reach another 35 percent of all projected clients.

FIGURE 3: Projected Number of Clients to be Served, by GFA Program (N=102)



In terms of specific subgroups served, a significant number of grantees target their efforts on those with HIV/AIDS or women with children (42 and 41 percent, respectively). This is not surprising given that TCE/HIV and PPW/RWC grant programs are the two with the largest number of grantees. Several grantees also indicate they will focus on serving certain racial/ethnic groups or other select subpopulations, such as African Americans, pregnant women or those involved in the criminal justice system (See Figure 4 and Table 3).

FIGURE 4: Top Subpopulations Served (Besides Women, N=102)
(Grantees Can Indicate Serving Multiple Subpopulations)

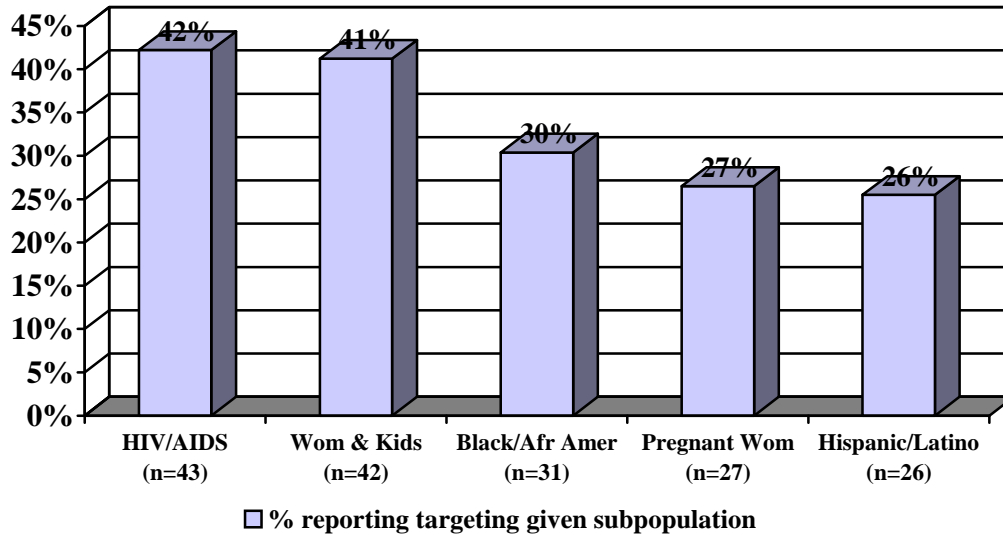


TABLE 3: SUBPOPULATIONS SERVED (Besides Women, N=102)		
Subpopulation	# Grantees Serving Subpopul	% Serving Subpopul
HIV/AIDS	43	42%
Women and Children	42	41%
Black/African American	31	30%
Pregnant Women	27	27%
Hispanic/Latino	26	26%
Co-Occurring/Dual Disorders	25	25%
Culturally Diverse	25	25%
Homeless	27	27%
Criminal/Juvenile Justice	27	27%
Native American	8	8%
Other (not specified)	12	12%
Asian/Pacific Islander	9	9%
Lesbian, Gay, Bisexual, Transgender	8	8%
Adolescents	7	7%
Elderly	5	5%

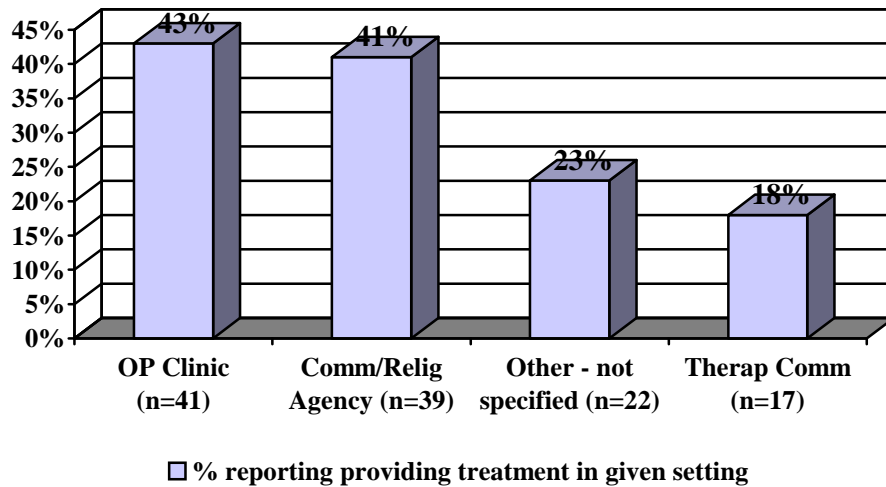
* Doesn't add to 100% because grantees can serve more than one subpopulation.

Treatment Settings and Modalities

Outpatient clinic is the most predominant treatment setting, with 43 percent of all women’s grantees providing treatment in such a setting, while an almost equal number, 41 percent, provide treatment in a community/religious agency setting. Smaller numbers of grantees provide treatment in a community health or mental health center, halfway house, correctional facility, or various types of hospitals. Nearly one-fourth (23 percent) report providing treatment in some “other” (unspecified) type of setting. Figure 5 shows the top treatment settings.

FIGURE 5: Top Treatment Settings (N=96; 6 missing)

(Grantees Can Indicate Providing Services in Multiple Settings)



When it comes to type of treatment provided, more than half indicate they provide outreach, case management, and outpatient treatment. Another 43 percent provide residential treatment (Figure 6). Smaller percentages of grantees report they provide peer recovery support services, intensive outpatient, day treatment and other select treatment modalities (Table 4).

FIGURE 6: Top Treatment Modalities (N=100; 2 missing)

(Grantees Can Indicate Providing Multiple Treatment Modalities)

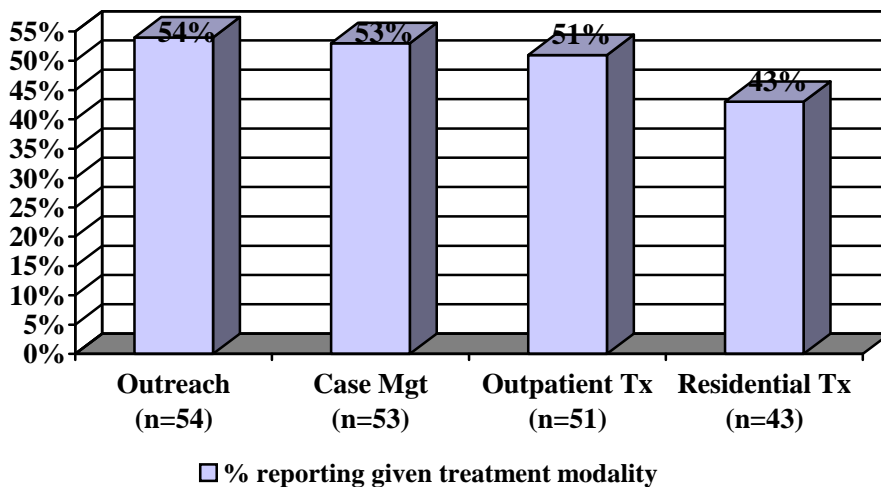


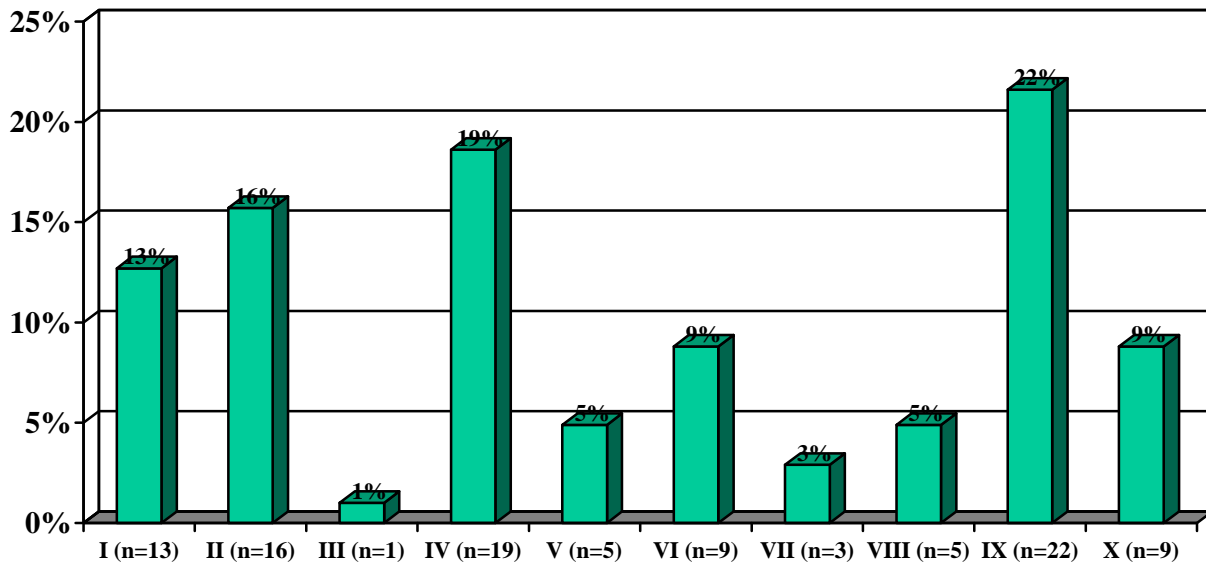
TABLE 4: ALL TREATMENT MODALITIES (N=100; 2 missing)		
Subpopulation	# Grantees Reporting Given Treatment Modality	Pctg Providing Given Tx Modality*
Outreach	54	54%
Case Management	53	53%
Outpatient	51	51%
Residential	43	43%
Peer Recovery Support	34	34%
Intensive Outpatient	28	28%
Day Treatment	19	19%
Other	17	17%
Detoxification	13	13%
Aftercare	13	13%
Inpatient	10	10%
Methadone	4	4%

* Doesn't add to 100% because grantees can provide more than one treatment modality.

Geographic Distribution and Analysis of Top States

As Figure 7 shows, the largest number of women's grantees serve Region IX (Arizona, California, Hawaii and Nevada) and Region IV (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina and Tennessee) – 22 and 19 percent, respectively. The fewest number of grantees reside in Region III (Washington, DC, Delaware, Maryland, Pennsylvania, Virginia and West Virginia) and Region VII (Iowa, Kansas, Minnesota, Missouri and Nebraska).

FIGURE 7: Grantees Serving Women: Breakdown by DHHS Region (N=102)



The 102 grantees serving women represent a total of 27 States and 2 U.S. Territories.³ When it comes to the individual States, California has the largest number of grantees (n=19 or 19 percent), followed closely by New York with 14 grantees (14 percent). Florida, Massachusetts and Oregon round out the top 5 States (see Table 5). Together, these 5 States account for more than half (54 percent) of all grantees serving women and 41 percent of the total number of clients projected to be served. In addition, the budgets of these 5 States make up 42 and 45 percent (respectively) of the annual and total investment in all women's grant programs (Table 5).

TABLE 5: TOP STATES WITH LARGEST NUMBER OF GRANTEES SERVING WOMEN				
	# Grantees	Projected # Clients	Annual Budget	Total Budget
California	19	7,107	\$8.78 M	\$35.94 M
New York	14	14,385	\$6.15 M	\$29.51 M
Florida	9	10,559	\$10.34 M	\$32.99 M
Massachusetts	7	2,885	\$2.94 M	\$12.70 M
Oregon	6	1,395	\$2.43 M	\$9.23 M
TOTAL	55	36,331	\$30.64 M	\$120.37 M
% of All Grantees Serving Women	54%	41%	42%	45%

CSAT Women's Grant Portfolio – Trends Over Time

The total number of active CSAT grantees that serve only or primarily women has remained relatively stable over the past several years (105 in 2005 to 102 in 2007), as has their overall representation in the larger CSAT grantee pool (going from 20 percent of all active CSAT direct service grantees in 2005 to 22 percent in 2007).⁴ However, the total dollar investment in women's grantees has increased – from approximately \$175.8 million in 2005 to \$267.5 million in 2007. This is due, in large part, to the initiation of the ATR program. It is important to note that while ATR grantees serving women currently account for only 4 percent of all women's grantees, they represent a disproportionately large percentage of the annual and total women's grantee budget (41 and 33 percent, respectively) and number of clients projected to be served by women's grantees (50 percent).

³ The 24 States in which there are no CSAT grantees serving women are Delaware, Georgia, Hawaii, Idaho, Iowa, Illinois, Indiana, Kansas, Maine, Michigan, Minnesota, Mississippi, New Hampshire, New Jersey, New Mexico, Nevada, North Carolina, North Dakota, Pennsylvania, South Dakota, Utah, Virginia, West Virginia, and Washington DC.

⁴ Information for 2005 and 2007 reflects data entered into the CSAT SAIS database as of January 3, 2005 and January 4, 2007, respectively.

When it comes to the women's portfolio specifically, attention continues to focus on meeting the needs of pregnant women and women with children (see Table 6). In addition, the percentage of women's grantees indicating they serve "women and children" as a target subpopulation has increased from 25 percent in 2005 to 41 percent in 2007; grantees reporting they serve pregnant women also increased, from 13 percent to 27 percent (see Table 7).

In looking across the various other CSAT grant programs from 2005 to 2007, Table 6 also shows an increase in the number of women's grantees in the AT-HM program (from 13 to 20). The biggest decline in the women's grantees occurred in the TCE program, which went from 20 (19 percent of all women's grantees) to 6 (6 percent of all women's grantees).

TABLE 6					
CSAT GRANTEES SERVING WOMEN: 2005 and 2007					
GFA Program	January 2005		January 2007		Change from 2005-2007 (# Grantees)
	# Grantees	% of All Women's Grantees	# Grantees	% of All Women's Grantees	
Pregnant and Postpartum Women/ Residential Treatment for Women and Their Children (PPW/RWC)	20	19%	22	22%	+ 2
Targeted Capacity Expansion/HIV (TCE/HIV)	23	22%	22	22%	- 1
Addiction Treatment for Homeless (AT-HM)	13	12%	20	20%	+ 7
HIV Outreach	12	11%	13	13%	+ 1
Treatment Drug Court (TDC)	11	11%	11	11%	0
Targeted Capacity Expansion (TCE)	20	19%	6	6%	- 14
Recovery Community Services Program (RCSP)	6	6%	4	4%	- 2
Access to Recovery (ATR)	N/A**	N/A**	4	4%	+ 4
TOTAL	105	100%*	102	100%*	- 3

* Column does not add to total due to rounding.

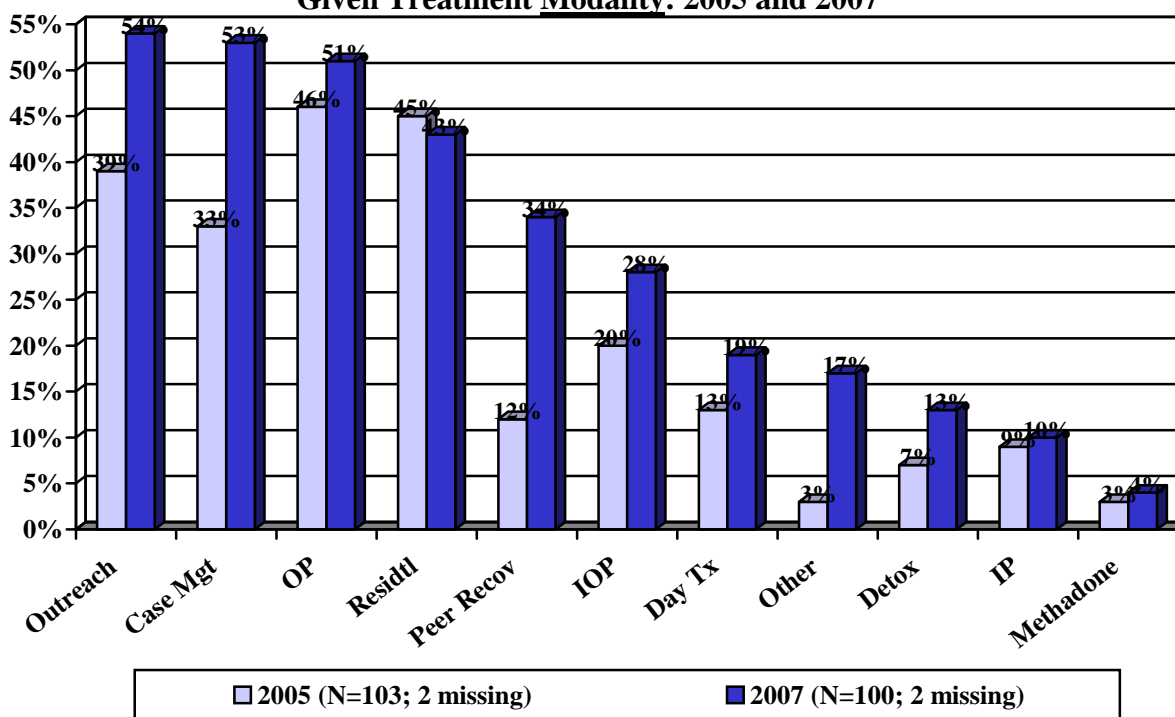
** Though the ATR grantees began their programs in the Fall 2004, they were not yet entered into the SAIS database at the time of the 2005 analysis.

In addition to an increased emphasis on women with children and pregnant women, women's grantees have also stepped up their focus on individuals experiencing other challenges – such as those who have a co-occurring disorder, are involved in the criminal justice system or are homeless – and those from select racial/ethnic backgrounds, as shown in Table 7.

Table 7: Select Subpopulations Served by Women’s Grantees: 2005 and 2007		
Select Subpopulation Served	Grantees Reporting They Serve Given Subpopulation (Number/Pctg)	
	2005 (N=105)	2007 (N=102)
Women and Children	26 (25%)	42 (41%)
Pregnant Women	14 (13%)	27 (27%)
Homeless	13 (12%)	27 (27%)
Criminal Justice	14 (13%)	27 (27%)
Co-Occurring/Dual Diagnosis	2 (2%)	25 (25%)
Culturally Diverse	1 (1%)	25 (25%)
Hispanic/Latino	8 (8%)	26 (26%)
Black/African American	16 (15%)	31 (30%)

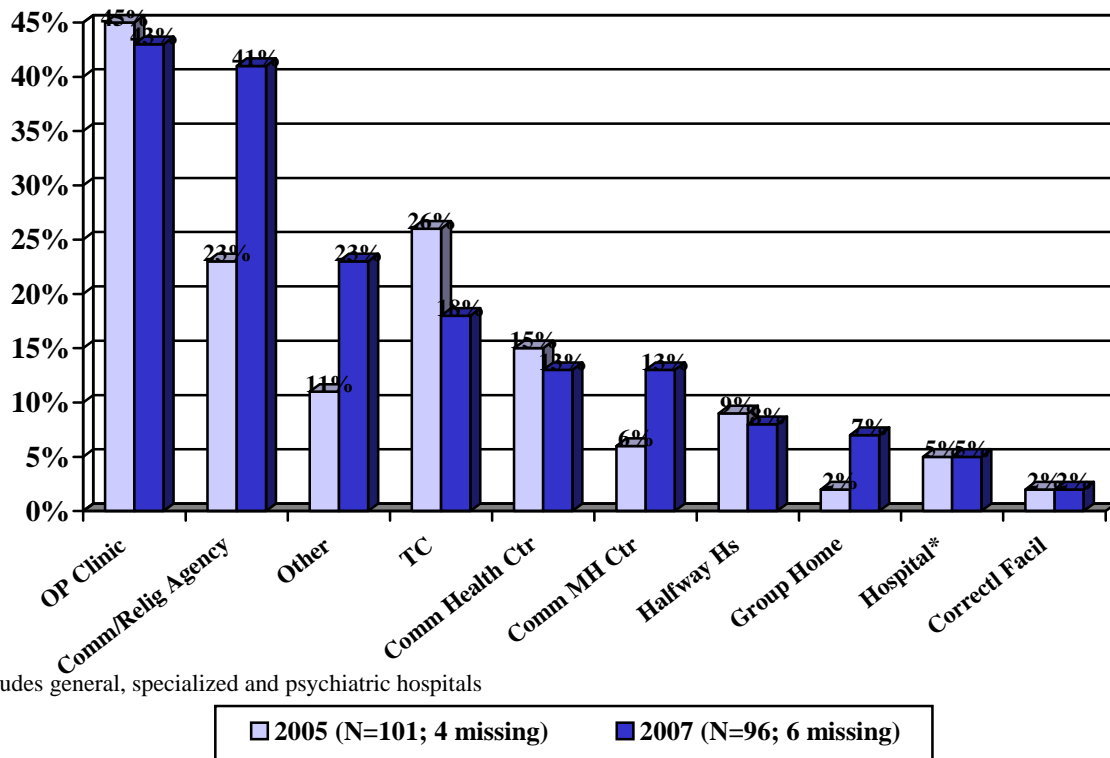
In terms of various treatment modalities provided by women’s grantees, the biggest growth area appeared in the number of grantees reporting they provide peer recovery support services, which rose from 12 percent in 2005 to 34 percent in 2007. Other major increases involved the number reporting they provide case management (rising from 33 percent to 53 percent) and outreach (growing from 39 percent to 54 percent). More modest gains were seen in the number providing intensive outpatient, which increased by 8 percent from 2005 to 2007, as well as day treatment and detoxification (each of which increased by 6 percent). The number and percentage of grantees providing other types of treatment, such as inpatient, residential and methadone, remained relatively constant during this time period (Figure 8).

FIGURE 8: Percentage of CSAT Women’s Grantees Providing Given Treatment Modality: 2005 and 2007



When looking at *where* treatment services are provided, outpatient clinic continues to be the most predominant treatment setting, although the percentage of grantees providing treatment in this setting did decrease slightly, from 45 percent in 2005 to 43 percent in 2007. As Figure 9 further shows, there has been a significant spike in the percentage of grantees that provide treatment in a community/religious agency setting (from 23 to 41 percent). More moderate increases were seen with regard to community mental health centers and group homes, while there was a decrease in the number of grantees who provide treatment in a therapeutic community setting.

FIGURE 9: Percentage of CSAT Women’s Grantees Providing Treatment Services in Selected Settings: 2005 and 2007



Finally, as Figure 10 shows, geographic representation among the women’s grantees experienced small fluctuations from 2005 to 2007, with the most significant change occurring in Region V (which saw a 6 percent decrease in the number of grantees).

FIGURE 10: CSAT Women's Grantees by DHHS Region: 2005 and 2007

