DEPARTMENT of HEALTH and HUMAN SERVICES

Fiscal Year 2010

Substance Abuse and Mental Health Services Administration

Justification of Estimates for Appropriations Committees

Introduction

The FY 2010 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 the HHS agencies' FY 2010 Congressional Justifications and Online Performance Appendices, the Agency Financial Report, and the HHS Citizens' Report. These documents are available at http://www.hhs.gov/asrt/ob/docbudget/index.html.

The FY 2010 Congressional Justifications and accompanying Online Performance Appendices contain the updated FY 2008 Annual Performance Report and FY 2010 Annual Performance Plan. The Agency Financial Report provides fiscal and high-level performance results. The HHS Citizens' Report summarizes key past and planned performance and financial information.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Center for Mental Health Services
Center for Substance Abuse Prevention
Center for Substance Abuse Treatment
Rockville MD 20857

LETTER FROM THE ADMINISTRATOR

I am pleased to present the Substance Abuse and Mental Health Service Administration's (SAMHSA) FY 2010 Congressional Justification. The budget is $3.5 billion, an increase of $59.0 million above the FY 2009 Omnibus level. This budget request provides support for the President's priorities and reflects the goals and objectives of the Department.

The budget continues Federal support for State and local efforts to increase the availability of quality prevention and treatment services for substance abuse and mental illness. The budget includes funding increases to expand the treatment capacity of drug courts with a portion of funding dedicated to providing services to children of methamphetamine users. Funding is also increased to improve children's mental health through the Children's Mental Health Initiative and to expand outreach to homeless individuals who are suffering from mental illness through the Projects for Assistance in Transition to Homelessness program.

This justification includes the FY 2010 Annual Performance Plan and FY 2008 Annual Performance Report as required by the Government Performance and Results Act of 1993 along with a more direct link of the budget discussion with program performance. SAMHSA's FY 2010 budget request is built around a comprehensive and holistic approach to the provision of services that recognizes the interplay between behavioral health, physical health and other aspects of well-being. SAMHSA's FY 2010 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.

Our FY 2010 budget request represents our efforts to sustain the agency's valuable programs and maintain improvements made in performance measures in recent years.

Eric B. Broderick, D.D.S., M.P.H.
Acting Administrator
Assistant Surgeon General

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

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Executive Summary
Agency Mission

SAMHSA was established in 1992 and reauthorized in 2000. SAMHSA administers a combination of competitive, formula, and block grant programs and data collection activities. Programs are carried out through the Center for Mental Health Services (CMHS); the Center for Substance Abuse Prevention (CSAP); the Center for Substance Abuse Treatment (CSAT); and the Office of Applied Studies (OAS).

SAMHSA provides services indirectly through grants and contracts. SAMHSA's resources enable service capacity expansion and the implementation of evidence-based practices. The agency seeks to engage all communities in providing effective services by facilitating access to the latest information on evidence-based practices and accountability standards.

Vision

SAMHSA's vision is a Life in the Community for Everyone.

Mission

SAMHSA's mission is to build resilience and facilitate recovery for people with or at risk for substance abuse and mental illness.

In 2007, over 22 million Americans, aged 12 or older, were classified with substance abuse or dependence; nearly 25 million adults, aged 18 or older, in the United States with serious psychological distress in the past year. The economic costs of undiagnosed and untreated mental and substance use disorders are staggering.

Overview of the Budget Request

The FY 2010 President's Budget request for SAMHSA's Program Level is $3,525.5 million, an increase of $59.0 million above the FY 2009 Omnibus level. This increase includes $1.6 million for civilian and Commissioned Corps pay increases and $57.4 million for non-pay program specific increases.

The budget continues Federal support for State and local efforts to increase the availability of quality prevention and treatment services for substance abuse and mental illness. This budget invests in evidence-based prevention, early intervention, treatment, and recovery services to respond to these preventable and treatable public health problems. The budget includes funding increases to expand treatment capacity of drug courts, protect methamphetamine's youngest victims, improve children's mental health, and reach individuals suffering from mental illness who are facing homelessness.

The Substance Abuse Prevention and Treatment Block Grant, Protection and Advocacy Program, Community Mental Health Services Block Grant, and Prescription Drug Monitoring (NASPER) funding remains the same as the FY 2009 Omnibus level. SAMHSA has integrated discussion of key performance information in relation to budget levels in the FY 2010 Budget. Full details regarding performance information can be found at the On-line Performance Appendix (http://www.samhsa.gov/Budget/FY2010/SAMHSA_FY10CJ_OPA.pdf).

The Substance Abuse Prevention and Treatment Block Grant and the Community Mental Health Services Block Grant require States to maintain expenditures for authorized activities at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the year for which the State is applying for a grant. Given the current economic situation, SAMHSA is aware that a number of States may experience challenges meeting the Maintenance of Effort requirement in the Federal FY 2010 grant cycle, and is monitoring the situation closely.

Program Increases:

Children's Mental Health Services Program (+ $16.9 million)
The budget request of $125.3 million will support a total of 78 grants including 61 continuations and 17 new plus six contracts in the amount of $25.1 million. In FY 2010, this program will serve a total of 13,051 children and adolescents with serious emotional disturbance.

Projects for the Assistance in Transition from Homelessness (+ $8.4 million)
The budget request is $68.0 million. The FY 2010 President's Budget request for PATH is anticipated to serve an additional 11,000 individuals facing homelessness.

Substance Abuse Treatment Programs of Regional and National Significance (+$45.7million)
The budget increase will expand the Treatment Drug Courts with a set-aside to protect methamphetamine's youngest victims and to expand the Ex-Offender Re-entry Program. Funding is eliminated for the Congressional projects. All other programs, projects and activities remain at the same level as the FY 2009 Omnibus level.

Program Management (+$1.8 million)
The budget increase will support the pay raise pay raise for civilian and Commissioned Corps personnel and administrative cost increases for direct operations.

St. Elizabeths Hospital Buildings & Facilities (+$0.023 million)
This increase will continue support for the environmental remediation at St. Elizabeths Hospital.

Program Decreases:

Mental Health Programs of Regional and National Significance (- $8.6 million)
The budget request reflects the elimination of funding for the Congressional projects. All programs, projects and activities remain at the same level as the FY 2009 Omnibus level.

Substance Abuse Prevention Programs of Regional and National Significance (- $2.7 million)
The budget request reflects the elimination of funding for the Congressional projects. All programs, projects and activities remain at the same level as the FY 2009 Omnibus level.

Data Evaluation (-$2.5 million)
The budget request eliminates funding for the one-time evaluation of substance abuse data surveillance systems across the government. This evaluation will be used to identify possible data gaps and duplication of data and will be completed in 18 months. A report will be submitted to Congress in FY 2011.

Discretionary All-Purpose Table
FY 2010 Budget Submission
(Dollars in Thousands)

Program Activities	FY 2008 Appropriation	FY 2009 Omnibus	FY 2010 President's Budget Request
Mental Health:			
Programs of Regional and National Significance.....	$299,279	$344,438	$335,802
Children's Mental Health Services.....	102,260	108,373	125,316
Protection & Advocacy.....	34,880	35,880	35,880
PATH Homeless Formula Grant.....	53,313	59,687	68,047
Mental Health Block Grant.....	399,735	399,735	399,735
PHS Evaluation Funds.....	21,039	21,039	21,039
Subtotal, Mental Health Block Grant.....	420,774	420,774	420,774
Subtotal, Mental Health.....	**910,506**	**969,152**	**985,819**
Substance Abuse Prevention:			
Programs of Regional and National Significance.....	194,120	201,003	198,259
Subtotal, Substance Abuse Prevention.....	**194,120**	**201,003**	**198,259**
Substance Abuse Treatment:			
Programs of Regional and National Significance.....	395,544	403,746	449,460
PHS Evaluation Funds.....	4,300	8,596	8,596
Subtotal.....	**399,844**	**412,342**	**458,056**
Prescription Drug Monitoring (NASPER).....	**0**	**2,000**	**2,000**
Substance Abuse Block Grant.....	1,679,528	1,699,391	1,699,391
PHS Evaluation Funds.....	79,200	79,200	79,200
Subtotal, Substance Abuse Block Grant.....	1,758,728	1,778,591	1,778,591
Subtotal, Substance Abuse Treatment.....	**2,158,572**	**2,192,933**	**2,238,647**
TOTAL, SUBSTANCE ABUSE.....	**2,352,692**	**2,393,936**	**2,436,906**
Program Management.....	75,381	77,381	79,197
PHS Evaluation Funds.....	17,750	22,750	22,750
Subtotal, Program Management.....	**93,131**	**100,131**	**101,947**
St. Elizabeths Hospital B&F.....	**0**	**772**	**795**
Data Evaluation.....	**0**	**2,500**	**0**
TOTAL, SAMHSA Discretionary PL.....	**3,356,329**	**3,466,491**	**3,525,467**
Less PHS Evaluation Funds.....	*122,289*	*131,585*	*131,585*
TOTAL, SAMHSA Budget Authority.....	**$3,234,040**	**$3,334,906**	**$3,393,882**
FTEs	**544**	**549**	**549**

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Appropriation Language

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

For carrying out titles III, 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, **[**$3,334,906,000, of which $15,666,000 shall be used for the projects, and in the amounts, specified under the heading “Substance Abuse and Mental Health Services” in the explanatory statement described in section 4 (in the matter preceding division A of this consolidated Act)**]** *$3,393,882,000: 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 $2,000,000 shall be available to establish State-administered controlled substance monitoring systems as authorized by Public Law 1 109-60:**]** *Provided further*, That **[**$772,000**]** *$795,000* shall be *available until expended* for reimbursing the General Services Administration for environmental testing and remediation on the federally owned facilities at St. Elizabeths Hospital, including but not limited to testing and remediation conducted prior to fiscal year **[**2009**]** *2010*: *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) **[**$21,039,000**]** *$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) **[**$22,750,000**]** *$22,750,000* to carry out national surveys on drug abuse and mental health; and (4) **[**$8,596,000**]** *$8,596,000* to collect and analyze data and evaluate substance abuse treatment programs: *Provided further,* That section 520E(b)(2) of the PHS Act shall not apply to funds appropriated under this Act for fiscal year [2009] *2010*. *(Department of Health and Human Services Appropriation Act, 2009.)*

Appropriation Language Analysis

Language Provision	Explanation
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)	No funds from the CMHS PRNS can be used to fund data infrastructure support.
Provided further, That [$772,000] *$795,000* shall be available until expended for reimbursing the General Services Administration for environmental testing and remediation on the federally owned facilities at St. Elizabeths Hospital, including but not limited to testing and remediation conducted prior to fiscal year [2009] *2010.*	To provide funds to GSA for environmental remediation of the St. Elizabeths Hospital property.
Provided further, That section 520E(b)(2) of the PHS Act shall not apply to funds appropriated under this Act for fiscal year [2009] *2010*.	Allows States to receive more than 1 grant under the Garrett Lee Smith Youth Suicide State-sponsored statewide program.

Amounts Available for Obligation

Appropriation	FY 2008 Appropriation	FY 2009 Omnibus	FY 2010 President's Budget Request
Labor/HHS/Ed-Annual Appropriation……..…...	$3,291,543,000	$3,334,906,000	$3,393,882,000
Rescission P.L. 110-161...……..……..…...	$57,503,000	$0	$0
Subtotal, adjusted appropriation…….	$3,234,040,000	3,334,906,000	3,393,882,000
Comparable Transfer to: "HHS".....	$0	$0	$0
Subtotal, adjusted budget authority....……..	$3,234,040,000	$3,334,906,000	$3,393,882,000
Offsetting Collections from: Federal Sources.....….	$122,289,000	$131,585,000	$131,585,000
Unobligated balance start of year.....	$227,580	$227,580	$234,635
Unobligated balance end of year.....	$227,580	$234,635	$238,858
Unobligated balance expiring.....	-$535,009	$0	$0
Total obligations.....….....	$3,356,249,151	$3,466,953,215	$3,525,940,493

Summary of Changes

2009	
Total estimated budget authority	$3,334,906,000
(Obligations)	$3,334,906,000
2010	
Total estimated budget authority	$3,393,882,000
(Obligations)	$3,393,882,000
Net Change	+$58,976,000

	FY 2009 Enacted		Change from Base	
	FTE	Budget Authority	FTE	Budget Authority[1/]
Increases:				
A. Built-in:				
Annualization of 2009 civilian pay costs 3.9%	0	$63,420,000	0	$566,000
Annualization of 2009 Commissioned Corps pay costs 3.9%	0	63,420,000	0	+52,000
Increase for January 2010 pay raise [2/]	0	63,420,000	0	+987,000
Increase in rental payments to GSA	0	6,373,000	0	+160,000
Subtotal, Built-in Increases	0	0	0	+1,765,000
B. Program:				
1. Mental Health Programs:				
a. Children's Mental Health Services	0	108,373,000	0	+ 16,943,000
b. Projects for Assistance in Transition from Homelessness	0	59,687,000	0	+ 8,360,000
2. Substance Abuse Treatment:				
a. Programs of Regional and National Significance	0	403,746,000	0	+ 50,000,000
3. Program Management:				
a. Unified Financial Management System	0	77,381,000	0	+ 90,000
b. Enterprise Service System	0	77,381,000	0	+ 2,000
c. Human Resource Centers	0	77,381,000	0	+ 12,000
d. Other administrative costs	0	77,381,000	0	+ 67,000
4. St. Elizabeths Hospital	0	772,000	0	+23,000
Subtotal, Program Increases	0	0	0	+75,497,000
Total Increases	0	0	0	+77,262,000
Decreases:				
A. Built-in:	0	0	0	0
Subtotal, Built-in	0	0	0	0
B. Program:				
1. Mental Health Programs:				
a. Programs of Regional and National Significance	0	344,438,000	0	- 8,636,000
2. Substance Abuse Prevention:				
a. Programs of Regional and National Significance	0	201,003,000	0	- 2,744,000
3. Substance Abuse Treatment:				
a. Programs of Regional and National Significance	0	403,746,000	0	- 4,286,000
4. Program Management:				
a. Worker's Compensation (FECA)	0	77,381,000	0	- 120,000
5. Data Evaluation	0	2,500,000	0	- 2,500,000
Subtotal, Program Decreases	0	0	0	- 18,286,000
Total Decreases	0	0	0	- 18,286,000
Net Change, Discretionary Budget Authority [1/]	0	0	0	+$58,976,000

1/ Excludes $131.585 million to be transferred to SAMHSA through the PHS evaluation set-aside.

2/ FY 2010 includes a 2.0% pay raise for civilian personnel and a 2.9% pay raise for military personnel.

Budget Authority by Activity

(Dollars in Thousands)

Program Activities	FY 2008 Appropriation	FY 2009 Omnibus	FY 2010 President's Budget Request
Mental Health:			
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Subtotal, Mental Health	**910,506**	**969,152**	**985,819**
Substance Abuse Prevention:			
Programs of Regional and National Significance	194,120	201,003	198,259
Subtotal, Substance Abuse Prevention	**194,120**	**201,003**	**198,259**
Substance Abuse Treatment:			
Programs of Regional and National Significance	399,844	412,342	458,056
PHS Evaluation Funds	(4,300)	(8,596)	(8,596)
Prescription Drug Monitoring (NASPER)	**0**	**2,000**	**2,000**
Substance Abuse Block Grant	1,758,728	1,778,591	1,778,591
PHS Evaluation Funds	(79,200)	(79,200)	(79,200)
Subtotal, Substance Abuse Treatment	**2,158,572**	**2,192,933**	**2,238,647**
TOTAL, SUBSTANCE ABUSE	**2,352,692**	**2,393,936**	**2,436,906**
Program Management	93,131	100,131	101,947
PHS Evaluation Funds	(17,750)	(22,750)	(22,750)
St. Elizabeths Hospital B&F	**0**	**772**	**795**
Data Evaluation	**0**	**2,500**	**0**
TOTAL, SAMHSA Discretionary PL	**3,356,329**	**3,466,491**	**3,525,467**
PHS Evaluation Funds	(122,289)	(131,585)	(131,585)
(Obligations) 1/	($3,356,186)	($3,466,206)	($3,525,467)
FTEs	544	549	549

Authorizing Legislation

Program Description/PHS Act:	FY 2009 Amount Authorized	FY 2009 Appropriation Act	FY 2010 Amount Authorized	FY 2010 President's Budget Request
NASPER				
Sec. 399 O…….....	$10,000,000	$2,000,000	$10,000,000	$2,000,000
Emergency Response				
Sec. 501…….....	$0	$0	$0	$0
Grants for the Benefit of Homeless Individuals				
Sec. 506…….....	Expired	$42,750,000	Expired	$42,750,000
Alcohol and Drug Prevention or Treatment Services for Indians and Native Alaskans				
Sec. 506A*…….....	$0	$0	$0	$0
Grants for Ecstasy and Other Club Drugs Abuse Prevention				
Sec. 506B*…….....	$0	$0	$0	$0
Residential Treatment Programs for Pregnant and Postpartum Women				
Sec. 508…….....	Expired	$16,000,000	Expired	$16,000,000
Priority Substance Abuse Treatment Needs of Regional and National Significance				
Sec. 509*…….....	Expired	$324,318,000	Expired	$370,032,000
Substance Abuse Treatment Services for Children and Adolescents				
Sec. 514*……	Expired	$20,678,000	Expired	$20,678,000
Early Intervention Services for Children and Adolescents				
Sec. 514A*……..	$0	$0	$0	$0
Methamphetamine and Amphetamine Treatment Initiative				
Sec. 514(d)*…….	$0	$0	$0	$0
Priority Substance Abuse Prevention Needs of Regional and National Significance				
Sec. 516*……..	Expired	$182,408,000	Expired	$179,664,000
Prevention, Treatment and Rehabilitation Model Projects for High Risk Youth		.		
Sec. 517…….	$0	$0	$0	$0
Services for Children of Substance Abusers				
Sec. 519*…….	$0	$0	$0	$0
Grants for Strengthening Families				
Sec. 519A*…….....	$0	$0	$0	$0
Programs to Reduce Underage Drinking				
Sec. 519B*……..	$8,000,000	$7,000,000	$8,000,000	$7,000,000
SSAN = Such Sums as Necessary				

Authorizing Legislation

Program Description/PHS Act:	FY 2009 Amount Authorized	FY 2009 Appropriation Act	FY 2010 Amount Authorized	FY 2010 President's Budget Request
Services for Individuals with Fetal Alcohol Syndrome (FAS)				
Sec. 519C*……	$0	$0	$0	$0
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	$1,774,000	Expired	$1,774,000
Priority Mental Health Needs of Regional and National Significance				
Sec. 520A*……	Expired	$165,582,000	Expired	$156,946,000
Youth Interagency Research, Training, and Technical Assistance Centers				
Sec. 520C*…….	Expired	$4,957,000	Expired	$4,957,000
Services for Youth Offenders				
Sec. 520D*……..	$0	$0	$0	$0
Suicide Prevention for Children and Youth				
Sec. 520E1*…….	Expired	$29,738,000	Expired	$29,738,000
Sec. 520E2*……	Expired	$4,975,000	Expired	$4,975,000
Grants for Emergency Mental Health Centers				
Sec. 520F*……....	$0	$0	$0	$0
Grants for Jail Diversion Programs				
Sec. 520G*…….....	Expired	$6,684,000	Expired	$6,684,000
Improving Outcomes for Children and Adolescents through Services Integration between Child Welfare and MH Services				
Sec. 520H*……	$0	$0	$0	$0
Grants for Integrated Treatment of Serious Mental Illness and Co-occurring Substance Abuse				
Sec. 520I*……...	$0	$0	$0	$0
Mental Health Training Grants				
Sec. 520J*……...	$0	$0	$0	$0
PATH Grants to States				
Sec. 535(a)……..	Expired	$59,687,000	Expired	$68,047,000
SSAN = Such Sums as Necessary				

Authorizing Legislation

Program Description/PHS Act:	FY 2009 Amount Authorized	FY 2009 Appropriation Act	FY 2010 Amount Authorized	FY 2010 President's Budget Request
Community Mental Health Services for Children with Serious Emotional Disturbances Sec. 565 (f)…….....	Expired	$108,373,000	Expired	$125,316,000
Children and Violence Program Sec. 581*……..	Expired	$94,502,000	Expired	$94,502,000
Grants for Persons who Experience Violence Related Stress Sec. 582 **…….....	Expired	$38,000,000	Expired	$38,000,000
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	$1,699,391,000	Expired	$1,699,391,000
Data Infrastructure Development Sec. 1971*…….	Expired	$0	Expired	$0
Other Legislation/Program Description				
Protection and Advocacy for Individuals with Mental Illness Act P.L. 99-319, Sec. 117……..	Expired	$35,880,000	Expired	$35,880,000
Program Management:				
Program Management, Sec. 501.....	Indefinite	$76,156,000	Indefinite	$78,063,000
SEH Workers' Compensation Fund P.L. 98-621…….....	Indefinite	$1,225,000	Indefinite	$1,134,000
	$0	$77,381,000	$0	$79,197,000
St. Elizabeths Hospital Building & Facilities Sec. 501…….....	$0	$772,000	$0	$795,000
Data Evaluation Sec. 501…….....	$0	$2,500,000	$0	$0
TOTAL, SAMHSA Budget Authority ……..	$18,000,000	$3,334,906,000	$18,000,000	$3,393,882,000

* Denotes programs that were authorized in the Children's Health Act of 2000. We have the authority to carryout

Appropriation History Table

	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation	
2001	2,823,016,000	2,727,626,000	2,730,757,000	2,958,001,000	
2001 P.L. 106-554	$0	$0	$0	-$645,000	1/
2001 P.L. 107-20	$0	$0	$0	+$6,500,000	2/
2002	3,058,456,000	3,131,558,000	3,073,456,000	3,138,279,000	3/
2002 Res. H.R. 3061	$0	$0	$0	-$589,000	4/
2002 Res. P.L. 107-216	$0	$0	$0	-$1,681,000	5/
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	$0	$0	$0	-$20,521,235	6/
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	$0	$0	$0	-$19,856,290	7/
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	8/
2005 H.R. 4818	$0	$0	$0	-$26,895,592	
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	$0	$0	$0	-$1,681,000	9/
2006 Section 202	$0	$0	$0	-$2,201,000	
2007 P.L. 109-383	3,260,001,000	3,326,341,772	3,326,341,772	1,211,654,381	10/
2007 Continuing Resolution	$0	$0	$0	3,326,341,772	11/
2008 H.R. 2764/P.L. 110-161	3,167,589,000	3,393,841,000	3,404,798,000	3,291,543,000	
2008 Res. P.L. 110-161				-$57,503,000	12/
2009 H.R. 1105/P.L. 111-8	3,024,967,000	3,303,265,000	3,257,647,000	3,334,906,000	
2010	3,393,882,000				

[1/] Reflects a Rescission mandated by Section 520 of P.L. 106-554.
[2/] Reflects a Supplemental appropriation for Building and Facilities (SEH) P.L. 107-20.
[3/] Reflects Administrative reduction in Section 516 of the Appropriations Bill (H.R. 3061).
[4/] Reflects Administrative reduction in P.L. 107-216.
[5/] Reflects a Rescission mandated by P.L.108-7.
[6/] 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.
[7/] 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.
[8/] Reflects SAMHSA's share of the rescission mandated by P.L. 109-359.
[9/] Reflects Section 202 transfer to CMS.
[10/] Reflects Continuing Resolution through February 15, 2007.
[11/] Reflects the whole year appropriation
[12/] Reflects a 1.7 percent across-the-board Rescission from the H.R. 2764/P.L. 110-161.

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

Programs of Regional & National Significance	FY 2008 Appropriation No.	FY 2008 Appropriation Amount	FY 2009 Omnibus No.	FY 2009 Omnibus Amount	FY 2010 President's Budget Request No.	FY 2010 President's Budget Request Amount	FY 2010 +/- FY 2009 Omnibus No.	FY 2010 +/- FY 2009 Omnibus Amount
CAPACITY:								
Grants/Cooperative Agreements:								
Continuations	239	$91,909	229	$97,341	309	$139,638	+80	+$42,297
New/Competing	132	50,795	208	80,612	93	26,014	-115	-54,598
Supplements	0	0	0	0	0	0	0	0
Subtotal	**371**	**142,704**	**437**	**177,953**	**402**	**165,652**	**-35**	**-12,301**
Contracts:								
Continuations	17	100,969	21	112,503	22	127,323	+1	+14,820
New/Competing	19	26,049	14	26,268	9	15,113	-5	-11,155
Supplements	0	0	0	0	0	0	0	0
Subtotal	**36**	**127,018**	**35**	**138,771**	**31**	**142,436**	**-4**	**+3,665**
Technical Assistance	0	0	0	0	0	0	0	0
Review Cost	0	0	0	0	0	0	0	0
Subtotal	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Subtotal, Capacity	**407**	**269,722**	**472**	**316,724**	**433**	**308,088**	**-39**	**-8,636**
Science and Service:								
Grants/Cooperative Agreements:								
Continuations	6	5,737	12	9,422	6	3,704	-6	-5,718
New/Competing	10	3,842	5	418	11	7,134	+6	+6,716
Supplements	1	972	1	972	0	0	-1	-972
Subtotal	**16**	**10,551**	**17**	**10,812**	**17**	**10,838**	**0**	**+26**
Contracts:								
Continuations	15	12,982	7	7,851	16	16,876	+9	+9,025
New/Competing	7	6,024	12	9,051	0	0	-12	-9,051
Supplements	0	0	0	0	0	0	0	0
Subtotal	**22**	**19,006**	**19**	**16,902**	**16**	**16,876**	**-3**	**-26**
Technical Assistance	0	0	0	0	0	0	0	0
Review Cost	0	0	0	0	0	0	0	0
Subtotal	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Subtotal, Science and Service	**38**	**29,557**	**36**	**27,714**	**33**	**27,714**	**-3**	**0**
Total, PRNS	**445**	**$299,279**	**508**	**$344,438**	**466**	**$335,802**	**-42**	**-$8,636**

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

	FY 2008 Appropriation		FY 2009 Omnibus		FY 2010 President's Budget Request		FY 2010 +/- FY 2009 Omnibus	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount
CHILDREN'S MENTAL HEALTH								
Grants/Cooperative Agreements:								
Continuations	41	$61,178	52	$69,609	61	$81,512	+9	+$11,903
New/Competing	18	17,744	13	13,000	16	16,000	+3	+3,000
Supplements	0	0	0	0	0	0	0	0
Subtotal	**59**	**78,922**	**65**	**82,609**	**77**	**97,512**	**+12**	**+14,903**
Contracts:								
Continuations	2	9,180	3	12,265	2	11,022	-1	-1,243
New/Competing	1	3,561	1	2,075	1	4,800	0	+2,725
Supplements	0	0	0	0	0	0	0	0
Subtotal	**3**	**12,741**	**4**	**14,340**	**3**	**15,822**	**-1**	**+1,482**
Technical Assistance	5	10,159	5	10,838	4	11,396	-1	+558
Report to Congress	0	438	0	586	0	586	0	0
Subtotal	**5**	**10,597**	**5**	**11,424**	**4**	**11,982**	**-1**	**+558**
Total, Children's Mental Health	**67**	**102,260**	**74**	**108,373**	**84**	**125,316**	**+10**	**+16,943**
PROTECTION AND ADVOCACY	**57**	**34,880**	**57**	**35,880**	**57**	**35,880**	**0**	**0**
PATH	**56**	**53,313**	**56**	**59,687**	**56**	**68,047**	**0**	**+8,360**
MENTAL HEALTH BLOCK GRANT	**59**	**420,774**	**59**	**420,774**	**59**	**420,774**	**0**	**0**
(PHS Evaluation Funds: Non-Add)	*0*	*21,039*	*0*	*21,039*	*0*	*21,039*	0	0
TOTAL, CMHS	**684**	**$910,506**	**754**	**$969,152**	**722**	**$985,819**	**-32**	**+$16,667**

Center for Mental Health Services

Programs of Regional and National Significance

Summary of Programs

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 President's Budget includes a total of $335.8 million for Mental Health PRNS, including:

- $47.1 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;

- $94.5 million for Youth Violence Prevention activities including the Safe Schools/Healthy Students collaborative program with U. S. Departments of Education and Justice, and the College Emergency Preparedness initiative 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;

- $38.0 million for National Traumatic Stress Network to improve treatment and services intervention for children and adolescents exposed to traumatic events;

- $133.4 million for remaining Capacity activities including Co-Occurring State Incentive Grants ($3.6 million), Seclusion & Restraint ($2.4 million), Children and Family Programs ($9.2 million), Mental Health Transformation Activities ($5.9 million), Consumer and Family Network Grants ($6.2 million), Mental Health Transformation SIGs ($26.0 million), Project LAUNCH ($20.0 million), Primary and Behavioral Health Care Integration ($7.0 million), Minority AIDS ($9.3 million), Criminal Justice ($6.7 million), Homelessness ($32.3 million), and Older Adult Programs ($4.8 million);

- $22.8 million for Science and Service activities, including the SAMHSA Health Information Network ($1.9 million), National Registry of Evidence-based Programs and Practices ($0.5 million) and HIV/AIDS Education ($0.9 million).

The Mental Health PRNS underwent a performance assessment in 2005. The assessment cited clear purpose, strong financial management, and effective targeting as strong attributes. The assessment 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 performance assessment, the program is implementing an automated web-based performance system, the Transformation Accountability 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 2008 Appropriation	FY 2009 Omnibus	FY 2010 President's Budget Request	FY 2010 +/- FY 2009 Omnibus
CAPACITY:				
Co-Occurring State Incentive Grant	$2,113	$3,611	$3,611	$0
Seclusion & Restraint	2,449	2,449	2,449	0
Youth Violence Prevention	93,002	94,502	94,502	0
Safe Schools/Healthy Students (non-add)	*82,802*	*84,320*	*84,320*	*0*
College Emergency Preparedness (non-add)	*1,474*	*2,237*	*2,237*	*0*
School Violence (non-add)	*10,200*	*10,182*	*10,182*	*0*
National Traumatic Stress Network	33,092	38,000	38,000	0
Children and Family Programs	7,729	9,194	9,194	0
Mental Health Transformation Activities	9,973	5,912	5,912	0
Transformation Transfer Initiative (non-add)	*3,080*	*3,090*	*3,090*	*0*
Transformation Accountability System (non-add)	*2,423*	*2,562*	*2,562*	*0*
Consumer and Family Network Grants	4,805	6,236	6,236	0
Statewide Consumer Network (non-add)	*1,531*	*2,531*	*2,531*	*0*
Mental Health Transformation State Incentive Grants	26,012	26,012	26,012	0
Project LAUNCH Wellness Initiative	7,369	20,000	20,000	0
Primary and Behavioral Health Care Integration	0	7,000	7,000	0
Suicide Lifeline	5,081	4,484	4,484	0
GLS - Youth Suicide Prevention - States	29,476	29,738	29,738	0
GLS - Youth Suicide Prevention - Campus	4,913	4,975	4,975	0
AI/AN Suicide Prevention Initiative	2,918	2,944	2,944	0
Homelessness Prevention Programs	11,083	32,250	32,250	0
Older Adult Programs	4,814	4,814	4,814	0
Minority AIDS	9,283	9,283	9,283	0
Criminal and Juvenile Justice Programs	6,684	6,684	6,684	0
Congressional Projects 1/	8,926	8,636	0	-8,636
Subtotal, Capacity	**269,722**	**316,724**	**308,088**	**-8,636**
SCIENCE AND SERVICE:				
GLS - Suicide Prevention Resource Center	4,913	4,957	4,957	0
Adolescents at Risk	1,927	0	0	0
Mental Health Systems Transformation Activities	10,078	9,949	9,949	0
National Registry of Evidence-based Programs and Practices	437	544	544	0
SAMHSA Health Information Network	2,970	1,920	1,920	0
Consumer and Consumer Support Technical Assistance Centers	1,927	1,927	1,927	0
Minority Fellowship Program	3,805	4,083	4,083	0
Disaster Response	204	1,054	1,054	0
Homelessness	2,322	2,306	2,306	0
HIV/AIDS Education	974	974	974	0
Subtotal, Science and Service	**29,557**	**27,714**	**27,714**	**0**
TOTAL, PRNS	**$299,279**	**$344,438**	**$335,802**	**-$8,636**

1/ Includes $285,000 not available in FY 2009

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

Programs of Regional & National Significance	FY 2008 Appropriation No.	FY 2008 Appropriation Amount	FY 2009 Omnibus No.	FY 2009 Omnibus Amount	FY 2010 President's Budget Request No.	FY 2010 President's Budget Request Amount	FY 2010 +/- FY 2009 Omnibus No.	FY 2010 +/- FY 2009 Omnibus Amount
CAPACITY:								
Co-Occurring SIG								
Grants								
Continuations	8	$1,650	4	$392	0	$0	-4	-$392
New/Competing	0	0	0	0	0	0	0	0
Subtotal	8	1,650	4	392	0	0	-4	-392
Contracts								
Continuations	1	463	0	0	1	1,866	+1	+1,866
New/Competing	0	0	1	3,219	1	1,745	0	-1,474
Subtotal	1	463	1	3,219	2	3,611	+1	+392
Total, Co-Occurring SIG	**9**	**2,113**	**5**	**3,611**	**2**	**3,611**	**-3**	**0**
Seclusion & Restraint								
Grants								
Continuations	8	1,711	8	1,669	0	0	-8	-1,669
New/Competing	0	0	0	0	0	0	0	0
Subtotal	8	1,711	8	1,669	0	0	-8	-1,669
Contracts								
Continuations	1	598	1	308	0	0	-1	-308
New/Competing	1	140	1	472	2	2,449	+1	+1,977
Subtotal	2	738	2	780	2	2,449	0	+1,669
Total, Seclusion & Restraint	**10**	**2,449**	**10**	**2,449**	**2**	**2,449**	**-8**	**0**
Youth Violence Prevention								
Grants								
Continuations	0	0	1	6,000	1	6,000	0	0
New/Competing	1	6,000	0	0	0	0	0	0
Subtotal	1	6,000	1	6,000	1	6,000	0	0
Contracts								
Continuations	3	80,735	5	86,571	4	83,321	-1	-3,250
New/Competing	2	6,267	1	1,931	1	5,181	0	+3,250
Subtotal	5	87,002	6	88,502	5	88,502	-1	0
Total, Youth Violence Prevention	**6**	**93,002**	**7**	**94,502**	**6**	**94,502**	**-1**	**0**
National Traumatic Stress Network								
Grants								
Continuations	43	24,346	23	10,050	58	30,264	+35	+20,214
New/Competing	7	3,000	35	20,200	0	0	-35	-20,200
Subtotal	50	27,346	58	30,250	58	30,264	0	+14
Contracts								
Continuations	1	4,481	1	2,651	1	7,219	0	+4,568
New/Competing	1	1,265	1	5,099	1	517	0	-4,582
Subtotal	2	5,746	2	7,750	2	7,736	0	-14
Total, National Traumatic Stress Network	**52**	**$33,092**	**60**	**$38,000**	**60**	**$38,000**	**0**	**$0**

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

Programs of Regional & National Significance	FY 2008 Appropriation No.	FY 2008 Appropriation Amount	FY 2009 Omnibus No.	FY 2009 Omnibus Amount	FY 2010 President's Budget Request No.	FY 2010 President's Budget Request Amount	FY 2010 +/- FY 2009 Omnibus No.	FY 2010 +/- FY 2009 Omnibus Amount
Children and Family Programs								
Grants								
Continuations	8	$3,828	9	$3,448	15	$5,538	+6	+$2,090
New/Competing	8	2,140	7	3,360	1	1,030	-6	-2,330
Subtotal	16	5,968	16	6,808	16	6,568	0	-240
Contracts								
Continuations	1	953	1	1,201	1	1,070	0	-131
New/Competing	1	808	2	1,185	1	1,556	-1	+371
Subtotal	2	1,761	3	2,386	2	2,626	-1	+240
Total, Children and Family Programs	**18**	**7,729**	**19**	**9,194**	**18**	**9,194**	**-1**	**0**
Mental Health Transformation Activities								
Grants								
Continuations	0	0	0	0	0	0	0	0
New/Competing	0	0	0	0	0	0	0	0
Subtotal	0	0	0	0	0	0	0	0
Contracts								
Continuations	1	1,630	3	5,912	3	5,912	0	0
New/Competing	5	8,343	0	0	0	0	0	0
Subtotal	6	9,973	3	5,912	3	5,912	0	0
Total, MH Transformation Activities	**6**	**9,973**	**3**	**5,912**	**3**	**5,912**	**0**	**0**
Consumer and Family Network Grants								
Grants								
Continuations	62	4,094	61	4,026	18	1,260	-43	-2,766
New/Competing	0	0	18	1,260	61	4,000	+43	+2,740
Subtotal	62	4,094	79	5,286	79	5,260	0	-26
Contracts								
Continuations	1	711	0	0	1	976	+1	+976
New/Competing	0	0	1	950	0	0	-1	-950
Subtotal	1	711	1	950	1	976	0	+26
Total, Consumer & Family Network Grants	**63**	**4,805**	**80**	**6,236**	**80**	**6,236**	**0**	**0**
Mental Health Transformation SIG								
Grants								
Continuations	9	22,950	9	22,950	2	4,381	-7	-18,569
New/Competing	0	0	0	0	24	18,330	+24	+18,330
Subtotal	9	22,950	9	22,950	26	22,711	+17	-239
Contracts								
Continuations	1	3,062	1	3,062	1	1,601	0	-1,461
New/Competing	0	0	0	0	1	1,700	+1	+1,700
Subtotal	1	3,062	1	3,062	2	3,301	+1	+239
Total, MH Transformation SIG	**10**	**$26,012**	**10**	**$26,012**	**28**	**$26,012**	**+18**	**$0**

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

Programs of Regional & National Significance	FY 2008 Appropriation No.	Amount	FY 2009 Omnibus No.	Amount	FY 2010 President's Budget Request No.	Amount	FY 2010 +/- FY 2009 Omnibus No.	Amount
Project LAUNCH								
Grants								
Continuations	0	$0	6	$6,080	18	$16,780	+12	+$10,700
New/Competing	7	6,080	12	10,700	0	0	-12	-10,700
Subtotal	7	6,080	18	16,780	18	16,780	0	0
Contracts								
Continuations	0	0	1	1,289	1	3,220	0	+1,931
New/Competing	1	1,289	1	1,931	0	0	-1	-1,931
Subtotal	1	1,289	2	3,220	1	3,220	-1	0
Total, Project LAUNCH	**8**	**7,369**	**20**	**20,000**	**19**	**20,000**	**-1**	**0**
Primary and Behavioral Health Care Integration								
Grants								
Continuations	0	0	0	0	12	6,400	+12	+6,400
New/Competing	0	0	12	6,400	0	0	-12	-6,400
Subtotal	0	0	12	6,400	12	6,400	0	0
Contracts								
Continuations	0	0	0	0	1	600	+1	+600
New/Competing	0	0	1	600	0	0	-1	-600
Subtotal	0	0	1	600	1	600	0	0
Total, PBHCI	**0**	**0**	**13**	**7,000**	**13**	**7,000**	**0**	**0**
Suicide Lifeline								
Grants								
Continuations	1	2,880	7	3,247	7	3,247	0	0
New/Competing	6	350	0	0	0	0	0	0
Subtotal	7	3,230	7	3,247	7	3,247	0	0
Contracts								
Continuations	1	1,604	1	742	1	1,237	0	+495
New/Competing	1	247	1	495	0	0	-1	-495
Subtotal	2	1,851	2	1,237	1	1,237	-1	0
Total, Suicide Lifeline	**9**	**5,081**	**9**	**4,484**	**8**	**4,484**	**-1**	**0**
GLS - Youth Suicide Prevention - States								
Grants								
Continuations	24	9,484	32	15,117	48	23,108	+16	+7,991
New/Competing	30	14,319	18	8,740	0	0	-18	-8,740
Subtotal	54	23,803	50	23,857	48	23,108	-2	-749
Contracts								
Continuations	1	2,842	1	2,737	1	5,785	0	+3,048
New/Competing	1	2,831	1	3,144	1	845	0	-2,299
Subtotal	2	5,673	2	5,881	2	6,630	0	+749
Total, GLS-Youth Suicide Prevention-States	**56**	**$29,476**	**52**	**$29,738**	**50**	**$29,738**	**-2**	**$0**

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

Programs of Regional & National Significance	FY 2008 Appropriation No.	FY 2008 Appropriation Amount	FY 2009 Omnibus No.	FY 2009 Omnibus Amount	FY 2010 President's Budget Request No.	FY 2010 President's Budget Request Amount	FY 2010 +/- FY 2009 Omnibus No.	FY 2010 +/- FY 2009 Omnibus Amount
GLS - Youth Suicide Prevention - Campus								
Grants								
Continuations	33	$2,120	16	$1,492	37	$3,599	+21	+$2,107
New/Competing	16	1,477	21	2,100	0	0	-21	-2,100
Subtotal	49	3,597	37	3,592	37	3,599	0	+7
Contracts								
Continuations	1	1,081	1	712	1	1,376	0	+664
New/Competing	1	235	1	671	0	0	-1	-671
Subtotal	2	1,316	2	1,383	1	1,376	-1	-7
Total, GLS-Youth Suicide Prev.-Campus	**51**	**4,913**	**39**	**4,975**	**38**	**4,975**	**-1**	**0**
AI/AN Suicide Prevention Initiative								
Grants								
Continuations	0	0	0	0	0	0	0	0
New/Competing	0	0	0	0	0	0	0	0
Subtotal	0	0	0	0	0	0	0	0
Contracts								
Continuations	1	188	1	2,944	1	2,944	0	0
New/Competing	1	2,730	0	0	0	0	0	0
Subtotal	2	2,918	1	2,944	1	2,944	0	0
Total, AI/AN Suicide Prevention Initiative	**2**	**2,918**	**1**	**2,944**	**1**	**2,944**	**0**	**0**
Homelessness Prevention Programs								
Grants								
Continuations	19	7,467	20	7,846	55	21,827	+35	+13,981
New/Competing	5	1,975	41	16,340	5	1,980	-36	-14,360
Subtotal	24	9,442	61	24,186	60	23,807	-1	-379
Contracts								
Continuations	1	1,118	1	1,493	1	7,323	0	+5,830
New/Competing	1	523	2	6,571	1	1,120	-1	-5,451
Subtotal	2	1,641	3	8,064	2	8,443	-1	+379
Total, Homelessness Prevention Programs	**26**	**11,083**	**64**	**32,250**	**62**	**32,250**	**-2**	**0**
Older Adult Programs								
Grants								
Continuations	0	0	10	4,095	10	4,100	0	+5
New/Competing	10	4,115	0	0	0	0	0	0
Subtotal	10	4,115	10	4,095	10	4,100	0	+5
Contracts								
Continuations	0	0	1	719	1	714	0	-5
New/Competing	1	699	0	0	0	0	0	0
Subtotal	1	699	1	719	1	714	0	-5
Total, Older Adult Programs	**11**	**$4,814**	**11**	**$4,814**	**11**	**$4,814**	**0**	**$0**

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

Programs of Regional & National Significance	FY 2008 Appropriation No.	Amount	FY 2009 Omnibus No.	Amount	FY 2010 President's Budget Request No.	Amount	FY 2010 +/- FY 2009 Omnibus No.	Amount
Minority AIDS								
Grants								
Continuations	16	$8,309	15	$7,784	16	$8,294	+1	+$510
New/Competing	0	0	1	510	0	0	-1	-510
Subtotal	16	8,309	16	8,294	16	8,294	0	0
Contracts								
Continuations	1	865	1	989	1	989	0	0
New/Competing	1	109	0	0	0	0	0	0
Subtotal	2	974	1	989	1	989	0	0
Total, Minority AIDS	**18**	**9,283**	**17**	**9,283**	**17**	**9,283**	**0**	**0**
Criminal and Juvenile Justice Programs								
Grants								
Continuations	8	3,070	8	3,145	12	4,840	+4	+1,695
New/Competing	6	2,413	6	2,366	2	674	-4	-1,692
Subtotal	14	5,483	14	5,511	14	5,514	0	+3
Contracts								
Continuations	1	638	1	1,173	1	1,170	0	-3
New/Competing	1	563	0	0	0	0	0	0
Subtotal	2	1,201	1	1,173	1	1,170	0	-3
Total, Criminal & Juvenile Justice Programs	**16**	**6,684**	**15**	**6,684**	**15**	**6,684**	**0**	**0**
Congressional Projects	**36**	**8,926**	**37**	**8,636**	**0**	**0**	**-37**	**-8,636**
Subtotal, Capacity	**407**	**$269,722**	**472**	**$316,724**	**433**	**$308,088**	**-39**	**-$8,636**

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

Programs of Regional & National Significance	FY 2008 Appropriation No.	Amount	FY 2009 Omnibus No.	Amount	FY 2010 President's Budget Request No.	Amount	FY 2010 +/- FY 2009 Omnibus No.	Amount
SCIENCE AND SERVICE:								
GLS - Suicide Resource Center								
Grants								
Continuations	1	$3,810	1	$3,810	0	$0	-1	-$3,810
New/Competing	0	0	0	0	1	4,957	+1	+4,957
Supplements	1	1,103	1	1,147	0	0	-1	-1,147
Subtotal	1	4,913	1	4,957	1	4,957	-1	0
Contracts								
Continuations	0	0	0	0	0	0	0	0
New/Competing	0	0	0	0	0	0	0	0
Subtotal	0	0	0	0	0	0	0	0
Total, GLS - Suicide Resource Center	**1**	**4,913**	**1**	**4,957**	**1**	**4,957**	**-1**	**0**
Adolescents at Risk								
Grants								
Continuations	0	0	0	0	0	0	0	0
New/Competing	0	0	0	0	0	0	0	0
Subtotal	0	0	0	0	0	0	0	0
Contracts								
Continuations	0	0	0	0	0	0	0	0
New/Competing	1	1,927	0	0	0	0	0	0
Subtotal	1	1,927	0	0	0	0	0	0
Total, Adolescents at Risk	**1**	**1,927**	**0**	**0**	**0**	**0**	**0**	**0**
Mental Health Systems Transformation Activities								
Grants								
Continuations	0	0	1	243	1	250	0	+7
New/Competing	5	474	5	243	5	250	0	+7
Subtotal	5	474	6	486	6	500	0	+14
Contracts								
Continuations	10	6,279	4	2,952	8	9,449	+4	+6,497
New/Competing	4	3,325	7	6,511	0	0	-7	-6,511
Subtotal	14	9,604	11	9,463	8	9,449	-3	-14
Total, MH Sys. Transformation Activities	**19**	**10,078**	**17**	**9,949**	**14**	**9,949**	**-3**	**0**
National Registry of Evidence-based Programs and Practices (NREPP)								
Grants								
Continuations	0	0	0	0	0	0	0	0
New/Competing	0		0	0	0	0	0	0
Subtotal	0	0	0	0	0	0	0	0
Contracts								
Continuations	0	437	0	544	0	544	0	0
New/Competing	0	0	0	0	0	0	0	0
Subtotal	0	437	0	544	0	544	0	0
Total, NREPP	**0**	**$437**	**0**	**$544**	**0**	**$544**	**0**	**$0**

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

Programs of Regional & National Significance	FY 2008 Appropriation No.	FY 2008 Appropriation Amount	FY 2009 Omnibus No.	FY 2009 Omnibus Amount	FY 2010 President's Budget Request No.	FY 2010 President's Budget Request Amount	FY 2010 +/- FY 2009 Omnibus No.	FY 2010 +/- FY 2009 Omnibus Amount
SAMHSA Health Information Network								
Grants								
Continuations	0	$0	0	$0	0	$0	0	$0
New/Competing	0	0	0	0	0	0	0	0
Subtotal	0	0	0	0	0	0	0	0
Contracts								
Continuations	0	2,970	0	1,920	0	1,920	0	0
New/Competing	0	0	0	0	0	0	0	0
Subtotal	0	2,970	0	1,920	0	1,920	0	0
Total, SAMHSA Health Information Network.	**0**	**2,970**	**0**	**1,920**	**0**	**1,920**	**0**	**0**
Consumer and Consumer Support Technical Assistance Centers								
Grants								
Continuations	5	1,927	5	1,927	0	0	-5	-1,927
New/Competing	0	0	0	0	5	1,927	+5	+1,927
Subtotal	5	1,927	5	1,927	5	1,927	0	0
Contracts								
Continuations	0	0	0	0	0	0	0	0
New/Competing	0	0	0	0	0	0	0	0
Subtotal	0	0	0	0	0	0	0	0
Total, Consumer & Cons. Support TA Centers	**5**	**1,927**	**5**	**1,927**	**5**	**1,927**	**0**	**0**
Minority Fellowship Program								
Grants								
Continuations	0	0	5	3,442	5	3,454	0	+12
New/Competing	5	3,237	0	0	0	0	0	0
Subtotal	5	3,237	5	3,442	5	3,454	0	+12
Contracts								
Continuations	0	0	1	641	1	629	0	-12
New/Competing	1	568	0	0	0	0	0	0
Subtotal	1	568	1	641	1	629	0	-12
Total, Minority Fellowship Program	**6**	**3,805**	**6**	**4,083**	**6**	**4,083**	**0**	**0**
Disaster Response								
Grants								
Continuations	0	0	0	0	0	0	0	0
New/Competing	0	0	0	0	0	0	0	0
Subtotal	0	0	0	0	0	0	0	0
Contracts								
Continuations	0	0	0	0	1	1,054	+1	+1,054
New/Competing	1	204	1	1,054	0	0	-1	-1,054
Subtotal	1	204	1	1,054	1	1,054	0	0
Total, Disaster Response	**1**	**$204**	**1**	**$1,054**	**1**	**$1,054**	**0**	**$0**

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

Programs of Regional & National Significance	FY 2008 Appropriation No.	FY 2008 Appropriation Amount	FY 2009 Omnibus No.	FY 2009 Omnibus Amount	FY 2010 President's Budget Request No.	FY 2010 President's Budget Request Amount	FY 2010 +/- FY 2009 Omnibus No.	FY 2010 +/- FY 2009 Omnibus Amount
Homelessness								
Grants								
Continuations	0	$0	0	$0	0	$0	0	$0
New/Competing	0	0	0	0	0	0	0	0
Subtotal	0	0	0	0	0	0	0	0
Contracts								
Continuations	2	2,322	1	1,269	2	2,306	+1	+1,037
New/Competing	0	0	1	1,037	0	0	-1	-1,037
Subtotal	2	2,322	2	2,306	2	2,306	0	0
Total, Homelessness	**2**	**2,322**	**2**	**2,306**	**2**	**2,306**	**0**	**0**
HIV/AIDS Education								
Grants								
Continuations	0	0	0	0	0	0	0	0
New/Competing	0	0	0	0	0	0	0	0
Subtotal	0	0	0	0	0	0	0	0
Contracts								
Continuations	3	974	1	525	4	974	+3	+449
New/Competing	0	0	3	449	0	0	-3	-449
Subtotal	3	974	4	974	4	974	0	0
Total, HIV/AIDS Education	**3**	**974**	**4**	**974**	**4**	**974**	**0**	**0**
Subtotal, Science and Service	**38**	**29,557**	**36**	**27,714**	**33**	**27,714**	**-4**	**0**
Total, PRNS	**445**	**$299,279**	**508**	**$344,438**	**466**	**$335,802**	**-43**	**-$8,636**

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Suicide Prevention

	FY 2008 Appropriation	FY 2009 Omnibus	FY 2010 President's Budget Request	FY 2010 +/- FY 2009 Omnibus
Capacity.....	$42,388,000	$42,141,000	$42,141,000	$0
Science And Service.....	6,840,000	4,957,000	4,957,000	0
Budget Authority.....	$49,228,000	$47,098,000	$47,098,000	$0

Authorizing Legislation…….. Section 520A, 520C, 520E, and 520E-2 of the PHS Act

FY 2010 Authorization…..…….....Expired

Allocation Method……Competitive Grants/Contracts/Cooperative Agreements

Program Description and Accomplishments

Congressional authorization in 2005 of the Garrett Lee Smith (GLS) Memorial Act allows SAMHSA to manage two significant youth suicide prevention programs and a resource center. The GLS State/Tribal Youth Suicide Prevention and Early Intervention Grant Program supports 42 states, 18 tribes or tribal organizations, and one Territory in developing and implementing youth suicide prevention and early intervention strategies involving public-private collaborations among youth serving institutions. The GLS Campus Suicide Prevention program provides funding to institutions of higher education to prevent suicide and suicide attempts. The GLS Suicide Prevention Resource Center develops effective strategies and best practices to ensure the field has access to the most crucial information. Since October 2005, the Garrett Lee Smith Memorial Suicide Prevention programs has trained 176,855 teachers, mental health professionals, social service providers, police officers, advocates, coaches, and other individuals who frequently interact with youth in suicide prevention. Additionally, SAMHSA also has an innovative training and technical assistance project that helps tribal communities mobilize existing social and educational resources. The project supports the development and implementation of comprehensive and collaborative community based prevention plans to reduce violence, bullying, and suicide among American Indian /Alaska Native youth.

The importance of suicide prevention measures during this difficult economic time cannot be overstated. Researchers have shown a relationship between sustained high rates of unemployment and increased risk as well as incidence of suicide. Some estimates suggest that unemployed individuals have up to two to four times the suicide rate of those currently employed. Economic strain such as loss of a home or foreclosure and personal financial crises are other factors which have been well documented as precipitating suicidal deaths among people at risk for suicide. Consistent with this finding is the anecdotal evidence from crisis centers across the country indicating that calls linked to financial concerns have increased in the last year, as well as an increase of almost 25 percent of calls answered by the National Suicide Prevention Lifeline in January 2009, compared to January 2008.

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, averaging nearly 43,000 calls per month answered through the National Suicide Prevention Lifeline. In July 2007, SAMHSA partnered with the Department of Veterans Affairs to provide and ensure 24/7 access to a veterans suicide prevention hotline. This hotline has answered an average of 4,000 calls from veterans per month. In September 2008, SAMHSA awarded six grants to the National Suicide Prevention Lifeline crisis centers to provide follow up to suicidal callers. Evaluation and research findings indicate that the immediate aftermath of suicidal crises is a time of heightened risk for suicide but has great potential for suicide prevention. While quantitative data from this program is not yet available, SAMHSA has already received anecdotal reports of a number of instances where the program appears to have prevented suicide attempts.

In addition to programs that build suicide prevention capacity, SAMHSA also supports the Suicide Prevention Resource Center. 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 including statewide or tribal coalitions, community task forces, regional alliances, and professional groups.

Funding History

FY	Amount
2005	$16,436,000
2006	$31,675,000
2007	$36,190,000
2008	$49,228,000
2009	$47,098,000

Budget Request

The FY 2010 President's Budget request is $47.1 million, the same level of funding as the FY 2009 Omnibus level. The request will support 92 continuation grants, one new grant, and four continuation contracts. At this level of funding SAMHSA anticipates the rates at which individuals are trained in suicide prevention to remain constant.

Outcomes and Outputs

Table 1: Key Performance Indicators for Suicide Prevention

Measure	Most Recent Result	FY 2009 Target	FY 2010 Target	FY 2010 +/- FY 2009
2.3.57: Reduce the number of suicide deaths *(Outcome)*	FY 2006: 33,300 (Historical Actual)	30,784	30,684	-100
2.3.58: Increase the number of students exposed to mental health and suicide awareness campaigns on college campuses *(Outcome)*	FY 2008: 681,425 (Target Exceeded)	662,774	681,425	+18,651
2.3.59: Increase the total number individuals trained in youth suicide prevention: cumulative *(Outcome)*	FY 2008: 176,855 (Target Exceeded)	127,065	212,226	+85,161
2.3.60: Increase the total number of youth screened: cumulative *(Output)*	FY 2008: 13,618 (Baseline)	16,800	20,160	+3,360
2.3.61: Increase the number of calls answered by the suicide hotline *(Output)*	FY 2008: 513,298 (Baseline)	538,963	555,132	+16,169

Grant Award Table

(whole dollars)	**FY 2008**	**FY 2009**	**FY 2010**
Number of Awards	111	95	93
Average Award	$320,207	$375,295	$375,387
Range of Awards	$15,000-$3,546,000	$15,000-$3,546,000	$15,000-$3,546,000

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Youth Violence Prevention

	FY 2008 Appropriation	FY 2009 Omnibus	FY 2010 President's Budget Request	FY 2010 +/- FY 2009 Omnibus
Budget Authority.....	$93,002,000	$94,502,000	$94,502,000	$0

Authorizing Legislation……..……Section 581 and 520A of the Public Health Service Act

FY 2010 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 146 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 five required elements across the three sectors: 1) safe school environments and violence prevention activities; 2) alcohol, tobacco, and other drug prevention activities; 3) student behavioral, social, and emotional supports; 4) mental health services; and, 5) early childhood social and emotional learning programs. Grantees have developed organizational, informational, and programmatic systems that bring together many diverse sectors of the community, 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 2008, 2,328,500 children were served by the Safe Schools/Healthy Students program. With a number of large school districts funded in the 2008 cohort, the target for number served was exceeded considerably. Sixty-Six percent of students received services following a mental health referral, exceeding the level in FY 2007. The performance target for number of students receiving services following a mental health referral was met. Additionally, the program instituted new output measures in FY 2007 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. Although the targets for the percentage of grantees training personnel were not met in FY 2008, the program anticipates meeting the FY 2009 targets.

The Safe Schools/Healthy Students program is expected to serve 131 communities and over two million children in FY 2010. SAMHSA anticipates the percentage of children showing improvement in substance abuse, violent incidents, and mental health referrals to remain constant in FY 2010 due to inflation and the increased cost per unit.

Additionally, SAMHSA also has a joint initiative with the Department of Education called the College Emergency Preparedness program. These competitive grants provide funding to institutions of higher education to support mental health related activities and to develop and implement emergency management plans for preventing campus violence. Activities supported under this program include the development of written plans with emergency protocols that include mental health, among other needs, of individuals and to develop written plans for preventing violence on campus by assessing and addressing the mental health needs of students who may be at risk of causing campus violence.

Funding History

FY	Amount
2005	$94,238,000
2006	$93,156,000
2007	$93,156,000
2008	$93,002,000
2009	$94,502,000

Budget Request

The FY 2010 President's Budget request is $94.5 million, the same level of funding as the FY 2009 Omnibus level. Of this amount, $84.3 million will support the Safe Schools/Healthy Students Interagency Agreement with the Department of Education, the same level of funding as the FY 2009 Appropriation. All contract continuations will be fully funded in FY 2010.

Outcomes and Outputs

Table 2: Key Performance Indicators for Safe School/Healthy Students

Measure	Most Recent Result	FY 2009 Target	FY 2010 Target	FY 2010 +/- FY 2009
3.2.04: Increase the number of children served *(Outcome)*	FY 2008: 2,328,500 (Target Exceeded)	2,328,500	2,328,500	Maintain
3.2.05: Improve student outcomes and systems outcomes: a) Decrease the percentage of middle school students who have been in a physical fight on school property *(Outcome)*	FY 2008: 34.4% (Target Exceeded)	34.4%	35%	+0.6
3.2.06: a) Decrease the percentage of high school students who have been in a physical fight on school property *(Outcome)*	FY 2008: 23.7% (Target Exceeded)	23.7%	28%	+4.3

3.2.07: b) Decrease the percentage of middle school students who report current substance use *(Outcome)*	FY 2008: 13.7% (Target Exceeded)	13.7%	15%	+1.3
3.2.08: b) Decrease the percentage of high school students who report current substance use *(Outcome)*	FY 2008: 33% (Target Exceeded)	33%	34%	+1
3.2.09: c) Increase the percentage of student's attending school *(Outcome)*	FY 2008: 93% (Target Met)	93%	N/A	N/A
3.2.10: Increase the percentage of students who receive mental health services *(Outcome)*	FY 2008: 66% (Target Exceeded)	66%	66%	Maintain
3.2.21: Percentage of grantees that provided screening and/or assessments that is coordinated among two or more agencies or shared across agencies. *(Output)*	FY 2008: 62.4% (Target Not Met)	68.1%	69%	+0.9
3.2.22: Percentage of grantees that provide training of school personnel on mental health topics *(Output)*	FY 2008: 64% (Target Not Met)	66.4%	67%	+0.6

Grant Awards Table

(whole dollars)	**FY 2008**	**FY 2009**	**FY 2010**
Number of Awards	1	1	1
Average Award	$6,000,000	$6,000,000	$6,000,000
Range of Awards	$6,000,000	$6,000,000	$6,000,000

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National Traumatic Stress Network

	FY 2008 Appropriation	FY 2009 Omnibus	FY 2010 President's Budget Request	FY 2010 +/- FY 2009 Omnibus
Budget Authority.....	$33,092,000	$38,000,000	$38,000,000	$0

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

FY 2010 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, 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, The 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. Since its inception, the NCTSN has provided training or education on child trauma to over 800,000 individuals, more than 90,000 people were trained in 2008 in nearly 3,000 annual training/education events. In FY 2008, 69 percent of children receiving services had improved outcomes (percent showing clinically significant improvement).

This program provided direct service to 28,878 children in FY 2008. While the target was not met for number served in FY 2008, NCTSI continues to impact the care of thousands of children in systems such as child welfare, schools, and juvenile justice through the training and consultation provided to these systems. Data on these children is not included in the number served. 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
2005	$29,726,000
2006	$29,418,000
2007	$29,418,000
2008	$33,092,000
2009	$38,000,000

Budget Request

The FY 2010 President's Budget request is $38.0 million, the same level of funding as the FY 2009 Omnibus level. The request will fully support 58 grant and one contract continuations. With this level of funding, the percentage of children showing clinically significant improvement is expected to be 69 percent and the program is expected to serve the same number of children. SAMHSA anticipates the dollars spent per person served by the grant program in FY 2010 to be $718.

Outcomes and Outputs

Table 3: Key Performance Indicators for National Child Traumatic Stress Initiative

Measure	Most Recent Result	FY 2009 Target	FY 2010 Target	FY 2010 +/- FY 2009
3.2.01: Increase the estimated number of children and adolescents receiving trauma-informed services *(Outcome)*	FY 2008: 28,878 (Target Not Met)	16,955	29,000	+12,045
3.2.02: Improve children's outcomes (percent showing clinically significant improvement) *(Outcome)*	FY 2008: 69% (Target Exceeded)	69%	69%	Maintain
3.2.03: Dollars spent per person served *(Efficiency)*	FY 2008: $948 (Target Not Met)	$718	$718	Maintain
3.2.23: Increase the unduplicated count of the number of children and adolescents receiving trauma-informed services *(Outcome)*	FY 2008: 975 (Baseline)	2,925	3,217	+292
3.2.24: Increase the number of child-serving professionals trained in providing trauma-informed services. *(Outcome)*	FY 2008: 91,517 (Baseline)	96,000	100,800	+4,800

Grant Awards Table

(whole dollars)	**FY 2008**	**FY 2009**	**FY 2010**
Number of Awards	50	58	58
Average Award	$546,920	$521,552	$521,793
Range of Awards	$300,723-$5,000,000	$300,723-$5,000,000	$300,723-$5,000,000

Other Capacity Activities

	FY 2008 Appropriation	FY 2009 Omnibus	FY 2010 President's Budget Request	FY 2010 +/- FY 2009 Omnibus
Budget Authority.....	$101,240,000	$142,081,000	$133,445,000	-$8,636,000

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

FY 2010 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 to promote improved services for adults with mental illness and children with emotional disturbance.

Primary and Behavioral Health Care Integration

Congress appropriated $7.0 million to support the Primary and Behavioral Health Care Integration program in FY 2009 to improve the physical health status of people with serious mental illnesses. The Primary and Behavioral Health Care Integration program supports communities in coordinating and integrating primary care services into publicly-funded community mental health centers and other community-based behavioral health settings that provide mental health services. The expected outcome of improved health status for people with serious mental illness will be achieved by encouraging grantees to engage in necessary partnerships, expand infrastructure and increase the availability of primary health care services to individuals with mental illness. Partnerships between existing primary care and behavioral health organizations are deemed crucial to this program**.** The population of focus for this grant program is individuals with serious mental illness served in the public mental health system.

SAMHSA expects that people with serious mental illnesses will show improvement in their physical health status through participation in this program which includes a focus on providing wellness education and support services. This grant program supports SAMHSA's Pledge for Wellness 10 by 10 Campaign to prevent and reduce early mortality among people with mental illness by 10 years over the next 10 years. It is expected that better coordination and integration of primary and behavioral health care will lead to outcomes such as improved access to primary care services; improved prevention, early identification and intervention to avoid serious health issues including chronic diseases; enhanced capacity to holistically serve those with mental and/or substance use disorders; and better overall health status of clients.

Project LAUNCH Wellness Initiative

The Linking Actions for Unmet Needs in Children's Health (Project LAUNCH) Wellness Initiative promotes and enhances the wellness of young children by increasing grantees capacity to develop infrastructure and implement prevention/promotion strategies necessary to promote wellness for young children aged zero to eight. Project LAUNCH defines wellness as optimal functioning across all developmental domains, including physical, social, emotional, cognitive and behavioral health. For this program behavioral health includes mental health and positive development free from substance abuse and other negative behavior. The goal of Project LAUNCH is to create a shared vision for the wellness of young children that drives the development of Federal, State, Territorial, Tribal and locally-based networks for the coordination of key child-serving systems and the integration of behavioral and physical health services. The expected result is for children to be thriving in safe, supportive environments and entering school ready to learn and able to succeed. The President's FY 2010 budget will support all grant and contract continuations for Project LAUNCH.

Consumer and Family Network Grants

The Consumer and Family Network grant program is an effort to promote consumer, family and youth participation in the development of policies, programs, and quality assurance activities related to the mental health systems reform.

The Statewide Family Network provides education and training to increase family organization capacity for policy and service development by: 1) strengthening organizational relationships; 2) fostering leadership and business management skills among families of children and adolescents with serious emotional disturbance; and 3) identifying and address the technical assistance needs of children and adolescents with serious emotional disturbances and their families. The Statewide Family Network focuses on families: parents, primary caregivers of children, youth and young adults. Young adults are eligible up to age 18, up to age 21 if they have an Individualized Education Plan, or up to age 26 if transitioning to the adult system.

During FY 2004-2007 the Statewide Family Network served a total of 1,586,650 unduplicated youth and family members through training and support activities, educational forums and policy activities. This program reported that youth and family members held 17,542 seats on numerous policy, planning and service delivery decision-making groups, demonstrating that the grant is having a significant impact on the expansion of family voice in the development and implementation of services for America's most vulnerable children. SAMHSA anticipates funding 42 additional Statewide Family Network grants in FY 2010.

The Statewide Consumer Network program, focusing on adult mental health consumers ages 18 and older who are service recipients of public mental health systems and promotes the development of adult systems of care. It establishes sustainable mechanisms for integrating the consumer voice in state mental health systems and allied systems. The Statewide Consumer Network promotes skill development with an emphasis on leadership and business management. The technical assistance needs of consumers are identified and training and support is provided to ensure that they are the catalysts for transforming the mental health and related systems in their State. Lastly, the Statewide Consumer Network develops coalitions and/or partnerships that support policy and program development in mental health systems.

During FY 2004-2007, grantees improved community services, developed tele-health education and other on-line supports and, conducted leadership academies for over 500 consumers and sustained involvement in policy, planning and service delivery decision making roles. SAMHSA anticipates funding 19 additional Statewide Consumer Network grants in FY 2010. The new

funding opportunity seeks to address the needs of underserved and under-represented consumers; of consumers with histories of trauma, veterans, or those who have been involved in the criminal justice system; and/or to promote activities related to partnership development, coalition building, legacy planning, and economic empowerment as part of the recovery process for consumers.

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 5.4 million adults in the U.S. are affected by co-occurring mental and substance abuse disorders (2007 National Survey on Drug Use and Health). The FY 2010 President's Budget will support one contract continuation and one new contract.

Mental Health System Transformation

SAMHSA supports the President's efforts to reform health care by engaging in activities that support the transformation of the mental health system. These include the Transformation Accountability System, Transformation Transfer Initiative, and Mental Health Transformation State Incentive Grants.

SAMHSA uses multiple systems for performance monitoring and measurement. Each Center uses a Web-based data entry and reporting system for its programs (except the Community Mental Health Services and Substance Abuse Prevention and Treatment Block Grant programs). The Transformation Accountability System is the CMHS centralized web-based Government Performance and Results Act data collection system. The data from this system is used to manage and monitor grantee performance. Transformation Accountability System data includes the collection of SAMHSA's National Outcome Measures for programs directly affecting client outcomes. These include programs that address services for older adults, jail diversion, HIV/AIDS, supportive housing, serious emotional disturbance, and child traumatic stress.

The Transformation Transfer Initiative supports efforts to improve the capacity and effectiveness of mental health systems that foster recovery and meet the multiple needs of consumers. It explores new ways of getting mental health care services to everyone in need - a critical public health challenge. For example, according to the latest National Survey on Drug Use and Health, among the 24.3 million adults aged 18 or older with serious psychological distress, only 44 percent received treatment for a mental health problem in the past year. The Transformation Transfer Initiative implements a number of innovative approaches to meeting these mental health challenges, including comprehensive peer support services for adults and youth, enhancing juvenile forensic mental health services and developing strategic plans to address the continuing needs of individuals with mental illnesses and co-occurring substance abuse disorders.

Mental Health Transformation State Incentive Grants

The Mental Health Transformation State Incentive Grants (MHT SIG) program assists States to plan and implement the transformation and reform of State mental health services across multiple service systems in order to increase system capacity. Comprehensive State mental health plans will enhance the use of existing resources to serve persons with mental illnesses,

increase the efficient use of resources at State and local levels, and expand the options and effectiveness of available services and supports. Development of transformation plans require Statewide planning efforts across multiple service systems and State agencies to help the State better meet the complex needs of individuals with serious mental illnesses and children with serious emotional disturbances and their families.

In the first three years of the program, the nine MHT SIG States have shown significant advancements toward improving health care systems and implementing much needed health care reforms for people with mental illness. Within these States, over 1,600 evidence-based mental health programs have been implemented and almost 50,000 providers have been trained in effective, evidence based treatment approaches facilitating improved outcomes for consumers. More than 130 organizations have expanded data accountability systems.

The FY 2010 President's Budget is $26.0 million for mental health system transformation and system reform activities. It will support all continuation grants and contracts and fund up to 24 new grants. In an effort to reach a larger number of states, grant awards in FY 2010 will be smaller than the earlier grant awards. The program design will allow the States the flexibility to identify and address critical system and capacity reform needs in their respective communities. The new grants will build on existing infrastructure by supporting State, county and local activities such as workforce training, implementation of evidence-based practices, and improving access to quality mental health services. It will increase the grantees' ability to employ a public health approach to Transformation and implement strategies that promotes recovery and resiliency, is consumer- and family-driven, and that reflects true statewide collaboration. By encouraging engagement of a broad range of State agency and community stakeholders, the grantees will be able to better develop and implement innovative and resourceful service improvements and more fully address the needs of the citizens across the lifespan and across cultural and ethnic groups. Necessary changes to policies and organizational structures necessary to support improved mental health services will also be supported. In addition, the FY 2010 grant announcement will provide States the opportunity to expand the much needed treatment capacity and allow States to identify emerging treatment needs, especially those emerging in the context of the economic crisis.

Homelessness Prevention

As of April 2009, the Services in Supportive Housing grantees have provided over 840 persons with comprehensive and coordinated mental health and related services. More than two thirds (69 percent) of the individuals served demonstrated improvement in behavioral functioning and represent an 80-100 percent reduction in the usage of high cost services such as hospitalizations and emergency room use. With the expansion of the Services in Supportive Housing Program in FY 2010, SAMHSA expects to triple the number of individuals provided supportive housing services and provide needed supports to their family members.

The FY 2010 President's Budget is $32.2 million for Homelessness Prevention and will support grant and contract continuations in the Services in Supportive Housing Program by providing grants to States and communities that reduce or eliminate chronic homelessness among individuals with serious mental illness, substance abuse and/or co-occurring disorders and their families. Services are provided in coordination with existing permanent supportive housing programs in the community and cover a five year funding period. Services in Supportive Housing are comprehensive, seamless and focus on outreach and engagement, intensive case management, mental health and substance abuse treatment, as well as assistance in obtaining benefits.

Minority AIDS

The purpose of the Minority AIDS 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 significantly higher rates of HIV/AIDS among people of color. HIV/AIDS cases in 2006 for Black and Hispanic populations were reported to be more than 67 and 25 per 100,000, respectively. Blacks accounted for 49 percent of all HIV/AIDS cases diagnosed in 2006 in the 33 states with name based reporting (CDC, 2008). 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 2010 President's Budget will fund all continuation grants and contracts funded in FY 2009.

Criminal and Juvenile Justice Programs

Since 2002, the Jail Diversion program has awarded grants to 40 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 multi-year grants to develop, implement and sustain diversion programs for people with mental illnesses. In 2008, the program focused on individuals with trauma related mental disorders and prioritizing veterans. The program also limited eligibility to states to pilot local diversion programs and replicate them statewide.

Grantees have conducted over 79,000 screenings and diverted over 3,300 persons with mental illness from jail to community services. Program data indicates that diverted individuals have reduced symptoms of mental illness, reduced substance abuse, and improved daily living skills and role functioning. An emphasis on cross system collaboration has resulted in the delivery of comprehensive services and broad community support for sustainability. Nineteen of the 24 earliest grantees continue their programs after SAMHSA funding ends.

Funding History

FY	Amount
2005	$108,957,000
2006	$85,253,000
2007	$81,726,000
2008	$101,240,000
2009	$142,081,000

Budget Request

The FY 2010 President's Budget request for the Other Capacity Activities is $133.4 million, a decrease of $8.6 million from the FY 2009 Omnibus level due to the elimination of funding for Congressionally-directed projects. The funding level will support 158 continuation grants, 93 new grants, 13 continuation contracts, and six new contracts.

Outcomes and Outputs

Table 4: Key Performance Indicators for Co-Occurring State incentive Grant

Measure	Most Recent Result	FY 2009 Target	FY 2010 Target	FY 2010 +/- FY 2009
1.2.17: Increase the number of persons with co-occurring disorders served. *(Output)*	FY 2008: 103,679 (Baseline)	103,679	103,679	Maintain
1.2.18: Increase the percentage of treatment programs that a) Screen for co-occurring disorders *(Outcome)*	FY 2008: 68% (Baseline)	68%	68%	Maintain
1.2.19: b) Assess for co-occurring disorders *(Outcome)*	FY 2008: 32% (Baseline)	32%	32%	Maintain
1.2.20: c) Treat co-occurring disorders through collaborative, consultative, and integrated models of care *(Outcome)*	FY 2008: 53% (Baseline)	53%	53%	Maintain

Table 5: Key Performance Indicators for Mental Health Programs of Regional and National Significance - Remaining Capacity Activities[1]

Measure	Most Recent Result	FY 2009 Target	FY 2010 Target	FY 2010 +/- FY 2009
1.2.03: Rate of consumers reporting positively about perception of care (program participants) *(Outcome)*[2]	FY 2008: 94.8% (Target Not Met)	98%	98%	Maintain
1.2.05: Increase the percentage of clients receiving services who report improved functioning *(Outcome)*	FY 2008: 50.5% (Target Not Met)	54%	54%	Maintain
1.2.06: Number of a) evidence based practices (EBPs) implemented *(Output)*	FY 2007: 4 per State (Target Exceeded)	4 per State	4.1 per State	+0.1

[1] Programs included in reporting are Jail Diversion, Older Adults, HIV/AIDS, and Services in Supportive Housing programs.
[2] Measure has been changed from Rate of consumers/family members reporting positively about outcomes (program participants).

1.2.08: b) Adults: percentage of population coverage for each (reported as percentage of service population receiving any evidence based practice) *(Output)*	FY 2007: 9.4% (Target Not Met)	10.8%	10.5%	-0.3
1.2.09: c) Children: percentage of population coverage for each (reported as percentage of service population receiving any evidence based practice) *(Output)*	FY 2007: 3.2% (Target Exceeded)	3.5%	3.5%	Maintain

Grant Awards Table

(whole dollars)	**FY 2008**	**FY 2009**	**FY 2010**
Number of Awards	210	284	251
Average Award	$374,895	$390,870	$396,151
Range of Awards	$60,000-$2,730,000	$60,000-$2,730,000	$60,000-$2,730,000

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Science and Service Activities

	FY 2008 Appropriation	FY 2009 Omnibus	FY 2010 President's Budget Request	FY 2010 +/- FY 2009 Omnibus
Budget Authority.....	$22,717,000	$22,757,000	$22,757,000	$0

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

FY 2010 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.

Mental Health System Transformation Activities

SAMHSA addresses the need for transforming the mental health delivery system and achieving health care reform by engaging in activities that support the mental health system transformation and reform. These activities include the Anti-Stigma Campaign, the Elimination of Mental Health Disparities Program, and the Mental Health System Transformation and Reform Web Portal.

National Registry of Evidence-based Programs and Practices

The National Registry of Evidence-based Programs and Practices (NREPP) 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 over 130 interventions is currently available, and new intervention summaries (approximately three to five 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, additional interventions to address service needs are 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, combines the National Clearinghouse for Alcohol and Drug Information (NCADI) and the National Mental Health Information Center (NMHIC) to provide a one-stop, quick access point that connects the behavioral health workforce and the general public to the latest information on the prevention and treatment of mental and substance abuse disorders. SHIN reinforces the Secretary's value-driven health care priority by leveraging knowledge management technology to create an integrated, customer-centric health information network that provides a suite of information services to help SAMHSA discern and meet the needs of its customers. This knowledge management project has allowed SAMHSA to merge the NCADI and NMHIC back-end infrastructures, contact centers, and warehouses; reengineer the Contact Center communications architecture to serve customers faster and with fewer staff; streamline and unify data collection; and establish dashboard reporting on inventory and customer inquiries. In the coming year, SHIN will continue its redesign of the Web site to improve customers' experience finding and ordering publications online; expand data-reporting functionality; and develop performance measures—including Government Performance and Results Act (GPRA) measures—that will help assess the reach and impact of SHIN.

In 2008, the SHIN program responded to 623,235 public inquiries, stored 1,104 titles for SAMHSA Centers and partners, and shipped 10,697,934 copies. SHIN maintained and updated related Web site content and generated more than 6.6 million Web site visits and more than 1 million PDF downloads. SHIN also provided materials and promotions for SAMHSA programs and products; supported the media campaign of the Office of National Drug Control Policy (ONDCP) and managed the ONDCP's product inventory; and supported the Office of Women's Health (OWH) Inter-Agency Agreement with SAMHSA for the provision of distribution, added-value marketing, and evaluation services of OWH products.

HIV/AIDS Education

The Mental Health Care Provider Education in HIV/AIDS Program 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 3,000 front line providers were trained (face-to- face) with the Mental Health Care Provider Education in HIV/AIDS Program, 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
2005	$24,940,000
2006	$23,578,000
2007	$21,773,000
2008	$22,717,000
2009	$22,757,000

Budget Request

The FY 2010 President's Budget request is $22.8 million, the same level of funding as the FY 2009 Omnibus level. Funds will fully support six grant and 16 contract continuations. Ten new grants will be awarded.

Outcomes and Outputs

Table 6: Key Performance Indicators for Mental Health Programs of Regional and National Significance - Science and Service Activities[3]

Measure	Most Recent Result	FY 2009 Target	FY 2010 Target	FY 2010 +/- FY 2009
1.4.06: Number of people trained by CMHS Science and Service Programs *(Output)*	FY 2008: 4,036 (Historical Actual)	4,237	4,237	Maintain
1.4.07: Percentage of those trained by the program who report they were very satisfied with training *(Output)*	FY 2008: 76% (Historical Actual)	80%	80%	Maintain

Grant Awards Table

(whole dollars)	FY 2008	FY 2009	FY 2010
Number of Awards	15	16	16
Average Award	$375,867	$365,938	$367,563
Range of Awards	$34,900-$659,334	$34,900-$659,334	$34,900-$659,334

[3] Programs included in reporting are the HIV/AIDS Education, the Historically Black Colleges and Universities National Resource Center for Substance Abuse and Mental Health, and the Statewide Family Network Training and Technical Assistance Center.

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Children's Mental Health Services Program

	FY 2008 Appropriation	FY 2009 Omnibus	FY 2010 President's Budget Request	FY 2010 +/- FY 2009 Omnibus
Budget Authority.....	$102,260,000	$108,373,000	$125,316,000	+$16,943,000

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

FY 2010 Authorization……..……..Expired

Allocation Method……..Competitive Grants/Cooperative Agreements

Program Description and Accomplishments

The Children's Mental Health Services Program was first authorized in 1992. 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 20 percent of young people are diagnosed with mental, emotional and behavioral disorders (IOM, March 2009).

Systems of Care is an approach to the delivery of services that recognizes the importance of family, school and community, and seeks to promote the full potential of every child and youth by addressing their physical, emotional, intellectual, cultural and social needs. Accordingly, a system of care is a coordinated network of community-based services and supports that are organized to meet the challenges of children and youth with serious mental health needs and their families. Families and youth work in partnership with public and private organizations to design mental health services and supports that are effective, that build on the strengths of individuals, and that address each person's cultural and linguistic needs. Systems of Care communities collaborate with a legislatively-mandated national multi-site evaluation, are provided training and technical assistance on systems of care principles and processes, and develop social marketing/public education outreach programs.

Since 1993, the program has funded 144 grantees across the country; currently, there are 59 active grant communities and 85 former grant communities. Program funds are available through competitive cooperative agreements to States, political subdivisions of States, Territories, and Indian Tribes or tribal organizations. Funds are awarded to develop systems of care that deliver community-based, individualized, family-driven, youth-guided and culturally competent mental health services and supports for children and adolescents with serious mental health needs. Grants are funded for a total of six 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 is also provided to support evaluation, technical assistance, and communications activities.

National program evaluation data collected for more than a decade indicate that systems of care are successful, resulting in many favorable outcomes for children, youth and their families, including:

- Sustained mental health improvements, including improvements for participating children and youth in clinical outcomes after six months of program participation;
- Improvements in school attendance and achievement;
- Reductions in suicide-related behaviors;
- Decreases in utilization of inpatient care and reduced costs due to fewer days in inpatient care;
- Significant reductions in contacts with law enforcement agencies.

A hallmark of this program is that youth and families partner with providers and policy makers in service delivery and system reform planning and decision-making. In addition to the substantial roles children, youth, and families play in the care they receive, systems of care are successful because services are delivered in the least restrictive environment, evidence-based treatments and interventions are emphasized, care management ensures that planned services and supports are delivered appropriately and effectively, and services and supports are designed to be responsive to families' beliefs, traditions, values, cultures, and languages.

The Children's Mental Health Services program underwent a performance assessment in 2002. The assessment 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 performance assessment, the program continues to track behavioral and emotional outcomes of program participants, and has recently launched a continuous quality improvement initiative to assess the effectiveness and appropriateness of the delivery of technical assistance to funded grantee sites. Results of this initiative are reviewed on an annual basis.

Funding History

FY	Amount
2005	$105,112,000
2006	$104,006,000
2007	$104,078,000
2008	$102,260,000
2009	$108,373,000

Budget Request

The FY 2010 President's Budget request is $125.3 million, an increase of $16.9 million above an FY 2009 Omnibus level. Sixty-one grant continuations and 16 new grants will be funded. Funding will also support for one new technical assistance grant and continue six evaluation, technical assistance and communications contract activities. In 2008, 16 grantees completed their grant funding cycle and SAMHSA awarded 18 new grants. In 2009, seven grantees will complete their grant funding and SAMHSA anticipates awarding 13 new grants. As this program's grant awards are made late in the fiscal year, performance targets and results for any given fiscal year primarily reflect the outputs and outcomes associated with activities supported by funding from the prior fiscal year. Therefore, adjustments to 2010 funding will be reflected in the targets set for 2011. It is expected that with the increased funding for the Children's Mental Health Services program, an additional 11,000 children (unduplicated count) will receive services over the 16 grants' six-year cycle and provide support services to an estimated 35,000 parents, caregivers and siblings.

Outcomes and Outputs

Table 7: Key Performance Indicators for Children's Mental Health Services

Measure	Most Recent Result	FY 2009 Target	FY 2010 Target	FY 2010 +/- FY 2009
3.2.11: Increase the percent of funded sites that will exceed a 30 percent improvement in behavioral and emotional symptoms among children receiving services for 6 months *(Outcome)*[4]	N/A	N/A	60%	N/A
3.2.12: Improve children's outcomes and systems outcomes: a) Increase percentage of children attending school 80% or more of time after 12 months *(Outcome)*[5]	FY 2008: 86.3% (Target Exceeded)	86.3%	86.3%	Maintain
3.2.13: b) Increase percentage with no law enforcement contacts at 6 months *(Outcome)*	FY 2008: 71.7% (Target Exceeded)	71.7%	71.7%	Maintain
3.2.14: Decrease average days of inpatient facilities among children served in systems of care at 6 months *(Outcome)*	FY 2008: -1.05 (Target Not Met)	-2	-2	Maintain
3.2.15: Percent of systems of care that are sustained 5 years post Federal Funding *(Outcome)*	FY 2008: 77.8% (Target Not Met)	85%	N/A	N/A
3.2.16: Increase number of children receiving services *(Output)*	FY 2008: 13,051 (Target Exceeded)	13,051	13,051	Maintain
3.2.17: Increase total savings for in-hospital patient care costs per 1,000 children served *(Efficiency)*[6]	FY 2008: $1,401,750 (Target Not Met)	$2,376,000	$2,376,000	Maintain

[4] Long-term measure only. No annual targets have been set.
[5] This measure has been slightly revised. It was previously reported as "75% or more of the time." However, the measure has been calculated using an 80% threshold since 2004. Therefore, this revision brings the measure text in line with the calculation.
[6] Wording for this measure has changed slightly to make the measure more clear.

Grant Awards Table

(whole dollars)	FY 2008	FY 2009	FY 2010
Number of Awards	60	66	78
Average Award	$1,347,033	$1,280,439	$1,275,795
Range of Awards	$495,000-$2,000,000	$330,000-$2,000,000	$330,000-$2,000,000

Protection and Advocacy for Individuals with Mental Illness (PAIMI)

	FY 2008 Appropriation	FY 2009 Omnibus	FY 2010 President's Budget Request	FY 2010 +/- FY 2009 Omnibus
Budget Authority.....	$34,880,000	$35,880,000	$35,880,000	$0

Authorizing Legislation……Section 102 of the PAIMI Act

FY 2010 Authorization……Expired

Allocation Method……Formula grant

Program Description and Accomplishments

The Protection and Advocacy for Individuals with Mental Illness Program (PAIMI) 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 President's Budget will support 57 grants to States and Territories. The program has conducted an independent evaluation of the program and is in the process of finalizing a report that summarizes its findings. The program is also focusing on the refinement of data reporting across grantees.

In 2007, the PAIMI program:

- Provided casework to 4,721 children and adolescents and 12,973 adults and elderly individuals with mental illness;
- Closed 16,188 cases, of which 4,246 were related to abuse, 3,359 to neglect, and 8,583 to a violation of individual rights;
- Resolved 83 percent of alleged abuse cases, 88 percent of alleged neglect cases, and 86 percent of alleged rights violations cases that resulted in positive change for the client in her/his environment, community, or facility.

The FY 2010 funding will serve over 22,000 persons in FY 2010, drawing upon a marginal cost analysis conducted for this program (which estimated an average cost per complaint resolved successfully in FY 2009 of $3,164).

The PAIMI program underwent a performance assessment in 2005. The assessment 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 performance assessment, 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.

Funding History

FY	Amount
2005	$34,343,000
2006	$34,000,000
2007	$34,000,000
2008	$34,880,000
2009	$35,880,000

Data Elements Used to Calculate FY 2010 State Allotments

Population: July 1, 2007 Population Estimates (all ages combined) from U.S. Census Bureau
Income: 2007 Per Capita Personal Income from Department of Commerce/Bureau of Economic Analysis.

Budget Request

The FY 2010 President's Budget request is $35.8 million, the same level as the FY 2009 Omnibus level. The request will support 57 grants to States and Territories. The number attending public education/constituency training and public awareness activities is 120,000, the same as the FY 2009 target. Twelve States and Territories will receive an increased allotment, 12 States and Territories will received a decreased allotment and 33 States and Territories will receive the same minimum allotment as FY 2009.

Outcomes and Outputs

Table 8: Key Performance Indicators for Protection and Advocacy

Measure	Most Recent Result	FY 2009 Target	FY 2010 Target	FY 2010 +/- FY 2009
3.4.08: Increase percentage of complaints of alleged abuse not withdrawn by the client that resulted in positive change for the client in her/his environment, community, or facility, as result of PAIMI involvement *(Outcome)*	FY 2007: 83% (Target Not Met)	84%	84%	Maintain
3.4.09: Increase percentage of complaints of alleged neglect substantiated 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 *(Outcome)*	FY 2007: 88% (Target Exceeded)	85%	88%	+3

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 *(Outcome)*	FY 2007: 86% (Target Not Met but Improved)	90%	90%	Maintain
3.4.11: Percent of interventions on behalf of groups of PAIMI-eligible individuals that were concluded successfully *(Outcome)*	FY 2007: 97% (Target Exceeded)	95%	97%	+2
3.4.12: Increase in the number of people served by the PAIMI program *(Outcome)*	FY 2007: 18,694 (Target Not Met)	22,325	22,325	Maintain
3.4.13: Ratio of persons served/impacted per activity/intervention *(Outcome)*	FY 2007: 473 (Target Exceeded)	420	430	+10
3.4.14: Cost per 1,000 individuals served/impacted *(Efficiency)*	FY 2007: $1,989 (Target Exceeded)	$2,000	$1,950	-50
3.4.19: The number attending public education/constituency training and public awareness activities *(Output)*	FY 2007: 119,423 (Baseline)	120,000	120,000	Maintain

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
FY 2010 DISCRETIONARY STATE/FORMULA GRANTS

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

STATE/TERRITORY	FY 2008 Actual	FY 2009 Omnibus	FY 2010 President's Budget	Difference +/- 2009 Omnibus
Alabama	$431,142	$447,513	$446,798	-$715
Alaska	413,000	424,900	424,900	0
Arizona	556,565	588,922	607,028	+18,106
Arkansas	413,000	424,900	424,900	0
California	3,062,063	3,138,129	3,113,610	-24,519
Colorado	413,000	424,900	424,900	0
Connecticut	413,000	424,900	424,900	0
Delaware	413,000	424,900	424,900	0
District Of Columbia	413,000	424,900	424,900	0
Florida	1,566,078	1,611,140	1,617,019	+5,879
Georgia	835,413	893,202	906,576	+13,374
Hawaii	413,000	424,900	424,900	0
Idaho	413,000	424,900	424,900	0
Illinois	1,090,492	1,118,985	1,103,113	-15,872
Indiana	577,922	600,262	605,208	+4,946
Iowa	413,000	424,900	424,900	0
Kansas	413,000	424,900	424,900	0
Kentucky	413,000	424,900	424,900	0
Louisiana	474,284	424,900	424,900	0
Maine	413,000	424,900	424,900	0
Maryland	447,277	460,344	454,093	-6,251
Massachusetts	502,230	515,059	509,576	-5,483
Michigan	909,275	936,728	943,081	+6,353
Minnesota	432,600	448,056	445,845	-2,211
Mississippi	413,000	424,900	424,900	0
Missouri	533,148	550,483	553,437	+2,954
Montana	413,000	424,900	424,900	0
Nebraska	413,000	424,900	424,900	0
Nevada	413,000	424,900	424,900	0
New Hampshire	413,000	424,900	424,900	0
New Jersey	683,451	697,603	685,673	-11,930
New Mexico	413,000	424,900	424,900	0
New York	1,570,379	1,579,588	1,559,440	-20,148
North Carolina	801,715	840,515	857,312	+16,797
North Dakota	$413,000	$424,900	$424,900	$0

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
FY 2010 DISCRETIONARY STATE/FORMULA GRANTS

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

STATE/TERRITORY	FY 2008 Actual	FY 2009 Omnibus	FY 2010 President's Budget	Difference +/-2009 Omnibus
Ohio	$1,044,075	$1,074,273	$1,071,016	-$3,257
Oklahoma	413,000	424,900	424,900	0
Oregon	413,000	424,900	424,900	0
Pennsylvania	1,082,602	1,107,644	1,095,594	-12,050
Rhode Island	413,000	424,900	424,900	0
South Carolina	413,145	429,192	435,433	+6,241
South Dakota	413,000	424,900	424,900	0
Tennessee	551,262	573,410	585,171	+11,761
Texas	2,057,933	2,140,710	2,154,714	+14,004
Utah	413,000	424,900	424,900	0
Vermont	413,000	424,900	424,900	0
Virginia	635,959	656,253	657,060	+807
Washington	544,728	559,347	554,256	-5,091
West Virginia	413,000	424,900	424,900	0
Wisconsin	493,495	510,279	510,256	-23
Wyoming	413,000	424,900	424,900	0
State Sub-total	**32,448,233**	**33,374,837**	**33,368,509**	**-6,328**
American Samoa	221,300	227,600	227,600	0
Guam	221,300	227,600	227,600	0
Northern Marianas	221,300	227,600	227,600	0
Puerto Rico	627,486	649,563	655,891	+6,328
Virgin Islands	221,300	227,600	227,600	0
Territory Sub-Total	**1,512,686**	**1,559,963**	**1,566,291**	**+6,328**
American Indian Consortium	221,300	227,600	227,600	0
Total States/Territories	**34,182,219**	**35,162,400**	**35,162,400**	**0**
Technical Assistance	**697,781**	**717,600**	**717,600**	**0**
TOTAL PAIMI	**$34,880,000**	**$35,880,000**	**$35,880,000**	**$0**

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Projects for Assistance in Transition from Homelessness

	FY 2008 Appropriation	FY 2009 Omnibus	FY 2010 President's Budget Request	FY 2010 +/- FY 2009 Omnibus
Budget Authority.....	$53,313,000	$59,687,000	$68,047,000	+$8,360,000

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

FY 2010 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 2007, the PATH program contacted 142,352 homeless persons, 9.6 percent short of the target of 157,500. The program will implement intensive technical assistance and monitoring activities to work with the states on strategies and best practices for increasing their performance on the National Outcome Measures. One change the program is making to address this issue concerns the fact that PATH programs are required to match $1 for every $3 of Federal funds. Previously PATH providers reported on the number of persons served by federal PATH funds only. With a pending OMB clearance expected July 2009, providers will now report on all persons served using Federal and match funds.

The PATH program is collaborating with the Department of Housing and Urban Development (HUD) Homeless Management Information System (HMIS) to assist in obtaining outcome data from PATH-funded efforts and to revise the PATH annual data collection instrument and procedures to align them with data elements in the HMIS. The PATH program has defined outreach contact and is currently defining enrollment to assure more consistent data collection.

Through a series of technical assistance activities and discussions with HUD the PATH data collection and reporting system will be redesigned and new data elements defined.

The program established a PATH consumer-provider network that is developing a consumer involvement curriculum. Providers will use a web-based system to register their programs, collect data, post and reply to forms and identify and share resources.

PATH underwent a performance assessment in 2002. The assessment cited strong clear purpose, appropriate design, and progress toward performance goals as strong attributes of the program. As a result of the performance assessment, 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.

Funding History

FY	Amount
2005	$54,809,000
2006	$54,223,000
2007	$54,261,000
2008	$53,313,000
2009	$59,687,000

Data Elements Used to Calculate State Allotments

PATH Formula Grant – FY 2010

Population: 2000 Population (all ages combined) of Urbanized Areas from U.S. Census Bureau for the States, the District of Columbia and Puerto Rico (2000 Census); No Population data required for the four Territories.

Budget Request

The FY 2010 President's Budget request is $68.0 million, an increase of $8.4 million above the FY 2009 Omnibus level. The request will support 56 grants to States and Territories. Thirty-four States and Territories will receive an increased allotment and 22 States and Territories will receive the same minimum allotment as FY 2009. A total of 160,000 persons will be served in FY 2010 at a targeted average cost of $668. As this program's grants awards are made late in the fiscal year, performance targets and results for any given fiscal year primarily reflect the outputs and outcomes associated with activities supported by funding from the prior fiscal year. Therefore, adjustments to 2010 funding will be reflected in the targets set for 2011. The FY 2010 President's Budget request for PATH is anticipated to serve an additional 11,000 homeless persons.

Outcomes and Outputs

Table 9: Key Performance Indicators for Projects to Assist in the Transition from Homelessness

Measure	Most Recent Result	FY 2009 Target	FY 2010 Target	FY 2010 +/- FY 2009
3.4.15: Increase the percentage of enrolled homeless persons who receive community mental health services *(Outcome)*	FY 2007: 37% (Target Not Met)	46%	47%	+1
3.4.16: Increase number of homeless persons contacted *(Outcome)*	FY 2007: 142,352 (Target Not Met)	151,000	160,000	+9,000
3.4.17: Increase percentage of contacted homeless persons with serious mental illness who become enrolled in services *(Outcome)*	FY 2007: 55% (Target Exceeded)	55%	55%	Maintain
3.4.18: Average Federal cost of enrolling a homeless person with serious mental illness in services *(Efficiency)*	FY 2007: $674 (Target Not Met)	$668	$668	Maintain
3.4.20: Provide training for PATH providers on SSI/SSDI Outreach, Access, Recovery (SOAR) to ensure eligible homeless clients are receiving benefits. *(Output)*	FY 2008: 4,927 (Baseline)	4,927	4,927	Maintain

Substance Abuse and Mental Health Services Administration
FY 2010 DISCRETIONARY STATE/FORMULA GRANTS

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

STATE/TERRITORY	FY 2008 Actual	FY 2009 Omnibus	FY 2010 President's Budget	Difference +/- 2009 Omnibus
Alabama	$472,000	$535,000	$619,000	+$84,000
Alaska	300,000	300,000	300,000	0
Arizona	950,000	1,078,000	1,245,000	+167,000
Arkansas	300,000	300,000	300,000	0
California	7,277,000	8,261,000	9,544,000	+1,283,000
Colorado	781,000	886,000	1,024,000	+138,000
Connecticut	692,000	786,000	908,000	+122,000
Delaware	300,000	300,000	300,000	0
District Of Columbia	300,000	300,000	300,000	0
Florida	3,273,000	3,715,000	4,292,000	+577,000
Georgia	1,217,000	1,382,000	1,596,000	+214,000
Hawaii	300,000	300,000	300,000	0
Idaho	300,000	300,000	300,000	0
Illinois	2,366,000	2,686,000	3,103,000	+417,000
Indiana	829,000	941,000	1,087,000	+146,000
Iowa	300,000	307,000	355,000	+48,000
Kansas	300,000	333,000	385,000	+52,000
Kentucky	381,000	432,000	499,000	+67,000
Louisiana	616,000	699,000	808,000	+109,000
Maine	300,000	300,000	300,000	0
Maryland	1,032,000	1,172,000	1,354,000	+182,000
Massachusetts	1,369,000	1,554,000	1,796,000	+242,000
Michigan	1,598,000	1,814,000	2,096,000	+282,000
Minnesota	659,000	748,000	864,000	+116,000
Mississippi	300,000	300,000	300,000	0
Missouri	751,000	852,000	985,000	+133,000
Montana	300,000	300,000	300,000	0
Nebraska	300,000	300,000	300,000	0
Nevada	407,000	462,000	534,000	+72,000
New Hampshire	300,000	300,000	300,000	0
New Jersey	1,884,000	2,139,000	2,471,000	+332,000
New Mexico	300,000	300,000	300,000	0
New York	3,767,000	4,276,000	4,941,000	+665,000
North Carolina	914,000	1,037,000	1,198,000	+161,000
North Dakota	$300,000	$300,000	$300,000	$0

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
FY 2010 DISCRETIONARY STATE/FORMULA GRANTS

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

STATE/TERRITORY	FY 2008 Actual	FY 2009 Omnibus	FY 2010 President's Budget	Difference +/- 2009 Omnibus
Ohio	$1,776,000	$2,017,000	$2,330,000	+$313,000
Oklahoma	360,000	409,000	473,000	+64,000
Oregon	480,000	545,000	630,000	+85,000
Pennsylvania	1,995,000	2,265,000	2,616,000	+351,000
Rhode Island	300,000	300,000	300,000	0
South Carolina	455,000	517,000	597,000	+80,000
South Dakota	300,000	300,000	300,000	0
Tennessee	720,000	818,000	945,000	+127,000
Texas	3,595,000	4,081,000	4,715,000	+634,000
Utah	425,000	482,000	557,000	+75,000
Vermont	300,000	300,000	300,000	0
Virginia	1,145,000	1,300,000	1,502,000	+202,000
Washington	1,046,000	1,187,000	1,371,000	+184,000
West Virginia	300,000	300,000	300,000	0
Wisconsin	691,000	784,000	906,000	+122,000
Wyoming	300,000	300,000	300,000	0
State Sub-total	**49,923,000**	**55,900,000**	**63,746,000**	**+7,846,000**
American Samoa	50,000	50,000	50,000	0
Guam	50,000	50,000	50,000	0
Northern Marianas	50,000	50,000	50,000	0
Puerto Rico	845,000	959,000	1,108,000	+149,000
Virgin Islands	50,000	50,000	50,000	0
Territory Sub-Total	**1,045,000**	**1,159,000**	**1,308,000**	**+149,000**
Total States/Territories	**50,968,000**	**57,059,000**	**65,054,000**	**+7,995,000**
Set Aside	**2,345,000**	**2,628,000**	**2,993,000**	**+365,000**
TOTAL PATH	**$53,313,000**	**$59,687,000**	**$68,047,000**	**+$8,360,000**

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Community Mental Health Services Block Grant

	FY 2008 Appropriation	FY 2009 Omnibus	FY 2010 President's Budget Request	FY 2010 +/- FY 2009 Omnibus
Program Level.....	$420,774,000	$420,774,000	$420,774,000	$0
PHS Evaluation Funds (non-add).....	*(21,039,000)*	*(21,039,000)*	*(21,039,000)*	*0*

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

FY 2010 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 2010 grants are due by September 1, 2009. 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 following the five-year funding table display.

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 collect and report data on 21 Uniform Reporting System measures, which include the National Outcome Measures. With support of the Data Infrastructure Grants and through the Uniform Reporting System, State Mental Health Agencies provide annual State mental health system data reports to the Mental Health Block Grant program to assure efficiency and effectiveness and to report on program performance. Over the past six years, 59 States and Territories have consistently increased in their ability to provide data, focusing on use of common measures across states. The Data Infrastructure Grant 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. SAMHSA is working to initiate client-level data collection through the Uniform Reporting System.

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

State level outcome data for mental health are currently reported by State Mental Health Agencies through the Uniform Reporting System. The following outcomes for services provided during 2007 show that:

- For the 49 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 one State.)
- For the 49 States that reported data in the Housing Domain, 79 percent of the mental health consumers were living in private residences.
- 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. All States and the District of Colombia report this measure.
- For the 48 States that reported data in the Retention Domain, only nine percent of the mental health patients returned to a State hospital within 30 days of State hospital discharge.
- For the 46 States that reported data in the Perception of Care Domain, 71 percent of adult mental health consumers and 75 percent of families of child/adolescent consumers reported that, as a direct result of the mental health services they received, they were doing better.
- In addition to Uniform Reporting System, a pilot test of collection of client level outcome data is currently in process in nine States.

The Mental Health Block Grant underwent a performance assessment in 2003. The assessment cited clear purpose and need, effective performance measures, and sound management as strong attributes of the program. As a result of the performance assessment, the program conducted an independent evaluation.

The independent evaluation study of the program has been completed and a draft report is under review for tentative publication in late 2009. A pilot on the collection of client level data across all states for National Outcome Measures is also being conducted. A standardized data protocol for use in test data submission has been developed and a test data submission has been received by all states. The second submission will be received in September which will allow analysis of the client level data for measurement of the National Outcome Measures. A final report on the pilot will be completed by the end of the year which will summarize the extent to which client level outcome data could be reported as well as what resources would be needed to roll out client level data collection and reporting to all states.

Funding History

FY	Amount
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
2009 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 and FY 2009.

Data Elements Used to Calculate State Allotments

Population Data: States and the District of Columbia updated July 1, 2007 Population Estimates (Population-At-Risk Calculations) from U.S. Census Bureau; Territories updated population estimates as of July 1, 2008 from U.S. Department of Commerce.

Total Taxable Resources: 2004, 2005 and 2006 data from U.S. Department of Treasury

Cost of Services Index: Wage Data from U.S. Census Bureau (2000 Census -16% Sample); Wage Data for Base Year (FY 1999) and Recent Year (FY 2005) from Centers for Medicare and Medicaid Services (CMS); FY 2009 Median Fair Market Rent Estimates from Department of Housing and Urban Development; July 1, 2007 Population Estimates by County/Subcounty from U.S. Census Bureau.

Budget Request

The FY 2010 President's Budget request is $420.8 million, the same level of funding as the FY 2009 Omnibus level. This will support 59 grants to States and Territories. Thirty-three States and Territories will receive an increased allotment, 25 States and Territories will receive a decreased allotment and one territory will receive the same allotment as FY 2009. In accordance with the Authorization, no State will receive less than the amount received in 1998. The program expects to serve 6.3 million persons in FY 2010. The Community Mental Health Services Block Grant requires States to maintain expenditures for authorized activities at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the year for which the State is applying for a grant. Given the current economic situation, SAMHSA is aware that a number of States may experience challenges meeting the Maintenance of Effort requirement in the Federal FY 2010 grant cycle, and is monitoring the situation closely.

Center for Mental Health Services Set-Aside Activities

(Dollar in thousands)

Funding Sources	FY 2008 Appropriation	FY 2009 Omnibus	FY 2010 President's Budget Request
Budget Authority			
Program Management	$990	$2,000	$2,000
National Health Interview Survey (non-add)	*0*	*2,000*	*2,000*
NSDUH Mental Health Surveillance (non-add)	*990*	*0*	*0*
PHS Evaluation Funds			
Mental Health Block Grant Set-Aside	21,039	21,039	21,039
Program Management	0	1,000	1,000
NSDUH Mental Health Surveillance (non-add)	*0*	*1,000*	*1,000*
Total Program Level	$22,029	$24,039	$24,039

Mental Health Block Grant Set-Aside Activities	FY 2008 Appropriation	FY 2009 Omnibus	FY 2010 President's Budget Request
State Data Systems			
State Data Infrastructure Grants	$7,190	$7,259	$7,060
State Data Infrastructure Contracts	730	432	434
Data Strategy Implementation	750	0	0
Subtotal, State Data Systems	**8,670**	**7,691**	**7,494**
National Data Collection			
National MH Data Contracts	2,678	2,822	2,675
Subtotal - National Data Collection	**2,678**	**2,822**	**2,675**
Technical Assistance (TA)			
TA to States	7,427	8,020	8,309
FTE Support	1,888	2,133	2,133
Subtotal, Technical Assistance	**9,315**	**10,153**	**10,442**
Program Evaluation			
Development of Spending Estimates for MH/SAT	376	373	428
	0	0	0
Subtotal, Program Evaluation	**376**	**373**	**428**
TOTAL, MH Block Grant Set-Aside	**$21,039**	**$21,039**	**$21,039**

Outcomes and Outputs

Table 10: Key Performance Indicators for Mental Health Block Grant

Measure	Most Recent Result	FY 2009 Target	FY 2010 Target	FY 2010 +/- FY 2009
2.3.07: Reduce rate of adult readmissions to State psychiatric hospitals within 30 days; and within 180 days: 1) Adults: a) 30 days *(Outcome)*	FY 2007: 9.8% (Target Not Met)	8.5%	9.3%	+0.8
2.3.08: 1) Adults: b) 180 days *(Outcome)*	FY 2007: 20.3% (Target Not Met)	19%	20%	+1
2.3.09: 2) Children/adolescents: a) 30 days *(Outcome)*	FY 2007: 6.7% (Target Not Met)	5.8%	6.5%	+0.7
2.3.10: 2) Children/adolescents: b) 180 days *(Outcome)*	FY 2007: 15.3% (Target Not Met)	13.9%	14.5%	+0.6
2.3.11: Number of a) evidence based practices (EBPs) implemented *(Output)*[7]	FY 2007: 4.0 per State (Target Met)	4.0 per State	4.1 per State	+0.1
2.3.12: b) Adults-percentage of population coverage for each (reported as percentage of service population receiving any evidence based practice) *(Output)*[7]	FY 2007: 9.4% (Target Not Met)	10.5%	10.5%	Maintain
2.3.13: c) Children-percentage of population coverage for each (reported as percentage of service population receiving any evidence-based practice) *(Output)*	FY 2007: 3.2% (Target Not Met but Improved)	3.5%	3.5%	Maintain
2.3.15: Increase rate of consumers/family members reporting positively about outcomes (a) Adults *(Outcome)*	FY 2007: 71% (Target Not Met)	72%	72%	Maintain

[7] 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.

2.3.16: (b) Children/adolescents *(Outcome)*	FY 2007: 65% (Target Not Met)	73%	73%	Maintain
2.3.17: Number of persons receiving evidence-based practices per $10,000 of mental health block grant dollars spent *(Efficiency)*	FY 2007: 6.5 (Target Exceeded)	6.5	7.0	+0.5
2.3.14: Increase number of people served by the public mental health system *(Output)*	FY 2007: 6,121,641 (Target Exceeded)	6,250,000	6,300,000	+50,000

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
FY 2010 DISCRETIONARY STATE/FORMULA GRANTS

Community Mental Health Services Block Grant Program
CFDA # 93.958

STATE/TERRITORY	FY 2008 Actual	FY 2009 Omnibus	FY 2010 President's Budget	Difference +/- 2009 Omnibus
Alabama	$6,101,396	$6,013,207	$6,030,049	+$16,842
Alaska	705,753	728,540	710,941	-17,599
Arizona	8,656,051	8,956,296	9,383,677	+427,381
Arkansas	3,646,344	3,634,304	3,687,284	+52,980
California	53,728,412	53,996,249	53,676,045	-320,204
Colorado	6,196,233	6,347,251	6,560,592	+213,341
Connecticut	4,385,316	4,323,899	4,233,212	-90,687
Delaware	767,972	733,354	730,894	-2,460
District Of Columbia	715,759	766,324	772,964	+6,640
Florida	26,755,292	26,953,073	26,711,963	-241,110
Georgia	12,612,015	12,892,617	13,141,697	+249,080
Hawaii	1,877,425	1,885,108	1,991,184	+106,076
Idaho	1,808,310	1,816,862	1,806,946	-9,916
Illinois	16,023,807	16,103,252	15,774,494	-328,758
Indiana	7,589,128	7,702,238	7,887,788	+185,550
Iowa	3,500,167	3,368,868	3,370,840	+1,972
Kansas	3,142,789	3,080,605	3,116,308	+35,703
Kentucky	5,369,455	5,358,519	5,420,187	+61,668
Louisiana	6,155,074	5,435,135	5,293,123	-142,012
Maine	1,679,381	1,659,600	1,649,042	-10,558
Maryland	7,490,939	7,558,544	7,281,807	-276,737
Massachusetts	7,889,898	7,904,060	8,050,963	+146,903
Michigan	13,088,713	13,164,191	12,810,013	-354,178
Minnesota	6,788,079	6,703,938	6,831,525	+127,587
Mississippi	4,054,984	3,930,816	3,942,229	+11,413
Missouri	6,885,783	6,842,569	6,959,268	+116,699
Montana	1,217,732	1,178,481	1,191,479	+12,998
Nebraska	1,973,901	1,925,411	1,943,546	+18,135
Nevada	3,653,450	3,698,333	3,678,154	-20,179
New Hampshire	1,587,666	1,603,631	1,510,763	-92,868
New Jersey	11,504,577	11,642,070	11,561,060	-81,010
New Mexico	2,368,183	2,326,829	2,365,487	+38,658
New York	24,677,376	24,217,281	23,725,265	-492,016
North Carolina	10,962,898	11,136,055	11,162,694	+26,639
North Dakota	$779,224	$729,870	$746,161	+$16,291

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
FY 2010 DISCRETIONARY STATE/FORMULA GRANTS

Community Mental Health Services Block Grant Program
CFDA # 93.958

STATE/TERRITORY	FY 2008 Actual	FY 2009 Omnibus	FY 2010 President's Budget	Difference +/- 2009 Omnibus
Ohio	$13,878,013	$13,790,311	$13,695,234	-$95,077
Oklahoma	4,498,053	4,375,251	4,390,515	+15,264
Oregon	4,759,945	4,768,537	4,963,996	+195,459
Pennsylvania	14,928,203	14,812,107	14,485,712	-326,395
Rhode Island	1,506,191	1,469,007	1,387,146	-81,861
South Carolina	5,641,259	5,665,574	5,726,309	+60,735
South Dakota	848,438	838,929	863,186	+24,257
Tennessee	7,748,996	7,708,555	7,723,117	+14,562
Texas	31,081,338	31,567,780	32,209,069	+641,289
Utah	2,937,119	2,936,131	3,048,064	+111,933
Vermont	761,207	747,755	743,593	-4,162
Virginia	10,095,316	10,150,102	9,999,072	-151,030
Washington	8,339,200	8,343,715	8,463,723	+120,008
West Virginia	2,459,103	2,426,831	2,411,707	-15,124
Wisconsin	7,415,204	7,349,062	7,463,832	+114,770
Wyoming	502,354	471,948	455,056	-16,892
State Sub-total	**393,739,421**	**393,738,975**	**393,738,975**	**0**
American Samoa	78,196	78,196	84,418	+6,222
Guam	211,293	211,293	229,028	+17,735
Marshall Islands	69,392	69,391	82,265	+12,874
Micronesia	146,055	146,055	140,202	-5,853
Northern Marianas	94,480	94,480	112,792	+18,312
Puerto Rico	5,198,372	5,198,366	5,154,286	-44,080
Palau	50,000	50,000	50,000	0
Virgin Islands	148,244	148,244	143,034	-5,210
Territory Sub-Total	**5,996,032**	**5,996,025**	**5,996,025**	**0**
Total States/Territories	**399,735,453**	**399,735,000**	**399,735,000**	**0**
SAMHSA Set-Aside	**21,038,547**	**21,039,000**	**21,039,000**	**0**
TOTAL, MHBG	**$420,774,000**	**$420,774,000**	**$420,774,000**	**$0**

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Center for Substance Abuse Prevention (CSAP) **Page**

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

Programs of Regional & National Significance	FY 2008 Appropriation No.	FY 2008 Appropriation Amount	FY 2009 Omnibus No.	FY 2009 Omnibus Amount	FY 2010 President's Budget Request No.	FY 2010 President's Budget Request Amount	FY 2010 +/- FY 2009 Omnibus No.	FY 2010 +/- FY 2009 Omnibus Amount
CAPACITY								
Grants/Cooperative Agreements:								
Continuations	140	$112,595	237	$83,963	205	$102,079	-32	+$18,116
New/Competing	151	25,982	64	53,445	93	33,445	+29	-20,000
Supplements	0	0	12	1,186	0	0	-12	-1,186
Subtotal	**291**	**138,577**	**301**	**138,594**	**298**	**135,524**	**-3**	**-3,070**
Contracts:								
Continuations	10	22,384	16	31,306	18	34,511	+2	+3,205
New	8	5,489	5	3,712	3	851	-2	-2,861
Subtotal	18	27,873	21	35,018	21	35,362	0	+344
Technical Assistance	0	0	0	0	0	0	0	0
Review Cost	1	479	1	800	1	782	0	-18
Subtotal	**19**	**28,352**	**22**	**35,818**	**22**	**36,144**	**0**	**+326**
Subtotal, Capacity	**310**	**166,929**	**323**	**174,412**	**320**	**171,668**	**-3**	**-2,744**
SCIENCE AND SERVICE								
Grants/Cooperative Agreements:								
Continuations	0	0	6	71	6	71	0	0
New/Competing	13	260	8	200	8	200	0	0
Subtotal	**13**	**260**	**14**	**271**	**14**	**271**	**0**	**0**
Contracts:								
Continuations	14	22,008	9	23,230	9	25,320	0	+2,090
New	2	4,923	2	3,090	1	1,000	-1	-2,090
Subtotal, Contracts	**16**	**26,931**	**11**	**26,320**	**10**	**26,320**	**-1**	**0**
Technical Assistance	0	0	0	0	0	0	0	0
Review Cost	0	0	0	0	0	0	0	0
Subtotal	**16**	**26,931**	**11**	**26,320**	**10**	**26,320**	**-1**	**0**
Subtotal, Science and Service	**29**	**27,191**	**25**	**26,591**	**24**	**26,591**	**-1**	**0**
TOTAL, PRNS	**339**	**$194,120**	**348**	**$201,003**	**344**	**$198,259**	**-4**	**-$2,744**

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Center for Substance Abuse Prevention

Programs of Regional and National Significance

Summary of Programs

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 FY 2010 President's Budget Request of $198.3 million for Substance Abuse Prevention PRNS includes:

- $110 million for the Strategic Prevention Framework State Incentive Grant Program to support 47 grants to States, Territories and Tribal organizations to implement the Strategic Prevention Framework, and five Partnerships for Success (State and Community Prevention Performance) grants to encourage better State performance on prevention activities;

- $7 million for Sober Truth on Preventing Underage Drinking (STOP Act) to continue addressing underage drinking issues;

- $54.7 million for other Capacity activities including Mandatory Drug Testing, Minority AIDS, Methamphetamine, and Program Coordination/Data Coordination and Consolidation Center;

- $26.6 million for Science and Service activities, including Fetal Alcohol Spectrum Disorder, Center for the Application of Prevention Technologies, National Registry of Evidence-based Programs and Practices, the SAMHSA Health Information Network, and Minority Fellowship programs.

The Substance Abuse Prevention PRNS underwent a program assessment in 2004. The assessment cited strong purpose and design, ambitious targets, and strong program management as strong attributes of the program. Since the program assessment, the program has implemented the Strategic Prevention Framework, 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 2008 Appropriation	FY 2009 Omnibus	FY 2010 President's Budget Request	FY 2010 +/- FY 2009 Omnibus
CAPACITY:				
Strategic Prevention Framework State Incentive Grant	$103,271	$110,003	$110,003	$0
Partnerships for Success (State and Community Prevention Performance) (non-add)	*0*	*9,333*	*11,666*	*+2,333*
Mandatory Drug Testing	5,467	5,206	5,206	0
Minority AIDS	39,261	41,385	41,385	0
Methamphetamine	3,967	1,774	1,774	0
Program Coordination/Data Coordination and Consolidation Center	5,907	6,300	6,300	0
Sober Truth on Preventing Underage Drinking (STOP Act)	5,404	7,000	7,000	0
National Adult-Oriented Media Public Service Campaign (non-add)	*983*	*1,000*	*1,000*	0
Community-based Coalition Enhancement Grants (non-add)	*3,930*	*5,000*	*5,000*	0
Intergovernmental Coordinating Committee on the Prevention of Underage Drinking-ICCPUD (non-add)	*491*	*1,000*	*1,000*	*0*
Congressional Projects	3,652	2,744	---	-2,744
Subtotal, Capacity	**166,929**	**174,412**	**171,668**	**-2,744**
SCIENCE AND SERVICE:				
Fetal Alcohol Spectrum Disorder	9,821	9,821	9,821	0
Center for the Application of Prevention Technologies	8,678	8,511	8,511	0
Best Practices Program Coordination	5,233	4,789	4,789	0
National Registry of Evidence-based Programs and Practices	650	650	650	0
SAMHSA Health Information Network	2,749	2,749	2,749	0
Minority Fellowship Program	60	71	71	0
Subtotal, Science and Service	**27,191**	**26,591**	**26,591**	**0**
TOTAL, PRNS	**$194,120**	**$201,003**	**$198,259**	**-$2,744**

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

Programs of Regional & National Significance	FY 2008 Appropriation No.	FY 2008 Appropriation Amount	FY 2009 Omnibus No.	FY 2009 Omnibus Amount	FY 2010 President's Budget Request No.	FY 2010 President's Budget Request Amount	FY 2010 +/- FY 2009 Omnibus No.	FY 2010 +/- FY 2009 Omnibus Amount
CAPACITY:								
Strategic Prevention Framework SIG Program								
Grants								
Continuations	42	$86,788	21	$40,703	46	$77,031	+25	+$36,328
New/Competing	0	0	30	47,988	7	11,334	-23	-36,654
Subtotal	42	86,788	51	88,691	53	88,365	+2	-326
Contracts								
Continuations	3	15,441	6	19,230	9	21,638	+3	+2,408
New	3	1,042	3	2,082	0	0	-3	-2,082
Subtotal	6	16,483	9	21,312	9	21,638	0	+326
Total, Strategic Prevention Framework SIG Program	**48**	**103,271**	**60**	**110,003**	**62**	**110,003**	**+2**	**0**
Mandatory Drug Testing								
Grants								
Continuations	6	1,800	0	0	0	0	0	0
New/Competing	0	0	0	0	0	0	0	0
Subtotal	6	1,800	0	0	0	0	0	0
Contracts								
Continuations	4	694	6	4,576	4	4,355	-2	-221
New	3	2,973	1	630	3	851	+2	+221
Subtotal	7	3,667	7	5,206	7	5,206	0	0
Total, Mandatory Drug Testing	**13**	**5,467**	**7**	**5,206**	**7**	**5,206**	**0**	**0**
Minority AIDS								
Grants								
Continuations	80	20,040	135	38,737	60	20,048	-75	-18,689
New/Competing	55	18,400	5	1,648	80	20,337	+75	+18,689
Subtotal	135	38,440	140	40,385	140	40,385	0	0
Contracts								
Continuations	1	342	1	1,000	1	1,000	0	0
New	1	479	0	0	0	0	0	0
Subtotal	2	821	1	1,000	1	1,000	0	0
Total, Minority AIDS	**137**	**39,261**	**141**	**41,385**	**141**	**41,385**	**0**	**0**
Methamphetamine								
Grants								
Continuations	12	3,967	2	588	0	0	-2	-588
New/Competing	0	0	0	0	6	1,774	+6	+1,774
Supplements	0	0	(12)	1,186	0	0	(12)	-1,186
Subtotal	12	3,967	2	1,774	6	1,774	+4	0
Total, Methamphetamine	**12**	**3,967**	**2**	**1,774**	**6**	**1,774**	**+4**	**0**

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

Programs of Regional & National Significance	FY 2008 Appropriation No.	Amount	FY 2009 Omnibus No.	Amount	FY 2010 President's Budget Request No.	Amount	FY 2010 +/- FY 2009 Omnibus No.	Amount
Program Coordination/Data Coordination and Consolidation Center								
Grants								
Continuations	0	0	0	0	0	0	0	0
New/Competing	0	0	0	0	0	0	0	0
Subtotal	0	0	0	0	0	0	0	0
Contracts								
Continuations	2	5,907	3	6,300	3	6,300	0	0
New	0	0	0	0	0	0	0	0
Subtotal	2	5,907	3	6,300	3	6,300	0	0
Total, Program Coordination/Data Coordination and Consolidation Center	**2**	**5,907**	**3**	**6,300**	**3**	**6,300**	**0**	**0**
Sober Truth on Preventing Underage Drinking (STOP Act)								
Grants								
Continuations	0	0	79	3,935	99	5,000	20	+1,065
New/Competing	79	3,930	20	1,065	0	0	-20	-1,065
Subtotal	79	3,930	99	5,000	99	5,000	0	0
Contracts								
Continuations	0	0	1	1,000	2	2,000	1	+1,000
New	2	1,474	1	1,000	0	0	-1	-1,000
Subtotal	2	1,474	2	2,000	2	2,000	0	0
Total, Sober Truth on Preventing Underage Drinking (STOP Act)	**81**	**5,404**	**101**	**7,000**	**101**	**7,000**	**0**	**0**
Congressional Projects								
Grants								
Continuations	0	0	0	0	0	0	0	0
New/Competing	17	3,652	9	2,744	0	0	-9	-2,744
Subtotal	17	3,652	9	2,744	0	0	-9	-2,744
Total, Congressional Projects	**17**	**3,652**	**9**	**2,744**	**0**	**0**	**-9**	**-2,744**
Subtotal, Capacity	**310**	**166,929**	**323**	**174,412**	**320**	**171,668**	**-3**	**-2,744**

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

Programs of Regional & National Significance	FY 2008 Appropriation No.	FY 2008 Appropriation Amount	FY 2009 Omnibus No.	FY 2009 Omnibus Amount	FY 2010 President's Budget Request No.	FY 2010 President's Budget Request Amount	FY 2010 +/- FY 2009 Omnibus No.	FY 2010 +/- FY 2009 Omnibus Amount
Program Coordination/Data Coordination and Consolidation Center								
Grants								
Continuations	0	0	0	0	0	0	0	0
New/Competing	0	0	0	0	0	0	0	0
Subtotal	0	0	0	0	0	0	0	0
Contracts								
Continuations	2	5,907	3	6,300	3	6,300	0	0
New	0	0	0	0	0	0	0	0
Subtotal	2	5,907	3	6,300	3	6,300	0	0
Total, Program Coordination/Data Coordination and Consolidation Center	**2**	**5,907**	**3**	**6,300**	**3**	**6,300**	**0**	**0**
Sober Truth on Preventing Underage Drinking (STOP Act)								
Grants								
Continuations	0	0	79	3,935	99	5,000	20	+1,065
New/Competing	79	3,930	20	1,065	0	0	-20	-1,065
Subtotal	79	3,930	99	5,000	99	5,000	0	0
Contracts								
Continuations	0	0	1	1,000	2	2,000	1	+1,000
New	2	1,474	1	1,000	0	0	-1	-1,000
Subtotal	2	1,474	2	2,000	2	2,000	0	0
Total, Sober Truth on Preventing Underage Drinking (STOP Act)	**81**	**5,404**	**101**	**7,000**	**101**	**7,000**	**0**	**0**
Congressional Projects								
Grants								
Continuations	0	0	0	0	0	0	0	0
New/Competing	17	3,652	9	2,744	0	0	-9	-2,744
Subtotal	17	3,652	9	2,744	0	0	-9	-2,744
Total, Congressional Projects	**17**	**3,652**	**9**	**2,744**	**0**	**0**	**-9**	**-2,744**
Subtotal, Capacity	**310**	**166,929**	**323**	**174,412**	**320**	**171,668**	**-3**	**-2,744**

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

Programs of Regional & National Significance	FY 2008 Appropriation No.	FY 2008 Appropriation Amount	FY 2009 Omnibus No.	FY 2009 Omnibus Amount	FY 2010 President's Budget Request No.	FY 2010 President's Budget Request Amount	FY 2010 +/- FY 2009 Omnibus No.	FY 2010 +/- FY 2009 Omnibus Amount
SCIENCE AND SERVICE:								
Fetal Alcohol Spectrum Disorder								
Contracts								
Continuations	1	9,821	1	9,821	1	9,821	0	0
New	0	0	0	0	0	0	0	0
Subtotal	1	9,821	1	9,821	1	9,821	0	**0**
Total, Fetal Alcohol Spectrum Disorder	**1**	**9,821**	**1**	**9,821**	**1**	**9,821**	**0**	**0**
Center for the Application of Prevention Technologies								
Grants								
Continuations	0	0	0	0	0	0	0	0
New/Competing	8	200	8	200	8	200	0	0
Supplements	0	0	0	0	0	0	0	0
Subtotal	8	200	8	200	8	200	0	0
Contracts								
Continuations	3	3,555	2	8,311	2	8,311	0	0
New	2	4,923	0	0	0	0	0	0
Subtotal	5	8,478	2	8,311	2	8,311	0	0
Total, Center for the Application of Prevention Technologies	**13**	**8,678**	**10**	**8,511**	**10**	**8,511**	**0**	**0**
Best Practices Program Coordination								
Grants								
Continuations	0	0	0	0	0	0	0	0
New/Competing	0	0	0	0	0	0	0	0
Subtotal	0	0	0	0	0	0	0	0
Contracts								
Continuations	8	5,233	4	1,699	4	3,789	0	+2,090
New	0	0	2	3,090	1	1,000	-1	-2,090
Subtotal	8	5,233	6	4,789	5	4,789	-1	0
Total, Best Practices Program Coordination	**8**	**5,233**	**6**	**4,789**	**5**	**4,789**	**-1**	**0**
National Registry of Evidence-based Programs and Practices								
Contracts								
Continuations	1	650	1	650	1	650	0	0
New	0	0	0	0	0	0	0	0
Subtotal	1	650	1	650	1	650	0	0
Total, National Registry of Evidence-based Programs and Practices	**1**	**650**	**1**	**650**	**1**	**650**	**0**	**0**

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

Programs of Regional & National Significance	FY 2008 Appropriation		FY 2009 Omnibus		FY 2010 President's Budget Request		FY 2010 +/- FY 2009 Omnibus	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount
SAMHSA Health Information Network								
Contracts								
Continuations	1	2,749	1	2,749	1	2,749	0	0
New	0	0	0	0	0	0	0	0
Subtotal	1	2,749	1	2,749	1	2,749	0	0
Total, SAMHSA Health Information Network	**1**	**2,749**	**1**	**2,749**	**1**	**2,749**	**0**	**0**
Minority Fellowship Program								
Grants								
Continuations	0	0	6	71	6	71	0	0
New/Competing	5	60	0	0	0	0	0	0
Subtotal	5	60	6	71	6	71	0	0
Total, Minority Fellowship Program	**5**	**60**	**6**	**71**	**6**	**71**	**0**	**0**
Subtotal, Science and Service	**29**	**27,191**	**25**	**26,591**	**24**	**26,591**	**-1**	**0**
TOTAL, PRNS	**339**	**$194,120**	**348**	**$201,003**	**344**	**$198,259**	**-4**	**-$2,744**

Strategic Prevention Framework State Incentive Grants

	FY 2008 Appropriation	FY 2009 Omnibus	FY 2010 President's Budget Request	FY 2010 +/- FY 2009 Omnibus
Budget Authority……..……..……	**$103,271,000**	**$110,003,000**	**$110,003,000**	**$0**

Authorizing Legislation……..... Sections 516 of the PHS Act

FY 2010 Authorization .....Expired

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

Program Description and Accomplishments

Established in 2004, the Strategic Prevention Framework State Incentive Grant (SPF SIG) program 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 public health 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.

By the end of FY 2010, a total of 68 awards will be granted 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 (NSDUH). Baseline data have been reported for these measures and ambitious targets set.

The ability of States and communities to collect consistent and representative process and outcome measures has improved the extent to which programs and services may be described, and has served as the catalyst for data-driven assessment and decision making at all levels. Results from analyses of latest available data from FY 2008 indicate that the program met its target for percent of grantee States that have performed needs assessments and have submitted State plans, and the percent of grantee States with approved State plans, reflecting progress in implementing the Strategic Prevention Framework. When these results are broken out by cohort, the earlier cohorts have met or exceeded all targets, and cohort three is progressing very well.

Available data also suggest that the SPF SIG program is successful in assisting States and their communities to improve their quality of life related to alcohol use. For example, FY 2008 data

based on 2006 NSDUH survey indicate that the percent of States with decrease in State level estimates of percent of respondents who report 30-day use of alcohol met its target for persons 21 and older. Use of NSDUH data to reflect effectiveness of SPF SIG Program is limited by the fact that reporting of the most current data is delayed by approximately two years.

The impact of this program is already being felt throughout the States and territories. For example, 51 States/territories now use SPF or the equivalent in their Block Grant program for conducting needs assessments, 53 for building State capacity; 53 for planning; 43 for program implementation and 29 use SPF or the equivalent for evaluation efforts.

Partnerships for Success (State and Community Prevention Performance program)

In FY 2009, CSAP will fund a new five year grant program under the Strategic Prevention Framework that will build on the success of the SPF SIG program. The new Partnerships for Success: the State and Community Prevention Performance program is designed to provide eligible States, Tribes and U.S. Territories with grants to achieve a quantifiable decline in State-wide substance abuse rates, incorporating an incentive award to grantees that have reached or exceeded their prevention performance targets. Applicants are required to set a State-wide prevention performance target and strongly encouraged to leverage and coordinate Federal State-generated funding to ensure sufficient impact to meet their performance targets. Grant awards will be made to applicants who can demonstrate the infrastructure and demonstrated capacity to reduce substance abuse problems in a three-year period. At the end of Year three, SAMHSA will assess these grantees through evaluation reports to determine their program outcomes, and will offer performance incentives to qualified grantees during Year four. Eligible applicants are the immediate Office of the Chief Executive (e.g., Governor) in those States and U.S. Territories that have previously received a cohort one or cohort two SPF SIG from SAMHSA. In FY 2009, SAMHSA plans to fund four awards.

Funding History

FY	Amount
2005	$ 88,032,000
2006	$105,844,000
2007	$105,324,000
2008	$103,271,000
2009	$110,003,000

Budget Request

The FY 2010 President's Budget request is $110.0 million, the same level of funding as the FY 2009 Omnibus level. The request will fund all 46 grant and nine contract continuations, as well as seven new grants.

Outcomes and Outputs

Table 1: Key Performance Indicators for Strategic Prevention Framework State Incentive Grants

Measure	Most Recent Result	FY 2009 Target	FY 2010 Target	FY 2010 +/- FY 2009
2.3.20: 30-day use of other illicit drugs age 12 and up *(Outcome)*	FY 2005: 8.6% (Baseline)	N/A	5%	N/A
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 *(Outcome)*	FY 2008: 47.1% (Target Not Met)	51.8%	50.4%	-1.4
2.3.22: b) age 21 and up *(Outcome)*	FY 2008: 41.2% (Target Exceeded)[1]	32.3%	31.4%	-0.9
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 *(Outcome)*	FY 2008: 55.9% (Target Not Met)	61.5%	59.8%	-1.7
2.3.24: b) age 18 and up *(Outcome)*	FY 2008: 29.4% (Target Not Met)	48.5%	47.2%	-1.3
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 *(Outcome)*	FY 2008: 50% (Target Not Met)	80.9%	78.7%	-2.2
2.3.26: b) age 18 and up *(Outcome)*	FY 2008: 29.4% (Target Not Met)	51.8%	50.4%	-1.4
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. *(Outcome)*	FY 2008: 67.6% (Target Not Met)	87%	84.9%	-2.1

[1] Data revised from previously reported.

2.3.28: Number of evidence-based policies, practices, and strategies implemented: cumulative *(Output)*	FY 2008: 781 (Target Exceeded)	1166	1400	+234
2.3.29: Percent of grantee states that have performed needs assessments *(Output)*	FY 2008: 100% (Target Met)	100%	97%[2]	-3
2.3.30: Percent of grantee States that have submitted State plans *(Output)*	FY 2008: 95.2% (Target Not Met)[3]	95.2%	60%[4]	-35.2
2.3.31: Percent of grantee States with approved plans *(Output)*	FY 2008: 85.7% (Target Not Met)	85.7%	54%[4]	-31.7

Size of Awards

(whole dollars)	**FY 2008**	**FY 2009**	**FY 2010**
Number of Awards	42	51	53
Average Award	$2,100,000	$1,700,000	$1,700,000
Range of Awards	$400,000 - $2,400,000	$500,000 - $2,400,000	$500,000 - $2,400,000

[2] Cohort 1: 100%; Cohort 2: 100%; Cohort 3: 94%
[3] Includes 100% of Cohort I and 2 and 88% of Cohort 3
[4] Cohort 1: 100%; Cohort 2: 100%;Cohort 3: 63%

Sober Truth on Preventing Underage Drinking Act (STOP Act)

	FY 2008 Appropriation	FY 2009 Omnibus	FY 2010 President's Budget Request	FY 2010 +/- FY 2009 Omnibus
Budget Authority……	**$5,404,000**	**$7,000,000**	**$7,000,000**	**$0**

Authorizing Legislation..... Sections 519B of the PHS Act

FY 2010 Authorization $8,000,000

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

Program Description and Accomplishments

The Sober Truth on Preventing Underage Drinking Act (STOP Act), signed into law in 2006, is the nation's first comprehensive legislation on underage drinking. It establishes a national media campaign aimed at underage drinking, funds underage-drinking programs in communities, and prevents underage drinking by bolstering community-based coalitions.

This program provides 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 add a focus on underage drinking prevention. This program will strengthen the collaborative efforts and increase participation among all stakeholders (e.g. community organizations, coalitions, local and State governments). The initial grants, funded in FY 2008, provided 79 four year grants to local communities with up to $50,000 per community per year. In FY 2009, 20 more grants will be awarded to strengthen the important efforts.

Another component of the STOP Act is the National Adult-Oriented Media Public Services Campaign, with funding of $1 million in FY 2009. The Underage Drinking Prevention campaign urges parents to speak with their children, age 11-15, about underage drinking in order to delay the onset of and ultimately reduce underage drinking. Nationwide, more than 37 percent of the estimated 10.7 million underage drinkers were provided free alcohol by adults 21 or older (2002-2006 NSDUH). Research shows that parents of teens generally underestimate the extent of alcohol used by youth and its negative consequences, with the vast majority viewing underage drinking as "inevitable." Many parents also find it difficult to know how or when to start a conversation with their children about underage drinking. Through TV, radio, print and outdoor channels, SAMHSA's multicultural campaign seeks to overcome parents' misperceptions about underage drinking by creating a greater urgency around the issue and encourages them to communicate with their children about alcohol at an early age. Parents and viewers are encouraged to visit www.stopalcoholabuse.gov, funded through the media campaign, to get information about teens and alcohol, as well as tips on how to initiate conversations with their children about underage drinking.

The third important component of the STOP Act is the Federal Interagency Coordinating Committee on the Prevention of Underage Drinking, with funding of $1 million in FY 2009. The Committee will support planning for the Annual Report on State Underage Drinking Prevention

and Enforcement Activities, the development of a report that will include some of the information required in the STOP Act, as well as starting work on the development of a plan to improve the collection, measurement, and consistency of reporting Federal underage alcohol data. In FY 2008, 40 percent of coalitions reported at least a five percent improvement in past 30-day alcohol use in at least two grades.

These activities together can enhance and expand the capacity of community coalitions through establishing and strengthening collaborations with communities, private non-profit agencies, federal, State, local and tribal governments to enhance intergovernmental cooperation and coordination on the issue of underage drinking.

Funding History

FY	Amount
2005	$0
2006	$0
2007	$840,000
2008	$5,404,000
2009	$7,000,000

Budget Request

The FY 2010 President's Budget request is $7.0 million, the same level of funding as the FY 2009 Omnibus level. The request will fund 99 continuation grants and two contracts.

Outcomes and Outputs

Table 2: Key Performance Indicators for Sober Truth on Preventing Underage Drinking

Measure	Most Recent Result	FY 2009 Target	FY 2010 Target	FY 2010 +/- FY 2009
3.3.01: Percentage of coalitions that report at least 5% improvement in the past 30-day use of alcohol in at least two grades *(Outcome)*	FY 2008: 40% (Baseline)	40%	41%	+1
3.3.02: Percentage of coalitions that report improvement in youth perception of risk from alcohol in at least two grades *(Outcome)*	FY 2008: 60.9% (Baseline)	62.2%	63.4%	+1.2
3.3.03: Percentage of coalitions that report improvement in youth perception of parental disapproval on the use of alcohol in at least two grades *(Outcome)*	FY 2008: 54.5% (Baseline)	55.6%	56.7%	+1.1

Size of Awards

(whole dollars)	**FY 2008**	**FY 2009**	**FY 2010**
Number of Awards	79	99	99
Average Award	$50,000	$50,000	$50,000
Range of Awards	$32,000 - $50,000	$40,000 - $50,000	$40,000 - $50,000

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Other Capacity Activities

	FY 2008 Appropriation	FY 2009 Omnibus	FY 2010 President's Budget Request	FY 2010 +/- FY 2009 Omnibus
Budget Authority……	**$58,254,000**	**$57,409,000**	**$54,665,000**	**-$2,744,000**

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

FY 2010 Authorization .....Expired

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

Program Description and Accomplishments

CSAP's Other Capacity activities include Mandatory Drug Testing, Minority AIDS, Methamphetamine Prevention, and Program Coordination and Data Coordination and Consolidation Center. These activities are critical to the balanced Public Health approach, in that they are designed to enhance the role of prevention in helping prevent, delay and/or reduce disability from substance abuse, which takes 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 organizations that perform mandatory drug testing for Federal and non-federal employees across the nation. The Lab Certification program is crucial for all national security clearance, pre-hire and periodic testing for over 400,000 of the approximately 1.7 million non-uniformed service federal employees, such as the Federal Bureau of Investigation, the Drug Enforcement Administration, and many others in the Department of Defense and the Intelligence agencies. In addition, the contract is critical to support employee drug testing federally mandated by the Department of Transportation and the Nuclear Regulatory Commission, in a total approximately 6.8 million drug tests per year.

Minority AIDS

Minority AIDS grants are awarded to community-based organizations in support of delivering and sustaining high quality and accessible substance abuse and HIV prevention. 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. The program was implemented in FY 1999 and so far seven cohorts of grants have been funded, with currently 135 active grants funded from cohorts six and seven, and five more grants will be awarded in FY 2009.

The Minority AIDS program succeeded in fulfilling its goal of providing prevention services to minority groups. The annual performance data for cohorts four, five, and six were consistent with the program goals. The number of persons served from communities with the greatest need for substance abuse/HIV/Hepatitis prevention services was 6,390. In addition, in FY 2007,

cohort six grantees implemented a total of 162 evidence-based prevention policies, practices and strategies. Baseline data and FY 2009 performance targets for additional performance measures relating to substance use and perception of harm have been established. Because grant awards are typically made late in the fiscal year, performance data generally are not reported until the fiscal year following the year of funding. Consequently, data on FY 2009 targets will be reported in FY 2010.

Cohort six consists of 80 five year planning and service grants (cooperative agreements) were awarded in September 2005 to use SAMHSA's Strategic Prevention Framework (SPF) as the model on which grantees developed their long-range and annual strategic plans for delivering and sustainability of effective substance abuse/HIV/Hepatitis prevention services. Cohort seven consists of 55 five year cooperative agreements that were funded in September 2008 to community-based organizations to build a foundation for delivering and sustaining quality and accessible substance abuse/HIV prevention services.

Methamphetamine Prevention

The Methamphetamine program, initiated in 2003, awards grants to communities that most need resources to combat the methamphetamine epidemic. CSAP's Methamphetamine Prevention Grant program overarching goals are to: 1) provide community-based prevention intervention and infrastructure development; (2) increase collaboration and capacity to prevent methamphetamine use; (3) prevent and reduce frequency of methamphetamine use among at risk populations; (4) provide evidence-based culturally competent prevention programs; and, (5) provide information dissemination to community stakeholders about methamphetamine abuse. Methamphetamine prevention interventions support communities at risk for methamphetamine use.

The Methamphetamine National Outcomes Measures (NOMS) preliminary results show youth participants ages 12-17 had lower perceptions of risk of harm at baseline compared to national averages (National Survey on Drug Use and Health (NSDUH) 2006) in these categories: 87 percent of youth perceived smoking cigarettes at entry level as harmful compared to 92.6 percent NSDUH respondents; 82 percent adult compared to 94 percent NSDUH respondents in the same category; 71 percent of youth perceived smoking marijuana once or twice as harmful compared to 82 percent NSDUH respondents; 60 percent of adults compared to 65 percent of NSDUH respondents in the same category; 74 percent of youth perceived having five or more drinks of alcohol once or twice a week as harmful compared to 77 percent of NSDUH respondents. Findings from participants resulted in 0.7 percent increase in knowledge of risk of harm; 12 percent for marijuana and 10 percent for alcohol. The program included one hundred twenty-two non-user matched cases at program entry for the past 30 days, with all remaining non-users at program exit.

CSAP's Methamphetamine Prevention program continues to successfully prevent the onset and reduce substance use including methamphetamine use in targeted communities with the greatest need.

Program Coordination/ Data Coordination and Consolidation Center

SAMHSA uses multiple systems for performance monitoring and measurement. Each SAMHSA Center uses a Web-based data entry and reporting system for its programs (except the Community Mental Health Services and Substance Abuse Prevention and Treatment Block Grant programs). CSAP uses the Data Information Technology Infrastructure Contract to

collection and store substance abuse prevention data and the Data Analysis, Coordination and Consolidation Center to conduct analyses across CSAP and external data sources on prevention target populations, services, outcomes, and trends for program evaluation and performance monitoring.

Data Information Technology Infrastructure Contract

The Data Information Technology Infrastructure Contract (DITIC) serves as a centralized vehicle for the collection and warehousing of substance abuse prevention data. DITIC consolidates CSAP's entire portfolio of data submission programs under a single contract. As such, the DITIC collects prevention performance data to address the CSAP performance goals of building capacity, enhancing effectiveness and improving accountability. Part of this effort was the development and implementation of an integrated system that will meet the full array of the agency needs. This integrated system supports the accountability and performance assessments of grantees by giving them the ability to report or submit information to CSAP through a single website. It enables the users to 1) submit data on the performance of their grant program and track the data as it integrated into the system; 2) maintain a historical log of statistics; and 3) generate or create ad hoc and canned reports. The system also provides CSAP senior management with ready access to data from all funded programs, which also facilitates effective supervision by project officers. The system also allows grantees to communicate more effectively with their project officer by allowing then to report their progress on-line. Currently this communication tool has been piloted for the Minority AIDS and Methamphetamine grant programs and will soon be expanded to the Strategic Prevention Framework State Incentive Grant program. The DITIC portal also provides access to prevention related training courses and publications.

Data Analysis, Coordination and Consolidation Center

The Data Analysis, Coordination and Consolidation Center (DACCC) is CSAP's main vehicle to collect prevention performance data. It serves as a centralized, comprehensive and coordinated data cleaning and analytic resources (for process, capacity, outcome and trend data for accountability, program planning and policy decisions.) Specifically, DACCC provides information and conducts analyses across CSAP and external data sources on prevention target populations, services, outcomes, and trends, including the monitoring and analysis of performance measurements to meet Federal reporting requirements for the Government Performance and Results Act (GPRA), National Outcome Measures (NOMS) and other demonstrations of accountability. Likewise, it tracks, monitors, performs secondary analyses and reports on data from other relevant studies and surveys in order to assess CSAP's responsiveness to national needs and identifies important emerging issues for substance abuse prevention planning. DACCC also provides CSAP with a mechanism to obtain regularly scheduled and short turnaround, one time analytic reports. The DACCC serves as a resource to CSAP, its grantees and contractors to support the use and submission to CSAP of common valid and reliable data as determined by Federal data reporting requirements. This objective includes the development and/or promotion of common standards, formats, definitions, data collection protocols and instrument development to assure NOMs and GPRA, as well as other program specific requirements are met. It also serves as a mechanism through which CSAP can improve data quality and identify gaps in needed data. The DACCC has prepared the FY 2008 Trends and Directions Report and will complete the FY 2008 State NOMs Trends Report in July and the FY 2008 Accountability Report in August 2009.

Funding History

FY	Amount
2005	$66,180,000
2006	$53,274,000
2007	$55,165,000
2008	$58,254,000
2009	$57,409,000

Budget Request

The FY 2010 President's Budget request is $54.7 million, a decrease of $2.7 million from the FY 2009 Omnibus level. Funding is eliminated for the Congressional projects, while keeping Mandatory Drug Testing, Methamphetamine and Data Coordination and Consolidation Center at the same level of funding as the FY 2009 Omnibus level. The request will fund 86 new and 60 continuation grants, three new and eight continuation contracts.

Outcomes and Outputs

Table 3: Key Performance Indicators for Minority AIDS Initiative

Measure	Most Recent Result	FY 2009 Target	FY 2010 Target	FY 2010 +/- FY 2009
2.3.35: Percent of program participants that rate the risk of substance abuse as moderate or great a) age 12-17 *(Outcome)*	FY 2007: 87.6% (Target Not Met)[5]	76.6%	87%	+10.4
2.3.38: Percent of program participants that rate the risk of substance abuse as moderate or great b) age 18 and up *(Outcome)*	FY 2007: 94.4% (Baseline)	85.1%	93%	+7.9
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 *(Outcome)*	FY 2007: 74.4% (Baseline)	76.6%	76.6%	Maintain
2.3.40: b) age 21 and up *(Outcome)*	FY 2007: 59% (Baseline)	60.8%	60.8%	Maintain
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 *(Outcome)*	FY 2007: 89.6% (Baseline)	92.3%	92.3%	Maintain
2.3.44: b) age 18 and up *(Outcome)*	FY 2007: 68.5% (Baseline)	70.6%	70.6%	Maintain
2.3.47: Percent of program participants (age 12-17) who somewhat disapprove or strongly disapprove of substance use *(Outcome)*	FY 2007: 70.3% (Baseline)[6]	82.8%	82.8%	Maintain
2.3.48: Number of evidence-based policies, practices, and strategies implemented by HIV program grantees: cumulative *(Output)*	FY 2007: 162 (Baseline)	394	545	+151

[5] Final FY 2007 result. Data in the 09CJ was preliminary.
[6] Final FY 2007 result. Data in the 09CJ was preliminary.

2.3.56: Number of individuals exposed to substance abuse/hepatitis education services *(Outcome)*	FY 2007: 2,260 (Baseline)	2,305	2,327	+22

Size of Awards

(whole dollars)	**FY 2008**	**FY 2009**	**FY 2010**
Number of Awards	170	163	146
Average Award	$282,000	$276,000	$289,000
Range of Awards	$25,000 - $335,000	$25,000 - $335,000	$25,000 - $335,000

Science and Service Activities

	FY 2008 Appropriation	FY 2009 Omnibus	FY 2010 President's Budget Request	FY 2010 +/- FY 2009 Omnibus
Budget Authority……..……	**$27,191,000**	**$26,591,000**	**$26,591,000**	**$0**

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

FY 2010 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 CSAP's 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. By strengthening the framework between community organizations, coalitions, and 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 (FASD) Center for Excellence

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 Center has provided more than 470 trainings, technical assistance events, and consultations to approximately 21,117 individuals in the U.S., its Territories, and internationally. One of the Center's key early activities was to establish a database of FASD materials. This database is now searchable and contains nearly 9,000 resources, including FASD literature, publications, posters, and public service announcements (PSAs).

At the heart of the Center's dissemination efforts is its Web site: www.fasdcenter.samhsa.gov. This site is the premier source of FASD information and a top result on all major search engines when researching FASD. The number of unique visitors, number of total visitors, and length of average visit to the site are all up significantly in 2008, compared to 2007. In addition, more than 20,000 products are downloaded from the site each month, and its Spanish language section has been greatly expanded. Complementing the Web site is the FASD Information Resource Center hotline (1-866-STOPFAS), through which the Center fields inquiries and

contacts from individuals around the world. In 2008, the Call Center fielded more than 400 queries, from 42 states and five foreign countries.

To effectively expand its influence, the Center for Excellence uses subcontractors to advance the field of FASD prevention and treatment by learning what works in States and communities with specific populations using evidence-based interventions. Twenty-three local, State, and juvenile court subcontracts were offered through a competitive review process. Fifteen are subcontracts implementing prevention programs and eight are implementing diagnosis and intervention programs:

- Prevention subcontractors integrate one of the following program strategies: Alcohol screening and brief intervention, Project CHOICES, and Parent–Child Assistance Program (PCAP). For projects working with pregnant women, the goal is for female participants to abstain from alcohol during their pregnancies. For projects working with women of childbearing age in alcohol or substance abuse treatment, the goal is to prevent alcohol-exposed pregnancies (AEP).
- Diagnosis and intervention subcontractors screen children in their service systems for FASD. Those diagnosed with an FASD will be provided interventions that include case management and follow-up. Other than the delinquency court projects, the subcontractors serve children aged zero to five or zero to seven years old. The goals of the delinquency court projects are to improve functioning, reduce probation violations, and improve school performance. The goals of the dependency court projects are to improve functioning and to keep the number of placements of a child to two (or less) in a 12-month period.

Implementation of these prevention or diagnosis/intervention components is well underway in 22 of the 23 sites. Working closely with the FASD Prevention, Diagnosis, and Intervention Learning Community, the Center has identified the following priorities as we move forward:

- Implementation of evidence-based and research-based models;
- Increased capacity to address FASD within State, local, and tribal systems and juvenile court settings;
- Empowerment of leaders as change agents and peer mentors; and
- Dissemination of findings through presentations and publications.

<u>The Center for the Application of Prevention Technology (CAPT)</u>

The Centers for the Application of Prevention Technology promote state-of-the-art prevention technologies through three core strategies: 1) establishment of technical assistance networks using local experts from each of their five regions, 2) development of training activities, and 3) innovative use of communication media such as teleconference and video conferencing, online events, and Web-based support. These training and technical assistance activities are designed to build the capacity of grantees and develop their prevention workforce skills/knowledge/expertise to support successful implementation of the Strategic Prevention Framework and accountability systems for performance measurement and management.

The CAPTs' service delivery approach shifted in 2007 to focus more on providing substantive and analytic technical assistance, to enhance the capacity of prevention systems to implement the Strategic Prevention Framework and accountability measures like National Outcome Measures (NOMs). The CAPTs promote a strategic approach to effective prevention throughout the provision of their skill-building training and capacity-building Technical

Assistance. The CAPTs have implemented a 3-tiered approach: 1) build capacity at the State level to implement the Strategic Prevention Framework process; 2) prepare States to roll out the Strategic Prevention Framework process at the local level, including selecting and implementing evidence based strategies; and 3) work with States to integrate the Strategic Prevention Framework process across their State systems and sustain these efforts. This approach has resulted in more CAPT services delivered to advance the Strategic Prevention Framework and more people receiving such services, a greater proportion of effort and intensity of services devoted to advancing the Strategic Prevention Framework, and greater impact of services devoted to advancing the Strategic Prevention Framework.

During the first six months of FY 2008, the CAPTs provided over 849 capacity-building technical assistance services, 47,180 client service hours, and 11,979 staff effort hours to 2,722 individuals representing 272 organizations. In addition, CAPTs delivered 192 total events, the majority of which were skill development trainings and train-the-trainer designed to advance SAMHSA Strategic Prevention Framework priorities; 34,511 client service hours, a measure of service delivery taking into account the number of training hours delivered to individual training participants; 1,212 hours of training (a summary of the duration of all training events with no reference to the actual number of participants in those events), both on-site and through distance learning, to 5,170 individuals from all 60 States, Territories, and jurisdictions that the CAPTs serve. Ninety-seven percent of participants reported satisfaction with the training provided and intended application of knowledge and skills gained (98 percent of participants reported likelihood of content/skill application).

National Registry of Evidence-based Programs and Practices

The National Registry of Evidence-based Programs and Practices (NREPP) 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 over 130 interventions is currently available, and new intervention summaries (approximately three to five 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, additional interventions to address service needs are 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, combines the National Clearinghouse for Alcohol and Drug Information (NCADI) and the National Mental Health Information Center (NMHIC) to provide a one-stop, quick access point that connects the behavioral health workforce and the general public to the latest information on the prevention and treatment of mental and substance abuse disorders. SHIN reinforces the Secretary's value-driven health care priority by leveraging knowledge management (KM) technology to create an integrated, customer-centric health information network that provides a suite of information

services to help SAMHSA discern and meet the needs of its customers. This KM project has allowed SAMHSA to merge the NCADI and NMHIC back-end infrastructures, contact centers, and warehouses; reengineer the Contact Center communications architecture to serve customers faster and with fewer staff; streamline and unify data collection; and establish dashboard reporting on inventory and customer inquiries. In the coming year, SHIN will continue its redesign of the Web site to improve customers' experience finding and ordering publications online; expand data-reporting functionality; and develop performance measures—including Government Performance and Results Act (GPRA) measures—that will help assess the reach and impact of SHIN.

In 2008, the SHIN program responded to 623,235 public inquiries, stored 1,104 titles for SAMHSA Centers and partners, and shipped 10,697,934 copies. SHIN maintained and updated related Web site content and generated more than 6.6 million Web site visits and more than one million PDF downloads. SHIN also provided materials and promotions for SAMHSA programs and products; supported the media campaign of the Office of National Drug Control Policy (ONDCP) and managed the ONDCP's product inventory; and supported the Office of Women's Health (OWH) Inter-Agency Agreement with SAMHSA for the provision of distribution, added-value marketing, and evaluation services of OWH products.

Funding History

FY	Amount
2005	$44,513,000
2006	$33,649,000
2007	$32,413,000
2008	$27,191,000
2009	$26,591,000

Budget Request

The FY 2010 President's Budget request is $27.0 million, is the same level of funding as the FY 2009 Omnibus level. The request will continue to fully fund all 14 grants and 10 contracts.

Outcomes and Outputs

Table 4: Key Performance Indicators for Prevention Programs of Regional and National Significance - Science and Service Activities

Measure	Most Recent Result	FY 2009 Target	FY 2010 Target	FY 2010 +/- FY 2009
2.3.71: Number of people provided technical assistance (TA) Services *(Output)*[7]	FY 2008: 21,117 (Baseline)	21,117	21,117	Maintain
2.3.72: Percentage of TA recipients who reported that they are very satisfied with the TA received *(Outcome)*[8]	FY 2008: 69.1% (Baseline)	69.1%	69.1%	Maintain
2.3.73: Percentage of TA recipients who reported that their ability to provide effective services improved a great deal *(Outcome)*[8]	FY 2008: 53.4% (Baseline)	53.4%	53.4%	Maintain
2.3.74: Percentage of TA recipients who reported that the TA recommendations have been fully implemented *(Outcome)*[8]	FY 2008: 54% (Baseline)	54%	54%	Maintain
2.3.75: Number of persons receiving prevention information directly *(Output)*[9]	FY 2008: 120,223 (Baseline)	120,223	120,223	Maintain
2.3.76: Number of persons receiving prevention information indirectly from advertising, broadcast, or website *(Output)*[9]	FY 2008: 906,707 (Baseline)	906,707	906,707	Maintain

[7] Includes CAPTs and FASD programs
[8] Includes only the CAPT program
[9] Includes contract activities under the Best practices component of PRNS

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

	FY 2008 Appropriation	FY 2009 Omnibus	FY 2010 President's Budget Request	FY 2010 +/- FY 2009 Omnibus
Budget Authority……..……..……	**$351,745,600**	**$355,718,200**	**$355,718,200**	**$0**

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

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

FY 2010 Authorization .....Expired

Allocation Method ..... Block Grants

Program Description and Accomplishments

CSAP administers the 20 percent 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 prevention services. 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 to promote increased State accountability, the Block Grant reporting system collects data on the National Outcome Measures (NOMs). In FY 2008, States were required to submit NOMs as part of their application for the Substance Abuse Prevention and Treatment Block Grant.

Outcome measures for the prevention 20 percent set-aside are based on data from the National Survey on Drug Use and Health for the Block Grant compliance year. Thus, the FY 2008 report uses the FY 2005 compliance year data. Beginning in 2008, the program reported on the new set of performance measures based on state-level estimates from the National Survey on Drug Use and Health.

This transition to a data-driven Block Grant is supported by the States 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. States are being encouraged to utilize the SAMHSA Strategic Prevention Framework or similar planning tool for their Block Grant which will help States to build comprehensive state systems that will lead to outcomes.

In addition, a new program efficiency measure, "Percent of Program Costs Spent on Evidence-based Programs, Policies, and/or Practices (EBPs)" will be reported by the States in the FY 2010 Block Grant application. This OMB-approved efficiency measure will be calculated as total prevention dollars used for EBPs divided by total prevention program dollars. The SAPT FY 2010 Block Grant application is being revised accordingly so that States can submit these

program level efficiency data. Costs must be determined for each EBP and then summed to yield the total costs of these EBPs.

The information gathered for the Block Grant application is helping States describe and analyze sub-state needs, and plan programs, policies, and practices to address gaps in service and in their substance abuse prevention systems. States use data to report to the State legislature and other State and local organizations. Aggregated statistical data from State applications demonstrates to SAMHSA the magnitude of the national substance abuse problem and the effectiveness of Federal-State resources targeted to serve individuals, families, and communities impacted by substance use disorders. This data provides SAMHSA with a better understanding of funding needs in the substance abuse prevention arena.

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. Because it plays a lead Federal role in substance abuse prevention, SAMHSA was charged with implementing the Synar Amendment. In January 1996, SAMHSA issued the Synar Regulation to provide guidance to the States. The regulation requires that States: 1) have in effect a law prohibiting any manufacturer, retailer, or distributor of tobacco products from selling or distributing such products to any individual younger than age 18; 2) enforce this law; 3) conduct annual, unannounced inspections in a way that provide a valid probability sample of tobacco sales outlets accessible to minors; 4) negotiate interim targets and a date to achieve a noncompliance rate of no more than 20 percent (SAMHSA required that each State reduce its retailer violation rate to 20 percent or less by FY 2003); and 5) submit an annual report detailing State activities to enforce its law. Performance has steadily improved, and for the last four years (FY 2006, 2007, 2008 and 2009), all States and the District of Columbia have met or exceeded the retailer violation rate goal. In FY 2006, the national average weighted retailer violation rate for the 50 States and DC (weighted by State population) was 10.8 percent. This rate steadily fell in FY 2007 and FY 2008, to 10.5 percent and 9.9 percent respectively. 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 set a new program goal to increase the number of States reporting a retailer violation rate of 10 percent or less.

An initial review of the reported State retailer violation rates in FY 2009 shows that the national weighted retailer violation rate has increased slightly since FY 2008 (from a final FY 2008 weighted national average retailer violation rate of 9.9 percent to a preliminary FY 2009 weighted national average retailer violation rate of 10.9 percent). This increase is mainly due to recent economy downturn that resulted in States' lower funding to support the enforcement activities, while the SAPT Block Grant's Synar regulation specifically forbidding States from spending SAPT Block Grant money to fund the enforcement of State access law. States also cut back funds spent on anti-smoking campaigns that had been funded by nationwide 1998 settlement of a class-action lawsuit against the tobacco industry (Master Settlement Agreement). CSAP is working with States to address this issue, including planning sessions at the upcoming 10th National Workshop on topics such as the impact of the recession on Synar: what States are doing to maintain outcomes with less money and how to use local tobacco licensing to help fund enforcement.

The National Outcome Measures data are comparing State-level estimates of these measures derived from the combined NSDUH samples for 2006 and 2007 with those derived from the combined samples for 2005 and 2006, the following improvements were observed:

- Twenty-seven States (52.9 percent) showed a decrease in past-30-day alcohol use in the 12-17 age group. Of these States, the decrease between the 2005-2006 estimate and the 2006-2007 estimate was statistically significant at the 0.05 level in Mississippi and Texas. Twenty-eight States (54.9%) showed an increase in the perception of risk of harm from having five or more drinks of an alcoholic beverage once or twice a week among the same age group. Of these States, the increase between the 2005-2006 estimate and the 2006-2007 estimate was statistically significant at the 0.05 level in Kentucky.
- Twenty-five States (49.0 percent) showed a decrease in past-30-day marijuana use among persons aged 12-17. Of these States, the decrease between the 2005-2006 estimate and the 2006-2007 estimate was statistically significant at the 0.05 level in no State. Twenty-one States (41.2%) showed an increase in perceptions of risk of harm from smoking marijuana once or twice per week among the same age group. Of these States, the increase between the 2005-2006 estimate and the 2006-2007 estimate was statistically significant at the 0.05 level in no State.
- Twenty-nine States (56.9 percent) witnessed increases in the age of first marijuana use, while 31 States (60.8 percent) had increases in the age of first alcohol use. Of the 29 States reporting increased in the age of first use of marijuana, the increase between the 2005-2006 estimate and the 2006-2007 estimate was significant at the 0.05 level in California, Ohio, and Vermont. Of the 31 States reporting increases in the age of first use of alcohol, the increase between the 2005-2006 estimate and the 2006-2007 estimate was statistically significant at the 0.05 level in Alaska and New York.
- Thirty-two States (62.7 percent) witnessed an increase in percentages of persons aged 12-17 reporting that they somewhat or strongly disapproved of their peers having one or two drinks of an alcoholic beverage nearly every day. Of these States, the increase between the 2005-2006 estimate and the 2006-2007 estimate was statistically significant at the 0.05 level in New Jersey, New York, and Oklahoma.
- Thirty-four States (66.7 percent) showed increased percentages of persons aged 12-17 reporting that their close friends would somewhat or strongly disapprove of their smoking one or more packs of cigarettes a day. Of these States, the increase between the 2005-2006 estimate and the 2006-2007 estimate was statistically significant at the 0.05 level in Alaska, Maryland, Missouri, New Mexico, New York, and South Carolina.
- Fifteen States showed higher percentages of employed persons aged 15-17 reporting that they would be more likely to work for an employer who randomly tests for drugs and alcohol. This constitutes 57.7 percent of the 26 States for which valid comparisons of this measure were possible across the two combined samples. Of these States, the increase between the 2005-2006 estimate and the 2006-2007 estimate was statistically significant at the 0.05 level in Idaho and New York.
- Twenty-five States (49.0 percent) showed increased percentages of persons aged 12-17 reporting a conversation with a parent/guardian about the dangers of alcohol, tobacco, or other drugs during the past 12 months. Of these States, the increase between the 2005-2006 estimate and the 2006-2007 estimate was statistically significant at the 0.05 level in New Jersey.
- Twelve States showed increased percentages of persons aged 12-17 who reported having been exposed to substance abuse prevention messages during the past 12

months. Of these States, the increase between the 2005-2006 estimate and the 2006-2007 estimate was not statistically significant at the 0.05 in any State.

Funding History

FY	Amount
2005	$355,111,000
2006	$351,485,000
2007	$351,718,000
2008	$351,745,600
2009	$355,718,200

Budget Request

The FY 2010 President's Budget request is $355.7 million, the same level of funding as the FY 2009 Omnibus level. This funding level represents 20 percent of the Substance Abuse Prevention and Treatment Block Grant.

Outcomes and Outputs

Table 5: Key Performance Indicators for Substance Abuse Prevention and Treatment Block Grant – Prevention Set-Aside Activities

Measure	Most Recent Result	FY 2009 Target	FY 2010 Target	FY 2010 +/- FY 2009
2.3.49: Increase number of States (including Puerto Rico) whose retail sales violations is at or below 20% *(Outcome)*	FY 2008: 52 (Target Met)	52	52	Maintain
2.3.62: Number of States (excluding Puerto Rico) reporting retail tobacco sales violation rates below 10% *(Outcome)*	FY 2008: 26 (Target Not Met but Improved)	29	28	-1
2.3.53: Number of evidence-based policies, practices, and strategies implemented *(Output)*	FY 2008: 17,056 (Target Exceeded)	24,022	37,044	+13,022
2.3.69: Percent of program costs spent on evidence-based practices (EBP) *(Outcome)*	FY 2008: 69% (Baseline)	70%	71%	+1
2.3.54: Number of participants served in prevention programs *(Outcome)*	FY 2008: 25,258,287 (Target Exceeded)	17,482,060	17,482,060	Maintain

2.3.63: Percent of states showing an increase in state level estimates of survey respondents who rate the risk of substance abuse as moderate or great (age 12-17) *(Outcome)*	FY 2008: 45.1% (Baseline)	45.1%	45.1%	Maintain
2.3.64: Percent of states showing an increase in state level estimates of survey respondents who rate the risk of substance abuse as moderate or great (age 18+) *(Outcome)*	FY 2008: 27.4% (Baseline)	27.5%	27.5%	Maintain
2.3.65: Percent of states showing a decrease in state level estimates of percent of survey respondents who report 30 day use of alcohol (age 12-20) *(Outcome)*	FY 2008: 51% (Baseline)	51%	51%	Maintain
2.3.66: Percent of states showing a decrease in state level estimates of percent of survey respondents who report 30 day use of alcohol (age 21+) *(Outcome)*	FY 2008: 37.3% (Baseline)	37.3%	37.3%	Maintain
2.3.67: Percent of states showing a decrease in state level estimates of percent of survey respondents who report 30 day use of other illicit drugs (age 12-17) *(Outcome)*	FY 2008: 52.9% (Baseline)	52.9%	52.9%	Maintain
2.3.68: Percent of states showing a decrease in state level estimates of percent of survey respondents who report 30 day use of other illicit drugs (age 18+) *(Outcome)*	FY 2008: 33.3% (Baseline)	33.3%	33.3%	Maintain

Size of Awards

(whole dollars)	**FY 2008**	**FY 2009**	**FY 2010**
Number of Awards	60	60	60
Average Award	$7,500,000	$7,500,000	$7,500,000
Range of Awards	$23,000 - $50,000,000	$23,000 - $50,000,000	$23,000 - $50,000,000

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Center for Substance Abuse Treatment (CSAT) **Page**

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

Programs of Regional & National Significance	FY 2008 Appropriation No.	FY 2008 Appropriation Amount	FY 2009 Omnibus No.	FY 2009 Omnibus Amount	FY 2010 President's Budget Request No.	FY 2010 President's Budget Request Amount	FY 2010 +/- FY 2009 Omnibus No.	FY 2010 +/- FY 2009 Omnibus Amount
Capacity								
Grants/Cooperative Agreements:								
Continuations	297	$218,870	363	$248,147	400	$174,123	+37	-$74,024
New/Competing	163	69,777	146	47,844	239	165,671	+93	+117,827
Supplements	---	---	---	6,384	---	---	---	-6,384
Subtotal	**460**	**288,647**	**509**	**302,375**	**639**	**339,794**	**+130**	**+37,419**
Contracts:								
Continuations	19	48,270	25	69,701	28	81,849	+3	+12,148
New/Competing	43	32,963	18	11,655	19	9,450	+1	-2,205
Supplements	---	---	1	1,648	---	---	-1	-1,648
Subtotal	**62**	**81,233**	**43**	**83,004**	**47**	**91,299**	**+ 4**	**+8,295**
Technical Assistance	---	---	---	---	---	---	---	---
Review Cost	---	1278	---	---	---	---	---	---
Subtotal	**62**	**82,511**	**43**	**83,004**	**47**	**91,299**	**+ 4**	**+8,295**
Subtotal, Capacity	**522**	**371,158**	**552**	**385,379**	**686**	**431,093**	**+134**	**+45,714**
Science and Service								
Grants/Cooperative Agreements:								
Continuations	15	8,430	21	8,579	21	8,579	---	---
New/Competing	6	836	---	---	---	---	---	---
Supplements	---	---	---	---	15	1,099	+15	+1,099
Subtotal	**21**	**9,266**	**21**	**8,579**	**21**	**9,678**	**---**	**+1,099**
Contracts:								
Continuations	10	12,373	7	6,610	11	16,105	+4	+9,495
New/Competing	26	6,197	19	10,974	14	380	-5	-10,594
Supplements	---	---	---	---	---	---	---	---
Subtotal	**36**	**18,570**	**26**	**17,584**	**25**	**16,485**	**-1**	**-1,099**
Technical Assistance	---	850	1	800	1	800	---	---
Review Cost	---	---	---	---	---	---	---	---
Subtotal	**36**	**19,420**	**27**	**18,384**	**26**	**17,285**	**-1**	**-1,099**
Subtotal, Science and Service	**57**	**28,686**	**48**	**26,963**	**47**	**26,963**	**-1**	**---**
(PHS Evauation Funds:(Non-add)	---	*(4,300)*	---	*(8,596)*	---	*(8,596)*	---	---
Total, PRNS	**579**	**399,844**	**600**	**412,342**	**733**	**458,056**	**+133**	**+45,714**
Prescription Drug Monitoring (NASPER)	---	---	**51**	**2,000**	**51**	**2,000**	---	---
SAPT BG	60	1,758,728	60	1,778,591	60	1,778,591	---	---
SAPT BG Set-aside:(Non-add)	---	*(87,936)*	---	*(88,930)*	---	*(88,930)*	---	---
(PHS Evauation Funds:(Non-add)	---	*(79,200)*	---	*(79,200)*	---	*(79,200)*	---	---
TOTAL, CSAT	**639**	**$2,158,572**	**711**	**$2,192,933**	**844**	**$2,238,647**	**+133**	**+$45,714**

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Substance Abuse Treatment
Programs of Regional and National Significance

Summary of Programs

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 FY 2010 President's Budget request includes a total of $458.1 million for Substance Abuse Treatment PRNS, including:

- $99.0 million for Access to Recovery to support 26 new grants to States and Tribal organizations to provide substance abuse treatment and recovery support services through a voucher-based system;

- $29.1 million for Screening, Brief Intervention, Referral, and Treatment (SBIRT) for grants/cooperative agreements to add screening and brief intervention services within States, campuses and general medical settings, and an evaluation of the program;

- $87.6 million for Criminal Justice activities for grants/cooperative agreements with a focus on Treatment Drug Courts to provide treatment, housing, vocational, and employment services;

- $215.4 million for Other Capacity activities, including Minority AIDS ($66.0 million), Homelessness ($42.8 million), Targeted Capacity Expansion – General ($29.0 million), and other activities ($77.6 million);

- $27.0 million for Science and Service activities, including Addiction Technology Transfer Centers ($9.1 million), the SAMHSA Health Information Network ($4.3 million), and the National Registry of Evidence-Based Programs and Practices ($0.9 million).

The Substance Abuse Treatment PRNS underwent a program assessment in 2002. The assessment cited strong design and positive impact as strong attributes of the program. As a result of the program assessment, 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 has improved the integration of 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 2008 Appropriation	FY 2009 Omnibus	FY 2010 President's Budget Request	FY 2010 +/- FY 2009 Omnibus
CAPACITY:				
Co-occurring State Incentive Grants (SIGs)	$4,263	$4,263	$4,263	0
Opioid Treatment Programs/Regulatory Activities	8,903	8,903	8,903	0
Screening, Brief Intervention,Referral, & Treatment a/	29,106	29,106	29,106	0
TCE - General	28,989	28,989	28,989	0
Pregnant & Postpartum Women	11,790	16,000	16,000	0
Strengthening Treatment Access and Retention	3,550	1,775	1,775	0
Recovery Community Services Program	5,236	5,236	5,236	0
Access to Recovery b/	96,777	98,954	98,954	0
Children and Families	23,921	20,678	20,678	0
Treatment Systems for Homeless	42,500	42,750	42,750	0
Minority AIDS	63,129	65,988	65,988	0
Criminal Justice Activities	23,693	37,635	87,635	+50,000
Treatment Drug Courts (non-add)	*10,132*	*23,882*	*58,882*	*+35,000*
Family Dependency/Treatment Drug Courts (non-add within Drug Courts)	*0*	*0*	*5,000*	*+5,000*
Ex-Offender Re-Entry (non-add)	*0*	*8,200*	*23,200*	*+15,000*
Services Accountability c/	23,093	20,816	20,816	0
Congressional Projects	6,208	4,286	0	-4,286
Subtotal, Capacity	**371,158**	**385,379**	**431,093**	**+45,714**
SCIENCE AND SERVICE:				
Addiction Technology Transfer Centers	9,081	9,081	9,081	0
Seclusion and Restraint	20	20	20	0
Minority Fellowship Program	536	547	547	0
Special Initiatives/Outreach	4,469	2,400	2,400	0
Information Dissemination	4,553	4,553	4,553	0
National Registry of Evidence-Based Programs & Practices	500	893	893	0
SAMHSA Health Information Network	4,255	4,255	4,255	0
Program Coordination and Evaluation d/	5,272	5,214	5,214	0
Subtotal, Science and Service	**28,686**	**26,963**	**26,963**	0
TOTAL, PRNS e/	**$399,844**	**$412,342**	**$458,056**	**+$45,714**

a/ Includes PHS evaluation funds for Screening, Brief Intervention, Referral, & Treatment evaluation in the amount of $2.0 million in FY 2008, FY 2009 and FY 2010.

b/ Includes PHS evaluation funds for Access to Recovery in the amount of $1.4 million in FY 2009.

c/ Includes PHS evaluation funds for the Services Accountability Improvement System contract which supports CSAT's data collection activities, in the amount of $2.3 million in FY 2008, $5.2 million in FY 2009 and $6.6 million in FY 2010.

d/ Includes Partners for Recovery activities which addresses issues of national significance and is field/consumer - driven.

e/ The $2.0 million appropriated for Prescription Drug Monitoring (NASPER) in FY 2009 and FY 2010 is displayed as a separate budget line in the SAMHSA All Purpose Table.

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

Programs of Regional & National Significance	FY 2008 Appropriation No.	FY 2008 Appropriation Amount	FY 2009 Omnibus No.	FY 2009 Omnibus Amount	FY 2010 President's Budget Request No.	FY 2010 President's Budget Request Amount	FY 2010 +/- FY 2009 Omnibus No.	FY 2010 +/- FY 2009 Omnibus Amount
CAPACITY:								
Co-occurring State Incentive Grants (SIGs)								
Grants								
Continuations	4	$3,199	4	$1,702	4	$1,298	0	- $404
New/Competing	0	0	0	0	0	0	0	0
Subtotal	4	3,199	4	1,702	4	1,298	0	-404
Contracts								
Continuations	2	1,064	1	820	1	2,965	0	+ 2,145
New/Competing	0	0	2	1,741	0	0	-2	-1,741
Subtotal	2	1,064	3	2,561	1	2,965	-2	+ 404
Total, Co-occurring State Incentive Grants (SIGs)	**6**	**4,263**	**7**	**4,263**	**5**	**4,263**	**-2**	**0**
Opioid Treatment Programs/Regulatory Activities								
Grants								
Continuations	1	500	5	1,955	4	1,435	-1	-520
New/Competing	4	1,475	0	0	1	500	+1	+500
Subtotal	5	1,975	5	1,955	5	1,935	0	-20
Contracts								
Continuations	4	3,556	8	6,590	6	5,208	-2	-1,382
New/Competing	7	3,372	2	108	4	1,760	+2	+1,652
Supplements	0	0	(1)	250	0	0	(-1)	-250
Subtotal	11	6,928	10	6,948	10	6,968	0	+20
Total, Opioid Treatment Programs/Regulatory Activities	**16**	**8,903**	**15**	**8,903**	**15**	**8,903**	**0**	**0**
Screening, Brief Intervention, Referral, & Treatment a/								
Grants								
Continuations	4	11,076	19	24,564	19	23,988	0	-576
New/Competing	15	13,158	0	0	0	0	0	0
Subtotal	19	24,234	19	24,564	19	23,988	0	-576
Contracts								
Continuations	1	2,000	0	2,442	1	5,118	+1	+2,676
New/Competing	0	2,872	2	2,100	0	0	-2	-2,100
Subtotal	1	4,872	2	4,542	1	5,118	-1	576
Total, Screening, Brief Intervention, Referral, & Treatment	**20**	**29,106**	**21**	**29,106**	**20**	**29,106**	**-1**	**0**
TCE - General								
Grants								
Continuations	23	11,210	39	14,827	36	11,936	-3	-2,891
New/Competing	23	6,933	13	5,003	19	7,403	+6	+2,400
Subtotal	46	18,143	52	19,830	55	19,339	+3	-491
Contracts								
Continuations	4	10,546	4	9,109	4	9,650	0	+541
New/Competing	1	300	1	50	0	0	-1	-50
Subtotal	5	10,846	5	9,159	4	9,650	-1	+491
Total,TCE - General	**51**	**$28,989**	**57**	**$28,989**	**59**	**$28,989**	**+2**	**0**

a/ Includes PHS evaluation funds for Screening, Brief Intervention, Referral, & Treatment evaluation in the amount of $2.0 million in FY 2008, FY 2009 and FY 2010.

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

Programs of Regional & National Significance	FY 2008 Appropriation No.	FY 2008 Appropriation Amount	FY 2009 Omnibus No.	FY 2009 Omnibus Amount	FY 2010 President's Budget Request No.	FY 2010 President's Budget Request Amount	FY 2010 +/- FY 2009 Omnibus No.	FY 2010 +/- FY 2009 Omnibus Amount
Pregnant & Postpartum Women								
Grants								
Continuations	8	$3,166	16	$7,701	26	$12,634	+10	+$4,933
New/Competing	16	7,648	10	4,933	0	0	-10	-4,933
Subtotal	24	10,814	26	12,634	26	12,634	0	0
Contracts								
Continuations	0	0	0	1,366	1	3,366	+1	+2,000
New/Competing	0	976	1	2,000	0	0	-1	-2,000
Subtotal		976	1	3,366	1	3,366	0	0
Total, Pregnant & Postpartum Women	**24**	**11,790**	**27**	**16,000**	**27**	**16,000**	**0**	**0**
Strengthening Treatment Access and Retention								
Grants								
Continuations	7	2,250	0	0	0	0	0	0
New/Competing	0	0	0	0	0	0	0	0
Subtotal	7	2,250	0	0	0	0	0	0
Contracts								
Continuations	0	0	0	377	1	1,775	+1	+1,398
New/Competing	1	1,300	0	0	0	0	0	0
Supplements	0	0	0	1,398	0	0	0	-1,398
Subtotal	1	1,300	0	1,775	1	1,775	+1	0
Total, Strengthening Treatment Access and Retention	**8**	**3,550**	0	**1,775**	**1**	**1,775**	**+1**	**0**
Recovery Community Services Program								
Grants								
Continuations	15	5,136	15	5,136	8	2,686	-7	-2,450
New/Competing	0	0	0	0	0	0	0	0
Subtotal	15	5,136	15	5,136	8	2,686	-7	-2,450
Contracts								
Continuations	0	100	0	100	0	0	0	-100
New/Competing	0	0	0	0	7	2,550	+7	+2,550
Subtotal	0	100	0	100	7	2,550	+7	+2,450
Total, Recovery Community Services Program	**15**	**5,236**	**15**	**5,236**	**15**	**5,236**	**0**	**0**
Access to Recovery b/								
Grants								
Continuations	24	95,963	24	91,165	0	0	-24	-91,165
New/Competing	0	0	0	0	26	96,954	+26	+96,954
Supplements	0	0	0	6,384	0	0	0	-6,384
Subtotal	24	95,963	24	97,549	26	96,954	+2	-595
Contracts								
Continuations	1	814	1	1,405	0	0	-1	-1,405
New/Competing	0	0	0	0	1	2,000	+1	+2,000
Subtotal	1	814	1	1,405	1	2,000	0	+595
Total, Access to Recovery	**25**	**$96,777**	**25**	**$98,954**	**27**	**$98,954**	**+2**	**0**

b/ Includes PHS evaluation funds for Access to Recovery in the amount of $1.4 million in FY 2009.

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

Programs of Regional & National Significance	FY 2008 Appropriation No.	FY 2008 Appropriation Amount	FY 2009 Omnibus No.	FY 2009 Omnibus Amount	FY 2010 President's Budget Request No.	FY 2010 President's Budget Request Amount	FY 2010 +/- FY 2009 Omnibus No.	FY 2010 +/- FY 2009 Omnibus Amount
Children and Families								
Grants								
Continuations	39	$12,260	17	$5,036	13	$3,801	-4	-$1,235
New/Competing	0	0	13	3,801	14	4,854	+1	+1,053
Subtotal	39	12,260	30	8,837	27	8,655	-3	-182
Contracts								
Continuations	4	8,765	4	11,541	5	12,023	+1	+482
New/Competing	3	2,896	1	300	0	0	-1	-300
Subtotal	7	11,661	5	11,841	5	12,023	0	+182
Total, Children and Families	**46**	**23,921**	**35**	**20,678**	**32**	**20,678**	**-3**	**0**
Treatment Systems for Homeless								
Grants								
Continuations	77	30,589	68	28,435	66	26,512	-2	-1,923
New/Competing	25	9,780	22	7,614	24	9,787	+2	+2,173
Subtotal	102	40,369	90	36,049	90	36,299	0	+ 250
Contracts								
Continuations	1	2,131	1	2,420	2	6,451	+1	+4,031
New/Competing	0	0	2	4,281	0	0	-2	-4,281
Subtotal	1	2,131	3	6,701	2	6,451	-1	-250
Total, Treatment Systems for Homeless	**103**	**42,500**	**93**	**42,750**	**92**	**42,750**	**-1**	**0**
Minority AIDS								
Grants								
Continuations	76	36,705	126	57,838	133	60,697	+7	+2,859
New/Competing	50	21,082	7	2,859	0	0	-7	-2,859
Subtotal	126	57,787	133	60,697	133	60,697	0	0
Contracts								
Continuations	0	2,411	1	5,291	1	5,291	0	0
New/Competing	1	2,931	0	0	0	0	0	0
Subtotal	1	5,342	1	5,291	1	5,291	0	0
Total, Minority AIDS	**127**	**63,129**	**134**	**65,988**	**134**	**65,988**	**0**	**0**
Criminal Justice Activities								
Grants								
Continuations	19	6,816	30	9,788	91	29,136	+61	+19,348
New/Competing	30	9,701	61	19,348	155	46,173	+94	+26,825
Subtotal	49	16,517	91	29,136	246	75,309	+155	+46,173
Contracts								
Continuations	2	3,868	4	7,424	5	9,186	+1	+1,762
New/Competing	4	3,308	7	1,075	7	3,140	0	+2,065
Subtotal	6	7,176	11	8,499	12	12,326	+1	+3,827
Total, Criminal Justice Activities	**55**	**$23,693**	**102**	**$37,635**	**258**	**$87,635**	**+156**	**+$50,000**

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

Programs of Regional & National Significance	FY 2008 Appropriation No.	FY 2008 Appropriation Amount	FY 2009 Omnibus No.	FY 2009 Omnibus Amount	FY 2010 President's Budget Request No.	FY 2010 President's Budget Request Amount	FY 2010 +/- FY 2009 Omnibus No.	FY 2010 +/- FY 2009 Omnibus Amount
Services Accountability c/								
Contracts								
Continuations	0	14,293	1	20,816	1	20,816	0	0
New/Competing	1	8,800	0	0	0	0	0	0
Subtotal	1	23,093	1	20,816	1	20,816	0	0
Total, Services Accountability	**1**	**23,093**	**1**	**20,816**	**1**	**20,816**	0	0
Congressional Projects								
Grants								
Continuations	0	0	0	0	0	0	0	0
New/Competing	25	6,208	20	4,286	0	0	-20	-4,286
Supplements	0	0	0	0	0	0	0	0
Subtotal	25	6,208	20	4,286	0	0	-20	-4,286
Total, Congressional Projects	**25**	**6,208**	**20**	**4,286**	**0**	**0**	-20	-4,286
Subtotal, Capacity	**522**	**$371,158**	**552**	**$385,379**	**686**	**$431,093**	**+134**	**+$45,714**

c/ Includes PHS evaluation funds for the Services Accountability Improvement System contract which supports CSAT's data collection activities, in the amount of $2.3 million in FY 2008, $5.2 million in FY 2009 and $6.6 million in FY 2010.

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

Programs of Regional & National Significance	FY 2008 Appropriation No.	FY 2008 Appropriation Amount	FY 2009 Omnibus No.	FY 2009 Omnibus Amount	FY 2010 President's Budget Request No.	FY 2010 President's Budget Request Amount	FY 2010 +/- FY 2009 Omnibus No.	FY 2010 +/- FY 2009 Omnibus Amount
SCIENCE AND SERVICE:								
Addiction Technology Transfer Centers								
Grants								
Continuations	15	$8,430	15	$7,732	15	$7,732	0	0
New/Competing	0	0	0	0	0	0	0	0
Supplements	0	0	0	0	(15)	1,099	(+15)	+1,099
Subtotal	15	8,430	15	7,732	15	8,831	0	+1,099
Contracts								
Continuations	2	651	2	1,349	1	250	-1	-1,099
New/Competing	0	0	0	0	0	0	0	0
Subtotal	2	651	2	1,349	1	250	-1	-1,099
Total, Addiction Technology Transfer Centers	**17**	**9,081**	**17**	**9,081**	**16**	**9,081**	**-1**	**0**
Seclusion and Restraint								
Contracts								
Continuations	0	20	0	20	0	20	0	0
New/Competing	0	0	0	0	0	0	0	0
Subtotal	0	20	0	20	0	20	0	0
Total, Seclusion and Restraint	**0**	**20**	**0**	**20**	**0**	**20**	**0**	**0**
Minority Fellowship Program								
Grants								
Continuations	0	0	5	547	5	547	0	0
New/Competing	5	536	0	0	0	0	0	0
Subtotal	5	536	5	547	5	547	0	0
Contracts								
Continuations	0	0	0	0	0	0	0	0
New/Competing	0	0	0	0	0	0	0	0
Subtotal	0	0	0	0	0	0	0	0
Total, Minority Fellowship Program	**5**	**536**	**5**	**547**	**5**	**547**	**0**	**0**
Special Initiatives/Outreach								
Grants								
Continuations	0	0	1	300	1	300	0	0
New/Competing	1	300	0	0	0	0	0	0
Subtotal	1	300	1	300	1	300	0	0
Contracts								
Continuations	5	2,019	2	1,157	5	2,100	+3	+943
New/Competing	9	2,150	3	943	0	0	-3	-943
Subtotal	14	4,169	5	2,100	5	2,100	0	0
Total, Special Initiatives/Outreach	**15**	**$4,469**	**6**	**$2,400**	**6**	**$2,400**	**0**	**0**

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

Programs of Regional & National Significance	FY 2008 Appropriation No.	FY 2008 Appropriation Amount	FY 2009 Omnibus No.	FY 2009 Omnibus Amount	FY 2010 President's Budget Request No.	FY 2010 President's Budget Request Amount	FY 2010 +/- FY 2009 Omnibus No.	FY 2010 +/- FY 2009 Omnibus Amount
Information Dissemination								
Contracts								
Continuations	1	4,553	0	450	2	4,553	+2	+4,103
New/Competing	0	0	2	4,103	0	0	-2	-4,103
Subtotal	1	4,553	2	4,553	2	4,553	0	0
Total, Information Dissemination	**1**	**4,553**	**2**	**4,553**	**2**	**4,553**	0	0
National Registry of Evidence-Based Programs & Practices								
Contracts								
Continuations	0	500	0	0	0	893	0	+893
New/Competing	0	0	0	893	0	0	0	-893
Supplements	0	0	0	0	0	0	0	0
Subtotal	0	500	0	893	0	893	0	0
Total, National Registry of Evidence-Based Programs & Practices	**0**	**500**	**0**	**893**	**0**	**893**	**0**	**0**
SAMHSA Health Information Network								
Contracts								
Continuations	0	4,255	0	0	0	4,255	0	+4,255
New/Competing	0	0	0	4,255	0	0	0	-4,255
Supplements	0	0	0	0	0	0	0	0
Subtotal	0	4,255	0	4,255	0	4,255	0	0
Total, SAMHSA Health Information Network	**0**	**4,255**	**0**	**4,255**	**0**	**4,255**	0	0
Program Coordination and Evaluation								
Contracts								
Continuations	2	1,225	3	4,084	4	4,834	+1	+750
New/Competing	17	4,047	15	1,130	14	380	-1	-750
Supplements	0	0	0	0	0	0	0	0
Subtotal	19	5,272	18	5,214	18	5,214	0	0
Total, Program Coordination and Evaluation d/	**19**	**5,272**	**18**	**5,214**	**18**	**5,214**	0	0
Subtotal , Science and Service	**57**	**28,686**	**48**	**26,963**	**47**	**26,963**	**-1**	**0**
Total, PRNS e/	**579**	**$399,844**	**600**	**$412,342**	**733**	**$458,056**	**+133**	**+$45,714**

d/ Includes Partners for Recovery activities which addresses issues of national significance and is field/consumer -driven.

e/ The $2.0 million appropriated for Prescription Drug Monitoring (NASPER) in FY 2009 and FY 2010 is displayed as a separate budget line in the SAMHSA All Purpose Table.

Access to Recovery

	FY 2008 Appropriation	FY 2009 Omnibus	FY 2010 President's Budget Request	FY 2010 +/- FY 2009 Omnibus
Program Level…….....	$96,777,000	$98,954,000	$98,954,000	$0
PHS Evaluation Funds (non-add).....	*($0)*	*(1,405,000)*	*($0)*	*(-1,405,000)*

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

2010 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 system, and women with dependent children. Individuals that abuse methamphetamine will be included as a priority population in the Request for Application for the FY 2010 ATR cohort.

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 ATR grantees served 199,000 clients in 3 years. The second ATR cohort (which included a carve-out for the evaluation and a carve-out for the more expensive-to-serve clients using methamphetamine) served 50,000 clients in its first year. CSAT recommends a target of 225,000 clients for the forthcoming 4-year cohort (with no-carve-outs) scheduled to begin in FY 2010, with roughly 33,000 to be served in the first year and 70,000 to be served in the extra full-capacity year. FY 2008 outcomes data show that 82 percent of the

clients had success achieving and maintaining abstinence from substance use. In addition, over 59 percent report being employed and 53 percent report being housed by six month follow-up.

A second cohort of 24 three-year ATR grants was awarded in September 2007. This second ATR cohort was projected to serve a target number of 30,000 clients in its first year; however, the actual number served was more than 50,000 for FY 2008.

ATR underwent a program assessment in 2007. The assessment 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 program assessment, 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
2005	$99,200,000
2006	$98,208,000
2007	$98,703,000
2008	$96,777,000
2009	$98,954,000

Budget Request

The FY 2010 President's Budget request is $99.0 million, the same level of funding as the FY 2009 Omnibus level. This represents funding for a third cohort of grantees and an opportunity to fine tune the program based on lessons learned from the first two cohorts of grantees. The program will prioritize funding to treat individuals with methamphetamine addictions. Average grant awards will be reduced to approximately $3.7 million and the project period will be increased to four years.

As this program’s grant awards are made late in the fiscal year, performance targets and results for any given fiscal year primarily reflect the outputs and outcomes associated with activities supported by funding from the prior fiscal year. Therefore, adjustments to 2010 funding will be reflected in the targets set for 2011. It is expected that with the funds available for reinvestment in the ATR Program, the 2011 target for number of clients served will be approximately 33,500. A total of 225,000 clients will be served over four years.

Outcomes and Outputs

Table 1: Key Performance Indicators for Access to Recovery

Measure	Most Recent Result	FY 2009 Target	FY 2010 Target	FY 2010 +/- FY 2009
1.2.32: Increase the number of clients gaining access to treatment *(Output)*[a]	FY 2008: 50,845 (Target Exceeded)	65,000	65,000	Maintain
1.2.33: Increase the percentage of adults receiving services who a) had no past month substance use *(Outcome)*	FY 2008: 82.3% (Target Exceeded)	81%	82%	+1
1.2.34: Increase the percentage of adults receiving services who b) had improved family and living conditions *(Outcome)*	FY 2008: 52.9% (Target Exceeded)	52%	53%	+1
1.2.35: Increase the percentage of adults receiving services who c) had no/reduced involvement with the criminal justice system *(Outcome)*	FY 2008: 96.0 (Target Met)	96.0	96.0	Maintain
1.2.36: Increase the percentage of adult receiving services who d) had improved social support *(Outcome)*	FY 2008: 91.7% (Target Exceeded)	90%	91%	+1
1.2.37: Increase the percentage of adults receiving services who e) were currently employed or engaged in productive activities *(Outcome)*	FY 2008: 59.1% (Target Exceeded)	53%	54%	+1
1.2.39: Cost per client served *(Efficiency)*	FY 2008: $1,888 (Target Not Met)	$1,588	$1,572	-16

Size of Awards

(whole dollars)	FY 2008	FY 2009	FY 2010
Number of Awards	24	24	26
Average Award	$3,998,458	$4,064,542	$3,729,000
Range of Awards	$1,650,000-$4,830,000	$1,650,000-$5,071,500	$1,600,000-$4,000,000

[a] Initial Access to Recovery grants were made in August 2004, close to the end of FY 2004. Services were 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 second cohort of grants was awarded in September 2007.

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Screening, Brief Intervention, Referral and Treatment

	FY 2008 Appropriation	FY 2009 Omnibus	FY 2010 President's Budget Request	FY 2010 +/- FY 2009 Omnibus
Program Level…….....	$29,106,000	$29,106,000	$29,106,000	$0
PHS Evaluation Funds (non-add).....	*(2,000,000)*	*(2,000,000)*	*(2,000,000)*	*($0)*

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

2010 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. According to SAMHSA's National Survey on Drug Use and Health (NSDUH), in 2007 approximately 21 million people needed treatment for a substance use disorder but did not receive it. Of those, 95 percent did not even recognize they had a problem. Therefore, most people with or at risk for a substance use disorder are unlikely to seek help from the specialty treatment system. They are far more likely to present in some other medical setting.

Research and clinical experience supports the use of the SBIRT approach to provide effective early identification and interventions in primary care and general medical settings. Early identification can decrease total healthcare costs by arresting progression toward addiction. SBIRT also can identify persons with more serious problems and encourage them to obtain appropriate specialty treatment services.

The first cohort of SBIRT cooperative agreements was awarded in 2003 to six States and one Tribal entity. Cooperative agreements were awarded to four more States in 2006 and four in 2008. In 2005, 12 Treatment Capacity Expansion (TCE), Screening and Brief Intervention (SBI) grants were awarded to 12 colleges and universities to address campus drinking and drug use. In 2008, in an effort to institutionalize SBIRT into general health care practice, 11 grants were awarded to embed SBIRT training and practice in medical residency programs. As shown in the data, SBIRT has greatly expanded capacity by serving more than 192,000 clients in FY 2008.

The SBIRT cooperative agreements and grants require grant recipients to effect practice change throughout the spectrum of medical practice. This is achieved through implementation of SBIRT programs in all levels of primary care, including hospitals, trauma centers, health clinics, nursing homes and school systems. Practice change is also envisioned as altering the educational structure of medical schools by developing and implementing SBIRT curriculum as standard and permanent practice.

SBIRT has great future potential for promoting changes to the entire primary care medical service delivery system. Continued expansion of the SBIRT program is expected to include

dentistry, pediatrics and adolescent care organizations, community health and mental health agencies, and other locations where primary care services are offered.

In FY 2007, seven of the eleven grantees were in the last year of funding and were 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
2005	$25,909,000
2006	$29,624,000
2007	$29,624,000
2008	$29,106,000
2009	$29,106,000

Budget Request

The FY 2010 President's Budget request is $29.1million, the same level of funding as the FY 2009 Omnibus level. The request will support 19 continuation grants and one continuation contract.

Outcomes and Outputs

Table 2: Key Performance Indicators for Screening, Brief Intervention, Referral, and Treatment

Measure	Most Recent Result	FY 2009 Target	FY 2010 Target	FY 2010 +/- FY 2009
1.2.40: Increase the number of clients served *(Output)*	FY 2008: 192,840 (Target Exceeded)	139,650	139,650	Maintain
1.2.41: Increase the percentage of clients receiving services who had no past month substance use *(Outcome)*	FY 2008: 46.5% (Target Not Met but Improved)	50%	50%	Maintain

Size of Awards

(whole dollars)	FY 2008	FY 2009	FY 2010
Number of Awards	19	19	19
Average Award	$1,275,474	$1,292,842	$1,262,526
Range of Awards	$280,781 -$2,800,000	$280,781 -$2,800,000	$274,651 -$2,800,000

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Criminal Justice

	FY 2008 Appropriation	FY 2009 Omnibus	FY 2010 President's Budget Request	FY 2010 +/- FY 2009 Omnibus
Budget Authority …….....	$23,693,000	$37,635,000	$87,635,000	+$50,000,000
Treatment Drug Courts (non-add)	*10,132,000*	*23,882,000*	*58,882,000*	*+35,000,000*
Family Dependency/Treatment Drug Courts (non-add within Drug Courts).....	*0*	*0*	*5,000,000*	*+5,000,000*
Ex-Offender Re-Entry (non-add).....	*0*	*8,200,000*	*23,200,000*	*+15,000,000*

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

2010 Authorization…….……Expired

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

Program Description and Accomplishments

Criminal Justice Activities include grant programs which focus on diversion and re-entry for adolescents, teens, and adults with substance use disorders, and/or co-occurring 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. In addition, the program assists States to break the pattern of incarceration and reduce recidivism.

Treatment Drug Courts

The Treatment Drug Court program is 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.

Treatment Drug Courts have increased, from 1,200 in 2005 to over 2,100 in 2008. Even with the increase in the availability of these courts, there is a limited amount of treatment, mental health, and recovery support services available. Approximately 10 percent of individuals in need of substance abuse treatment within the criminal justice system actually receive treatment as part of their justice system supervision. Recognizing the need to enhance or expand treatment services for people who were involved in the criminal justice system, Treatment Drug Court funding began in 2002 to adult, juvenile, and family drug courts and treatment providers. In 2005 and 2006, funding was offered to juvenile and family drug courts and treatment providers. In 2008, funding was available for individual Adult Treatment Drug Courts only; a total of 20 new grants were awarded. In 2009, $24 million is available for Adult and Juvenile Drug Courts with the award of more than 40 grants.

SAMHSA juvenile drug courts served 783 clients in 2008, while adult courts served 357 clients in 2006. Both adult and juvenile drug court clients had positive outcomes in the most recent year that data was available. About 70 percent of both juvenile and adult clients reported no past month substance use (juvenile, 2008: 69 percent; adult, 2006: 68 percent) six months after intake and about 90 percent of clients (juvenile, 2008: 92 percent; adult, 2006: 89 percent) experienced no/reduced alcohol or illegal drug related health, behavioral or social, consequences six months after intake.

The Treatment Drug Courts program underwent a program assessment in 2008. The assessment cited ambitious targets, progress towards achieving its long-term targets, and success in meeting program goals and objectives as strong attributes of the program. As a result of the program assessment, the program is improving the linkage between DOJ and SAMHSA including collaboration on a joint performance measure. In FY 2008, a contract was awarded for a cross-site evaluation.

Ex-offender Re-entry Program

The justice system is seen as the nexus of public health and public safety, given the numbers of individuals involved in both drugs and crime causing significant impact on American society. In 2002, the estimated cost to society of drug abuse was $180.9 billion; $107.8 billion of that total was associated with drug-related crime, including criminal justice system costs and costs borne by victims of crime. The cost of treating drug abuse (including research, training and prevention) was estimated at $15.8 billion – a fraction of the overall costs to society.

Research shows that for the drug-involved offender most positive gains made as the result of prison-based treatment rapidly dissipate if the individual is not linked to effective community-based services upon return to the community. In FY 2002, with the number of reentering offenders totaling over 625,000 persons, federal agencies began to respond to the accompanying public safety and public health issues by funding new programs such as the Serious and Violent Offender Re-entry Initiative and the Prisoner Re-entry Initiative. CSAT participated as a federal partner in both of these initiatives. In FY 2004, CSAT's Young Offender Re-entry Program (YORP) was initiated with the awarding of 12 grants to expand and enhance treatment capacity for juveniles and young offenders returning to their communities from correctional or detention facilities. This offender re-entry initiative was designed to facilitate reintegration into the community by providing pre-release screening, assessment and transition planning in institutional corrections settings and linking clients to community-based treatment and recovery services upon release. In FY 2005, a second cohort of 13 grants was funded as part of an $11 million effort to respond to the escalating number of alcohol and drug involved offenders returning to the community. Using National Outcomes Measures (NOMs) as performance indicators, results from the YORP dataset indicate success in achieving program goals to reduce substance use and criminality while improving key life stakes such as housing and employment.

SAMHSA and the U.S. Department of Justice Bureau of Justice Assistance share a mutual interest in supporting and shaping offender re-entry-treatment services, as both agencies fund "offender re-entry" programs. These two agencies have a longstanding partnership regarding criminal justice-substance abuse treatment issues. SAMHSA and Bureau of Justice Assistance have developed formal agreements to further encourage and engage in mutual interests and activities related to criminal justice-treatment issues. SAMHSA and Bureau of Justice Assistance will continue to plan and coordinate relevant activities. SAMHSA's FY 2009 Offender Re-entry Program grantees are expected to seek out and coordinate with local

federally-funded offender re-entry initiatives, including Bureau of Justice Assistance's Prisoner Re-entry Initiative or "Second Chance Act" offender re-entry programs, as appropriate.

SAMHSA recognizes the need to continue efforts to return and reintegrate offenders back into the community by providing substance abuse treatment and other related re-entry services while also ensuring public safety for the community and family.

Funding History

FY	Amount
2005	$26,300,000
2006	$24,114,000
2007	$23,243,000
2008	$23,693,000
2009	$37,635,000

Budget Request

The FY 2010 President's Budget request is $87.6 million, an increase of $50.0 million above the FY 2009 Omnibus level. Of the increase, $35.0 million will expand the Treatment Drug Courts program for a total of $58.9 million of which $5.0 million is focused on protecting the youngest victims of families affected by methamphetamine abuse. The remaining $15.0 million will expand the Ex-offender Re-entry program for a total of $23.0 million.

In FY 2010, Treatment Drug Courts anticipates funding 61 new adult drug court grants for three years at an average cost of $350,000 and 40 new juvenile and family drug court grants for four years at an average cost of $200,000. These funds will provide services supporting substance abuse treatment, assessment, case management, and program coordination to those in need of treatment drug court services. Priority for the use of funding will be given to addressing gaps in the continuum of treatment.

Children exposed to methamphetamine laboratories not only face great physical danger from chemical contamination and fire explosions, but they are at a heightened risk for abuse, neglect, and continued social and developmental problems. In addition, substance use and addiction are frequently associated with the neglect and abuse of children and this has placed an immense burden on the dependency courts, child welfare systems, and treatment providers. To address this situation, the Administration is providing assistance to the children of methamphetamine abusers through the Drug Court program. In FY 2010, CSAT will utilize $5.0 million to fund 25 grants for Family Dependency/Treatment Drug Courts. These grants will provide a Child Case Coordinator to link available community- based social services resources that will focus on the trauma to these youngest victims caused by substance abuse issues/methamphetamine use in the family and concurrent criminal justice involvement. This program will provide a collaborative approach including the judges, treatment providers, child welfare specialists, and attorneys, providing child case coordination of services for these children of methamphetamine-addicted parents.

In FY 2010, the new Ex-Offender Re-entry program will build on previous and ongoing SAMHSA adult and juvenile criminal justice initiatives, and provide an increase of $15 million to support

the award of an estimated 29 new re-entry grants, provide grantee technical assistance, and allow initiation of a cross-site evaluation of the program.

As this program's grant awards are made late in the fiscal year, performance targets and results for any given fiscal year primarily reflect the outputs and outcomes associated with activities supported by funding from the prior fiscal year. Therefore, adjustments to 2010 funding will be reflected in the targets set for 2011. The increase in funds in the Criminal Justice portfolio will result in an approximate target of 7,000 clients, including Drug Courts and Ex-offender Re-entry.

Outcomes and Outputs

Table 3: Key Performance Indicators for Criminal Justice - Juvenile and Adult Drug Courts

Measure	Most Recent Result	FY 2009 Target	FY 2010 Target	FY 2010 +/- FY 2009
1.2.62: Juvenile: Percentage of clients that complete treatment *(Outcome)*	FY 2008: 75.1% (Target Exceeded)	75%	N/A	N/A
1.2.63: Juvenile: Increase percentage of clients receiving services who: a) Were currently employed or engaged in productive activities *(Outcome)*	FY 2008: 86% (Target Not Met)	88%	N/A	N/A
1.2.64: Juvenile: Increase percentage of clients receiving services who: b) Had a permanent place to live in the community *(Outcome)*	FY 2008: 81% (Target Met)	82%	N/A	N/A
1.2.65: Juvenile: Increase percentage of clients receiving services who: c) Had no involvement with the criminal justice system *(Outcome)*	FY 2008: 94.3% (Target Exceeded)	93%	N/A	N/A
1.2.66: Juvenile: Increase percentage of clients receiving services who: d) Experienced no/reduced alcohol or illegal drug related health, behavioral or social consequences *(Outcome)*	FY 2008: 92% (Target Met)	93%	N/A	N/A
1.2.67: Juvenile: Increase percentage of clients receiving services who: e) Had no past month substance use *(Outcome)*	FY 2008: 69% (Target Not Met)	73%	N/A	N/A
1.2.68: Juvenile: Percent of drug court participants who exhibit a reduction in substance use while in the drug court program. Measured in conjunction with DOJ. *(Outcome)*	N/A	N/A	N/A	N/A
1.2.69: Juvenile: Reduce cost-per-client served *(Outcome)*	FY 2008: $6,790 (Target Not Met)	$5,610	N/A	N/A
1.2.70: Juvenile: Increase number of clients served *(Output)*	FY 2008: 783 (Target Not Met)	449	N/A	N/A
1.2.71: Adult: Percentage of clients that complete treatment *(Outcome)*	FY 2006: 66% (Historical Actual)	67%	67%	Maintain
1.2.72: Adult: Increase percentage of clients receiving services who: a) Were currently employed or engaged in productive activities *(Outcome)*	FY 2006: 86% (Historical Actual)	88%	89%	+1

1.2.73: Adult: Increase percentage of clients receiving services who b) Had a permanent place to live in the community *(Outcome)*	FY 2006: 77% (Historical Actual)	82%	82%	Maintain
1.2.74: Adult: Increase percentage of clients receiving services who: c) Had no involvement with the criminal justice system *(Outcome)*	FY 2006: 90.3% (Historical Actual)	93%	93%	Maintain
1.2.75: Adult: Increase percentage of clients receiving services who: d) Experienced no/reduced alcohol or illegal drug related health, behavioral or social, consequences *(Outcome)*	FY 2006: 89% (Historical Actual)	93%	93%	Maintain
1.2.76: Adult: Increase percentage of clients receiving services who: e) Had no past month substance use *(Outcome)*	FY 2006: 68% (Historical Actual)	73%	73%	Maintain
1.2.77: Adult: Percent of drug court participants who exhibit a reduction in substance use while in the drug court program. Measured in conjunction with DOJ. *(Outcome)*	N/A	N/A	N/A	N/A
1.2.78: Adult: Reduce cost-per-client served *(Outcome)*	N/A	$5,610	$5,554	-56
1.2.79: Adult: Increase number of clients served *(Output)*	FY 2006: 357 (Historical Actual)	960	2832	+1,872

Table 4: Key Performance Indicators for Criminal Justice - Ex-Offender Re-Entry Program

Measure	Most Recent Result	FY 2009 Target	FY 2010 Target	FY 2010 +/- FY 2009
1.2.80: Number of clients served *(Outcome)*	N/A	N/A	1,312	N/A
1.2.81: Percentage of clients who had no past month substance use *(Outcome)*	N/A	N/A	68.9%	N/A

Size of Awards

(whole dollars)	FY 2008	FY 2009	FY 2010
Number of Awards	49	91	246
Average Award	$337,082	$320,176	$306,134
Range of Awards	$76,316 - $450,000	$235,529 -$400,000	$289,253 -$400,000

Other Capacity Activities

	FY 2008 Appropriation	FY 2009 Omnibus	FY 2010 President's Budget Request	FY 2010 +/- FY 2009 Omnibus
Program Level…….....	$221,582,000	$219,684,000	$215,398,000	-$4,286,000
PHS Evaluation Funds (non-add).....	*(2,300,000)*	*(5,191,000)*	*(6,596,000)*	*(-1,405,000)*

Authorizing Legislation……Section 506, 508, 509 and 514 of the Public Health Service Act

2010 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, 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 are 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 2008, 33,446 clients were served. Positive outcomes were also seen for these clients from intake to six months, including an abstinence from substance use rate of 62 percent and an employment rate of 54.3 percent. Performance is not reported individually for each Capacity activity.

<u>Opioid Treatment Programs/Regulatory Activities</u>

SAMHSA’s Opioid Treatment Program (OTP) accreditation support program was introduced in October 2001 to assist OTPs in transitioning to the new accreditation requirement established in March 2001. OTPs are required to attain accreditation every three years as part of the process for SAMHSA certification. The goal of the OTP accreditation support program is to reduce the cost of basic accreditation education and the required accreditation surveys. In addition to OTP program accreditation, SAMHSA has established a national mentoring network offering support (clinical updates, evidence-based outcomes and training) to physicians and other medical professionals in the appropriate use of methadone for the treatment of chronic pain and opioid addiction. This initiative addresses the nation’s rise in methadone-associated deaths that has been spurred by misuse/abuse, and fatal drug interactions involving methadone and other prescription medications, over the counter medications, and illicit drugs. Finally, in accordance

with the Drug Addiction Treatment Act of 2000, SAMHSA provides a *Physician Clinical Support System* designed to assist practicing physicians to incorporate into their practices the treatment of prescription opioid and heroin dependent patients using Buprenorphine. The goal of this program is to expand access to office-based Buprenorphine treatment by providing expert education and training to physicians on the appropriate use of Buprenorphine.

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.

From 2000 to November 2008, CSAT's TCE/HIV program served approximately 115,800 individuals. Of these individuals, approximately 56 percent were males, 43 percent females and one percent transgender individuals; and about 76 percent were between the ages of 25 and 54 years. Approximately 27 percent identified themselves as Hispanic/Latino in ethnicity; 54 percent as non-Hispanic Blacks, 20 percent white, 2.9 percent Asian, Native Hawaiian or Pacific Islander, and 2.7 percent as American Indian.

Services Accountability and Improvement System (SAIS)

SAMHSA uses multiple systems for performance monitoring and measurement. Each SAMHSA Center uses a Web-based data entry and reporting system for its discretionary programs. The data from these systems are used to manage and monitor grantee performance, process technical assistance requests, and feed management reports. These systems also provide National Outcome Measures (NOMS) data, a SAMHSA performance measurement tool.

SAIS is a Web-based system which serves as the single repository for Center for Substance Abuse Treatment's discretionary grant Government Performance and Results Act (GPRA) measures. Grantees set targets for the number of persons to be served within established cost bands and submit real-time client measures on a uniform Office of Management and Budget approved data collection instrument, at baseline, six months post baseline, and discharge. Grantees are required to submit their information via the Web, one to seven business days after seeing a client. SAIS generates daily Web-based reports on intake coverage, follow-up, and outcomes which serve as tools to monitor program performance.

Homelessness

The Grants for the Benefit of Homeless Individuals (GBHI) program's purpose is to enable communities to expand and strengthen their treatment services for homeless (including chronically homeless) individuals with substance abuse disorders, mental illness, or with co-occurring substance abuse disorders and mental illness. Through this grant program, grantees link treatment services with housing programs and other services (e.g., primary care). Funds

support direct services, including the following types of activities: conducting outreach and pre-service strategies to expand access to treatment services to underserved populations; purchasing or providing direct treatment (including screening, assessment, and care management) services for populations at risk; purchasing or providing "wrap-around" services; and collecting data using specified tools and standards to measure and monitor treatment services and costs.

In FY 2008, consistent with congressional intent, CSAT began allocating part of its GBHI funds for grants that address services in supportive housing. Like CSAT's GBHI grants for the homeless population generally (GBHI General), the services in supportive housing (SSH) grants seek to expand and strengthen treatment services for persons who are homeless by providing linkages to appropriate treatment for substance use or mental disorders and other support services. CSAT defines services in supportive housing for the purposes of our SSH grants as services for clients already in housing that is permanent, affordable, and linked to health, mental health, employment, and other support services. This approach combines long-term, community-based housing assistance and intensive individualized treatment and recovery support services to chronically homeless individuals with substance use disorders, mental disorders, or co-occurring substance use and mental disorders. It is a cost-effective combination of affordable housing with supportive services that helps people live more stable, productive lives and leads to reductions in substance use and psychiatric symptoms.

The GBHI General and SSH grants are complementary approaches that provide a comprehensive response to homeless persons living with substance use, mental or co-occurring substance use and mental disorders. Both support the implementation of effective, evidence-based practices, and the combination of the two approaches allows SAMHSA to support communities in reaching their homeless populations in need of substance use disorders and mental health services wherever they are found, whether in supportive housing or other community-based settings.

In FY 2009, CSAT allocated $4.5 million to fund as many as 13 new GBHI General grants, and $3.1 million to fund as many as nine new SSH grants (approximately $350,000 each year for up to five years, in both the GBHI General and SSH programs). The amount for SSH represents 41 percent of the available new GBHI funding in FY 2009 appropriated to CSAT, the same proportion as allocated in 2008, to provide treatment services for homeless populations under Section 506 of the Public Health Service Act.

Performance Data: Since the inception of the GBHI program, CSAT homeless grants have served 33,171 individuals. The currently active portfolio has served over 22,000 individuals. Each grantee collects information on the clients that are served through the grant funds. The information is entered into a Web-based data system that allows for tracking and accountability of grantee performance on the goals outlined in the grant proposal. Outcomes data available for a subset of clients served by the program through the 91 active GBHI grantees show that individuals demonstrate:

- 122 percent increase in employment or engaging in productive activities;
- 166 percent increase in persons with a permanent place to live in the community;
- 52 percent increase in no past months substance use;
- 36 percent improvement in no/reduced alcohol or illegal drug related health, behavioral or social consequences.

Targeted Capacity Expansion-General

Targeted Capacity Expansion (TCE) General was initiated in FY 1998 to help communities bridge gaps in treatment services. 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, community-based responses to a specific, well-documented substance abuse capacity problem. TCE projects use grant funding to expand and/or enhance treatment capacity using evidence-based treatment practices, report on performance measurements, and address cultural relevance in their treatment and recovery services. 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, Asian Americans, Pacific Islanders, rural areas, methamphetamine abuse, e-therapy, grassroots partnerships, and other populations.

Funding History

FY	Amount
2005	$234,246,000
2006	$217,439,000
2007	$217,770,000
2008	$221,582,000
2009	$219,684,000

Budget Request

The FY 2010 President's Budget request is $215.4 million, a decrease of $4.3 million from the FY 2009 Omnibus. The request will support 273 continuation grants, 58 new grants, 22 continuation contracts, and 11 new contracts; and will eliminate $4.3 million in Congressionally-directed projects.

Outcomes and Outputs

Table 5: Key Performance Indicators for Treatment Programs of Regional and National Significance – Other Capacity Activities[2]

Measure	Most Recent Result	FY 2009 Target	FY 2010 Target	FY 2010 +/- FY 2009
1.2.25: Increase percentage of adults receiving services who: Had no past month substance use *(Outcome)*	FY 2008: 62% (Target Not Met but Improved)	61%	62%	+1
1.2.26: Increase the number of clients served *(Output)*	FY 2008: 33,446 (Target Not Met)	31,659	34,784	+3,125
1.2.27: Increase percentage of adults receiving services who: a) Were currently employed or engaged in productive activities *(Outcome)*	FY 2008: 54.3% (Target Exceeded)	50%	51%	+1
1.2.28: b) Had a permanent place to live in the community *(Outcome)*	FY 2008: 47% (Target Not Met but Improved)	49%	49%	Maintain
1.2.29: c) Had no involvement with the criminal justice system *(Outcome)*	FY 2008: 96% (Target Met)	94%	95%	+1
1.2.30: d) Experienced no/reduced alcohol or illegal drug related health, behavioral or social, consequences *(Outcome)*	FY 2008: 68% (Target Exceeded)	65%	66%	+1
1.2.31: Increase the percentage of grantees in appropriate cost bands *(Outcome)*	FY 2007: 80% (Target Met)	78%	79%	+1

Size of Awards

(whole dollars)	FY 2008	FY 2009	FY 2010
Number of Awards	368	375	348
Average Award	$412,861	$403,003	$412,480
Range of Awards	$187,782-$550,000	$187,782-$550,000	$200,000-$550,000

[2] Includes TCE General, HIV/AIDS Outreach, Addiction Treatment for Homeless Persons, Assertive Adolescent and Family Treatment, Family and Juvenile Drug Courts, Young Offender Re-entry Program, Pregnant and Post-Partum Women, Recovery Community Service – Recovery, Recovery Community Service – Facilitating, and Child and Adolescent State Incentive Grants.

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Science and Service Activities

	FY 2008 Appropriation	FY 2009 Omnibus	FY 2010 President's Budget Request	FY 2010 +/- FY 2009 Omnibus
Budget Authority…….....	$28,686,000	$26,963,000	$26,963,000	$0

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

2010 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, the Virgin Islands, and U.S. territories in the Pacific. The Regional Centers support national activities and implement programs and initiatives in response to regional needs. The Network works to shorten the gap in time between the release of new scientific findings and evidence-based practices and the implementation of new evidence-based treatment interventions by front-line clinicians. 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 technical assistance; training events; 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.

Data show that over 21,000 people were trained in 2008. Approximately 92 percent of participants report implementing improvements in treatment methods based on the information they received from the training they attended.

Information Dissemination

The main activity within this program line is CSAT's Knowledge Application Program (KAP). The KAP provides substance abuse treatment professionals with publications, online education,

and other resources that contain information on best treatment practices. KAP takes knowledge about best treatment practices in substance abuse treatment and packages and promotes it in a way that ensures widespread application in the field. KAP staff produces, markets, and distributes publications and products; strives for cultural competency; gathers, analyzes, and uses market research; and enlists the assistance of national experts to ensure that KAP is responsive to the needs of multiple audiences and that the products are representative of the many areas of substance abuse treatment.

National Registry of Evidence-based Programs and Practices

The National Registry of Evidence-based Programs and Practices (NREPP) 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 improves 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 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 over 130 interventions is currently available, and new intervention summaries (approximately three to six 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, additional interventions to address service needs are 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, combines the National Clearinghouse for Alcohol and Drug Information (NCADI) and the National Mental Health Information Center (NMHIC) to provide a one-stop, quick access point that connects the behavioral health workforce and the general public to the latest information on the prevention and treatment of mental and substance abuse disorders. SHIN reinforces the Secretary's value-driven health care priority by leveraging knowledge management (KM) technology to create an integrated, customer-centric health information network that provides a suite of information services to help SAMHSA discern and meet the needs of its customers. This KM project has allowed SAMHSA to merge the NCADI and NMHIC back-end infrastructures, contact centers, and warehouses; reengineer the Contact Center communications architecture to serve customers faster and with fewer staff; streamline and unify data collection; and establish dashboard reporting on inventory and customer inquiries. In the coming year, SHIN will continue its redesign of the Web site to improve customers' experience finding and ordering publications online; expand data-reporting functionality; and develop performance measures—including Government Performance and Results Act (GPRA) measures—that will help assess the reach and impact of SHIN.

In 2008, the SHIN program responded to 623,235 public inquiries, stored 1,104 titles for SAMHSA Centers and partners, and shipped 10,697,934 copies. SHIN maintained and updated related Web site content and generated more than 6.6 million Web site visits and more than 1 million PDF downloads. SHIN also provided materials and promotions for SAMHSA programs and products; supported the media campaign of the Office of National Drug Control

Policy (ONDCP) and managed the ONDCP's product inventory; and supported the Office of Women's Health (OWH) Inter-Agency Agreement with SAMHSA for the provision of distribution, added-value marketing, and evaluation services of OWH products.

Program Coordination and Evaluation

One of the primary activities within this program line is Partners for Recovery (PFR) which addresses issues of national significance and is field and consumer-driven. The PFR initiative is a collaboration of communities and organizations mobilized to help individuals and families achieve and maintain recovery and lead fulfilling lives. PFR supports and provides technical resources to those who deliver services for the prevention and treatment of substance use and mental health disorders and seeks to build capacity and improve services and systems of care. PFR activities fall into five broad focus areas: Recovery, Cross-Systems Collaboration, Stigma Reduction, Workforce Development and Leadership Development. Also included in this program line are consumer affairs activities, the largest of which is the National Recovery Month celebration which takes place annually during the month of September.

Funding History

FY	Amount
2005	$36,710,000
2006	$29,290,000
2007	$29,609,000
2008	$28,686,000
2009	$26,963,000

Budget Request

The FY 2010 President's Budget request is $27.0 million, the same level of funding as the FY 2009 Omnibus level. The request will support 16 continuation grants, 12 continuation contracts and 14 new contracts.

Outcomes and Outputs

Table 6: Key Performance Indicators for Treatment Programs of Regional and National Significance – Science and Service Activities[3]

Measure	Most Recent Result	FY 2009 Target	FY 2010 Target	FY 2010 +/- FY 2009
1.4.01: Report implementing improvements in treatment methods on the basis of information and training provided by the program *(Outcome)*	FY 2008: 92% (Target Exceeded)	90%	90%	Maintain
1.4.02: Increase the number of individuals trained per year *(Output)*	FY 2008: 21,490 (Target Exceeded)	20,516	20,516	Maintain
1.4.03: Increase the percentage of drug treatment professionals trained by the program who a) Would rate the quality of the events as good, very good, or excellent *(Outcome)*	FY 2008: 95% (Target Not Met)	96%	96%	Maintain
1.4.04: b) Shared any of the information from the events with others *(Outcome)*	FY 2008: 93.5% (Target Exceeded)	92%	92%	Maintain
1.4.05: Increase the percentage of grantees in appropriate cost bands *(Outcome)*	FY 2007: 100% (Target Met)	100%	100%	Maintain

Size of Awards

(whole dollars)	FY 2008	FY 2009	FY 2010
Number of Awards	21	21	21
Average Award	$441,238	$408,524	$460,857
Range of Awards	$300,000- $550,000	$300,000- $550,000	$300,000- $550,000

[3] Includes Knowledge Application Program, Faith Based Initiatives, Strengthening Treatment Access and Retention, Addiction Technology Transfer Centers, and SAMHSA Conference Grants.

Prescription Drug Monitoring
National All Schedules Prescription Electronic Reporting (NASPER)

	FY 2008 Appropriation	FY 2009 Omnibus	FY 2010 President's Budget Request	FY 2010 +/- FY 2009 Omnibus
Budget Authority…….....	$0	$2,000,000	$2,000,000	$0

Authorizing Legislation Section…….399O of the Public Health Service Act

2010 Authorization……..……$10,000,000

Allocation Method……. Formula Grants

Program Description and Accomplishments

The National All Schedules Prescription Electronic Reporting Act, is a formula grant program, that was authorized in 2005 (Public Law 109-60)and received its fist appropriation in FY 2009. The purpose of this program is to: 1) foster the establishment of State-administered controlled substance monitoring systems in order to ensure that health care providers and law enforcement officials and other regulatory bodies have access to accurate, timely prescription history information that they may use as a tool for the early identification of patients at risk for addiction in order to initiate appropriate medical interventions and avert the tragic personal, family, and community consequences of untreated addiction; 2) establish, based on the experiences of existing State controlled substance monitoring programs, a set of best practices to guide the establishment of new State programs and the improvement of existing programs.

The intent of this program is to foster the establishment or enhancement of State-administered controlled substance monitoring systems in order to ensure that health care providers and law enforcement officials and other regulatory bodies have access to accurate, timely prescription history information. By requiring standards for security, privacy, confidentiality and interoperability, NASPER will expand the utility of prescription monitoring programs (PMPs), allowing more States to share information internally and regionally with neighboring States, a key shortcoming of the existing system. In addition, the expansion and establishment of prescription monitoring systems has the potential for assisting in the early identification of patients at risk for addiction. Early identification of individuals in need of treatment is a key public health concern and will lead to enhanced substance abuse treatment interventions.

PMPs have been in place in some States for several years. Although current State PMPs vary, they essentially require that pharmacies, physicians, or both, submit information on prescriptions dispensed for certain controlled substances as mandated by state law. Prescriber and patient information relating to prescriptions issued for controlled stimulants, sedatives/depressants, anxiolytics, narcotics and other covered drugs is transmitted to a central office within each State.

The allocation formula distributes one percent of the appropriation to each eligible State, with an additional amount distributed based on the ratio of the number of pharmacies in the State to the number of pharmacies in all States.

The Secretary must approve grants to all States (defined as the 50 States and the District of Columbia) that are qualified. To qualify for a grant award, a State must submit an application that meets all the NASPER requirements including the following: the State must demonstrate that it has enacted legislative or regulatory authority for a PMP; the State must have penalty provisions for unauthorized patient information disclosures; the State must include substances in Schedules II-IV in its PMP; and the State must agree to collect information in accordance with standards developed by the Department.

The table on the next page shows State allotments under NASPER assuming all States were qualified to receive an award. The hypothetical awards range from $21,000 to $117,000. According to the National Alliance of Model State Drug Laws (NAMSDL), as of February 2009, thirty-two States have operational PMPs. An additional six States have enacted legislation and five States have pending legislation to start a PMP. While it is conceivable that all 50 States and the District of Columbia could qualify and be approved for a NASPER grant, SAMHSA anticipates that 10-25 States will seek NASPER awards.

Funding History

FY	Amount
2005	$0
2006	$0
2007	$0
2008	$0
2009	$2,000,000

Data Elements Used to Calculate State Allotments

The State Allotment calculation assumes that all 50 States and the District of Columbia will apply and are approved. The count of pharmacies in each State is based on the most recent data provided on the Drug Enforcement Administration's website (March 2009).

Budget Request

The President's Budget request is $2.0 million, the same level of funding as the FY 2009 Omnibus. Grants will be awarded to all States with approved applications.

Outputs and Outcomes

SAMHSA is in the process of identifying appropriate performance measures for this program.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
FY 2010 DISCRETIONARY STATE/FORMULA GRANTS
Prescription Drug Monitoring (NASPER)
CFDA # Pending

STATE	FY 2008 Actual	FY 2009 Omnibus	FY 2010 President's Budget	Difference +/- FY 2009 Omnibus
Alabama	$0	$40,450	$40,450	$0
Alaska	0	21,467	21,467	0
Arizona	0	36,351	36,351	0
Arkansas	0	31,677	31,677	0
California	0	113,129	113,129	0
Colorado	0	32,116	32,116	0
Connecticut	0	29,802	29,802	0
Delaware	0	23,010	23,010	0
District Of Columbia	0	21,951	21,951	0
Florida	0	87,249	87,249	0
Georgia	0	54,578	54,578	0
Hawaii	0	23,192	23,192	0
Idaho	0	24,674	24,674	0
Illinois	0	55,621	55,621	0
Indiana	0	38,816	38,816	0
Iowa	0	31,949	31,949	0
Kansas	0	29,953	29,953	0
Kentucky	0	37,455	37,455	0
Louisiana	0	37,818	37,818	0
Maine	0	24,356	24,356	0
Maryland	0	37,879	37,879	0
Massachusetts	0	37,138	37,138	0
Michigan	0	56,801	56,801	0
Minnesota	0	37,894	37,894	0
Mississippi	$0	$32,630	$32,630	$0

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
FY 2010 DISCRETIONARY STATE/FORMULA GRANTS
Prescription Drug Monitoring (NASPER)
CFDA # Pending

STATE	FY 2008 Actual	FY 2009 Omnibus	FY 2010 President's Budget	Difference +/- FY 2009 Omnibus
Missouri	$0	$39,512	$39,512	$0
Montana	0	23,887	23,887	0
Nebraska	0	27,487	27,487	0
Nevada	0	27,608	27,608	0
New Hampshire	0	23,857	23,857	0
New Jersey	0	50,736	50,736	0
New Mexico	0	24,523	24,523	0
New York	0	88,641	88,641	0
North Carolina	0	50,463	50,463	0
North Dakota	0	22,738	22,738	0
Ohio	0	56,620	56,620	0
Oklahoma	0	33,780	33,780	0
Oregon	0	31,042	31,042	0
Pennsylvania	0	65,211	65,211	0
Rhode Island	0	23,751	23,751	0
South Carolina	0	36,775	36,775	0
South Dakota	0	23,161	23,161	0
Tennessee	0	44,504	44,504	0
Texas	0	87,885	87,885	0
Utah	0	27,593	27,593	0
Vermont	0	22,223	22,223	0
Virginia	0	43,127	43,127	0
Washington	0	39,301	39,301	0
West Virginia	0	28,380	28,380	0
Wisconsin	0	37,304	37,304	0
Wyoming	0	21,936	21,936	0
Total NASPER	**$0**	**$2,000,000**	**$2,000,000**	**$0**

Substance Abuse Prevention and Treatment (SAPT) Block Grant

	FY 2008 Appropriation	FY 2009 Omnibus	FY 2010 President's Budget Request	FY 2010 +/- FY 2009 Omnibus
Program Level…….....	$1,758,728,000	$1,778,591,000	$1,778,591,000	$0
PHS Evaluation Funds (non-add).....	*(79,200,000)*	*(79,200,000)*	*(79,200,000)*	*($0)*

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

2010 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 to plan, carry out, and evaluate substance abuse prevention activities and treatment services provided to individuals, families, and communities impacted by substance abuse and substance use disorders. This formula grant program provides funding based upon specified economic and demographic factors and is administered by SAMHSA's Center for Substance Abuse Prevention and Center for Substance Abuse Treatment. 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. The Substance Abuse Prevention and Treatment Block Grant requires States to maintain expenditures for authorized activities at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the year for which the State is applying for a grant. Given the current economic situation, SAMHSA is aware that a number of States may experience challenges meeting the Maintenance of Effort requirement in the Federal FY 2010 grant cycle, and is monitoring the situation closely.

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 (FY 2007) by supporting over 2.3 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 (73.7 percent) and alcohol (80.9 percent) use.

The Substance Abuse Prevention and Treatment Block Grant program underwent a program assessment in 2003. The assessment cited clear purpose and collaboration with other agencies as strong attributes of the program. As a result of the program assessment, 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 2007:

- For the 51 States that reported data in the Abstinence from Drug/Alcohol Use Domain for alcohol, 50 of 51 identified improvements in client abstinence. Forty-three of these States reported improvements based on information submitted to the Treatment Episode Data Set (TEDS) and seven reported improvements based on their own data collection systems.
- Similarly, for the 51 States that reported data in the Abstinence from Drug/Alcohol Use Domain for drug use, 50 of 51 identified improvements in client abstinence. Forty-three of these States reported improvements based on information submitted to TEDS and seven reported improvements based on their own data collection systems.
- For the 51 States that reported data in the Employment Domain, 46 of 51 identified improvements in client employment. Forty of these States reported improvements based on information submitted to TEDS and six reported improvements based on their own data collection systems.
- For the 51 States that reported in the Criminal Justice Domain, 35 of 40 reported an increase in clients with no arrests based on data reported to TEDS.
- For the 51 States that reported data in the Housing Domain, 35 of 47 identified improvements in stable housing for clients based on data reported to TEDS.

Funding History

	Funding	FTEs
2005 a/	$1,775,555,000	40
2006 a/	$1,757,425,000	40
2007 a/	$1,758,591,000	40
2008 a/	$1,758,728,000	40
2009 a/	$1,778,591,000	40

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

Data Elements Used to Calculate State Allotments

Population Data: States and the District of Columbia updated July 1, 2007 Population Estimates (Population-At-Risk Calculations) from U.S. Census Bureau; Territories updated population estimates as of July 1, 2008 from U.S. Department of Commerce.

Total Taxable Resources: 2004, 2005 and 2006 data from U.S. Department of Treasury

Cost of Services Index: Wage Data from U.S. Census Bureau (2000 Census -16% Sample); Wage Data for Base Year (FY 1999) and Recent Year (FY 2005) from Centers for Medicare and Medicaid Services (CMS); FY 2009 Median Fair Market Rent Estimates from Department of Housing and Urban Development; July 1, 2007 Population Estimates by County/Sub county from U.S. Census Bureau.

Budget Request

The FY 2010 President's Budget request for the Substance Abuse Prevention and Treatment Block Grant is $1,778.6 million, the same level as the FY 2009 Omnibus. In accordance with the authorization, when the appropriation remains the same, the States and District of Columbia allotments are the same as the prior year. The Territories are not subject to the same funding requirement as the States. They receive funding based on updated population estimates as of July 1, 2008 and therefore the distribution of funds change among the Territories.

Outcomes and Outputs

Table 7: Key Performance Indicators for Substance Abuse Prevention and Treatment Block Grant – Treatment Activities

Measure	Most Recent Result	FY 2009 Target	FY 2010 Target	FY 2010 +/- FY 2009
1.2.43: Number of admissions to substance abuse treatment programs receiving public funding *(Output)*[4]	FY 2007: 2,372,302 (Target Exceeded)[5]	1,881,515	1,881,515	Maintain
1.2.45: Increase the percentage of States and Territories that express satisfaction with Technical Assistance (TA) provided *(Output)*	FY 2007: 92% (Target Not Met but Improved)	97%	97%	Maintain
1.2.47: Increase the percentage of States in appropriate cost bands *(Outcome)*	FY 2007: 65% (Target Not Met)	68%	68%	Maintain
1.2.48: Percentage of clients reporting abstinence from drug use at discharge *(Outcome)*	FY 2007: 73.7% (Target Exceeded)	69.3%	70.3%	+1

[4] Formerly Number of Clients Served. Wording change approved by OMB 12/4/07

[5] Prior to FY 2007, the data for this measure came from the Treatment Episode Data Set component of the SAMHSA Drug and Alcohol Services Information System. Beginning in FY 2007, the data source is the State data repository of the Web Block Grant Application System.

1.2.49: Percentage of clients reporting abstinence from alcohol at discharge *(Outcome)*	FY 2007: 80.9% (Target Exceeded)	74.7%	74.7%	Maintain
1.2.50: Percentage of clients reporting being employed/in school at discharge *(Outcome)*	FY 2007: 42.9% (Historical Actual)	42.9%	43.9%	+1
1.2.51: Percentage of clients reporting no involvement with the Criminal Justice System *(Outcome)*	FY 2007: 88.9% (Historical Actual)	88.9%	88.9%	Maintain

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
FY 2010 DISCRETIONARY STATE/FORMULA GRANTS
Substance Abuse and Prevention Treatment Block Grant
CFDA # 93.959

STATE/TERRITORY	FY 2008 Actual	FY 2009 Omnibus	FY 2010 President's Budget	Difference +/-2009 Omnibus
Alabama	$23,767,733	$23,850,008	$23,850,008	$0
Alaska	4,639,286	4,796,474	4,796,474	0
Arizona	31,538,913	34,764,203	34,764,203	0
Arkansas	13,289,209	13,335,211	13,335,211	0
California	249,929,564	250,794,726	250,794,726	0
Colorado	23,736,475	24,858,461	24,858,461	0
Connecticut	16,750,919	16,808,904	16,808,904	0
Delaware	6,595,230	6,669,716	6,669,716	0
District Of Columbia	6,595,230	6,669,716	6,669,716	0
Florida	94,338,783	98,102,522	98,102,522	0
Georgia	50,349,727	50,524,018	50,524,018	0
Hawaii	7,146,459	7,171,197	7,171,197	0
Idaho	6,883,638	6,907,466	6,907,466	0
Illinois	69,632,849	69,873,891	69,873,891	0
Indiana	33,193,305	33,308,207	33,308,207	0
Iowa	13,477,961	13,524,616	13,524,616	0
Kansas	12,249,212	12,291,614	12,291,614	0
Kentucky	20,593,780	20,665,068	20,665,068	0
Louisiana	25,761,575	25,850,751	25,850,751	0
Maine	6,595,230	6,669,716	6,669,716	0
Maryland	31,869,681	31,980,001	31,980,001	0
Massachusetts	33,913,335	34,030,730	34,030,730	0
Michigan	57,699,389	57,899,122	57,899,122	0
Minnesota	22,377,974	23,968,851	23,968,851	0
Red Lake Indians	551,535	590,744	590,744	0
Mississippi	14,209,039	14,258,225	14,258,225	0
Missouri	26,068,220	26,158,458	26,158,458	0
Montana	6,595,230	6,669,716	6,669,716	0
Nebraska	7,865,700	7,892,928	7,892,928	0
Nevada	12,866,603	13,751,877	13,751,877	0
New Hampshire	6,595,230	6,669,716	6,669,716	0
New Jersey	46,779,531	46,941,463	46,941,463	0
New Mexico	8,684,844	8,714,908	8,714,908	0
New York	115,115,033	115,513,516	115,513,516	0
North Carolina	$38,487,034	$38,620,261	$38,620,261	$0

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
FY 2010 DISCRETIONARY STATE/FORMULA GRANTS
Substance Abuse and Prevention Treatment Block Grant
CFDA # 93.959

STATE/TERRITORY	FY 2008 Actual	FY 2009 Omnibus	FY 2010 President's Budget	Difference +/-2009 Omnibus
North Dakota	$5,146,990	$5,321,380	$5,321,380	$0
Ohio	66,431,453	66,661,413	66,661,413	0
Oklahoma	17,653,098	17,714,206	17,714,206	0
Oregon	16,218,090	16,861,926	16,861,926	0
Pennsylvania	58,884,025	59,087,858	59,087,858	0
Rhode Island	6,595,230	6,669,716	6,669,716	0
South Carolina	20,503,970	20,574,947	20,574,947	0
South Dakota	4,759,531	4,920,793	4,920,793	0
Tennessee	29,645,795	29,748,417	29,748,417	0
Texas	135,518,381	135,987,493	135,987,493	0
Utah	17,075,866	17,134,976	17,134,976	0
Vermont	5,088,950	5,261,374	5,261,374	0
Virginia	42,940,170	43,088,812	43,088,812	0
Washington	34,857,640	34,978,304	34,978,304	0
West Virginia	8,680,387	8,710,435	8,710,435	0
Wisconsin	25,679,888	27,078,689	27,078,689	0
Wyoming	3,306,749	3,418,788	3,418,788	0
State Sub-Total	**1,645,729,669**	**1,664,316,528**	**1,664,316,528**	0
American Samoa	328,149	331,855	358,177	+26,322
Guam	886,685	896,699	971,741	+75,042
Northern Marianas	396,481	400,959	478,563	+77,604
Puerto Rico	21,814,775	22,061,150	21,869,115	-192,035
Palau	109,566	110,804	116,541	+5,737
Marshall Islands	291,199	294,488	349,044	+54,556
Micronesia	612,915	619,838	594,862	-24,976
Virgin Islands	622,103	629,129	606,879	-22,250
Territory Sub-Total	**25,061,873**	**25,344,922**	**25,344,922**	0
Total States/Territories	**1,670,791,542**	**1,689,661,450**	**1,689,661,450**	0
SAMHSA Set-Aside	**87,936,458**	**88,929,550**	**88,929,550**	0
Performance Grant	**0**	**0**	**0**	0
TOTAL SAPTBG	**$1,758,728,000**	**$1,778,591,000**	**$1,778,591,000**	**$0**

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

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

	FY 2008 Appropriation	FY 2009 Omnibus	FY 2010 President's Budget Request
Funding Sources			
Budget Authority:			
SAPT Block Grant 5% Set-aside	$8,736	$9,730	$9,730
PHS Evaluation Funds:			
SAPT Block Grant	79,200	79,200	79,200
Program Management	17,750	21,750	21,750
Total Program Level	$105,686	$110,680	$110,680
SAMHSA Component			
Office of Applied Studies	$80,018	$81,699	$81,699
Budget Authority (non-add)	*3,561*	*4,343*	*4,343*
PHS Evaluation SAPTBG (non-add)	*58,707*	*55,606*	*55,606*
PHS Evaluation Program Mgmt (non-add)	*17,750*	*21,750*	*21,750*
Center for Substance Abuse Prevention	8,880	12,193	12,193
Budget Authority (non-add)	*(1,654)*	*(1,967)*	*(1,967)*
PHS Evaluation SAPTBG (non-add)	*(7,226)*	*(10,226)*	*(10,226)*
PHS Evaluation Program Mgmt (non-add)	*(0)*	*(0)*	*(0)*
Center for Substance Abuse Treatment	16,788	16,788	16,788
Budget Authority (non-add)	*(3,521)*	*(3,420)*	*(3,420)*
PHS Evaluation SAPTBG (non-add)	*(13,267)*	*(13,368)*	*(13,368)*
PHS Evaluation Program Mgmt (non-add)	*0*	*0*	*0*
Total, SAMHSA	**$105,686**	**$110,680**	**$110,680**

Center for Substance Abuse Treatment
(Dollars in thousands)

CSAT Set-Aside Activities	FY 2008 Appropriation	FY 2009 Omnibus	FY 2010 President's Budget Request
State Data Systems			
Block Grant Management Information	$ 865	$ 925	$ 925
NASADAD	500	500	500
State Outcomes Measurement and Management System (SOMMS)	3,500	3,500	0
Subtotal, State Data Systems	4,865	4,925	1,425
Technical Assistance			
TA to States	3,101	3,118	6,618
Treatment Improvement Exchange	2,000	1,200	1,200
Analyses Medicaid/Medicare/CMS	925	1,252	1,252
TA to States -Recovery/Faith-based Programs	2,000	2,500	2,500
FTE Support	3,521	3,420	3,420
Subtotal, Technical Assistance	11,547	11,490	14,990
Program Evaluation			
Dev. of Spending Estimates for MH/SAT	376	373	373
Subtotal, Program Evaluation	376	373	373
TOTAL CSAT	**$16,788**	**$16,788**	**$16,788**

Center for Substance Abuse Prevention

(Dollars in thousands)

CSAP Set-Aside Activities	FY 2008 Appropriation	FY 2009 Omnibus	FY 2010 President's Budget Request
State Data Systems			
BGAS	$150	$100	$100
Data Collection Coordinating Center	472	1,192	1,192
Subtotal, State Data Systems	622	1,292	1,292
Technical Assistance			
SPFAS/ Synar	2,522	3,318	3,318
NASADAD	200	362	362
CAPTs	3,526	3,180	3,180
Materials Development Media Support	356	496	496
Health Communications and Marketing	0	1,080	1,080
UAD		498	498
FTE Support	1,654	1,967	1,967
Subtotal, Technical Assistance	8,258	10,901	10,901
TOTAL CSAP	**$8,880**	**$12,193**	**$12,193**

Office of Applied Studies

(Dollars in thousands)

OAS Set-Aside Activities	FY 2008 Appropriation	FY 2009 Omnibus	FY 2010 President's Budget Request
National Data Collection			
DAWN	$17,000	$19,000	$17,000
NSDUH	44,650	45,000	47,000
National Analytic Center	2,339	2,500	2,500
DASIS	9,243	11,743	11,743
SOMMS - Central Services	3,900	0	0
Data Archive	851	851	851
FTE/Operations	2,035	2,605	2,605
TOTAL OAS	**$80,018**	**$81,699**	**$81,699**

Program Description and Accomplishments

The block grant set-aside represents five percent of the funding appropriated to the Substance Abuse Prevention and Treatment (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. The Program Management budget line also supports specific data collection activities managed by OAS. All of these activities are guided by SAMHSA's Data Strategy. The Data 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. The SAMHSA Data Strategy can be found at http://samhsa.gov/about/DataStrategyPlan.pdf.

Center for Substance Abuse Treatment (CSAT)

CSAT manages several major state data system contracts, including the Block Grant Management Information System 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 National Outcome Measures data through the Drug Abuse Service Information System contract.

The phase-out of the SOMMs payment to States will be completed in FY 2010, as 48 States are now reporting Treatment Episode Data Set data. OAS will continue to work with the states to improve reporting on Treatment Episode Data Set data and will continue to work with CSAT to generate performance reports based on data reported by the states through the Block Grant Management Information System. These funds will be shifted to other state technical assistance programs designed to improve performance.

Center for Substance Abuse Prevention (CSAP)

CSAP manages a single major state data system, the Data Analysis, Coordination and Consolidation Center, which collects data from state grantees. This contract is funded from the block grant set-aside and from Programs of Regional and National Significance and provides support for data collection and analysis for all CSAP grantees. In addition, CSAP manages the Centers for the Advancement of Prevention Technologies. This contract is jointly funded through the block grant set-aside and CSAP Programs of Regional and National Significance and provides support for technical assistance for state and discretionary grantees. The Underage Drinking State Technical Assistance will provide direct technical assistance to States to coordinate multiple funding sources to ensure that SAMHSA funds are used optimally in concert with other funding sources. CSAP also manages the Health Communications and Marketing contract, which provides direct support to the States to plan, develop, and operate communication strategies regarding evidence-based prevention information and interventions. The contract will help States use customer-centered and evidence-based strategies to protect and promote the health of diverse populations, with an emphasis on messages that convey that there is a strong evidence base showing that prevention works and that it is cost-efficient.

Office of Applied Studies (OAS)

OAS manages several major national data collection contracts. The largest contract is for the National Survey on Drug Use and Health which serves as the primary source of information on

the incidence and prevalence of substance use and related conditions, including co-occurring mental illness, among civilian, non-institutionalized population 12 and older. Some recent accomplishments of National Survey on Drug Use and Health include establishing Restricted Use Data Access Program for SAMHSA staff and contractors; initiation of National Survey on Drug Use and Health redesign activities; and the publication of several reports including the Analytic Report on Underage Drinking, the 2005-6 State Report, the 2004-6 Sub-state Report, and the 2007 National Findings Report (September 2008).

OAS is moving forward to carry out a comprehensive re-design of the National Survey on Drug Use and Health and plans to extend the current contract to 2012 with an option year for 2013. SAMHSA will maintain the current design and trends during the redesign period. The result of the redesign activity will be several different options for future surveys. SAMHSA will work toward identification of these redesign options and their respective costs, using the best available information to inform the FY 2011 budget request, which will support the first year of a multi-year plan to support the 2013 and subsequent surveys.

OAS also manages the Drug Abuse Service Information System which is the primary source of national data on the services available for substance abuse treatment and the characteristics of individuals admitted to treatment. It includes the Inventory of Substance Abuse Treatment Services; the National Survey of Substance Abuse Treatment Services, and the Treatment Episode Data Set. Some of the major accomplishments of the Drug Abuse Service Information System include the updating of the on-line Substance Abuse Treatment Facility Locator which receives thousands of hits each year; the release of the National Survey of Substance Abuse Treatment Services and the Treatment Episode Data Set public use data files; the pre-population of the 2008 SAPT Block Grant performance measurement tables with National Outcome Measures data; the Treatment Episode Data Set Quick Statistics web page; and several analytic reports including several Treatment Episode Data Set reports (1995-2005 Trends Report, 2006 Highlights, and the 2005 Discharge Report).

The Drug Abuse Service Information System contract will continue to provide high quality data on substance abuse treatment. The contract will support improvements to the treatment services locator and the Drug Abuse Service Information System website, as well as updates to the questionnaire content and data systems updates. The contract also supports the infrastructure for optional tasks including unique analyses on treatment outcomes and services and questionnaire development for collaborative studies with the Department of Justice.

Another important public health data contract managed by OAS is the Drug Abuse Warning Network which is a national surveillance system that monitors drug-related emergency department visits and deaths investigated by medical examiners and coroners. Accomplishments include the Drug Abuse Warning Network 2006: National Estimates of Drug-Related Emergency Department Visits and the Drug Abuse Warning Network, 2004: Area Profiles of Drug-Related Mortality publications. In FY 2009, OAS will be increasing the Analytic and Operational contracts for one-year to address transition costs between the current and new contracts implemented in FY 2009.

OAS also managed the State Outcomes Measurement and Management System Central Services contract, which provides technical assistance to the states to develop their capacity to improve reporting of performance measures and assists in the standardization of the performance domains. Some of the key accomplishments in the past year include the completion of 13 Technical Assistance subcontracts on information technology; the planning and implementation of three Technical Assistance Groups (Setting Benchmarks, Efficiency

Measure, Performance Management Federal Pre-meeting); and supporting the Electronic Health Records Initiatives. FY 2008 was the last year of funding for this activity.

The National Analytic Center provides support for additional analyses and report writing on policy and practice specific topics. These reports include the National Survey on Drug Use and Health and Drug Abuse Service Information System Short Reports, lengthier Data Analytic Series Reports such as the Underage Drinking Report. The National Analytic Center also extends capacity of OAS to carry out more complex work in support of SAMHSA offices and Centers and other Federal Offices including the Office of the Surgeon General and the Office of National Drug Control Policy. In FY 2009 and FY 2010 the National Analytic Center will support additional analyses around specific health care reform topics with special attention to multiple chronic conditions. It is expected that OAS will expand its partnership with the Center for Mental Health Services to develop a more integrated approach to behavioral health data collection and analyses and the National Analytic Center contract would be one vehicle to advance this effort.

OAS is in the process of improving access and quality of data for public use including improvement in the OAS website, bringing archive data into 508 compliance, maintenance of a secure data server, and pilot-testing a secure access program for restricted data.

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
2005	$104,778,000
2006	$103,930,000
2007	$103,930,000
2008	$105,686,000
2009	$110,680,000

Budget Request

The FY 2010 President's Budget request is $110.7 million, the same level of funding as the FY 2009 Omnibus level. Within this total, funding is realigned to complete the phase-out of SOMMS State payments and increase technical assistance activities to States. Funding for one-time transition costs for DAWN is also redirected to NSDUH to address the increased costs of this national survey.

Program Management

	FY 2008 Appropriation	FY 2009 Omnibus	FY 2010 President's Budget Request	FY 2010 +/- FY 2009 Omnibus
Program Level…..	**$93,131,000**	**$100,131,000**	**$101,947,000**	**+$1,816,000**
PHS Evaluation Funds (non-add)...	*17,750,000*	*22,750,000*	*22,750,000*	*0*
(Program Management).....	497	492	492	*0*
(Block Grant Set-aside).....	47	57	57	*0*
Total, FTE.....	**544**	**549**	**549**	***0***

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

FY 2010 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.

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.

National Surveys
(Dollars in Thousands)

PHS Evaluation Funds:	FY 2008	FY 2009	FY 2010
Drug Abuse Warning Network	$16,250	$19,000	$17,000
National Analytic Center	750	0	0
NSDUH Substance Abuse	750	2,750	4,750
NSDUH Mental Health Questions	0	1,000	1,000
Total, PHS Evaluation Funds	$17,750	$22,750	$22,750

Budget Authority:	FY 2008	FY 2009	FY 2010
CDC National Health Interview Survey	$0	$2,000	$2,000
NSDUH Mental Health Questions	990	0	0
Total, PHS Evaluation Funds	$990	$2,000	$2,000

Funding History

FY	Amount	FTEs
2005	$75,806,000	511
2006	$75,989,000	524
2007	$76,714,000	528
2008	$75,381,000	544
2009	$77,381,000	549

Budget Request

The FY 2010 President's Budget request is $79.2 million, an increase of $1.8 million above an FY 2009 Omnibus level. Of the increase, $1.6 million is for civilian and Commissioned Corps pay and $0.2 million for non-pay.

Summary of Changes
(Dollars in Thousands)

Increases:	**FY10 CSB**
Built-in:	
Annualization of the 2009 civilian pay raise (3.9%)	+$566
Annualization of the 2009 Commissioned Corps pay raise (3.9%)	+52
Increase for January 2010 pay raise [1/]	+987
Increase in rental payments to GSA	+160
Subtotal, Built-in	+1,765
Program:	
Unified Financial Management System	+90
Enterprise Service System	+2
Human Resource Centers	+12
Other administrative costs	+67
Subtotal, Program	+171
Total, Increases	+1,936
Decreases:	
Built-in:	0
Subtotal, Built-in	0
Program:	
Decrease in Worker's Compensation	-120
Subtotal, Program	-120
Total, Decreases	-120
Net Change	+$1,816

Note:
1/ FY 2010 includes a 2.0% pay raise for civilian personnel and a 2.9% pay raise for military personnel.

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Saint Elizabeths Hospital
Building and Facilities

	FY 2008 Appropriation	FY 2009 Omnibus	FY 2010 President's Budget Request	FY 2010 +/- FY 2009 Omnibus
Budget Authority.....		**$772,000**	**$795,000**	**+$23,000**

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

FY 2010 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 Memorandum of Agreement, DHHS is responsible for covering the cost of actions required to remediate this contamination.

Budget Request

The FY 2010 President's Budget request is $0.795 million, an increase of $0.023 million above the FY 2009 Omnibus level. This funding increase will fully fund the current requirement for environmental remediation activities.

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Data Evaluation

	FY 2008 Appropriation	FY 2009 Omnibus	FY 2010 President's Budget Request	FY 2010 +/- FY 2009 Omnibus
Budget Authority.....	**$0**	**$2,500,000**	**$0**	**-$2,500,000**

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

FY 2010 Authorization ..... Indefinite

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

Program Description and Accomplishments

The Data Evaluation project provides for a needs assessment and evaluation of substance abuse data collection activities across the Department to improve surveillance activities and avoid duplication of effort. Several systems at the National Institutes of Health, the Centers for Disease Control and Prevention, and SAMHSA collect substance abuse data on the same populations. Many of these systems were designed more than ten years ago or more and may not reflect the current need for data to improve treatment services. The purpose of the study is to 1) review the Systems to assess possible duplication of data and 2) identify possible data collection gaps. This study will examine data collected across the Department including:

- Drug Abuse Warning Network (DAWN)
- Health Behavior in School-Aged Children (HBSC)
- Monitoring the Future (MTF)
- National Co-morbidity 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)
- National Center for Health Statistics (NCHS)

Budget Request

The FY 2010 President's Budget eliminates funding for the evaluation of substance abuse data collection activities across the Department. The Data Evaluation project was fully funded in FY 2009 as a one year activity to be used to identify possible data gaps and duplication of data and completed in 18 months. A report will be submitted to Congress in FY 2011.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration

RESOURCE SUMMARY

(Budget Authority in millions)

	FY 2008 Final	FY 2009 Enacted	FY 2010 Request
Drug Resources by Drug Control Function:			
Prevention	$564.492	$576.747	$574.367
Treatment	1,881.331	1,917.320	1,964.486
Total Drug Resources by Function	**$2,445.823**	**$2,494.067**	**$2,538.853**
Drug Resources by Budget Decision Unit /1			
PRNS Prevention	$194.120	$201.003	$198.259
Strategic Prevention Framework – State Incentive Grants (SPF-SIG) (non-add)	*103.271*	*110.003*	*110.003*
PRNS Treatment	399.844	412.342	458.056
Access to Recovery (ATR) (non-add) /2	*96.777*	*98.954*	*98.954*
Screening, Brief Intervention, Referral, and Treatment (SBIRT) (non-add)	*29.106*	*29.106*	*29.106*
Adult, Juvenile, and Family Drug Courts (non-add)	*10.132*	*23.882*	*58.882*
Prescription Drug Monitoring Program (NASPER)	0.000	2.000	2.000
Substance Abuse Prevention & Treatment Block Grant /3	1,758.728	1,778.591	1,778.591
Program Management /4	93.131	100.131	101.947
Total Drug Resources by Decision Unit	**$2,445.823**	**$2,494.067**	**$2,538.853**
Drug Resources Personnel Summary			
Total FTEs	544	549	549
Drug Resources as a Percent of Budget			
Total Agency Budget	**$3,356.329**	**$3,466.491**	**$3,525.467**
Drug Resources Percentage	72.9%	71.9%	72.0%

/1 Includes both Budget Authority and PHS Evaluation funds. PHS Evaluation Fund levels are as follows: $101.3 million in FY 2008, $110.5 million in FY 2009, and $110.5 million in FY 2010.

/2 Includes PHS evaluation funds for ATR in the amount of $1.4 million in FY 2009.

/3 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.

/4 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 - Direct Budget Authority	FY 2009	FY 2010
Direct Obligations:		
Personnel Compensation:		
Full Time Permanent (11.1)	$42,343	$43,391
Other than Full-Time Permanent (11.3)	3,391	3,475
Other Personnel Compensation (11.5)	864	886
Military Personnel Comprensation (11.7)	3,627	3,742
Special personal services payments (11.8)	137	141
Subtotal Personnel Compensation:	**50,362**	**51,635**
Civilian Personnel Benefits (12.1)	11,327	11,607
Military Personnel Benefits (12.2)	1,731	1,786
Benefits for Former Personnel (13.1)	0	0
Subtotal Pay Costs:	**63,420**	**65,028**
Travel (21.0)	1,724	1,732
Transportation of Things (22.0)	113	113
Rental Payments to GSA (23.1)	6,373	6,533
Rental Payments to Others (23.2)	1	1
Communications, Utilities and Misc. Charges (23.3)	754	755
Printing and Reproduction (24.0)	3,438	3,325
Other Contractual Services:		
Advisory and Assistance Services (25.1)	21,771	21,730
Other Services (25.2)	221,230	230,001
Other Purchases of Goods & Svc from Govt Accts (25.3)	106,406	106,819
Operation & Maintenance of Facilities (25.4)	20	20
Medical Care (25.6)	0	0
Operation and Maintenance of Equipment (25.7)	555	558
Subtotal Other Contractual Services:	**349,982**	**359,128**
Supplies and Materials (26.0)	312	314
Equipment (31.0)	347	349
Grants, Subsidies, and Contributions (41.0)	2,907,114	2,955,249
Insurance Claims & Indemnities (42.0)	1,328	1,355
Interest & Dividends (43.0)	0	0
Advance to Others (61.0)	0	0
Subtotal Non-Pay Costs	**3,271,486**	**3,328,854**
Total Budget Authority:	**$3,334,906**	**$3,393,882**

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

Salaries and Expenses- Direct Object Authority:	**FY 2009**	**FY 2010**
Personnel Compensation:		
Full Time Permanent (11.1).....	$42,343	$43,391
Other than Full-Time Permanent (11.3).....	3,391	3,475
Other Personnel Compensation (11.5).....	864	886
Military Personnel Comprensation (11.7).....	3,627	3,742
Special personal services payments (11.8).....	137	141
Subtotal Personnel Compensation:	**50,362**	**51,635**
Civilian Personnel Benefits (12.1).....	11,327	11,607
Military Personnel Benefits (12.2).....	1,731	1,786
Benefits for Former Personnel (13.1).....	0	0
Subtotal Pay Costs:	**63,420**	**65,028**
Travel (21.0).....	1,724	1,732
Transportation of Things (22.0).....	113	113
Rental Payments to Others (23.2).....	1	1
Communications, Utilities and Misc. Charges (23.3).....	754	755
Printing and Reproduction (24.0).....	3,438	3,325
Other Contractual Services:		
Advisory and Assistance Services (25.1).....	12,649	12,625
Other Services (25.2).....	217,248	225,861
Other Purchases of Goods & Svc from Govt Accts (25.3)	26,871	26,975
Operation & Maintenance of Facilities (25.4).....	20	20
Medical Care (25.6).....	0	0
Operation and Maintenance of Equipment (25.7).....	555	558
Subtotal Other Contractual Services:.....	**257,343**	**266,039**
Supplies and Materials (26.0).....	312	314
Subtotal Non-Pay Costs.....	**263,685**	**272,279**
Total, Salaries and Expenses.....	**$327,105**	**$337,307**

Substance Abuse and Mental Health Services Administration
Detail of Full Time Equivalent (FTE)

	2008 Actual Civilian	2008 Actual Military	2008 Actual Total	2009 Estimate Civilian	2009 Estimate Military	2009 Estimate Total	2010 Estimate Civilian	2010 Estimate Military	2010 Estimate Total
CMHS									
Direct:.....	80	13	93	80	13	93	80	13	93
Reimbursable:.....	15	5	20	15	5	20	15	5	20
Total:	95	18	113	95	18	113	95	18	113
CSAP									
Direct:.....	75	14	89	75	14	89	75	14	89
Reimbursable:.....	14	0	14	18	0	18	18	0	18
Total:	89	14	103	93	14	107	93	14	107
CSAT									
Direct:.....	95	11	106	95	11	106	95	11	106
Reimbursable:.....	0	0	0	0	0	0	0	0	0
Total:	95	11	106	95	11	106	95	11	106
OA									
Direct:.....	36	1	37	36	1	37	36	1	37
Reimbursable:.....	0	0	0	0	0	0	0	0	0
Total:	36	1	37	36	1	37	36	1	37
OAS									
Direct:.....	25	4	29	25	4	29	25	4	29
Reimbursable:.....	0	0	0	0	0	0	0	0	0
Total:	25	4	29	25	4	29	25	4	29
OPPB									
Direct:.....	42	2	44	42	2	44	42	2	44
Reimbursable:.....	0	0	0	0	0	0	0	0	0
Total:	42	2	44	42	2	44	42	2	44
OPS									
Direct:.....	94	2	96	94	2	96	94	2	96
Reimbursable:.....	5	0	5	5	0	5	5	0	5
Total:	99	2	101	99	2	101	99	2	101
St. Elizabeths									
Direct:.....	0	0	0	0	0	0	0	0	0
Reimbursable:.....	0	11	11	0	12	12	0	12	12
Total:	0	11	11	0	12	12	0	12	12
SAMHSA FTE Total:	**481**	**63**	**544**	**485**	**64**	**549**	**485**	**64**	**549**

Substance Abuse and Mental Health Services Administration
Detail of Positions

	2008 Actual	2009 Estimate	2010 Estimate
Executive Level I	0	0	0
Executive Level II	0	0	0
Executive Level III	0	0	0
Executive Level IV	1	1	1
Executive Level V	0	0	0
Subtotal	1	1	1
Total - Exec Level Salaries	**$145,400**	**$153,321**	**$156,387**
SES	14	15	15
Subtotal	14	15	15
Total, SES salaries	**$2,231,492**	**$2,522,353**	**$2,572,800**
GM/GS-15	73	73	73
GM/GS-14	125	127	127
GM/GS-13	136	136	136
GS-12	32	34	34
GS-11	22	22	22
GS-10	3	3	3
GS-09	25	22	22
GS-08	13	16	16
GS-07	28	21	21
GS-06	13	11	11
GS-05	3	5	5
GS-04	3	1	1
GS-03	0	1	1
GS-02	1	1	1
GS-01	0	0	0
Subtotal	477	473	473
Total, GS salaries	**$45,904,096**	**$48,168,275**	**$49,131,641**
CC-08/09	1	1	1
CC-07	0	1	1
CC-06	16	14	14
CC-05	8	14	14
CC-04	13	13	13
CC-03	7	11	11
CC-02	6	6	6
CC-01	0	0	0
Subtotal	51	60	60
Total, CC salaries	**$5,746,391**	**$5,970,449**	**$6,143,592**
Total Positions	**543**	**549**	**549**
Average ES level	ES	ES	ES
Average ES salary	$145,400	$153,321	$156,387
Average SES level	SES	SES	SES
Average SES salary	$159,392	$168,157	$171,520
Average GS grade	12.4	12.5	12.5
Average GS salary	$96,235	$101,836	$103,872
Average CC level	4.4	4.4	4.4
Average CC salaries	$112,674	$99,507	$102,393

Programs Proposed for Elimination

The following narrative provides a brief summary of each program and the rationale for its elimination in the President's 2010 Budget request. Termination of these four programs frees up approximately $18.2 million, based on FY 2009 levels.

Program Description

Mental Health PRNS– Congressional Projects (-$8.6 million)
This line funded one-time projects whose selection was incorporated into law by reference.

Substance Abuse Prevention PRNS – Congressional Projects (-$2.7 million)
This line funded one-time projects whose selection was incorporated into law by reference.

Substance Abuse Treatment PRNS – Congressional Projects (-$4.3 million)
This line funded one-time projects whose selection was incorporated into law by reference.

Data Evaluation (-$2.5 million)
The FY 2010 Budget eliminates funding for the one-time evaluation of substance abuse data surveillance systems across the government. This evaluation will be used to identify possible data gaps and duplication of data and will be completed in 18 months. A report will be submitted to Congress in FY 2011.

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FY 2010 HHS Enterprise Information Technology Fund: E-Gov Initiatives

OPDIV Allocation Statement:

SAMHSA will contribute $252,982 of its FY 2010 budget to support Department enterprise information technology initiatives as well as E-Government initiatives. Operating Division contributions are combined to create an Enterprise Information Technology (EIT) Fund that finances both the specific HHS information technology initiatives identified through the HHS Information Technology Capital Planning and Investment Control process and E-Government 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.

Of the amount specified above, $56,449.10 is allocated to support E-Government initiatives for FY 2010. This amount supports the E-Government initiatives as follows:

FY 2010 HHS Contributions to E-Gov Initiatives*	**SAMHSA**
Line of Business - Human Resources	$1,094.23
Line of Business - Grants Management	$2,420.39
Line of Business - Financial	$1,054.28
Line of Business - Budget Formulation and Execution	$701.00
Line of Business - IT Infrastructure	$1,179.20
Disaster Assistance Improvement Plan	$50,000.00
E-Gov Initiatives Total	**$56,449.10**

*The total for all HHS FY 2010 inter-agency E-Government and Line of Business contributions for the initiatives identified above, and any new development items, is not currently projected by the Federal CIO Council to increase above the FY 2009 aggregate level. Specific levels presented here are subject to change, as redistributions to meet changes in resource demands are assessed.

Prospective benefits from these initiatives are:

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.

Lines of Business-IT Infrastructure: This initiative provides the potential to leverage spending on commodity IT infrastructure to gain savings; to promote and use common, interoperable architectures that enable data sharing and data standardization; secure data interchanges; and, to grow a Federal workforce with interchangeable skills and tool sets.

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.

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

FY 2009 Omnibus Appropriation Act - H.R. 1105 (March 2009)

Fund Supportive Services Programs - SAMHSA is directed to continue to fund supportive services programs within the authority of the Programs of Regional and National Significance. The distribution of these funds between the Center for Mental Health Services (CMHS) and the Center for Substance Abuse Treatment (CSAT) is detailed later in this statement. (H.R. 1105, p.1411)

Action taken or to be taken

SAMHSA implements the congressional directive on providing assistance homeless people with substance abuse or/and mental health issues through a variety of programs. In FY 2008, SAMHSA/CSAT issued a new Request for Applications, *Development of Comprehensive Drug/Alcohol and Mental Health Treatment Systems for Persons who are Homeless (Short Title: Treatment for Homeless)*. This program expands and strengthens substance abuse treatment services for persons who are homeless and also targets part of the funds for services in supportive housing. In September 2008, SAMHSA awarded 12 grants for a total of $4.6 million in the supportive housing component of the Treatment for Homeless Program. These grants provide consumers with substance abuse treatment and recovery support services in conjunction with their long-term, community-based housing options. All of the grants awarded in FY 2008 will continue in FY 2009, and SAMHSA also plans to award another round of approximately nine new supportive housing grants for a total of $3.1 million in FY 2009.

CMHS's Services in Supportive Housing (SSH) is a grant program to support chronically homeless adults with serious mental illness or co-occurring disorders and a contract that provides technical assistance to grantees. Through direct provision or by collaborative arrangement with other providers, grantees provide the following types of care: outreach and engagement, assertive community treatment or intensive case management, support for housing retention, independent living skills, motivational interventions, crisis care, assistance in obtaining income support and entitlements, mental health treatment, and substance abuse treatment.

In addition to grants focused on services in supportive housing, SAMHSA's Treatment for Homeless Program funds the community-based public and private non-profit entities that provide comprehensive drug, alcohol and mental health treatment services for persons in the community who are homeless. Grantees support implementation of mental health and substance abuse services that have a strong evidence-base for effectiveness. Services provided by grantees include: substance abuse prevention and treatment and/or mental health services, outreach to expand access to treatment services to underserved populations and purchasing or providing direct treatment services for populations at risk. Treatment for Homeless Program outcomes for 6-month period in 2008 include a 216 percent increase in persons with a permanent place to live in the community, 129 percent increase in employment or attending school, and 53 percent increased abstinence (did not use alcohol or illegal drugs in past month).

CMHS also funds the Projects for Assistance in Transition from Homelessness (PATH) formulary grants to States and Territories, which supports the delivery of services to individuals

who are homeless or imminent risk of becoming homeless who have serious mental illness and those with co-occurring substance abuse disorders. The PATH program provides grants to 56 States and U.S. Territories, with FY 2009 funding of 59.7 million. The program has a particular emphasis on persons most in need of services and on services which are not supported by mainstream mental health programs. Some of types of services offered are: outreach, screening and diagnostic, habilitation and rehabilitation, community mental health, alcohol or drug treatment, and case management. Grant funds help link hard-to-reach persons who are homeless with mental health and substance abuse treatment and housing services.

Programs of Regional and National Significance - SAMHSA is strongly urged to give preference to applicants with prior experience in the NeTSI, as well as extensive experience in the field of trauma related mental disorders in children, youth and families, especially in the areas of child abuse and residential treatment settings. SAMHSA should also pay special attention to the role of resiliency in recovery from trauma. (H.R. 1105, p.1412)

Action taken or to be taken
In FY 2009, SAMHSA continues to seek highly qualified applicants for the National Child Traumatic Stress Network (NCTSN) through the award of a new cohort of grants. The NCTSN consists of organizations working to address the complex issue of child traumatic stress resulting from natural and man-made disasters, school crises and domestic violence. Requirements and priorities in SAMHSA's request for grant applications are consistent with the FY 2009 Omnibus Bill which encourages SAMHSA to make awards to applicants, "with prior experience in the NCTSI, as well as extensive experience in the field of trauma-related mental disorders in children, youth and families, especially in the areas of child abuse and residential treatment settings." SAMHSA's competitive application process encourages previously funded grantees to reapply for funding under this initiative. Through the NCTSN SAMHSA will pay special attention to the role of resiliency in recovery from trauma.

Community Mental Health Centers - SAMHSA is urged to issue one or more competitive awards to national entities with experience in providing training and technical assistance to these community sites in order to ensure the success of this integrated treatment model. (H.R. 1105, p.1412)

Action taken or to be taken
The high rates of early mortality and co-morbid health conditions experienced by Americans with serious mental illnesses constitute a public health crisis requiring immediate attention. The integration of primary and mental health care is imperative. In 2009, SAMHSA will fund a new grant program, Primary and Behavioral Health Care Integration, to integrate primary care and specialty medical services into community mental health centers. Community Mental Health Centers (CMHCs) were the eligible applicants for this program. Additionally, a grant program to support the provision of training and technical assistance to PBHCI grantees will also be funded in FY 2009.

SOAR Program - SAMHSA is encouraged to continue funding the SOAR program within the Programs of Regional and National Significance and to apply this approach nationally with

adequate technical assistance and to share lessons learned to assist other disadvantaged populations. (H.R. 1105, p.1412)

Action taken or to be taken

SAMHSA will be issuing a contract to increase access to Social Security disability benefits by supporting a technical assistance center that will provide training to trainers. Supplemental Security Income and Social Security Disability Insurance are disability income benefits that generally also provide either Medicaid and or Medicare health insurance. Accessing these benefits is often critical to recovery for people who are homeless with mental health problems.

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

Issues Addressed by Both House and Senate
House Appropriations Full Committee and Committee Prints and S.R. 110-410

CSAP/Programs of Regional and National Significance. - The Committee expects the Center for Substance Abuse Prevention (CSAP) to focus its prevention efforts on 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 used or reallocated for any other programs or purposes within SAMHSA. (House-p. 184/185 & Senate-p. 137)

Action taken or to be taken

SAMHSA supports States to encourage communities to implement appropriate environmental strategies with both Block Grant and Strategic Prevention Framework State Incentive Grant (SPF SIG) program funds, and provides training and Technical Assistance to States and communities to assist in implementation.

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 “train-the-trainer” sessions 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 that receiving funds from the 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 part of the State's strategic plan. The SPF SIG grantees require their sub-recipients to include environmental strategies as 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 strategies in an effort to affect population level change.

Underage Drinking Survey Results - The Committee commends SAMHSA for its support of town hall meetings on underage drinking, reiterates its request that underage drinking findings from Federal surveys be separately and prominently highlighted, and requests that examples be submitted in the fiscal year 2010 Congressional budget justification of how the Committee's directives are being accomplished. (House-p. 185 & Senate-p. 138)

Action Taken or to be taken
With the STOP Act funding and in collaboration with the Interagency Committee on the Prevention of Underage Drinking, over 1800 communities in all 50 States held town hall meetings on underage drinking prevention during 2008. Communities participating in this national effort were encouraged to use the Surgeon General's Call to Action Guide to Action for Communities, which prominently features data from Federal surveys including SAMHSA's National Survey on Drug Use and Health (NSDUH), which can be found on SAMHSA website http://www.oas.samhsa.gov/underage.cfm. In 2008, SAMHSA also released the special report based on NSDUH data: *Underage Alcohol Use: findings from the 2002-2006 National Surveys on Drug use and Health,* and has issued NSDUH short reports on specific issues related to underage drinking. In addition, SAMHSA has featured underage drinking in its annual NSDUH report, and in its report on substance use and mental health patterns in each State. The data highlights important adolescent drinking behaviors:

- Based on combined data from 2006 to 2007 NSDUH surveys, an annual average of 28.1 percent of underage drinkers (10.8 million persons aged 12 to 20) drank alcohol in the past month. By age group within the underage drinkers the rates were: 51.1 percent of those aged 18 to 20; 25.9 percent of those age 15 to 17; and 6.1 percent of those aged 12 to 14.
- Underage drinkers who drank in the past month (i.e., current drinkers) obtained their last alcohol drink as follows: 30.6 percent paid for the last alcoholic drink, 26.4 percent got it for free from a non-relative of legal drinking age, 14.6 percent got it for free from another underage person, 5.9 percent got it from a parent or guardian, and 8.5 percent got it from another relative who was of legal drinking age.
- Current underage drinkers who paid for their last drink consumed more drinks on average the last time they drank than those who did not pay for their alcohol drink (6.0 drinks vs. 3.9 drinks).

Teenage Depression and Suicide. - According to CDC, rates of suicide among adolescents and young adults in the U.S. have continued to rise since 2003. The Committee is deeply concerned by this disturbing trend and urges SAMHSA to strengthen its support of local efforts to implement mental health screening and suicide prevention programs. The Committee further urges SAMHSA to support research to determine how these practices can be best implemented at the community level, and to work with the private sector to develop methods to integrate mental health screening, assessment, prevention, and education efforts into educational and medical settings. (p.179)

Action taken or to be taken
In FY 2009, SAMHSA continues to implement and evaluate mental health screening and suicide prevention programs and to identify evidence based practices for facilitating treatment for youth at risk through the Garrett Lee Smith State and Tribal Youth Suicide Prevention and Early Intervention (GLS) program. A cross site evaluation of this program is examining the extent to which youth identified as at risk for suicide are referred and enrolled into mental health treatment. This evaluation data is made available for grantees so that the grantees can continually improve and expand their services. Final data will be available for the first cohort of grantees by FY 2010.

SAMHSA's Suicide Prevention Resource Center continues to collaborate with National Registry of Evidence Based Programs and Practices (NREPP) to identify suicide prevention programs and assist them in becoming ready for NREPP review. Of the ten suicide prevention programs currently on the NREPP registry, there are five school-based suicide prevention programs, the American Indian Life Skills Development curricula, the Signs of Suicide program, the Columbia University Teen Screen program, Care, Assess, Respond, Empower, and Coping and Support training.

In an effort to promote dissemination of these evidence-based school suicide prevention practices, SAMHSA has awarded a contract to the National Association of State Mental Health Program Directors to work in collaboration with the Suicide Prevention Resource Center to produce a school suicide prevention toolkit that will be disseminated to schools across the country in FY 2010.

Primary and Behavioral Health Care Integration. -The Committee is deeply concerned about recent reports that people with serious mental disorders served in the public mental health system die on average 25 years sooner than other Americans. Within the amounts provided for mental health Programs of Regional and National Significance, the Committee provides $7,000,000 for a new program to integrate primary care and specialty medical services in community mental health centers and other community-based behavioral health agencies. Furthermore, the Committee urges SAMHSA to issue one or more competitive awards to national entities with experience in providing training and technical assistance to these community sites in order to ensure the success of this integrated treatment model. (p. 179)

Action taken or to be taken
The high rates of early mortality and co-morbid health conditions experienced by Americans with serious mental illnesses constitute a public health crisis requiring immediate attention. The integration of primary and mental health care is imperative. In FY 2009 SAMHSA plans to issue an announcement for a new demonstration grant program to integrate primary care and specialty medical services in community mental health centers and other community-based behavioral health agencies. In addition, SAMHSA plans to issue an announcement for the provision of training and technical assistance to grantees.

In addition, in September 2007, SAMHSA convened a National Wellness Summit for People with Mental Illness which included participants representing federal and state officials, providers, consumers, researchers and interested other parties to address this issue and develop a strategic response. At the event, the "10 by 10 Campaign" was launched as a public/private initiative designed to reduce early mortality by 10 years over the next 10 year time period. Over the past year, a centralized web resource was established (www.bu.edu/cpr/resources/well-summit) to provide information on approaches to lessen early mortality and promote wellness.

SAMHSA has also provided leadership to the Primary Care/Mental Health Integration Workgroup which is a priority subgroup of the Federal partner Senior Workgroup on Mental Health Transformation. The Integration Workgroup is composed of 14 different federal agencies, has produced a compendium of federal integration efforts, and in November 2008,

convened a national conference of community-based providers and others to implement strategies to promote integrated care.

Project LAUNCH Wellness Initiative. - Last year, Congress provided initial funding for a program to promote the physical, emotional, social, and behavioral health of young children, birth to 8 years of age. The Committee is excited about the possibilities this program offers in combining the needs for primary care, mental health, and substance abuse services. The announcement for these grants was issued in March and the Committee is particularly interested in how SAMHSA has incorporated programs administered by other agencies, such as the Health Resources and Services Administration and the Administration on Children and Families, into the effort. This coordinated effort to address physical, emotional, social, and behavioral health is a prime example of the implementation of a public health model to address the health needs of the American population. (p. 179)

Programs of Regional and National Significance. - As part of taking a public health approach to mental health promotion and prevention, the Committee recommends $20,369,000 for the Project Launch program. This is an increase of $13,000,000 over last year's level. The administration proposed to eliminate this program, which promotes the emotional, physical and emotional wellness of young children from birth to 8 years of age. Grantees must create an integrated early childhood system that includes physical, mental and behavioral health, as well as education, substance abuse and social service components. The Committee urges SAMHSA to continue collaboration with HRSA and CDC on this program. (p. 130)

Action taken or to be taken

In FY 2008, SAMHSA issued the announcement for Project LAUNCH to address this need. In response to the Request for Proposal, SAMHSA received a strong response from the field, and awarded six grants (Rhode Island, Washington, New Mexico, Arizona, Maine, and Red Cliff Band of Lake Superior Chippewa) to create integrated early childhood systems and promote the wellness of young children ages birth through eight. In FY 2009, SAMHSA will award additional 12 new awards with total funding of $20 million to communities that promote the physical and emotional wellness of young children through the development of Federal, State, Territorial, tribal and locally-based networks for the coordination of key child-serving systems and the integration of behavioral and physical health services.

SAMHSA will continue collaboration with Health Resources and Services Administration (HRSA) and Centers for Disease Control and Prevention (CDC) on the Project LAUNCH program. SAMHSA has built interagency partnerships at all levels of government including non-HHS federal partners, HRSA, CDC, and Administration for Children and Families (ACF). ACF is also managing the program's cross-site evaluation through an intra-agency agreement. Several partner agencies are exploring avenues for further coordination of technical assistance and evaluation efforts. Of the six Project LAUNCH grants awarded in FY 2008, five went to Maternal and Child Health Agencies enabling who also are HRSA's grantees so they can build on the work done through HRSA's Early Child Comprehensive Systems grant program, and ensuring the integration of the Project LAUNCH approach in primary care and public health systems. The sixth grant awarded to the Red Cliff Band of Lake Superior Chippewa in Bayfield,

Wisconsin, is using Project LAUNCH's prevention-focused public health approach to enhance child wellness within a tribal framework.

Project LAUNCH grantees are creating Coordinating Councils to develop policies and enhance local programs that improve the delivery of care to young children and their families and promote health and wellness. These Councils include representatives from primary care, mental health, child welfare, substance abuse prevention, and education arenas.

National Outcome Measures (NOMs). - The Committee remains aware of the collaborative work by SAMHSA and State substance abuse directors to implement outcomes data collection and reporting through the NOMs initiative. The Committee is pleased to know that States continue to make progress in reporting NOMs data through the SAPT Block Grant. According to SAMHSA, approximately 47 States voluntarily reported substance abuse outcome data in 2007. State substance abuse agencies reported significant results in a number of areas including abstinence from alcohol and illegal drug use; criminal justice involvement; employment; and stable housing. The Committee encourages SAMHSA to continue working with the State substance abuse agencies in order to continue to help States address technical issues and promote State to State problem-solving solutions. (p. 184)

Action taken or to be taken

Through grants and contracts at the Center for Substance Abuse Treatment, Center for Substance Abuse Prevention, and the Office of Applied Studies, SAMHSA engages States in on-going and extensive collaborative planning and implementation of National Outcome Measures data. In FY 2007 CSAT awarded a three year grant to the National Association of State Alcohol and Drug Abuse Directors to further consensus development of the National Outcome Measures and facilitate State to State technical assistance. In FY 2008, the Uniform Block Grant Application was revised to require National Outcome Measures reporting; and, to reduce respondent burden, these data are pre-populated into the application of those States reporting through the Drug and Alcohol Information System contract of the Office of Applied Studies. States receive financial support for collecting treatment data through the Drug and Alcohol Information System contract and for collecting prevention data through CSAP's State Epidemiology and Outcome Workgroup program. Prevention outcome data collected through the OAS National Survey on Drug Use and Health are also provided to the States. After several years of supporting technical assistance for information technology planning and design provided through the OAS State Outcome Measurement and Management Central Services, the contract will come to a close in FY 2009. Continued work on data standards for National Outcome Measures will be supported through other on-going contracts.

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

FY 2009 House Appropriation Committee Report Language

Hispanic Youth and Suicide Risk. - Suicide risk remains a serious public health concern for Hispanic youth in the U.S. Limited access to mental health services compounds this problem, given the number of Hispanic youth suffering from a mental illness. The Committee encourages SAMHSA to develop a demonstration project that will illustrate whether the early identification of at risk adolescents leads to increased proportions of referrals for mental health treatment among Hispanic adolescents. (p. 178)

Action taken or to be taken

Preliminary data from the Garrett Lee Smith Youth Suicide Prevention program indicated that more than 84 percent of Hispanic youth screened were found to be at risk for suicide and were referred for mental health services. More than 83 percent were confirmed to have received at least one initial mental health service. These percentages are comparable for non-Hispanic youth in the program. SAMHSA will further analyze this evaluation data, and work with grantees to implement programmatic improvements so that all youth at risk continue to seek treatment.

SAMHSA's National Registry of Evidence Based Programs and Practices program includes a hospital Emergency Department-based youth suicide intervention that was developed for use with Hispanic youth and families, which will be eligible for Garrett Lee Smith funding. Additionally, the National Suicide Prevention Lifeline has a Spanish network of crisis centers with 24 hour Spanish language capacity, and has versions in Spanish of wallet cards with the warning signs for suicide. The Lifeline also provides Spanish language psycho-educational materials for persons attempting suicide treated in hospital Emergency Departments, including information for family members dealing with the issues.

SAMHSA, pending the availability of funds, is interested in supporting a demonstration program that will illustrate whether the early identification of at risk adolescents leads to increased proportions of referrals for mental health treatment among Hispanic adolescents.

Minority Fellowship Program. - The Committee recognizes that professional counselors are highly trained and well qualified mental health providers who deliver culturally appropriate behavioral health services to diverse populations through the public and private sectors. The Committee urges SAMHSA to increase the pool of culturally competent mental health professionals in the U.S. by granting professional counselors eligibility to participate in the Minority Fellowship Program beginning in fiscal year 2009. (p. 178)

Action taken or to be taken

SAMHSA is committed to meeting the mental health needs of diverse populations across the Nation and recognizes the importance of having a culturally competent behavioral health workforce. Consistent with the FY 2009 Omnibus Bill, SAMHSA will implement the Minority Fellowship Program to facilitate the expanded entry of ethnic minority students into mental health careers and increase the number of individuals trained to teach, administer, and provide direct mental health services to ethnic minority groups.

Asian American and Pacific Islander Substance Abuse Services. - The Committee recognizes that the Asian American and Pacific Islander (AAPI) populations are one of the fastest growing groups in the U.S. The need for culturally competent substance abuse services for these populations continues to increase. The Committee urges 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 AAPI populations across the U.S. In addition, the Committee urges SAMHSA to make available substance abuse prevalence data aggregated by States and Pacific Island jurisdictions to evaluate whether AAPI rates have been reduced by the stated goal of 10 percent in two years and 25 percent in five years. (p. 181)

Action taken or to be taken

In FY 2008, CSAT provided almost $11 million in discretionary funding to 25 grantees providing substance abuse treatment services to AA/PI populations. Six Pacific Island jurisdictions received over $2.6 million and the State of Hawaii received $7.1 million from the FY 2008 SAPT Block Grant to provide substance abuse prevention and treatment services to AA/PI clients. In addition, CSAT provided a special project supplement in the amount of $100,000 to the Northwest Frontier Addiction Technology Transfer Center to expand the range and frequency of training, technology transfer, and workforce development services to the Pacific Jurisdictions. With the special project award, the Center will conduct a treatment system assessment resulting in a description of services available in each participating jurisdiction. The Center will also conduct training for AA/PI treatment counselors in Motivational Interviewing (MI), an evidence-based practice that has been successfully implemented and adapted for use with specific populations. The Center will also conduct training for clinical supervisors to enable them to serve as ongoing coaches for the implementation of Motivational Interviewing. In addition, the Center will conduct an inventory of available distance education courses that could be accessed by substance abuse counselors working in remote and rural areas in the pacific jurisdictions, as well as across the United States that serve Asian American populations. The Center will also create and disseminate a catalogue of on-line, web-based, and correspondence courses on topics consistent with the needs of AA/PI communities. Finally, the Center will expand its workforce development efforts, especially in the Pacific Jurisdictions, consulting with community colleges in American Samoa and Palau, and with the University of Guam, to develop substance abuse-related courses and to prepare counselors in the delivery of screening and brief intervention.

SAMHSA's Office of Applied Studies collects and reports on prevalence of substance abuse and mental disorders among racial and ethnic groups, including Asian American and Pacific Islanders. Also collected is information on treatment admission by racial and ethnic status; however, this data collection is limited to the continental United States, thus, changes in prevalence in pacific jurisdictions is currently not available. Should funds be available, SAMHSA will initiate further internal studies to determine progress in meeting the AA/PI rate reduction goals.

Treatment Drug Courts. - The Committee applauds SAMHSA for using the grant application process to require successful applicants for drug treatment courts to demonstrate extensive evidence of consultation and collaboration with the corresponding State substance abuse

agency in the planning, implementation, and evaluation of the grant. The Committee urges SAMHSA to continue the policy of requiring grantees to work directly with State substance abuse agencies on all aspects of the grant in order to help promote effective and efficient State service systems. (p. 183)

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 will include language in all new Treatment Drug Courts Request for Applications (RFAs), including the approximately $12 million that will be awarded to 40 communities in new drug court grants in 2009, which requires applicants to demonstrate evidence of direct and extensive consultation and collaboration with the corresponding Single State Agency in the planning, implementation, and evaluation of the proposed project. Demonstrated evidence of this collaboration must be supported by a letter from the agency Director or designated representative substantiating the agency's involvement, and submitted with the grant application.

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

FY 2009 Senate Appropriation Committee Report Language (S.R. 110-410)

Mental Health. - The Committee is aware that the National Academy of Sciences is reviewing key advances in research relating to the prevention of mental health and substance abuse disorders among children, adolescents, and adults. The Committee looks forward to the release of the study, which will recommend priorities for future policies and strategies. The administration is encouraged to incorporate these recommendations into SAMHSA's fiscal year 2010 budget request. (p. 129)

Action taken or to be taken

Mental health and substance use disorders among children, youth, and young adults pose major health threats that often carry over into adulthood. Prevention practices that can mitigate the onset or severity of the disorders are gaining interest and have emerged in a variety of settings, including programs for at-risk populations, school-based and primary care interventions, and community services addressing various needs and populations.

In March 2009, the IOM released the report, *Preventing Mental, Emotional and Behavioral Disorders Among Young People: Progress and Possibilities*. The report highlighted areas of research using a developmental framework across the life span and emphasized prevention and promotion opportunities for mitigating the onset or severity of mental health and substance use disorders among children, youth, and young adults.

Recommendations for future Federal policies and programs to strengthen a developmental approach to prevention research and the use of evidence-based prevention programs to address youth mental health needs were outlined in the report. These suggestions are incorporated into SAMHSA's FY 2010 budget planning and formulation process by requesting more resources into Children's Mental Health program and new funding for services to protect methamphetamine's youngest victims, as well as set the stage for the future as interest continues to grow in improving the rigor and effectiveness of preventive interventions.

Programs of Regional and National Significance. - The Committee is pleased with SAMHSA's collaboration with the Administration for Children and Families (ACF), especially with regard to that agency's home visitation initiative. The Committee strongly urges SAMHSA to explore further areas of collaboration that will strengthen families and promote child well-being. One possible area of collaboration is ACF's Child and Family Services Reviews under the child welfare program. (p. 130)

Action taken or to be taken

SAMHSA has been working with the Administration on Children, Youth and Families (ACYF), Office on Child Abuse and Neglect, Children's Bureau, since the passage of the Adoption and Safe Families Act in 1998. Initial work included co-authorship with HHS and ACYF of the Report to Congress, "Blending Perspectives and Building Common Ground," which called for greater collaboration among child welfare and substance abuse agencies.

Given the importance of the Child and Family Service Review process to the improvement of child welfare practice in the States, SAMHSA developed a Webinar and training package to

educate State Alcohol and Drug Abuse Agencies about the Child and Family Service Review process. The goal of the training was to provide information that these agencies would need to be able to partner more readily with Child Welfare agencies in their States on the Child and Family Service Review.

In May 2008, SAMHSA met with ACYF to discuss strategies for expanding the collaboration around the Child and Family Services Reviews. A workgroup was created out of this meeting and follow-up activities were identified. In November, State Alcohol and Drug, Mental Health, Children's Mental Health, and Child Welfare Directors were provided a letter from ACYF and SAMHSA leadership stressing the importance of cross-agency collaboration on the CFSR. Recipients were offered free technical assistance from the National Center on Substance Abuse and Child Welfare, as well as the National Technical Assistance Center for Children's Mental Health within the Georgetown University Center for Child and Human Development, to strengthen collaborative efforts to improve outcomes for children and families. We anticipate that many State agencies will take advantage of the offer for assistance, and especially those that are participating in a Child and Family Service Review in 2009.

NCTSI Grants. - With respect to NCTSI grants, the Committee strongly urges SAMHSA to give preference to applicants with prior experience in the NCTSN, as well as extensive experience in the field of trauma related mental disorders in children, youth, and families, especially in the areas of child abuse (physical, sexual, and neglect), and residential treatment settings. In soliciting grant applications, SAMHSA should also pay special attention to the role of resiliency in recovery from trauma. (p. 130/131)

Action taken or to be taken
In FY 2009, SAMHSA continues to seek highly qualified applicants for the National Child Traumatic Stress Network (NCTSN) through the award of a new cohort of grants. The NCTSN consists of organizations working to address the complex issue of child traumatic stress resulting from natural and man-made disasters, school crises and domestic violence. Requirements and priorities in SAMHSA's request for grant applications are consistent with the FY 2009 Omnibus Bill which encourages SAMHSA to make awards to applicants, "with prior experience in the NCTSI, as well as extensive experience in the field of trauma-related mental disorders in children, youth and families, especially in the areas of child abuse and residential treatment settings." SAMHSA's competitive application process encourages previously funded grantees to reapply for funding under this initiative. Through the NCTSN SAMHSA will pay special attention to the role of resiliency in recovery from trauma.

Disaster Mental Health. - The Committee recognizes the significant impact that natural and human-made disasters can have on mental and behavioral health. The Committee encourages the Emergency Mental Health and Traumatic Stress Services Branch to continue its collaboration with the Federal Emergency Management Agency (FEMA) in order to increase attention to the mental and behavioral health needs of vulnerable populations during and in the aftermath of a disaster. (p. 131)

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 referring, when appropriate, vulnerable populations, such as children, frail elderly, recent immigrants and individuals with serious mental illness or addiction disorders.

SAMHSA staffers have also provided consultation to the Centers for Medicare and Medicaid Services 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 has 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.

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. The Committee encourages increased support for communities to assist 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. 132)

Action taken or to be taken
In FY 2009, SAMHSA will continue to fund 10 grants with total of $4.1 million in nine States, under its Older Adults Mental Health Targeted Capacity Expansion program. The goal of each of the projects is to adapt best practices to diverse populations of older adults. Through the mental health systems transformation agenda, SAMHSA will continue to increase opportunities for disseminating information on mental health outreach, treatment and prevention services for at risk older adults by promoting a lifespan approach.

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 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. 133)

Action taken or to be taken
The FY 2008 Community Mental Health Block Grant Plan Guidance included a requirement for States to describe how the service needs of older adults would be addressed. This reporting requirement was also included in the FY 2009 – FY 2011 Guidance which was approved by OMB in August 2008. States have submitted a description of the activities related to serving

this population in their FY 2008 and FY 2009 Plans. 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 to States.

SBIRT Program. - The Committee has not provided the administration's requested increase for the SBIRT program. This grant program promotes the integration of screening and brief interventions in primary and general medical care settings with a goal of identifying patients in need of treatment and providing them with appropriate intervention and treatment options. The Committee recommendation also does not include the administration's requested increase for criminal justice activities, including treatment drug court grants. The Committee expects SAMHSA to continue its policy of requiring grantees to work directly with State substance abuse agencies on all aspects of the grant in order to help promote effective and efficient State service systems. (p. 134)

Action taken or to be taken
The FY 2009 funding for SBIRT activities will support all SBIRT State grant continuations and also the eleven new SBIRT grants awarded in FY 2008 to medical residency training programs. The SBIRT State grants are awarded directly to the Office of the Governor, and they traditionally designate the Single State Agency to oversee all aspects of the program. This satisfies the Committee's expectation that the grantees work directly with the State substance abuse agencies.

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 will include language in all new Treatment Drug Courts Request for Applications including the approximately $12 million that will be awarded in new drug court grants in FY 2009, which requires applicants to demonstrate evidence of direct and extensive consultation and collaboration with the corresponding Single State Agency in the planning, implementation, and evaluation of the proposed project. Demonstrated evidence of this collaboration must be supported by a letter from the agency Director or designated representative substantiating the agency's involvement, and submitted with the grant application.

Individuals with Disabilities. - The Committee is concerned that individuals with a substance use disorder and a coexisting disability are not receiving appropriate psychological intervention for substance abuse. Individuals with disabilities experience substance abuse rates at two-to-four times higher than the general population. The Committee acknowledges the efforts of SAMHSA to address the mental and behavioral health needs of individuals with disabilities and encourages increased support for research and treatment efforts that specifically address co-morbid physical, psychological and neuropsychological disabilities and substance abuse, including early detection, prevention, access to care, and its impact upon rehabilitation, work and family for persons with disabilities. (p. 135)

Action taken or to be taken

SAMHSA's Co-occurring State Incentive Grants program was designed to develop and enhance the infrastructure of States, Tribes and Tribal organizations, and their treatment service systems in order to increase their capacity to provide services to persons with co-occurring substance abuse and mental disorders and to their families. These grants seek to help recipients provide services that are accessible, effective, comprehensive, coordinated/integrated, and evidence-based. Additionally, the Co-Occurring Center for Excellence, launched by SAMHSA in September 2003, is the first national resource for the field of co-occurring mental health and substance use disorders. The Center for Excellence seeks to guide and impact services, programs, and policies in the related field, create a culture where science and service are seen as equal partners, and most importantly, make a difference in the lives of persons with co-occurring disorders and their families, friend, and significant others. For more resources on co-occurring disorders, see the Center for Excellence Web site at: http://coce.samhsa.gov/.

One population group that SAMHSA has begun providing priority co-occurring behavioral health and substance abuse treatment services to is returning veterans. As of 2008, approximately 1.65 million American troops have been deployed to Iraq and Afghanistan, and more than one-third have served two or more tours of duty. Improvised explosive devices have caused many traumatic brain injuries to American troops. These critical injuries place individuals at increased risk for substance use disorders and require months or even years of long-term treatment and follow-up medical support, and have had a dramatic impact on the national's health care delivery system. Of similar importance, deployment stressors and exposure to combat have resulted in considerable risks for many other mental health problems, including Post Traumatic Stress Disorder, major depression, substance abuse, impairments in social functioning and ability to work as well as the increased use of other health care services. Since National Guard and Reserve forces account for a high proportion of troops in the war zones, it is likely that many of them may seek community-based services after their return, as not all national guardsmen or reservist veterans will be eligible for care, or, if eligible may not find it convenient to access care, at Department of Defense or Department of Veteran Affairs facilities. Recognizing this situation, CSAT has begun to include veterans as a targeted population in future treatment services grant announcements, as well as leveraging some of its existing resources to support substance abuse treatment needs of this population. For example, CSAT makes every effort to supporting a recovery oriented system of care approach that offers a comprehensive menu of services and supports, such as alcohol/drug prevention and treatment services and be combined and readily adjusted to meet the individual's needs and chosen pathway to recovery.

CSAT's Addiction Technology Transfer Centers have provided recovery oriented system of care training to substance abuse treatment providers, promoting effective treatment services for many population groups, including returning veterans and their families. CSAT promotes the following webpage links for publications and additional information addressing disabilities, co-occurring disorders, and veteran's services:

Disabilities: http://ncadistore.samhsa.gov/catalog/results.aspx?h=drugs&topic=21
Co-Occurring Disorders: http://ncadistore.samhsa.gov/catalog/results.aspx?h=drugs&topic=47
CSAT Webcast - Recovery and the Military: Treating Veterans and Their Families:

http://www.recoverymonth.gov/2006/multimedia/w.aspx?ID=470
CSAT Webcast - Addiction and PTSD: Combating Co-occurring Disorders:
http://www.recoverymonth.gov/2008/multimedia/w.aspx?ID=500

Screening Persons with HIV. - According to the HIV Cost and Services Utilization Study [HCSUS], almost one-half of persons with HIV/AIDS screened positive for illicit drug use or a mental disorder, including depression and anxiety disorder. Unfortunately, health care providers fail to notice mental disorders and substance use problems in almost one-half of patients with HIV/AIDS. 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. 135/136)

Action taken or to be taken
SAMHSA has collaborated with HRSA to train health care providers to screen HIV/AIDS patients for mental health and substance use problems, and will continue this collaboration in the future. HRSA includes information about SAMHSA-sponsored mental health and substance abuse treatment 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 and services integration for mental health treatment and specialty care for persons with HIV/AIDS. SAMHSA/CSAT's FY 2008 Targeted Capacity Expansion Program for HIV (TCE-HIV) requires applicants screen, refer and/or treat individuals with either or both substance use and mental health disorders.

Recent GPRA data (from intake to 6-month follow-up) show that TCE-HIV programs are effective in reducing substance use (-44.2 percent) and mental health symptoms including serious depression (-24.3 percent); serious anxiety or tension (-3 percent); hallucinations (-28.8 percent); trouble understanding, concentrating, or remembering (-28.3 percent); trouble controlling violent behavior (-28.5 percent); attempted suicide (-52.9 percent); and prescriptions for psychological or emotional problem (- 5 percent).

Strategic Prevention Framework State Incentive Grant [SPF SIG] Program. - The Committee is concerned that progress on awarding every State with a SPF SIG grant has been delayed given that no new grants have been awarded since fiscal year 2006. For this reason SAMHSA is strongly urged to maintain the average grant award at the level of the most recent cohort of SPF SIG recipients. The Committee continues to recognize 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. 137)

Action taken or to be taken
Since the launch of SPF SIG program, a total of 42 SPF SIG grants have been awarded to 34 States, three Territories and five Tribes/Tribal Organizations. In FY 2009, SAMHSA proposes to award another 25 new grants with average grant award at the level of the most recent cohort.

SAMHSA will continue to allow each State to tailor prevention strategies under the SPF SIG program. 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 and/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.

Centers for the Application of Prevention Technologies [CAPTs]. - The Committee provides funding at no less than last year's level for the Centers for the Application of Prevention Technologies [CAPTs]. The Committee strongly supports the current CAPTs program given their important role working with State substance abuse agencies, prevention specialists and others to translate the latest prevention science into everyday practice. The Committee is concerned that any proposal to change the CAPT structure would negatively affect the ability of these customers to receive technical assistance that reflect State and local needs. The Committee urges SAMHSA to ensure that any changes to the CAPTs will reflect stakeholder input, as well as maintain State-specific substance abuse prevention expertise. (p. 137)

Action taken or to be taken

SAMHSA, through the Center for Substance Abuse Prevention, 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.

SAMHSA is committed to a CAPT structure based on five regions. Each region utilizes highly qualified and experienced staff and consultants to have established professional relationships with the States, Jurisdictions and/or Tribes within their Region. Collectively, members of the CAPT regional teams are expected to demonstrate the diversity of expertise, prevention science knowledge and skill sets needed to assess and respond effectively to the unique technical assistance and training needs of States, communities and CSAP discretionary grantees located within each region.

To assure opportunities for meaningful and ongoing stakeholder input, three meetings are held annually within each CAPT region, with three representatives from each State, Jurisdiction and/or Tribal entity located in the region.