DEPARTMENT of HEALTH and HUMAN SERVICES

Fiscal Year 2009

Substance Abuse and Mental Health Services Administration

Justification of Estimates for Appropriations Committees

Introduction

The FY 2009 Congressional Justification is one of several documents that fulfill the Department of Health and Human Services' (HHS') performance planning and reporting requirements. HHS achieves full compliance with the Government Performance and Results Act of 1993 and Office of Management and Budget Circulars A-11 and A-136 through HHS agencies' FY 2009 Congressional Justifications and Online Performance Appendices, the Agency Financial Report and the HHS Performance Highlights. These documents can be found at: http://www.hhs.gov/budget/docbudget.htm and http://www.hhs.gov/afr/.

The Performance Highlights briefly summarizes key past and planned performance and financial information. The Agency Financial Report provides fiscal and high-level performance results. The FY 2009 Department's Congressional Justifications fully integrate HHS' FY 2007 Annual Performance Report and FY 2009 Annual Performance Plan into its various volumes. The Congressional Justifications are supplemented by the Online Performance Appendices. Where the Justifications focus on key performance measures and summarize program results, the Appendices provide performance information that is more detailed for all HHS measures.

The SAMHSA Congressional Justification and Online Performance Appendix can be found at http://www.samhsa.gov/Budget/FY2009/index.aspx

LETTER FROM THE ADMINISTRATOR

I am pleased to present the Substance Abuse and Mental Health Services Administration's (SAMHSA) FY 2009 Congressional Justification. SAMHSA's FY 2009 budget totals $3.2 billion, a six percent reduction from the FY 2008 Enacted level. This budget request continues support for the President's and Secretary's priority initiatives and reflects the goals and objectives in the Department's FY 2007-2012 Strategic Plan. In addition, the PART process continues to be a critical tool for evaluating program effectiveness and developing budget and legislative strategies.

SAMHSA's FY 2009 budget request is built around a public health approach that encompasses preventive, population-based activities aimed at reducing the risk for substance abuse and mental illness in the community, as well as treatment services for those who need them. This approach is comprehensive and holistic, recognizing the interplay between behavioral health, physical health and other aspects of well-being. SAMHSA's FY 2009 budget request also focuses on improving service delivery by promoting evidence-based practices and working across systems and professions to leverage our resources in the most efficient and cost-effective way possible.

This justification, along with the online performance appendix, also comprises the FY 2009 Annual Performance Plan and FY 2007 Annual Performance Report as required by the Government Performance and Results Act of 1993. Key performance measures and associated outputs are included in the budget discussions for all program areas, with a more detailed discussion of performance appearing in the online appendix. Performance measurement and reporting enables SAMHSA to share with stakeholders its progress toward achieving its three strategic goals: Accountability: Measure and report program performance; Capacity: Increase service availability; Effectiveness: Improve service quality.

SAMHSA's implementation of performance management enables the agency to link the programs, activities and resources to the agency-wide goals. It has provided a shared vision of what needs to be accomplished with our partners and provides a consistent and effective way to measure its achievements and to strive for continued improvement.

Our FY 2009 budget request represents our efforts to sustain the important initiatives put forth in recent years.

Terry L. Cline, Ph.D.
Administrator

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
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SAMHSA Organization Chart

Please visit our Organization Charts web page at
http://samhsa.gov/about/orgchart.aspx

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Appropriations Language

For carrying out titles V and XIX of the Public Health Service Act ("PHS Act") with respect to substance abuse and mental health services, *and* the Protection and Advocacy for Individuals with Mental Illness Act, [and section 301 of the PHS Act with respect to program management, $3,291,543,000, of which $19,120,000 shall be available for the projects and in the amounts specified in the explanatory statement described in section 4 (in the matter preceding division A of this consolidated Act)] *$3,024,967,000*: *Provided,* That notwithstanding section 520A(f)(2) of the PHS Act, no funds appropriated for carrying out section 520A are available for carrying out section 1971 of the PHS Act: *Provided further, That $18,869,000 shall be available for such purposes under section 1921 of the PHS Act for supplemental performance awards for grant recipients that have demonstrated superior performance as determined by the Secretary: Provided further,* That in addition to amounts provided herein, the following amounts shall be available under section 241 of the PHS Act: (1) [$79,200,000] *$79,200,000* to carry out subpart II of part B of title XIX of the PHS Act to fund section 1935(b) technical assistance, national data, data collection and evaluation activities, and further that the total available under this Act for section 1935(b) activities shall not exceed 5 percent of the amounts appropriated for subpart II of part B of title XIX; (2) [$21,413,000] *$21,039,000* to carry out subpart I of part B of title XIX of the PHS Act to fund section 1920(b) technical assistance, national data, data collection and evaluation activities, and further that the total available under this Act for section 1920(b) activities shall not exceed 5 percent of the amounts appropriated for subpart I of part B of title XIX; (3) [$17,750,000] *$21,750,000* to carry out national surveys on drug abuse; and (4) [$4,300,000] *$11,192,000* to *collect and analyze data and* evaluate substance abuse

treatment programs [: *Provided further,* That section 520E(b)(2) of the Public Health Service Act shall not apply to funds appropriated under this Act for fiscal year 2008]. *(Department of Health and Human Services Appropriations Act,* 2008.)

Language Analysis

Language Provision	Explanation
Provided further, that $18,869,000 shall be available for such purposes under section 1921 of the PHS Act for supplemental performance awards for grant recipients that have demonstrated superior performance as determined by the Secretary.	The Substance Abuse Prevention and Treatment Block Grant program includes $18,869,000 for the 20 percent of grant recipients that demonstrated superior performance.

Amounts Available for Obligation

	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate
Appropriation:			
Labor/HHS/Ed-Annual Appropriation……...	$3,206,108,000	$3,291,543,000	$3,024,967,000
Rescission P.L. 110-161...…….....…	---	57,503,000	---
Subtotal, adjusted appropriation…	3,206,108,000	3,234,040,000	3,024,967,000
Comparable Transfer to: "HHS"...……..…	-7,000	---	---
Subtotal, adjusted budget authority...…	3,206,101,000	3,234,040,000	3,024,967,000
Offsetting Collections from:			
Federal Sources.....….	120,767,000	122,289,000	133,181,000
Unobligated balance start of year.....	227,580	227,580	329,991
Unobligated balance end of year….....	227,580	329,991	296,992
Unobligated balance expiring.....	-3,755,376	---	---
Total obligations.....…	$3,323,567,784	$3,356,886,571	$3,158,774,983

Summary of Changes

2008	
Total estimated budget authority	3,234,040,000
(Obligations)	3,234,040,000
2009	
Total estimated budget authority	3,024,967,000
(Obligations)	3,024,967,000
Net Change	- 209,073,000

	FY 2008 Enacted		Change from Base	
	FTE	Budget Authority	FTE	Budget Authority [1/]
Increases:				
A. Built-in:				
1. Annualization of 2008 civilian pay costs 3.5%	--	$59,545,000	--	+463,000
2. Annualization of 2008 Commissioned Corps pay costs 3.5%	--	59,545,000	--	+51,000
3. Increase for January 2009 pay raise [2/]	--	59,545,000	--	+1,298,000
4. FTE Increase: 5 Commissioned Corps FTEs	522	59,545,000	5	+589,000
5. Increase in rental payments to GSA	--	6,218,000	--	+155,450
Subtotal, Built-in Increases	--	---	5	2,556,450
B. Program:				
1. Mental Health Programs:				
a. Children's Mental Health Services	--	102,260,000	--	+ 12,226,000
b. Projects for Assistance in Transition from Homelessness	--	53,313,000	--	+ 6,374,000
2. Substance Abuse Treatment:				
a. Substance Abuse Prevention and Treatment Block Grant	--	1,679,528,000	--	+ 19,863,000
3. Program Management:				
a. Worker's Compensation (FECA)	--	1,328,000	--	+7,000
b. Enterprise Information Technology Fund	--	75,381,000	--	+195,717
c. Unified Financial Management System (Operation & Maintenance)	--	75,381,000	--	+636,819
4. St. Elizabeths Hospital	--	---	--	+772,000
5. Data Evaluation	--	---	--	+2,500,000
Subtotal, Program Increases	--	---	--	42,574,536
Total Increases	--	---	5	45,130,986
Decreases:				
A. Built-in:				
1. FTE Reduction: decrease of civilian FTEs	522	75,381,000	- 9	- 1,115,000
2. One less compensable day in FY 2009 (261)	--	59,545,000	--	- 227,000
Subtotal, Built-in			- 9	- 1,342,000
B. Program:				
1. Mental Health Programs:				
a. Programs of Regional and National Significance	--	299,279,000	--	- 143,960,000
b. Protection and Advocacy for Individuals with Mental Illness	--	34,880,000	--	- 880,000
2. Substance Abuse Prevention:				
a. Programs of Regional and National Significance	--	194,120,000	--	- 36,080,000
3. Substance Abuse Treatment:				
a. Programs of Regional and National Significance	--	395,544,000	--	- 69,888,000
4. Program Management:				
a. Cost shift of Operating Costs	--	75,381,000		- 1,691,000
b. Unified Financial Management System (Implementation)	--	75,381,000	--	- 140,951
c. Unified Financial Management System (Other Administrative Systems)	--	75,381,000		- 43,685
d. HHS Consolidated Acquisition System	--	75,381,000	--	- 178,350
Subtotal, Program Decreases	--	---	--	- 252,861,986
Total Decreases	--	---	- 9	- 254,203,986
Net Change, Discretionary Budget Authority [1/]	--	---	-4	-$209,073,000

1/ Excludes $133.181 million to be transferred to SAMHSA from the PHS evaluation funds.
2/ FY 2009 includes a 2.9% pay raise for civilian personnel and a 3.4% pay raise for military personnel.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
Budget Authority by Activity
(Dollars in thousands)

Program Activities	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate
Mental Health:			
Programs of Regional and National Significance	$263,263	$299,279	$155,319
Children's Mental Health Services	104,078	102,260	114,486
Protection & Advocacy	34,000	34,880	34,000
PATH Homeless Formula Grant	54,261	53,313	59,687
Mental Health Block Grant	428,256	420,774	420,774
PHS Evaluation Funds	(21,413)	(21,039)	(21,039)
Subtotal, Mental Health	**883,858**	**910,506**	**784,266**
Substance Abuse Prevention:			
Programs of Regional and National Significance	192,902	194,120	158,040
Subtotal, Substance Abuse Prevention	**192,902**	**194,120**	**158,040**
Substance Abuse Treatment:			
Programs of Regional and National Significance	398,949	399,844	336,848
PHS Evaluation Funds	(4,300)	(4,300)	(11,192)
Substance Abuse Block Grant	1,758,591	1,758,728	1,778,591
PHS Evaluation Funds	(79,200)	(79,200)	(79,200)
Subtotal, Substance Abuse Treatment	**2,157,540**	**2,158,572**	**2,115,439**
TOTAL, SUBSTANCE ABUSE	**2,350,442**	**2,352,692**	**2,273,479**
Program Management 1/	92,714	93,131	97,131
PHS Evaluation Funds	(16,000)	(17,750)	(21,750)
St. Elizabeths Hospital B&F	**---**	**---**	**772**
Data Evaluation	**---**	**---**	**2,500**
TOTAL, SAMHSA Discretionary PL	**3,327,014**	**3,356,329**	**3,158,148**
PHS Evaluation Funds	(120,913)	(122,289)	(133,181)
(Obligations)	($3,326,525)	($3,356,329)	($3,158,148)
FTEs	528	534	528

1/ Includes Comparable Transfer of $7 thousand to HHS in the FY 2007 Enacted Budget

Authorizing Legislation

Program Description/PHS Act:	FY 2008 Amount Authorized	FY 2008 Enacted	FY 2009 Amount Authorized	FY 2009 Estimate
Emergency Response Sec. 501	---	---	---	---
Grants for the Benefit of Homeless Individuals Sec. 506	Expired	$53,599,000	Expired	$35,394,000
Alcohol and Drug Prevention or Treatment Services for Indians and Native Alaskans Sec. 506A*	---	---	---	---
Grants for Ecstasy and Other Club Drugs Abuse Prevention Sec. 506B*	---	---	---	---
Residential Treatment Programs for Pregnant and Postpartum Women Sec. 508	Expired	$11,790,000	Expired	---
Priority Substance Abuse Treatment Needs of Regional and National Significance Sec. 509*	Expired	$316,976,000	Expired	$293,062,000
Substance Abuse Treatment Services for Children and Adolescents Sec. 514*	Expired	$24,278,000	Expired	---
Early Intervention Services for Children and Adolescents Sec. 514A*	---	---	---	---
Methamphetamine and Amphetamine Treatment Initiative Sec. 514(d)*	---	---	---	---
Priority Substance Abuse Prevention Needs of Regional and National Significance Sec. 516*	Expired	$175,928,000	Expired	$147,638,000
Prevention, Treatment and Rehabilitation Model Projects for High Risk Youth Sec. 517	---	---	---	---
Services for Children of Substance Abusers Sec. 519*	---	---	---	---
Grants for Strengthening Families Sec. 519A*	---	---	---	---
Programs to Reduce Underage Drinking Sec. 519B*	$ 6,000,000	$5,404,000	$ 6,000,000	---

SSAN = Such Sums as Necessary

Authorizing Legislation

Program Description/PHS Act:	FY 2008 Amount Authorized	FY 2008 Enacted	FY 2009 Amount Authorized	FY 2009 Estimate
Services for Individuals with Fetal Alcohol Syndrome (FAS)				
Sec. 519C*……	---	---	---	---
Centers of Excellence on Services for Individuals with FAS and Alcohol-related Birth Defects and Treatment for Individuals with Such Conditions and Their Families				
Sec. 519D*……	Expired	$9,821,000	Expired	$9,821,000
Prevention of Methamphetamine and Inhalant Abuse and Addiction				
Sec. 519E*……	Expired	$2,967,000	Expired	$581,000
Priority Mental Health Needs of Regional and National Significance				
Sec. 520A*……	Expired	$116,100,000	Expired	$30,551,000
Youth Interagency Research, Training, and Technical Assistance Centers				
Sec. 520C*……	Expired	$4,913,000	Expired	$3,960,000
Services for Youth Offenders				
Sec. 520D*……	---	---	---	---
Suicide Prevention for Children and Youth				
Sec. 520E1*……	Expired	$29,476,000	Expired	$17,820,000
Sec. 520E2*……	Expired	$4,913,000	Expired	$4,950,000
Grants for Emergency Mental Health Centers				
Sec. 520F*……	---	---	---	---
Grants for Jail Diversion Programs				
Sec. 520G*……	Expired	$6,684,000	Expired	$3,860,000
Improving Outcomes for Children and Adolescents through Services Integration between Child Welfare and MH Services				
Sec. 520H*……	---	---	---	---
Grants for Integrated Treatment of Serious Mental Illness and Co-occurring Substance Abuse				
Sec. 520I*……	---	---	---	---
Mental Health Training Grants				
Sec. 520J*……	---	---	---	---
PATH Grants to States				
Sec. 535(a)……	Expired	$53,313,000	Expired	$59,687,000

SSAN = Such Sums as Necessary

Authorizing Legislation

Program Description/PHS Act:	FY 2008 Amount Authorized	FY 2008 Enacted	FY 2009 Amount Authorized	FY 2009 Estimate
Community Mental Health Services for Children with Serious Emotional Disturbances				
Sec. 565 (f)……	Expired	$102,260,000	Expired	$114,486,000
Children and Violence Program				
Sec. 581*……	Expired	$93,002,000	Expired	$75,710,000
Grants for Persons who Experience Violence Related Stress				
Sec. 582 **……	Expired	$33,092,000	Expired	$15,668,000
Community Mental Health Services Block Grants				
Sec. 1920(a)……	Expired	$399,735,000	Expired	$399,735,000
Substance Abuse Prevention and Treatment Block Grants				
Sec. 1935(a)……	Expired	$1,679,528,000	Expired	$1,699,391,000
Data Infrastructure Development				
Sec. 1971*……	Expired	---	Expired	---
Other Legislation/Program Description				
Protection and Advocacy for Individuals with Mental Illness Act				
P.L. 99-319, Sec. 117……	Expired	$34,880,000	Expired	$34,000,000
Program Management:				
Program Management, Sec. 501……	Indefinite	$74,098,000	Indefinite	$74,156,000
SEH Workers' Compensation Fund				
P.L. 98-621……	Indefinite	$1,283,000	Indefinite	$1,225,000
Total, Program Management……	---	$75,381,000	---	$75,381,000
St. Elizabeths Hospital Building & Facilities				
Sec. 501……..	---	---	---	$772,000
Data Evaluation				
Sec. 505……..	---	---	---	$2,500,000
TOTAL, SAMHSA Budget Authority……	$6,000,000	$3,234,040,000	$6,000,000	$3,024,967,000

* Denotes programs that were authorized in the Children's Health Act of 2000. We have the authority to carryout these programs in our general authorities in Section 507, 516 and 520A.

Appropriations History

	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation	
1998	2,155,943,000	2,151,943,000	2,126,643,000	2,146,743,000	
1998 Advance Appro. P.L. 104-121	---	---	---	50,000,000	1/
1999	2,279,643,000	2,458,005,000	2,151,643,000	2,488,005,000	
2000	2,626,505,000	2,413,731,000	2,750,700,000	2,654,953,000	
2000 P.L.106-113	---	---	---	-3,085,000	2/
2001	2,823,016,000	2,727,626,000	2,730,757,000	2,958,001,000	
2001 P.L.106-554	---	---	---	-645,000	3/
2001 P.L. 107-20	---	---	---	6,500,000	4/
2002	3,058,456,000	3,131,558,000	3,073,456,000	3,138,279,000	5/
2002 Res. HR. 3061	---	---	---	-589,000	
2002 Res. P.L. 107-216	---	---	---	-1,681,000	6/
2003 P.L. 108-5	3,193,086,000	3,167,897,000	3,129,717,000	3,158,068,000	
2003 P.L. 108-7	---	---	---	-20,521,235	7/
2004 P.L. 108-84	3,393,315,000	3,329,000,000	3,157,540,000	3,253,763,000	
2004 P.L. 108-199	---	---	---	-19,856,290	8/
2005 P.L. 108-447 &P.L. 108-309 as mended	3,428,939,000	3,270,360,000	3,361,426,000	3,295,361,000	
2005 H.R. 4818	---	---	---	-26,895,592	9/
2006 P.L. 109-149	3,336,023,000	3,352,047,000	3,398,086,000	3,237,813,000	
2006 Res. P.L. 109-359	---	---	---	-1,681,000	10/
2006 Section 202	---	---	---	-2,201,000	11/
2007 P.L. 109-383	3,260,001,000	3,326,341,772	3,326,341,772	1,211,654,381	12/
2007 Continue Resolution	---	---	---	3,326,341,772	13/
2008 H.R. 2764/P.L. 110-161	3,167,589,000	3,393,841,000	3,404,798,000	3,234,040,000	14/

1/ 1998 Advance ppropriation P.L. 104-121 from Social Security Administration to the Substance Abuse Block Grant.
2/ Reflects a Rescission mandated by P.L. 106-113.
3/ Reflects a Rescission mandated by Section 520 of P.L. 106-554.
4/ Reflects a Supplemental appropriation for Building and Facilities (SEH) P.L. 107-20.

Appropriations History

[5/] Reflects Administrative reduction in Section 516 of the Approriations Bill (H.R. 3061).
[6/] Reflects Administrative reduction in P.L. 107-216.
[7/] Reflects a Rescission mandated by P.L.108-7.

[8/] Reflects SAMHSA's share of the Division E, section 515 reduction on administrative and related expenses and the Division H, section 168(b) rescission of P.L. 108-199.

[9/] Reflects SAMHSA's share of the Division F, section 519(a) reduction on administrative and related expenses and the Division J, section 122(a) rescission of H.R. 4818.
[10/] Reflects SAMHSA's share of the rescission mandated by P.L. 109-359.
[11/] Reflects Section 202 transfer to CMS.
[12/] Reflects Continuing Resolution through February 15, 2007.
[13/] Reflects the whole year appropriation
[14/] Reflects a 1.7 percent cross-the-board cut over the H.R. 2764/P.L. 110-161.

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Authorizing Legislation

Program Description/PHS Act:	FY 2008 Amount Authorized	FY 2008 Enacted	FY 2009 Amount Authorized	FY 2009 Estimate
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Sec. 1971*……	Expired	---	Expired	---
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Protection and Advocacy for Individuals with Mental Illness Act				
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SEH Workers' Compensation Fund				
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Center for Mental Health Services
Mechanism Table
(Dollars in Thousands)

	FY 2007 Actual		FY 2008 Enacted		FY 2009 Estimate	
	No.	Amount	No.	Amount	No.	Amount
Programs of Regional & National Significance						
Capacity:						
Grants/Coop. Agree:						
Continuations	206	$95,107	220	$90,585	118	$50,600
New/Competing	79	19,225	125	50,602	19	7,772
Supplements	---	---	---	---	---	---
Subtotal	**285**	**114,332**	**345**	**141,187**	**137**	**58,372**
Contracts:						
Continuations	18	102,963	13	101,275	13	67,120
New	5	12,970	11	26,103	2	20,696
Supplements	---	52	---	---	---	---
Subtotal	**23**	**115,985**	**24**	**127,378**	**15**	**87,816**
Technical Assistance	1	965	---	---	---	577
Review Cost	---	1,780	---	693	---	---
Subtotal	**24**	**118,730**	**24**	**128,071**	**15**	**88,393**
Subtotal, Capacity	**309**	**233,062**	**369**	**269,258**	**152**	**146,765**
Science and Service:						
Grants/Coop. Agree:						
Continuations	1	3,846	26	6,787	1	3,597
New/Competing	44	8,895	9	4,445	---	---
Supplements	---	---	---	---	---	---
Subtotal	**45**	**12,741**	**35**	**11,232**	**1**	**3,597**
Contracts:						
Continuations	16	11,053	16	11,945	3	3,983
New	12	5,856	8	6,293	1	974
Subtotal, Contracts	**28**	**16,909**	**24**	**18,238**	**4**	**4,957**
Technical Assistance	---	---	---	---	---	---
Review Cost	---	551	---	551	---	---
Subtotal	**28**	**17,460**	**24**	**18,789**	**4**	**4,957**
Subtotal, Science and Service	**73**	**30,201**	**59**	**30,021**	**5**	**8,554**
Total, PRNS	**382**	**$263,263**	**428**	**$299,279**	**157**	**$155,319**

Center for Mental Health Services
Mechanism Table
(Dollars in Thousands)

	FY 2007 Actual		FY 2008 Appropriation		FY 2009 Estimate	
	No.	Amount	No.	Amount	No.	Amount
CHILDREN'S MENTAL HEALTH						
Grants/Coop. Agree:						
Continuations	56	$80,550	41	$62,058	52	$72,270
New/Competing	---	---	17	17,306	17	17,000
Supplements	18	1,728	---	---	---	---
Subtotal	**56**	**82,278**	**58**	**79,364**	**69**	**89,270**
Contracts:						
Continuations	2	10,957	2	9,532	2	12,450
New/Competing	---	6	1	2,550	---	1,318
Supplements	---	---	---	---	---	---
Subtotal	**2**	**10,963**	**3**	**12,082**	**2**	**13,768**
Technical Assistance	7	10,408	5	10,226	4	11,448
Review Cost	---	429	1	588	---	---
Subtotal	**9**	**21,800**	**9**	**22,896**	**6**	**25,216**
Total, Children's Mental Health	**65**	**104,078**	**67**	**102,260**	**75**	**114,486**
MENTAL HEALTH BLOCK GRANT	**59**	**428,256**	**59**	**420,774**	**59**	**420,774**
(PHS Evaluation Funds: Non-Add)	---	*(21,413)*	---	*(21,039)*	---	*(21,039)*
PATH	**56**	**54,261**	**56**	**53,313**	**56**	**59,687**
PROTECTION AND ADVOCACY	**57**	**34,000**	**57**	**34,880**	**57**	**34,000**
TOTAL, CMHS	**619**	**$883,858**	**667**	**$910,506**	**404**	**$784,266**

Center for Mental Health Services

Programs of Regional and National Significance

Summary of Request

The Mental Health Programs of Regional and National Significance (PRNS) support States and communities in carrying out an array of activities to improve the quality and availability of services in priority areas.

There are two program categories within PRNS, Capacity and Science and Service. Programs in the Capacity category provide funding to implement service improvements using evidence-based approaches and to identify and implement needed systems changes. Programs within the Science and Service category promote the identification and increase the availability of practices thought to have potential for broad service improvement.

The Budget includes a total of $155.3 million for Mental Health PRNS, including:

- $33.5 million for Suicide Prevention to improve public and professional awareness of suicide and promote prevention: Garrett Lee Smith Suicide Prevention Activities in States and Colleges, along with supporting the National Suicide Prevention Lifeline, AI/AN Suicide Prevention Initiative, and the Garrett Lee Smith Suicide Prevention Resource Center;

- $75.7 million for Youth Violence Prevention activities including the Safe Schools/Healthy Students collaborative program with U. S. Departments of Education and Justice that provides students, schools, and communities with funds to implement an enhanced, coordinated, comprehensive plan of activities and services focused on promoting healthy childhood development and preventing violence and alcohol and other drug abuse;

- $15.6 million for Trauma-Informed Services to improve treatment and services intervention for children and adolescents exposed to traumatic events;

- $7.3 million for a new Targeted Capacity Expansion activity to address mental health needs identified by States and local communities;

- $18.5 million for remaining Capacity activities including Co-Occurring State Incentive Grants ($0.4 million) Minority AIDS ($9.2 million), Criminal Justice ($3.9 million), Homelessness ($2.8 million) and the new Mental Health Drug Courts program ($2.2 million);

- $4.6 million for Science and Service activities, including the SAMHSA Health Information Network ($2.9 million), National Registry of Evidence-based Programs and Practices ($0.6 million) and HIV/AIDS Education ($0.9 million).

The Mental Health PRNS received a PART review in 2005 and was rated Results Not Demonstrated. The review cited clear purpose, strong financial management, and effective targeting as strong attributes. The review also reported the program lacked a clear design linking all projects to performance goals and did not collect performance data from all grantees or use performance data to hold grantees accountable for improving outcomes. As a result of

the PART review, the program is implementing an automated web-based performance system, including development and implementation of common performance measures.

Center for Mental Health Services
Summary of Activities
(Dollars in Thousands)

Programs of Regional & National Significance	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate	+/- FY 2008 Enacted
CAPACITY:				
Co-Occurring State Incentive Grant	$7,526	$3,611	$419	-$3,192
Seclusion & Restraint	2,449	2,449	---	-2,449
Youth Violence Prevention	93,156	93,002	75,710	-17,292
Trauma-Informed Services	29,418	33,092	15,668	-17,424
Children and Family Programs	11,113	11,003	---	-11,003
Mental Health Transformation Activities	3,408	10,123	---	-10,123
Mental Health Transformation State Incentive Grants	26,003	26,012	---	-26,012
Behavioral/Physical Health Services Grants	---	7,369	---	-7,369
Suicide Lifeline	4,484	4,484	3,812	-672
GLS - Youth Suicide Prevention- States	17,829	29,476	17,820	-11,656
GLS - Youth Suicide Prevention- Campus	4,950	4,913	4,950	+37
AI/AN Suicide Prevention Initiative	3,006	2,918	2,970	+52
Homelessness Prevention Programs	8,734	11,099	2,800	-8,299
Older Adult Programs	4,900	4,814	---	-4,814
Minority AIDS	9,283	9,283	9,283	---
Criminal and Juvenile Justice Programs	6,803	6,684	3,860	-2,824
Mental Health Drug Courts	---	---	2,223	+2,223
Mental Health Targeted Capacity Expansion	---	---	7,250	+7,250
Congressional Projects	---	8,926	---	-8,926
Subtotal, Capacity	**233,062**	**269,258**	**146,765**	**-122,493**
SCIENCE AND SERVICE:				
GLS - Suicide Resource Center	3,960	4,913	3,960	-953
Adolescents at Risk	1,961	1,927	---	-1,927
Mental Health Systems Transformation Activities	10,067	10,758	---	-10,758
National Registry of Evidence-based Programs and Practices	445	437	650	+213
SAMHSA Health Information Network	3,523	1,920	2,970	+1,050
Consumer and Consumer Support Technical Assistance Centers	1,961	1,927	---	-1,927
Minority Fellowship Program	3,873	3,805	---	-3,805
Disaster Response	1,073	1,054	---	-1,054
Homelessness	2,363	2,306	---	-2,306
HIV/AIDS Education	975	974	974	---
Subtotal, Science and Service	**30,201**	**30,021**	**8,554**	**-21,467**
TOTAL, PRNS	**$263,263**	**$299,279**	**$155,319**	**-$143,960**

Center for Mental Health Services
Mechanism Table by Summary of Activities
(Dollars in Thousands)

	FY 2007 Actual		FY 2008 Enacted		FY 2009 Estimate	
	No.	Amount	No.	Amount	No.	Amount
CAPACITY:						
Co-Occurring SIG						
Grants						
Continuations	13	5,389	8	1,650	4	392
New/Competing	---	---	---	---	---	---
Subtotal	13	5,389	8	1,650	4	392
Contracts						
Continuations	2	2,137	1	463	---	27
New/Competing	---	---	1	1,498	---	---
Subtotal	2	2,137	2	1,961	---	27
Total, Co-Occurring SIG	**15**	**7,526**	**10**	**3,611**	**4**	**419**
Seclusion & Restraint						
Grants						
Continuations	---	---	8	1,711	---	---
New/Competing	8	1,710	---	---	---	---
Subtotal	8	1,710	8	1,711	---	---
Contracts						
Continuations	---	---	1	598	---	---
New/Competing	---	739	---	140	---	---
Subtotal	---	739	1	738	---	---
Total, Seclusion & Restraint	**8**	**2,449**	**9**	**2,449**	**---**	**---**
Youth Violence Prevention						
Grants						
Continuations	2	76,788	1	70,789	2	44,592
New/Competing	---	---	3	7,000	---	15,714
Subtotal	2	76,788	4	77,789	2	60,306
Contracts						
Continuations	2	11,499	2	10,686	4	12,837
New/Competing	3	4,869	1	4,527	---	2,567
Subtotal	5	16,368	3	15,213	4	15,404
Total, Youth Violence Prevention	**7**	**93,156**	**7**	**93,002**	**6**	**75,710**
Trauma-Informed Services						
Grants						
Continuations	28	17,346	43	24,356	21	12,621
New/Competing	15	7,000	6	3,406	---	---
Subtotal	43	24,346	49	27,762	21	12,621
Contracts						
Continuations	3	4,474	1	4,425	1	3,047
New/Competing	---	598	---	905	---	---
Subtotal	3	5,072	1	5,330	1	3,047
Total, Trauma-Informed Services	**46**	**29,418**	**50**	**33,092**	**22**	**15,668**

Center for Mental Health Services
Mechanism Table by Summary of Activities
(Dollars in Thousands)

	FY 2007 Actual		FY 2008 Enacted		FY 2009 Estimate	
	No.	Amount	No.	Amount	No.	Amount
Children and Family Programs						
Grants						
Continuations	15	6,067	50	6,525	---	---
New/Competing	42	2,696	6	2,141	---	---
Subtotal	57	8,763	56	8,666	---	---
Contracts						
Continuations	2	2,132	1	1,530	---	---
New/Competing	---	218	1	807	---	---
Subtotal	2	2,350	2	2,337	---	---
Total, Children and Family Programs	**59**	**11,113**	**58**	**11,003**	**---**	**---**
Mental Health Transformation Activities						
Contracts						
Continuations	2	1,317	---	1,269	---	---
New/Competing	---	2,091	3	8,854	---	---
Subtotal	2	3,408	3	10,123	---	---
Total, MHT Activities	**2**	**3,408**	**3**	**10,123**	**---**	**---**
Mental Health SIG for Transformation						
Grants						
Continuations	9	22,950	9	22,950	---	---
New/Competing	---	---	---	---	---	---
Subtotal	9	22,950	9	22,950	---	---
Contracts						
Continuations	2	2,412	1	3,062	---	---
New/Competing	---	641	---	---	---	---
Subtotal	2	3,053	1	3,062	---	---
Total, MHT SIG	**11**	**26,003**	**10**	**26,012**	**---**	**---**
Behavioral/Mental & Physical Hlth. Serv.Grants						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	8	4,000	---	---
Subtotal	---	---	8	4,000	---	---
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	---	3	3,369	---	---
Subtotal	---	---	3	3,369	---	---
Total, Behavioral Health Services	**---**	**---**	**11**	**7,369**	**---**	**---**
Suicide Lifeline						
Grants						
Continuations	---	---	1	2,880	1	2,873
New/Competing	1	2,880	---	---	---	---
Subtotal	1	2,880	1	2,880	1	2,873
Contracts						
Continuations	1	454	1	1,604	1	939
New/Competing	1	1,150	---	---	---	---
Subtotal	2	1,604	1	1,604	1	939
Total, Suicide Lifeline	**3**	**4,484**	**2**	**4,484**	**2**	**3,812**

Center for Mental Health Services
Mechanism Table by Summary of Activities
(Dollars in Thousands)

	FY 2007 Actual		FY 2008 Enacted		FY 2009 Estimate	
	No.	Amount	No.	Amount	No.	Amount
GLS - Youth Suicide Prevention - States						
Grants						
Continuations	36	14,264	24	9,484	31	15,250
New/Competing	2	750	30	15,000	---	---
Subtotal	38	15,014	54	24,484	31	15,250
Contracts						
Continuations	1	2,442	1	2,721	1	2,570
New/Competing	---	373	---	2,271	---	---
Subtotal	1	2,815	1	4,992	1	2,570
Total, GLS-Youth Suicide Prev. -States	**39**	**17,829**	**55**	**29,476**	**32**	**17,820**
GLS - Youth Suicide Prevention - Campus						
Grants						
Continuations	55	3,668	34	2,178	31	3,146
New/Competing	---	---	15	1,500	5	522
Subtotal	55	3,668	49	3,678	36	3,668
Contracts						
Continuations	---	1,075	---	1,151	---	1,194
New/Competing	---	207	---	84	---	88
Subtotal	---	1,282	---	1,235	---	1,282
Total, GLS-Youth Suicide Prev.-Campus	**55**	**4,950**	**49**	**4,913**	**36**	**4,950**
AI/AN Suicide Prevention Initiative						
Contracts						
Continuations	---	---	1	592	2	2,970
New/Competing	1	3,006	---	2,326	---	---
Subtotal	1	3,006	1	2,918	2	2,970
Total, AI/AN Suicide Prev. Initiative	**1**	**3,006**	**1**	**2,918**	**2**	**2,970**
Homelessness Prevention Program						
Grants						
Continuations	10	3,954	19	7,463	6	2,360
New/Competing	9	3,509	5	2,000	---	---
Subtotal	19	7,463	24	9,463	6	2,360
Contracts						
Continuations	1	865	1	1,118	1	440
New/Competing	---	406	---	518	---	---
Subtotal	1	1,271	1	1,636	1	440
Total, Homelessness Prev. Program	**20**	**8,734**	**25**	**11,099**	**7**	**2,800**
Older Adults Program						
Grants						
Continuations	11	4,381	---	---	---	---
New/Competing	---	---	10	4,154	---	---
Subtotal	11	4,381	10	4,154	---	---
Contracts						
Continuations	---	332	---	---	---	---
New/Competing	---	187	1	660	---	---
Subtotal	---	519	1	660	---	---
Total, Older Adults Program	**11**	**4,900**	**11**	**4,814**	**---**	**---**

Center for Mental Health Services
Mechanism Table by Summary of Activities
(Dollars in Thousands)

	FY 2007 Actual		FY 2008 Enacted		FY 2009 Estimate	
	No.	Amount	No.	Amount	No.	Amount
Minority AIDS						
Grants						
Continuations	16	8,318	16	8,318	15	7,784
New/Competing	---	---	---	---	---	---
Subtotal	16	8,318	16	8,318	15	7,784
Contracts						
Continuations	1	809	1	965	1	922
New/Competing	---	156	---	---	---	577
Subtotal	1	965	1	965	1	1,499
Total, Minority AIDS	**17**	**9,283**	**17**	**9,283**	**16**	**9,283**
Criminal and Juvenile Justice Program						
Grants						
Continuations	12	4,771	8	3,070	8	3,175
New/Competing	2	680	6	2,475	---	---
Subtotal	14	5,451	14	5,545	8	3,175
Contracts						
Continuations	1	1,352	---	638	1	581
New/Competing	---	---	1	501	1	104
Subtotal	1	1,352	1	1,139	2	685
Total, Criminal and Juvenile Justice	**15**	**6,803**	**15**	**6,684**	**10**	**3,860**
Mental Health Drug Courts						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	1	2,223
Subtotal	---	---	---	---	1	2,223
Total, Mental Health Drug Courts	**---**	**---**	**---**	**---**	**1**	**2,223**
Mental Health Targeted Capacity Expansion						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	14	7,250
Subtotal	---	---	---	---	14	7,250
Total, MH TCE	**---**	**---**	**---**	**---**	**14**	**7,250**
Congressional Projects	---	---	36	8,926	---	---
Subtotal, Capacity	**309**	**233,062**	**369**	**269,258**	**152**	**146,765**

Center for Mental Health Services
Mechanism Table by Summary of Activities
(Dollars in Thousands)

	FY 2007 Actual		FY 2008 Enacted		FY 2009 Estimate	
	No.	Amount	No.	Amount	No.	Amount
SCIENCE AND SERVICE:						
GLS - Suicide Resource Center						
Grants						
Continuations	1	3,596	1	3,596	1	3,597
New/Competing	---	---	---	722	---	---
Subtotal	1	3,596	1	4,318	1	3,597
Contracts						
Continuations	1	364	---	214	1	363
New/Competing	---	---	1	381	---	---
Subtotal	1	364	1	595	1	363
Total, GLS - Suicide Resource Center	**2**	**3,960**	**2**	**4,913**	**2**	**3,960**
Adolescents at Risk						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	8	1,823	---	---	---	---
Subtotal	8	1,823	---	---	---	---
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	138	1	1,927	---	---
Subtotal	---	138	1	1,927	---	---
Total, Adolescents at Risk	**8**	**1,961**	**1**	**1,927**	**---**	**---**
Mental Health Systems Transformation Activities						
Grants						
Continuations	---	250	20	1,400	---	---
New/Competing	26	1,649	4	486	---	---
Subtotal	26	1,899	24	1,886	---	---
Contracts						
Continuations	5	3,738	8	6,746	---	---
New/Competing	11	4,430	2	2,126	---	---
Subtotal	16	8,168	10	8,872	---	---
Total, MH Systems Trans. Activities	**42**	**10,067**	**34**	**10,758**	**---**	**---**
National Registry of Evidence-based Programs and Practices						
Contracts						
Continuations	1	445	1	437	1	650
New/Competing	---	---	---	---	---	---
Subtotal	1	445	1	437	1	650
Total, NREPP	**1**	**445**	**1**	**437**	**1**	**650**
SAMHSA Health Information Network						
Contracts						
Continuations	1	2,970	1	1,920	1	2,970
New/Competing	---	553	---	---	---	---
Subtotal	1	3,523	1	1,920	1	2,970
Total, SHIN	**1**	**3,523**	**1**	**1,920**	**1**	**2,970**

Center for Mental Health Services
Mechanism Table by Summary of Activities
(Dollars in Thousands)

	FY 2007 Actual		FY 2008 Enacted		FY 2009 Estimate	
	No.	Amount	No.	Amount	No.	Amount
Consumer and Consumer Support TA Centers						
Grants						
Continuations	---	---	5	1,791	---	---
New/Competing	5	1,823	---	---	---	---
Subtotal	5	1,823	5	1,791	---	---
Contracts						
Continuations	---	---	---	136	---	---
New/Competing	---	138	---	---	---	---
Subtotal	---	138	---	136	---	---
Total, Consumer Support TA Centers	**5**	**1,961**	**5**	**1,927**	**---**	**---**
Minority Fellowship Program						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	5	3,600	5	3,237	---	---
Subtotal	5	3,600	5	3,237	---	---
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	273	1	568	---	---
Subtotal	---	273	1	568	---	---
Total, Minority Fellowship Program	**5**	**3,873**	**6**	**3,805**	**---**	**---**
Disaster Response						
Grants						
Continuations	1	250	---	---	---	---
New/Competing	---	---	1	850	---	---
Subtotal	1	250	1	850	---	---
Contracts						
Continuations	1	823	---	---	---	---
New/Competing	---	---	1	204	---	---
Subtotal	1	823	1	204	---	---
Total, Disaster Response	**2**	**1,073**	**2**	**1,054**	**---**	**---**
Homelessness						
Contracts						
Continuations	2	2,039	2	2,069	---	---
New/Competing	1	324	1	237	---	---
Subtotal	3	2,363	3	2,306	---	---
Total, Homelessness	**3**	**2,363**	**3**	**2,306**	**---**	**---**
HIV/AIDS Education						
Contracts						
Continuations	4	975	4	974	---	---
New/Competing	---	---	---	---	1	974
Subtotal	4	975	4	974	1	974
Total, HIV/AIDS Education	**4**	**975**	**4**	**974**	**1**	**974**
Subtotal, Science and Service	**73**	**30,201**	**59**	**30,021**	**5**	**8,554**
TOTAL, PRNS	**382**	**263,263**	**428**	**299,279**	**157**	**155,319**

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Suicide Prevention

	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate	FY 2009 + / - FY 2008
Capacity	$30,269,000	$41,791,000	$29,552,000	-$12,239,000
Science And Service	5,921,000	6,840,000	3,960,000	-2,880,000
Budget Authority……	$36,190,000	$48,631,000	$33,512,000	-$15,119,000

Authorizing Legislation……..Section 520A and 520E of the Public Health Service Act

2009 Authorization…….....Expired

Allocation Method……Competitive Grants/Contracts/Cooperative Agreements

Program Description and Accomplishments

SAMHSA supports an array of initiatives designed to improve public and professional awareness of suicide as a preventable public health problem and to enhance the ability of systems that promote prevention, intervention, and recovery. Each of the five major grant programs in SAMHSA's suicide prevention portfolio advances the National Strategy for Suicide Prevention. The National Suicide Prevention Lifeline routes calls from anywhere in the United States to a network of certified local crisis centers that can link callers to local emergency, mental health, and social services resources. The Lifeline recently partnered with the Department of Veterans Affairs to provide and ensure 24/7 access to a veterans hotline, and averages nearly 40,000 calls a month. Congressional authorization of the Garrett Lee Smith Memorial Act (GLS) allows SAMHSA to manage two additional significant grant programs: The GLS State/Tribal Youth Suicide Prevention and Early Intervention Grant Program, which supports 31 States and 7 Tribes/tribal organizations in developing and implementing youth suicide prevention and early intervention strategies involving public-private collaborations among youth-serving institutions; and the GLS Campus Suicide Prevention Program, which provides funding to institutions of higher education to prevent suicide and suicide attempts, and to enhance services for students with mental and behavioral health problems such as depression and substance abuse. Since October of 2005, the Garrett Lee Smith Memorial Suicide Prevention Program has trained 75,186 teachers, police officers, mental health professionals, social service providers, advocates, coaches, and other individuals who frequently interact with youth in suicide prevention. SAMHSA also has an innovative major training and technical assistance project that helps Tribal communities mobilize existing social and educational resources to develop and implement comprehensive and collaborative community-based prevention plans to reduce violence, bullying, and suicide among American Indian/Alaska Native youth.

In addition to activities that build suicide prevention Capacity, SAMHSA also supports the Garrett Lee Smith Suicide Prevention Resource Center within its Science and Service portfolio. This initiative promotes the implementation of the National Strategy for Suicide Prevention and enhances the nation's mental health infrastructure by providing states, government agencies, private organizations, colleges and universities, and suicide survivor and mental health consumer groups with access to the science and experience that can support their efforts to develop programs, implement interventions, and promote policies to prevent suicide. The

Suicide Prevention Resource Center works with and supports prevention networks to reduce suicides community by community. Prevention networks are coalitions of organizations and individuals working together to promote suicide prevention. They include statewide coalitions, community task forces, regional alliances or professional groups.

Funding History

FY	Amount
2004	$6,035,000
2005	$16,436,000
2006	$31,675,000
2007	$36,190,000
2008	$48,631,000

Budget Request

The FY 2009 budget requests $33.5 million, a $15.1 million decrease from the FY 2008 Enacted Level. Of the total amount, $22.7 million will continue the Garrett Lee Smith State and Campus prevention activities, and 5 new grants. The Suicide Lifeline amount is $3.8 million. The American Indian/Alaska Native Suicide Prevention Initiative will be fully funded in FY 2009 and the Garrett Lee Smith Suicide Prevention Resource Center will be funded at $4.0 million, a decrease of -$0.9 million from the FY 2008 Enacted Level. The increase in 2008 supported one-time expenditures, which will not diminish the success of these activities in 2009.

Outcomes and Outputs

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target	Out-Year Target (FY 2012)
				Target	Actual	Target	Actual			
Long-Term Objective: Reduce the number of youth suicide deaths and attempts.										
2.3.58	Increase the number of students exposed to mental health and suicide awareness campaigns on college campuses					Base line	662,774	662,774	662,774	
2.3.59	Increase the total number individuals trained in youth suicide prevention					Base line	75,186	97,742	127,065	
	Appropriated Amount ($ Million)	$6.0	$16.4	$31.7	$31.7	$36.2	$36.2	$48.6	$33.5	

Size of Awards

(whole dollars)	FY 2007	FY 2008	FY 2009
Average Award	$261,951	$336,762	$367,942
Range of Awards	$67,000-$3,596,000	$75,000-$4,318,000	$102,000-$3,597,000

Youth Violence Prevention

	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate	FY 2009 + / - FY 2008
Budget Authority……	$93,156,000	$93,002,000	$75,710,000	-$17,292,000

Authorizing Legislation……..Section 581 of the Public Health Service Act

2009 Authorization……..Expired

Allocation Method……Competitive Grants/Contracts/Cooperative Agreements

Program Description and Accomplishments

Since 1999, the U.S. Departments of Education, Health and Human Services, and Justice have collaborated on the Safe Schools/Healthy Students Initiative. The Safe Schools/Healthy Students Initiative is a discretionary grant program that provides students, schools, and communities with federal funding to implement an enhanced, coordinated, comprehensive plan of activities, programs, and services that focus on promoting healthy childhood development and preventing violence and alcohol and other drug abuse. Eligible local educational agencies or a consortium of local educational agencies, in partnership with their community's local public mental health authority, local law enforcement agency, and local juvenile justice entity, are able to submit a single application for federal funds to support a variety of activities, curriculums, programs, and services. This grant program supports 107 school districts across the country, spanning rural, tribal, suburban and urban areas as well as diverse racial, ethnic and economic sectors. Each local strategic plan addresses six required elements across the three sectors: 1) school safety, 2) safe school policies, 3) alcohol and other drugs and violence prevention and early intervention programs, 4) enhance school and community mental health students and families, 5) early childhood psychosocial and emotional development programs and 6) educational reform. Grantees have developed legal, organizational, informational, and programmatic systems that bring together many agencies, creating the capacity for comprehensive system reform so that all agencies concerned with the welfare of children and families could collaborate on an ongoing basis. Data from the 1999, 2000, and 2001 cohorts indicate that Safe Schools/Healthy Students is an effective program. For example, the national cross-site evaluation found significant reductions in substance use rates, incidence of violence, and improved school climate.

In FY 2007, 46 percent of students received services following a mental health referral, approximately the same level as in FY 2006. The performance target was met. The program has instituted new output measures to promote coordination between agencies and track percentage of grantees training school personnel on mental health topics, which are expected to contribute to program outcomes.

Funding History

FY	Amount
2004	$94,295,000
2005	$94,238,000
2006	$93,156,000
2007	$93,156,000
2008	$93,002,000

Budget Request

The FY 2009 President's Budget request is $75.7 million, a decrease of $17.2 million below the FY 2008 Enacted level. Of this amount, $67.4 million will support the Safe Schools/Healthy Students program, a decrease of $14.6 million from the FY 2008 Enacted level. All grant and contract continuations will be continued in FY 2009, but slightly reduced. No new grants will be awarded. The Safe Schools/Healthy Students program will serve over one million children in FY 2009 realizing efficiencies through targeted reductions.

Outcomes and Outputs

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target	Out-Year Target
				Target	Actual	Target	Actual			
Long-Term Objective: Prevent violence and substance abuse among our Nation's youth, schools, and communities										
3.2.10	Increase mental health services to students and families (Average percentage of students receiving services following a mental health referral)			Base line	45.5%	46%	46%	46%	46%	

#	Key Outputs	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target/ Est.	FY 2009 Target/ Est.	Out-Year Target/ Est.
				Target/ Est.	Actual	Target/ Est.	Actual			
3.2.21	Percentage of grantees that provided screening and / or assessments that is coordinated among two or more agencies or shared across agencies.					Base line	66.1 %	67.1%	68.1%	
3.2.22	Percentage of grantees that provide training of school personnel on mental health topics					Base line	64.4%	65.4%	66.4%	
	Appropriated Amount ($ Million)	$94.3	$94.2	$93.2	$93.2	$93.2	$93.2	$93.0	$75.7	

Size of Awards

(whole dollars)	FY 2007	FY 2008	FY 2009
Average Award	$3,999,000	$6,000,000	$2,999,000
Range of Awards	$3,999,000	$6,000,000	$2,999,000

Trauma-Informed Services

	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate	FY 2009 + / - FY 2008
Budget Authority……	$29,418,000	$33,092,000	$15,668,000	-$17,424,000

Authorizing Legislation……...Section 582 of the Public Health Service Act

2009 Authorization……..Expired

Allocation Method……Competitive Grants/Contracts/Cooperative Agreements

Program Description and Accomplishments

In FY 2001, Congress authorized the National Child Traumatic Stress Initiative (NCTSI) which is designed to improve treatment and services and interventions for children and adolescents exposed to traumatic events. The NCTSI funds a national network of grantees that collaborate to develop and promote effective community practices for children and adolescents exposed to a wide array of traumatic events. Domestic public and private nonprofit entities are eligible to apply for grants. Since its inception, National Child Traumatic Stress Network (NCTSN) has expanded its reach across the country, with current grantees in twenty-nine States. Centers are located in or associated with a diverse group of organizations, such as universities, community mental health centers, children's hospitals, children's advocacy centers, State government agencies, schools, and refugee programs. NCTSI experts provide training and technical support on intervention approaches to reduce the traumatic effects of disasters on children/adolescents and their families in the immediate and longer term phases of disaster response. In FY 2007, 56 percent of children receiving services demonstrated clinical improvement. This program is expected to serve 16,955 children in FY 2009. The program has implemented new output measures to track numbers trained as well as number of screenings and assessments for better overall management

Funding History

FY	Amount
2004	$29,823,000
2005	$29,726,000
2006	$29,418,000
2007	$29,418,000
2008	$33,092,000

Budget Request

The FY 2009 President's Budget request is $15.6 million, a decrease of $17.4 million below the FY 2008 Enacted level. This activity did not meet targets for the number of children and adolescents receiving trauma informed services or for the cost per person served. Funds will support 21 grant and 1 contract continuations at 53 percent reduction. No new grants will be

awarded. Twenty seven grants are coming to a natural end and other activities can be supported through other funding streams. With this level of funding, the percentage of children showing clinically significant improvement will be maintained at 37 percent.

Outcomes and Outputs

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2008 Target	FY 2009 Target	Out-Year Target
Long-Term Objective: Increase the specialized adaptation of effective treatment and service approaches for communities across the country										
3.2.02	Improve children's outcomes (percent showing clinically significant improvement)		37%	37%	35%	37%	56%	37%	37%	
3.2.0.1	Increase the number of children and adolescents receiving trauma-informed services	51,296	50,660	39,600	33,910	33,910	31,446	33,910	16,955	
3.2.0.2	Improve children's outcomes		37%	37%	35%	37%	56%	37%	37%	
3.2.0.3	Dollars spent per person served*		$497	$493	$741	$480	$774***	$774	$774	
	Appropriated Amount ($ Million)	$29.8	$29.7	$29.4	$29.4	$29.4	$29.4	$33.0	$15.6	

*This measure was approved by OMB in May 2006 as an interim efficiency measure until a final PRNS-wide efficiency measure is developed
***Corrected from previously reported result

Size of Awards

(whole dollars)	FY 2007	FY 2008	FY 2009
Average Award	$566,000	$567,000	$601,000
Range of Awards	$398,000-$5,000,000	$399,000-$5,000,000	$399,000-$5,000,000

Remaining Capacity Activities

	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate	FY 2009 + / - FY 2008
Budget Authority……	$80,219,000	$101,373,000	$25,835,000	-$75,538,000

Authorizing Legislation……...Sections 506, 520A and 520G of the Public Health Service Act

2009 Authorization……..Expired

Allocation Method……Competitive Grants/Contracts/Cooperative Agreements

Program Description and Accomplishments

The Programs of Regional and National Significance (PRNS) Capacity activities support States and communities in carrying out an array of activities which promote improved services for adults with mental illness and children with emotional disturbance.

Co-Occurring State Incentive Grant

The Co-Occurring State Incentive Grant program, jointly administered with CSAT develops and enhances the infrastructure and increases grantee capacity to provide comprehensive, coordinated/integrated, and evidence-based treatment services to persons with co-occurring mental health and substance abuse disorders. It is estimated that 5.6 million individuals in the U.S. are affected by co-occurring mental and substance abuse disorders. The Co-Occurring State Incentive Grant program helps states to boost their infrastructure while addressing the most pressing needs identified by the States. This grant activity is being phased out as SAMHSA is moving towards including language requirements for screening and services for individuals with co-occurring disorders in all appropriate SAMHSA grant applications. This will more effectively target resources and increase overall resources for this population. The FY 2009 Request will support four continuation grants.

Homelessness Prevention

The Homelessness Prevention program continues the work of the Grants to Benefit Homeless Individuals (GBHI) by funding grants to States and communities to expand and strengthen their services for persons who are homeless and have mental health disorders, or co-occurring illnesses. As of July 2007, current GBHI grantees have served over 12,000 persons who have reported substantial benefits. The FY 2009 Request will support all grant continuations.

Minority AIDS

The purpose of this program is to enhance and expand the provision of effective, culturally competent HIV/AIDS-related mental health services in minority communities for persons living with HIV/AIDS and having a mental health need. The Centers for Disease Control and Prevention (CDC) reports that of the 400,000 persons living with AIDS, 250,000 cases are among people of color (CDC, 2003). As the incidence of HIV/AIDS increases among people of

color, the need for mental health treatment goes up as well. Psychiatric and psychosocial complications frequently are not diagnosed or addressed either at the time of diagnosis or through the course of the HIV/AIDS disease process. When untreated, these complications are associated with increased morbidity and mortality, impaired quality of life, and numerous medical and/or behavioral challenges, such as non-adherence with the treatment regimen. Eligible applicants are domestic public and private nonprofit entities. The FY 2009 Budget will fund all continuation grants and contracts funded in FY 2008.

Criminal and Juvenile Justice Programs

Since 2002, the Jail Diversion program has awarded grants to 32 states and communities to build capacity for diversion and provision of community based treatment and supportive services such as health care, housing, and job placement. This program awards three-year grants to develop, implement and sustain diversion programs for people with mental illness.

These grantee programs have conducted over 75,000 screenings, referring over 5,100 people to Courts and enrolling over 2,700 in programs. Preliminary data indicates that diverted individuals have reduced symptoms of mental illness, reduced substance abuse,, and improved daily living skills and role functioning. Sixteen of the 19 earliest grantees have continued their programs after SAMHSA funding ended.

Mental Health Drug Courts

In support of increased collaboration and coordination between Mental Health, Substance Abuse and Justice Departments, SAMHSA proposes the Mental Health Drug Courts. This program will ensure drug court clients have access to a full range of mental health and recovery support services and foster communication and cooperation between Federal, State and local service providers. A cornerstone of this program is the increased collaboration and lateral integration within the current infrastructure.

Mental Health Targeted Capacity Expansion

In FY 2009, SAMHSA requests $7.3 million for the new Mental Health Targeted Capacity Expansion Grants program to help communities bridge gaps in treatment services. The Budget will support 14 grants awarded to State, local governments, communities and tribal entities to expand or enhance a community's ability to provide rapid, strategic, comprehensive, integrated and creative, community-based responses to a specific, well-documented mental health capacity problems, including technical assistance. This program will foster the provision of evidence-based treatment practices and will address the emerging mental health needs identified by States and local communities. These areas could include school violence, PTSD, homeless, older adults, and other mental health system capacity expansion needs. Priority areas will be identified in competitive funding announcements and applicants will document local needs. This program will leverage Federal resources and promote sustainability by requiring a matching element. This funding focuses the resources to the most urgent needs of the communities and allows for the maximum flexibility of the grantee to implement the program.

Approximately 10,000 to 15,000 individuals will be served through this grant program based on the particular emerging needs identified. Performance measurement will vary according to the emerging needs identified. For programs that provide direct mental health services, the following CMHS NOMs will be collected: mental illness symptomatology; employment/education; crime and criminal justice; stability in housing; access – number of

persons served by age, gender, race, and ethnicity; social support/social connectedness; and client perception of care. For programs with a prevention and/or training focus, measures are currently under development.

Funding History

FY	Amount
2004	$68,441,000
2005	$107,251,000
2006	$83,722,000
2007	$80,219,000
2008	$101,373,000

Budget Request

The FY 2009 President's Budget request is $25.8 million, a decrease of $75.5 million below the FY 2008 Enacted level. Less effective programs will be terminated for a total of $61.8 million which are Seclusion and Restraint, Children & Family Programs, Mental Health Transformation State Incentive Grants and Mental Health Transformation activities, Behavioral/Physical Health Services and the Older Adult Program. The Budget terminates activities that are coming to a natural end or were one-year grants, such as the Congressional projects for $8.9 million. Two new programs will be initiated for a total of $9.5 million which are Mental Health Drug Courts and Mental Health Targeted Capacity Expansion. Some of the activities reduced or terminated could be addressed through the new Targeted Capacity Expansion Activity, if communities, States and/or Tribes identified these areas as emerging needs.

Outcomes and Outputs

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target	Out-Year Target
				Actual	Target	Actual	Target			
Long-Term Objective: Capacity programs include services program, which provide funding to implement service improvements using evidence based practices, and infrastructure programs, which identify and implement needed changes.										
1.2.01	Rate of consumers reporting positively about outcomes (State mental health system)	71	71***	73.5	71	74	Sept-08	71	71	
1.2.02	Rate of family members reporting positively about outcomes (State mental health system)	65	71	71	73	71.5	Sept-08	74	74	
1.2.03	Rate of consumers reporting positively about outcomes(progra					Base line	98%	98%	98%	

	m participants) *									
1.2.04	Rate of family members reporting positively about outcomes (program participants) **					Base line	Dec-08	Dec-08	Dec-08*	
1.2.05	Increase the percentage of clients receiving services who report improved functioning					Base line	93*	93	93	
1.2.07	Percentage of people in the United States with serious mental illnesses in need of services from the public mental health system, who receive services from the public mental health system*		44 %							2015: 50 percent

*Due to the implementation of the TRAC reporting system in FY 2007, data received by December 2007 is incomplete.

** Data for this measure is collected from programs serving children and these programs did not begin using the TRAC system until FY 2008.

*** Due to a transcription error, the result for 2005 was incorrectly reported in previous Congressional Justifications. The correct result is reported here.

#	Key Outputs	FY 2004 Actual	FY 2005 Actual	FY 2006		FY2007		FY 2008 Target/ Est.	FY 2009 Target/ Est.	Out-Year Target/ Est.
				Target/ Est.	Actual	Target/ Est.	Actual			
Long-Term Objective 3:										
1.2.06	Number of a) evidence based practices (EBPs) implemented	2.3 per state***	3.9	3.3	3.9	3.8	Sept-08	4.0	4.0	
1.2.08	Number of b) Adults - percentage of population coverage for each (reported as percentage of service population receiving any evidence based practice)	9.3%***	9.7%	10.3%	9.5%	10.8%	Sept-08	10.8%	10.8%	
1.2.09	Number of c) Children - percentage of population coverage for each (reported as percentage of service population receiving any evidence based practice)	1.7%***	3.4%	2.3%	2.2%	2.6%	Sept-08	2.6%	2.6%	
	Appropriated Amount ($ Million)	$68.4	$107.2	$83.7	$83.7	$80.2	$80.2	$101.3	$25.8	

***National average of evidence-based practices per state, based on 35 states reporting. Excludes Medication Management and Illness Self-Management which, continue to undergo definitional clarification.

Size of Awards

(whole dollars)	FY 2007	FY 2008	FY 2009
Average Award	$428,000	$401,000	$416,000
Range of Awards	$389,000-$520,000	$20,600-$520,000	$98,000-$519,000

All Science and Service

	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate	FY 2009 + / - FY 2008
Budget Authority……	$24,280,000	$23,181,000	$4,594,000	-$18,587,000

Authorizing Legislation……...Sections 520A and 520C of the Public Health Service Act

2009 Authorization……..Expired

Allocation Method……Competitive Grants/Contracts/Cooperative Agreements

Program Description and Accomplishments

SAMHSA's Science and Service programs are complements to the Capacity programs. The mental health programs within Science and Service include HIV/AIDS Education, National Registry of Evidence-based Programs and Practices, and the SAMHSA Health Information Network. These programs disseminate best-practices information to grantees and the field, helping to ensure that SAMHSA's Capacity programs build and improve services capacity in the most efficient, effective and sustainable way possible. The Science and Service programs are also an essential and cost-effective support to building effective capacity in communities that do not receive grant funds from SAMHSA.

National Registry of Evidence-based Programs and Practices

The National Registry of Evidence-based Programs and Practices (NREPP), initiated in 1997, is a searchable online registry of mental health and substance abuse interventions that have been reviews and rated by independent reviewers. The purpose of this registry is to assist the public in identifying approaches to preventing an treating mental and/or substance use disorders that have been scientifically tested and that can be readily disseminated to the field. NREPP is one way that SAMHSA is working to improve access to information on tested interventions and thereby reduce the lag time between the creation of scientific knowledge and its practical application in the field. SAMHSA has developed this resource to help people, agencies, and organizations implement programs and practices in their communities.

After an extensive period of redesign, the new NREPP system and Web site was launched in March 2007. Information on approximately 50 interventions is currently available, and new intervention summaries (approximately five to 10 per month) are continually being added as reviews are completed. The registry is expected to grow to a large number of interventions over the coming months and years. Moreover, new interventions to address service needs and gaps will be submitted for review each year in response to an annual Federal Register notice.

SAMHSA Health Information Network

SAMHSA's Health Information Network (SHIN), initiated in 2005, includes the National Clearinghouse for Alcohol and Drug Information (NCADI) and the National Mental Health Information Center (NMHIC). SHIN provides the public and professionals with one-stop, quick

access to information, materials, and services for mental health and substance abuse prevention and addictions treatment. To reinforce the Secretary's Value-Driven health care priority, the SAMHSA Health Information Network will be expanded in FY 2009 to become a network that provides a suite of information services by leveraging shared, SAMHSA-wide technical and intellectual infrastructure. Performance measures for Satisfaction, Usage, and System, Staff and Process performance will be developed and data gathered to lead to a much improved user experience and eliminate the inefficiency of multiple systems.

The SHIN network program responds to 45,000 public inquiries each month (in English and Spanish); manages and fills approximately 19,000 publication orders each month; maintains and updates related web site contents and receive over 1 million visits per month; provides materials and promotion of SAMHSA programs and products. The SHIN network also supports Office of National Drug Control Policy's media campaign and manages product inventory for ONDCP.

HIV/AIDS Education

The Mental Health Care Provider Education in HIV/AIDS Program (MHCPE) disseminates knowledge and training on the treatment of the neuropsychiatric and psychological sequelae of HIV/AIDS. Untreated and unidentified neuropsychiatric and mental health complications related to HIV/AIDS lead to more serious problems, delayed care, non-adherence to care, impaired quality of life and increased morbidity and mortality. In FY 2007 approximately 3000 front line providers were trained (face-to- face) with MHCPE, including psychiatrists, psychologists, social workers, care managers, nurses, primary care practitioners, and medical students, as well as clergy, and other workers in the mental health arena. Over 10,000 Web-Ed trainings were accessed in the past 16 months as internet applications expand the work. The evolution of treatment and prevention strategies requires the increasingly professionally informed participation of HIV-related mental health providers.

Funding History

FY	Amount
2004	$42,203,000
2005	$26,646,000
2006	$25,109,000
2007	$24,280,000
2008	$23,181,000

Budget Request

The FY 2009 President's Budget request is $4.6 million, a decrease of $18.5 million from the FY 2008 Enacted Level. The decrease of $18.5 million will be accomplished through termination of the following six programs: Adolescents at Risk, Mental Health Transformation activities, Consumer & Consumer Support Technical Assistance Centers, Minority Fellowship Program, Disaster Response and Homelessness activities. See pages ST-6 through ST-9 for detailed explanation of all terminations. The National Registry of Evidence-based Programs and Practices is funded at $0.6 million, an increase of $0.2 million, and the SAMHSA Health Information Network is funded at $2.9 million, an increase of $1.0 million. The HIV/AIDS Education program will be maintained at $0.9 million, the same as the FY 2008 Enacted level.

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Children's Mental Health Services Program

	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate	FY 2009 + / - FY 2008
Budget Authority……	$104,078,000	$102,260,000	$114,486,000	+$12,226,000

Authorizing Legislation……..Section 561 to 565 of the Public Health Service Act

FY 2009 Authorization……..……..Expired

Allocation Method……..Competitive Grants/Cooperative Agreements

Program Description and Accomplishments

The Children's Mental Health Services Program, first authorized in 1992, primarily supports SAMHSA's Capacity goal. The program supports the development of comprehensive, community-based systems of care for children and adolescents with serious emotional disorders and their families. An estimated 21 percent of children in the United States have a diagnosable mental or addictive disorder, yet two-thirds are not expected to receive mental health services. The program also provides strong support to SAMHSA's Effectiveness goal through the implementation of best practices, and its strong evaluation component supports the Accountability goal. The program directly supports the Children and Families priority area.

Program funds are available through competitive cooperative agreements to States, political subdivisions of States, Territories, and Indian Tribes or tribal organizations. Funds are used to build on the existing service infrastructure so that the array of services required to meet the needs of the target population is available and accessible. Grants are funded for a total of 6 years, with an increasing non-Federal match requirement over the term of the award. The match requirement is intended to promote sustainability of the local systems of care beyond the grant period. Funding will also continue support for evaluation, technical assistance, and communications activities.

Funding History

FY	Amount
2004	$102,353,000
2005	$105,112,000
2006	$104,006,000
2007	$104,078,000
2008	$102,260,000

Budget Request

The FY 2009 President's Budget request is $114.5 million, an increase of $12.2 million above the FY 2008 Enacted level. A total of 75 grants and contracts will be funded. Fifty-eight grant

and contract continuations and 17 new grants will be funded. Funding will also continue support for evaluation, technical assistance and communications activities.

The program also supports HHS Strategic Objective 3.2, protect the safety and foster the well being of children and youth.

Outcomes and Outputs

From 1993–2006, CMHS funded 126 grants in 50 States, the District of Columbia, and two Territories, and provided services to approximately 78,930 children. The program served children in 493 or 15.69 percent of 3,142 counties in the United States, as well as in Guam and two areas of Puerto Rico, representing a small but significant proportion of the country being exposed to these highly successful systems-of-care services. Funded programs have achieved sustainability after the federal funds end.

The program has demonstrated significant improvement across performance indicators and years of service. This improvement was obtained in the face of ambitious program targets and reflects the overall effectiveness and importance of the program to provide services for children and youth with serious mental health challenges and their families. The program has exceeded the target for percent of children attending school 75 percent or more of the time after 12 months. These program outcomes clearly indicate that "systems of care work."

In FY 2007, 10,871 children were served by the program, exceeding the target by 19 percent and reflecting a level of effort by grantee communities. The 2007 target for the program was ambitious given that the program was funded at roughly the same level in FY 2007 as in the prior two years, and that the average number of children served during the prior four years was 9,273. Sixteen current grantees will complete their grant funding cycle in 2008. New grantees spend the first year of the grant in planning and infrastructure development, and do not enroll clients until the second year. Thus, numbers served are expected to decline through 2009 and rise beginning in 2010.

Seventy-one percent of children in the program had no law enforcement contacts after six months in the program, exceeding the target by one percent. However, grantees vary in the populations they target, and those grantees that serve youth in the juvenile justice system may be less able to achieve reductions in law enforcement contacts. Performance for this measure will vary somewhat depending on the mix of grantees and individuals served in any given year. Performance on this measure generally varies very slightly from year to year.

The Children's Mental Health Services program received a PART review in 2002 and was rated Moderately Effective. The review cited the fact that the program made a unique contribution, was reporting on outcomes, and was meeting most of its performance targets as strong attributes of the program. As a result of the PART review, the program is tracking behavioral and emotional outcomes of program participants, and is conducting an evaluation of the program.

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target	Out-Year Target
				Target	Actual	Target	Actual			
Long term Objective: Improve the accessibility and effectiveness of services for children and youth with serious mental health challenges and their families.										
3.2.12	Improve children's outcomes and systems outcomes (a) Increase percentage attending school 75% or more of time after 12 months	90.9%	80.2%	84%	89.7%	84%	87%	84%	84%	
3.2.13	Improve children's outcomes and systems outcomes (b) Increase percentage with no law enforcement contacts at 6 months	67.6%	68.3%	68%	69.3%	70%	71%	69%	69%	

	Key Outputs	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target	Out-Year Target
				Target	Actual	Target	Actual			
3.2.16	Increase number of children receiving services	10,521	9,200	9,120	10,339	9,120	10,871	10,000	10,000	
	Appropriated Amount ($ in Millions)	$102.3	$105.1	$104.0	$104.0	$104.0	$104.0	$102.2	$114.4	

Size of Awards

(whole dollars)	FY 2007	FY 2008	FY 2009
Average Award	$1,476,000	$1,337,000	$1,302,000
Range of Awards	$1,000,000- $2,000,000	$1,000,000- $2,000,000	$1,000,000- $2,000,000

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Protection and Advocacy for Individuals with Mental Illness (PAIMI)

	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate	FY 2009 + / - FY 2008
Budget Authority……	$34,000,000	$34,880,000	$34,000,000	-$880,000

Authorizing Legislation……Section 102 of the PAIMI Act

FY 2009 Authorization……Expired

Allocation Method……Formula grant

Program Description and Accomplishments

The Protection and Advocacy for Individuals with Mental Illness Program provides formula grant awards to support protection and advocacy systems designated by the governor of each State and the Territories, and the Mayor of the District of Columbia. State protection and advocacy systems monitor facility compliance with respect to the rights of individuals through activities that ensure the enforcement of the Constitution and Federal and State laws. State protection and advocacy systems monitor public and private residential care and treatment facilities and non-medical community-based facilities for children and youth. The request will support 57 grants to States and Territories.

Funding History

FY	Amount
2004	$34,620,000
2005	$34,343,000
2006	$34,000,000
2007	$34,000,000
2008	$34,880,000

Budget Request

The FY 2009 President's Budget request is $34.0 million, a decrease of $0.9 million from the FY 2008 Enacted level. These funds will serve 22,325 persons in FY 2009. Drawing upon the marginal cost analysis conducted for this program (which estimated an average cost per complaint resolved successfully in FY 2009 of $3,164) the FY 2009 budget request corresponds with 10,746 complaints resolved successfully. Based on previous experience, approximately 23 percent (2,472) of the complaints resolved will be abuse complaints, 21 percent (2,257) will be neglect complaints, and 56 percent (6,018) will be rights violations. These complaints will be resolved through the provision of services to approximately 22,325 individuals.

Outcomes and Outputs

In FY 2006, a baseline was set at 95 percent for percent of interventions on behalf of groups of PAIMI-eligible individuals that were concluded successfully. This measure is intended to

capture the systemic impacts of the program. In addition, 84 percent of complaints of alleged abuse and 88 percent of alleged resulted in positive change as a result of PAIMI involvement. A PAIMI Program Peer Review process is in place for the Annual Program Performance Report which assesses and provides specific feedback regarding strengths and weaknesses of the program as well, as specific recommendations for ongoing quality improvement. Also, the PAIMI Programs within each State protection & advocacy (P&A) agency are monitored via on-site reviews on a regular schedule. These on-site monitoring reviews are conducted by independent consultants and provide SAMHSA with an assessment of key areas: governance, legal, fiscal and consumer/constituent services/activities of the P&A's PAIMI Program. Following these site visits, the consultants issue a report that summarizes its program findings and when appropriate, may include recommendations for technical assistance and/or corrective action. These steps are expected to improve performance so that annual and long-term targets can be met. In addition, a new measure of education and training has been established, which is expected to increase awareness of PAIMI efforts and thus have an impact on numbers served and other outcomes.

The PAIMI program received a PART review in 2005 and was rated Moderately Effective. The review cited the fact that the program serves a clear need and is reporting positive outcomes as strong attributes of the program. As a result of the PART review, the program has provided grantees with guidelines as to how to calculate the number of PAIMI-eligible individuals impacted; has provided technical assistance on the right to access facilities, consumers, and information through the National Disability Rights Network; and is conducting an evaluation of the program.

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target	Out-Year Target
				Target	Actual	Target	Actual			
Long-Term Objective: Protect and advocate for the rights of people with mental illnesses.										
3.4.08	Increase percentage of complaints of alleged **abuse** and not withdrawn by the client that resulted in positive change for the client in her/his environment, community, or facility, as a result of PAIMI involvement (same as long-term measure)	82	78	84	84	85	Jul-08	84	84	2012: 88 percent
3.4.09	Increase percentage of complaints of alleged **neglect** substantiated and not withdrawn by the client that resulted in positive change for the client in her/his environment, community, or facility, as a result of PAIMI involvement (same as long-term measure)	82	83	89	88	84	Jul-08	85	85	2012: 94 percent

3.4.10	Increase percentage of complaints of alleged **rights violations** substantiated and not withdrawn by the client that resulted in positive change through the restoration of client rights, expansion or maintenance of personal decision-making, or elimination of other barriers to personal decision-making, as a result of PAIMI involvement (same as long-term measure)	95	87	95	85	90	Jul-08	90	90	2012: 97 percent
3.4.11	Percent of interventions on behalf of groups of PAIMI-eligible individuals that were concluded successfully (same as long-term measure)			Base line	95	95	Jul-08	95	95	2013: 97 percent
3.4.12	Increase in the number of people served by the PAIMI program	22,120	21,371	23,500	18,998	23,500	Jul-08	22,325	22,325	
3.4.13	Ratio of persons served/impacted per activity/intervention	354	411	410	407	420	Jul-08	420	420	
3.4.14	Cost per 1,000 individuals served/impacted	2,431	2,072	2,100	2,316	2,000	Jul-08	2,000	2,000	

#	Key Outputs	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target/ Est.	FY 2009 Target/ Est.	Out-Year Target/ Est.
				Target/ Est.	Actual	Target/ Est.	Actual			
3.4.15	The number attending public education/constituency training and public awareness activities							Base line	Oct 08	
	Appropriated Amount ($ Million)	$34.6	$34.3	$34.0	$34.0	$34.0	$34.0	$34.8	$34.0	

Protection and Advocacy for Individuals with Mental Illness (PAIMI)
CFDA # 93.138

STATE/TERRITORY	Actual	Enacted	Estimate	+/- 2008
Alabama	$427,738	$431,142	$424,083	-$7,059
Alaska	402,700	413,000	402,600	-10,400
Arizona	532,394	556,565	558,088	+1,523
Arkansas	402,700	413,000	402,600	-10,400
California	2,999,964	3,062,063	2,973,828	-88,235
Colorado	402,700	413,000	402,600	-10,400
Connecticut	402,700	413,000	402,600	-10,400
Delaware	402,700	413,000	402,600	-10,400
District Of Columbia	402,700	413,000	402,600	-10,400
Florida	1,535,558	1,566,078	1,526,786	-39,292
Georgia	797,392	835,413	846,437	+11,024
Hawaii	402,700	413,000	402,600	-10,400
Idaho	402,700	413,000	402,600	-10,400
Illinois	1,069,092	1,090,492	1,060,399	-30,093
Indiana	563,361	577,922	568,835	-9,087
Iowa	402,700	413,000	402,600	-10,400
Kansas	402,700	413,000	402,600	-10,400
Kentucky	402,700	413,000	402,600	-10,400
Louisiana	429,824	474,284	402,600	-71,684
Maine	402,700	413,000	402,600	-10,400
Maryland	439,711	447,277	436,242	-11,035
Massachusetts	494,340	502,230	488,092	-14,138
Michigan	884,296	909,275	887,684	-21,591
Minnesota	420,727	432,600	424,598	-8,002
Mississippi	402,700	413,000	402,600	-10,400
Missouri	515,835	533,148	521,662	-11,486
Montana	402,700	413,000	402,600	-10,400
Nebraska	402,700	413,000	402,600	-10,400
Nevada	402,700	413,000	402,600	-10,400
New Hampshire	402,700	413,000	402,600	-10,400
New Jersey	673,408	683,451	661,079	-22,372
New Mexico	402,700	413,000	402,600	-10,400
New York	1,544,012	1,570,379	1,496,886	-73,493
North Carolina	781,805	801,715	796,509	-5,206
North Dakota	$402,700	$413,000	$402,600	-$10,400

Protection and Advocacy for Individuals with Mental Illness (PAIMI)
CFDA # 93.138

STATE/TERRITORY	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate	Difference +/- 2008
Ohio	$1,016,739	$1,044,075	$1,018,028	-$26,047
Oklahoma	402,700	413,000	402,600	-10,400
Oregon	402,700	413,000	402,600	-10,400
Pennsylvania	1,065,276	1,082,602	1,049,652	-32,950
Rhode Island	402,700	413,000	402,600	-10,400
South Carolina	402,700	413,145	406,721	-6,424
South Dakota	402,700	413,000	402,600	-10,400
Tennessee	535,387	551,262	543,388	-7,874
Texas	2,009,900	2,057,933	2,028,630	-29,303
Utah	402,700	413,000	402,600	-10,400
Vermont	402,700	413,000	402,600	-10,400
Virginia	615,270	635,959	621,894	-14,065
Washington	519,597	544,728	530,061	-14,667
West Virginia	402,700	413,000	402,600	-10,400
Wisconsin	481,653	493,495	483,563	-9,932
Wyoming	402,700	413,000	402,600	-10,400
State Sub-total	**31,628,879**	**32,448,233**	**31,625,945**	**-822,288**
American Samoa	215,800	221,300	215,700	-5,600
Guam	215,800	221,300	215,700	-5,600
Northern Marianas	215,800	221,300	215,700	-5,600
Puerto Rico	612,121	627,486	615,555	-11,931
Virgin Islands	215,800	221,300	215,700	-5,600
Territory Sub-Total	**1,475,321**	**1,512,686**	**1,478,355**	**-34,331**
American Indian Consortium	215,800	221,300	215,700	-5,600
Total States/Territories	**33,320,000**	**34,182,219**	**33,320,000**	**-862,219**
Technical Assistance	**680,000**	**697,781**	**680,000**	**-17,781**
TOTAL RESOURCES	**$34,000,000**	**$34,880,000**	**$34,000,000**	**-$880,000**

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Projects for Assistance in Transition from Homelessness

	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate	FY 2009 + / - FY 2008
Budget Authority……	$54,261,000	$53,313,000	$59,687,000	+$6,374,000

Authorizing Legislation……...Section 521 of the Public Health Service Act

FY 2009 Authorization……Expired

Allocation Method……Formula grant

Program Description and Accomplishments

Established in 1991, the Projects for Assistance in Transition from Homelessness (PATH) formula grant program funds community-based support services to individuals with serious mental illnesses who are homeless or at-risk of becoming homeless. The PATH program provides grants to 56 States and U.S. Territories. States and Territories use PATH grants to fund 481 local governmental agencies and private nonprofit organizations to provide support services, including outreach, screening and diagnostic treatment, community mental health services, alcohol and drug treatment, supervisory services in residential settings, and referrals to other needed services. Grant funds help link hard-to-reach persons who are homeless with mental health and substance abuse treatment and housing, regardless of the severity and duration of their illnesses.

The formula calculates State allotments based on the population living in urbanized areas. These population data are updated after each census. This program requires matching funds of $1 to every $3 of federal funds. In the past several years, State and local matching funds exceeded the required amount. The PATH program has been highly successful in targeting assistance to persons who have the most serious impairments. The Budget will support 56 grants to States and Territories, technical assistance, and evaluation.

In FY 2006, the PATH program contacted 148,655 homeless persons, 5.3 percent short of the target of 157,000. This slight decrease was due to the program's recent focus on training PATH providers on how to ensure homeless clients are properly enrolled in Social Security's Supplemental Security Income (SSI) and Disability programs. Once trained, providers spend significantly more time with clients. Training has decreased the time it takes providers to enroll homeless persons in benefits from two years to three months.

Although this process reduces the total number served, it results in better outcomes for clients, since clients who qualify for these benefits have access to resources that can be used for housing and other expenses. This is not well reflected in current data for measure 3.4.17 as this is a subset of those receiving any services and thus the impact of the focus on SSI enrollment is less so. The PATH program and the Department of Housing and Urban Development are currently working to define data elements for outreach to individuals who are homeless to be part of the community-based Homeless Management Information System.

The program did not meet its target for percentage of contacted persons who become enrolled in services, but it did improve over the previous year. The program will consult with providers to determine how best to improve on this measure. The percent of enrolled homeless persons who receive community mental health services (long-term measure) declined between 2005 and 2006. This decline is due to the relative increase in other types of services provided to clients. The program also reduced the average cost of enrolling a client in services from the 2005 cost of $668 to $623 in 2006.

Funding History

FY	Amount
2004	$49,760,000
2005	$54,809,000
2006	$54,223,000
2007	$54,261,000
2008	$53,313,000

Budget Request

The FY 2009 President's Budget request is $59.7 million, an increase of $6.4 million above the FY 2008 Enacted level. This will enable the program to contact approximately 150,000 persons. The program expects to make progress toward all its outcome measures and to continue to collaborate with the Department of Housing and Human Development on data issues.

PATH received a PART review in 2002 and was rated Moderately Effective. The review cited strong clear purpose, appropriate design, and progress toward performance goals as strong attributes of the program. As a result of the PART review, the program is collaborating with the Department of Housing and Urban Development on performance measures, conducting an independent evaluation, and evaluating its technical assistance component.

Outcomes and Outputs

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target	Out-Year Target
				Target	Actual	Target	Actual			
Long-Term Objective 1: Expand the availability of services to homeless individuals with serious mental illnesses.										
3.4.15	Increase the percentage of enrolled homeless persons who receive community mental health services		41%		38%					2010: 40 percent
3.4.16	Increase number of homeless persons contacted[1]	156,766	148,679	157,000	148,655	157,500	Jul-08	150,000	150,000	
3.4.17	Increase percentage of contacted homeless persons with serious mental illness who become enrolled in services (same as long-term measure)	37%	40%	45%	40%	45%	Jul-08	45%	45%	2010: 45 percent
3.4.18	Average Federal cost of enrolling a homeless person with serious mental illness in services ($668 by FY 2005) (OMB approved)	$581*	$668*	$668	$623	$668	Jul-08	$668	$668	

*****Actuals for FY 2004-2005 are different from those reported in previous Congressional justifications. The previous figures, $850 for FY 2004 and $950 for FY 2005, were calculated incorrectly

#	Key Outputs	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target/ Est.	FY 2009 Target/ Est.	Out-Year Target/ Est.
				Target/ Est.	Actual	Target/ Est.	Actual			
	Provide training for PATH providers on SSI/SSDI Outreach, Access, Recovery (SOAR) to ensure eligible homeless clients are receiving benefits.							Base line	Oct 09	
	Appropriated Amount ($ Million)	$49.7	$54.8	$54.2	$54.2	$54.2	$54.2	$53.3	$59.7	

Projects for Assistance in Transition from Homelessness (PATH)
CDFA # 93.150

STATE/TERRITORY	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate	Difference +/- 2008
Alabama	$481,000	$472,000	$535,000	$63,000
Alaska	300,000	300,000	300,000	---
Arizona	969,000	950,000	1,078,000	+128,000
Arkansas	300,000	300,000	300,000	---
California	7,424,000	7,277,000	8,261,000	+984,000
Colorado	796,000	781,000	886,000	+105,000
Connecticut	706,000	692,000	786,000	+94,000
Delaware	300,000	300,000	300,000	---
District Of Columbia	300,000	300,000	300,000	---
Florida	3,339,000	3,273,000	3,715,000	+442,000
Georgia	1,242,000	1,217,000	1,382,000	+165,000
Hawaii	300,000	300,000	300,000	---
Idaho	300,000	300,000	300,000	---
Illinois	2,414,000	2,366,000	2,686,000	+320,000
Indiana	846,000	829,000	941,000	+112,000
Iowa	300,000	300,000	307,000	+7,000
Kansas	300,000	300,000	333,000	+33,000
Kentucky	388,000	381,000	432,000	+51,000
Louisiana	629,000	616,000	699,000	+83,000
Maine	300,000	300,000	300,000	---
Maryland	1,053,000	1,032,000	1,172,000	+140,000
Massachusetts	1,397,000	1,369,000	1,554,000	+185,000
Michigan	1,631,000	1,598,000	1,814,000	+216,000
Minnesota	672,000	659,000	748,000	+89,000
Mississippi	300,000	300,000	300,000	---

Missouri	766,000	751,000	852,000	+101,000
Montana	300,000	300,000	300,000	---
Nebraska	300,000	300,000	300,000	---
Nevada	416,000	407,000	462,000	+55,000
New Hampshire	300,000	300,000	300,000	---
New Jersey	1,922,000	1,884,000	2,139,000	+255,000
New Mexico	300,000	300,000	300,000	---
New York	3,843,000	3,767,000	4,276,000	+509,000
North Carolina	932,000	914,000	1,037,000	+123,000
North Dakota	$300,000	$300,000	$300,000	---

Projects for Assistance in Transition from Homelessness (PATH)
CDFA # 93.150

STATE/TERRITORY	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate	Difference +/- 2008
Ohio	$1,812,000	$1,776,000	$2,017,000	+$241,000
Oklahoma	368,000	360,000	409,000	+49,000
Oregon	490,000	480,000	545,000	+65,000
Pennsylvania	2,035,000	1,995,000	2,265,000	+270,000
Rhode Island	300,000	300,000	300,000	---
South Carolina	464,000	455,000	517,000	+62,000
South Dakota	300,000	300,000	300,000	---
Tennessee	735,000	720,000	818,000	+98,000
Texas	3,668,000	3,595,000	4,081,000	+486,000
Utah	433,000	425,000	482,000	+57,000
Vermont	300,000	300,000	300,000	---
Virginia	1,168,000	1,145,000	1,300,000	+155,000
Washington	1,067,000	1,046,000	1,187,000	+141,000
West Virginia	300,000	300,000	300,000	---
Wisconsin	705,000	691,000	784,000	+93,000
Wyoming	300,000	300,000	300,000	---
State Sub-total	**50,811,000**	**49,923,000**	**55,900,000**	**+5,977,000**
American Samoa	50,000	50,000	50,000	---
Guam	50,000	50,000	50,000	---
Northern Marianas	50,000	50,000	50,000	---
Puerto Rico	862,000	845,000	959,000	+114,000
Virgin Islands	50,000	50,000	50,000	---
Territory Sub-Total	**1,062,000**	**1,045,000**	**1,159,000**	**+114,000**
Total States/Territories	**51,873,000**	**50,968,000**	**57,059,000**	**+6,091,000**
Set Aside	**2,388,000**	**2,345,000**	**2,628,000**	**+283,000**
TOTAL RESOURCES	**$54,261,000**	**$53,313,000**	**$59,687,000**	**$6,374,000**

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Community Mental Health Services Block Grant

	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate	FY 2009 + / - FY 2008
Program Level……..	$428,256,000	$420,774,000	$420,774,000	---
PHS Evaluation Funds….	(21,413,000)	(21,039,000)	(21,039,000)	(---)

Authorizing Legislation……..Section 1911 of the Public Health Service Act

FY 2009 Authorization……..Expired

Allocation Method……Formula grant

Program Description and Accomplishments

Since 1992, the Community Mental Health Services Block Grant distributes funds to 59 eligible States and Territories through a formula based upon specified economic and demographic factors. Applications for FY 2009 grants are due by September 1, 2008. Applications must include an annual plan for providing comprehensive community mental health services to adults with a serious mental illness and children with a serious emotional disturbance. Major provisions of the current law include a maintenance of effort requirement for States and a provision that ensures that when the application of the formula results in lowered funding for a particular State, the allotment will not be less than that received in FY 1998.

Ninety five percent of the funds allocated to the Community Mental Health Services Block Grant program are distributed to States through a formula prescribed by the authorizing legislation. Factors used to calculate the allotments include total personal income; State population data by age groups (total population data for Territories); total taxable resources; and a cost of services index factor. States and territories may expend Block Grant funds only to carry out the annual plan, to evaluate programs and services carried out under the plan, and for planning, administration, and educational activities related to providing services under the plan.

The legislation provides a five percent set-aside, which is retained by SAMHSA, to assist the States and Territories in the development of their mental health systems through the support of technical assistance, data collection and evaluation activities. A breakout of the Mental Health Block Grant set-aside funding is provided in a table at the end of this section.

The Mental Health State Data Infrastructure Grants are funded under the Block Grant Set Aside. This grant program meets the goal of developing state capacity to record and report on 23 Uniform Reporting System measures, which include the National Outcome Measures. In this project, State Mental Health Agencies provide annual state mental health system Uniform Reporting System data reports to the Mental Health Block Grant program to assure efficiency and effectiveness; the data are used to report on program performance. Over the past five years, 58 States and US Territories have consistently increased in their ability to provide data, focusing on use of common measures across states. SAMHSA is working to improve client-level data collection through the Uniform Reporting System. This project also supports mental health data system development and use of data for policy and program decision making. States must match grant awards at a 100 percent level.

Most states are currently reporting on National Outcome Measures for public mental health services within their State through the Uniform Reporting System. The first compilation of State National Outcome Measures data was submitted to Congress in the spring of 2005. For the third consecutive year, significantly increased numbers of States have reported on NOMs domains for both mental health and substance use programs:

State Mental Health Agencies reported the following outcomes for services provided during 2005:

- For the 47 States that reported data in the Employment Domain, 21 percent of the mental health consumers were in competitive employment. (This is an expansion of the reporting base by five States.)
- For the 43 States that reported data in the Housing Domain, 78 percent of the mental health consumers were living in private residences. (This is an expansion of the reporting base by four States.)
- For the District of Columbia and 50 States that reported data in the Access/Capacity Domain, State mental health agencies provided mental health services for 20 people per 1,000 population. (This is an expansion of the reporting base by six States.)
- For the 44 States that reported data in the Retention Domain, only 8 percent of the mental health patients returned to a State hospital within 30 days of State hospital discharge. (This is an expansion of the reporting base by five States.)
- For the 45 States that reported data in the Perception of Care Domain, 71 percent of the mental health consumers reported that, as a direct result of the mental health services they received, they were doing better. (This is an expansion of the reporting base by one State.)

Funding History

FY	Amount
1999	$288,816,000
2000	$356,000,000
2001	$420,000,000
2002	$433,000,000
2003	$437,140,000
2004 a/	$434,690,000
2005 a/	$432,756,000
2006 a/	$427,974,000
2007 a/	$428,256,000
2008 a/	$420,774,000

a/ Includes PHS Evaluation funds of $21.8 million in FY 2004 and FY 2005, $21.4 million in FY 2006 and FY 2007, $21.0 million in FY 2008

Mental Health Block Grant Set-Aside

Set-Aside Activities	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate
State Data Systems			
State Data Infrastructure Grants	7,275	7,379	7,379
State Data Infrastructure Contracts	913	730	730
SOMMS	750	750	750
Subtotal, State Data Systems	8,938	8,859	8,859
National Data Collection			
National MH Data Contracts	2,338	2,780	2,780
Subtotal - National Data Collection	2,338	2,780	2,780
Technical Assistance (TA)			
TA to States	7,811	6,891	6,891
FTE Support	1,982	2,133	2,133
Subtotal, Technical Assistance	9,793	9,024	9,024
Program Evaluation			
Development of Spending Estimates for MH/SAT	344	376	376
Subtotal, Program Evaluation	344	376	376
TOTAL CMHS	**21,413**	**21,039**	**21,039**

Budget Request

The FY 2009 President's Budget request is $420.8 million, the same level of funding as the FY 2008 Enacted level. The program expects to serve 5,800,000 persons in FY 2009.

Outcomes and Outputs

The Mental Health Block Grant provides annual grants to support community based mental health services to the 50 States, the District of Columbia and eight Territories. Since the implementation of the Uniform Data Reporting System in 2003, an average of 5.5 million individuals have been served in the State Mental Health systems. Also, since 2003, the Mental Health Block Grant programs have provided performance data on many of the National Outcome Measures.

For the most recent data provided in FY 2006, the target for consumers/family members reporting positively about outcomes was missed for adults and exceeded for children/adolescents. Both of these targets were set at an approximate level. The deviation from that level is slight. There was no effect on overall program or activity performance In FY 2006, the MHBG implemented 3.9 evidenced-based practices per state, exceeding the target of 3.3. In addition, 9.5 percent of the adult service population received evidenced based practices,

slightly missing the target of 10.3 percent and 2.2 percent of the child service population received evidence based practices, slightly missing the target of 2.3 percent. The expansion of evidence-based programs shows that more people are receiving proven treatment approaches. Nearly 6 million people were served by the public mental health system in 2006.

The Mental Health Block Grant received a PART review in 2003 and was rated as Adequate. The review cited clear purpose and need, effective performance measures, and sound management as strong attributes of the program. As a result of the PART review, the program is conducting an independent evaluation/

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target	Out-Year Target
				Target	Actual	Target	Actual			
Long-Term Objective 1: Support existing public services and encourage the development of creative and cost-effective systems of community-based care for people with serious mental disorders.										
2.3.07	Reduce rate of readmissions to State psychiatric hospitals (a) within 30 days; and, (b) within 180 days (same as long-term measure) Adults: 30 days	9%	9%	8.3%	9.4%	8.7%	Sept-08	8.5%	8.5%	
2.3.08	Adults: 180 days	20.3%	19.6%	19.2%	19.6%	19.1%	Sept-08	19.0%	19.0%	
2.3.09	Children/adolescents: 30 days	6.5%	6.6%	6.0%	6.4%	5.9%	Sept-08	5.8%	5.8%	
2.3.10	Children/adolescents: 180 days	14.7%	14.5%	13.6%	14.2%	14.0%	Sept-08	13.9%	13.9%	
2.3.15	Increase rate of consumers/family members reporting positively about outcomes (a) Adults	71%	71%	74%	71%	73%	Sept-08	72%	72%	
2.3.16	(b) Children/adolescents	65%	73%	67%	73%	68%	Sept-08	69%	69%	
2.3.17	Number of persons receiving evidence-based practices per $10,000 of mental health block grant dollars spent (OMB approved)	3.27	3.95	4.01	5.7	4.03	Sept-08	4.03	4.03	
2.3.14	Increase number of people served by the public mental health system	5,696,526	5,878,035	5,725,008	5,979,379	5,753,633	Sept-08	5,800,000	5,800,000	

#	Key Outputs	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target/ Est.	FY 2009 Target/ Est.	Out-Year Target/ Est.
				Target/ Est.	Actual	Target/ Est.	Actual			
2.3.11	Number of a) evidence based practices (EBPs) implemented	2.3 per state	3.9	3.3	3.9	3.9	Sept-08	4.0	4.0	
2.3.12	b) Adults - percentage of population coverage for each (reported as percentage of service population receiving any evidence based practice)**	9.3%	9.7%	10.3%	9.5%	10.4%	Sept-08	10.5%	10.5%	
2.3.13	c) Children - percentage of population coverage for each (reported as percentage of service population receiving any evidence based practice)	1.7%	3.4%	2.3%	2.2%	3.4%	Sept-08	3.5%	3.5%	
	Appropriated Amount ($ Million)	$434.6	$432.7	$427.9	$427.9	$428.2	$428.2	$420.7	$420.7	

Community Mental Health Services Block Grant Program
CFDA # 93.958

STATE/TERRITORY	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate	Difference +/- 2008
Alabama	$6,262,547	$6,101,396	$6,101,396	---
Alaska	736,870	705,753	705,753	---
Arizona	8,505,420	8,656,051	8,656,051	---
Arkansas	3,725,763	3,646,344	3,646,344	---
California	55,061,431	53,728,412	53,728,412	---
Colorado	6,224,551	6,196,233	6,196,233	---
Connecticut	4,444,706	4,385,316	4,385,316	---
Delaware	754,909	767,972	767,972	---
District Of Columbia	771,391	715,759	715,759	---
Florida	27,115,615	26,755,292	26,755,292	---
Georgia	12,361,915	12,612,015	12,612,015	---
Hawaii	1,924,365	1,877,425	1,877,425	---
Idaho	1,773,726	1,808,310	1,808,310	---
Illinois	16,441,516	16,023,807	16,023,807	---
Indiana	7,805,222	7,589,128	7,589,128	---
Iowa	3,575,335	3,500,167	3,500,167	---
Kansas	3,183,121	3,142,789	3,142,789	---
Kentucky	5,439,372	5,369,455	5,369,455	---
Louisiana	6,309,611	6,155,074	6,155,074	---
Maine	1,716,405	1,679,381	1,679,381	---
Maryland	7,765,797	7,490,939	7,490,939	---
Massachusetts	8,086,236	7,889,898	7,889,898	---
Michigan	13,429,534	13,088,713	13,088,713	---
Minnesota	6,938,337	6,788,079	6,788,079	---
Mississippi	4,130,232	4,054,984	4,054,984	---
Missouri	6,982,165	6,885,783	6,885,783	---
Montana	1,238,981	1,217,732	1,217,732	---
Nebraska	2,006,207	1,973,901	1,973,901	---
Nevada	3,662,211	3,653,450	3,653,450	---
New Hampshire	1,624,118	1,587,666	1,587,666	---
New Jersey	11,793,693	11,504,577	11,504,577	---
New Mexico	2,403,115	2,368,183	2,368,183	---
New York	25,532,461	24,677,376	24,677,376	---
North Carolina	10,916,323	10,962,898	10,962,898	---
North Dakota	$796,147	$779,224	$779,224	---

Community Mental Health Services Block Grant Program
CFDA # 93.958

TATE/TERRITORY	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate	Difference +/- 2008
Ohio	$14,278,759	$13,878,013	$13,878,013	---
Oklahoma	4,621,614	4,498,053	4,498,053	---
Oregon	4,840,838	4,759,945	4,759,945	---
Pennsylvania	15,242,112	14,928,203	14,928,203	---
Rhode Island	1,575,794	1,506,191	1,506,191	---
South Carolina	5,653,587	5,641,259	5,641,259	---
South Dakota	878,746	848,438	848,438	---
Tennessee	7,896,732	7,748,996	7,748,996	---
Texas	31,563,967	31,081,338	31,081,338	---
Utah	2,820,004	2,937,119	2,937,119	---
Vermont	780,471	761,207	761,207	---
Virginia	10,238,430	10,095,316	10,095,316	---
Washington	8,347,937	8,339,200	8,339,200	---
West Virginia	2,506,778	2,459,103	2,459,103	---
Wisconsin	7,538,570	7,415,204	7,415,204	---
Wyoming	516,865	502,354	502,354	---
State Sub-total	**400,740,552**	**393,739,421**	**393,739,421**	**---**
American Samoa	79,599	78,196	78,196	---
Guam	215,082	211,293	211,293	---
Marshall Islands	70,636	69,392	69,392	---
Micronesia	148,674	146,055	146,055	---
Northern Marianas	96,174	94,480	94,480	---
Puerto Rico	5,291,580	5,198,372	5,198,372	---
Palau	50,000	50,000	50,000	---
Virgin Islands	150,903	148,244	148,244	---
Territory Sub-Total	6,102,648	5,996,032	5,996,032	---
Total States/Territories	**406,843,200**	**399,735,453**	**399,735,453**	**---**
SAMHSA Set-Aside	**21,412,800**	**21,038,869**	**21,038,869**	**---**
TOTAL, MHBG	**$428,256,000**	**$420,774,000**	**$420,774,000**	**---**

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Center for Substance Abuse Prevention
Mechanism Table
(Dollars in Thousands)

	FY 2007 Actual		FY 2008 Enacted		FY 2009 Estimate	
	No.	Amount	No.	Amount	No.	Amount
Programs of Regional & National Significance						
Capacity:						
Grants/Cooperative Agreements:						
Continuations	206	$131,318	141	$112,174	150	$80,669
New/Competing	2	588	142	25,471	35	45,180
Supplements	---	---	---	---	---	---
Subtotal	**208**	**131,906**	**283**	**137,645**	**185**	**125,849**
Contracts:						
Continuations	13	28,583	10	21,096	9	14,884
New	---	---	6	8,799	4	4,087
Supplements	---	---	---	---	---	---
Subtotal	**13**	**28,583**	**16**	**29,895**	**13**	**18,971**
Technical Assistance	---	---	---	---	---	---
Review Cost	---	---	---	---	---	---
Subtotal	**13**	**28,583**	**16**	**29,895**	**13**	**18,971**
Subtotal, Capacity	**221**	**160,489**	**299**	**167,540**	**198**	**144,820**
Science and Service:						
Grants/Cooperative Agreements:						
Continuations	1	25	1	30	---	---
New/Competing	14	307	12	260	---	---
Supplements	---	---	---	---	---	---
Subtotal	**15**	**332**	**13**	**290**	**---**	**---**
Contracts:						
Continuations	26	21,576	18	20,482	3	13,220
New	1	9,830	3	5,355	---	---
Supplements	---	---	---	---	---	---
Subtotal, Contracts	**27**	**31,406**	**21**	**25,837**	**3**	**13,220**
Technical Assistance	---	---	---	---	---	---
Review Cost	1	675	1	453	---	---
Subtotal	**28**	**32,081**	**22**	**26,290**	**3**	**13,220**
Subtotal, Science and Service	**43**	**32,413**	**35**	**26,580**	**3**	**13,220**
Total, PRNS	**264**	**$192,902**	**334**	**$194,120**	**201**	**$158,040**

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Center for Substance Abuse Prevention

Programs of Regional and National Significance

Summary of Request

The Substance Abuse Prevention Programs of Regional and National Significance (PRNS) support States and communities in carrying out an array of activities for service improvements and priority needs.

There are two program categories within PRNS, (a) Capacity, and (b) Science and Service. Programs in the Capacity category provide funding to implement service improvements using proven evidence-based approaches and to identify and implement needed systems changes. Programs within the Science and Service category promote the identification and increase the availability of practices thought to have potential for broad service improvement.

The Budget includes a total of $158 million for Substance Abuse Prevention PRNS, including:

- $95.4 million for Strategic Prevention Framework State Incentive Grants to support 42 grants to States and Tribal organizations to implement the Strategic Prevention Framework;

- $7.0 million for a new Targeted Capacity Expansion activity to address emerging prevention needs identified by State and local communities;

- $42.4 million for other Capacity activities including Minority AIDS, Methamphetamine, Prevention Targeted Capacity Expansion, and Program Coordination/Data Coordination and Consolidation Center;

- $13.2 million for Science and Service activities, including Fetal Alcohol Spectrum Disorder, National Registry of Evidence-based Programs and Practices, and the SAMHSA Health Information Network.

The Substance Abuse Prevention Programs PRNS received a PART review in 2004 and was rated Moderately Effective. The review cited strong purpose and design, ambitious targets, and strong program management as strong attributes of the program. Since the PART review, the program has implemented the Strategic Prevention Framework, as described below, and has refined its outcome measures, and is improving data collection and reporting.

Center for Substance Abuse Prevention
Programs of Regional and National Significance
Summary of Activities

(Dollars in Thousands)

Programs of Regional & National Significance	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate	FY 2009 +/- FY 2008
CAPACITY:				
Strategic Prevention Framework SIG	$105,324	$104,707	$95,389	-$9,318
Mandatory Drug Testing	5,352	5,409	1,635	-3,774
Minority AIDS	39,358	39,385	39,385	---
Methamphetamine	3,960	2,967	581	-2,386
Program Coordination/Data Coordination and Consolidation Center	5,655	6,016	830	-5,186
Prevention TCE	---	---	7,000	7,000
Sober Truth on Preventing Underage Drinking (STOP Act)	840	5,404	---	-5,404
Congressional Projects	---	3,652	---	-3,652
Subtotal, Capacity	**160,489**	**167,540**	**144,820**	**-22,720**

SCIENCE AND SERVICE:				---
Evidence Based Practices	1,443	---	---	---
Fetal Alcohol Spectrum Disorder	9,830	9,821	9,821	---
Center for the Application of Prevention Technologies 1/	9,551	8,511	---	-8,511
Dissemination/Training	1,411	---	---	---
Best Practices Program Coordination	6,283	4,789	---	-4,789
National Registry of Evidence-based Programs and Practices	550	650	650	---
SAMHSA Health Information Network	3,285	2,749	2,749	---
Minority Fellowship Program	60	60	---	-60
Subtotal, Science and Service	**32,413**	**26,580**	**13,220**	**-13,360**
TOTAL, PRNS	**$192,902**	**$194,120**	**$158,040**	**-$36,080**

1/ The CAPTs continue to be supported in FY 2009 through the SAPTBG set-aside funding.

Center for Substance Abuse Prevention
Mechanism Table by Summary of Activities
(Dollars in Thousands)

	FY 2007 Actual		FY 2008 Enacted		FY 2009 Estimate	
	No.	Amount	No.	Amount	No.	Amount
CAPACITY:						
Strategic Prevention Framework SIG						
Grants						
Continuations	42	$86,788	42	$86,788	21	$40,703
New/Competing	---	---	---	---	21	38,180
Subtotal	42	86,788	42	86,788	42	78,883
Contracts						
Continuations	3	18,536	3	13,779	2	12,419
New	---	---	1	4,140	4	4,087
Subtotal	3	18,536	4	17,919	6	16,506
Total, Strategic Prevention Framework SIG	**45**	**105,324**	**46**	**104,707**	**48**	**95,389**
Mandatory Drug Testing						
Grants						
Continuations	6	1,800	6	1,800	---	---
New/Competing	---	---	---	---	---	---
Subtotal	6	1,800	6	1,800	---	---
Contracts						
Continuations	8	3,552	5	1,301	5	1,635
New	---	---	2	2,308	---	---
Subtotal	8	3,552	7	3,609	5	1,635
Total, Mandatory Drug Testing	**14**	**5,352**	**13**	**5,409**	**5**	**1,635**
Minority AIDS						
Grants						
Continuations	148	39,358	81	20,619	127	39,385
New/Competing	---	---	46	17,889	---	---
Subtotal	148	39,358	127	38,508	127	39,385
Contracts						
Continuations	---	---	---	---	---	---
New	---	---	1	877	---	---
Subtotal	---	---	1	877	---	---
Total, Minority AIDS	**148**	**39,358**	**128**	**39,385**	**127**	**39,385**

Center for Substance Abuse Prevention
Mechanism Table by Summary of Activities
(Dollars in Thousands)

	FY 2007 Actual		FY 2008 Enacted		FY 2009 Estimate	
	No.	Amount	No.	Amount	No.	Amount
Methamphetamine						
Grants						
Continuations	10	3,372	12	2,967	2	581
New/Competing	2	588	---	---	---	---
Subtotal	12	3,960	12	2,967	2	581
Contracts						
Continuations	---	---	---	---	---	---
New	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Total, Methamphetamine	**12**	**3,960**	**12**	**2,967**	**2**	**581**
Program Coordination/Data Coordination and Consolidation Center						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Contracts						
Continuations	1	5,655	2	6,016	2	830
New	---	---	---	---	---	---
Subtotal	1	5,655	2	6,016	2	830
Total, Program Coordination/Data Coordination and Consolidation Center	**1**	**5,655**	**2**	**6,016**	**2**	**830**
Prevention TCE						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	14	7,000
Subtotal	---	---	---	---	14	7,000
Contracts						
Continuations	---	---	---	---	---	---
New	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Total, Prevention TCE	**---**	**---**	**---**	**---**	**14**	**7,000**

Center for Substance Abuse Prevention
Mechanism Table by Summary of Activities
(Dollars in Thousands)

	FY 2007 Actual		FY 2008 Enacted		FY 2009 Estimate	
	No.	Amount	No.	Amount	No.	Amount
Sober Truth on Preventing Underage Drinking (STOP Act)						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	79	3,930	---	---
Subtotal	---	---	79	3,930	---	---
Contracts						
Continuations	1	840	---	---	---	---
New	---	---	2	1,474	---	---
Subtotal	1	840	2	1,474	---	---
Total, Sober Truth on Preventing Underage Drinking (STOP Act)	**1**	**840**	**81**	**5,404**	**---**	**---**
Congressional Projects						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	17	3,652	---	---
Subtotal	---	---	17	3,652	---	---
Contracts						
Continuations	---	---	---	---	---	---
New	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Total, Congressional Projects	**---**	**---**	**17**	**3,652**	**---**	**---**
Subtotal, Capacity	**221**	**160,489**	**299**	**167,540**	**198**	**144,820**
SCIENCE AND SERVICE:						
Evidence Based Practices						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Contracts						
Continuations	2	1,443	---	---	---	---
New	---	---	---	---	---	---
Subtotal	2	1,443	---	---	---	---
Total, Evidence Based Practices	**2**	**1,443**	**---**	**---**	**---**	**---**

Center for Substance Abuse Prevention
Mechanism Table by Summary of Activities
(Dollars in Thousands)

	FY 2007 Actual		FY 2008 Enacted		FY 2009 Estimate	
	No.	Amount	No.	Amount	No.	Amount
Fetal Alcohol Spectrum Disorder						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Contracts						
Continuations	---	---	1	9,821	1	9,821
New	1	9,830	---	---	---	---
Subtotal	1	9,830	1	9,821	1	9,821
Total, Fetal Alcohol Spectrum Disorder	**1**	**9,830**	**1**	**9,821**	**1**	**9,821**
Center for the Application of Prevention Technologies						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	8	200	---	---
Subtotal	---	---	8	200	---	---
Contracts						
Continuations	6	9,551	3	3,409	---	---
New	---	---	2	4,902	---	---
Subtotal	6	9,551	5	8,311	---	---
Total, Center for the Application of Prevention Technologies	**6**	**9,551**	**13**	**8,511**	**---**	**---**
Dissemination/Training						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	10	247	---	---	---	---
Subtotal	10	247	---	---	---	---
Contracts						
Continuations	1	1,164	---	---	---	---
New	---	---	---	---	---	---
Subtotal	1	1,164	---	---	---	---
Total, Dissemination/Training	**11**	**1,411**	**---**	**---**	**---**	**---**

Center for Substance Abuse Prevention
Mechanism Table by Summary of Activities
(Dollars in Thousands)

	FY 2007 Actual		FY 2008 Enacted		FY 2009 Estimate	
	No.	Amount	No.	Amount	No.	Amount
Best Practices Program Coordination						
Grants						
Continuations	1	25	1	30	---	---
New/Competing	---	---	---	---	---	---
Subtotal	1	25	1	30	---	---
Contracts						
Continuations	16	6,258	13	4,306	---	---
New	---	---	1	453	---	---
Subtotal	16	6,258	14	4,759	---	---
Total, Best Practices Program Coordination	**17**	**6,283**	**15**	**4,789**	**---**	**---**
National Registry of Evidence-based Programs and Practices						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Contracts						
Continuations	1	550	1	650	1	650
New	---	---	---	---	---	---
Subtotal	1	550	1	650	1	650
Total, National Registry of Evidence-based Programs and Practices	**1**	**550**	**1**	**650**	**1**	**650**
SAMHSA Health Information Network						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Contracts						
Continuations	1	3,285	1	2,749	1	2,749
New	---	---	---	---	---	---
Subtotal	1	3,285	1	2,749	1	2,749
Total, SAMHSA Health Information Network	**1**	**3,285**	**1**	**2,749**	**1**	**2,749**

Center for Substance Abuse Prevention
Mechanism Table by Summary of Activities
(Dollars in Thousands)

	FY 2007 Actual		FY 2008 Enacted		FY 2009 Estimate	
	No.	Amount	No.	Amount	No.	Amount
Minority Fellowship Program						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	4	60	4	60	---	---
Subtotal	4	60	4	60	---	---
Contracts						
Continuations	---	---	---	---	---	---
New	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Total, Minority Fellowship Program	**4**	**60**	**4**	**60**	**---**	**---**
Subtotal, Science and Service	**43**	**32,413**	**35**	**26,580**	**3**	**13,220**
Total, PRNS	**264**	**$192,902**	**334**	**$194,120**	**201**	**$158,040**

Strategic Prevention Framework State Incentive Grants

	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate	FY 2009 +/- FY 2008
Strategic Prevention Framework State Incentive Grants……	$105,324,000	$104,707,000	$95,389,000	-$9,318,000

Authorizing Legislation..... Sections 516 and 519D of the PHS Act

2009 Authorization.....Expired

Allocation Method .....Competitive Grants/Cooperative Agreements/Contracts

Program Description and Accomplishments

The Strategic Prevention Framework is grounded in the Agency's vision of a life in the community for everyone and in its mission to promote resilience and facilitate recovery.

The Strategic Prevention Framework State Incentive Grant (SPF SIG) program started in FY 2004 and implements the following five-step process: 1) conduct a community needs assessment, 2) mobilize and/or build capacity, 3) develop a comprehensive strategic plan, 4) implement evidence-based prevention programs and infrastructure development activities, and 5) monitor process and evaluate effectiveness. The Strategic Prevention Framework approach to prevention supports the President's vision of a Healthier U.S. in States, tribes, Territories, and communities.

For more than a century, the public health approach to prevention has enhanced the quality of life for millions of Americans. Today, the power of prevention is being used to help prevent, delay, and/or reduce disability from chronic disease and illness, including substance abuse and mental illnesses, which takes a toll on health, education, workplace productivity, community involvement, and overall quality of life. SAMHSA's Strategic Prevention Framework takes a public health approach for the prevention of substance abuse.

To date, this program has funded 42 States and tribes to implement the Strategic Prevention Framework. Since this program aims to change systems and outcomes at the State level, outcome data will be the percentage of States that achieve increases or reductions on each indicator at the State level, using State estimates from the National Survey on Drug Use and Health. Baseline data have been reported for these measures and ambitious targets set.

The program exceeded the targets for percent of grantee States that have performed needs assessments, percent of grantee states that have submitted State plans, and the percent of grantee States with approved State plans, reflecting progress in implementing the Strategic Prevention Framework.

The impact of this program is already being felt throughout the States. For example, 48 States now use Strategic Prevention Framework or the equivalent for prevention planning; 42 for building State capacity; 52 for planning; 34 for program implementation and 22 States use SPF or the equivalent for evaluation efforts.

Funding History

FY	Amount
2004	$ 86,330,000
2005	$ 88,032,000
2006	$105,844,000
2007	$105,324,000
2008	$104,707,000

Budget Request

The FY 2009 President's Budget request is $95.4 million, a decrease of $9.3 million from the FY 2008 Enacted level. This level of funding will support 21 continuations and 21 new for a total of 42 grants. The activity is slight decreased in FY 2009 because all States will have received a SPF SIG grant and many activities are coming to a natural end.

Outcomes and Outputs

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target	Out-Year Target (2010)
				Target	Actual	Target	Actual			
Long-Term Objective: to change systems and outcomes at the state level, to prevent, reduce and/or delay substance abuse and its associated problems by promoting resilience and facilitating recovery so that there is a life in the community for everyone.										
2.3.19	30-day use of alcohol among youth age 12-17		18.6 %							15 %
2.3.20	30-day use of other illicit drugs age 12 and up		8.6 %							5 %
2.3.21	Percent of SPF SIG States showing a decrease in state level estimate of percent of survey respondents who report 30-day use of alcohol a) age 12-20					Baseline	47.1%	51.8%	51.8%	
2.3.22	b) age 21 and up					Baseline	29.4%	32.3%	32.3%	
2.3.23	Percent of SPF SIG states showing a decrease in state level estimates of survey respondents who report 30-day use of other illicit drugs a) age 12-17					Baseline	55.9%	61.5%	61.5%	

2.3.24	b) age 18 and up					Baseline	44.1%	48.5%	48.5%	
2.3.25	Percent of SPF SIG states showing an increase in state level estimates of survey respondents who rate the risk of substance abuse as moderate or great a) age 12-17					Baseline	73.5%	80.9%	80.9%	
2.3.26	b) age 18 and up					Baseline	47.1%	51.8%	51.8%	
2.3.27	Percent of SPF SIG states showing an increase in state level estimates of survey respondents (age 12-17) who somewhat disapprove or strongly disapprove of substance use.					Baseline	79.4%	87.3%	87.3%	

#	Key Outputs *	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target/ Est.	FY 2009 Target/ Est.	Out-Year Target/ Est.
				Target / Est.	Actual	Target/ Est.	Actual			
2.3.28	Number of evidence-based policies, practices, and strategies implemented					Base line	396	470	470	
2.3.29	Percent of grantee states that have performed needs assessments		100%	100%	92.3%	100%	100%	100%	100%	
2.3.30	Percent of grantee states that have submitted state plans		28%	50%	92.3%	85%	96.2%	100%	62%	
2.3.31	Percent of grantee states with approved plans		9%	25%	69.2%	85%	88.5%	100%	55%	
	Appropriated Amount ($ Million)	$86.3	$88.0	$105.8	$105.8	$105.3	$105.3	$104.7	$95.4	

* Results are aggregated across cohorts, which are at varying stages of implanting the SPF.

Size of Awards

(whole dollars)	FY 2007	FY 2008	FY 2009
Average Award	$2,066,380	$2,066,380	$1,878,170
Range of Awards	$420,000 -$2,350,965	$420,000 - $2,350,965	$513,831-$2,332,000

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All Other Capacity

	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate	FY 2009 +/- FY 2008
All Other Capacity…..	$55,165,000	$62,833,000	$49,431,000	-$13,402,000

Authorizing Legislation……..516, 519B, 519E of the PHS Act and E.O. 12564 (drug testing)

2009 Authorization.....Expired

Allocation Method……...Competitive Grants/Cooperative Agreements/Contracts

Program Description and Accomplishments

SAMHSA's other Capacity programs includes Mandatory Drug Testing, Minority AIDS, Methamphetamine and Data Coordination and Consolidation Center. The other Capacity program funds programs that are vital to the balanced Public Health approach, allowing the power of prevention to be used to help prevent, delay, and/or reduce disability from substance abuse which take a toll on health, education, workplace productivity, community involvement, and overall quality of life.

Mandatory Drug Testing

The Mandatory Drug Testing program, initiated in 1998 provides funding and accreditation to the organizations that perform mandatory drug testing for Federal and non-federal employees across the nation. The Lab Certification program is a crucial component to the Mandatory Drug Testing program because it certifies the laboratories that Federal agencies use to test samples, and ensures that all testing is done to the same standards.

Minority AIDS

The Minority AIDS program, is a 2-tier approach to expand the capacity of community-based organizations: 1) planning and infrastructure development and, 2) prevention intervention services delivery. The program seeks to expand and sustain the capacity of community-based organizations to provide substance abuse prevention, HIV prevention and hepatitis prevention services. The programs target population includes minority populations reentering the community after release from incarceration. The program was implemented in FY 2000; so far six cohorts of grants have been funded.

The 2007 target for 30-day use of other illicit drugs age 12 and up was substantially exceeded. The result was based on limited data for HIV Cohorts IV and V. More complete data is expected for future cohorts. This measure is being replaced by a several revised measures that will reflect use for both those who had used drugs before entering the program and those who had not.

Perceived risk, on the other hand, fell 14 percent short of the target, with 75 percent of respondents rating the risk of substance abuse as moderate or great, rather than the target of 89 percent. This result was likely caused by differences in data collection/reporting standards

among the different cohorts. Because the failure to meet the target is likely due to data issues, plans are being developed to provide all HIV grantees with technical assistance and training in data collection and reporting at the next grantee meeting. Some baseline data are somewhat delayed due to a system problem in the online data collection and reporting system.

Prevention Targeted Capacity Expansion

Targeted Capacity Expansion (TCE) is being proposed in FY 2009 to help communities bridge gaps in prevention services. In general, TCE funding of $7 million will support 14 new grants awarded to units of local governments, community based organizations and tribal entities to expand or enhance a community's ability to provide rapid, strategic, comprehensive, integrated and creative, community-based prevention programs, practices and strategies to specific, well-documented emerging needs. This program will foster the provision of evidence-based prevention practices. It is anticipated that grants will be awarded to address unmet and emerging needs such as those related to methamphetamine or alcohol activities. Priority areas will be identified in competitive funding announcements and applicants will document local needs. This new program will leverage Federal resources and promote sustainability by requiring a 10% match.

Approximately 3500 individuals per year will be served through this grant program based on the particular emerging needs identified by States and local communities. Performance measurement will vary according to the emerging needs identified. For programs that provide community and participant level prevention services, the SAMHSA National Outcome Measures (NOMs) will be used as relevant to the need targeted. These NOMs include 30 day use, perceived risk, disapproval, age of first use, perceived workplace policy, school attendance, alcohol related car crashes and injuries, alcohol and drug related crime, number of persons served, number of evidence based programs and strategies, percent of youth seeing, reading watching or listening to a prevention message, and family communication about drug use.

Methamphetamine Prevention

The Methamphetamine program, initiated in 2003, awards grants to communities that most need resources to combat the rising methamphetamine epidemic. The program implements the Strategic Prevention Framework in the context of methamphetamine abuse and allows communities and coalitions to find solutions that best suit their unique prevention needs.

Data Coordination and Consolidation Center

The Data Coordination and Consolidation Center is SAMHSA's Center for Substance Abuse Prevention's main vehicle to collect prevention performance data. This is part of the Government Performance and Results Act data collection and analysis process, and used to improve management of CSAP programs.

Sober Truth on Preventing Underage Drinking (STOP Act)

The STOP Act, initiated in FY 2008, is to prevent underage drinking by bolstering community-based coalitions. This program will provide grants to organizations that are currently receiving or have received grant funds under the Office of National Drug Control Policy's Drug-free Communities Act of 1997 to either enhance an existing focus on preventing underage drinking or to enhance current initiatives by adding a focus on underage drinking prevention. This

program will strengthen the collaborative efforts and increase participation among all stakeholders (e.g. community organizations, coalitions, State and government). These activities will be continued as part of the general SAMHSA portfolio and grant announcements in FY 2009. For example, over 80 percent of current SPF grantees focus on reducing underage drinking. The SPF grants provide funding to States and federally recognized Tribes and Tribal organizations to: prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking; reduce substance abuse-related problems in communities; and, build prevention capacity and infrastructure at the State/Tribal and community levels.

Funding History

FY	Amount
2004	$68,104,000
2005	$66,180,000
2006	$53,274,000
2007	$55,165,000
2008	$62,833,000

Budget Request

The FY 2009 President's Budget request is $49.4 million, a decrease of $13.4 million from the FY 2008 Enacted level. Funding is eliminated for the STOP Act for $5.4 million and funding is reduced for Mandatory Drug Testing, Methamphetamine and Data Coordination and Consolidation Center for a total of $11.4 million. The Congressional projects are coming to a natural end for $3.7 million. Seven million is available to start a new Prevention Targeted Capacity Expansion program.

Outcomes and Outputs for Minority AIDS Program

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target	Out-Year Target
				Target	Actual	Target	Actual			
Long-Term Objective: to expand and sustain community-based organizations to provide substance abuse, HIV and hepatitis prevention services to local and re-entry (post incarceration) populations residing in communities of color.										
2.3.34	30-day use of other illicit drugs age 12 and up **			Base line	15.7% ***	15% ***	8%	Retiring	Retiring	
2.3.35	Percent of program participants that rate the risk of substance abuse as moderate or great** (age 12-17)			Base line	88.6%	89%	75.1%	75.8%	76.6%	
2.3.38	Percent of program participants that rate the risk of substance abuse as moderate or great b)age 18 and up					Base line	83.4%	84.2%	85.1%	
2.3.39	Percent of participants who used alcohol at pre-test who report a decrease in use of alcohol at post-test (user decrease): a) age 12-20					Base line	May-08	1% above baseline	2% above baseline	
2.3.40	b) age 21 and up					Base line	May-08	1% above baseline	2% above baseline	
2.3.41	Percent of participants who report no alcohol use at pre-test who remain non-users at post-test (non-user stability): a) age 12-20					Base line	May-08	1% above baseline	2% above baseline	
2.3.42	b) age 21 and up					Base line	May-08	1% above baseline	2% above baseline	
2.3.43	Percent of participants who used illicit drugs at pre-test who report a decrease in 30-day use at post-test (user decrease): a) age 12-17					Base line	May-08	1% above baseline	2% above baseline	
2.3.44	b) age 18 and up					Base line	May-08	1% above baseline	2% above baseline	
2.3.45	Percent of participants who report no illicit drug use at pre-test who remain non-users at post-test (non-user stability): a) age 12-17					Base line	May-08	1% above baseline	2% above baseline	

2.3.46	b) age 18 and up					Base line	May-08	1% above baseline	2% above baseline	
2.3.47	Percent of program participants (age 12-17) who somewhat disapprove or strongly disapprove of substance use					Base line	80.4	81%	82%	
2.3.36	Number of individuals exposed to substance abuse/hepatitis education services					Base line	May-08	1% above baseline	2% above baseline	

#	Key Outputs	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target/ Est.	FY 2009 Target/ Est.	Out-Year Target/ Est.
				Target/ Est.	Actual	Target/ Est.	Actual			
2.3.48	Number of evidence-based policies, practices, and strategies implemented by HIV program grantees					Baseline	May-08	81	85	
	Appropriated Amount ($ Million)	$39.7	$39.8	$39.4	$39.4	$39.4	$39.4	$39.4	$39.4	

Size of Awards for Minority AIDS Program

(whole dollars)	FY 2007	FY 2008	FY 2009
Average Award	$265,932	$303,213	$310,118
Range of Awards	$250,000 - $350,000	$250,000 - $400,000	$254,000 - $400,000

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All Science and Service

	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate	FY 2009 +/- FY 2008
All Science and Service.....	$32,413,000	$26,580,000	$13,220,000	-$13,360,000

Authorizing Legislation……Sections 516 and 519D of the PHS Act

2009 Authorization.....Expired

Allocation Method……Competitive Grants/Cooperative Agreements/Contracts

Program Description and Accomplishments

SAMHSA's Science and Service programs are complements to the Capacity programs. The programs within Science and Service include the Fetal Alcohol Spectrum Disorder Center for Excellence, National Registry of Evidence-based Programs and Practices, and the SAMHSA Health Information Network. These programs disseminate best-practices information to grantees and the field, as well as build and strengthen the Strategic Prevention Framework both longitudinally and laterally. By strengthening the framework between community organizations, coalitions, State and local government, the Science and Services activities ensure that SAMHSA's Capacity programs build and improve services in the most efficient, effective and sustainable way possible. The Science and Service programs are also essential to building effective capacity in communities that do not receive grant funds from SAMHSA.

Fetal Alcohol Spectrum Disorder Center for Excellence (FASD)

The Fetal Alcohol Spectrum Disorder Center for Excellence, initiated in 2001, is the largest alcohol prevention initiative within SAMHSA. The Center for Excellence identifies and disseminates information about innovative techniques and effective strategies for preventing Fetal Alcohol Spectrum Disorder and increases functioning and quality of life for individuals and their families impacted by Fetal Alcohol Spectrum Disorder. The Center for Excellence identifies gaps and trends in the field, synthesizes findings, and develops appropriate materials about FASD for health and social service professionals, communities, States, and tribal organizations. The FASD Center for Excellence has integrated prevention and intervention approaches into existing service delivery systems, and developed, implemented, and evaluated policies and procedures to screen, make referrals for diagnosis, to help prevent FASD. In addition, through its trainings and technical assistance, the Center for Excellence has been a catalyst in fostering a significant improvement in the State response to FASD.

National Registry of Evidence-based Programs and Practices

The National Registry of Evidence-based Programs and Practices (NREPP), initiated in 1997, is a searchable online registry of mental health and substance abuse interventions that have been reviews and rated by independent reviewers. The purpose of this registry is to assist the public in identifying approaches to preventing an treating mental and/or substance use disorders that have been scientifically tested and that can be readily disseminated to the field. NREPP is one way that SAMHSA is working to improve access to information on tested interventions and

thereby reduce the lag time between the creation of scientific knowledge and its practical application in the field. SAMHSA has developed this resource to help people, agencies, and organizations implement programs and practices in their communities.

After an extensive period of redesign, the new NREPP system and Web site was launched in March 2007. Information on approximately 50 interventions is currently available, and new intervention summaries (approximately five to 10 per month) are continually being added as reviews are completed. The registry is expected to grow to a large number of interventions over the coming months and years. Moreover, new interventions to address service needs will be submitted for review each year in response to an annual Federal Register notice.

SAMHSA Health Information Network

SAMHSA's Health Information Network (SHIN), initiated in 2005, includes the National Clearinghouse for Alcohol and Drug Information (NCADI) and the National Mental Health Information Center (NMHIC). SHIN provides the public and professionals with one-stop, quick access to information, materials, and services for mental health and substance abuse prevention and addictions treatment. To reinforce the Secretary's Value-Driven health care priority, the SAMHSA Health Information Network will be expanded in FY 2009 to become a network that provides a suite of information services by leveraging shared, SAMHSA-wide technical and intellectual infrastructure. Performance measures for Satisfaction, Usage, and System, Staff and Process performance will be developed and data gathered to lead to a much improved user experience and eliminate the inefficiency of multiple systems.

The SHIN network program responds to 45,000 public inquiries each month (in English and Spanish); manages and fills approximately 19,000 publication orders each month; maintains and updates related web site contents and receive over one million visits per month; provides materials and promotion of SAMHSA programs and products. The SHIN network also supports Office of National Drug Control Policy's media campaign and manages product inventory for ONDCP.

Funding History for All Science and Service

FY	Amount
2004	$44,024,000
2005	$44,513,000
2006	$33,649,000
2007	$32,413,000
2008	$26,580,000

Budget Request

The FY 2009 President's Budget request is $13.2 million, a decrease of $13.4 million from the FY 2008 Enacted level. The Minority Fellowship Program will be terminated. Funding for the Center for the Application of Prevention Technologies, while eliminated in the PRNS program, will be funded at a reduced amount under the SAPTBG Set-Aside in FY 2009. The focus will be on providing information to the American people through NREPP and SHIN. Please see the Supplementary Tables section for a detailed rationale explaining all terminations.

Substance Abuse Prevention and Treatment (SAPT) Block Grant
20% Prevention Set-aside

	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate	FY 2009 +/- FY 2008
20% SAPTBG (non-add).....	$351,718,200	$351,745,600	$355,718,200	$3,972,600

NOTE: The Substance Abuse Prevention and Treatment (SAPT) Block Grant is also discussed in the CSAT SAPT Block Grant section and in the SAMHSA specific section.

Authorizing Legislation.....Section 1921 of the Public Health Services Act

2009 Authorization.....Expired

Allocation Method ..... Block Grants

Program Description and Accomplishments

CSAP administers the 20% Prevention set-aside component of the SAPT Block Grant which supports and expands substance abuse prevention and treatment services. States are heavily dependent upon SAPT Block Grant funding for urgently needed substance abuse services. As required by legislation, prevention service funding varies significantly from State to State. Some States rely solely on the Block Grant's 20 percent set-aside to fund their prevention systems; others use the funds to target gaps and enhance existing program efforts.

In support of SAMHSA's goal of accountability, the Block Grant reporting system has been redesigned to collect data on the National Outcome Measures (NOMs). In FY 2006, the prevention National Outcome Measures were posted on the SAMHSA website. These activities are supported by the State Outcomes Measurement and Management System (SOMMs). Starting in FY 2008, States are required to submit NOMs as part of their application for the Substance Abuse Prevention and Treatment Block Grant.

Essential to the transition to a data driven Block Grant is support for State data infrastructure to implement needed data collection and performance measures. One of the permissible uses for the Strategic Prevention Framework State Incentive Grants (within the PRNS budget line) is data infrastructure support.

A measurable outcome resulting from the Block Grant is the success demonstrated by States in reducing the rate at which retailers sell tobacco products to minors, as required under the Block Grant's Synar Amendment. Enacted in 1992, the Amendment requires that States enact and enforce laws that prohibit the sale or distribution of tobacco products to minors. Each State has negotiated annual targets for reducing illegal retail sales, and the law specifies penalties for failure to reach these targets. Performance has steadily improved, and for the last two years, all States met or exceeded the 20 percent goal. The mean violation rate across all States/Territories was 10.42 percent. Further, 46 States/Territories reported sales violation rates of 15 percent or under, and 26 reported rates below 10 percent, showing that those States achieved significantly better results than those required by law. In FY 2007, 52 States and Territories achieved a retail sales violation rate of 20 percent or less. These numbers reflect not only a substantial change in retailers' sales patterns but also a swift and dramatic change in

tobacco enforcement programs, which were nonexistent in most States and jurisdictions prior to the Synar program. Because of such significant improvement, CSAP has set a new program goal for States to reduce the sales rate to less than 10 percent.

Over six million participants were served in prevention programs in 2007; this number is expected to more than double in 2008 as more States begin reporting on this new measure. Outcome measures for this program are based on national data from the National Survey on Drug Use and Health. The targets for perception of harm, never using drugs, and 30-day were slightly missed. The result for each of these measures varied two-tenths of a percentage point or less from the previous years' result. These measures have been relatively stable for the past several years. Beginning in 2008, the program will be reporting on a new set of performance measures based on state-level estimates from the National Survey on Drug Use and Health.

The Substance Abuse Prevention and Treatment Block Grant program received a PART review in 2003 and was rated as Ineffective (including both the treatment and prevention portions). The review cited clear purpose and collaboration with other agencies as strong attributes of the program. As a result of the PART review, the program has included performance measures in the block grant application and is conducting an independent and comprehensive evaluation of the national program.

Funding History

FY	Amount
2004	$355,829,000
2005	$355,111,000
2006	$351,485,000
2007	$351,718,000
2008	$351,746,000

Budget Request

The FY 2009 President's Budget request is $355.7 million, an increase of $4.0 million above the FY 2008 Enacted level. Twenty percent of the Substance Abuse Prevention and Treatment Block Grant is directed to prevention services. The increase is associated with the new provision to provide supplemental awards to the top 20 percent recipients for superior performance and submission of data for the National Outcome Measures. A detailed listing of the activities and funding levels for the CSAP portion of the five percent set-aside is provided in the SAPT Set-aside section. The program supports HHS Strategic Objective 2.3, promote and encourage preventive health care including mental health, life long healthy behaviors, and recovery.

Outcomes and Outputs

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target	Out-Year Target
				Target	Actual	Target	Actual			
Long-Term Objective: To reduce incidence and prevalence of substance abuse by providing assistance to States to improve State and community systems, activities and services and accountability										
2.3.50	Increase perception of harm of drug use*		72.3%	40%	73.2%	75%	73%	Retiring	Retiring	
2.3.51	Improvements in non-use (percent ages 12 and older who report that they have never used illicit substances)*		54.2%	55%	53.9%	56%	53.9%	Retiring	Retiring	
2.3.52	Improvements in use (30-day use)*		7.9%	7.4%	8.1%	6.9%	8.3%	Retiring	Retiring	
2.3.54	Number of participants served in prevention programs					Base line	6,322,551	17,482,060	17,482,060	
2.3.55	Percent of services within cost bands for universal, selected, and indicated interventions					Base line	49%	54%	54%	
2.3.49	Increase number of States* whose retail sales violations is at or below 20%	49	50	52	52	52	52	Retiring	Retiring	
2.3.62	Number of States* reporting retail tobacco sales violation rates below 10%					Base line	27	28	29	

*States include the 50 States, the District of Columbia, and Puerto Rico

#	Key Outputs	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target/ Est.	FY 2009 Target/ Est.	Out-Year Target/ Est.
				Target/ Est.	Actual	Target/ Est.	Actual			
2.3.53	Number of evidence-based policies, practices, and strategies implemented					Baseline	10,090	11,000	12,000	
	Appropriated Amount ($ Million)	$355.8	$355.1	$351.5	$351.5	$351.7	$351.7	$351.7	$355.7	

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Center for Substance Abuse Treatment
Mechanism Table

(Dollars in thousands)

Programs of Regional & National Significance	FY 2007 Actual No.	FY 2007 Actual Amount	FY 2008 Enacted No.	FY 2008 Enacted Amount	FY 2009 Estimate No.	FY 2009 Estimate Amount
Capacity						
Grants/Coop. Agree.:						
Continuations	318	$153,238	300	$219,632	298	$226,281
New/Competing	136	146,030	159	69,047	117	53,887
Supplements	13	5,974	7	2,100	---	---
Subtotal	**454**	**305,242**	**459**	**290,779**	**415**	**280,168**
Contracts:						
Continuations	21	51,487	13	43,941	19	42,036
New	8	11,165	40	34,982	1	500
Supplements	---	150	---	250	---	---
Subtotal	**29**	**62,802**	**53**	**79,173**	**20**	**42,536**
Technical Assistance	---	---	---	---	---	---
Review Cost	---	1,296	---	1,278	---	---
Subtotal	**29**	**64,098**	**53**	**80,451**	**20**	**42,536**
Subtotal, Capacity	**483**	**369,340**	**512**	**371,230**	**435**	**322,704**
Science and Service						
Grants/Coop. Agree.:						
Continuations	1	720	15	7,800	15	7,800
New/Competing	19	8,336	5	836	---	---
Supplements	---	---	12	781	---	---
Subtotal	**20**	**9,056**	**20**	**9,417**	**15**	**7,800**
Contracts:						
Continuations	14	15,334	9	11,775	1	6,344
New	24	4,463	27	6,572	---	---
Supplements	---	---	---	---	---	---
Subtotal	**38**	**19,797**	**36**	**18,347**	**1**	**6,344**
Technical Assistance	---	756	---	850	---	---
Review Cost	---	---	---	---	---	---
Subtotal	**38**	**20,553**	**36**	**19,197**	**1**	**6,344**
Subtotal, Science and Service	**58**	**29,609**	**56**	**28,614**	**16**	**14,144**
(PHS Eval.:Non-add)	---	*(4,300)*	---	*(4,300)*	---	*(11,192)*
Total, PRNS	**541**	**398,949**	**568**	**399,844**	**451**	**336,848**
SAPT BG	60	1,758,591	60	1,758,728	60	1,778,591
SAPT BG Set-aside:(Non-add)	---	*(87,930)*	---	*(87,936)*	---	*(88,930)*
PHS funds: (Non-add)	---	*(79,200)*	---	*(79,200)*	---	*(79,200)*
TOTAL, CSAT	**601**	**$2,157,540**	**628**	**$2,158,572**	**511**	**$2,115,439**

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Substance Abuse Treatment
Programs of Regional and National Significance

The Substance Abuse Treatment Programs of Regional and National Significance (PRNS) support States and communities in carrying out an array of activities for service improvements and priority needs.

There are two program categories within PRNS, (a) Capacity, and (b) Science and Service. Programs in the Capacity category provide funding to implement service improvements using proven evidence-based approaches and to identify and implement needed systems changes. Programs within the Science and Service category promote the identification and increase the availability of practices thought to have potential for broad service improvement.

The Budget includes a total of $336.8 million for Substance Abuse Treatment PRNS, including:

- $99.7 million (including $1.7 million in PHS evaluation funds) for Access to Recovery to support 24 continuation grants to States and Tribal organizations to provide substance abuse treatment and recovery support services through a voucher-based system, and an evaluation of the program;

- $56.2 million for Screening, Brief Intervention, Referral, and Treatment for grants/cooperative agreements to add screening and brief intervention services within States, campuses and general medical settings;

- $166.8 million for Other Capacity activities, including Minority AIDS ($63.1 million), Criminal Justice ($37.8 million), Homelessness ($32.6 million), Targeted Capacity Expansion – General ($17.8 million), and other activities ($15.5 million);

- $14.1 million for Science and Service activities, including Addiction Technology Transfer Centers ($8.6 million), the SAMHSA Health Information Network ($4.2 million), and the National Registry of Evidence-Based Programs and Practices ($1.3 million).

The Substance Abuse Treatment Programs of Regional and National Significance received a PART review in 2002 and was rated Adequate. The review cited strong design and positive impact as strong attributes of the program. As a result of the PART review, the program is providing benchmark data to allow grantees to gauge how they perform compared to other grantees in their program area; including language in new program announcements (as appropriate) around incentives and disincentives based on grantee performance; and beginning to better integrate the monthly tracking system of performance into team leader and project officer monitoring of grantees.

Center for Substance Abuse Treatment
Programs of Regional & National Significance
Summary Listing of Activities

(Dollars in Thousands)

Programs of Regional & National Significance	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate	FY 2009 +/- FY 2008
CAPACITY:				
Co-occurring State Incentive Grants (SIGs)	$6,395	$4,263	$ ---	-$4,263
Opioid Treatment Programs/Regulatory Activities	7,483	8,903	6,017	- 2,886
Screening, Brief Intervention, Referral, & Treatment a/	29,624	29,106	56,151	+27,045
TCE - General	30,706	28,989	17,798	- 11,191
Pregnant & Postpartum Women	10,098	11,790	---	- 11,790
Strengthening Treatment Access and Retention	3,562	3,550	---	- 3,550
Recovery Community Services Program	9,270	5,236	---	- 5,236
Access to Recovery b/	98,703	96,492	99,716	+3,224
Methamphetamine Treatment (non-add)	*25,000*	*25,000*	*25,000*	---
Children and Families	29,336	24,278	---	- 24,278
Treatment Systems for Homeless	34,841	42,500	32,594	- 9,906
Minority AIDS	62,488	63,129	63,129	---
Criminal Justice Activities	23,243	23,693	37,823	+14,130
Drug Courts (non-add)	*10,217*	*9,940*	*37,823*	*+27,883*
Services Accountablity c/	22,357	23,093	9,476	- 13,617
Clinical Technical Assistance	1,234	---	---	---
Congressional Projects	---	6,208	---	- 6,208
Subtotal, Capacity	**369,340**	**371,230**	**322,704**	**- 48,526**
SCIENCE AND SERVICE:				
Addiction Technology Transfer Centers	10,634	9,081	8,603	- 478
Seclusion and Restraint	20	20	---	- 20
Minority Fellowship Program	536	536	---	- 536
Special Initiatives/Outreach	4,452	4,455	---	- 4,455
State Service Improvement	907	---	---	---
Information Dissemination	4,372	4,553	---	- 4,553
National Registry of Evidence-Based Programs & Practices	500	500	1,286	+786
SAMHSA Health Information Network	3,431	4,255	4,255	---
Program Coordination and Evaluation d/	4,757	5,214	---	- 5,214
Subtotal, Science and Service	**29,609**	**28,614**	**14,144**	**- 14,470**
TOTAL, PRNS	**$398,949**	**$399,844**	**$336,848**	**-$62,996**

a/ Includes PHS evaluation funds for SBIRT evaluation in the amount of $2.0 million in FY 2007, FY 2008 and
b/ Includes PHS evaluation funds for ATR in the amount of $1.7 million in FY 2009.
c/ Includes PHS evaluation funds for SAIS contract which supports CSAT's data collection activities,in the amount of $2.3 million in FY 2007, FY 2008 and $7.5 million in FY 2009.
d/ Includes Recovery activities.

Center for Substance Abuse Treatment
Mechanism Table by Summary of Activities
(Dollars in Thousands)

	FY 2007 Actual		FY 2008 Enacted		FY 2009 Estimate	
	No.	Amount	No.	Amount	No.	Amount
CAPACITY:						
Co-occurring State Incentive Grants (SIGs)						
Grants						
Continuations	7	2,368	4	3,199	---	---
New/Competing	2	1,100	---	---	---	---
Supplements	---	---	---	---	---	---
Subtotal	9	3,468	4	3,199	---	---
Contracts						
Continuations	3	2,752	2	744	---	---
New/Competing	1	25	---	320	---	---
Supplements	---	150	---	---	---	---
Subtotal	4	2,927	2	1,064	---	---
Total, Co-occurring State Incentive Grants (SIGs)	**13**	**6,395**	**6**	**4,263**	**---**	**---**
Opioid Treatment Programs/Regulatory Activities						
Grants						
Continuations	5	1,692	1	500	7	2,000
New/Competing	1	500	6	1,500	---	---
Supplements	---	---	---	---	---	---
Subtotal	6	2,192	7	2,000	7	2,000
Contracts						
Continuations	7	5,241	4	4,183	5	3,517
New/Competing	1	50	5	2,470	1	500
Supplements	---	---	---	250	---	---
Subtotal	8	5,291	9	6,903	6	4,017
Total, Opioid Treatment Programs/Regulatory Activities	**14**	**7,483**	**16**	**8,903**	**13**	**6,017**
Screening, Brief Intervention, Referral, & Treatment a/						
Grants						
Continuations	10	26,624	4	11,076	18	24,870
New/Competing	---	---	14	13,798	29	27,049
Supplements	---	---	---	---	---	---
Subtotal	10	26,624	18	24,874	47	51,919
Contracts						
Continuations	1	3,000	1	2,000	2	4,232
New/Competing	---	---	1	2,232	---	---
Supplements	---	---	---	---	---	---
Subtotal	1	3,000	2	4,232	2	4,232
Total, Screening, Brief Intervention, Referral, & Treatment	**11**	**29,624**	**20**	**29,106**	**49**	**56,151**
TCE - General						
Grants						
Continuations	41	18,948	23	11,296	30	11,446
New/Competing	16	7,988	21	6,943	---	---
Supplements	1	50	---	---	---	---
Subtotal	57	26,986	44	18,239	30	11,446
Contracts						
Continuations	---	---	1	7,280	1	6,352
New/Competing	1	3,720	---	3,470	---	---
Supplements	---	---	---	---	---	---
Subtotal	1	3,720	1	10,750	1	6,352
Total,TCE - General	**58**	**30,706**	**45**	**28,989**	**31**	**17,798**

Center for Substance Abuse Treatment
Mechanism Table by Summary of Activities
(Dollars in Thousands)

	FY 2007 Actual		FY 2008 Enacted		FY 2009 Estimate	
	No.	Amount	No.	Amount	No.	Amount
Pregnant & Postpartum Women						
Grants						
Continuations	8	4,142	8	3,166	---	---
New/Competing	---	---	16	7,874	---	---
Supplements	11	5,429	---	---	---	---
Subtotal	8	9,571	24	11,040	---	---
Contracts						
Continuations	---	527	---	---	---	---
New/Competing	---	---	---	750	---	---
Supplements	---	---	---	---	---	---
Subtotal	---	527	---	750	---	---
Total, Pregnant & Postpartum Women	**8**	**10,098**	**24**	**11,790**	**---**	**---**
Strengthening Treatment Access and Retention						
Grants						
Continuations	7	2,246	7	2,250	---	---
New/Competing	---	---	---	---	---	---
Supplements	---	---	---	---	---	---
Subtotal	7	2,246	7	2,250	---	---
Contracts						
Continuations	1	1,316	---	---	---	---
New/Competing	---	---	1	1,300	---	---
Supplements	---	---	---	---	---	---
Subtotal	1	1,316	1	1,300	---	---
Total, Strengthening Treatment Access and Retention	**8**	**3,562**	**8**	**3,550**	**---**	**---**
Recovery Community Services Program						
Grants						
Continuations	15	5,225	15	5,236	---	---
New/Competing	8	2,767	---	---	---	---
Supplements	---	---	---	---	---	---
Subtotal	23	7,992	15	5,236	---	---
Contracts						
Continuations	1	1,278	---	---	---	---
New/Competing	---	---	---	---	---	---
Supplements	---	---	---	---	---	---
Subtotal	1	1,278	---	---	---	---
Total, Recovery Community Services Program	**24**	**9,270**	**15**	**5,236**	**---**	**---**
Access to Recovery b/						
Grants						
Continuations	---	---	24	94,455	24	96,716
New/Competing	24	95,963	---	---	---	---
Supplements	1	495	---	---	---	---
Subtotal	24	96,458	24	94,455	24	96,716
Contracts						
Continuations	---	---	1	2,037	1	3,000
New/Competing	1	2,245	---	---	---	---
Supplements	---	---	---	---	---	---
Subtotal	1	2,245	1	2,037	1	3,000
Total, Access to Recovery	**25**	**98,703**	**25**	**96,492**	**25**	**99,716**

Center for Substance Abuse Treatment
Mechanism Table by Summary of Activities
(Dollars in Thousands)

	FY 2007 Actual		FY 2008 Enacted		FY 2009 Estimate	
	No.	Amount	No.	Amount	No.	Amount
Children and Families						
Grants						
Continuations	39	14,227	40	12,949	---	---
New/Competing	18	5,953	1	700	---	---
Supplements	---	---	7	2,100	---	---
Subtotal	57	20,180	41	15,749	---	---
Contracts						
Continuations	1	5,606	2	8,429	---	---
New/Competing	1	3,550	---	100	---	---
Supplements	---	---	---	---	---	---
Subtotal	2	9,156	2	8,529	---	---
Total, Children and Families	**59**	**29,336**	**43**	**24,278**	**---**	**---**
Treatment Systems for Homeless						
Grants						
Continuations	77	30,462	77	30,552	68	27,202
New/Competing	---	---	21	8,549	6	2,304
Supplements	---	---	---	---	---	---
Subtotal	77	30,462	98	39,101	74	29,506
Contracts						
Continuations	2	4,379	---	1,819	1	3,088
New/Competing	---	---	1	1,580	---	---
Supplements	---	---	---	---	---	---
Subtotal	2	4,379	1	3,399	1	3,088
Total, Treatment Systems for Homeless	**79**	**34,841**	**99**	**42,500**	**75**	**32,594**
Minority AIDS						
Grants						
Continuations	60	27,869	77	36,776	129	57,629
New/Competing	67	31,759	52	20,853	---	---
Supplements	---	---	---	---	---	---
Subtotal	127	59,628	129	57,629	129	57,629
Contracts						
Continuations	---	2,860	---	2,500	1	5,500
New/Competing	---	---	1	3,000	---	---
Supplements	---	---	---	---	---	---
Subtotal	---	2,860	1	5,500	1	5,500
Total, Minority AIDS	**127**	**62,488**	**130**	**63,129**	**130**	**63,129**
Criminal Justice Activities						
Grants						
Continuations	49	19,435	20	8,177	22	6,418
New/Competing	---	---	28	8,830	82	24,534
Supplements	---	---	---	---	---	---
Subtotal	49	19,435	48	17,007	104	30,952
Contracts						
Continuations	2	3,233	2	1,934	7	6,871
New/Competing	3	575	5	4,752	---	---
Supplements	---	---	---	---	---	---
Subtotal	5	3,808	7	6,686	7	6,871
Total, Criminal Justice Activities	**54**	**23,243**	**55**	**23,693**	**111**	**37,823**

Center for Substance Abuse Treatment
Mechanism Table by Summary of Activities
(Dollars in Thousands)

	FY 2007 Actual		FY 2008 Enacted		FY 2009 Estimate	
	No.	Amount	No.	Amount	No.	Amount
Services Accountability c/						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Supplements	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Contracts						
Continuations	2	21,357	---	14,293	1	9,476
New/Competing	---	1,000	1	8,800	---	---
Supplements	---	---	---	---	---	---
Subtotal	2	22,357	1	23,093	1	9,476
Total, Services Accountability	**2**	**22,357**	**1**	**23,093**	**1**	**9,476**
Clinical Technical Assistance						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Supplements	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Contracts						
Continuations	1	1,234	---	---	---	---
New/Competing	---	---	---	---	---	---
Supplements	---	---	---	---	---	---
Subtotal	1	1,234	---	---	---	---
Total, Clinical Technical Assistance	**1**	**1,234**	---	**---**	**---**	**---**
Congressional Projects						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	25	6,208	---	---
Supplements	---	---	---	---	---	---
Subtotal	---	---	25	6,208	---	---
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Supplements	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Total, Congressional Projects	**---**	**---**	**25**	**6,208**	**---**	**---**
Subtotal, Capacity	**483**	**369,340**	**512**	**371,230**	**435**	**322,704**

Center for Substance Abuse Treatment
Mechanism Table by Summary of Activities
(Dollars in Thousands)

	FY 2007 Actual		FY 2008 Enacted		FY 2009 Estimate	
	No.	Amount	No.	Amount	No.	Amount
SCIENCE AND SERVICE:						
Addiction Technology Transfer Centers						
Grants						
Continuations	---	---	15	7,800	15	7,800
New/Competing	15	7,800	---	---	---	---
Supplements	---	---	12	781	---	---
Subtotal	15	7,800	15	8,581	15	7,800
Contracts						
Continuations	1	234	1	250	1	803
New/Competing	1	2,600	1	250	---	---
Supplements	---	---	---	---	---	---
Subtotal	2	2,834	2	500	1	803
Total, Addiction Technology Transfer Centers	**17**	**10,634**	**17**	**9,081**	**16**	**8,603**
Seclusion and Restraint						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Supplements	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Contracts						
Continuations	---	20	---	20	---	---
New/Competing	---	---	---	---	---	---
Supplements	---	---	---	---	---	---
Subtotal	---	20	---	20	---	---
Total, Seclusion and Restraint	**---**	**20**	**---**	**20**	**---**	**---**
Minority Fellowship Program						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	4	536	4	536	---	---
Supplements	---	---	---	---	---	---
Subtotal	4	536	4	536	---	---
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Supplements	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Total, Minority Fellowship Program	**4**	**536**	**4**	**536**	---	---
Special Initiatives/Outreach						
Grants						
Continuations	1	720	---	---	---	---
New/Competing	---	---	1	300	---	---
Supplements	---	---	---	---	---	---
Subtotal	1	720	1	300	---	---
Contracts						
Continuations	6	2,598	5	1,822	---	---
New/Competing	3	1,134	9	2,333	---	---
Supplements	---	---	---	---	---	---
Subtotal	9	3,732	14	4,155	---	---
Total, Special Initiatives/Outreach	**10**	**4,452**	**15**	**4,455**	**---**	**---**

Center for Substance Abuse Treatment
Mechanism Table by Summary of Activities
(Dollars in Thousands)

	FY 2007 Actual		FY 2008 Enacted		FY 2009 Estimate	
	No.	Amount	No.	Amount	No.	Amount
State Service Improvement						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Supplements	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Contracts						
Continuations	1	907	---	---	---	---
New/Competing	---	---	---	---	---	---
Supplements	---	---	---	---	---	---
Subtotal	1	907	---	---	---	---
Total, State Service Improvement	**1**	**907**	**---**	**---**	**---**	**---**
Information Dissemination						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Supplements	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Contracts						
Continuations	1	4,372	1	4,553	---	---
New/Competing	---	---	---	---	---	---
Supplements	---	---	---	---	---	---
Subtotal	1	4,372	1	4,553	---	---
Total, Information Dissemination	**1**	**4,372**	**1**	**4,553**	**---**	**---**
National Registry of Evidence-Based Programs & Practices						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Supplements	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Contracts						
Continuations	---	500	---	500	---	1,286
New/Competing	---	---	---	---	---	---
Supplements	---	---	---	---	---	---
Subtotal	---	500	---	500	---	1,286
Total, National Registry of Evidence-Based Programs & Practices	**---**	**500**	**---**	**500**	**---**	**1,286**

Center for Substance Abuse Treatment
Mechanism Table by Summary of Activities
(Dollars in Thousands)

	FY 2007 Actual		FY 2008 Enacted		FY 2009 Estimate	
	No.	Amount	No.	Amount	No.	Amount
SAMHSA Health Information Network						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Supplements	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Contracts						
Continuations	---	3,431	---	4,255	---	4,255
New/Competing	---	---	---	---	---	---
Supplements	---	---	---	---	---	---
Subtotal	---	3,431	---	4,255	---	4,255
Total, SAMHSA Health Information Network	**---**	**3,431**	**---**	**4,255**	**---**	**4,255**
Program Coordination and Evaluation						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Supplements	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Contracts						
Continuations	5	4,028	2	1,225	---	---
New/Competing	20	729	17	3,989	---	---
Supplements	---	---	---	---	---	---
Subtotal	25	4,757	19	5,214	---	---
Total, Program Coordination and Evaluation	**25**	**4,757**	**19**	**5,214**	**---**	**---**
Subtotal , Science and Service	**58**	**29,609**	**56**	**28,614**	**16**	**14,144**
TOTAL, PRNS	**541**	**398,949**	**568**	**399,844**	**451**	**336,848**

a/ Includes PHS evaluation funds for SBIRT evaluation in the amount of $2.0 million in FY 2007, FY 2008 and FY 2009.

b/ Includes PHS evaluation funds for ATR in the amount of $1.7 million in FY 2009

c/ Includes PHS evaluation funds for SAIS contract which supports CSAT's data collection activities, in the amount of $2.3 million in FY 2007, FY 2008 and $7.5 million in FY 2009.

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Access to Recovery

	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate	FY 2009 +/- FY 2008
Program Level……	$98,703,000	$96,492,000	$99,716,000	+$3,224,000
PHS Evaluation Funds…..	(---)	(---)	(1,716,000)	+(1,716,000)

Authorizing Legislation……Section 509 of the Public Health Service Act

2009 Authorization……Expired

Allocation Method……..Competitive Grants/Cooperative Agreements

Program Description and Accomplishments

Access to Recovery (ATR) provides grants to States, Tribes, and Tribal organizations to carryout voucher programs that expand substance abuse treatment capacity and promote choice among clinical treatment and recovery support providers in order to facilitate client recovery from substance abuse. By placing vouchers for services in the hands of consumers, these programs are able to draw in a broad and diverse set of service providers, including some that would not be eligible to participate with the government to deliver services under traditional grant arrangements. The population served through ATR varies by grantee. Examples of populations targeted by grantees include: youth, methamphetamine users, individuals involved with the criminal justice, and women with dependent children.

ATR is a consumer driven mechanism that: 1) expands capacity, 2) promotes choice, and 3) enhances accountability within substance abuse treatment systems. ATR expands substance abuse treatment capacity by increasing the number and types of providers who deliver clinical treatment and/or recovery support services such as medical detoxification, residential services, peer support, case management, housing, job training and placement, daily living skills, childcare, and transportation. ATR promotes choice by facilitating the pursuit of recovery via many different and personal pathways and allows people in need of treatment to choose from a wide array of clinical treatment and recovery support services providers, including faith and community-based providers. ATR enhances accountability by measuring outcomes and monitoring data to deter fraud and abuse.

Fifteen three-year ATR grants were awarded in 2004. These grants were supported by total appropriations of $296.0 million during FY 2004 ($99.0 million), FY 2005 ($99.0 million) and FY 2006 ($98.0 million). This program exceeded its targets for number of clients served, increasing the percentage of adults receiving services who had no past month substance use, and increasing the percentage of clients who were currently employed or engaged in productive activities. The first cohort of fifteen grantees served over 199,000 clients during the three year period of the program. FY 2007 outcomes data show that 85 percent of the clients had success achieving and maintaining abstinence from substance use. In addition, over 61 percent report being employed and 60 percent report being housed by the time of discharge.

A second cohort of 24 three-year ATR grants was awarded in September 2007. In response to a growing awareness of the devastating impact of methamphetamine use, a number of grantees in this cohort will target services to methamphetamine users.

Access to Recovery received a PART review in 2007 and was rated Moderately Effective. The review cited a clearly defined purpose with specific goals and objectives; ambitious targets; and considerable success in meeting program goals and objectives as strong attributes of the program. As a result of the PART review, the program is refining the efficiency measure, providing guidelines and targeted technical assistance to grantees to further define the most appropriate recovery support services, and establishing formal linkages with the Departments of Justice, Housing and Urban Development, and other relevant agencies as appropriate.

Funding History

FY	Amount
2004	$99,410,000
2005	$99,200,000
2006	$98,208,000
2007	$98,703,000
2008	$96,492,000

Budget Request

The FY 2009 President's Budget request is $99.7 million, (including $1.7 million in PHS evaluation funds) an increase of $3.2 million over the FY 2008 Enacted level. Funding for this Presidential initiative, supports the third installment of funding to the 24 grantees initially funded in FY 2007, including $25.0 million which is dedicated to methamphetamine abuse and an evaluation of the program.

The FY 2007-FY 2009 cohort of ATR grantees is expected to serve a total of 160,000 individuals over the three-year period of the projects. The FY 2009 request will support the third year of these projects, during which approximately 65,000 clients will be served (given that ATR grant awards are made toward the end of the fiscal year, these clients will primarily be served during FY 2010). Approximately 52,650 (or 81 percent) of these clients can be expected to refrain from substance use.

Outcomes and Outputs

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2008 Target	FY 2009 Target	Out-Year (FY 2010) Target
Long-Term Objective: Increase the quality of life as reflected by drug use, employment, housing, social connectedness and Criminal Justice involvement of clients served										
1.2.33	Increase the percentage of adults receiving services who: a) had no past month substance use		78%	79%	81.4%	81%	84.7%	80%	81%	82%
1.2.34	b) had improved family and living conditions		62%	63%	51%	52%	59.9%	52%	52%	52%
1.2.35	c) had no/reduced involvement with the criminal justice system		95%	95%	96.8%	97%	97.6%	96%	96%	97%
1.2.36	d) had improved social support		89%	90%	90%	90%	75.1%	90%	90%	91%
1.2.37	e) were currently employed or engaged in productive activities		56%	57%	50%	50%	61.7%	53%	53%	53%
1.2.38	f) had improved retention in treatment		22.8%	24%	30.2%	31%	35.6%	Nov-07	Retiring	
1.2.39	cost-per-client served						$1,605	$1,605	$1,588	$1,572

#	Key Outputs	FY 2004 Actual	FY 2005 Actual	FY 2006 Target/ Est.	FY 2006 Actual	FY 2007 Target / Est.	FY 2007 Actual	FY 2008 Target/ Est.	FY 2009 Target/ Est.	Out-Year Target/ Est.
1.2.32	Increase the number of clients gaining access to treatment **1/**		23,138	50,000	96,959	50,000	79,150	30,000	65,000	65,000
	Appropriated Amount ($ Million)	$99.4	$99.2		$98.2		$98.7	$96.5	$99.7	

1/ Initial Access to Recovery grants were made in August 2004, close to the end of FY 2004. Services are not necessarily provided in the same year Federal funds were obligated. Thus, although the baseline reported for FY 2005 represented people served in FY 2005, most of the funding consisted of FY 2004 dollars. With the FY 2004 grants, it was estimated that 125,000 clients would be served over the three year grant period. The first cohort of grantees ended in FY 2007, and the second cohort of grants was awarded in September 2007.

Size of Awards

(whole dollars)	FY 2007	FY 2008	FY 2009
Average Award……..	$4,112,625	$4,020,500	$4,154,833
Range of Awards……	$1,650,000-$4,830,000	$1,650,000-$4,830,000	$1,650,000-$4,830,000

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Screening, Brief Intervention, Referral and Treatment

	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate	FY 2009 +/- FY 2008
Program Level……..	$29,624,000	$29,106,000	$56,151,000	+$27,045,000
PHS Evaluation Funds…..	(2,000,000)	(2,000,000)	(2,000,000)	(---)

Authorizing Legislation……Section 509 of the Public Health Service Act

2009 Authorization……Expired

Allocation Method……..Competitive Grants/Cooperative Agreements

Program Description and Accomplishments

Screening, Brief Intervention, Referral and Treatment (SBIRT) was initiated in the Center for Substance Abuse Treatment in FY 2003, using cooperative agreements to expand and enhance the State or tribal organization continuum of care. The purpose of the program is to integrate screening, brief intervention, referral, and treatment services within general medical and primary care settings. Substance abuse is one of our Nation's most significant public health challenges. The SBIRT program has the potential to fundamentally transform substance abuse treatment and prevention in the United States. The SBIRT approach can intervene early in the disease process before individuals become dependent and/or addicted, and motivate the addicted to pursue a referral to treatment. This powerful tool can not only prevent the human misery caused by substance abuse but also save millions in health care and treatment costs.

Currently, the Program consists of 11 grants, including 10 to States and 1 to a Tribal organization. As seen in the data, SBIRT has greatly expanded capacity by serving over 138,000 clients in FY 2007. The Administration will expand its legacy with the SBIRT program in the FY 2009 President's Budget by supporting these three initiatives:

- Promoting Sustainability. To ensure that the program is sustainable the program will now, as a condition of award, require grantee acknowledgement that federal resources are intended to catalyze local support for this effective program and also require local matching funding.

- Supporting Training. SBIRT grants for teaching hospitals will set-aside a portion of the grant funds for training. The training has a two-fold purpose, to (1) provide initial training for personnel to implement SBIRT within a teaching hospital system (2) become a focus for state-wide training of SBIRT, by training-the-trainer for wider dissemination. The train-the-trainer approach will leverage the initial trainings and further expand the impact of the program.

- Expanding SBIRT to Emergency Departments/Trauma Centers. The President's Budget proposes expanding SBIRT to emergency departments and trauma centers (ED/TCs), especially those affiliated with a medical school that does not already support an SBIRT program. Focusing on ED/TCs will maximize opportunities for reaching a broad range of the population with high incidence of substance-related emergencies, create opportunities to educate medical students and medical residents on SBIRT and provide

an opportunity for linking research efforts to SBIRT activities. Research findings drawn from these programs could be invaluable in improving future SBIRT initiatives.

The target for number of clients served for FY 2007 was missed due to one of the primary grants in the program experiencing problems with their internal processes. CSAT has worked with the State to ensure that better processes are currently in place. Seven of the eleven current grantees are in the last year of funding in FY 2008 and are expected to serve fewer clients. Performance for programs funded with 2009 funds, which will be awarded at the end of FY 2009, will be reflected in FY 2010 performance data.

Funding History

FY	Amount
2004	$23,444,000
2005	$25,909,000
2006	$29,624,000
2007	$29,624,000
2008	$29,106,000

Budget Request

The FY 2009 President's Budget request is $56.2 million, an increase of $27.1 million from the FY 2008 Enacted level. The increase will fully fund all grant and contract continuations and 29 new SBIRT grants. This amount of funding is expected to serve 184,597 persons. This corresponds with an average cost per client served of $223. Approximately 78 percent of the clients seen in SBIRT programs have been screened only, with further intervention or treatment determined to be unnecessary. Approximately 50 percent of clients receiving treatment through SBIRT can be expected to have no past month substance use six months after admission.

Outcomes and Outputs

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target	Out-Year Target (FY 2010)
				Target	Actual	Target	Actual			
Long-Term Objective : Expand screening for substance abuse and the provision of brief intervention and brief treatment in primary care settings										
1.2.41	Increase the percentage of clients receiving services who had no past month substance use		39.8%	41.8%	47.5%	48%	45.7%	48%	50%	50%

#	Key Outputs	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target / Est.	FY 2009 Target / Est.	Out-Year Target/ Est. (FY 2010)
				Target / Est.	Actual	Target/ Est.	Actual			
1.2.40	Increase the number of clients served	69,161	155,267	156,820	182,770	184,597	138,267	139,650	139,650	139,650
	Appropriated Amount ($ Million)	$23.4	$25.9	$29.6	$29.6	$29.6	$29.6	$29.1	$56.2	

Size of Awards

(whole dollars)	FY 2007	FY 2008	FY 2009
Average Award……..	$2,962,400	$1,617,000	$1,194,702
Range of Awards…….	$1,500,000-$2,800,000	$375,000-$2,676,000	$375,000-$2,676,000

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Other Capacity

	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate	FY 2009 +/- FY 2008
Program Level……	$241,013,000	$245,632,000	$166,837,000	-$78,795,000
PHS Evaluation Funds…..	(2,300,000)	(2,300,000)	(7,476,000)	+(5,176,000)

Authorizing Legislation…….Section 506, 509 and 514 of the Public Health Service Act

2009 Authorization……Expired

Allocation Method……..Competitive Grants/Cooperative Agreements

Program Description and Accomplishments

Substance Abuse Treatment Capacity programs provide funding to (a) implement service improvements using proven evidence-based approaches, and (b) identify and implement needed systems changes. Programs discussed in this section include Minority AIDS, Criminal Justice, Homelessness, and Targeted Capacity Expansion- General.

Performance results for all capacity programs except Access to Recovery and Screening, Brief Intervention, Referral, and Treatment are reported in aggregate. The targets for number of clients served and for percentage of adults receiving services who were currently employed or engaged in productive activities were slightly exceeded and improved from the previous year. The target for reducing substance use was slightly missed and declined slightly from the previous year. Performance for programs funded with 2009 funds, which will be awarded at the end of FY 2009, will be reflected in FY 2010 performance data.

Data for CSAT's Capacity Programs show that, collectively the Program has been successful in achieving its Program goals. In FY 2007, 35,516 clients were served. Positive outcomes were also seen for these clients from intake to 6 months, including an abstinence from substance use rate of 59 percent and improved employment rate of 57 percent. Performance is not reported individually for each Capacity activity.

Minority AIDS

Minority AIDS grants are awarded to community-based organizations with two or more years of experience in the delivery of substance abuse treatment and related HIV/AIDS services. Funded programs target one or more of the following high-risk substance abusing populations in African American, Hispanic/Latino, and/or other racial/ethnic minority communities: women, including women with children; adolescents; men who inject drugs, and individuals who have been released from prisons and jails within the past two years.

In addition to providing substance abuse treatment services, pre-treatment services are provided, including the provision of literature and other materials to support behavior change, facilitation of access to drug treatment, HIV/AIDS testing and counseling services, and the provision of other medical and social services available in the local community.

The FY 2009 President's Budget request includes $63.1 million, the same level as the FY 2008 Enacted level. This level will fully fund all grant and contract continuations.

Criminal Justice

To help States break the pattern of incarceration and reduce the high rate of recidivism, SAMHSA's Criminal Justice Activities include grant programs which focus on diversion and reentry for adolescents, teens, and adults with substance use and mental disorders. Criminal Justice program grantees are tasked with providing a coordinated and comprehensive continuum of supervision, programs and services to help members of the target population become productive, responsible and law abiding citizens.

The criminal justice programs are Treatment Drug Courts. These programs provide treatment, housing, vocational, and employment services.

Treatment Drug Courts are designed to combine the sanctioning power of courts with effective treatment services to break the cycle of child abuse/neglect or criminal behavior, alcohol and/or drug use, and incarceration or other penalties. Treatment Drug Courts are being created at a high rate, creating a challenge to support sufficient substance abuse treatment options for people referred by the court.

The FY 2009 President's Budget request includes $37.8 million, an increase of $14.1 million above the FY 2008 Enacted level. The request will fully fund all grant and contract continuations and 82 new Drug Court grants. SAMHSA and DOJ work in tandem to ensure that an individual drug court does not receive grant funds from both agencies for overlapping drug court activities and or populations. The DOJ drug courts typically provide money to establish and or enhance the operational activities of the drug court itself; a very small percentage if any, of these funds are used for treatment services for drug court participants.

The GAO found that in 2005 there were over 1,200 drug court programs in addition to about 500 being planned. Even with the large number of drug courts, there is a limited amount of treatment, mental health and recovery support services available and the SAMHSA drug court services are in high demand. In 2007, Treatment Drug Courts served 1,322 clients. Nearly 77 percent of clients had no past month substance abuse 6 months after intake; 77 percent were currently employed or engaged in productive activities; nearly 73 percent had a permanent place to live in the community (exceeding the target by 14 percentage points), 92.8 percent had no involvement with the criminal justice system, and 92.1 percent had no or reduced health, behavioral, or social consequences related to alcohol or illegal drug use.

Homelessness

Grants to Benefit Homeless Individuals (GBHI) provides grants to community-based public and private non-profit entities to support projects that incorporate a new intervention into an integrated, comprehensive, community-based system. GBHI enables communities to expand and strengthen their treatment services for persons who are homeless and also have substance use disorders, mental illness, or with co-occurring substance use disorders and mental illness. The FY 2009 President's Budget request includes $32.6 million, the same level as the FY 2008 Enacted level. The request will fully fund all grant and contract continuations.

Targeted Capacity Expansion-General

Targeted Capacity Expansion (TCE) General was initiated in FY 1998 to help communities bridge gaps in treatment services. In general, TCE funding supports grants to units of State and

local governments and tribal entities to expand or enhance a community's ability to provide rapid, strategic, comprehensive, integrated and creative, community-based responses to a specific, well documented substance abuse capacity problem, including technical assistance. This program also fosters the provision of evidence-based treatment practices. Since FY 1998, grants have been awarded to address the following targeted populations or urgent, unmet and emerging treatment needs: American Indian and Alaska Natives, Racial and ethnic minority populations, rural areas, campus screening and brief interventions, methamphetamine abuse, and innovative treatment methods.

The FY 2009 President's Budget request includes $17.8 million, a decrease of $11.1 million from the FY 2008 Enacted level. The request will fully fund all grant and contract continuations.

Other Activities

Other Substance Abuse Treatment capacity activities include: Opioid Treatment Activities, and Services Accountability. The FY 2009 President's Budget request includes $15.5 million for these activities. The FY 2009 President's Budget request funding level eliminates 6 programs from the Treatment capacity portfolio: Co-occurring State Incentive Grants (SIGs), Pregnant & Postpartum Women, Strengthening Treatment Access and Retention, Recovery Community Services Program, Children and Families, and Congressional Projects. Please see the Supplementary Tables section for a detailed rationale explaining all terminations.

Funding History

FY	Amount
2004	$249,963,000
2005	$260,546,000
2006	$241,553,000
2007	$241,013,000
2008	$245,632,000

Budget Request

The FY 2009 President's Budget request includes a total of $166.8 million, a decrease of $78.8 million from the FY 2008 Enacted level, for "Other" Substance Abuse Treatment Capacity activities. The FY 2009 President's Budget request funding level eliminates the following 6 programs from the Treatment capacity portfolio: Co-occurring State Incentive Grants (SIGs); Pregnant & Postpartum Women; Strengthening Treatment Access and Retention; Recovery Community Services Program, Children and Families, and Congressional Projects. The FY 2009 President's Budget request will fully fund all grant and contract continuations and 118 new grants and contracts. Please see the Supplementary Tables section for a detailed rationale explaining all terminations.

Outcomes and Outputs

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target	Out-Year Target
				Target	Actual	Target	Actual			
Long-Term Objective : Increase the quality of life as reflected by drug use, employment, housing, social connectedness and CJ involvement of clients served										
1.2.25	Had no past month substance use (same as long term measure)	63%	64.1%	67%	63%	63%	59%	63%	61% **	
1.2.27	Increase percentage of adults receiving services who: a) Were currently employed or engaged in productive activities	45%	48.9%	49%	52%	52%	57%	52%	50% **	

#	Key Outputs	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target/ Est.	FY 2009 Target/ Est.	Out-Year (FY 2010) Target/ Est.
				Target/ Est.	Actual	Target/ Est.	Actual			
1.2.26	Increase the number of clients served	30,217	34,014	34,300	35,334	35,334	35,516	35,334 **	31,659 **	
	Appropriated Amount ($ Million)	$250.0	$260.5	$241.6	$241.6	$241.0	$241.0	$245.6	$166.8	

** Targets for FY 2009 and FY 2010 are lower than actual data as grants are coming to a natural end.

Size of Awards

(whole dollars)	FY 2007	FY 2008	FY 2009
Average Award……..	$573,840	$555,729	$484,991
Range of Awards…….	$100,000-$500,000	$100,000-$500,000	$100,000-$500,000

Science and Service

	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate	FY 2009 +/- FY 2008
Budget Authority……	$29,609,000	$28,614,000	$14,144,000	-$14,470,000

Authorizing Legislation……Section 509 of the Public Health Service Act

2009 Authorization……Expired

Allocation Method……..Competitive Grants/Cooperative Agreements

Program Description and Accomplishments

SAMHSA's Science and Service programs are complements to the Capacity programs. The substance abuse treatment programs within Science and Service include Addiction Technology Transfer Centers (ATTCs), the National Registry of Evidence-based Programs and Practices, and the SAMHSA Health Information Network. These programs disseminate best-practices information to grantees and the field, helping to ensure that SAMHSA's Capacity programs build and improve services capacity in the most efficient, effective and sustainable way possible. The Science and Service programs are also an essential and cost-effective support to building effective capacity in communities that do not receive grant funds from SAMHSA.

Addiction Technology Transfer Centers

The ATTC network is comprised of one national and fourteen geographically dispersed ATTCs covering all States, the District of Columbia, Puerto Rico, and the Virgin Islands. The Regional Centers support national activities and implement programs and initiatives in response to regional needs. ATTCs disseminate evidence-based and promising practices to addictions treatment/recovery professionals, public health/mental health personnel, institutional and community corrections professionals, and other related disciplines. The ATTC program dissemination models include a growing catalog of educational and training materials and an extensive array of Web-based resources created to translate the latest science for adoption into practice by the substance use disorders treatment workforce. The ATTCs are highly responsive to emerging challenges in the field. For example, SAMHSA's National ATTC, with funding support from the Department of Justice (DOJ), is developing and will disseminate guides for professionals to assist in screening, intervening, and referring individuals to treatment for prescription drug abuse and dependence in an effort to enhance linkages between DOJ prescription drug monitoring programs and State addiction treatment systems. SAMHSA and DOJ continue to help States and the Federal Government address the non-medical use of prescription drugs. In addition, knowledge dissemination occurs through training events and technical assistance.

Data show that over 20,000 people were trained in 2007. Approximately 90 percent of participants report implementing improvements in treatment methods based on the information they received from the training they attended.

National Registry of Evidence-based Programs and Practices

The National Registry of Evidence-based Programs and Practices (NREPP), initiated in 1997, is a searchable online registry of mental health and substance abuse interventions that have been reviewed and rated by independent reviewers. The purpose of this registry is to assist the public in identifying approaches to preventing an treating mental and/or substance use disorders that have been scientifically tested and that can be readily disseminated to the field. NREPP is one way that SAMHSA is working to improve access to information on tested interventions and thereby reduce the lag time between the creation of scientific knowledge and its practical application in the field. SAMHSA has developed this resource to help people, agencies, and organizations implement programs and practices in their communities.

After an extensive period of redesign, the new NREPP system and Web site was launched in March 2007. Information on approximately 50 interventions is currently available, and new intervention summaries (approximately five to 10 per month) are continually being added as reviews are completed. The registry is expected to grow to a large number of interventions over the coming months and years. Moreover, new interventions to address service needs will be submitted for review each year in response to an annual Federal Register notice.

SAMHSA Health Information Network

SAMHSA's Health Information Network (SHIN), initiated in 2005, includes the National Clearinghouse for Alcohol and Drug Information (NCADI) and the National Mental Health Information Center (NMHIC). SHIN provides the public and professionals with one-stop, quick access to information, materials, and services for mental health and substance abuse prevention and addictions treatment. To reinforce the Secretary's Value-Driven health care priority, the SAMHSA Health Information Network will be expanded in FY 2009 to become a network that provides a suite of information services by leveraging shared, SAMHSA-wide technical and intellectual infrastructure. Performance measures for Satisfaction, Usage, and System, Staff and Process performance will be developed and data gathered to lead to a much improved user experience and eliminate the inefficiency of multiple systems.

The SHIN network program responds to 45,000 public inquiries each month (in English and Spanish); manages and fills approximately 19,000 publication orders each month; maintains and updates related web site contents and receive over one million visits per month; provides materials and promotion of SAMHSA programs and products. The SHIN network also supports Office of National Drug Control Policy's media campaign and manages product inventory for ONDCP.

Funding History

FY	Amount
2004	$46,402,000
2005	$36,710,000
2006	$29,290,000
2007	$29,609,000
2008	$28,614,000

Budget Request

The FY 2009 President's Budget request is $14.1 million, a decrease of $14.5 million from the FY 2008 Enacted level. The budget eliminates funding for: Seclusion and Restraint; Minority Fellowship Program; Special Initiatives/Outreach; Information Dissemination and Program Coordination and Evaluation. Please see the Supplementary Tables section for a detailed rationale explaining all terminations.

Outcomes and Outputs

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target	Out-Year Target
				Target	Actual	Target	Actual			
Long-Term Objective: Enhance knowledge dissemination through trainings, technical assistance and meetings										
1.4.01	Report implementing improvements in treatment methods on the basis of information and training provided by the program	83%	87%	89%	93%	93%	90%	90%	90%	

#	Key Outputs	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target / Est.	FY 2009 Target / Est.	Out-Year Target / Est.
				Target / Est.	Actual	Target / Est.	Actual			
1.4.02	Increase the number of individuals trained per year	35,370	28,630	28,916	23,141	23,141	20,516	20,516	20,516	
	Appropriated Amount ($ Million)	$46.4	$36.7	$29.3	$29.3	$29.6	$29.6	$28.6	$14.1	

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Substance Abuse Prevention and Treatment (SAPT) Block Grant

(Dollars in Thousands)

	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate	FY 2009 +/- FY 2008
SAPT Block Grant……	$1,758,591,000	$1,758,728,000	$1,778,591,000	+$19,863,000
PHS Evaluation Funds…….	(79,200,000)	(79,200,000)	(79,200,000)	(---)

Authorizing Legislation……..Section 1921 of the Public Health Services Act

2009 Authorization……Expired

Allocation Method……...Formula Grants

Program Description and Accomplishments

The Substance Abuse Prevention and Treatment Block Grant Program distributes funds to 60 eligible States, Territories, the District of Columbia and the Red Lake Indian Tribe of Minnesota through a formula, based upon specified economic and demographic factors. All Block Grant applications must include an annual plan that contains detailed provisions for complying with each funding agreement specified in the legislation, and describes how the applicant intends to expend the grant. The current law includes specific provisions and funding set-asides, such as a 20 percent prevention set-aside; an HIV/AIDS early intervention set-aside; requirements and potential reduction of the Block Grant allotment with respect to sale of tobacco products to those under the age of 18; a maintenance of effort requirement; and "hold harmless" provisions that limit fluctuations in allotments as the total appropriation changes from year to year.

The program's overall goal is to support and expand substance abuse prevention and treatment services while providing maximum flexibility to the States. States and territories may expend Block Grant funds only for the purpose of planning, carrying out, and evaluating activities related to these services. Targeted technical assistance is available to the States and Territories through CSAT's State Systems Technical Assistance Project.

Of the amounts appropriated for the Block Grant program, 95 percent are distributed to States through a formula prescribed by the authorizing legislation. Factors used to calculate the allotments include total personal income; State population data by age groups (total population data for territories); total taxable resources; and a cost of services index factor.

As seen in the following table, the Block Grant Program has been successful in expanding treatment capacity in the latest year for which recipients that have reported actual data are available by supporting over 1.8 million admissions to treatment programs receiving public funding. Outcomes data for the Block Grant Program also show positive results. At discharge, clients have demonstrated high abstinence rates from both illegal drug (68.3 percent) and alcohol (73.7 percent) use.

The Substance Abuse Prevention and Treatment Block Grant program received a PART review in 2003 and was rated as Ineffective (including both the treatment and prevention portions). The review cited clear purpose and collaboration with other agencies as strong attributes of the program. As a result of the PART review, the program has included performance measures in

the block grant application and is conducting an independent and comprehensive evaluation of the national program.

State Substance Abuse Agencies reported the following outcomes for services provided during 2004:

- For the 35 States that reported data in the Abstinence Domain, 34 of 35 identified improvements in client abstinence from alcohol and other substances.
- For the 38 States that reported data in the Employment Domain, 33 of 38 identified improvements in client employment.
- For the 27 States that reported in the Criminal Justice Domain, 26 of 27 reported a reduction in arrests.
- For the 31 States that reported data in the Housing Domain, 27 of 31 identified improvements in stable housing for clients.

Funding History

	Funding	FTEs
1999	$1,585,000,000	28
2000	$1,600,000,000	40
2001	$1,665,000,000	40
2002	$1,725,000,000	40
2003 a/	$1,753,932,000	40
2004 b/	$1,779,146,000	40
2005 b/	$1,775,555,000	40
2006 b/	$1,757,425,000	40
2007 b/	$1,758,591,000	40
2008 b/	$1,758,728,000	40

a/ Includes $62.2 million from the PHS evaluation funds.
b/ Includes $79.2 million from the PHS evaluation funds.

Budget Request

The FY 2009 President's Budget request includes a total of $1.8 billion, an increase of $20.0 million from the FY 2008 Enacted level. The increase is associated with the new provision to provide supplemental awards to the top 20 percent for superior performance and submission of data for the National Outcome Measures. A detailed listing of the activities and funding levels for the CSAT portion of the five percent set-aside is provided in the SAPT Set-aside section.

The FY 2009 Budget creates a financial incentive for States to report on National Outcome Measures (NOMs) linked to prevention and treatment services financed with block grant funds. Many states have been voluntarily reporting on selected outcome measures since FY 2002; however, more States have been coming on line each year, and all are expected to report NOMs by the end of FY 2008. As further incentive, the funding increase shown above has been provided for performance awards for the top 20% of SAPT Block Grant recipients that report on the NOMs. To receive an award, grantees would have to meet superior performance as determined by the Secretary. Awards would consist of a two-tiered approach: up to $2.5 million would be available for top performers receiving $21 million or greater in their prior year award

and up to $1.5 million would be available for the top performers receiving less than $21 million in their prior year award. Award recipients would not be able to receive more than 50 percent of their previous year's award. All grantees would be responsible to report on the use of funding received as additional performance supplements, but would have the flexibility in the use of these funds. For example, the additional funds could be used to expand capacity and treatment services or to invest in data infrastructure.

Outcomes and Outputs

#	Key Outcomes	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target	FY 2009 Target	Out-Year Target FY 2012
				Target	Actual	Target	Actual			
Long-Term Objective: Expand capacity to provide services nationwide to those affected with substance use disorders										
1.2.46	Increase the percentage of Technical Assistance events that result in systems, program or practice change	82%	100%	95%	100%	Retiring	Retiring	Retiring	Retiring	
1.2.47	Increase the percentage of States in appropriate cost bands		100%	100%	65%	100%	Oct-08	100%	100%	
1.2.48	Percentage of clients reporting abstinence from drug use at discharge				68.3%	68.3%	Nov -08	69.3%	69.3%	
1.2.49	Percentage of clients reporting abstinence form alcohol at discharge				73.7%	73.7%	Nov-08	74.7%	74.7%	

#	Key Outputs	FY 2004 Actual	FY 2005 Actual	FY 2006		FY 2007		FY 2008 Target/ Est.	FY 2009 Target/ Est.	Out-Year Target/ Est.
				Target/ Est.	Actual	Target/ Est.	Actual			
1.2.43	Number of admissions to substance abuse treatment programs receiving public funding**	1,875,026	1,849,528	1,983,490	Oct-08	2,003,324	Oct-09	1,881,515*	1,881,515*	2,005,220
	Appropriated Amount ($ Million)	$1,779.1	$1,775.6	$1,757.4	$1,757.4	$1,758.6	$1,758.6	$1,758.7	$1,778.6	

*Targets for FY 2008 and 2009 are lower than targets or actual data reported in previous years.
**Formerly Number of Clients Served. Wording change approved by OMB 12/4/07

Substance Abuse and Mental Health Services Administration
Substance Abuse and Prevention Treatment Block Grant (SAPTBG)
CFDA #93.959

STATE/TERRITORY	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate	Difference +/- 2008
Alabama	$23,767,166	$23,767,733	$23,767,733	---
Alaska	4,638,202	4,639,286	4,639,286	---
Arizona	31,538,160	31,538,913	31,538,913	---
Arkansas	13,288,892	13,289,209	13,289,209	---
California	249,923,600	249,929,564	249,929,564	---
Colorado	23,735,909	23,736,475	23,736,475	---
Connecticut	16,750,519	16,750,919	16,750,919	---
Delaware	6,594,716	6,595,230	6,595,230	---
District Of Columbia	6,594,716	6,595,230	6,595,230	---
Florida	94,336,531	94,338,783	94,338,783	---
Georgia	50,348,525	50,349,727	50,349,727	---
Hawaii	7,146,288	7,146,459	7,146,459	---
Idaho	6,883,474	6,883,638	6,883,638	---
Illinois	69,631,187	69,632,849	69,632,849	---
Indiana	33,192,513	33,193,305	33,193,305	---
Iowa	13,477,639	13,477,961	13,477,961	---
Kansas	12,248,920	12,249,212	12,249,212	---
Kentucky	20,593,289	20,593,780	20,593,780	---
Louisiana	25,760,960	25,761,575	25,761,575	---
Maine	6,594,716	6,595,230	6,595,230	---
Maryland	31,868,920	31,869,681	31,869,681	---
Massachusetts	33,912,526	33,913,335	33,913,335	---
Michigan	57,698,012	57,699,389	57,699,389	---
Minnesota	22,297,496	22,377,974	22,377,974	---
Red Lake Indians	549,551	551,535	551,535	---
Mississippi	14,208,700	14,209,039	14,209,039	---
Missouri	26,067,598	26,068,220	26,068,220	---
Montana	6,594,716	6,595,230	6,595,230	---
Nebraska	7,865,512	7,865,700	7,865,700	---
Nevada	12,866,296	12,866,603	12,866,603	---
New Hampshire	6,594,716	6,595,230	6,595,230	---
New Jersey	46,778,415	46,779,531	46,779,531	---
New Mexico	8,684,637	8,684,844	8,684,844	---
New York	115,112,286	115,115,033	115,115,033	---
North Carolina	$38,486,115	$38,487,034	$38,487,034	---

Substance Abuse and Mental Health Services Administration
Substance Abuse and Prevention Treatment Block Grant (SAPTBG)
CFDA #93.959

STATE/TERRITORY	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate	Difference +/- 2008
North Dakota	$5,145,788	$5,146,990	$5,146,990	---
Ohio	66,429,868	66,431,453	66,431,453	---
Oklahoma	17,652,677	17,653,098	17,653,098	---
Oregon	16,217,703	16,218,090	16,218,090	---
Pennsylvania	58,882,620	58,884,025	58,884,025	---
Rhode Island	6,594,716	6,595,230	6,595,230	---
South Carolina	20,503,481	20,503,970	20,503,970	---
South Dakota	4,758,419	4,759,531	4,759,531	---
Tennessee	29,645,087	29,645,795	29,645,795	---
Texas	135,515,147	135,518,381	135,518,381	---
Utah	17,075,458	17,075,866	17,075,866	---
Vermont	5,087,761	5,088,950	5,088,950	---
Virginia	42,939,145	42,940,170	42,940,170	---
Washington	34,856,808	34,857,640	34,857,640	---
West Virginia	8,680,180	8,680,387	8,680,387	---
Wisconsin	25,679,275	25,679,888	25,679,888	---
Wyoming	3,305,977	3,306,749	3,306,749	---
State Sub-Total	**1,645,601,528**	**1,645,729,669**	**1,645,729,669**	---
American Samoa	328,123	328,149	328,149	---
Guam	886,616	886,685	886,685	---
Northern Marianas	396,450	396,481	396,481	---
Puerto Rico	21,813,077	21,814,775	21,814,775	---
Palau	109,558	109,566	109,566	---
Marshall Islands	291,176	291,199	291,199	---
Micronesia	612,868	612,915	612,915	---
Virgin Islands	622,054	622,103	622,103	---
Territory Sub-Total	**25,059,922**	**25,061,873**	**25,061,873**	---
Total States/Territories	**1,670,661,450**	**1,670,791,542**	**1,670,791,542**	---
SAMHSA Set-Aside	**87,929,550**	**87,936,458**	**88,930,000**	**+993,542**
Performance Grant			**18,869,458**	**+18,869,458**
TOTAL SAPTBG	**$1,758,591,000**	**$1,758,728,000**	**$1,778,591,000**	**+$19,863,000**

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Substance Abuse Prevention and Treatment Block Grant (Set-aside)

(Dollars in Thousands)

	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate
Funding Sources			
Budget Authority:			
SAPT Block Grant 5% Set-aside	$8,730	$8,736	$9,730
PHS Evaluation Funds:			
SAPT Block Grant	79,200	79,200	79,200
Program Management	16,000	16,250	21,750
Total Program Level	$103,930	$104,186	$110,680
SAMHSA Component			
Office of Applied Studies	$75,481	$78,518	$81,699
Budget Authority (non-add)	*(4,012)*	*(3,561)*	*(4,417)*
PHS Evaluation SAPTBG (non-add)	*(55,469)*	*(58,707)*	*(55,532)*
PHS Evaluation Program Mgmt (non-add)	*(16,000)*	*(16,250)*	*(21,750)*
Center for Substance Abuse Prevention	10,277	8,880	12,193
Budget Authority (non-add)	*(1,685)*	*(1,654)*	*(1,698)*
PHS Evaluation SAPTBG (non-add)	*(8,592)*	*(7,226)*	*(10,495)*
PHS Evaluation Program Mgmt (non-add)	*(---)*	*(---)*	*(---)*
Center for Substance Abuse Treatment	18,172	16,788	16,788
Budget Authority (non-add)	*(3,033)*	*(3,521)*	*(3,615)*
PHS Evaluation SAPTBG (non-add)	*(15,139)*	*(13,267)*	*(13,173)*
PHS Evaluation Program Mgmt (non-add)	*(---)*	*(---)*	*(---)*
Total, SAMHSA	**$103,930**	**$104,186**	**$110,680**
Budget Authority (non-add)	*(8,730)*	*(8,736)*	*(9,730)*
PHS Evaluation SAPTBG (non-add)	*(79,200)*	*(79,200)*	*(79,200)*
PHS Evaluation Program Mgmt (non-add)	*(16,000)*	*(16,250)*	*(21,750)*

Center for Substance Abuse Treatment

(Dollars in thousands)

Set-Aside Activities	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate
State Data Systems			
Block Grant Management Information	$ 811	$ 865	$ 865
NASADAD	---	500	500
State Outcomes Measurement and Management System (SOMMS)	8,503	3,500	3,500
Subtotal, State Data Systems	9,314	4,865	4,865
Technical Assistance			
TA to States for SOMMS	3,346	3,101	3,101
Treatment Improvement Exchange	---	2,000	2,000
Analyses Medicaid/Medicare/CMS	---	925	831
TA to States -Recovery/Faith-based Pgms	2,130	2,000	2,000
FTE Support	3,033	3,521	3,615
Subtotal, Technical Assistance	8,509	11,547	11,547
Program Evaluation			
Dev. of Spending Estimates for MH/SAT	349	376	376
Subtotal, Program Evaluation	349	376	376
TOTAL CSAT	**$18,172**	**$16,788**	**$16,788**

Center for Substance Abuse Prevention

(Dollars in thousands)

Set-Aside Activities	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate
State Data Systems			
BGAS	---	150	150
SOMMS/Data Collection Coordinating Center	229	472	1,489
Subtotal, State Data Systems	229	622	1,639
Technical Assistance			
SPFAS/ Synar	4,345	2,522	3,919
NASADAD	---	200	200
CAPTs	2,665	3,526	4,381
SHIN	1,000	---	---
MDMS	353	356	356
FTE Support	1,685	1,654	1,698
Subtotal, Technical Assistance	10,048	8,258	10,554
TOTAL CSAP	**$10,277**	**$8,880**	**$12,193**

Office of Applied Studies

(Dollars in thousands)

OAS Set-Aside Activities	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate
National Data Collection			
DAWN	$17,000	$17,000	$17,000
NSDUH	40,528	43,900	45,000
National Analytic Center	967	1,589	2,000
DASIS	9,296	9,243	9,243
SOMMS - Central Services	4,804	3,900	5,516
Data Archive	851	851	851
FTE/Operations (6)	2,035	2,035	2,089
TOTAL OAS	**75,481**	**78,518**	**81,699**

Program Description and Accomplishments

The block grant set-aside represents five percent of the funding appropriated to the SAPT Block Grant program and is retained by SAMHSA for data collection, technical assistance, and evaluation activities. Funding is distributed among CSAT, CSAP and OAS and is primarily used to fund contracts. Additional funding is available from the Program Management budget line to augment funding for specific data collection activities managed by OAS. All of these activities are guided by SAMHSA's Data Strategy which can be found at http://samhsa.gov/about/DataStrategyPlan.pdf. The Strategy is guided by a set of principles that help ensure that SAMHSA provides the most timely, relevant, cost-effective, and accurate data that can guide and improve policymaking, program development, and performance monitoring in support of SAMHSA's vision for a life in the community for everyone.

Center for Substance Abuse Treatment

CSAT manages several major state data system contracts, including the Block Grant Management Information System (BGAS) which is used to manage the block grant application cycle and the State Outcomes Measurement and Management System (SOMMS) which subcontracts with the States to collect NOMS data through the DASIS contract. As a result of start up delays, funding for the SOMMS state collection efforts has been reduced for 2 years (FY 2008 and 2009) and will be increased back to its annualized level in future years. In FY 2007, 38 States reported at least one NOM or more and in FY 2008 47 States reported at least one NOM or more.

These funds have been reallocated to technical assistance activities to help states not only collect NOMS data but to improve their outcomes. This assistance is provided through the Treatment Improvement Exchange (TIE) and for Technical Assistance for Recovery and Faith Based programs over a two year period.

Center for Substance Abuse Prevention

CSAP manages a single major state data system, the Data Collection and Coordination Center, (DCCC) which collects data from state grantees. This contract is funded from the block grant set-aside and from PRNS and provides support for data collection and analysis for all CSAP grantees. In FY 2009, the funding for the DCCC is $2.3 million in total (PRNS plus SAPT BG Set-aside). In addition, CSAP manages the Centers for the Advancement of Prevention Technologies (CAPTs). This contract has been funded from the block grant set-aside and from PRNS and provides support for technical assistance for state and discretionary grantees. In FY 2009, the total funding for the CAPTS is $4.4 million.

Office of Applied Studies

OAS manages several major national data collection contracts. By far the largest contract is for the National Survey on Drug Use and Health (NSDUH). OAS also manages a major state data collection contract, State Outcomes Measurement and Management Systems Central Services which support CSAT and CSAP in defining, refining and analyzing NOMS for the states. As a result of start up delays, funding for the SOMMS contract has been reduced for one year. Funds have been reallocated to NSDUH to restore the sample size for the next survey and to the National Analytic Center (NAC) to restore funding for additional analytic activities and ensure the integrity of this legacy system.

Data on outcomes and outputs for the SAPT block grant are provided within the chapters for the CSAP and CSAT on pages CSAP-23 and CSAT-26. Outcomes and outputs for the CAPT program are included in SAMHSA's on-line performance appendix. The latest information on the NOMs can be found on the web at
http://www.nationaloutcomemeasures.samhsa.gov/./welcome.asp

Funding for the Substance Abuse Prevention and Treatment Block Grant Set-aside program during the past five years has been as follows:

Funding History

FY	Amount
2004	$104,957,000
2005	$104,778,000
2006	$103,930,000
2007	$103,930,000
2008	$104,186,000

Budget Request

The FY 2009 President's Budget request is $110.7 million, an increase of $6.5 million above the FY 2008 Enacted level, including $5.5 million from the PHS evaluation funds and $1.0 million from the new supplemental awards program for the top 20 percent grant recipients that have demonstrated superior performance. The overall increase will be used to provide additional funding for NSDUH to restore the 5% reduction in sample size and to restore other analytic activities and ensure the integrity of this legacy system. The remainder of the increase will be used to restore budget reductions in the NAC and reductions in state data collection and technical assistance for CSAP. The program supports the HHS Strategic Objective 1.2, Increase health care service availability and accessibility.

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Program Management

	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate	FY 2009 +/- FY 2008
Program Level…..	**$92,714,000**	**$93,131,000**	**$97,131,000**	+$4,000,000
PHS Evaluation Funds.....	*16,000,000*	*17,750,000*	*21,750,000*	*+$4,000,000*
(Program Management).....	488	477	471	-6
(Block Grant Set-aside).....	40	57	57	---
Total, FTE.....	**528**	**534**	**528**	**-6**

Authorizing Legislation.....Section 501 of the Public Health Service Act

FY 2009 Authorization ..... Indefinite

Allocation Method .....Direct Federal/Intramural, Contracts, Other

Program Description and Accomplishments

The Program Management budget supports the majority of SAMHSA staff who plan, direct, and administer Agency programs and who provide technical assistance and program guidance to States, mental health and substance abuse professionals, clients, and the general public. Agency staffing represents a critical component of the budget. Staff not financed directly through the Program Management account provide direct State technical assistance and are funded through the five percent Block Grant set-asides. There are currently 57 FTEs dedicated to Block Grant technical assistance. This budget supports contracts for monitoring State formula and block grants and the National Surveys. In addition, this budget supports the Unified Financial Management System, administrative activities such as Human Resources, Information Technology and, the centralized services provided by Program Support Center and the Department.

The SAMHSA request includes funding to support the President's Management Agenda e-Gov initiatives and Departmental enterprise information technology initiatives identified through the HHS strategic planning process.

Homeland Security Presidential Directive/HSPD-12 sets forth deadlines for background investigations and implementation of a new standardized badge process using Personal Identity Verification cards. Associated with the process are several critical new roles: these include the program manager, applicant, sponsor, Personal Identity Verification registrar, privacy official, Personal Identity Verification card applicant representative, and Personal Identity Verification issuer. SAMHSA processes approximately 400 badges per year, including new employees/contractors, renewals, and losses.

Funding History

FY	Amount	FTEs
2004	$75,915,000	492
2005	$75,806,000	511
2006	$75,989,000	524
2007	$76,714,000	528
2008	$75,381,000	534

Budget Request

The FY 2009 President's Budget request is $97.1 million, an increase of $4.0 million above the FY 2008 Enacted level. The FY 2009 budget requests 528 FTEs, a decrease of six FTEs from FY 2008. Funding for the National Survey on Drug Abuse and Health will restore the 5 percent sample size reduction and other analyses. The reduction associated with the decrease in nine civilian FTEs and other operating expenses generates $3.4 million, of which $1.8 million supports the FY 2009 pay raise, $0.6 million supports the increase of five Commissioned Corps FTEs, and the net increase of $1.0 million supports other mandatory operating expenses including rent and other centralized Department activities (UFMS and Enterprise IT Fund). The SAMHSA budget also contains funding to provide for reasonable accommodation of disabled employees.

Summary of Changes (dollars in thousands)

Increases:	
Built-in:	
Annualization of the 2008 civilian pay raise (3.5%)	+$463
Annualization of the 2008 Commissioned Corps pay raise (3.5%)	+51
Increase for January 2009 pay raise [1/]	+1,298
FTE Increase - increase of 5 Commissioned Corps FTEs	+589
Increase in rental payments to GSA	+155
Subtotal, Built-in	+2,556
Program:	
National Surveys	+4,000
Increase in Worker's Compensation	+7
Enterprise Information Technology Fund	+196
Unified Financial Management System (O&M)	+637
Subtotal, Program	+4,840
Total, Increases	+7,396
Decreases:	
Built-in:	
FTE Reduction - decrease of 9 Civilian FTEs	-1,115
One less compensable day in FY 2009 (261 days)	-227
Subtotal, Built-in	-1,342
Program:	
Cost shift of Operating Costs	-1,691
Unified Financial Management System (Implementation)	-141
Unified Financial Management System (Other Administrative Systems)	-44
HHS Consolidated Acquisition System	-178
Subtotal, Program	-2,054
Total, Decreases	-3,396
Net Change	+$4,000

Note:
1/ FY 2009 includes a 2.9% pay raise for civilian personnel and a 3.4% pay raise for military personnel.

Saint Elizabeths Hospital
Building and Facilities

	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate	FY 2009 +/- FY 2008
St. Elizabeths Hospital.....	---	---	$772,000	+$772,000

Authorizing Legislation.....Section 501 of Public Health Service Act

Authorization ..... Indefinite

Allocation Method ..... Other

Program Description and Accomplishments

On December 9, 2004, the Department of Health and Human Services (DHHS) transferred the West Campus of the St. Elizabeths Hospital to the General Services Administration (GSA). Along with this transfer, the DHHS and GSA signed a Memorandum of Agreement outlining each agency's responsibilities and requirements with regards to the transfer and subsequent associated activities.

One such requirement was for DHHS to pay for any further actions necessary to remediate (clean-up) hazardous substances found on the site after the date of transfer. Following the transfer, GSA discovered the remnants of a former landfill. Preliminary samples collected from various depths showed the presence of lead, dioxins, and other hazardous substances. As a result of the MOU, DHHS is responsible for covering the cost of actions required to remediate this contamination. The DHHS Office of General Council has reviewed the MOU and concurs that this is a DHHS responsibility.

Budget Request

The FY 2009 President's Budget request is $0.772 million, an increase of $0.772 million above the FY 2008 Enacted level to further investigate the extent of this contamination and develop a comprehensive plan and engineering design to clean it up.

Data Evaluation

	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate	FY 2009 +/- FY 2008
Data Evaluation.....	---	---	$2,500,000	+$2,500,000

Authorizing Legislation.....Section 505 of Public Health Service Act

Authorization ..... Indefinite

Allocation Method ..... Contracts

Program Description and Accomplishments

Data Evaluation, initiated in 2009, is for a comprehensive needs assessment and evaluation of substance abuse data surveillance systems across the government to improve data collection, reduce costs, and eliminate duplicative systems. Several systems at the NIH, CDC, and SAMHSA collect substance abuse data on the same populations. Many of these systems were designed more than 10 years ago or more and may not reflect the current need for data to improve treatment services. The purpose of the study is to:

- Review the Systems to assess possible duplication of data;
- Identify possible data collection gaps; and

This study will examine data collected across the:
- Drug Abuse Warning Network (DAWN)
- Health Behavior in School-Aged Children (HBSC)
- Monitoring the Future (MTF)
- National Comorbidity Survey (NCS)
- National Survey on Drug Use and Health (NSDUH)
- National Survey of Substance Abuse Treatment Services (N-SSATS)
- Treatment Episode Data Set (TEDS)
- Inventory of Substance Abuse Treatment Services (I-SATS)

A report will be submitted to the DHHS Data Council for review and comment. Recommendations will be sent to ONDCP.

Budget Request

The FY 2009 President's Budget request is $2.5 million, an increase of $2.5 million above the FY 2008 Enacted level for an independent and comprehensive evaluation of substance abuse data surveillance systems across the government to improve data collection, reduce costs, and promote efficiency.

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SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
DRUG CONTROL BUDGET
FY 2009 RESOURCE SUMMARY
($ in millions)

		FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate
Drug Resources by Drug Control Function:				
Prevention		$563.163	$564.492	$533.184
Treatment		1,879.993	1,881.331	1,837.426
	Total	**$2,443.156**	**$2,445.823**	**$2,370.610**
Drug Resources by Budget Decision Unit : [1/]				
Programs of Regional & National Significance:				
Prevention		$192.902	$194.120	$158.040
SPF-SIG (non-add)		*105.324*	*104.707*	*95.389*
Treatment		398.949	399.844	336.848
ATR (non-add)		*98.703*	*96.492*	*99.716*
SBIRT (non-add)		*29.624*	*29.106*	*56.151*
Adult, Juvenile, and Family Drug Courts (non-add)		*10.217*	*9.940*	*37.823*
Substance Abuse Block Grant [2/]		1,758.591	1,758.728	1,778.591
Program Management [3/]		92.714	93.131	97.131
	Total	**$2,443.156**	**$2,445.823**	**$2,370.610**
Drug Resources Personnel Summary				
Total FTEs (direct only)		**528**	**534**	**528**
Drug Resources as a Percent of Budget				
Total Agency Budget		**$3,327.0**	**$3,356.3**	**$3,158.1**
Drug Resources Percentage		**73.4%**	**72.9%**	**75.1%**

[1/] Includes both Budget Authority and PHS Evaluation funds. PHS Evaluation Fund levels are as follows: $120.9 million in FY 2007, $122.3 million in FY 2008, and $133.2 million in FY 2009.

[2/] Consistent with ONDCP guidance, the entire Substance Abuse Block Grant, including funds expended for activities related to alcohol is included in the Drug Budget. The Block Grant is distributed 20 percent to prevention and 80 percent to treatment.

[3/] Consistent with ONDCP guidance, all SAMHSA Program Management funding is included. Program Management is distributed 20 percent to prevention and 80 percent to treatment.

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Substance Abuse and Mental Health Services Administration
Object Classification Tables – Direct

(Dollars in Thousands)

Object Class	FY 2008 Enacted	FY 2009 Estimate	+/- FY 2008
DIRECT OBLIGATIONS			
Personnel Compensation:			
Full Time Permanent (11.1)	$40,294	$40,511	+$217
Other than Full-Time Permanent (11.3)	2,833	2,848	+15
Other Personnel Compensation (11.5)	546	549	+3
Military Personnel Compensation (11.7)	3,527	4,047	+520
Special Personal Services Payments (11.8)	100	100	---
Subtotal Personnel Compensation:	**47,300**	**48,055**	**+755**
Civilian Personnel Benefits (12.1)	10,568	10,625	+57
Military Personnel Benefits (12.2)	1,677	1,924	+247
Benefits for Former Personnel (13.1)	---	---	---
Subtotal Pay Costs:	**59,545**	**60,604**	**+1,059**
Travel (21.0)	1,400	1,300	-100
Transportation of Things (22.0)	50	45	-5
Rental Payments to GSA (23.1)	6,218	6,373	+155
Rental Payments to others (23.2)	---	---	---
Communications, Utilities and Misc. Charges (23.3	968	592	-376
All Other (23.XX)	404	247	-157
Printing and Reproduction (24.0)	3,563	2,179	-1,384
Other Contractual Services:	---	---	---
Advisory and Assistance Services (25.1)	10,667	9,132	-1,535
Other Services (25.2)	148,157	89,911	-58,245
Purchases from Government Accounts (25.3)	159,895	98,569	-61,326
Operation and Maintenance of Facilities (25.4)	8,706	5,325	-3,381
Research & Development Contracts (25.5)	---	---	---
Medical Care (25.6)	---	---	---
Operation and Maintenance of Equipment (25.7)	210	129	-82
Subsistence & Support of Persons (25.8)	---	---	---
Subtotal Other Contractual Services:	**327,635**	**203,067**	**-124,569**
Supplies and Materials (26.0)	450	416	-34
Equipment (31.0)	73	68	-5
Land & Structures (32.0)	---	---	---
Investments & Loans (33.0)	---	---	---
Grants, Subsidies, and Contributions (41.0)	2,832,406	2,748,742	-83,664
Insurance Claims & Indemnities (42.0)	1,328	1,335	+7
Interest & Dividends (43.0)	---	---	---
Refunds (44.0)	---	---	---
Subtotal Non-Pay Costs	**3,174,495**	**2,964,363**	**-210,131**
Total Direct Obligations	**3,234,040**	**3,024,967**	**-$209,072**

Substance Abuse and Mental Health Services Administration
Salaries and Expenses
(Dollars in Thousands)

Object Class	FY 2008 Enacted	FY 2009 Estimate	+/- FY 2008
Personnel Compensation:			
Full Time Permanent (11.1)	$40,294	$40,511	+$217
Other than Full-Time Permanent (11.3)	2,833	2,848	+15
Other Personnel Compensation (11.5)	546	549	+3
Military Personnel Compensation (11.7)	3,527	4,047	+520
Special Personal Services Payments (11.8)	100	100	---
Subtotal Personnel Compensation:	**47,300**	**48,055**	**+755**
Civilian Personnel Benefits (12.1)	10,568	10,625	+57
Military Personnel Benefits (12.2)	1,677	1,924	+247
Benefits for Former Personnel (13.1)	---	---	---
Subtotal Pay Costs:	**59,545**	**60,604**	**+1,059**
Travel (21.0)	1,400	1,300	-100
Transportation of Things (22.0)	50	45	-5
Rental Payments to Others (23.2)	---	---	---
Communications, Utilities and Misc. Charges (23.3)	968	592	-376
Printing and Reproduction (24.0)	3,563	2,179	-1,384
Other Contractual Services:			---
Advisory and Assistance Services (25.1)	6,198	5,306	-892
Other Services (25.2)	145,490	88,293	-57,198
Purchases from Government Accounts (25.3)	40,378	24,914	-15,464
Operation & Maintenance of Facilities (25.4)	8,706	5,325	-3,381
Research and Development Contracts (25.5)	---	---	---
Medical Care (25.6)	---	---	---
Operation & Maintenance of Equipment (25.7)	210	129	-81
Subsistence & Support of Persons (25.8)	---	---	---
Subtotal Other Contractual Services:	**200,982**	**123,967**	**-77,015**
Supplies and Materials (26.0)	450	416	-34
Subtotal Non-Pay Costs	**207,413**	**128,499**	**-78,914**
Total Salaries and Expenses:	**266,958**	**189,103**	**-77,855**
Rental Payments to GSA (23.1)	6,218	6,373	+155
Grand Total, Salaries & Expenses and Rent	**$273,176**	**$195,476**	**-$77,700**

Substance Abuse and Mental Health Services Administration
Details of Full-Time Equivalent Employment (FTE)

	Total Full-Time Equivalents (Workyears)		
	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate
1. Ceiling FTE			
Direct:			
Program Management			
a. CMHS	92	92	90
b. CSAP	78	80	79
c. CSAT	87	82	81
d. OA	32	28	28
e. OPPB	40	39	39
f. OAS	24	26	26
g. OPS	97	93	93
Direct: SAPT Block Grant Set-aside	25	40	40
Total, Direct Ceiling FTE	475	480	476
Reimbursable:			
Program, Project or Activity:			
a. Program Management - CMHS	3	4	4
b. Mental Health Block Grant (PHS Evaluation Funds)	15	17	17
c. Drug Free Communities	18	21	21
Total, Reimbursable Ceiling FTE	36	42	42
Total, Ceiling FTE	511	522	518
2. Statutory Exempt FTE			
Direct	---	---	---
Reimbursable:			
a. St. Elizabeths Hospital (DC Gov't)	17	12	10
Total Reimb Stat Exempt FTE	17	12	10
Total, Statutory Exempt FTE	17	12	10
Total Direct FTE	475	480	476
Total Reimbursable FTE	53	54	52
Total SAMHSA FTE	528	534	528

Average GS Grade	
2004…….	12.5
2005…….	12.5
2006…….	12.5
2007…….	12.6
2008…….	12.6

Note: While there are no FTE ceilings, there continue to be statutory categorizes of “ceiling exempt” FTE. The tables above include “ceiling exempt” FTE totaling: 17 in FY 2007; 20 in FY 2008; 20 FY 2009 Planning level and 20 FY 2009 alternate.

Substance Abuse and Mental Health Services Administration
Details of Positions

	FY 2007 Actual	FY 2008 Enacted	FY 2009 Estimate
Executive Level I	---	---	---
Executive Level II	---	---	---
Executive Level III	---	---	---
Executive Level IV	1	1	1
Executive Level V	---	---	---
Subtotal	1	1	1
Total - Exec Level Salaries	**$145,400**	**$149,000**	**$153,321**
SES	14	15	15
Subtotal	14	15	15
Total, SES salaries	**$2,144,215**	**$2,289,475**	**$2,442,770**
GM/GS-15	71	71	71
GM/GS-14	119	120	119
GM/GS-13	136	137	136
GS-12	34	32	32
GS-11	21	20	20
GS-10	3	2	2
GS-09	26	24	24
GS-08	15	17	16
GS-07	29	23	23
GS-06	18	16	16
GS-05	---	1	1
GS-04	3	2	2
GS-03	---	---	---
GS-02	1	1	1
GS-01	---	---	---
Subtotal	476	466	463
Total, GS salaries	**$44,669,966**	**$46,197,716**	**$47,283,281**
CC-08/09	1	1	1
CC-07	---	---	---
CC-06	16	16	17
CC-05	7	8	9
CC-04	9	13	10
CC-03	7	7	9
CC-02	8	6	5
CC-01	---	---	---
Subtotal 1/	48	51	51
Total, CC salaries	**$5,225,430**	**$5,746,391**	**$5,841,820**
Average ES level	ES	ES	ES
Average ES salary	$145,400	$149,000	$153,321
Average SES level	SES	SES	SES
Average SES salary	$153,158	$152,632	$162,851
Average GS grade	12.6	12.6	12.6
Average GS salary	$93,845	$99,137	$102,124
Average CC level	4.4	4.5	4.6
Average CC salaries	$108,863	$112,675	$114,546

1/ FTE numbers for Commissioned Corps do not include reimbursable FTEs for Officers detailed to D.C. Government i.e., 20 reimbursable FTEs allocated in FY 2007; 20 allocated in FY 2008/2009.

Substance Abuse and Mental Health Services Administration
Programs Proposed for Elimination

The following table shows the programs proposed for elimination or consolidation in the President's 2009 Budget request. Termination of these 24 programs frees up approximately $176.5 million based on FY 2008 levels – for priority health programs that have a demonstrated record of success or that hold significant promise for increasing accountability and improving health outcomes. Following the table is a brief summary of each program and the rationale for its elimination

CMHS PRNS	FY 2008
Seclusion and Restraint	2.4
Children and Families Program	11.0
Mental Health Transformation Activities	20.9
Mental Health Transformation State Incentive Grants	26.0
Behavioral/Mental & Physical Health Services	7.4
Older Adults	4.8
Adolescents at Risk	1.9
Consumer and Consumer Support Technical Assistance Centers	1.9
Homelessness	2.3
Minority Fellowship Program	3.8
Disaster Response	1.1
Congressional Projects	8.9
Subtotal, CMHS PRNS	92.5
CSAP PRNS	
Underage Drinking Initiative (STOP Act)	5.4
Best Practices Program Coordination	4.8
Minority Fellowship Program	0.1
Congressional Projects	3.7
Subtotal, CSAP PRNS	13.9
CSAT PRNS	
Co-Occurring State Incentive Grants	4.3
Pregnant and Postpartum Women	11.8
Strengthening Treatment and Retention	3.6
Recovery Community Services Program	5.2
Children and Families	24.3
Seclusion & Restraint	0.0
Minority Fellowship Program	0.5
Special Initiatives/Outreach	4.5
Information Dissemination	4.6
Program Coordination and Evaluation	5.2
Congressional Projects	6.2
Subtotal, CSAT PRNS	70.1
TOTAL, SAMHSA PRNS	**176.5**

Substance Abuse and Mental Health Services Administration
Programs Proposed for Elimination

Program Description

Mental Health Programs of Regional & National Significance

Seclusion & Restraint (-$2.4 million)
Budget does not request funds for Seclusion and Restraint infrastructure-building activities. States that have an emerging need to reduce seclusion and restraint in institutional and community-based setting are eligible to apply for Federal funding through a new grant program designed to support mental health needs identified by States and local communities. States may also use funding received through the Community Mental Health Services Block Grant for this purpose. This activity was implemented in 2001, yet no performance data is available. The Centers for Medicare & Medicaid Services recently issued new rules mandating more rigorous training of health care workers in the use of restraints and seclusion, thereby creating an impetus for service providers to reduce and even eliminate the use of these high risk interventions.

Children and Family Programs (-$11.0 million)
The FY 2009 Budget does not request funds for the technical assistance, infrastructure-building activities supported through the Children and Family Programs. Instead the budget requests increases for the Children's Mental Health Services Program which have proven successful in improved behavioral outcomes, better school performance, and fewer disciplinary and law enforcement encounters among children and adolescents with a serious emotional disturbance.

Mental Health Transformation Activities (-$20.9 million)
The Mental Health Transformation Activities, including Transformation Accountability System, are being eliminated. Transformation of mental health systems has been integrated across all grant activities. The Community Mental Health Services Block Grant allows grantees the flexibility to implement programs without being overly restrictive.

Mental Health Transformation State Incentive Grants (-$26.0 million)
Many of the Mental Health Transformation State Incentive Grants are coming to a natural end and a few others are being discontinued to focus resources on the activities with the highest impact. The Community Mental Health Services Block Grant allows grantees the flexibility to implement programs without being overly restrictive.

Behavioral/Physical Health Services Program (-$7.4 million)
Budget does not request separate funding for the Behavioral/Physical Health Services Program. Communities that are interested in further integrating behavioral and physical services are eligible to apply for Federal funding through a new grant program designed to support mental health needs identified by States and local communities. States can also direct Community Mental Health Services Block Grant funds for the integration of mental health and physical services.

Older Adults Programs (-$4.8 million)
Older persons with mental health needs will continue to be supported through the Centers for Medicare and Medicaid Services, the Administration on Aging, and the Health Resources and

Services Administration. This population can be served through the Community Mental Health Services Block Grant and the new Mental Health Targeted Capacity Expansion program.

Adolescents at Risk ($-1.9 million)
The FY 2009 Budget does not request funding through the Adolescents at Risk funding line for the evaluation and documentation of school-based suicide prevention programs. SAMHSA is conducting a cross-site evaluation of 38 Garrett Lee Smith grantees providing school-based suicide prevention programs; the evaluation data is made available to the grantees to utilize. Additionally, the FY 2009 Budget includes $200 million within the National Institute of Mental Health for Services and Intervention Research to evaluate mental health interventions for children, adolescents, and adults.

Consumer and Consumer Support Technical Assistance Centers (-$1.9 million) Funding is not requested for the Consumer and Consumer Support Technical Assistance Centers in order to avoid redundancy with other activities. Many of these activities could be provided by the SAMHSA Health Information Network.

Minority Fellowship Program (-$3.8 million)
The Budget does not request funds for the MFP. The goal of this program is better addressed through HRSA Programs. The goal of the MFP is to places practitioners in clinical settings; however, only twenty percent of nursing program participants end up working in clinical care settings, only 15 percent of psychiatry participants move on to a primary clinical work setting and only one percent of social work participants move on to a clinical setting. The population could be better served through HRSA. The FY 2009 Budget include $120 million for the recruitment and retention of clinicians to the National Health Service Corps, which places clinicians including behavioral health professionals in communities of greatest need such as underserved racial/ethnic minority communities.

Disaster Response (-$1.1 million)
The Budget does not include funds for these technical assistance and training activities. The Federal Emergency Management Agency will continue to support crisis intervention services during time of national emergencies.

Homelessness Science and Service (- $2.3 million)

The Budget discontinues funding for Homelessness prevention activities through the Science and Service category, but includes an increase of $6 million for Projects for Assistance in Transition from Homelessness ($60 million total) for grants to States and Territories to provide assistance to individuals suffering from severe mental illness who are facing homelessness. States and Territories match at least 33 percent of the Federal investment in this program, enabling more clients to be enrolled in services and to advance along the path toward having a permanent place to live.

Congressional Projects (- $8.9 million)
These earmarks, which are not awarded through the merit-based or competitive process, do not represent the most effective use of Federal dollars. These earmarks divert funding from other higher priority programs, circumvent competitive processes, and divert people and associated financial resources from the Agency's core mission activities.

CSAP Programs of Regional & National Significance

Sober Truth on Preventing Underage Drinking (STOP Act) (-$5.4 million)
The Budget supports STOP Act activities within general SAMHSA grant activities such as the $7 million for a new Targeted Capacity Expansion activity to address emerging prevention needs identified by States and local communities, which could include alcohol focused activities. Fifty six million is also requested for activities that screen and provide brief interventions for individuals with a drug addition, including alcohol. Ninety five million for the SPF grants. Over 80 percent of current SPF grantees focus on reducing underage drinking. The SPF grants provide funding to States and federally recognized Tribes and Tribal organizations to: prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking; reduce substance abuse-related problems in communities; and, build prevention capacity and infrastructure at the State/Tribal and community levels.

Best Practices Program Coordination (-$4.8 million)
The Best Practices program activities could be provided by SAMHSA's Health Information Network (SHIN).

Minority Fellowship Program (-$0.1 million)
The Budget does not request funds for the MFP. The goal of this program is better addressed through HRSA Programs. The goal of the MFP is to places practitioners in clinical settings; however, only twenty percent of nursing program participants end up working in clinical care settings, only 15 percent of psychiatry participants move on to a primary clinical work setting and only one percent of social work participants move on to a clinical setting. The population could be better served through HRSA. The FY 2009 Budget include $120 million for the recruitment and retention of clinicians to the National Health Service Corps, which places clinicians including behavioral health professionals in communities of greatest need such as underserved racial/ethnic minority communities.

Congressional Projects (- $3.7 million)
These earmarks, which are not awarded through the merit-based or competitive process, do not represent the most effective use of Federal dollars. These earmarks divert funding from other higher priority programs, circumvent competitive processes, and divert people and associated financial resources from the Agency's core mission activities.

CSAT Programs of Regional & National Significance

Co-Occurring State Incentive Grants (SIGs) (-$4.3 million)
SAMHSA remains committed to addressing co-occurring disorders throughout its grant portfolio. Grant announcements throughout the agency will include language requiring screening and services for individuals with co-occurring disorders where appropriate. In addition, SAMHSA plans to continue technical assistance efforts in this area.

Seclusion & Restraint (-$.02 million)
Budget does not request funds for Seclusion and Restraint infrastructure-building activities. States that have an emerging need to reduce seclusion and restraint in institutional and community-based setting are eligible to apply for Federal funding through a new grant program designed to support mental health needs identified by States and local communities. States may also use funding received through the Community Mental Health Services Block Grant for this purpose. This activity was implemented in 2001, yet no performance data is available. The Centers for Medicare & Medicaid Services recently issued new rules mandating more rigorous

training of health care workers in the use of restraints and seclusion, thereby creating an impetus for service providers to reduce and even eliminate the use of these high risk interventions.

Pregnant and Postpartum Women (-$11.8 million)
The Budget does not request separate funding for Pregnant and Postpartum Women. Treatment facilities receiving funding through the Substance Abuse Prevention and Treatment Block Grant are required to give preference in admissions to pregnant women who would benefit from their services and to publicize that such preference is given. Twenty-one percent of grantees have exceeded approved cost bands, slightly exceeding the established threshold of 20 percent.

Strengthening Treatment Access and Retention (-$3.6 million)
The Budget does not request funding for Strengthening Treatment Access and Retention which assists States in streamlining administrative procedures and improving processes but does not support service provision.

Recovery Community Support Services Program (-$5.2 million)
The Recovery Community Services Program grant funding comes to a natural end and to focus resources on providing these services through more coordinated programs, such as Access to Recovery and Drug Courts. Services provided through this program are not required to be evidence-based.

Children and Families (-$24.3 million)
The Budget does not request separate funding for the Children and Families program. States are encouraged to support effective substance abuse treatment practices for adolescents and their families with funding received through the Substance Abuse Prevention and Treatment Block Grant.

Minority Fellowship Program (-$0.5 million)
The Budget does not request funds for the MFP. The goal of this program is better addressed through HRSA Programs. The goal of the MFP is to places practitioners in clinical settings; however, only twenty percent of nursing program participants end up working in clinical care settings, only 15 percent of psychiatry participants move on to a primary clinical work setting and only one percent of social work participants move on to a clinical setting. The population could be better served through HRSA. The FY 2009 Budget include $120 million for the recruitment and retention of clinicians to the National Health Service Corps, which places clinicians including behavioral health professionals in communities of greatest need such as underserved racial/ethnic minority communities.

Special Initiatives/Outreach (-$4.5 million)
Funding is not requested for Special Initiatives/Outreach in order to avoid redundancy with other activities. Many of these activities could be provided by the SAMHSA Health Information Network.

Information Dissemination (-$4.6 million)
The Information Dissemination program is being eliminated to reduce the number of redundant activities and to focus resources on the activities with the highest impact. Many of the activities of this program could be provided by SAMHSA's Health Information Network (SHIN).

Program Coordination and Evaluation (-$5.2 million)
Funding is not requested for Program Coordination and Evaluation in order to avoid redundancy with other activities. Many of these activities could be provided by the SAMHSA Health Information Network.

Congressional Projects (- $6.2 million)
These earmarks, which are not awarded through the merit-based or competitive process, do not represent the most effective use of Federal dollars. These earmarks divert funding from other higher priority programs, circumvent competitive processes, and divert people and associated financial resources from the Agency's core mission activities.

Financial Management Systems

Unified Financial Management System Operations and Maintenance (UFMS Operation & Maintenance): UFMS has now been fully deployed. The Program Support Center, through the Service and Supply Fund, manages the ongoing Operations and Maintenance activities for UFMS. The scope of Operations and Maintenance services includes post deployment support and ongoing business and technical operations services, as well as an upgrade of Oracle software from version 11.5.9 to version 12.0. SAMHSA will use $1,377,677 for these Operations and Maintenance costs in FY 2009.

HHS Consolidated Acquisition System

The HHS Consolidated Acquisition System (HCAS) initiative is a Department-wide contract management system that will integrate with the Unified Financial Management System. The applications within the HCAS are Compusearch PRISM and a portion of the Oracle Compusearch Interface. PRISM is a federal contract management system that streamlines the procurement process. PRISM automates contract writing, simplified acquisitions, electronic approvals and routing, pre-award tracking, contract monitoring, post award tracking, contract closeout and reporting. SAMHSA will use $65,349 to support the completion of HCAS implementation in FY 2009.

FY 2009 HHS Enterprise Information Technology Fund-PMA e-Gov Initiatives

The **SAMHSA** will contribute **$261,000** of its FY 2009 budget to support Department enterprise information technology initiatives as well as the President's Management Agenda Expanding E-Government initiatives. Operating Division contributions are combined to create an Enterprise Information Technology Fund that finances both the specific HHS information technology initiatives identified through the HHS Information Technology Capital Planning and Investment Control process and the President's Management Agenda initiatives. These HHS enterprise initiatives meet cross-functional criteria and are approved by the HHS IT Investment Review Board based on funding availability and business case benefits. Development is collaborative in nature and achieves HHS enterprise-wide goals that produce common technology, promote common standards, and enable data and system interoperability. The HHS Department initiatives also position the Department to have a consolidated approach, ready to join in President's Management Agenda initiatives. Of the amount specified above, **$125,078** is allocated to support the President's Management Agenda Expanding E-Government initiatives for FY 2009. This amount supports the President's Management Agenda E-Government initiatives as follows:

PMA e-Gov Initiative	FY 2009 Allocation
Business Gateway	$1,638
E-Authentication	$0
E-Rulemaking	$0
E-Travel	$0
Grants.Gov	$34,790
Integrated Acquisition	$0
Geospatial LOB	$0
Federal Health Architecture LoB	$0
Human Resources LoB	$1,094
Grants Management LoB	$3,644
Financial Management LoB	$1,080
Budget Formulation & Execution LoB	$718
IT Infrastructure LoB	$0
Integrated Acquisition – Loans and Grants	$32,113
Disaster Assistance Improvement Plan	$50,000
TOTAL	$125,078

Prospective benefits from these initiatives are:

Business Gateway: Provides cross-agency access to government information including: forms; compliance assistance resources; and, tools, in a single access point. The site offers businesses various capabilities including: "issues based" search and organized agency links to answer business questions; links to help resources regarding which regulations businesses need to comply with and how to comply; online single access to government forms; and, streamlined submission processes that reduce the regulatory paperwork burdens. HHS' participation in this initiative provides HHS with an effective communication means to provide its regulations, policies, and forms applicable to the business community in a business-facing, single access point.

Grants.gov: Allows HHS to publish grant funding opportunities and application packages online while allowing the grant community (state, local and tribal governments, education and research organizations, non-profit organization, public housing agencies and individuals) to search for opportunities, download application forms, complete applications locally, and

electronically submit applications using common forms, processes and systems. In FY 2007, HHS posted over 1,000 packages and received 108,436 application submissions – more than doubling 52,088 received in FY 2006. SAMHSA increased its applications submissions 26 percent from 801 in FY 2006 to 1,012 submissions in FY 2007.

Lines of Business-Human Resources Management: Provides standardized and interoperable HR solutions utilizing common core functionality to support the strategic management of Human Capital. HHS has been selected as a Center of Excellence and will be leveraging its HR investments to provide services to other Federal agencies.

Lines of Business-Grants Management: Supports end-to-end grants management activities promoting improved customer service; decision making; financial management processes; efficiency of reporting procedure; and, post-award closeout actions. An HHS agency, Administration for Children and Families (ACF), is a GMLOB consortia lead, which has allowed ACF to take on customers external to HHS. These additional agency users have allowed HHS to reduce overhead costs for internal HHS users. Additionally, NIH is an internally HHS-designated Center of Excellence and has applied to be a GMLOB consortia lead. This effort has allowed HHS agencies using the NIH system to reduce grants management costs. Both efforts have allowed HHS to achieve economies of scale and efficiencies, as well as streamlining and standardization of grants processes, thus reducing overall HHS costs for grants management systems and processes.

Lines of Business - Financial Management: Supports efficient and improved business performance while ensuring integrity in accountability, financial controls and mission effectiveness by enhancing process improvements; achieving cost savings; standardizing business processes and data models; promoting seamless data exchanges between Federal agencies; and, strengthening internal controls.

Lines of Business – Budget Formulation and Execution: Allows sharing across the Federal government of common budget formulation and execution practices and processes resulting in improved practices within HHS.

Integrated Acquisition Environment for Loans and Grants: Managed by the General Services Administration, all agencies participating in the posting and/or awarding of Loans and Grants are required by the Federal Funding Accountability and Transparency Act to disclose award information on a publicly accessible website. Cross-government cooperation with the Office of Management and Budget's Integrated Acquisition Environment initiative in determining unique identifiers for Loans & Grants transactions furthers the agency in complying with the Transparency Act, which enhances transparency of federal program performance information, funding, and Loans & Grants solicitation.

Disaster Assistance Improvement Plan (DAIP): The DAIP, managed by Department of Homeland Security, assists agencies with active disaster assistance programs such as HHS to reduce the burden on other federal agencies which routinely provide logistical help and other critical management or organizational support during disasters. The DAIP program office, during its first year of operation, will quantify and report on the benefits and cost savings or cost reductions for each member agency.

For detailed information regarding SAMHSA's IT activities, please refer to SAMHSA's FY 2009 Exhibit 300: Capital Asset Plan and Business Case Summaries. This information will be posted on the HHS website by February 19, 2008, at www.hhs.gov/exhibit300.

Substance Abuse and Mental Health Services Administration
SIGNIFICANT ITEMS IN HOUSE, SENATE AND CONFERENCE APPROPRIATIONS REPORTS

Issues Addressed by Both the House and Senate (H.R. 110-231 and S.R. 110-107)

Item

Outreach to elderly - Outreach to elderly persons conducted in places frequented by seniors, such as senior centers, meal sites, primary care settings and other locations, is needed. The elderly treatment and outreach program is the only Federally-funded services program dedicated specifically to the mental health care of older adults. It is for this reason that within the funds provided, the Committee recommends that no less than the level allocated in fiscal year 2007 be allocated for the older adults program. The Administration did not request funding for this program. Additionally, SAMHSA is urged to study, or to commission a study, examining the mental health workforce needed to address the healthcare needs of older adults. (p. 177)

Action taken or to be taken

With the funding provided at the FY 2008 Enacted level, the Older Adults program within CMHS, is provided at $4.8 million, A SAMHSA-wide workforce workgroup is collaborating to identify core competencies for behavioral health practice including work with older adults. In addition, SAMHSA has two on-line resources to address mental health workforce issues: “An Action Plan on Behavioral Health Workforce Development and Strengthening Professional Identity – Challenges of the Addictions Treatment Workforce.”

Item

Mental Health of Older Adults - The Committee recognizes that older adults are among the fastest growing subgroups of the U.S. population. Approximately 20-25 percent of older adults have a mental or behavioral health problem. In fact, older white males (age 85 and over) currently have the highest rates of suicide of any group in the United States. The Committee acknowledges the efforts of SAMHSA to address the mental and behavioral health needs of older adults through the targeted capacity expansion grant program. The Committee encourages increased support for communities to assist them in building a solid foundation for delivering and sustaining effective mental health outreach, treatment and prevention services for older adults at risk for a mental disorder. (p. 166)

Action taken or to be taken

With the funding provided at the FY 2008 Enacted level, the Older Adults program within CMHS, is provided at $4.8 million, A SAMHSA-wide workforce workgroup is collaborating to identify core competencies for behavioral health practice including work with older adults. In addition, SAMHSA has two on-line resources to address mental health workforce issues: “An Action Plan on Behavioral Health Workforce Development and Strengthening Professional Identity – Challenges of the Addictions Treatment Workforce.”

Substance Abuse and Mental Health Services Administration
SIGNIFICANT ITEMS IN HOUSE, SENATE AND CONFERENCE APPROPRIATIONS REPORTS

Issues Addressed by Both the House and Senate (H.R. 110-231 and S.R. 110-107)

Item

Treatment drug court program- The Committee urges SAMHSA to ensure, through the grant application process, that successful applicants for the treatment drug court program demonstrate evidence of direct and extensive consultation and collaboration with the corresponding State substance abuse agency in the planning, implementation and evaluation of the grant. (p. 180)

Action taken or to be taken

SAMHSA recognizes the importance of involving the Single State Agency in the planning, implementation, and evaluation of the Treatment Drug Court grant applications to better ensure coordination between the criminal justice and community-based substance abuse treatment systems and to increase the chances of treatment drug court sustainability. SAMHSA has included the Committee language in the FY 2008 Treatment Drug Courts Request for Applications which requires applicants to demonstrate evidence of direct and extensive consultation and collaboration with the corresponding State substance abuse agency in the planning, implementation, and evaluation of the project by including a letter from the agency Director or designated representative in the application that indicates involvement of the agency.

Item

Criminal justice activities- The Committee recommendation includes an increase of $13,709,000, as requested by the administration, for criminal justice activities including treatment drug court grants. The Committee urges SAMHSA to ensure through the grant application process that successful applicants for treatment drug court programs demonstrate evidence of consultation and collaboration with the corresponding State substance abuse agency in the planning, implementation and evaluation of the grant. (p. 170)

Action taken or to be taken

SAMHSA recognizes the importance of involving the Single State Agency in the planning, implementation, and evaluation of the Treatment Drug Court grant applications to better ensure coordination between the criminal justice and community-based substance abuse treatment systems and to increase the chances of treatment drug court sustainability. SAMHSA has included the Committee language in the FY 2008 Treatment Drug Courts Request for Applications which requires applicants to demonstrate evidence of direct and extensive consultation and collaboration with the corresponding State substance abuse agency in the planning, implementation, and evaluation of the project by including a letter from the agency Director or designated representative in the application that indicates involvement of the agency.

Item

Underage drinking - The Committee commends the Surgeon General's "Call to Action" on underage drinking, and shares the Surgeon General's concern about new research indicating that the developing adolescent brain may be particularly susceptible to long term harms from alcohol use, including neurocognitive impairment. The Committee

urges the Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD) to develop and pursue efforts to carry out the Surgeon General's Call to Action, including supporting and assisting State and local efforts. The Committee encourages the Surgeon General and the administrator of SAMHSA to continue speaking out on the issue. (p. 182)

Action taken or to be taken

The ICCPUD agencies are and will continue to disseminate the "Call to Action" and to encourage and support State and local efforts to carry it out. For example, the Acting Surgeon General addressed national meetings of key ICCPUD programs and stakeholders (including the Enforcing the Underage Drinking Laws conference, the National Conference for the Office of Safe and Drug Free Schools, and the national meeting of the National Association of Alcohol and Drug Abuse Directors, and encouraged them to use the Call to Action to inform their programming. In 2008, ICCPUD and SAMHSA will again sponsor Town Hall Meetings in all 50 States, and communities are encouraged to use the Call to Action and the accompanying guides to inform both community awareness and planning. In addition, the Acting Surgeon General, in cooperation with the Leadership to Keep Children Alcohol Free, has and will continue to roll the Call to Action out in various States, often in concert with the First Spouses and other State leaders. Similarly, the SAMHSA Administrator has and will continue to speak out on the issue. As part of this effort, both the Acting Surgeon General and the SAMSHA will continue to meet with senior officials and the underage drinking teams in the States and encourage them to use the Call to Action as a blueprint for addressing the issue.

Item

Preventing underage drinking - The Committee expects the Intergovernmental Coordinating Committee on the Prevention of Underage Drinking (ICCPUD) and its member agencies to continue coordinating national efforts to prevent and reduce underage drinking and its consequences, and developing and pursuing efforts to carry out the Surgeon General's "Call to Action". Those efforts should include supporting and assisting State and local efforts to carry out the Surgeon General's recommendations. In reporting Monitoring the Future and other substance use surveillance data, the Committee expects SAMHSA to collaborate with NIDA and other ICCPUD agencies to separately and prominently highlight alcohol-related findings. (p. 172/173)

Action taken or to be taken

The ICCPDUD agencies will continue to coordinate national efforts to prevent and reduce underage drinking and its consequences, as well as continuing to pursue effort to carry out the Surgeon General's Call to Action. The Acting Surgeon General addressed national meetings of key ICCPUD programs and stakeholders, including the Enforcing the Underage Drinking Laws conference, the National Conference for the Office of Safe and Drug Free Schools, and the national meeting of the National Association of Alcohol and Drug Abuse Directors (NASDAD), and encouraged them to use the Call to Action to inform their programming. In 2008, ICCPUD and SAMHSA will again sponsor Town Hall

Substance Abuse and Mental Health Services Administration
SIGNIFICANT ITEMS IN HOUSE, SENATE AND CONFERENCE APPROPRIATIONS REPORTS

Issues Addressed by Both the House and Senate (H.R. 110-231 and S.R. 110-107)

Meetings in all 50 States, and communities are encouraged to use the Call to Action and the accompanying guides to inform both community awareness and planning. In addition, the Acting Surgeon General, in cooperation with the Leadership to Keep Children Alcohol Free, has and will continue to roll the Call to Action out in various States, often in concert with the First Spouses and other State leaders. With regard to data, SAMHSA has and will continue to highlight alcohol-findings from the agency's data sets. The ICCPUD will also continue to encourage its members to highlight alcohol-related findings in their reports, and will continue to include data in its reports from various ICCPUD members' data sets, including Monitoring the Future, the Youth Risk Behavior Survey and the National Survey on Drug Use and Health.

Item

Use of strategic prevention framework State incentive grant funds - The strategic prevention framework State incentive grant (SPF SIG) program is designed to promote, bolster, and sustain prevention infrastructure in every State in the country. The Committee recognizes that the lynchpin of the SPF SIG program is State flexibility. Therefore, the Committee urges SAMHSA to promote flexibility in the use of SPF SIG funds in order to allow each State to tailor prevention strategies that are most appropriate for the populations in their own jurisdiction. (p. 182/183)

Action taken or to be taken

The SPF SIG grant program allows each State to tailor prevention strategies. States have maximum flexibility to develop infrastructure, identify problems, and create comprehensive State and community plans to address their unique circumstances. The basic requirements of the grant are: 1) implementation of the SPF process, including an epidemiological analysis; 2) 85 percent of the funding must go to communities for infrastructure or services; 3) no more than 20 percent of the total award may be spent on evaluation; and 4) State will maximize existing State and federal resources through the use of a statewide governors advisory council made up of State and local agencies and organizations which approve and guide the State plan to insure maximum responsiveness to the problems identified in the State and to be addressed in each funded community. Within these general guidelines, SPF SIG recipients have wide flexibility in the precise programs and strategies they may implement.

Item

Strategic prevention framework State incentive grant program - The Committee recommendation includes funding at last year's level for the strategic prevention framework State incentive grant (SPF SIG) program, which is designed to promote, bolster and sustain prevention infrastructure in every State in the country. The Committee recognizes that the lynchpin of the SPF SIG program is State flexibility. Therefore, the Committee urges SAMHSA to promote flexibility in the use of SPF SIG funds in order to allow each State to tailor prevention services based on a needs assessment or plan, rather than pre-determined strategies that may not be appropriate for the populations in their own jurisdiction. (p. 172)

Substance Abuse and Mental Health Services Administration
SIGNIFICANT ITEMS IN HOUSE, SENATE AND CONFERENCE APPROPRIATIONS REPORTS

Issues Addressed by Both the House and Senate (H.R. 110-231 and S.R. 110-107)

Action taken or to be taken

The SPF SIG grant program allows each State to tailor prevention strategies. States have maximum flexibility to develop infrastructure, identify problems, and create comprehensive State and community plans to address their unique circumstances. The basic requirements of the grant are: 1) implementation of the SPF process, including an epidemiological analysis; 2) 85 percent of the funding must go to communities for infrastructure or services; 3) no more than 20 percent of the total award may be spent on evaluation; and 4) State will maximize existing State and federal resources through the use of a statewide governors advisory council made up of State and local agencies and organizations which approve and guide the State plan to insure maximum responsiveness to the problems identified in the State and to be addressed in each funded community. Within these general guidelines, SPF SIG recipients have wide flexibility in the precise programs and strategies they may implement.

Substance Abuse and Mental Health Services Administration
SIGNIFICANT ITEMS IN HOUSE, SENATE AND CONFERENCE APPROPRIATIONS REPORTS

FY 2008 House Appropriation Committee Report Language (H.R. 110-231)

Item

Eating disorders - Data indicate that eating disorders are almost as prevalent as alcohol or drug problems among middle and high school female students, but that far less time is spent on preventing eating disorders than on substance abuse prevention programs. Therefore, the Committee urges SAMHSA to integrate eating disorder education and prevention programs into its core mental health programs, particularly those that serve middle and high school students. (p. 176)

Action taken or to be taken

SAMHSA recognizes the impact that eating disorders have on both physical and mental health. While SAMHSA does not have any current programs focusing specifically on this issue, initiatives that target youth have the ability to integrate information regarding eating disorders into program activities as needed.

Item

Supportive services for veterans - The Committee recognizes that veterans returning from Iraq and Afghanistan have enhanced needs for mental health care and other supportive services that they may want to access through the community. To improve veterans' access to mental health and related services, the Committee encourages SAMHSA to fund a pilot internet-based veterans' portal within the network of care. The portal should include a comprehensive service directory; a veteran-specific library; links to advocacy and support groups; and state-of-the-art, interactive technology for personal recordkeeping, and information sharing. Such a resource will enable veterans and their families to identify and access available services, educate themselves about mental illnesses, facilitate communications with providers and others, and overcome the stigma that often prevents veterans from seeking care. According to CDC, teen suicide rates in the U.S. increased by 18 percent between 2003 and 2004. The Committee is deeply concerned by this disturbing development and urges SAMHSA to strengthen its efforts to assist local educational systems and nonprofit entities to implement mental health screening and suicide prevention programs and to identify evidence-based practices for facilitating treatment for youth at risk. As evidence-based programs are developed and identified, the Committee urges SAMHSA to support activities in fiscal year 2008 to determine how these practices can be best implemented at the community level. (p. 177/178)

Action taken or to be taken

As part of the on-going effort to support appropriate services for veterans with substance abuse and mental health needs, SAMHSA will consult with the Department of Veterans Affairs about available web resources and materials for veterans and strategies for how appropriate resources for veterans can be coordinated with SAMHSA's web portal resources.

Since 2005, SAMHSA has funded local educational systems or non-profit entities through the *Linking Adolescents at Risk for Suicide to Mental Health Services* grant program to evaluate voluntary school-based programs that focus on identification and

FY 2008 House Appropriation Committee Report Language (H.R. 110-231)

referral of high school youth who are at risk for suicide or suicide attempts. In FY 2008, program grantees will complete assessments of strategies for identifying high school youth at risk for suicide and related referral processes for mental health treatment and/or other services. SAMHSA intends to conduct a project in FY 2008 to develop materials for use by schools that will take advantage of the knowledge acquired from program grantees. This project includes the development of materials and a corresponding dissemination plan to encourage the implementation of the identified best practices within communities upon completion of grant program activities.

Item

Outreach **–** The Committee encourages SAMHSA to work with appropriate organizations that provide substance abuse services to create a comprehensive system of outreach, training, information and resources, and prevention and treatment services that will be culturally competent and accessible to all Asian Americans and Pacific Islanders (AAPI) populations across the U.S. (p. 180)

Action taken or to be taken

SAMHSA continues to ensure that its grant programs and technical assistance programs are culturally relevant for AAPI and other minority groups. Grant funding announcements routinely reflect the requirement for cultural competence and the SAMHSA peer review process ensures that the overall portfolio is replete with programs serving a variety of minority communities with services delivered in a culturally appropriate and responsive manner.

Currently, SAMHSA has 10 discretionary grants in seven distinct programs targeted at the provision of treatment services for AAPI populations. Geographically, the grants span the country from New York and Kentucky to California and Hawaii. These grants range from the expansion of culturally appropriate behavioral health services for AAPI populations in California, to the provision of targeted services to methamphetamine users in Hawaii. One grant in California provides intensive services for young women (ages 13 to 18) who are under court jurisdiction for drug offenses and offers them treatment alternatives, mentoring, and vocational and educational programming.

In addition, SAMHSA's Substance Abuse Prevention and Treatment Block Grant funds are distributed not only to States with significant AAPI populations (e.g., Hawaii) but also to the territories of American Samoa, Guam, the Marshall islands, Micronesia, the Northern Mariana Islands and Palau. Technical assistance and consultation is available, in person or by electronic means, to each of these jurisdictions through SAMHSA's Centers.

Finally, SAMHSA offers both prevention and treatment materials in a variety of languages, including Chinese, Korean and Vietnamese. These materials are available to the public at no cost and can be accessed by mail, telephone or through the internet at: http://www.kap.samhsa.gov/mli/.

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Item

Substance abuse prevention - The Committee urges SAMHSA to promote maximum flexibility in the use of prevention set-aside funds in order to allow each State to employ prevention strategies that match State and local circumstances. (p. 182)

Action taken or to be taken

The Substance Abuse Prevention and Treatment Block Grant is very flexible with regard to the use of the prevention set-aside funds. Within the Block Grant, States are statutorily permitted to utilize their funds in the following categories: information dissemination, education, alternatives, problem identification and referral, community-based processes, environmental strategies, other, and tobacco use among minors. Some States fund programs and services, while other States fund infrastructure, (e.g. coalitions, technical assistance centers, training institutes), and some States do a variation of both. All are in compliance with the broad goals of the Substance Abuse Prevent and Treatment block grant set-aside. Center for Substance Abuse Prevention provides States with a variety of technical assistance, through the Centers for the Application of Prevention Technologies, the National Registry of Evidence-based Programs and Practices, State Epidemiological Outcome Workgroups and other mechanisms to assist them in developing State plans to empower communities to implement comprehensive locally developed strategies to reduce substance abuse and its related problems. State and their communities have the flexibility to allocate the funds in accordance with State and local circumstances.

Item

Outreach to tribal organizations - The Committee recognizes that substance abuse is at critically high levels among American Indians and Alaska Natives and is deeply concerned about the epidemic of mental health and substance abuse problems on reservations and among urban Indian populations. According to CDC, rates of substance abuse and dependency are the highest among the American Indian and Alaska Native population at 14.1 percent. The Committee is deeply troubled by recent reports, which state that 30 percent of American Indian youths have experimented with methamphetamines. The Committee encourages SAMHSA to strengthen outreach to tribal organizations, particularly with respect to the access to recovery and targeted capacity expansion-general programs, in order to increase tribal participation in these programs. Furthermore, the Committee requests SAMHSA to submit a report to the House Committee on Appropriations not later than six months after the enactment of this Act on its past outreach efforts to tribal organizations, the current participation rates of eligible tribal organizations, and barriers to access facing tribal organizations. Additionally, the Committee includes adequate funding to ensure that no less than $4,070,000 shall be made available to tribes and tribal organizations for treatment programs for mental illness and substance abuse. (p. 175)

Action taken or to be taken

SAMHSA's commitment in providing outreach to Tribal organizations is a key part of the agency's vision to provide "A Life in the Community for Everyone." SAMHSA is actively

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engaged in the Department of Health and Human Services' Regional Tribal Consultation Sessions. These sessions provide an opportunity for the Department to reach out to the tribal communities in an effort to provide a cohesive approach in providing health-related services, including mental health and substance abuse prevention and treatment, activities that are appropriate for Native Americans. In FY 2006, SAMHSA initiated a new policy geared toward expanding tribal eligibility to more grant programs which resulted in the awarding of grants to 12 tribal service organizations across the country. In FY 2007, 19 tribal service organizations received grants. Examples of SAMHSA programs with tribal participation include:

- Center for Mental Health Services - Garrett Lee Smith State/Tribal Youth Suicide Prevention Grants: seven grants awarded for a total of $2.8 million in FY 2006 to the Native American Rehabilitation Association; United American Indian Involvement; Tohono O'odham Nation; Montana Wyoming Tribal Leaders Council; White Mountain Apache/Johns Hopkins, Maniilaq Association; and Standing Rock Sioux Tribe.
- Center for Substance Abuse Prevention - Strategic Prevention Framework State Incentive Grants: – five grants awarded for a total of $6.8 million in FY 2006 to Cook Inlet Tribe Council, Inc., Anchorage; Native American Health Center, Inc., Oakland; Grand Traverse Band of Ottawa and Chippewa, Peshawbestown; The Cherokee Nation, Tahlequah; and Great Lakes Intertribal Council, Inc., Lac du Flambeau
- Center for Substance Abuse Treatment: Access to Recovery: five ATR grants totaling $15.7 million were awarded in FY 2007 to Southcentral Foundation in Anchorage, AK; California Rural Indian Health Board; Inter-Tribal Council of Michigan, Inc.; Montana-Wyoming Tribal Leaders Council; and Cherokee Nation of Oklahoma. These grants include a focus on treatment for Methamphetamine use.

SAMSHA expects to provide its report to the House Committee on Appropriations in early summer 2008.

Item

State underage drinking and enforcement activities - Within the total, the Committee recommends $7,000,000 to carry out programs authorized by the Sober Truth on Preventing (STOP) Underage Drinking Act: $5,000,000 for community-based coalition enhancement grants; $1,000,000 for the Intergovernmental Coordinating Committee on the Prevention of Underage Drinking (ICCPUD); and, $1,000,000 to continue and enhance the national adult-oriented media public service campaign to prevent underage drinking. The Committee intends that the funding provided to ICCPUD will be used to provide a report to the House and Senate Committees on Appropriations on State underage drinking prevention and enforcement activities consistent with the STOP Underage Drinking Act, including a comprehensive summary of the actions taken to accomplish the recommendations in the Surgeon General's call to action. (p. 182)

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Action taken or to be taken

The ICCPUD agencies are and will continue to disseminate the "Call to Action" and to encourage and support State and local efforts to carry it out. For example, the Acting Surgeon General addressed national meetings of key ICCPUD programs and stakeholders (including the Enforcing the Underage Drinking Laws conference, the National Conference for the Office of Safe and Drug Free Schools, and the national meeting of the National Association of Alcohol and Drug Abuse Directors, and encouraged them to use the Call to Action to inform their programming. In 2008, ICCPUD and SAMHSA will again sponsor Town Hall Meetings in all 50 States, and communities are encouraged to use the Call to Action and the accompanying guides to inform both community awareness and planning. In addition, the Acting Surgeon General, in cooperation with the Leadership to Keep Children Alcohol Free, has and will continue to roll the Call to Action out in various States, often in concert with the First Spouses and other State leaders. Similarly, the SAMHSA Administrator has and will continue to speak out on the issue. As part of this effort, both the Acting Surgeon General and the SAMSHA will continue to meet with senior officials and the underage drinking teams in the States and encourage them to use the Call to Action as a blueprint for addressing the issue.

A comprehensive summary of the actions being taken to accomplish the recommendations in the Surgeon General's Call to Action will be addressed in the final Appropriations report to Congress.

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Item

Trauma-related mental disorders - The Committee reiterates its strong support for the National Child Traumatic Stress Network (NCTSN). The recommendation includes $35,000,000 to support grants through the NCTSN that will develop knowledge of best practices, offer trauma training to mental health and other child-serving providers, and provide mental health services to children and families suffering from post-traumatic stress disorder (PTSD) and other trauma-related disorders as a result of having witnessed or experienced a traumatic event. The Committee encourages the expansion of the number of network centers, with preference to applicants with prior experience in the NCTSN and extensive experience in the field of trauma-related mental disorders in children, youth, and families. (p. 165/166)

Action taken or to be taken

Consistent with the FY 2008 Enacted Bill, SAMHSA will provide $33,092,000 for the National Child Traumatic Stress Network program. The National Child Traumatic Stress Network consists of organizations working to address the complex issue of child traumatic stress as a result of various types of trauma and through a variety of child-serving agencies and systems. Requirements and priorities in SAMHSA's request for applications mirrors that in the authorizing language which states, "the Secretary shall give priority to mental health agencies and programs that have established clinical and basic research experience in the field of trauma-related mental disorders." SAMHSA's competitive application process permits previously funded grantees to reapply for funding under this initiative.

Item

Disaster Mental Health - The Committee recognizes the significant impact that natural and human-made disasters can have on mental and behavioral health. In particular, such events can lead to negative mental and behavioral health consequences for vulnerable populations, including older adults, children, individuals with disabilities, and ethnic minorities. The Committee acknowledges the role of the Emergency Mental Health and Traumatic Stress Services Branch in supporting the emotional recovery of those impacted by trauma and disasters. The Committee encourages this branch, in collaboration with FEMA, to increase attention to the mental and behavioral health needs of vulnerable populations during and in the aftermath of a disaster. (p. 166)

Action taken or to be taken

SAMHSA has developed a long and proud collaboration with the Federal Emergency Management Agency and State and local mental health providers in serving all individuals impacted by disasters and trauma. Guidance and training always includes specific techniques for identifying, assisting, and, when appropriate, referring individuals considered being vulnerable populations such as children, frail elderly, recent immigrants and individuals with serious mental illness or addiction disorder.

SAMHSA staff have also provided consultation to the Centers for Medicare and Medicaid on longer term mental health needs and infrastructure needs related to the

rebuilding efforts following the 2005 hurricanes and SAMHSA has provided technical assistance and consultation to the State mental health and substance abuse authorities in Louisiana and Mississippi. In addition, SAMHSA provided support to the Administration for Children and Families to promote the availability of supplemental social services block grant dollars for mental health treatment and recovery services.

Item

Juvenile Justice - The Committee encourages SAMSHA to give high priority to projects that coordinate, screen, assess, diagnose and treat juveniles who have had encounters with the juvenile justice system. The Committee is encouraged by the results of such programs that have shown significant decreases in contacts with law enforcement. (p. 166)

Action taken or to be taken

The Comprehensive Community Mental Health Services for Children and Their Families (Systems of Care) program has consistently served youth involved with the juvenile justice system, ranging from 11 percent to 19 percent. Throughout the program's history, the percentage of youth served in systems of care who have reported some contact with law enforcement at intake into services has increased, averaging 37 percent. These youth, however, consistently demonstrate a decrease in subsequent law enforcement contacts at 6 months, with an average decrease of 33 percent. According to a study done on the System of Care, the percentage of youth reporting they had been arrested in the previous 6 months decreased significantly over time. Nearly 20 percent reported having been arrested at intake, but the figure dropped to just over 12 percent at 18 months, a statistically significant decrease. In studies comparing systems of care to traditional service delivery systems, results indicate that risk of subsequent juvenile justice involvement was reduced when children received mental health services in systems of care rather than in comparison service delivery systems.

In addition, SAMHSA Adolescent Substance Abuse Treatment Grants have consistently served youth who have had involvement with the juvenile justice system. Since 1997, between 60 percent and 80 percent of youth who received treatment through CSAT adolescent treatment grant programs have been related to the juvenile justice system. SAMHSA anticipates that future adolescent substance abuse treatment grant programs will continue to provide coordination, screening, assessment, diagnosis and treatment for youth, with a particular focus on youth who have been involved in the juvenile justice system.

Item

Teenage Depression and Suicide - According to the Centers for Disease Control and Prevention, teen suicide rates in the United States increased by 18 percent between 2003 and 2004. The Committee is deeply concerned by this disturbing development and urges SAMHSA to strengthen its efforts to assist local educational systems and non-profit entities to implement mental health screening and suicide prevention programs and to identify evidence-based practices for facilitating treatment for youth at risk. As

evidence-based programs are developed and identified, the Committee strongly urges SAMHSA to determine how these practices can be best implemented at the community level. (p. 166)

Action taken or to be taken

SAMHSA has been providing substantial support to implement and evaluate mental health screening and suicide prevention programs and to identify evidence based practices for facilitating treatment for youth at risk. The Garrett Lee Smith State and Tribal Youth Suicide Prevention and Early Intervention grant program is currently supporting youth suicide prevention and early intervention efforts in 31 States and seven tribes or tribal organizations, and a Request for Applications for this grant program has been issued by SAMHSA for FY 2008. Currently, most of the 38 grantees are providing school based suicide prevention programs. SAMHSA is funding a cross site evaluation of these programs. Among the areas examining is the extent to which youth identified as at risk for suicide are referred and actually receive mental health treatment. The cross site evaluation is also examining the extent to which school "gatekeepers" who are trained in techniques such as identifying the warning signs of suicide, actually utilize what they have learned. This evaluation data is made available for grantees to utilize, and technical assistance for implementation issues provided through the Suicide Prevention Resource Center.

SAMHSA has also funded eight Adolescents at Risk grants to evaluate the effectiveness of school based suicide prevention programs in linking at risk youth to services. In FY 2007, the grantees were given an additional year to continue their work.

Finally, SAMHSA's Suicide Prevention Resource Center has been collaborating with SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP). The Suicide Prevention Resource Center has worked to identify suicide prevention programs and assist them in becoming ready for NREPP review. Of the seven suicide prevention programs currently on the NREPP registry, there are three school based programs, the American Indian Life Skills Development curricula, the Signs of Suicide program, and the Columbia University Teen Screen program. There are several additional suicide prevention programs, including school based programs that are currently under review. NREPP ranks each program on strength of evidence and the ability to be disseminated. After all the suicide prevention programs have been through the NREPP review process, SAMHSA and the Suicide Prevention Resource Center will systematically address the problems through knowledge dissemination.

Item

Community Mental Health Services Block Grant - The community mental health services block grant distributes funds to 59 eligible States and Territories through a formula based upon specified economic and demographic factors. Applications must include an annual plan for providing comprehensive community mental health services to adults with a serious mental illness and children with a serious emotional disturbance. Because the mental health needs of our Nation's elderly population are often not met by

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existing programs and because the need for such services is dramatically and rapidly increasing, the Committee encourages SAMHSA to require that States' plans include specific provisions for mental health services for older adults. (p. 167)

Action taken or to be taken

The FY 2008 Community Mental Health Services Block Grant Plan Guidance required States to describe how the service needs of older adults would be addressed. States will submit their annual Implementation Report summarizing the activities related to serving this population by December 1, 2008. SAMHSA will continue to encourage States to focus on the growing mental health needs of older adults and will include the requirement for serving older adults in all future Community Mental Health Block Grant Plan Guidance.

Item

Blood Borne Pathogens - The Committee is concerned about the prevalence of substance abuse, hepatitis and other blood borne pathogens and encourages SAMHSA to promote liver health education and primary prevention activities. This effort could include the promotion of healthy lifestyle behaviors for all age groups and secondary prevention to promote recovery for those infected with blood borne pathogens. (p. 170)

Action taken or to be taken

All Minority AIDS grantees (currently 127 discretionary grants funded in FY 2007) require that grantees offer HIV rapid testing and follow-up services for all clients that test positive. Testing in the past has been done through coordination with a local health department or an AIDS services organization. However, beginning in FY 2008, CSAT Minority AIDS grantees will be required to offer testing on-site (employing trained and State-certified counselors). The cost of test kits, staff time, and training may be budgeted in the grant. If a client tests HIV positive using the rapid test and has a second confirmatory test which is also positive, the grantee must assure that the HIV/AIDS medical needs of the client will be addressed. Grantees also must provide a plan to track all referrals and outcomes of HIV positive clients who are referred for treatment. Grantees will be required to collect and submit testing and counseling data for all clients receiving services purchased with grant funds. These data include, but are not limited to, rapid and confirmatory test results, past HIV test results, reason for referral, risky behaviors, and referrals. The data will be reported using the standard GPRA data collection tool and entered and submitted through the GPRA/Services Accountability Improvement System website or collected through the multi-site evaluation.

In addition, all Minority AIDS grantees are expected to provide HIV/AIDS related services (including referral for treatment for Sexually Transmitted Infections, Tuberculosis, and Hepatitis A, B and C). Grantees are also expected to develop memoranda of agreement with community-based organizations with experience in providing recovery support and other services in the targeted communities.

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We have worked with the Hepatitis Foundation International and estimate that we have trained 3,000 SAMHSA grantees in the past three years. The Hepatitis Foundation International has made presentations at grantee conferences, national conferences including grantees and at grantee organizations around the country.

In addition, SAMHSA is conducting Hepatitis C testing and a Hepatitis A and B vaccination project. In September 2005, under a SAMHSA Hepatitis Vaccination Demonstration Project, a firm fixed price contract was awarded to an (8a) small business to ship and track 43,950 doses of Hepatitis A/B vaccine and needles. Invitation letters to programs were sent from CSAT in Nov 2005 and initial vaccine shipments began in Jan 2006. By the end of September 2006, all vaccine doses had been ordered with requests for significantly more than were available for 38 programs in 21 States covering 82 vaccination sites. Throughout this time period, there was rapidly increasing interest from State Hepatitis C Coordinators operating out of State health departments and local/State public health departments to increase vaccinations in vulnerable populations who would not have otherwise received any Hepatitis immunizations. Within the short time-frame of this demonstration project, some programs began forming necessary support relationships with public health agencies so that immunizations recommended by Centers for Disease Control and Prevention could occur as a 'one-stop' patient care service and patients could be effectively immunized against Hepatitis A and B virus that could otherwise result in significant disability or death. Other programs had strong internal immunization capability and were rapidly able to increase their immunization efforts such that the strong demand expressed by patient or outreach community populations could be addressed.

An initiative begun in FY 2007 adds support for home testing for Hepatitis C virus (HCV) in individuals who are receiving methadone treatment for opiate addiction through the purchase and distribution of Hepatitis C home test kits. The current initiative continues support of hepatitis immunization against Hepatitis A and B virus infection that should help prevent additional serious liver disease through the purchase of hepatitis vaccines to be used by participating opioid treatment programs.

Opioid Treatment Programs participating in the vaccination demonstration project will work with the program coordinator to provide demographic and risk information, and numbers of vaccinations received by those agreeing to be vaccinated. The evaluations reflect the different types of programs and populations served, as well as the inherent capability to either directly vaccinate the population at risk, or develop the relationships necessary between public health and substance abuse prevention/treatment programs to facilitate provision of recommended preventive services.

The goal of this project is to evaluate the feasibility of a multi-modal approach that includes prevention and patient care, and will:

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1. Support home testing for Hepatitis C infection in HIV+ clients in treatment within participating substance abuse treatment programs,
2. Promote a reduced risk of progressive liver disease through vaccination against infection by Hepatitis A and B virus, allowing use of an accelerated vaccine schedule for enhanced compliance in community-outreach or brief intervention settings,
3. Collect information on any OTP case management and referral initiatives to hepatitis evaluation and care for those individuals who test positive for Hepatitis C infection, and
4. Collect information on any OTP Case management and referral initiatives to HIV evaluation and care for those individuals who are diagnosed to be HIV positive

The objectives of this project are as follows:

1. Establish a 'just in time' shipping strategy of vaccine and test products to minimize on-site storage and potential waste problems while reaching the maximum number of patients that can benefit from hepatitis vaccination or testing services.
2. Establish partnership agreements with up to 10 substance abuse treatment programs comprising methadone programs, mobile outreach programs, or buprenorphine certified physicians.
3. Document numbers of patients receiving vaccinations that would not otherwise have been given and numbers of patients screened and treated for hepatitis and/or HIV who also have a substance use disorder.
4. Define within these participating programs, a cost-effective delivery of enhanced health services to an ethnic minority population receiving interventions for opioid dependence within a treatment setting that has the potential to increase recommended vaccination and hepatitis testing services.
5. Establish a model cost of implementing this service, with improvement opportunities for achieving greater efficiency through a quality assurance/improvement process.
6. Assure that the population served meets the requirements of MAI funding.

Item

Screening Persons with HIV - According to the nationally representative HIV Cost and Services Utilization Study (HCSUS), almost half of persons with HIV screened positive for illicit drug use or a mental disorder, including depression and anxiety disorder. Unfortunately, health care providers fail to notice mental disorder and substance use problems in almost half of patients with HIV/AIDS, and mental health and substance use screening is not common practice in primary care settings. The Committee encourages SAMHSA to collaborate with HRSA to train health care providers to screen HIV/AIDS patients for mental health and substance use problems. (p. 170)

Action taken or to be taken

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In the past SAMHSA has supported collaboration with HRSA on training for mental health and substance abuse treatment provision and screening in primary care settings for individuals with HIV. HRSA and SAMHSA continue to collaborate and HRSA includes information about SAMHSA-sponsored mental health resources within its AIDS Education and Training Centers materials. At the community level, grantees in the CMHS Mental Health HIV Services Collaborative Program commonly engage in outreach and coordination with local HRSA-funded testing and treatment projects to foster linkages between mental health treatment and specialty care services for persons with HIV/AIDS.

Item

Preventing substance use among youth through environmental and population-based strategies - The Committee expects CSAP to focus its efforts on preventing substance use among youth through environmental and population-based strategies due to the cost effectiveness of these approaches. Further, the Committee instructs that given the paucity of resources for bona fide substance abuse prevention programs and strategies, money specifically appropriated to CSAP for these purposes shall not be reallocated for any other programs or purposes within SAMHSA. (p. 172)

Action taken or to be taken

Through its technical assistance providers, SAMHSA works with States, State technical assistance providers and communities to develop capacity to identify and select specific evidence-based environmental strategies that fit particular circumstances and to assess the implementation of environmental strategies at local and State levels. Examples of these activities include “training of trainers” on incorporating environmental strategies into prevention planning conducted with State staff, and community partners, and a learning community series on evidence-based interventions convened with States and local entities to guide the selection of complementary strategies that target environmental risk factors.

In States, jurisdictions, and tribes receiving funds under the Strategic Prevention Framework State Incentive Grant (SPF SIG) program, participating communities are expected to choose relevant evidence based strategies to address high priority substance abuse problems. A key component of the SPF SIG program is to change community level substance use and related problems. Such efforts generally include environmental approaches designed to target local factors that contribute to substance use problems affecting the whole community.

The SPF SIG program also promotes the use of environmental strategies as a part of the State's strategic plan. The SPF SIG grantees require their sub-recipients to include environmental strategies as a part of their comprehensive community plans. These grantees provide a wide array of environmental strategies that they propose to implement with a defined audience. These grantees now understand the efficiency, effectiveness and the economic advantage of using their Block Grant funds strategically; and they are encouraging their Block Grant sub recipients to implement environmental

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strategies in an effort to affect population level change. For example, one State, Indiana, is using an after school program, Indiana Rocks an impressive environmental strategy, to raise awareness and increase age of first use among the State's 10-14 year olds.

Item

Centers for the Application of Prevention Technologies - The Committee provides funding at no less than last year's level for the Centers for the Application of Prevention Technologies (CAPTs) instead of the proposed elimination of this program. The Committee is extremely concerned with SAMHSA's proposal to eliminate the CAPTs. The purpose of the CAPTs is to translate the latest substance abuse prevention science and improve the practices of prevention professionals and community coalition members. The CAPTs are SAMHSA's only regional network system that provides substance abuse prevention workforce training through regional conferences, workshops, customized technical assistance, curriculum development, online courses, and trainer events. (p. 172)

Action taken or to be taken

SAMHSA is committed to providing training and technical assistance to improve the effectiveness of substance abuse prevention services and the capacity of State prevention systems and community organizations to plan and implement comprehensive prevention approaches across the nation.

Item

Accomplishments of the Fetal Alcohol Spectrum Disorder - The Committee supports the continuation and enhancement of SAMHSA's Fetal Alcohol Spectrum Disorders (FASD) Center for Excellence, and has included funding at last year's level for FASD activities. The Committee requests that SAMHSA submit a progress report in its fiscal year 2009 congressional budget justification on the Center's accomplishments and lessons learned in preventing and reducing fetal alcohol spectrum disorders. The report should outline future plans for the Center, including programmatic and funding priorities. (p. 173)

Action taken or to be taken

SAMHSA supports the FASD Center for Excellence (CFE). The FASD CFE was established in 2001 as a national resource for FASD information and to increase effectiveness of FASD prevention and treatment options for women of childbearing age and affected individuals. The FASD Center for Excellence has integrated prevention and intervention approaches into existing service delivery systems, and developed, implemented, and evaluated policies and procedures to screen, make referrals for diagnosis, to help prevent FASD. In addition, through its trainings and technical assistance, the Center for Excellence has been a catalyst in fostering a significant improvement in the State response to FASD. SAMSHA expects to provide its report to the House Committee on Appropriations in early summer 2008. The FY 2009 budget requests $9.8 million for the continuation of the program.

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With less than a year into a new contract awarded in 2007, the program has already made significant strides toward accomplishing its goals. The overall services to be provided include:
1. Identifies, assesses, and disseminates evidence-based interventions and service delivery improvement strategies for children and adults with an FASD and their families.
2. Provides technical assistance to communities that do not have a comprehensive system of care for such individuals and their families.
3. Provides training to community leaders, mental health and substance abuse professionals, families, law enforcement personnel, judges, health professionals, persons working in financial assistance programs, social service personnel, child welfare professionals, and other service providers on the implications of FASD and early identification of and referral for such conditions.
4. Updates SAMHSA's Health Information Network about products, services (including trainings) that are made available by the Center and its network at http://www.fasdcenter.samhsa.gov/educationTraining/fasdBasics.cfm.
5. Supports a group of State, community, and juvenile justice subcontractors as they integrate evidence based interventions for the prevention and treatment of FASD.

Progress to Date
In the 3 months since this new contract was awarded in 2007, the contractor has accomplished the following:

1. With recommendations from SAMHSA, the Center recruited an Expert Panel to guide and advise the Center as it develops and implements its work.
2. The Center helped SAMHSA mark FASD Awareness Day 2007 with an event that featured the SAMHSA Administrator as the keynote speaker. Over 70 people attended.
3. Center for Excellence staff presented the opening address at the Emory University, Spray Foundation Leadership Institute "Intervention and Treatment for Alcohol-Affected Individuals: The Next Challenge." Staff also delivered a poster presentation on the first round of FASD integration subcontracts at the 2007 American Public Health Association Annual Meeting on November 5, 2007.
4. The national FASD website, www.fasdcenter.gov, continued to grow and continues to be a prime source of FASD information to the American people.
5. The first meeting of the National Association of FASD State Coordinators was held in November 2007
6. The training and Technical Assistance plan for the coming year was submitted to SAMHSA, and the FASD Center for Excellence expert conducted training events in Alaska, Pennsylvania, South Carolina, Virginia and Maryland. The Center for Excellence has responded to requests for technical assistance from Alaska (Medicaid Waiver project), Washington State, Virginia, Pennsylvania, and Arizona.

Future Plans
1. Expert Panel members convened for their first meeting in December 2007.

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2. The Center for Excellence will award new FASD integration subcontracts in January 2008 and plans to conduct two kickoff meetings in March 2008.
3. The 5th Building State Systems Meeting will be held in May 2008. Center for Excellence staff are in the midst of selecting the site and assembling a planning committee.
4. The program requests a budget of $9.8 million in FY 2009.
5. SAMHSA will submit a progress report to Congress as required.

Item

Accomplishments of Fetal Alcohol Spectrum Disorders Center - The Committee supports the continuation and enhancement of SAMHSA's fetal alcohol spectrum disorders (FASD) center for excellence, and requests that SAMHSA submit a progress report within six months of enactment of this bill on the center's accomplishments and lessons learned in preventing and reducing FASD. The report should outline future plans for the center, including programmatic and funding priorities. (House Report 110-231, page 183)

Action taken or to be taken

SAMHSA supports the FASD Center for Excellence (CFE). The FASD CFE was established in 2001 as a national resource for FASD information and to increase effectiveness of FASD prevention and treatment options for women of childbearing age and affected individuals. The FASD Center for Excellence has integrated prevention and intervention approaches into existing service delivery systems, and developed, implemented, and evaluated policies and procedures to screen, make referrals for diagnosis, to help prevent FASD. In addition, through its trainings and technical assistance, the Center for Excellence has been a catalyst in fostering a significant improvement in the State response to FASD. SAMSHA expects to provide its report to the House Committee on Appropriations in early summer 2008. The FY 2009 budget requests $9.8 million for the continuation of the program.

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Item

Trauma-related mental disorders - Within the total for mental health programs of regional and national significance, the conference agreement includes $33,680,000 for the National Child Traumatic Stress Initiative instead of $32,360,000 as proposed by the House and $35,000,000 as proposed by the Senate. In funding new grants, the conferees direct SAMHSA to give high priority to centers providing services in areas impacted by Hurricanes Katrina and Rita and who have previous experience in providing such services.

Action taken or to be taken

Consistent with the FY 2008 Enacted Bill, SAMHSA will provide $33,092,000 for the national Child Traumatic Stress Network program. The National Child Traumatic Stress Network consists of organizations working to address the complex issue of child traumatic stress as a result of various types of trauma and through a variety of child-serving agencies and systems.

SAMHSA will issue a new funding announcement in FY 2008. This announcement will give high priority to centers providing services in areas impacted by Hurricanes Katrina and Rita and who have previous experience in providing such services. SAMHSA's competitive application process permits previously funded grantees to reapply for funding under this initiative.

Item

Behavioral/physical health services - Within the total for mental health programs of regional and national significance, the conference agreement includes $7,500,000 for a wellness initiative, instead of $15,000,000 as proposed by the Senate, to assist local communities in the coordination and improvement of the integration of behavioral/physical health services. In carrying out this wellness initiative, the conferees expect SAMHSA to collaborate with HRSA and CDC. The conferees intend that funding provided will allow local communities to undertake a range of prevention and health promotion activities and expect that grantees must be able to evaluate the success of the program based on their ability to provide evidence-based services. The House did not propose funding for this initiative.

Action taken or to be taken

In FY2008, SAMHSA will implement a comprehensive wellness initiative that will encourage the integration of behavioral and physical health through a range of promotion and prevention activities. Funding will support a new grant program for children from birth to age 8 and their families that will work across service systems to promote positive health outcomes and the overall well-being of children. The initiative is planned as a collaborative effort with other HHS partners, including HRSA, CDC and ACF. Grantees will be required to participate in a cross-site evaluation focused on the implementation of evidenced-based practices and community collaboration. To support the integration of behavioral health and primary care service plans at the state level, SAMHSA will work with State Mental Health Authorities on pilot projects to integrate

behavioral health and primary care service systems. SAMHSA's efforts will also include wellness efforts focused on consumer and family involvement.