DEPARTMENT of HEALTH and HUMAN SERVICES

Fiscal Year 2007

Substance Abuse and Mental Health Services Administration

Justification of Estimates for Appropriations Committees

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 Services Administration's (SAMHSA) fiscal year (FY) 2007 Congressional Justification. Consistent with the Secretary's policy guidance, this budget request continues support for the President's and Secretary's priority initiatives and reflects the goals and objectives in the Department's FY 2005-2010 Strategic Plan. In addition, the Program Assessment Rating Tool process continues to be a critical tool for evaluating program effectiveness and developing budget and legislative strategies.

This justification includes the FY 2007 Annual Performance Plan and FY 2005 Annual Performance Report as required by the Government Performance and Results Act of 1993 (GPRA) along with a more direct link of the budget discussion with program performance. Performance measurement and reporting at SAMHSA provide a comprehensive set of measures and outcomes in twenty two major areas offering results-oriented information that enables SAMHSA to share with stakeholders its progress toward achieving three strategic goals:

- Accountability: Measure and report program performance
- Capacity: Increase service availability
- Effectiveness: Improve service quality

The FY 2007 President's Budget proposes to promote two important initiatives for substance abuse treatment and mental health transformation. The Access to Recovery (ATR) Program will provide incentives to States, territories and tribal organizations to expand voucher systems under the Substance Abuse Prevention and Treatment Block Grant. Also, ATR will include a new Methamphetamine voucher program. The budget proposes to reform the Community Mental Health Services Block Grant Program so amounts above the minimum State allotment will be used for transformation activities as outlined in the President's Commission Report on Mental Health Services.

SAMHSA's FY 2007 budget request represents our efforts to sustain the important initiatives put forth in recent years within the challenging budgetary constraints of today.

Charles G. Curie, M.A., A.C.S.W.
Administrator

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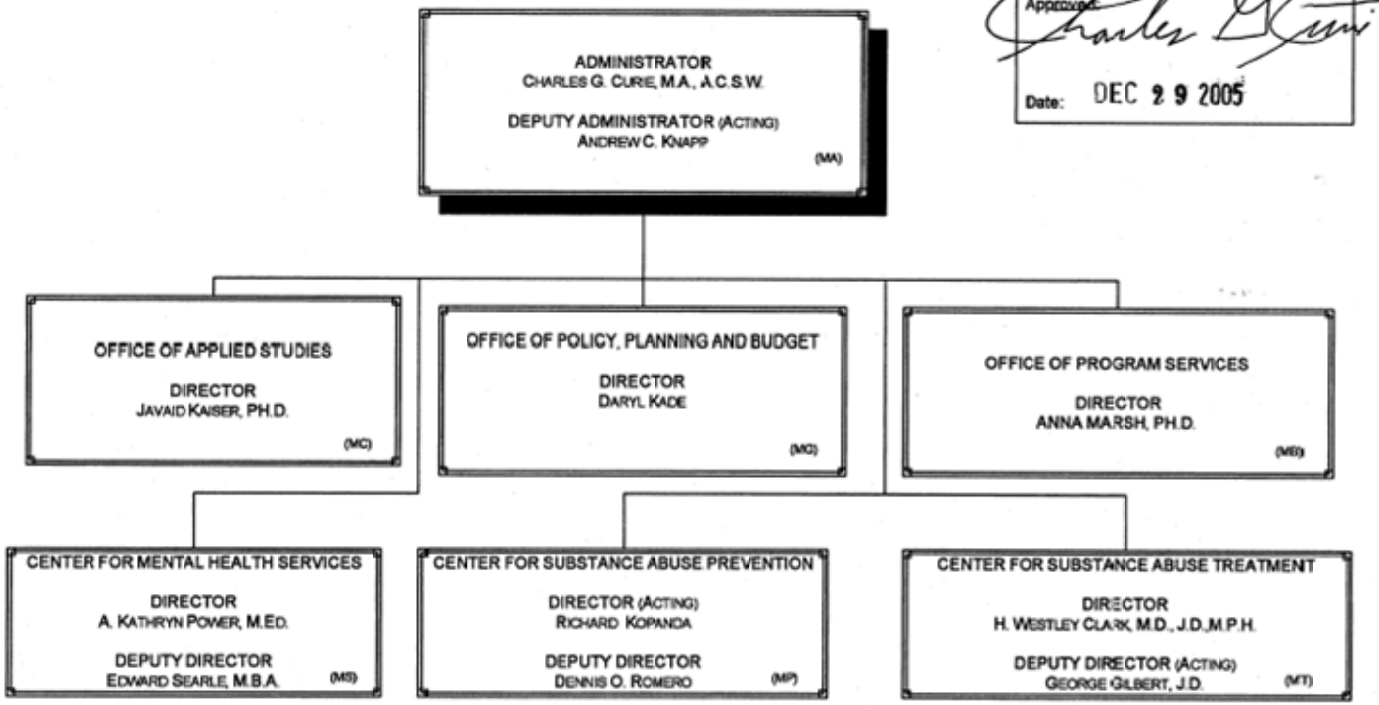
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Approved:

Date: DEC 29 2005



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Substance Abuse and Mental Health Services Administration
Performance Budget Overview

Mission Statement - SAMHSA's vision as an agency of the Federal Government is "A Life in the Community for Everyone." SAMHSA's mission is to build resilience and facilitate recovery for people with or at risk for substance abuse and mental illness.

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). Reauthorization for SAMHSA and its programs will be considered in the next Congressional session.

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.

Strategic Plan - SAMHSA has developed a draft strategic plan which has been distributed for public comment. Agency goals are Accountability, Capacity, and Effectiveness. A chart showing the vision, mission, goals and objectives may be found at the end of this section. Pending HHS approval, SAMHSA intends to issue the new strategic plan in 2006. The performance budget submission is aligned with the three goals.

SAMHSA's matrix of program priorities and cross-cutting principles, which implements the strategic plan, has guided the agency's daily operations and overall program and management decisions for the past several years. The program categories used in the performance budget submission align with the matrix. SAMHSA plans to review and update the matrix categories during 2006. The current matrix is included at the end of this section. Two-year action plans for each program priority area are displayed on the agency's web site.

SAMHSA's planning and budget decisions also emphasize alignment with HHS goals. All of SAMHSA's activities directly support the Secretary's 500-Day and 5,000-Day plans, HHS strategic objectives 1.4, 1.5, and 3.5, and all management objectives.

SAMHSA STRATEGIC PLAN

VISION
A Life in the Community for Everyone

MISSION
Building Resilience and Facilitating Recovery

ACCOUNTABILITY

Measure and report program performance

- Track national trends
- Establish measurement and reporting systems
- Develop and promote standards to monitor service systems
- Achieve excellence in management practices

CAPACITY

Increase service availability

- Assess resources and needs
- Support service expansion
- Improve services organization and financing
- Recruit, educate, and retain workforce
- Create interlocking systems of care
- Promote appropriate assessment and referral

EFFECTIVENESS

Improve service quality

- Assess service delivery practices
- Identify and promote evidence-based approaches
- Implement and evaluate innovative services
- Provide workforce training and education

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	SAMHSA Strategic Goals		
	Accountability: Measure and report program performance	**Capacity:** Increase service availability	**Effectiveness:** Improve service quality
HHS Strategic Goals			
1: Reduce the major threats to the health and well-being of Americans.	x	x	x
2: Enhance the ability of the Nation's health care system to effectively respond to bioterrorism and other public health challenges.			
3: Increase the percentage of the Nation's children and adults who have access to health care services, and expand consumer choices.	x	x	x
4: Enhance the capacity and productivity of the Nation's health science research enterprise.			
5. Improve the quality of health care services.			
6: Improve the economic and social well-being of individuals, families, and communities, especially those most in need.			
7: Improve the stability and healthy development of our Nation's children and youth			
8: Achieve excellence in management practices.			

Overview of Performance

SAMHSA organizes its GPRA goals around agency-wide strategic goals. The primary goal of the program or activity is shown in the program performance tables in the Performance Detail section. Increasingly, SAMHSA is implementing performance measures across all agency programs with similar purposes, rather than using program, activity, or Center-specific measures.

SAMHSA and the States have agreed on a set of National Outcome Measures. Beginning in FY 2005, SAMHSA initiated the State Outcomes Measurement and Management System to support expansion of current State data collection efforts to meet the requirements of the agreed-upon National Outcome Measures. Through this new system, SAMHSA, in partnership with the States, will:

- Standardize operational definitions and outcomes measures and link records to support pre-and post-service comparisons.
- Develop benchmarking strategies to determine acceptable levels of outcomes.
- Produce routine management reports to direct technical assistance and science-to-services program to implement interventions designed to result in improved outcomes.

- Achieve full State reporting by the end of FY 2007. In the interim, each year more States will report using standard definitions until all States are reporting all of the National Outcome Measures.

SAMHSA's performance goals and targets are reported for 22 major programs and activities, generally those with $10 million of funding or more. Detailed performance tables are reported for each of those 20 programs and activities. For Programs of Regional and National Significance, major activities such as the Strategic Prevention State Incentive Grants and Access to Recovery are reported individually; smaller activities are reported in aggregate. Fifty-five percent of measures have reported data for FY 2005; the remaining measures are subject to unavoidable data lags. For FY 2004, for which data reporting is nearly complete (94%), SAMHSA met or exceeded 70% of its targets. SAMHSA will continue to streamline data collection and reporting as the National Outcome Measures are implemented.

The CMHS Programs of Regional and National Significance and the Protection and Advocacy Program underwent PART reviews for the FY 2007 budget year. These were the last two SAMHSA programs to be reviewed. Final measures for those programs have been included in the FY 2007 Congressional Justification. Measures are in place for all other SAMHSA programs, which already have undergone a PART review. Full cost information is reported in a summary table, in the Supplemental Information section.

Overview of Budget Request - The FY 2007 President's Budget requests $3,260,001,000, a decrease of $66,737,000 or 2 percent from the FY 2006 Appropriation. It includes a net decrease of $35,336,000 for mental health; a net decrease of $12,303,000 for substance abuse prevention; a net decrease of $23,570,000 for substance abuse treatment; and an increase of $4,472,000 for program management. The table below shows the requested changes in the budget:

Request	Amount
CMHS Programs of Regional and National Significance	- $35,162,000
Community Mental Health Services Block Grant	- 174,000
CSAP Programs of Regional and National Significance	- 12,303,000
CSAT Programs of Regional and National Significance	-23,570,000
Program Management	+ 4,472,000
Net Change	- $66,737,000

The FY 2007 budget continues the agency's focus upon two areas:

- Access to Recovery (ATR) – Continued implementation of the President's commitment and Secretary Leavitt's priority in the 500-Day plan. The program will include three components: a Voucher Incentive Program; a stand alone ATR-Methamphetamine voucher program; and funding for an evaluation of the program.

- Mental Health System Transformation – *Transforming Mental Health Care in America, The Federal Action Agenda: First Steps* was released in July 2005. The report articulates specific, actionable objectives for the initiation of a long-term

strategy designed to move the Nation's public and private mental health service delivery systems toward the day when all adults with serious mental illnesses and all children with serious emotional disturbances will live, work, learn and participate fully in their communities. This Federal Mental Health Action Agenda is the product of U.S. Department of Health and Human Services agencies and offices, along with five other Departments and the Social Security Administration. The FY 2007 President's Budget will require States to use a portion of their Community Mental Health Services Block Grant allotment for transformation activities as outlined in the *Final Report: Achieving the Promise: Transforming Mental Health Care in America.*

Further detail on each of these areas may be found in the Mental Health and Substance Abuse Treatment sections.

The budget also will provide continued support for other major programs and activities such as the Substance Abuse Prevention and Treatment Block Grant Program, the Community Mental Health Services Block Grant, Children's Mental Health Services Program, Projects for the Transition from Homelessness, Protection and Advocacy for Individuals with Mental Illness and the Strategic Prevention Framework State Incentive Grant program.

SAMHSA has renamed the two categories in the budget tables within Programs of Regional and National Significance to provide better alignment with SAMHSA's strategic plan and a clearer understanding of the activities being funded. Some of the individual program activities also have been realigned between these categories based on their purpose and consistent with their performance measures. The new categories and definitions are:

CAPACITY

Capacity activities support SAMHSA's Capacity goal, and include services programs, which provide funding to implement a service improvement using proven evidence based approaches, and infrastructure programs, which identify and implement needed systems changes.

Examples of services programs include CSAT's Targeted Capacity Expansion program, Screening, Brief Intervention, Referral and Treatment program, and Access to Recovery. CMHS examples include Post Traumatic Stress Disorder and the Suicide Hotline. Examples of infrastructure programs include CSAP's Strategic Prevention Framework State Incentive Grant program, CMHS' Mental Health Transformation State Incentive Grant program, and the CMHS/CSAT Co-occurring State Incentive Grant program.

Technical assistance and other supportive activities that are associated exclusively with a particular program normally should be included with other funds for that program. An exception is that when a policy decision has been made (e.g., with the Mental Health Transformation State Incentive Grant and certain other programs) that the entire amount appropriated will be used for grants, the technical assistance and other similar supportive funding may be consolidated in an appropriate Science to Service category.

SCIENCE TO SERVICE

Science to Service activities support SAMHSA's Effectiveness goal, and include programs that promote the identification and increase the availability of practices that have been demonstrated through research to be effective. Science to Service provides the link between activities of agencies such as the National Institutes of Health and the needs of service systems and providers for information and assistance in implementing improvements. Unlike Capacity programs, funding does not support services to clients, nor does funding support service system infrastructure change. Rather, these activities assist the field as a whole to increase effectiveness.

Examples of programs assigned to this category include broad technical assistance efforts, such as CSAP's Centers for the Advancement of Prevention Technology, CSAT's Addiction Technology Transfer Centers, and CMHS' Disaster Response activities; the SAMHSA Health Information Network; National Registry of Evidence-based Programs and Practices; and targeted technical assistance and training programs such as CSAT's HIV/AIDS Knowledge Application, the Minority Fellowship Program, and CMHS' HIV/AIDS Education Program.

PERFORMANCE MEASURES Another good indicator of the appropriate category is the program performance measures. For services programs, measures generally are client outcome measures. For infrastructure programs, measures generally are short term measures of service improvements coupled with positive long term client outcomes. For science to service programs, many measures are process measures - for example, changes made as a result of technical assistance; persons trained; or responses by the SAMHSA Health Information Network to inquiries.

Substance Abuse and Mental Health Services Administration
Program Assessment Rating Tool (PART) Summary Table and Narrative

FY 2004-2007
(Dollars in Millions)

Program	FY 2006 Conference/Enacted	FY 2007 Request	FY 2007 +/- FY 2006	Narrative Rating
FY 2004 PARTs				
CMHS Children's MH Service	$104.1	$104.1	---	Moderately Effective
CMHS PATH Homelessness	$54.3	$54.3	---	Moderately Effective
CSAT PRNS	$398.9	$375.4	-$23.5	Adequate
FY 2005 PARTs				
MH Block Grant	$428.6	$428.5	-$0.1	Adequate
SAPT Block Grant	$1,758.6	$1,758.6	---	Ineffective
FY 2006 PARTs				
CSAP PRNS	$192.9	$180.6	-$12.3	Moderately Effective
FY 2007 PARTs				
CMHS PRNS	$263.3	$228.1	-$35.2	Results Not Demonstrated
Protection and Advocacy for Individuals with Mental Illness (PAIMI)	$34.0	$34.0	---	Moderately Effective

Children's Mental Health received a PART rating of Moderately Effective. The PART found that the program is making a unique contribution to improve care for children with serious emotional disturbance and is using performance information to improve annual outcomes. This program is proposed for funding at the same level as the FY 2006 appropriation.

Programs for Transition from Homelessness received a PART rating of Moderately Effective. The PART found that the program was designed to have a significant impact and was making progress on performance measures. This program is proposed for funding at the same level as the FY 2006 appropriation.

CSAT Programs of Regional and National Significance received a PART rating of Adequate. The PART showed that at the time, the program had not regularly used performance information to improve outcomes, and had little performance data. This finding was addressed through implementation of an automated reporting system, and data is now available for all measures. The Access to Recovery drug treatment voucher program has also been implemented to improve access to treatment. CSAT PRNS is proposed for a funding reduction of $23,570,000 from the FY 2006 appropriation. The decrease consists of reductions in the Capacity category of $27,170,000 associated with grants coming to a natural end, offset by an increase in the Science to Service category of $3,600,000 for the SAMHSA Health Information Network and Dissemination/Training Activities.

Substance Abuse and Mental Health Services Administration
Program Assessment Rating Tool (PART) Summary Table and Narrative

The Mental Health Block Grant received a PART rating of Adequate. The PART found that the program is unique and is collecting data on some measures, but had not had a comprehensive evaluation. The program is now conducting an independent, comprehensive evaluation; working with States to implement some common performance measures; and reforming the program to support the President's Metal Health Transformation agenda. Over time, implementation of the National Outcome Measures will improve data collection and utilization. This program is proposed for a reduction of $174,000 from the FY 2006 appropriation.

The SAPT Block Grant received a PART rating of Ineffective, primarily because no independent evaluation had been conducted, and existing annual measures provided information primarily on outputs. The program is now conducting an independent and comprehensive evaluation and is working with States to implement the National Outcome Measures. The SAPT Block Grant accounted for approximately 42% of public funds expended by the States for substance abuse prevention and treatment in 2002. This program is proposed for funding at the same level as the FY 2006 appropriation.

CSAP Programs of Regional and National Significance received a PART rating of Moderately Effective. The PART review found that the program was reporting on outcomes and noted that the program had implemented the Strategic Prevention Framework to guide all its PRNS programs. The program has since implemented reporting requirements for all grantees and has reported baselines and targets for all its long-term measures, and has received OMB approval for its efficiency measure. This program is proposed for a reduction of $12,303,000 from the FY 2006 appropriation. This budget will support full funding of all grant and contract continuations.

CMHS Programs of Regional and National Significance received a PART rating of Results Not Demonstrated, primarily due to a current lack of data from program activities. The program is developing an automated performance reporting system that will phase in reporting over a three-year period. The program is also developing measures of program efficiency and mental health functioning, and is focusing resources on areas that most directly contribute to the mission of the program. This program is proposed for a reduction of $35,162,000 from the FY 2006 appropriation.

Protection and Advocacy for Individuals with Mental Illness received a PART rating of Moderately Effective. The PART showed that the program serves a clear need and is collecting data that demonstrates improved outcomes. In response to a PART recommendation, the program is working with States to improve their understanding of the program's rights and is providing grantees with guidelines on performance measures. This program is proposed for funding at the same level as the FY 2006 appropriation.

More information on the PART and SAMHSA's PART summaries can be found at www.expectmore.gov .

Substance Abuse and Mental Health Services Administration
Appropriation Language

For carrying out titles V and XIX of the Public Health Service Act (''PHS Act'') with respect to substance abuse and mental health services, the Protection and Advocacy for Individuals with Mental Illness Act, and section 301 of the PHS Act with respect to program management, [$3,237,813,000] *$3,165,527,000*: *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 in addition to amounts provided herein, the following amounts shall be available under section 241 of the PHS Act: (1) $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) $21,803,000 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) [$16,000,000] *$21,000,000* to carry out national surveys on drug abuse; and (4) $4,300,000 to evaluate substance abuse treatment programs. *Notwithstanding section 1911(b) of the Public Health Service Act, a State that receives an allotment under section 1911 of the Act for the current fiscal year shall use any amount it receives in fiscal year 2007 which is in excess of what it received under such section in 1998 to support one or more of the mental health transformation activities such as the expansion of access; advancement of evidence-based practices; promotion of early assessment and treatment; and promotion of consumer- and family-driven mental health care. A State that receives an allotment under section 1911 will report annually to the Substance Abuse and Mental Health Services Administration on its use of funds and the outcomes of mental health transformation activities. (Department of Health and Human Services Appropriations Act, 2006.)*

Substance Abuse and Mental Health Services Administration
Amounts Available for Obligation

	FY 2005 Actual	FY 2006 Appropriation	FY 2007 Estimate
Appropriation:			
Annual……...…….			
Labor/HHS/Ed-Annual Appropriation……..	$3,295,361,000	$3,237,813,000	$3,133,872,000
Rescission P.L. 108-7....…….....	-537,000	-32,378,000	---
H.R. 2863 ....……...…….....	-26,359,000	---	---
Subtotal, adjusted budget authority.....…	**3,268,465,000**	**3,205,435,000**	**3,133,872,000**
Offsetting Collections from:			
Federal Sources.....…	64,819,298	65,000,000	65,000,000
Unobligated balance start of year.....	1,085,797	43,496	-44,323
Unobligated balance end of year….....	43,496	-44,323	-45,298
Unobligated balance expiring.....	-174,939	---	---
Total obligations.....…	**$3,334,238,653**	**$3,270,434,174**	**$3,198,782,379**

Substance Abuse and Mental Health Services Administration
Summary of Changes

2007 Estimate (Budget Authority)	$3,133,872,000
2006 Appropriation (Budget Authority)	3,205,435,000
Net Change	**-$71,563,000**

	FTE	FY 2006 Appropriation Authority	FTE	Change from Base Budget Authority 1/
Increases:				
A. Built-in:				
1. Annualization of 2006 pay costs 3.1%	--	$59,774,000	--	+441,000
2. Within grade pay increases	--	59,774,000	--	+1,027,710
3. Increase for January 2007 civilian pay raise at 2.2%	--	59,774,000	--	+939,000
4. Increase for January 2007 Commission Corps pay raise of 2.2%		59,774,000		+ 43,000
5. Increase in rental payments to GSA	--	5,611,000	--	+72,000
Subtotal, Built-in Increases	--	---	--	**+2,522,710**
B. Program:				
1. Program Management:				
a. Drug Abuse Warning Network	--	---	--	-
Subtotal, Program Increases	--	---	--	-
Total Increases	--	---	--	**+2,522,710**
Decreases:				
A. Built-in:				
Program Management:				
1. CMHS Surveillance	--	76,049,000	--	- 990,000
B. Program:				
1. Mental Health Programs of Regional and				
a. Programs of Regional and National Significance	--	263,263,000	--	- 35,162,000
2. Substance Abuse Prevention:				
a. Programs of Regional and National Significance	--	192,901,000	--	- 12,303,000
3. Substance Abuse Treatment:				
a. Programs of Regional and National Significance	--	394,649,000	--	- 23,570,000
4. Program Management:				
1. Workman's Comp				- 78,000
2. Unified Financial Management System				- 493,983
3. Cost Shift of Operating Costs				- 1,488,727
Subtotal, Program Decreases	--	---	--	- 73,095,710
Total Decreases	--	---	--	- 74,085,710
Net Change, Discretionary Budget Authority	--	---	--	**- 71,563,000**

1/ Excludes $121.303 million to be transferred to SAMHSA from the PHS evaluation funds.

Substance Abuse and Mental Health Services Administration
Budget Authority by Activity Table
(Dollars in Thousands)

Program Activities	FY 2005 Actual FTE	FY 2005 Actual Amount	FY 2006 Appropriation FTE	FY 2006 Appropriation Amount	FY 2007 Estimate FTE	FY 2007 Estimate Amount	+/- FY 2006 Appropriation FTE	+/- FY 2006 Appropriation Amount
Mental Health:								
Programs of Reg. and Nat. Significance……		$274,297		$263,263		$228,101		-$35,162
Children's Mental Health Services.....		105,112		104,078		104,078		---
Protection & Advocacy.....		34,343		34,000		34,000		---
PATH Homeless Formula Grant.....		54,809		54,261		54,261		---
Mental Health Block Grant.....		410,953		406,843		406,843		---
PHS Evaluation Funds.....		21,803		21,803		21,629		- 174
Subtotal, Mental Health Block Grant.....	16	432,756	17	428,646	17	428,472	---	-174
Subtotal, Mental Health.....	16	**901,317**	17	**884,248**	17	**848,912**	---	**-35,336**
Substance Abuse Prevention:								
Programs of Reg. and Nat. Significance……		198,725		192,901		180,598		- 12,303
Subtotal, Substance Abuse Prev…...		**198,725**		**192,901**		**180,598**		**-12,303**
Substance Abuse Treatment:								
Programs of Reg. and Nat. Significance……		418,065		394,649		371,079		- 23,570
PHS Evaluation Funds.....		4,300		4,300		4,300		---
Subtotal, Sub. Abuse Tx PRNS……		**422,365**		**398,949**		**375,379**		**-23,570**
Substance Abuse Block Grant.....		1,696,355		1,679,391		1,679,391		---
PHS Evaluation Funds.....		79,200		79,200		79,200		---
Subtotal, Substance Abuse Block Grant……	34	1,775,555	40	1,758,591	40	1,758,591	---	---
Subtotal, Substance Abuse Treat.....	34	**2,197,920**	40	**2,157,540**	40	**2,133,970**	---	**-23,570**
TOTAL, SUBSTANCE ABUSE……		**2,396,645**		**2,350,441**		**2,314,568**		**-35,873**
Program Management ……		75,806		76,049		75,521		- 528
PHS Evaluation Funds.....		18,000		16,000		21,000		+5,000
Subtotal, Program Management..…	485	**93,806**	501	**92,049**	501	**96,521**	---	**+4,472**
TOTAL, SAMHSA Discretionary PL.....		**$3,391,768**		**$3,326,738**		**$3,260,001**		**-$66,737**
Less PHS Evaluation Funds.....		*(123,303)*		*(121,303)*		*(126,129)*		*(4,826)*
TOTAL, SAMHSA Budget Authority...…		**$3,268,465**		**$3,205,435**		**$3,133,872**		**-$71,563**
Total, FTEs.....	**535**		**558**		**558**		---	

1/ Includes Commission Corp Officers detailed to St. Elizabeths Hospital: 24 FTEs in FY 2005 and 30 FTEs in FY 2006 and FY 2007.

Substance Abuse and Mental Health Services Administration
Budget Authority by Object Classification
(Dollars in Thousands)

Object Class	FY 2006 Appropriation	FY 2007 Estimate	+/- FY 2006 Appropriation
DIRECT OBLIGATIONS			
Personnel Compensation:			
Full Time Permanent (11.1)	$44,291	$46,119	+$1,828
Other than Full-Time Permanent (11.3)	2,473	2,581	+ 108
Other Personnel Compensation (11.5)	840	877	+ 37
Military Personnel Comprensation (11.7)	1,168	1,199	+ 31
Special Personal Services Payments (11.8)	155	162	+ 7
Subtotal Personnel Compensation:	**48,927**	**50,938**	**+ 2,011**
Civilian Personnel Benefits (12.1)	10,365	10,790	+ 425
Military Personnel Benefits (12.2)	482	494	+ 12
Benefits for Former Personnel (13.1)	---	---	---
Subtotal Pay Costs:	**59,774**	**62,222**	**+ 2,448**
Travel (21.0)	1,299	920	-380
Transportation of Things (22.0)	88	88	---
Rental Payments to GSA (23.1)	5,939	6,011	+ 72
Rental Payments to others (23.2)	---	---	---
Communications, Utilities and Misc. Charges (23.3)	2,696	2,696	---
Printing and Reproduction (24.0)	4,360	4,165	-195
Other Contractual Services:			
Advisory and Assistance Services (25.1)	23,001	22,963	-38
Other Services (25.2)	152,056	151,086	-970
Purchases from Government Accounts (25.3)	90,997	86,918	-4,079
Operation and Maintenance of Facilities (25.4)	---	---	---
Research & Development Contracts (25.5)	---	---	---
Medical Care (25.6)	---	---	---
Operation and Maintenance of Equipment (25.7)	---	---	---
Subsistence & Support of Persons (25.8)	---	---	---
Subtotal Other Contractual Services:	**266,054**	**260,967**	**-5,087**
Supplies and Materials (26.0)	307	307	---
Equipment (31.0)	2,177	2,177	---
Land & Structures (32.0)	---	---	---
Investments & Loans (33.0)	---	---	---
Grants, Subsidies, and Contributions (41.0)	2,861,000	2,787,000	-74,000
Insurance Claims & Indemnities (42.0)	1,579	1,288	-291
Interest & Dividends (43.0)	---	---	---
Refunds (44.0)	---	---	---
Subtotal Non-Pay Costs	**3,145,499**	**3,065,619**	**-79,880**
Total Direct Obligations:	**3,205,273**	**3,127,841**	**-77,432**
SAMHSA Discretionary Program Level	**3,326,738**	**3,260,001**	**-66,737**
Less PHS Supplemental Fund	---	---	---
Less PHS Evaluation Funds	*(121,303)*	*(126,129)*	*(+4,826)*
Total, Discretionary Budget Authority	**$3,205,435**	**$3,133,872**	**-$71,563**

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

Object Class	FY 2006 Appropriation	FY 2007 Estimate	+/- FY 2006 Appropriation
Personnel Compensation:			
Full Time Permanent (11.1).....	$44,291	$46,119	+1,828
Other than Full-Time Permanent (11.3).....	2,473	2,581	+108
Other Personnel Compensation (11.5).....	840	877	+37
Military Personnel Compensatio (11.7).....	1,168	1,199	+31
Special Personal Services Payments (11.8).....	155	162	+7
Subtotal, Personnel Compensation	**48,927**	**50,938**	**+2,011**
Civilian Personnel Benefits (12.1).....	10,365	10,790	+425
Military Personnel Benefits (12.7).....	482	494	+12
Benefits for Former Personnel (13.1).....	---	---	---
Subtotal, Pay Costs [1/]	**59,774**	**62,222**	**+2,448**
Travel (21.0).....	1,299	920	-380
Transportation of Things (22.0).....	88	88	---
Rental Payments to Others (23.2).....	---	---	---
Communications, Util. and Misc.Charges (23.3).	2,696	2,696	---
Printing and Reproduction (24.0).....	4,360	4,165	-195
Other Contractual Services:			
Advisory & Assistance Services (25.1).....	17,251	17,222	-28
Other Services (25.2).....	150,838	151,086	+248
Purchases from Gov't Accounts (25.3).....	23,890	22,819	-1,071
Operation & Maintenance of Facilities (25.4)..	---	---	---
Research & Development Contracts (25.5).....	---	---	---
Medical Care (25.6).....	---	---	---
Operation & Maintenance of Equipment (25.7)	---	---	---
Subsistence & Support of Persons (25.8).....	---	---	---
Subtotal, Other Contractual Services.....	**191,978**	**191,127**	**-851**
Supplies and Materials (26.0).....	307	307	---
Subtotal Non-Pay Costs.....	**200,728**	**199,303**	**-1,426**
Total for Salaries and Expenses.....	**$260,502**	**$261,525**	**+$1,022**
Direct FTE.....	486	486	---

Substance Abuse and Mental Health Services Administration
SIGNIFICANT ITEMS FOR THE CONFERENCE APPROPRIATIONS COMMITTEE REPORTS

FY 2006 Conference Appropriations Committee Report language (C.Rpt 109-337)

Item

Treating alcohol dependent patients – The conferees understand that the National Institute for Alcohol Abuse and Alcoholism recently published an updated 2005 edition of its clinician's guide for treating patients who have alcohol abuse problems, titled "Helping Patients Who Drink Too Much." The guide includes new information on expanded options for treating alcohol dependent patients, including a section on approved medications. The conferees urge the Center for Substance Abuse Treatment, in conjunction with its Science to Services agenda, to launch a counselor education initiative to inform physicians and program staff in the substance abuse community about the guide's treatment recommendations for alcohol dependence, including pharmacotherapy options. (p.80/81)

Action taken or to be taken:

In FY 2006, the SAMHSA Knowledge Application Program plans to develop a Treatment Improvement Protocol on medication-assisted treatment of alcohol use disorders and alcohol-induced disorders. The goal of the Treatment Improvement Protocol will be to provide substance abuse treatment professionals with reliable research and consensus-developed treatment guidelines that can help them promote their clients' recovery. The Treatment Improvement Protocol will provide treatment programs with a comprehensive description of the medications available to treat alcohol use disorders, in combination with psychosocial support. The target audiences will include providers with prescribing privileges and staff interested in establishing an office-based practice for the effective treatment of alcohol use and alcohol-induced disorders. The Treatment Improvement Protocol will also educate substance abuse treatment counselors on the range of options, including pharmacotherapy, in the treatment of alcohol use disorders. SAMHSA will coordinate with the National Institute on Alcohol Abuse and Alcoholism to provide a "how-to" manual for clinicians that will build on the recommendations in the National Institute on Alcohol Abuse and Alcoholism's publication, "Helping Patients Who Drink Too Much."

In addition, in 2006, SAMHSA plans to develop a Substance Abuse Treatment Advisory to provide critical information on emerging medications for the treatment of alcohol use disorders. This Advisory will include Vivitrol, a long-acting medication for the treatment of alcohol dependence.

Also, through SAMHSA's network of Addiction Technology Transfer Centers, training is provided to substance use disorder counselors, including the latest information on medication-assisted treatment. Also, through the National Institute on Drug Abuse-Addiction Technology Transfer Center Blending Initiative, SAMHSA focuses on disseminating scientific findings and evidence-based practices to the substance use disorders workforce.

SIGNIFICANT ITEMS FOR THE CONFERENCE APPROPRIATIONS COMMITTEE REPORTS

FY 2006 Conference Appropriations Committee Report language (C.Rpt 109-337)

Item

Substance abuse prevention – The conferees are concerned that consolidating the successful efforts that were pioneered by CSAP across all three of the Centers at SAMHSA will result in a dilution of the funding and emphasis on substance abuse prevention. The conferees expect SAMHSA to maintain substance abuse prevention as its highest priority for emphasis in both the National Registry of Effective Programs and Practices (NREPP) and the SAMHSA Health Information Network (SHIN). The conferees expect SAMHSA to report in its fiscal year 2007 congressional justification on how substance abuse prevention is being maintained as the highest priority for emphasis in both NREPP and SHIN. (p. 81)

Action taken or to be taken

Both National Registry of Evidence-based Programs and Practices and the SAMHSA Health Information Network are a high priority for mental health and substance abuse prevention and treatment. All three SAMHSA Centers are contributing resources toward these very important Science to Service activities.

SIGNIFICANT ITEMS FOR THE CONFERENCE APPROPRIATIONS COMMITTEE REPORTS

FY 2006 Department of Defense Appropriations Committee Report language (H.Rpt 109-359)

Item

Mental health services for hurricane victims – The conferees are concerned about the mental health impact of the hurricanes in the Gulf of Mexico in calendar year 2005. The Centers for Disease Control and Prevention (CDC) reports that as many as 500,000 Gulf Coast residents might need mental health care. The conferees encourage the Secretary to work with State governments in the region to ensure that adequate funding is available, within the amounts appropriated, for community safety net providers to meet this emerging public mental health crisis. (p.508)

Action taken or to be taken

The needs are great and ongoing – to support the State service delivery system, SAMHSA made a number of grant awards in partnership with the Federal Emergency Management Agency to hire staff to help meet the mental health and substance abuse service needs of the survivors and first responders. SAMHSA awarded four Emergency Response Grants totaling $600,000 to the States of Louisiana, Texas, Mississippi, and Alabama within 14 days of Hurricane Katrina's landfall. These funds went to the state-identified highest areas of need for clinical services. SAMHSA also worked with the Federal Emergency Management Agency to award 31 grants to States for immediate mental health services needs through the Crisis Counseling Program, which SAMHSA manages for the Federal Emergency Management Agency totaling $20.5 million. SAMHSA is currently reviewing 23 applications from impacted States for crisis counseling services for up to nine months—through the Regular Services Crisis Counseling Program.

As part of the overall Federal response and in partnership with the States, SAMHSA is working to reduce the potential for psychological distress in the general public and to ensure continuity of care for people with mental and/or substance use disorders. SAMHSA expanded the suicide hotline to take all Katrina-related mental health calls. Public service announcements, announced December 7th, to reach out to first responders, adults and parents among the hurricane survivors, have two toll free lines. 1-800-273-TALK line is the phone number for first responders and 1-800-789-2647 is being promoted for adults and parents. SAMHSA has also coordinated the mobilization of over 500 people to work in the field on mental health and substance abuse issues. The deployment teams have provided over 17,000 counseling sessions. Ninety-one percent of these sessions have been with individuals; of these individuals 26% presented problems requiring a referral to local mental health resources for ongoing treatment and 5% required a referral for ongoing substance abuse treatment. These are new cases to an already burdened system.

In addition to these grant funds, SAMHSA received $12.3 million from the Federal Emergency Management Agency for mission assignments in the Gulf Coast, including $5 million to focus on substance abuse needs in Louisiana. These mission assignments are designed primarily

SIGNIFICANT ITEMS FOR THE CONFERENCE APPROPRIATIONS COMMITTEE REPORTS

FY 2006 Department of Defense Appropriations Committee Report language (H.Rpt 109-359)

to address needs during the acute response and early recovery stages. SAMHSA is working with the states to ensure that mental health assessment and crisis counseling are readily available to residents and evacuees of areas impacted by Katrina and Rita, and to establish a longer term plan to assure Post Traumatic Stress Disorders are addressed with this population. For those found to be suffering longer term serious mental illnesses and/or addictive disorders and children with serious emotional disturbances, SAMHSA is working with our partners so they can continue to receive ongoing treatment for their chronic conditions.

The Social Services Block Grant under the Administration for Children and Families received $550,000,000 for necessary expenses related to the consequences of hurricanes in the Gulf of Mexico that may be used for health services including mental health services and for repair, renovation and construction of health facilities including mental health facilities. SAMHSA will be partnering with the Administration for Children and Families to address the mental health issues.

SIGNIFICANT ITEMS FOR THE HOUSE APPROPRIATIONS COMMITTEE REPORT LANGUAGE

2006 House Appropriations Committee Report language (H.Rpt 109-143)

Item

Substance abuse services for Asian American and Pacific Islanders – . . . . The need for substance abuse services for this population continues to increase while the gap in the availability and access to culturally competent services is ever-widening. For many in this population services do not even exist. The Office of National Drug Control Policy found that AAPI parents are the least informed of any group regarding the nature and hazards of substance abuse among their teenagers. Treatment episodes in some cases have increased by over 50% for AAPI clients. SAMHSA should work with appropriate National AAPI 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 United States. (p.114)

Action taken or to be taken

SAMHSA continues to work with the Asian American and Pacific Islander populations through a variety of mechanisms. The Addiction Technology Transfer Centers program has had a relationship with all 6 Pacific Island jurisdictions for the past 9 years and helped start the Pacific Substance Abuse and Mental Health Collaborating Council which continues to meet twice annually to plan workforce development and other projects. This Council is making great progress in getting counselors and prevention specialists in all 6 jurisdictions credentialed. In addition, SAMHSA, through the Northwest Frontier Addiction Technology Transfer Center, has linked American Samoa with a community college to help them develop a competency-based curriculum for training alcohol and drug abuse counselors and support has been provided to Palau's work in training counselors and improving services in their outpatient alcohol and drug abuse program.

In FY 2005, SAMHSA awarded three Targeted Capacity Expansion grants focusing on substance abuse disorders in American and Pacific Islander populations. These grants, two in California and one in New York, total approximately $1.5 million each over the 3-year period. The purpose is to enhance the continuum of care by expanding culturally-appropriate screening, intervention, and referral to treatment by community based organizations in Asian-American neighborhoods.

Under the Rapid HIV Testing Initiative, SAMHSA has conducted conference calls with Palau and Guam to assist in the development of rapid HIV testing, including scheduling training for rapid testing in these locations. SAMHSA anticipates a training session will be held during 2006. In addition, SAMHSA has been working in collaboration with the Centers for Disease Control and Prevention to overcome barriers on shipment of control test kits and confirmation testing.

SIGNIFICANT ITEMS FOR THE HOUSE APPROPRIATIONS COMMITTEE REPORT LANGUAGE

2006 House Appropriations Committee Report language (H.Rpt 109-143)

Item

Hepatitis and substance abuse – The Committee is concerned about the prevalence of hepatitis and substance abuse and urges SAMHSA to work with health organizations to promote education and prevention of both hepatitis and substance abuse. (p. 114)

Action taken or to be taken

The Public Health Service Act includes in its guidance for the Substance Abuse Prevention Treatment Block Grant that states with an AIDS case rate of 10 per 100,000 population are required to set-aside a portion of SAPT Block Grant funding for early HIV intervention. States that qualify are required to expend 2-5 percent of their yearly SAPT Block Grant funding on HIV Early Intervention Services projects. The Early Intervention Services projects seek to reduce the spread of HIV infection among substance users and their sex and needle-sharing partners by providing counseling and testing for HIV. Project efforts are directed toward encouraging individuals ready to enter or already receiving treatment for substance abuse to know their HIV status and to provide a range of essential clinical services that are appropriate to the individual's HIV progression, which could include information about Hepatitis status and prevention of infection. Single State Authorities are required to ensure that Early Intervention Services projects establish linkages with a comprehensive network of health and social services agencies and to establish these programs in areas with the greatest geographic need.

Recognizing that individuals receiving treatment for opioid addiction are at high risk for hepatitis infection, SAMHSA has three current prevention-related initiatives supporting enhanced hepatitis prevention in the context of treatment for substance abuse: 1) SAMHSA has developed a monograph entitled "Hepatitis in Opioid Addiction Treatment: Medical Management of Hepatitis Infection and Pharmacologic Therapy for Substance Abuse" to be used in substance abuse treatment programs as a resource document for patient issues related to hepatitis and the prevention of hepatitis infection; 2) SAMHSA is supporting the education of substance abuse treatment staff in Opioid Treatment Programs regarding hepatitis prevention and treatment. A hepatitis education curriculum has been updated and augmented with a hepatitis monograph. The final product has been piloted at Opioid Treatment Programs in New York, New Jersey, Pennsylvania, California, Massachusetts and Connecticut; and 3) An initiative that addresses prevention of hepatitis infection and progressive liver disease in at-risk minorities through Hepatitis A Virus/Hepatitis B Virus immunization programs for injection drug users. This project provides vaccines for patients in methadone programs, buprenorphine physician office-practices, and SAMHSA HIV grantees as well as drug users in SAMHSA HIV outreach projects**.** The pilot program will determine the feasibility of implementing a national vaccination program in the setting of substance abuse treatment**.**

SIGNIFICANT ITEMS FOR THE HOUSE APPROPRIATIONS COMMITTEE REPORT LANGUAGE

2006 House Appropriations Committee Report language (H.Rpt 109-143)

Item

Samaritan Initiative – Over the last three years, collaboration between the Departments of Housing and Urban Development (HUD) and Health and Human Services (HHS) on homeless policy has improved through joint efforts such as the Policy Academies, which provide training for State officials on accessing mainstream resources for homeless people and the 2003 Collaborative Initiative to Help End Chronic Homelessness, a $55 million HUD, HHS, and Veterans Administration effort that has housed over 550 chronically homeless persons in 11 communities across the country. Although the fiscal year 2006 budget request did not include a direct funding request within HHS for the Samaritan Initiative, the Committee encourages SAMHSA to continue to collaborate with HUD in sharing best practices information and in discussing ways in which resources can be maximized toward the goal of ending chronic homelessness. (p.116)

Action taken or to be taken

In FY 2007, SAMHSA will continue its ongoing collaboration with HUD in the design and development of a Supportive Housing Information Resource Kit that is targeted to the broad spectrum of homeless services providers. This kit will provide information on such issues as the range of supportive housing models, understanding housing law and policy, HUD housing programs relevant to the range of homeless populations, support services models for sustaining and maintaining housing, and forming alliances for success. In addition, working with HUD, SAMHSA will continue to provide technical assistance to grantees funded under the Collaborative Initiative to Help End Chronic Homelessness.

In FY 2006, SAMHSA will target funds for the chronic homeless individuals under the Grants for the Benefit of Homeless Individuals grant announcement. HUD staff will be invited to participate in the application review process.

Item

Access to recovery – The Committee provides $99,200,000 for the Access to Recovery (ATR) substance abuse treatment voucher initiative; this is the same as the fiscal year 2005 level and $50,800,000 below the budget request. To the extent possible the Committee encourages SAMHSA to provide training and technical assistance to both current State grantees to enhance their programs and share best practices with States that are interested in establishing substance abuse treatment voucher programs in the future. In addition, the Committee expects that addictive disorder clinical treatment providers participating in the Access to Recovery program shall meet the certification, accreditation, and/or licensing standards recognized in their respective States. (p. 118)

SIGNIFICANT ITEMS FOR THE HOUSE APPROPRIATIONS COMMITTEE REPORT LANGUAGE

2006 House Appropriations Committee Report language (H.Rpt 109-143)

Action taken or to be taken

In the course of implementing the Access to Recovery (ATR) voucher program, SAMHSA has provided technical assistance (TA) to all of the Access to Recovery States. This technical assistance has produced a broad range of portable products. These products include such items as how to accomplish rate setting for recovery support services, how to do outreach to faith based and other community providers, how to create structures for billing the quarterly release of funds, policies and procedures for monitoring for fraud and abuse, and the technical documentation of the voucher management system. We have produced a number of CDs and DVDs including a listing of Faith Based resources in the United States, training in motivational interviewing (a best practice), etc. These helpful products will be packaged and disseminated to all States, including those interested in applying for future Access to Recovery funding opportunities. Also, there are many Access to Recovery grantees who have successfully implemented strong voucher programs. It would be useful to let the successful Access to Recovery grantees present at State meetings held in the various regions each year. The eligibility systems and State standards required for Access to Recovery participation for clinical treatment and recovery support service providers were required by the Access to Recovery grant announcement, and have been documented for each grantee.

Item

Underage drinking – The Committee strongly supports the efforts by the Department to combat underage drinking particularly the efforts by the Interagency Coordinating Committee to Prevent Underage Drinking (ICCPUD) to develop a National strategy on underage drinking. More than 7,000 teens under the age of 16 take their first drink every day. According to the latest data from Monitoring the Future, one in five eighth-graders report drinking in the past month, and that rises to one in three for 10th-graders and one in two for 12th-graders. The Centers for Disease Control and Prevention (CDC) reported that, for the last year for which data were available, more than 4,500 persons under the age of 21 died as a result of excessive drinking. In addition, NIH has reported significant findings about the negative consequences of underage drinking on adolescent brain development. The Committee therefore includes within the total for the Office of the Secretary the third year of funding necessary to continue the Ad Council's parent-oriented National media campaign to combat underage drinking. Further, the Committee expects the public service announcement to be based on sound scientific research. (p. 145)

SIGNIFICANT ITEMS FOR THE HOUSE APPROPRIATIONS COMMITTEE REPORT LANGUAGE

2006 House Appropriations Committee Report language (H.Rpt 109-143)

Action taken or to be taken

In the fall of 2005, Secretary of Health and Human Services Michael Leavitt released the first Public Service Announcements that have been created as part of the Ad Council's parent-oriented media campaign. These Public Service Announcements are supplemented by print advertising and information for parents on http://www.stopalcoholabuse.gov/ . As the campaign progresses, the Department will continue to ensure that the campaign is based on sound scientific research.

SIGNIFICANT ITEMS FOR THE SENATE APPROPRIATIONS COMMITTEE REPORT LANGUAGE

FY 2006 Senate Appropriations Committee Report language (S.Rpt 109-103)

Item

Coordinated Veteran Outreach . . . .The Committee believes that community outreach, early intervention and treatment for veterans will be a significant need in the coming years and encourages SAMHSA, through CMHS and CSAT, to develop opportunities for communities to prepare and coordinate mental health and addiction services for returning combat veterans and their families. (p.177)

Action taken or to be taken

SAMHSA presently is involved in multiple projects that impact returning combat veterans and their families. These programs include homelessness, suicide prevention, and mental health disorders including Post Traumatic Stress Disorder, substance use disorders, sexual abuse and/or co-occurring disorders. The homelessness grants contain an option of providing services to the returning veterans. SAMHSA has developed a Cooperative Initiative to Help End Chronic Homelessness which is designed to increase the effectiveness of integrated systems of care for persons experiencing chronic homelessness, approximately a third of which are veterans. SAMHSA is working on a VA/HUD/HHS collaborative for the Chronic Homelessness Initiative and under the Grants for the Benefit of Homeless Individuals, communities will expand and strengthen their treatment services for persons who are homeless and have substance use disorders, mental illness, or co-occurring substance use disorders and mental illness. SAMHSA is co-sponsoring a National Conference with the Therapeutic Communities of America for service providers from Federal, state and local agencies, primary care providers, community health and prevention providers, educators, advocacy groups and those interested in issues facing returning veterans and their families. SAMHSA recently released a Treatment Improvement Protocol (TIP) #42 on Substance Abuse Treatment for Persons with Co-occurring Disorders which also includes a discussion on Post Traumatic Stress Disorder. SAMHSA's Access to Recovery program provides veterans not served by the VA access to treatment programs.

Item

Rapid HIV testing – Greater availability of a rapid HIV test can increase overall HIV testing and reduce the number of people, an estimated 225,000 Americans, who are unaware of their HIV infection. The Committee acknowledges that treatment services provided by mental and behavioral health care providers for individuals testing positive are a necessary component of rapid HIV testing. The Committee commends SAMHSA for developing the Rapid HIV Testing Initiative [RHTI] to train substance abuse and mental health service providers on rapid HIV testing and encourages SAMHSA to expand the program. (p. 177)

SIGNIFICANT ITEMS FOR THE SENATE APPROPRIATIONS COMMITTEE REPORT LANGUAGE

FY 2006 Senate Appropriations Committee Report language (S.Rpt 109-103)

Action taken or to be taken

Through its Rapid HIV Testing Initiative, which began in FY 2005, SAMHSA provides OraQuick ADVANCE Rapid HIV-1/2 Antibody Tests and control kits at no cost to eligible service providers who provide services to targeted populations. To receive these free kits, eligible service providers must meet SAMHSA's readiness requirements, including compliance with all State specific policies and procedures on rapid HIV testing, certified proficiency in rapid HIV testing methodology, HIV counseling, adherence to State HIV testing regulatory requirements, and assurance of compliance with data collection. SAMHSA provides training and support to potentially eligible service providers, and since the start of the Rapid HIV Testing Initiative, approximately 371,000 Rapid HIV Test Kits have been distributed.

In FY 2006, SAMHSA plans to: purchase additional testing kits; continue staff training for testing and counseling; and, fund capacity building for grantees to initiate a testing program.

Item

Suicide prevention– The Committee notes that the National Strategy for Suicide Prevention calls for the establishment of public/private partnerships for the purpose of advancing and coordinating the implementation of the National Strategy. While much progress has been made, many of the objectives included in the National Strategy have not been completed. The Committee commends SAMHSA for its work on examining the National Strategy objectives with the goal of developing a priority work plan and encourages SAMHSA to establish a coordinating body aimed at advancing the objectives of the National Strategy. (p.178)

Action taken or to be taken

SAMHSA is launching a public/private partnership to coordinate the implementation of the recommendations of the National Strategy for Suicide Prevention. SAMHSA has already taken a series of preliminary steps to aid in the implementation of this partnership. SAMHSA convened a series of focus groups with key stakeholders to prioritize the goals of the National Strategy. between July and November of 2004. This step provided a road map for the public/private partnership to begin their work. In June 2004, a small group of national stakeholders convened to serve as the executive committee for the partnership. This committee will help establish operating guidelines for the partnership (e.g. membership criteria, governance procedures, financing of partnership activities, etc.). SAMHSA expects to convene the first executive committee for the public/private partnership in spring of 2006.

SIGNIFICANT ITEMS FOR THE SENATE APPROPRIATIONS COMMITTEE REPORT LANGUAGE

FY 2006 Senate Appropriations Committee Report language (S.Rpt 109-103)

Item

Healthy child development- a coordinated effort-. . . . The Committee believes that enhanced school and community-based services can strengthen healthy child development, thus reducing violent behavior and substance use. Since 1999, over 180 communities have received and benefited from these grants. The Committee therefore is providing funding at last year's level to assist schools in that effort. It is again expected that SAMHSA will collaborate with the Departments of Education and Justice to continue a coordinated approach. (p. 178/179)

Action taken or to be taken

In FY 2006, $93.3 million is available to continue the School-based Violence Prevention initiative. Of this amount $79.6 million is available to support the Safe Schools/Healthy Students program. SAMHSA will continue to maintain the strong collaboration with the Departments of Education and Justice.

Item

Mental health of the elderly – . . . .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. 180)

Action taken or to be taken

SAMHSA will continue to address the mental health needs of the elderly population by requiring Mental Health Transformation State Incentive Grants to use a life span approach that includes older adults (65+) in creating their Comprehensive Mental Health Plans.

Item

Blending Initiative– The Committee commends the Center for Substance Treatment [CSAT] for its ongoing collaboration with the National Institute on Drug Abuse [NIDA]. The Committee continues to be pleased that the CSAT/NIDA collaboration with State substance abuse directors, also known as Single State Authorities [SSAs] for Substance Abuse, is improving the manner in which evidence-based practices are used in our publicly funded system. The Committee encourages CSAT to continue its Blending Initiative with NIDA and SSAs to ensure that research findings are relevant and adaptable by State substance abuse systems. (p. 181)

Action taken or to be taken

SAMHSA continues to work with the National Institute on Drug Abuse on the Blending Initiative through the collaboration of the Addiction Technology Transfer Centers and the National Institute on Drug Abuse's Clinical Trials Network. The purpose of the SAMHSA-National Institute on Drug Abuse Blending Initiative is to accelerate the dissemination and translation of recently-tested, evidence-based treatment findings into mainstream drug abuse and

SIGNIFICANT ITEMS FOR THE SENATE APPROPRIATIONS COMMITTEE REPORT LANGUAGE

FY 2006 Senate Appropriations Committee Report language (S.Rpt 109-103)

addiction practice. The 1998 Institute of Medicine report noted that a 17-year gap exists between the publication of research results and its impact on treatment delivery. To radically reduce this length of time, "Blending Teams" comprised of staff from SAMHSA's Addiction Technology Transfer Centers Network and National Institute on Drug Abuse researchers are developing 'products' from research conducted within the Clinical Trials Network and disseminating them to the field at the same time the research findings are being published. These Blending Initiative products include training curricula, self-study programs, supervisory manuals and distance-learning opportunities to provide the treatment providers the necessary tools to access and adopt National Institute on Drug Abuse research protocols.

In recent years, five separate Blending Teams have been created and two of these Blending Teams have already developed their products and have made them available for dissemination. To address the national problem of opioid use and abuse, the first Blending Team focused on: "Buprenorphine Treatment: Training for Multidisciplinary Addiction Professionals" and provided new information about successful treatment findings using an innovative medication. The second Blending Team concentrated on "Utilizing the Addiction Severity Index (ASI)" which is one of the most universally used instruments for the assessment of substance abuse and related problems. This Blending Team created products that included a 6-hour continuing education curriculum package addressing how to transform required "paperwork" into clinically useful information.

Three additional Blending Teams have been mobilized to design innovative and ready-to-use products within the next 12 months. One Blending Team titled: "Short-Term Opioid Withdrawal Using Buprenorphine" will design products to instruct treatment providers about a unique, 13-day buprenorphine intervention for opioid dependent patients. Another Blending Team will focus on "Motivational Interviewing" strategies developed for supervisors to teach counselors to use during clinical assessments. The most recently formed Blending Team is concentrating on educating the field about the successful use of "Motivational Incentives" that utilize low-cost reinforcement (prizes, vouchers, clinic privileges) to promote higher rates of treatment retention and abstinence from drug abuse.

Item

Family-based treatment programs– SAMHSA's evaluation of both the Residential Women and Children [RWC] and Pregnant and Postpartum Women [PPW] programs showed significantly reduced alcohol and drug use, as well as decreased criminal behavior. Rates of premature delivery, low birth weight, and infant mortality were improved for participating women. In addition, treatment costs were offset three to four times by savings from reduced costs of crime, foster care, Temporary Assistance to Needy Families [TANF], and adverse birth outcomes. The Committee believes that increased capacity for family-based treatment programs is imperative. Within the funds appropriated for CSAT, the Committee recommends $11,000,000 for treatment programs for pregnant, postpartum, and residential women and their children. This amount is

SIGNIFICANT ITEMS FOR THE SENATE APPROPRIATIONS COMMITTEE REPORT LANGUAGE

FY 2006 Senate Appropriations Committee Report language (S.Rpt 109-103)

$1,080,000 above the comparable level for fiscal year 2005 and the administration request. No less than last year's funding shall be used for the Residential Treatment Program for Pregnant and Postpartum Women [PPW], authorized under section 508 of the Public Health Service Act. In addition, the Committee strongly urges SAMHSA to explore ways to increase family treatment capacity. (p. 182)

Action taken or to be taken

SAMHSA continues to support programs for pregnant and postpartum women under Public Health Service Act Section 508. In FY 2006, approximately $11 million will support $4 million for eight new grants and $7 million for fourteen continuation awards under Public Health Service Act Section 509, Residential Women and Their Children.

Item

Coordinating data reporting . . . . The Committee commends SAMHSA for working with States and territories to streamline data reporting requirements and reduce reporting burden while improving accountability. The Committee strongly encourages SAMHSA to continue to work with States and territories to reach consensus on all aspects of SOMMS planning, implementation and evaluation. (p. 182/183)

Action taken or to be taken

SAMHSA continues to enjoy full partnership with the States to develop performance management capabilities through the State Outcomes Measurement and Management System program. During the past year, regular meetings focused on State Outcomes Measurement and Management System data development, infrastructure, and reporting standards have been held with the State leaders for substance abuse treatment, prevention, and mental health services. In the upcoming year SAMHSA plans to continue to build on this broad based collaboration and seek State input in an on-going fashion.

Item

Hepatitis prevention services– The Committee recognizes that States receiving the HIV set-aside within their Substance Abuse Prevention and Treatment Block Grant are well positioned to offer hepatitis prevention services to high risk clients, and encourages set-aside dollars to be used to support hepatitis prevention. The Committee recognizes that the majority of new hepatitis C virus infections are related to drug use, and asks SAMHSA to encourage all grantees to incorporate hepatitis prevention services, such as hepatitis C screening, into existing drug treatment programs. (p. 183)

SIGNIFICANT ITEMS FOR THE SENATE APPROPRIATIONS COMMITTEE REPORT LANGUAGE

FY 2006 Senate Appropriations Committee Report language (S.Rpt 109-103)

Action taken or to be taken

The Public Health Service Act includes in its guidance for the Substance Abuse Prevention Treatment Block Grant that states with an AIDS case rate of 10 per 100,000 population are required to set-aside a portion of SAPT Block Grant funding for early HIV intervention. States that qualify are required to expend 2-5 percent of their yearly SAPT Block Grant funding on HIV Early Intervention Services projects. The Early Intervention Services projects seek to reduce the spread of HIV infection among substance users and their sex and needle-sharing partners by providing counseling and testing for HIV. Project efforts are directed toward encouraging individuals ready to enter or already receiving treatment for substance abuse to know their HIV status and to provide a range of essential clinical services that are appropriate to the individual's HIV progression, which could include information about Hepatitis status and prevention of infection. Single State Authorities are required to ensure that Early Intervention Services projects establish linkages with a comprehensive network of health and social services agencies and to establish these programs in areas with the greatest geographic need.

Recognizing that individuals receiving treatment for opioid addiction are at high risk for hepatitis infection, SAMHSA has three current prevention-related initiatives supporting enhanced hepatitis prevention in the context of treatment for substance abuse: 1) SAMHSA has developed a monograph entitled "Hepatitis in Opioid Addiction Treatment: Medical Management of Hepatitis Infection and Pharmacologic Therapy for Substance Abuse" to be used in substance abuse treatment programs as a resource document for patient issues related to hepatitis and the prevention of hepatitis infection; 2) SAMHSA is supporting the education of substance abuse treatment staff in Opioid Treatment Programs regarding hepatitis prevention and treatment. A hepatitis education curriculum has been updated and augmented with a hepatitis monograph. The final product has been piloted at Opioid Treatment Programs in New York, New Jersey, Pennsylvania, California, Massachusetts and Connecticut; and 3) An initiative that addresses prevention of hepatitis infection and progressive liver disease in at-risk minorities through Hepatitis A Virus/Hepatitis B Virus immunization programs for injection drug users. This project provides vaccines for patients in methadone programs, buprenorphine physician office-practices, and SAMHSA HIV grantees as well as drug users in SAMHSA HIV outreach projects**.** The pilot program will determine the feasibility of implementing a national vaccination program in the setting of substance abuse treatment**.**

Item

Coordinating data reporting– . . . .The Committee strongly encourages SAMHSA to reach out to the Department of Justice, Department of Education, Health Resources and Services Administration [HRSA] and other Federal agencies to ensure that all Federal grants seek client level data reporting in order to complement and coordinate with SAMHSA's National Outcomes

SIGNIFICANT ITEMS FOR THE SENATE APPROPRIATIONS COMMITTEE REPORT LANGUAGE

FY 2006 Senate Appropriations Committee Report language (S.Rpt 109-103)

Measurement [NOMS] and State Outcomes Measurement and Management Initiative [SOMMS] initiatives. (p. 185)

Action taken or to be taken

During the past year SAMHSA has reached out to the Department of Education, the Department of Justice, and the Centers for Disease Control Prevention. The National Outcome Measures have been adopted for the Drug Free Communities, Safe and Drug Free Schools, Weed and Seed, as well as the SAMHSA State Strategic Prevention Framework programs.

During the coming year, SAMHSA will reach out to Federal treatment services agencies such as the Center for Medicare and Medicaid Services and the Health Resources and Services Administration to brief them on the substance abuse and mental illness treatment National Outcome Measures.

Item

Childhood Drinking **–** In April 2004 the Secretary created, at the request of Congress, an Interagency Coordinating Committee on the Prevention of Underage Drinking [ICCPUD], chaired by the Administrator of SAMHSA. Since then the ICCPUD has developed a draft plan for combating underage drinking which contained a complete listing of Federal programs related to underage drinking prevention. However, the Committee is concerned that the ICCPUD has not made more progress; it has not produced meaningful coordination among Federal agencies, identified effective and underperforming programs, or created a plan for improving Federal data collection. In addition, the ICCPUD has not identified the resources currently available for programs targeting underage drinking or made recommendations on the allocation of additional resources. Finally, the interim plan lacks measurable goals or benchmarks which would serve to monitor the progress and accountability of the ICCPUD's efforts. The Committee looks forward to the ICCPUD's final plan to be issued later this year and hopes that it will address these issues. (p. 218/219)

Action taken or to be taken

The first annual report on underage drinking will contain measurable targets along with a Federal plan for reaching them. In addition, the report will include a discussion of how various Federal programs complement one another to provide a comprehensive Federal approach to reduce underage drinking, and it will include funding amounts for programs specific to the prevention and reduction of underage drinking. To ensure the use of policies, programs, and interventions that are effective in preventing and reducing underage drinking, the plan will call for making Federal registries of effective programs available for use by States and communities. The plan will also include a data appendix that was developed as the result of interagency collaboration.

SIGNIFICANT ITEMS FOR THE SENATE APPROPRIATIONS COMMITTEE REPORT LANGUAGE

FY 2006 Senate Appropriations Committee Report language (S.Rpt 109-103)

As part of its comprehensive plan to prevent and reduce underage alcohol use, the Department of Health and Human Services, in cooperation with the Interagency Coordinating Committee on the Prevention of Underage Drinking, sponsored a National Meeting on Preventing Underage Alcohol Use in the fall of 2005. This national meeting provided an opportunity for teams from the States to consider how their State could strengthen its efforts to address the problem based on the most recent research. During the meeting, ICCPUD agencies met with State team members representing their State-level counterparts. As a follow-up to the meeting, the ICCPUD agencies are working together to encourage States and communities across the country to hold a series of town hall meeting in March 2006, using the new Ad Council Public Service Announcements and materials provided by the various ICCPUD agencies. In addition, to highlight the importance of underage alcohol use as a public health issue, the Surgeon General will issue a Call to Action on underage drinking in 2006.

Substance Abuse and Mental Health Services Administration
Authorizing Legislation

Program Description/PHS Act:	FY 2006 Amount Authorized	FY 2006 Appropriation	FY 2007 Amount Authorized	FY 2007 Estimate
Emergency Response Sec. 501……	---	---	---	---
Grants for the Benefit of Homeless Individuals Sec. 506……	Expired	$43,915,000	Expired	$38,516,000
Alcohol and Drug Prevention or Treatment Services for Indians and Native Alaskans Sec. 506A*……	---	---	---	
Grants for Ecstasy and Other Club Drugs Abuse Prevention Sec. 506B*……	---	---	---	---
Residential Treatment Programs for Pregnant and Postpartum Women Sec. 508……	Expired	$10,890,000	Expired	$3,932,000
Priority Substance Abuse Treatment Needs of Regional and National Significance Sec. 509*……	Expired	$319,807,000	Expired	$312,111,000
Substance Abuse Treatment Services for Children and Adolescents Sec. 514*……	Expired	$29,597,000	Expired	$20,959,000
Early Intervention Services for Children and Adolescents Sec. 514A*……	---	---	---	---
Methamphetamine and Amphetamine Treatment Initiative Sec. 514(d)*……	---	---	---	---
Priority Substance Abuse Prevention Needs of Regional and National Significance Sec. 516*……	Expired	$179,120,000	Expired	$166,817,000
Prevention, Treatment and Rehabilitation Model Projects for High Risk Youth Sec. 517……	---	---	---	---
Services for Children of Substance Abusers Sec. 519*……	---	---	---	
Grants for Strengthening Families Sec. 519A*……	---	---	---	---
Programs to Reduce Underage Drinkin Sec. 519B*……	---	---	---	---

SSAN = Such Sums as Necessary

Substance Abuse and Mental Health Services Administration
Authorizing Legislation

Program Description/PHS Act:	FY 2006 Amount Authorized	FY 2006 Appropriation	FY 2007 Amount Authorized	FY 2007 Estimate
Services for Individuals with Fetal Alcohol Syndrome (FAS)				
Sec. 519C*……	---	---	---	---
Centers of Excellence on Services for Individuals with FAS and Alcohol-related Birth Defects and Treatment for Individuals with Such Conditions and Their Families				
Sec. 519D*……	Expired	$9,821,000	Expired	$9,821,000
Prevention of Methamphetamine and Inhalant Abuse and Addiction				
Sec. 519E*……	Expired	$3,960,000	Expired	$3,960,000
Priority Mental Health Needs of Regional and National Significance				
Sec. 520A*……	Expired	$108,434,000	Expired	$95,049,000
Youth Interagency Research, Training, and Technical Assistance Centers				
Sec. 520C*……	$4,000,000	$3,960,000	$5,000,000	$3,960,000
Services for Youth Offenders				
Sec. 520D*……	---	---	---	---
Suicide Prevention for Children and Youth				
Sec. 520E1*……	$18,000,000	$17,820,000	$30,000,000	$17,820,000
Sec. 520E2*……	$5,000,000	$4,950,000	$5,000,000	$4,950,000
Grants for Emergency Mental Health Centers				
Sec. 520F*……	---	---	---	---
Grants for Jail Diversion Programs				
Sec. 520G*……	Expired	$6,875,000	Expired	$6,875,000
Improving Outcomes for Children and Adolescents through Services Integration between Child Welfare and MH Services				
Sec. 520H*……	---	---	---	---
Grants for Integrated Treatment of Serious Mental Illness and Co-occurring Substance Abuse				
Sec. 520I*……	---	---	---	---
Mental Health Training Grants				
Sec. 520J*……	---	---	---	---
PATH Grants to States				
Sec. 535(a)……	Expired	$54,261,000	Expired	$54,261,000

SSAN = Such Sums as Necessary

Substance Abuse and Mental Health Services Administration
Authorizing Legislation

Program Description/PHS Act:	FY 2006 Amount Authorized	FY 2006 Appropriation	FY 2007 Amount Authorized	FY 2007 Budget Request
Community Mental Health Services for Children with Serious Emotional Disturbances				
Sec. 565 (f)……	Expired	$104,078,000	Expired	$104,078,000
Children and Violence Program				
Sec. 581*……	Expired	$82,202,000	Expired	$65,546,000
Grants for Persons who Experience Violence Related Stress				
Sec. 582 **……	SSAN	$29,462,000	SSAN	$29,462,000
Community Mental Health Services Performance Partnership Block Grants				
Sec. 1920(a)……	Expired	$399,165,000	Expired	$399,165,000
Substance Abuse Prevention and Treatment Performance Partnership Block Grant				
Sec. 1935(a)……	Expired	$1,679,391,000	Expired	$1,679,391,000
Data Infrastructure Development				
Sec. 1971*……	Expired	$7,678,000	Expired	$7,678,000
Other Legislation/Program Description				
Protection and Advocacy for Individuals with Mental Illness Act				
P.L. 99-319, Sec. 117……	Expired	$34,000,000	Expired	$34,000,000
Program Management:				
Program Management, Sec. 301……	Indefinite	$74,670,000	Indefinite	$74,220,000
SEH Workers' Compensation Fund				
P.L. 98-621……	Indefinite	$1,379,000	Indefinite	$1,301,000
Total, Program Management……	---	$76,049,000	---	$75,521,000
TOTAL, SAMHSA Budget Authority	$27,000,000	$3,205,435,000	$40,000,000	$3,133,872,000

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

** Section 582 of the PHS Act has been reauthorized through fiscal year 2006.

*** A new legislative proposal will be submitted for authorization of this program for FY 2005.

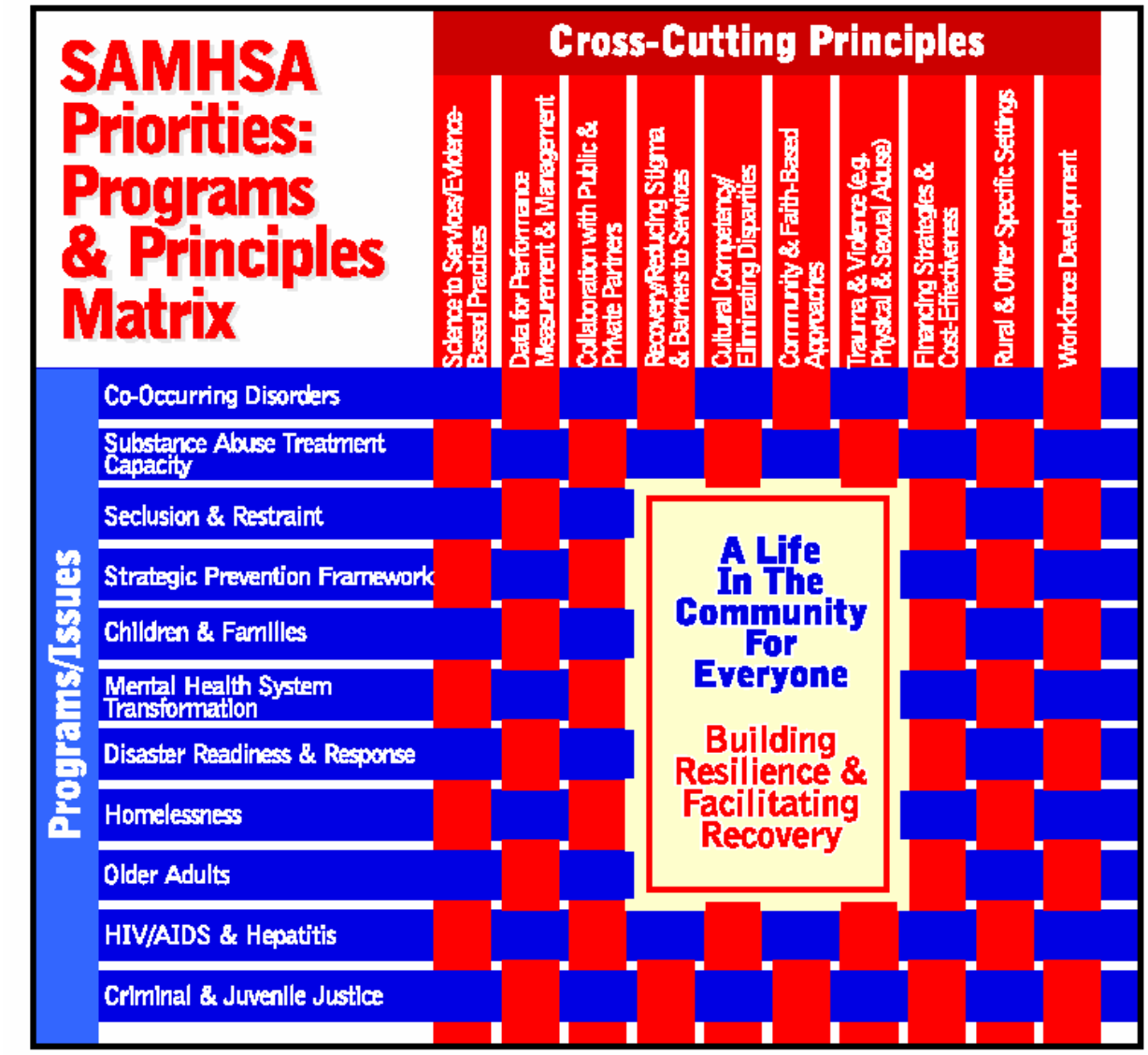
1/ Excludes the PHS evaluation funds for Sections 505, 509, 1920, and 1935 of the PHS Act.

Substance Abuse and Mental Health Services Administration
Appropriations History

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance		Appropriation	
1996	2,244,392,000	1,788,946,000	1,800,469,000	1/	1,854,437,000	2/
1997	2,098,011,000	189,946,000	1,873,943,000		2,134,743,000	
1997 Red. P.L. 104-208					-362,001	
1997 Red. P.L. 104-208					-69,000	
1997 Advance Appro. P.L.104-121					50,000,000	3/
1998	2,155,943,000	2,151,943,000	2,126,643,000		2,146,743,000	
1998 Advance Appro. P.L. 104-121	---	---	---		+50,000,000	3/
1999	2,279,643,000	2,458,005,000	2,151,643,000		2,488,005,000	
2000	2,626,505,000	2,413,731,000	2,750,700,000		2,654,953,000	
2000 P.L.106-113	---	---	---		-3,085,000	4/
2001	2,823,016,000	2,727,626,000	2,730,757,000		2,958,001,000	
2001 P.L.106-554	---	---	---		-645,000	5/
2001 P.L. 107-20	---	---	---		+6,500,000	6/
2002	3,058,456,000	3,131,558,000	3,073,456,000		3,138,279,000	7/
2002 Res. HR. 3061	---	---	---		-589,000	
2002 Res. P.L. 107-216	---	---	---		-1,681,000	8/
2003 P.L. 108-5	3,193,086,000	3,167,897,000	3,129,717,000		3,158,068,000	
2003 P.L. 108-7	---	---	---		-20,521,235	9/
2004 P.L. 108-84	3,393,315,000	3,329,000,000	3,157,540,000		3,253,763,000	
2004 P.L. 108-199					-19,856,290	10/
2005 P.L. 108-447 &P.L. 108-309 as mended	3,428,939,000	3,270,360,000	3,361,426,000		3,295,361,000	
2005 H.R. 4818					-26,895,592	11/
2006 P.L. 109-149	3,336,023,000	3,352,047,000	3,398,086,000		3,359,116,000	
2006 Res. P.L. 109-359	---	---	---		-1,681,000	12/

FOOTNOTES: All years exclude PHS Evaluation Funds

1/ Includes $200,000,000 proposed transfer from the Safe and Drug Free Schools Act program of the Dept of Education for youth substance abuse prevention programs in schools and communities.
2/ A regular 1996 appropriation for this amount was not enacted.
3/ Advance appropriation P.L. 104-121 from Social Security Administration to the Substance Abuse Block Grant.
4/ Reflects a rescission mandated by P.L.106-113.
5/ Reflects a rescission mandated by Section 520 of P.L. 106-554.
6/ Reflects a Supplemental Appropriation for Building and Facilities (SEH) P.L. 107-20.
7/ Reflects administrative reduction in Section 516 of the Appropriations Bill (H.R. 3061).
8/ Reflects administrative reduction in P.L. 107-216 (H.R.).
9/ Reflects a rescission mandated by P.L. 108-7.
10/ 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.
11/ Reflects SAMHSA's share of the Division F, section 519(a) reduction on administrative related expenses and the Division J, section 122(a) rescission of H.R. 4818.
12/ Reflects SAMHSA's share of the rescission mandated by P.L.109-359.


SAMHSA Priorities: Programs & Principles Matrix
Cross-Cutting Principles
Science to Services/Evidence-Based Practices
Data for Performance Measurement & Management
Collaboration with Public & Private Partners
Recovery/Reducing Stigma & Barriers to Services
Cultural Competency/ Eliminating Disparities
Community & Faith-Based Approaches
Trauma & Violence (e.g. Physical & Sexual Abuse)
Financing Strategies & Cost-Effectiveness
Rural & Other Specific Settings
Workforce Development
Programs/Issues
Co-Occurring Disorders
Substance Abuse Treatment Capacity
Seclusion & Restraint
Strategic Prevention Framework
Children & Families
Mental Health System Transformation
Disaster Readiness & Response
Homelessness
Older Adults
HIV/AIDS & Hepatitis
Criminal & Juvenile Justice
A Life In The Community For Everyone
Building Resilience & Facilitating Recovery

May 2004

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Center for Mental Health Services
Overview

	FY 2005 Actual	FY 2006 Appropriation	FY 2007 Estimate	FY 2007 +/- FY 2006 Appropriation
Programs of Regional and National Significance…….	$274,297,000	$263,263,000	$228,101,000	-$35,162,000
Children's Mental Health…	105,112,000	104,078,000	104,078,000	---
Protection & Advocacy…..	34,343,000	34,000,000	34,000,000	---
PATH……..	54,809,000	54,261,000	54,261,000	---
MH Block Grant a/……	432,756,000	428,646,000	428,472,000	-174,000
Total……	**$901,317,000**	**$884,248,000**	**$848,912,000**	**-$35,336,000**

a/ Includes PHS Evaluation funds $21.8 million in FY 2005 & FY 2006 and $21.6 million in FY 2007.

SAMHSA's Center for Mental Health Services (CMHS) leads Federal efforts in caring for the Nation's mental health by promoting effective mental health services. CMHS provides Federal fiscal and policy support for mental health services administered by States, local governments, and service providers at the community level. CMHS supports services that are evidence-based, community focused, and promote recovery. These services represent the culmination of decades of work to create an effective community-based mental health service infrastructure throughout the Nation. CMHS disseminates new knowledge about the effectiveness of treatment, and supports States and local communities to adopt evidence-based interventions.

Approximately 54 million Americans have a mental illness. The people affected by the work of CMHS include adults with serious mental illnesses, children with serious emotional disturbances, adults and children at risk for developing these illnesses, and the families, employers, and communities of affected individuals. In July 2003, the President's New Freedom Commission on Mental Health released its final report, *Achieving the Promise: Transforming Mental Health Care in America,* which highlights ways to ensure the promise of community living for adults with serious mental illness and children with serious emotional disturbances. The President directed the Commission to study the problems and gaps in the mental health system and make concrete recommendations for immediate improvements. The Commission outlined six goals to transform the mental health system:

1. Americans understand that mental health is essential to overall health;
2. Mental health care is consumer and family driven;
3. Disparities in mental health services are eliminated;
4. Early mental health screening, assessment and referral to services are common practice;
5. Excellent mental health care is delivered and research is accelerated;
6. Technology is used to access mental health care and information.

Transforming Mental Health Care in America, The Federal Action Agenda: First Steps was released in July 2005. The Action Agenda articulates specific, actionable objectives for the initiation of a long-term strategy designed to move the Nation's public and private mental health

service delivery systems toward the day when all adults with serious mental illnesses and all children with serious emotional disturbances will live, work, learn and participate fully in their communities. This Federal Mental Health Action Agenda is the product of U.S. Department of Health and Human Services agencies and offices, along with five other Departments and the Social Security Administration. The goals of the Federal collaboration are:

1. Send the message that mental illnesses and emotional disturbances are treatable and that recovery is possible.
2. Reduce the number of suicides in the Nation through full implementation of the National Strategy for Suicide Prevention.
3. Help States develop the infrastructure necessary to formulate and implement comprehensive State Mental Health Plans that include the capacity to create individualized plans that promote resilience and recovery.
4. Develop a plan to promote a mental health workforce better qualified to practice culturally competent mental health care based on evidence-based practices.
5. Improve interface of primary care and mental health services.
6. Initiate a national effort to focus on mental health needs of children and promote early intervention.
7. Expand the Science to Services agenda and develop new evidence-based practices toolkits.
8. Increase employment of people with psychiatric disabilities.
9. Design and initiate an electronic health record and information system that will help providers and consumers better manage mental health care and that will protect the privacy and confidentiality of consumers' health information.

The FY 2007 budget includes a reform proposal of the Community Mental Health Services Block Grant program to require States to use part of their allotment for transformation activities. In addition, States will submit a single State plan that will address transformation activities.

The FY 2007 President's Budget of $848,912,000 is a decrease of $35,336,000 below the FY 2006 Appropriation. The Programs of Regional and National Significance (PRNS) budget of $228,101,000 is a decrease of $35,162,000 below the FY 2006 appropriation and the Community Mental Health Services Block Grant program appropriation of $428,472,000 is a decrease of $174,000. The funding levels for Children's Mental Health Services Program, Protection and Advocacy Program; PATH homelessness program; are maintained at the FY 2006 Appropriation level.

SAMHSA has renamed the two categories in the budget tables within Programs of Regional and National Significance to provide better alignment with SAMHSA's strategic plan and a clearer understanding of the activities being funded. Some of the individual program activities also have been realigned between these categories based on their purpose and consistent with their performance measures.

The PRNS are a vital link between clinical and services research and the implementation of effective prevention, treatment and/or rehabilitation services. This group of diverse program activities helps to identify effective and efficient recovery-based service models and to provide

assistance in applying them in the community. The FY 2007 budget for CMHS reduces resources for the State Incentive Grants for Transformation by $5,944,000. Funding is included for a new cohort of grants for the Statewide Family Network, Consumer Network, Seclusion and Restraint State Incentive Grants, Suicide Hotline, Consumer Technical Assistance Centers, and Minority Fellowship Program. The PRNS underwent an OMB PART review for the FY 2007 budget year, and has received a rating of "Results Not Demonstrated," primarily because performance reporting has not yet been implemented in many PRNS activities. Performance reporting will be phased in with implementation of the NOMs and an automated reporting system.

The Children's Mental Health Services program has achieved improvements in outcomes through multi-agency, multi-disciplinary planning. Several States have passed legislation mandating the system-of-care approach for the treatment of children with serious emotional disorders. This program has exceeded its FY 2005 targets for: percentage of children with no law enforcement contacts after six months of receiving services, and increased numbers of children receiving services. The program was reviewed in 2002 through the FY 2004 OMB PART process and was found to be "Moderately Effective."

The Protection and Advocacy Program provides formula grant awards to Protection and Advocacy systems in each State, the territories, and the District of Columbia. The purpose of the program is to protect and advocate for the rights of individuals with mental illnesses in public and private facilities; to investigate and monitor incidents of abuse and neglect, including those associated with seclusion and restraint; and to pursue administrative, legal, and other remedies to redress complaints. This program has exceeded the FY 2004 targets for persons served and for the percent of substantiated complaints of abuse and of civil rights violations that are favorably resolved. This program received a rating of "Moderately Effective" in its FY 2007 PART review.

The Projects for Assistance in Transition from Homelessness program provide formula grant awards to States, territories, and the District of Columbia to provide community support services to individuals with serious mental illnesses who are homeless or at risk of becoming homeless. Services include outreach, screening and diagnosis, treatment, community mental health services, alcohol and drug treatment, supervisory services in a residential setting, and referrals to other needed services. This program has exceeded the FY 2003 target for the number of persons contacted through outreach. The program was reviewed in 2002 through the FY 2004 OMB PART process and was found to be "Moderately Effective."

The Community Mental Health Services Block Grant addresses SAMHSA's goal of increasing capacity as well as the goal of promoting effective services. Funds assist States and Territories in moving care for adults and children with mental illnesses from costly and restrictive inpatient hospital care to the community. In FY 2007, the link with transformation activities is proposed to be strengthened. The program also supports a planning process in each State. The program has met or exceeded the 2004 targets for increasing the number of persons served and for increasing the rate of consumers and family members reporting positively about outcomes. The program was reviewed in 2003 through the FY 2005 OMB PART process and was found to be "Adequate."

Center for Mental Health Services
CMHS Program Priority Areas
(Dollars in thousands)

Program Priority Area	FY 2005 Actual	FY 2006 Appropriation	FY 2007 Estimate
Co-Occurring Disorders			
PRNS	$13,715	$12,049	$7,633
Substance Abuse Treatment Capacity	---	---	---
Seclusion & Restraint			
PRNS	2,478	2,452	2,331
Strategic Prevention Framework			
PRNS	17,615	31,715	34,685
Children & Families			
PRNS	137,681	133,885	114,603
Children's M/H Services	105,112	104,078	104,078
Mental Health System Transformation			
PRNS	66,922	48,065	39,184
Protection & Advocacy	34,343	34,000	34,000
Mental Health Block Grant	432,756	428,646	428,472
Disaster Readiness & Response			
PRNS	1,463	1,019	1,066
Homelessness			
PRNS	12,158	12,036	6,557
PATH	54,809	54,261	54,261
Older Adults			
PRNS	4,960	4,910	4,910
HIV/AIDS & Hepatitis			
PRNS	10,361	10,257	10,257
Criminal & Juvenile Justice			
PRNS	6,944	6,875	6,875
TOTAL	**$901,317**	**$884,248**	**$848,912**

Center for Mental Health Services

Mechanism Table

(Dollars in thousands)

	FY 2005 Actual		FY 2006 Appropriation		FY 2007 Estimate	
	No.	Amount	No.	Amount	No.	Amount
Programs of Regional & National Significance						
Capacity:						
Grants/Coop. Agree:						
Continuations	226	$58,200	199	$88,948	198	$86,274
New/Competing	152	75,880	73	22,125	56	16,741
Supplements	---	---	10	6,010	---	---
Subtotal	**378**	**134,080**	**282**	**117,083**	**254**	**103,015**
Contracts:						
Continuations	20	27,174	18	99,736	19	94,764
New	9	81,125	4	13,805	1	1,533
Supplements	---	---	---	1,300	---	---
Subtotal	**29**	**108,299**	**22**	**114,841**	**20**	**96,297**
Technical Assistance	---	---	---	---	---	---
Review Cost	---	312	---	295	---	336
Subtotal	**29**	**108,611**	**22**	**115,136**	**20**	**96,633**
Subtotal, Capacity	**407**	**242,691**	**304**	**232,219**	**274**	**199,648**
Science to Service:						
Grants/Coop. Agree:						
Continuations	38	11,030	37	10,952	1	3,827
New/Competing	12	2,327	5	250	34	7,566
Supplements	---	633	---	996	---	---
Subtotal	**50**	**13,990**	**42**	**12,198**	**35**	**11,393**
Contracts:						
Continuations	16	15,107	18	14,525	19	13,009
New	4	1,963	4	3,031	2	2,620
Subtotal, Contracts	20	**17,070**	22	**17,556**	21	**15,629**
Technical Assistance	---	---	---	579	---	579
Review Cost	---	546	---	711	---	852
Subtotal	**20**	**17,616**	**22**	**18,846**	**21**	**17,060**
Subtotal, Science to Service	**70**	**31,606**	**64**	**31,044**	**56**	**28,453**
Total, PRNS	**477**	**$274,297**	**368**	**$263,263**	**330**	**$228,101**

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

	FY 2005 Actual		FY 2006 Appropriation		FY 2007 Estimate	
	No.	Amount	No.	Amount	No.	Amount
CHILDREN'S MENTAL HEALTH						
Grants/Coop. Agree:						
Continuations	31	49,015	55	82,224	57	82,700
New/Competing	30	26,550	2	2,000	---	---
Supplements	---	---	---	---	---	---
Subtotal	**61**	**75,565**	**57**	**84,224**	**57**	**82,700**
Contracts:						
Continuations	---	17,238	3	9,887	3	12,613
New/Competing	---	---	---	---	---	---
Supplements	---	---	---	---	---	---
Subtotal	---	17,238	3	9,887	3	12,613
Technical Assistance	---	12,157	7	9,815	7	8,613
Review Cost	---	152	---	152	---	152
Subtotal	**---**	**29,547**	**10**	**19,854**	**10**	**21,378**
Total, Children's Mental Health	**61**	**105,112**	**67**	**104,078**	**67**	**104,078**
MENTAL HEALTH BLOCK GRANT	**59**	**432,756**	**59**	**428,646**	**59**	**428,472**
(PHS Evaluation Funds: Non-Add)	---	*(21,803)*	---	*(21,803)*	---	*(21,629)*
PATH	**56**	**54,809**	**56**	**54,261**	**56**	**54,261**
PROTECTION AND ADVOCACY	**57**	**34,343**	**57**	**34,000**	**57**	**34,000**
TOTAL, CMHS	**710**	**$901,317**	**607**	**$884,248**	**569**	**$848,912**

Center for Mental Health Services
Programs of Regional & National Significance (PRNS)

Authorizing Legislation - Sections 501, 506, 520, 581, 582, 1971 of the PHS Act

	FY 2005 Actual	FY 2006 Appropriation	FY 2007 Estimate	FY 2007 +/- FY 2006 Appropriation
Programs of Regional and National Significance				
Capacity……	$242,691,000	$232,219,000	$199,648,000	-$32,571,000
Science to Service……	31,606,000	31,044,000	28,453,000	-2,591,000
Total…….	**$274,297,000**	**$263,263,000**	**$228,101,000**	**-$35,162,000**

2007 Authorization 520C..... $5,000,000
2007 Authorization 520E(1) $30,000,000
2007 Authorization 520E(2) $5,000,000
2007 Authorization 582 ..... Such sums as necessary
2007 Authorization .....Expired

Statement of the Budget Request – The Programs of Regional and National Significance support States and communities in carrying out an array of activities toward improved services for adults with mental illness and children with emotional disturbance. The FY 2007 President's Budget of $228,101,000 is a decrease of $35,162,000 from the FY 2006 Appropriation.

Program Description - In SAMHSA, there are two program categories within PRNS: Capacity and Science to Services (formerly Targeted Capacity Expansion and Best Practices). The first category supports SAMHSA's Capacity goal, and includes services programs, which provide funding to implement a service improvement using proven evidence based approaches, and infrastructure programs, which identify and implement needed systems changes. For services programs, performance measures generally are client outcome measures. For infrastructure programs, measures generally are short term measures of service improvements coupled with positive long term client outcomes. The second category supports SAMHSA's Effectiveness goal, and include programs that promote the identification and increase the availability of practices that have been demonstrated through research to be effective. Science to Services provides the link between activities of agencies such as the National Institutes of Health and the needs of service systems and providers for information and assistance in implementing improvements. Performance measures are generally process measures - for example, changes made as a result of technical assistance; persons trained; or responses to inquiries for information.

This budget level will support 330 grants and contracts, consisting of 237 continuations and 93 new/competing.

The budget display reflects SAMHSA's reclassification of PRNS activities to ensure that programs are included in the appropriate category, Capacity or Science to Service, to be consistent with SAMHSA's strategic goals.

Performance Analysis – The CMHS PRNS program received a rating of "Results Not Demonstrated" in its FY 2007 PART review. The program is implementing an automated performance measurement system to address data issues. The PRNS program consists of multiple individual activities. The Co-occurring State Incentive Grants program, administered jointly with CSAT, is expected to have pilot data by December 2006. The National Child Traumatic Stress Initiative program has begun to report outcome data. The Safe Schools/Healthy Students program, a collaborative effort of the Federal Departments of Education, Justice, and Health and Human Services, will report performance data from this interagency effort in 2006.

During the past year CMHS has made significant progress improving its data collection activities for PRNS programs. CMHS is finalizing National Outcome Measures for three activities funded under the PRNS portfolio of programs: client services, infrastructure development, and technical assistance. In early 2006, CMHS expects to complete an OMB data collection clearance package required to begin this standardized data collection across the PRNS portfolio. The GPRA data will be entered into a new, centralized web-based collection system; Transformation Accountability System (TRAC). Implementation of the new Transformation Accountability System data collection program will follow immediately upon OMB clearance. SAMHSA expects it will be able to report on the implementation status of the Transformation Accountability System in the spring of 2006.

While many activities contribute to CMHS' accomplishments, several major programs account for the majority of funding. They are:

State Incentive Grants for Transformation (MHT SIG): The FY 2007 budget of $19,796,000 will continue support for 7 grant continuations awarded in FY 2005. This program is one of the initial action steps identified in the Federal Mental Health Action Agenda for system transformation. No new grants will be awarded. A reform of the Community Mental Health Services Block Grant program will require States to use amounts above their minimum allotment for transformation activities.

Suicide Prevention Programs: The FY 2007 budget of $34,685,000 is an increase of $2,970,000 over the FY 2006 Appropriation. Of the total amount, $26,730,000 is for Garrett Lee Smith suicide prevention activities, same as the FY 2006 Appropriation. In addition $2,970,000 is included for a new American Indian/Alaska Native Youth Suicide Prevention Initiative.

Co-occurring State Incentive Grants: The budget of $7,633,000 will support 11 continuation grants and 1 contract. This program enables States to develop and enhance their service system infrastructure in order to increase their capacity to serve people with co-occurring substance abuse and mental disorders.

National Child Traumatic Stress Initiative: The budget of $29,462,000 will fully fund grant and contract continuations. No new grants will be funded. This program has established 54 treatment development and community service centers to treat children who have experienced trauma. The program also supports the National Center for Child Traumatic Stress, which coordinates the national network of grantees.

Highlighted Performance Measure

Mental Health Programs of Regional and National Significance		
Performance Goal	Results	Context
Rate of consumers/family members reporting positively about outcomes (state mental health system)	FY 2004 target was exceeded for both consumers and family members (Targets 71/64, results 71/65)	Studies have found that patients' satisfaction with services was related to treatment improvements.

School-based Violence Prevention: The budget of $75,710,000, a decrease of $17,588,000 from the FY 2006 Appropriation, will fully fund grant and contract continuations. No new Safe Schools/Healthy Student grants will be funded. Performance data will not be available until 2006. The program was created in 1999 as a collaborative effort of the Federal Departments of Education, Justice, and Health and Human Services. Local education authorities that apply for the Safe Schools/Healthy Students grants are required to have formal partnerships with local mental health and law enforcement agencies. As a result of these partnerships, comprehensive plans have been developed and implemented with the goals of promoting the healthy development of children and youth, fostering their resilience in the face of adversity, and preventing violence.

Funding levels for the PRNS program over the past five fiscal years were as follows:

	Funding	FTEs
2002	$229,507,000	—
2003	244,443,000	—
2004	240,796,000	—
2005	274,297,000	—
2006	263,263,000	—

Rationale for the Budget

The FY 2007 President's Budget of $228,101,000 is a reduction of $35,162,000 from the FY 2006 Appropriation. The Capacity category will be reduced by $32,571,000 and the Science to Service category will be reduced by $2,591,000. This budget will support full funding of all grant and contract continuations.

The Capacity reductions are in the School-based Violence Prevention program, the Co-occurring SIGs , Seclusion and Restraint, Children's programs, the Mental Health State Incentive Grant for transformation, Mental Health system transformation activities, and Mental Health services for the homeless. These reductions reflect grants and contracts coming to a natural end totaling $35,541,000. This amount is offset by the new American Indian/Alaskan Native youth suicide prevention program of $2,970,000.

The Science to Service reductions are in the Mental Health Systems Transformation Activities, Homelessness and Minority Fellowship Program, totaling $2,680,000. The decreases reflect grants and contracts that are coming to a natural end. This reduction is partially offset by an increase to the SAMHSA Health Information Network of $42,000 and an increase to disaster response of $47,000. The net decrease is $2,591,000.

The Mental Health PRNS program underwent an OMB PART review in 2005 for the FY 2007 budget and received a rating of Results Not Demonstrated. Improvements in performance data collection that already were in progress at the time of the review are expected to correct the data deficiencies that were identified in the review. The program supports HHS Strategic Objective 3.5, Expand Access to Health Care Services for Targeted Populations with Special Health Care Needs. Individuals with mental illnesses are one of the populations particularly targeted by this objective.

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

Programs of Regional & National Significance	FY 2005 Actual	FY 2006 Appropriation	FY 2007 Estimate	Difference +/- 2006
CAPACITY:				
Co-Occurring SIG	$13,715	$12,049	$7,633	-$4,416
Seclusion & Restraint	2,478	2,452	2,331	-121
Mental Health Prevention and Early Intervention	1,179	---	---	---
Suicide Hotline	3,052	3,021	3,021	---
GLS - Youth Suicide Prevention- States	6,924	17,820	17,820	---
GLS - Youth Suicide Prevention- Campus	1,500	4,950	4,950	---
AI/AN MH/Suicide Prevention Initiative	---	---	2,970	+2,970
School Violence Prevention	94,238	93,298	75,710	-17,588
Post Traumatic Stress Disorder	29,726	29,462	29,462	---
Children's SIG	2,976	2,946	2,946	---
Children's Programs	10,741	8,179	6,485	-1,694
Mental Health SIG for Transformation	19,840	25,740	19,796	-5,944
Mental Health System Transformation Activities	3,019	1,674	1,017	-657
Congressional Projects	11,382	---	---	---
State Data Infrastructure	10,910	---	---	---
MH Services to the Homeless (GBHI)	5,630	9,560	4,439	-5,121
Chronic Homelessness Initiative w/HUD/VA	4,109	---	---	---
Older Adults	4,960	4,910	4,910	---
Minority AIDS Initiative	9,368	9,283	9,283	---
Jail Diversion	6,944	6,875	6,875	---
Subtotal, Capacity	**242,691**	**232,219**	**199,648**	**-32,571**
SCIENCE TO SERVICE:				
GLS - Suicide Resource Center	2,976	3,960	3,960	---
Adolescents at Risk	1,984	1,964	1,964	---
Mental Health Systems Transformation Activities	12,448	10,617	8,758	-1,859
National Registry of Evidence-based Programs and Practices	450	445	445	---
SAMHSA Health Information Network	2,876	3,697	3,739	+42
Consumer and Consumer Support TA Centers	1,984	1,964	1,964	---
Minority Fellowship Program	4,013	3,928	3,465	-463
Disaster Response	1,463	1,019	1,066	+47
Homelessness	2,419	2,476	2,118	-358
HIV/AIDS Education	993	974	974	---
Subtotal, Science to Service	**31,606**	**31,044**	**28,453**	**-2,591**
TOTAL, PRNS	**$274,297**	**$263,263**	**$228,101**	**-$35,162**

Center for Mental Health Services
PRNS Program Priority by Type
(Dollars in thousands)

Programs of Regional & National Significance	FY 2005 Actual No.	FY 2005 Actual Amount	FY 2006 Appropriation No.	FY 2006 Appropriation Amount	FY 2007 Estimate No.	FY 2007 Estimate Amount
Capacity						
Co-Occurring Disorders						
Grants						
Continuations	11	7,806	15	9,704	11	5,327
New/Competing	4	3,946	---	---	---	---
Contracts						
Continuations	1	1,376	2	2,345	1	2,306
New/Competing	1	587	---	---	---	---
Subtotal	17	13,715	17	12,049	12	7,633
Seclusion & Restraint						
Grants						
Continuations	8	1,847	8	1,826	---	---
New/Competing	---	---	---	---	8	1,711
Contracts						
Continuations	---	631	---	626	---	---
New/Competing	---	---	---	---	1	620
Subtotal	8	2,478	8	2,452	9	2,331
Strategic Prevention Framework						
Grants						
Continuations	4	3,379	37	9,265	86	17,714
New/Competing	36	7,086	50	11,100	6	5,676
Supplements	---	---	---	369	---	---
Contracts						
Continuations	2	852	1	1,464	1	5,211
New/Competing	1	1,338	---	3,593	---	160
Subtotal	43	12,655	88	25,791	93	28,761
Children & Families						
Grants						
Continuations	96	19,696	102	39,320	42	23,263
New/Competing	36	25,854	---	---	39	8,513
Contracts						
Continuations	10	17,845	13	90,885	15	82,121
New/Competing	6	74,286	2	3,680	---	706
Subtotal	148	137,681	117	133,885	96	114,603
Mental Health System Transformation						
Grants						
Continuations	58	7,561	7	18,569	7	18,380
New/Competing	53	29,951	---	---	---	---
Contracts						
Continuations	7	6,368	2	2,945	1	2,433
New/Competing	---	1,271	1	5,900	---	---

Center for Mental Health Services
PRNS Program Priority by Type
(Dollars in thousands)

Programs of Regional & National Significance	FY 2005 Actual No.	FY 2005 Actual Amount	FY 2006 Appropriation No.	FY 2006 Appropriation Amount	FY 2007 Estimate No.	FY 2007 Estimate Amount
Homelessness						
Grants						
Continuations	18	6,036	10	3,942	10	3,914
New/Competing	6	2,360	10	4,291	---	---
Contracts						
Continuations	---	414	---	999	---	525
New/Competing	---	929	---	328	---	---
Subtotal	24	9,739	20	9,560	10	4,439
Older Adults						
Grants						
Continuations	---	---	11	4,386	11	4,337
New/Competing	11	4,371	---	---	---	---
Contracts						
Continuations	---	---	---	265	1	573
New/Competing	---	589	1	259	---	---
Subtotal	11	4,960	12	4,910	12	4,910
HIV/AIDS & Hepatitis						
Grants						
Continuations	20	8,000	---	---	16	8,316
New/Competing	---	---	16	8,400	---	---
Contracts						
Continuations	---	---	---	---	---	967
New/Competing	1	1,368	---	883	---	---
Subtotal	21	9,368	16	9,283	16	9,283
Criminal & Juvenile Justice						
Grants						
Continuations	11	3,875	9	3,286	15	5,023
New/Competing	6	2,312	7	2,625	3	841
Contracts						
Continuations	---	---	---	502	---	964
New/Competing	---	757	---	462	---	47
Subtotal	17	6,944	16	6,875	18	6,875
Grants						
Continuations, Subtotal	***226***	***58,200***	***199***	***90,298***	***198***	***86,274***
New/Competing, Subtotal	***152***	***75,880***	***83***	***26,785***	***56***	***16,741***
Total, Grants	***378***	***134,080***	***282***	***117,083***	***254***	***103,015***
Contracts						
Continuations, Subtotal	***20***	***27,174***	***18***	***99,736***	***19***	***94,764***
New/Competing, Subtotal	***9***	***81,125***	***4***	***15,105***	***1***	***1,533***
Total, Contracts	***29***	***108,299***	***22***	***114,841***	***20***	***96,297***
Technical Assistance	---	---	---	---	---	---
Review	---	***312***	---	***295***	---	***336***
Total, Capacity	**407**	**242,691**	**304**	**232,219**	**274**	**199,648**

Center for Mental Health Services
PRNS Program Priority by Type
(Dollars in thousands)

Programs of Regional & National Significance	FY 2005 Actual No.	FY 2005 Actual Amount	FY 2006 Appropriation No.	FY 2006 Appropriation Amount	FY 2007 Estimate No.	FY 2007 Estimate Amount
Science To Service						
Co-Occurring Disorders						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Seclusion & Restraint						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Strategic Prevention Framework						
Grants						
Continuations	1	2,600	9	4,458	1	3,597
New/Competing	8	1,877	---	---	6	1,858
Contracts						
Continuations	---	65	---	417	---	363
New/Competing	---	418	---	53	---	106
Subtotal	9	4,960	9	4,928	7	5,924
Children & Families						
Grants						
Continuations	---	---	---	---	---	---
Supplements			---	996		
New/Competing	---	---	---	---	---	---
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	996	---	---
Mental Health System Transformation						
Grants						
Continuations	37	9,063	28	6,494	---	230
New/Competing	4	450	5	250	28	5,708
Contracts						
Continuations	8	10,596	12	11,489	11	8,599
New/Competing	4	1,116	2	1,128	2	2,514
Subtotal	53	21,225	47	19,361	41	17,051

Center for Mental Health Services
PRNS Program Priority by Type
(Dollars in thousands)

Programs of Regional & National Significance	FY 2005 Actual No.	FY 2005 Actual Amount	FY 2006 Appropriation No.	FY 2006 Appropriation Amount	FY 2007 Estimate No.	FY 2007 Estimate Amount
Disaster Readiness & Response						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Contracts						
Continuations	2	1,034	2	1,019	2	1,066
New/Competing	---	429	---	---	---	---
Subtotal	2	1,463	2	1,019	2	1,066
Homelessness						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Contracts						
Continuations	2	2,419	1	1,150	2	2,118
New/Competing	---	---	1	1,326	---	---
Subtotal	2	2,419	2	2,476	2	2,118
HIV/AIDS & Hepatitis						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Contracts						
Continuations	4	993	3	450	4	974
New/Competing	---	---	1	524	---	---
Subtotal	4	993	4	974	4	974
Criminal & Juvenile Justice						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Grants						
Continuations, Subtotal	***38***	***11,663***	***37***	***10,952***	***1***	***3,827***
New/Competing, Subtotal	***12***	***2,327***	***5***	***1,246***	***34***	***7,566***
Total, Grants	***50***	***13,990***	***42***	***12,198***	***35***	***11,393***
Contracts						
Continuations, Subtotal	***16***	***15,107***	***18***	***14,525***	***19***	***13,120***
New/Competing, Subtotal	***4***	***1,963***	***4***	***3,031***	***2***	***2,620***
Total, Contracts	***20***	***17,070***	***22***	***17,556***	***21***	***15,740***
Technical Assistance	---	***----***	---	***579***	---	***579***
Review	---	***546***	---	***711***	---	***741***
Total, Science to Service	***70***	***31,606***	***64***	***31,044***	***56***	***28,453***
TOTAL, PRNS	**477**	**$274,297**	**368**	**$263,263**	**330**	**$228,101**

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Center for Mental Health Services
Children's Mental Health Services Program

Authorizing Legislation - Section 565 of the PHS Act

	FY 2005 Actual	FY 2006 Appropriation	FY 2007 Estimate	FY 2007 +/- FY 2006 Appropriation
Budget Authority……	$105,112,000	$104,078,000	$104,078,000	---

2007 Authorization ..... Expired

Statement of the Budget Request – The FY 2007 President's Budget of $104,078,000 is the same level as the FY 2006 Appropriation. This program funds communities to develop systems of care for children and adolescents with serious emotional disorders.

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

Program funds are available through competitive cooperative agreements to States, political subdivisions of States, Territories, and Indian Tribes or tribal organizations. Funds are used to build on the existing service infrastructure so that the array of services required to meet the needs of the target population is available and accessible. Grants are funded for a total of 6 years, with an increasing non-Federal match requirement over the term of the award. The match requirement is intended to promote sustainability of the local systems of care beyond the grant period. The budget will fully fund continuations, including 57 grants and 10 contracts. No new grants will be funded. Funding will also continue support for evaluation, technical assistance, and communications activities.

Performance Analysis - From 1993-2004, CMHS has funded 96 grants in 48 States and two territories, and has provided services to approximately 67,341 children. The program has served children in 430 or 13.7% of 3,142 counties in the United States, representing a small but significant proportion of the country being exposed to these highly successful systems-of-care services. Funded programs have achieved sustainability even after the federal funds end.

The program received an OMB PART review in 2002 for the FY 2004 budget process, and was found to be "Moderately Effective". As a component of this assessment, SAMHSA established, with DHHS and OMB, several long-term measures for the program that will be used to track and improve performance:

- By FY 2010, 60% of grantees will exceed a 30% improvement in behavioral and emotional symptoms among children receiving services for six months.
- By FY 2008, 80% of systems of care will continue to be sustained five years after Federal funding has ended.
- By FY 2010, 80% of grantees will decrease inpatient care costs by 10%.

This program has exceeded FY 2005 targets for increasing the percentage of participants with no law enforcement contacts after six months of receiving services, and for increasing the numbers of children receiving services. The program is also demonstrating efficiency. 87.5% of grantees reduced inpatient care costs by 10% or more. The Children's Mental Health Program has invested consistently in program evaluation, and outcomes from the evaluation have been used to monitor program performance.

Highlighted Performance Measure

Performance Goal	Results	Context
Improve children's outcomes and systems outcomes: Increase percentage with no law enforcement contacts at 6 months	The program has exceeded the targets for this measure every year since 2003. (baseline year 2002) 2003 target 47% result, 50.5% 2004 target 50%, result 67.6% 2005 target 53%, result 68%	Reduction in law enforcement contacts is a key outcome measure for this program.

Funding levels for the past five fiscal years were as follows:

	Funding	FTEs
2002	$96,459,000	—
2003	98,053,000	—
2004	102,353,000	—
2005	105,112,000	—
2006	104,078,000	—

Rationale for the Budget - The FY 2007 President's Budget of $104,078,000 is the same level as the FY 2006 Appropriation. The budget will fully fund 57 grants and 10 contract continuations. The FY 2004 PART review substantiated the effectiveness of the program. The program also supports HHS Strategic Objective 3.5, Expand access to health care services for targeted populations with special health care needs, as individuals with mental illnesses are one of the populations particularly targeted by this objective.

Center for Mental Health Services
Protection and Advocacy for Individuals with Mental Illness (PAIMI)

Authorizing Legislation - Section 102 of the PAIMI Act

	FY 2005 Actual	FY 2006 Appropriation	FY 2007 Estimate	FY 2007 +/- FY 2006 Appropriation
Budget Authority……..	$34,343,000	$34,000,000	$34,000,000	---

2007 Authorization .....Expired

Statement of the Budget Request – The FY 2007 President's Budget of $34,000,000 is the same as the FY 2006 Appropriation. This formula grant program funds State Protection and Advocacy systems to protect individuals with mental illnesses from abuse, neglect, and civil rights violations.

Program Description - The Protection and Advocacy for Individuals with Mental Illness Program primarily supports SAMHSA's Capacity goal by expanding the availability of protection and advocacy services. The program also directly supports SAMHSA's Mental Health System Transformation and Seclusion and Restraint priority areas.

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

Performance Analysis - The program received a rating of "Moderately Effective" in this year's FY 2007 OMB PART review. The Protection and Advocacy Program has a data reporting system and program measures in place that were developed collaboratively with other involved Federal agencies. Trend data are available beginning in FY 1997. The data system and measures were reviewed in 2002, and subsequently refined to increase the ability to assess the effectiveness of the protection and advocacy system programs' performance. Measures have been refined through the PART process. A new data collection tool was developed and approved by OMB in May 2004. Positive outcomes for FY 2004 include exceeding the target for the number of people served, and meeting the target for the percentage of substantiated incidents of abuse and civil rights violations favorably resolved.

In 2003, State protection and advocacy systems reported 884 deaths, of which 297 were investigated. Protection and advocacy systems efforts to investigate these incidents were affected by such factors as challenges by public and private facilities to protection and advocacy

access to clients, facilities, and records, which had to be resolved by the court; inadequate information from the reporting facility; and lag time between the fatality and the notice to the protection and advocacy systems. Investigations conducted by State protection and advocacy systems included highly publicized deaths; often brought to their attention by the media (many States had no mandatory death reporting requirements to cover residential care and treatment facilities in effect). Findings substantiated that residential facility staff either used excessive physical restraint or provided inadequate medical care. Changes were made in the reporting methodology in FY 2004 for both the number of deaths reported and the number of investigations conducted to better reflect the mission of the PAIMI Program. This new methodology is being refined and data consistent with the new methodology will be available in FY 2006.

Highlighted Performance Measure

Performance Goal	Results	Context
Increase percentage of complaints of alleged rights violations substantiated and not withdrawn be 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	The FY 2004 target of 70% was exceeded. (result 95%)	This measure is a key outcome of the program and directly reflects the success of the PAIMI program. This is one of two measures established through the PART review to replace the measure, "Increase the percentage of substantiated incidents of abuse, neglect, or rights violations that are favorably resolved."

Funding levels for the past five fiscal years were as follows:

	Funding	FTEs
2002	$32,500,000	—
2003	33,779,000	—
2004	34,620,000	—
2005	34,343,000	—
2006	34,000,000	—

Rationale for the Budget – The FY 2007 President's Budget of $34,000,000 is the same level as the FY 2006 Appropriation. These funds will serve 23,500 persons, the same as in FY 2006. The program supports HHS Strategic Objective 3.5, Expand Access to Health Care Services for Targeted Populations with Special Health Care Needs, as individuals with mental illnesses are one of the populations particularly targeted by this objective.

Substance Abuse and Mental Health Services Administration
Protection and Advocacy for Individuals with Mental Illness (PAIMI)
CFDA # 93.138

STATE/TERRITORY	FY 2005 Actual	FY 2006 Appropriation	FY 2007 Estimate	Difference +/- 2006
Alabama	$442,529	$429,377	$427,738	-$1,639
Alaska	406,700	402,700	402,700	---
Arizona	526,374	525,480	532,394	+ 6,914
Arkansas	406,700	402,700	402,700	---
California	3,018,683	2,998,370	2,999,964	+ 1,594
Colorado	406,700	402,700	402,700	---
Connecticut	406,700	402,700	402,700	---
Delaware	406,700	402,700	402,700	---
District Of Columbia	406,700	402,700	402,700	---
Florida	1,513,670	1,516,393	1,535,558	+ 19,165
Georgia	786,869	783,286	797,392	+ 14,106
Hawaii	406,700	402,700	402,700	---
Idaho	406,700	402,700	402,700	---
Illinois	1,076,683	1,072,233	1,069,092	- 3,141
Indiana	570,935	563,355	563,361	+ 6
Iowa	406,700	402,700	402,700	---
Kansas	406,700	402,700	402,700	---
Kentucky	406,700	402,700	402,700	---
Louisiana	439,561	431,056	429,824	- 1,232
Maine	406,700	402,700	402,700	---
Maryland	449,346	441,699	439,711	- 1,988
Massachusetts	511,310	504,204	494,340	- 9,864
Michigan	900,242	880,405	884,296	+ 3,891
Minnesota	425,492	423,707	420,727	- 2,980
Mississippi	406,700	402,700	402,700	---
Missouri	520,159	515,980	515,835	- 145
Montana	406,700	402,700	402,700	---
Nebraska	406,700	402,700	402,700	---
Nevada	406,700	402,700	402,700	---
New Hampshire	406,700	402,700	402,700	---
New Jersey	679,429	672,643	673,408	+ 765
New Mexico	406,700	402,700	402,700	---
New York	1,585,388	1,560,042	1,544,012	- 16,030
North Carolina	780,826	771,321	781,805	+ 10,484
North Dakota	406,700	402,700	402,700	---

Substance Abuse and Mental Health Services Administration
Protection and Advocacy for Individuals with Mental Illness (PAIMI)
CFDA # 93.138

STATE/TERRITORY	FY 2005 Actual	FY 2006 Appropriation	FY 2007 Estimate	Difference +/- 2006
Ohio	1,038,674	1,019,251	1,016,739	- 2,512
Oklahoma	406,700	402,700	402,700	---
Oregon	406,700	402,700	402,700	---
Pennsylvania	1,079,974	1,071,461	1,065,276	- 6,185
Rhode Island	406,700	402,700	402,700	---
South Carolina	406,700	402,700	402,700	---
South Dakota	406,700	402,700	402,700	---
Tennessee	545,998	533,389	535,387	+ 1,998
Texas	2,012,841	2,001,287	2,009,900	+ 8,613
Utah	406,700	402,700	402,700	---
Vermont	406,700	402,700	402,700	---
Virginia	628,995	621,942	615,270	- 6,672
Washington	523,505	519,125	519,597	+ 472
West Virginia	406,700	402,700	402,700	---
Wisconsin	489,200	481,587	481,653	+ 66
Wyoming	406,700	402,700	402,700	---
State Sub-total	**$31,934,283**	**$31,613,193**	**$31,628,879**	**$15,686**
American Samoa	217,900	215,800	215,800	---
American Indian Consortium	217,900	215,800	215,800	---
Guam	217,900	215,800	215,800	---
Northern Marianas	217,900	215,800	215,800	---
Puerto Rico	632,396	627,807	612,121	- 15,686
Virgin Islands	217,900	215,800	215,800	---
Territory Sub-Total	**$1,721,896**	**$1,706,807**	**$1,691,121**	**-$15,686**
Total States/Territories	**$33,656,179**	**$33,320,000**	**$33,320,000**	**---**
Technical Assistance	**$686,821**	**$680,000**	**$680,000**	**---**
TOTAL RESOURCES	**$34,343,000**	**$34,000,000**	**$34,000,000**	**---**

Center for Mental Health Services
Projects for Assistance in Transition from Homelessness (PATH)

Authorizing Legislation - Section 535 of the PHS Act

	FY 2005 Actual	FY 2006 Appropriation	FY 2007 Estimate	FY 2007 +/- FY 2006 Appropriation
Budget Authority……	$54,809,000	$54,261,000	$54,261,000	---

2007 Authorization .....Expired

Statement of the Budget Request – The FY 2007 President's Budget of $54,261,000 is the same as the FY 2006 Appropriation. The formula grant program funds States to expand the availability of mental health services to homeless individuals with serious mental illnesses.

Program Description - The Projects for Assistance in Transition from Homelessness (PATH) formula grant program, established in 1991, supports SAMHSA's Capacity goal by expanding the availability of services to homeless individuals with serious mental illnesses. The program directly supports the Secretary's Initiative as well as SAMHSA's Homelessness priority area.

The PATH program is designed to provide community support services to individuals with serious mental illness who are homeless or at risk of becoming homeless. The PATH program is a formula grant program to States and U.S. Territories that provide (through local governmental entities or private nonprofit organizations) support services including outreach, screening and diagnostic treatment, community mental health services, alcohol and drug treatment, supervisory services in a residential setting; and referrals to other needed services. Funds support grants to link hard-to-reach persons who are homeless with mental health treatment and housing, regardless of the severity and duration of their illness.

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 $l 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 proposed budget of $54,261,000 will support 56 grants to states and territories, technical assistance and evaluation.

Performance Analysis - The program received an OMB PART review in 2002 for the FY 2004 budget, and was found to be "Moderately Effective." As a component of this assessment, SAMHSA established, with DHHS and OMB, long-term measures for the program to track and improve program performance:

- Increase the percentage of enrolled homeless persons who receive community mental health services (Five year target: 65%; FY 2000 actual: 44%)
- Increase the percentage of contacted homeless persons with serious mental illness who become enrolled in services (Five year target: 47%; FY 2000 actual: 42%)

- Maintain the average Federal cost for enrolling a person into services (Five year target: $668.00; FY 2000 actual: $668.00)

Highlighted Performance Measure

Performance Goal	Results	Context
Increase number of homeless persons contacted	The program has exceeded the target for the past three years. 2001 target 124,000, result 125,730 2002 target 132,500, result 133,657 2003 target 137,000, result 156,458	The number of people contacted is a key measure for the PATH program

Funding levels for the past five fiscal years were as follows:

	Funding	FTEs
2002	$39,855,000	—
2003	43,073,000	—
2004	49,760,000	—
2005	54,809,000	—
2006	54,261,000	—

Rationale for the Budget - The FY 2007 President's Budget of $54,261,000 is the same as the FY 2006 Appropriation. An estimated 157,500 persons will be served in FY 2007, the same as in FY 2006. The program supports HHS Strategic Objective 3.5, Expand Access to Health Care Services for Targeted Populations with Special Health Care Needs, as individuals with mental illnesses are one of the populations particularly targeted by this objective.

Substance Abuse and Mental Health Services Administration
Projects for Assistance in Transition from Homelessness (PATH)
CDFA# 93.150

STATE/TERRITORY	FY 2005 Actual	FY 2006 Appropriation	FY 2007 Estimate	Difference +/- 2006
Alabama	$487,000	$481,000	$481,000	---
Alaska	300,000	300,000	300,000	---
Arizona	980,000	969,000	969,000	---
Arkansas	300,000	300,000	300,000	---
California	7,509,000	7,425,000	7,425,000	---
Colorado	806,000	796,000	796,000	---
Connecticut	714,000	706,000	706,000	---
Delaware	300,000	300,000	300,000	---
District Of Columbia	300,000	300,000	300,000	---
Florida	3,377,000	3,339,000	3,339,000	---
Georgia	1,256,000	1,242,000	1,242,000	---
Hawaii	300,000	300,000	300,000	---
Idaho	300,000	300,000	300,000	---
Illinois	2,441,000	2,414,000	2,414,000	---
Indiana	855,000	846,000	846,000	---
Iowa	300,000	300,000	300,000	---
Kansas	303,000	300,000	300,000	---
Kentucky	393,000	388,000	388,000	---
Louisiana	636,000	629,000	629,000	---
Maine	300,000	300,000	300,000	---
Maryland	1,065,000	1,053,000	1,053,000	---
Massachusetts	1,413,000	1,397,000	1,397,000	---
Michigan	1,649,000	1,631,000	1,631,000	---
Minnesota	680,000	672,000	672,000	---
Mississippi	300,000	300,000	300,000	---
Missouri	775,000	766,000	766,000	---
Montana	300,000	300,000	300,000	---
Nebraska	300,000	300,000	300,000	---
Nevada	420,000	416,000	416,000	---
New Hampshire	300,000	300,000	300,000	---
New Jersey	1,944,000	1,922,000	1,922,000	---
New Mexico	300,000	300,000	300,000	---
New York	3,887,000	3,843,000	3,843,000	---
North Carolina	943,000	932,000	932,000	---
North Dakota	300,000	300,000	300,000	---

Substance Abuse and Mental Health Services Administration
Projects for Assistance in Transition from Homelessness (PATH)
CDFA# 93.150

STATE/TERRITORY	FY 2005 Actual	FY 2006 Appropriation	FY 2007 Estimate	Difference +/- 2006
Ohio	1,833,000	1,812,000	1,812,000	---
Oklahoma	372,000	368,000	368,000	---
Oregon	495,000	490,000	490,000	---
Pennsylvania	2,059,000	2,035,000	2,035,000	---
Rhode Island	300,000	300,000	300,000	---
South Carolina	470,000	464,000	464,000	---
South Dakota	300,000	300,000	300,000	---
Tennessee	743,000	735,000	735,000	---
Texas	3,710,000	3,668,000	3,668,000	---
Utah	438,000	433,000	433,000	---
Vermont	300,000	300,000	300,000	---
Virginia	1,182,000	1,168,000	1,168,000	---
Washington	1,079,000	1,067,000	1,067,000	---
West Virginia	300,000	300,000	300,000	---
Wisconsin	713,000	705,000	705,000	---
Wyoming	300,000	300,000	300,000	---
State Sub-total	**$51,327,000**	**$50,812,000**	**$50,812,000**	**---**
American Samoa	50,000	50,000	50,000	---
Guam	50,000	50,000	50,000	---
Northern Marianas	50,000	50,000	50,000	---
Puerto Rico	872,000	862,000	862,000	---
Virgin Islands	50,000	50,000	50,000	---
Territory Sub-Total	**$1,072,000**	**$1,062,000**	**$1,062,000**	**---**
Total States/Territories	**$52,399,000**	**$51,874,000**	**$51,874,000**	**---**
Set Aside	**2,410,000**	**2,387,000**	**2,387,000**	**---**
TOTAL RESOURCES	**$54,809,000**	**$54,261,000**	**$54,261,000**	**---**

Center for Mental Health Services
Community Mental Health Services Block Grant

Authorizing Legislation - Section 1920 of the PHS Act

	FY 2005 Actual	FY 2006 Appropriation	FY 2007 Estimate	FY 2007 +/- FY 2006 Appropriation
Budget Authority……	$410,953,000	$406,843,000	$406,843,000	---
PHS Evaluation Funds….	21,803,000	21,803,000	21,629,000	-174,000
Program Level……	**$432,756,000**	**$428,646,000**	**$428,472,000**	**-$174,000**

2007 Authorization .....Expired

Statement of the Budget Request – The FY 2007 President's Budget of $428,472,000 is a reduction of $174,000 from the FY 2006 Appropriation. The Community Mental Health Services Block Grant funds planning and services for adults with a serious mental illness and children with a serious emotional disturbance. A program reform to achieve system change is being requested. See the Rationale for the Budget for more details.

Program Description – 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 2007 grants are due by September 1, 2006. 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 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.

95% 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 5% 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. The planned expenditure of set-aside funds is shown on the pages that follow.

This program received a FY 2005 OMB PART rating of "Adequate". Over time, the States ability to implement of National Outcome Measures will improve and data reporting will have a positive effect on future PART reviews. States are currently reporting on National Outcome Measures for public mental health services within their State through the Uniform Reporting

System. The first compilation of State National Outcome Measures data was submitted to Congress in the spring of 2005 and can be found at the SAMHSA website.

CMHS is currently engaging in a review and quality assessment of its data activities. A panel of nationally recognized experts met in December 2005 and formulated recommendations on a plan to implement the SAMHSA data strategy. These recommendations are to improve the data standards for National Outcome Measures collected and used by the States and SAMHSA to better manage the block grant program as well as improve the quality of other CMHS supported data sets and activities. CMHS intends to continue meeting with external experts and will be working with the States to develop options to improve data collection and analysis for FY 2006 and FY 2007.

The CMHSBG also carries out the first of the HHS Secretary's top 20 Department-Wide objectives: increasing access to high quality health care.

FY 2007 MENTAL HEALTH SERVICES BLOCK GRANT SET-ASIDE

(Dollars in thousands)

Set-Aside Activities	FY 2005 Actual	FY 2006 Appropriation	FY 2007 Estimate
State Data Systems			
State Data Systems Support & TA	$1,028	$3,065	$3,065
State Data Infrastructure Grants/SOMMS (funded in PRNS in 04&05)	---	7,958	8,708
MHSIP Infrastructure Support & TA	800	---	---
Subtotal, State Data Systems	1,828	11,023	11,773
National Data Collection			
2005/2006/2007 Client & MH Org Surveys	1,246	741	741
Medicaid/Medicare Analyses	1,380	---	---
Subtotal - National Data Collection	2,626	741	741
Technical Assistance (TA)			
State Systems TA Projects	11,733	5,537	5,134
Organization & Finance TA	607	942	942
State Consumer TA	500	500	500
Direct TA (FTE Support -17 FTEs)	2,190	2,193	2,272
Subtotal, Technical Assistance	15,030	9,172	8,848
Program Evaluation			
Expenditure Study-Spending Estimates	267	267	267
Evaluation of State EBP Toolkits	381	---	---
Independent Evaluation of the BG	1,671	600	---
Subtotal, Program Evaluation	2,319	867	267
TOTAL CMHS	**$21,803**	**$21,803**	**$21,629**

Performance Analysis - The program's overall goal is to move care for adults with serious mental illness and children with serious emotional disturbance from costly and restrictive inpatient hospital care to the community. Funds reached 972 sub-grantees in FY 2002. Beginning in FY 2002, the Community Mental Health Services Block Grant, through the Uniform Reporting System, documented the actual number of persons served in the fiscal year by each of the State Mental Health Authorities. The total number served by the public mental health system in FY 2004 was 5,696,526, exceeding the target.

The program was selected by OMB in FY 2003 for the FY 2005 PART review process. The final rating was "Adequate." Since the review, the program has begun to report data on its measures.

In FY 2004, the program met its targets for increasing the number of people served by the public mental health system and for increasing the rate of consumers and family members reporting positively about outcomes.

SAMHSA initiated funding for a national evaluation of the Block Grant program after the PART review in response to the OMB findings.

Highlighted Performance Measure

Performance Goal	Results	Context
Increase the number of consumers/family members reporting positively about outcomes	FY 2004 target was met for adults (target 71%, result 71%) and exceeded for children (target 64%, result 65%	This measure is a key indicator of treatment outcomes.

Funding levels for the Community Mental Health Services Block Grant for the past five fiscal years were as follows:

	Funding	FTE
2002	$433,000,000	17
2003	437,140,000	17
2004 a/	434,690,000	16
2005 a/	432,756,000	16
2006 a/	428,646,000	17

a/ Includes $21.8 million from PHS evaluation funds in, FY 2004, FY 2005 and $21.8 million in FY 2006 and $21.6 million in 2007.

Rationale for the Budget - The President's Budget of $428,472,000 is a reduction of $174,000 from the FY 2006 Appropriation. The program supports HHS Strategic Objective 3.5, Expand Access to Health Care Services for Targeted Populations with Special Health Care Needs, as

individuals with mental illnesses are one of the populations particularly targeted by this objective.

The budget includes a program reform to achieve systems change of the Community Mental Health Services Block Grant program to enable States to use the amount of funds above the minimum State allotment for transformation activities. In addition, States will submit a single State plan that will address transformation activities, as well as the other requirements of the authorizing legislation. With the States' requirement to use part of their funds for transformation, a more rapid shift to a transformed mental health service delivery system is possible.

There are two primary types of activities that are required for transformation: 1) development of infrastructure in the mental health and related systems, and 2) provision of innovative, emerging evidence based services that support recovery. Transformation activities include the expansion of access to mental health services; the advancement of evidence-based practices; the promotion of early assessment and treatment; and the promotion of consumer-and family-driven mental health care.

Services that will be provided using these funds will reflect the underlying values inherent in a transformed mental health system. The five criteria of the current Mental Health Block Grant statute continue to serve as the framework from which States will broaden their efforts to achieve transformation. The services will be consumer and family driven, recovery and resilience based, and as much as possible, utilize existing evidence-based and promising practices, including approaches that are consumer owned and operated. States will report on transformation activities in accordance with the Public Health Service Act Section 1912.

These activities reflect important goals for change that have been identified in two publications in response to Executive Order #13263.....*Achieving the Promise: Transforming Mental Health Care in America* and in the *Transforming Mental Health Care in America: The Federal Action Agenda: First Steps.*

Substance Abuse and Mental Health Services Administration
Community Mental Health Services Block Grant Program
CFDA # 93.958

STATE/TERRITORY	FY 2005 Actual	Revised FY 2006 Appropriation Formula Allocation 2/	FY 2007 Estimate	Difference +/- 2006
Alabama	$6,217,429	$6,091,357	$6,262,551	+ $171,194
Alaska	776,797	776,739	736,870	- 39,869
Arizona	7,863,945	7,923,469	8,505,426	+ 581,957
Arkansas	3,899,354	3,838,248	3,725,765	- 112,483
California	54,955,073	54,738,307	55,061,465	+ 323,158
Colorado	5,756,635	5,757,965	6,224,556	+ 466,591
Connecticut	4,427,225	4,476,858	4,444,709	- 32,149
Delaware	972,665	941,631	754,909	- 186,722
District Of Columbia	896,557	826,530	771,392	- 55,138
Florida	26,360,593	26,502,869	27,115,633	+ 612,764
Georgia	13,063,235	13,040,333	12,361,924	- 678,409
Hawaii	1,717,222	1,692,303	1,924,367	+ 232,064
Idaho	1,818,491	1,836,761	1,773,727	- 63,034
Illinois	16,897,228	16,661,707	16,441,527	- 220,180
Indiana	8,129,212	7,986,358	7,805,227	- 181,131
Iowa	3,699,900	3,633,696	3,575,338	- 58,358
Kansas	3,263,548	3,199,492	3,183,123	- 16,369
Kentucky	5,815,099	5,566,178	5,439,376	- 126,802
Louisiana	6,000,390	5,906,512	6,309,615	+ 403,103
Maine	1,774,427	1,726,295	1,716,406	- 9,889
Maryland	8,269,375	8,173,587	7,765,802	- 407,785
Massachusetts	8,426,142	8,136,813	8,086,241	- 50,572
Michigan	12,952,196	12,753,293	13,429,543	+ 676,250
Minnesota	5,988,839	5,928,327	6,938,342	+ 1,010,015
Mississippi	4,086,465	4,010,494	4,130,235	+ 119,741
Missouri	7,086,105	6,948,882	6,982,169	+ 33,287
Montana	1,248,901	1,237,268	1,238,982	+ 1,714
Nebraska	2,086,159	2,051,634	2,006,208	- 45,426
Nevada	3,408,088	3,519,858	3,662,214	+ 142,356
New Hampshire	1,486,177	1,470,650	1,624,119	+ 153,469
New Jersey	12,226,675	12,012,925	11,793,701	- 219,224
New Mexico	2,353,002	2,328,061	2,403,117	+ 75,056
New York	28,325,933	27,882,211	25,532,478	- 2,349,733
North Carolina	10,564,989	10,482,190	10,916,330	+ 434,140
North Dakota	822,445	799,860	796,147	- 3,713

Substance Abuse and Mental Health Services Administration
Community Mental Health Services Block Grant Program
CFDA # 93.958

STATE/TERRITORY	FY 2005 Actual	Revised FY 2006 Appropriation Formula Allocation 2/	FY 2007 Estimate	Difference +/- 2006
Ohio	14,543,753	14,343,712	14,278,769	- 64,943
Oklahoma	4,722,554	4,647,187	4,621,617	- 25,570
Oregon	4,312,546	4,320,525	4,840,841	+ 520,316
Pennsylvania	15,832,034	15,554,126	15,242,122	- 312,004
Rhode Island	1,429,555	1,394,704	1,575,795	+ 181,091
South Carolina	5,637,663	5,475,602	5,653,591	+ 177,989
South Dakota	911,126	894,669	878,747	- 15,922
Tennessee	8,049,985	8,000,069	7,896,737	- 103,332
Texas	32,486,643	32,358,806	31,563,988	- 794,818
Utah	3,127,375	3,079,094	2,820,006	- 259,088
Vermont	803,122	789,780	780,471	- 9,309
Virginia	10,976,710	10,867,318	10,238,437	- 628,881
Washington	8,400,033	8,385,030	8,347,942	- 37,088
West Virginia	2,589,813	2,546,151	2,506,780	- 39,371
Wisconsin	6,814,203	6,715,876	7,538,575	+ 822,699
Wyoming	514,940	508,508	516,866	+ 8,358
State Sub-total	**$404,788,571**	**$400,740,818**	**$400,740,818**	**---**
American Samoa	80,409	79,599	79,599	---
Guam	217,273	215,082	215,082	---
Marshall Islands	71,355	70,636	70,636	---
Micronesia	150,188	148,674	148,674	---
Northern Marianas	97,153	96,174	96,174	---
Puerto Rico	5,345,475	5,291,584	5,291,584	---
Palau	50,000	50,000	50,000	---
Virgin Islands	152,440	150,903	150,903	---
Territory Sub-Total	**$6,164,293**	**$6,102,652**	**$6,102,652**	**---**
Total States/Territories	**$410,952,864**	**$406,843,470**	**$406,843,470**	**---**
SAMHSA Set-Aside	**21,629,098**	**21,412,530**	**21,412,530**	**---**
Unexpended Set-aside 1/	**174,038**	**390,000**	**216,000**	**- 174,000**
TOTAL, CMHSBG	**$432,756,000**	**$428,646,000**	**$428,472,000**	**- $174,000**

1/ The PHS Evaluation Funds can only support Block Grant Set-Aside activities. Based on the statutory formula for this program, the set-aside activities cannot exceed 5% of the program level. Therefore, this figure represents the difference between the PHS Evalutation funds and 5% of the allowable set-aside activity level.

2/ Reflects updated formula calculations for FY 2006.

Center for Substance Abuse Prevention
Overview

	FY 2005 Actual	FY 2006 Appropriation	FY 2007 Estimate	+/- FY 2006 Appropriation
Programs of Regional & National Significance…….…..….	**$198,725,000**	**$192,901,000**	**$180,598,000**	**-$12,303,000**

The mission of the Center for Substance Abuse Prevention (CSAP) is to bring effective substance abuse prevention to every community. That mission will be accomplished through the Strategic Prevention Framework, which incorporates SAMHSA's goals of Accountability, Capacity, and Effectiveness. The Strategic Prevention Framework helps move the President's vision of a Healthier US to State and community-based action.

The Strategic Prevention Framework incorporates a five step community development model: 1) organize the community to profile needs, including community readiness; 2) mobilize the community and build the capacity to address needs and plan for sustainability; 3) develop the prevention action (evidence-based activities, programs, strategies, and policies); 4) implement the prevention plan; and 5) conduct ongoing evaluation for quality improvement and outcomes. The Strategic Prevention Framework is based upon the risk and protective factor approach to prevention. For example, family conflict, low school readiness, and poor social skills increase the risk for conduct disorders and depression, which in turn increase the risk for adolescent substance abuse, delinquency, and violence. Protective factors such as strong family bonds, social skills, opportunities for school success, and involvement in community activities can foster resilience and mitigate the influence of risk factors. Current research shows that evidence-based substance abuse prevention is effective in preventing youth from initiating substance use and in reducing the number of individuals who become dependent. The 2005 *Monitoring the Future* survey of eighth, tenth, and twelfth graders showed gradually declining rates of students reporting use of any illicit drug in the past 12 months.

The success of the Strategic Prevention Framework will be measured by specific National Outcome Measures, among them: abstinence from drug use and alcohol abuse; age of first use; attitudes toward use; reduction in substance abuse-related crimes; workplace substance use; alcohol or drug-related suspensions and expulsions; increased access to services; and increased social connectedness.

Funds continue to be realigned in FY 2007 to implement the Strategic Prevention Framework, using a variety of programs. In FY 2006, SAMHSA will support efforts to enhance implementation of effective programs at the state and community levels, with an emphasis on the prevention of underage drinking. These efforts will be strengthened in FY 2007.

CSAP administers two major programs: Programs of Regional and National Significance (PRNS), which includes a decrease of $12,303,000 from the FY 2006 Appropriation level; and

the 20% Prevention Set-aside of the Substance Abuse Prevention and Treatment (SAPT) Block Grant, which maintains the same level of funding in FY 2007 as the FY 2006 Appropriation.

SAMHSA has renamed the two categories in the budget tables within Programs of Regional and National Significance to provide better alignment with SAMHSA's strategic plan and a clearer understanding of the activities being funded. Some of the individual program activities also have been realigned between these categories based on their purpose and consistent with their performance measures.

SAMHSA entered into an interagency agreement with the Office of National Drug Control Policy to administer the Drug Free Communities Support Program in FY 2004 and in FY 2005. SAMHSA expects the agreement to continue in FY 2006 and FY 2007. This program will further the CSAP mission of bringing prevention to every community as the Federal agency responsible for the approximately 720 Drug Free Communities grants.

Substance Abuse and Mental Health Services Administration

CSAP Program Priority Areas

(Dollars in thousands)

Program Priority Area	FY 2005 Actual	FY 2006 Appropriation	FY 2007 Estimate
Co-Occurring Disorders	$---	$---	$---
PRNS			
Substance Abuse Treatment Capacity			
PRNS	---	---	---
Seclusion and Restraint			
PRNS	---	---	---
Prevention Framework			
PRNS	158,882	153,454	141,151
Children & Families			
PRNS	---	---	---
Mental Health System Transformation			
PRNS	60	62	62
Disaster Readiness & Response			
PRNS	---	---	---
Homelessness			
PRNS	---	---	---
Older Adults			
PRNS	---	---	---
HIV/AIDS			
PRNS	39,783	39,385	39,385
Criminal & Juvenile Justice			
PRNS	---	---	---
TOTAL a/	**$198,725**	**$192,901**	**$180,598**

a/ Excludes all Program Management funds including PHS Evaluation. Includes PHS evaluation funds applicable to PRNS and the SAPT Block Grant.

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

Programs of Regional & National Significance	FY 2005 Actual No.	FY 2005 Actual Amount	FY 2006 Appropriation No.	FY 2006 Appropriation Amount	FY 2007 Estimate No.	FY 2007 Estimate Amount
Capacity						
Grants/Cooperative Agreements:						
Continuations	128	87,920	183	102,829	312	131,641
New/Competing	121	44,453	111	36,691	---	---
Supplements	---	---	---	---	---	---
Subtotal	249	132,373	294	139,520	312	131,641
Contracts:						
Continuations	5	5,280	9	16,514	9	18,052
New	3	16,559	1	2,200	---	---
Supplements	---	---	---	---	---	---
Subtotal	8	21,839	10	18,714	9	18,052
Technical Assistance	---	---	---	---	---	---
Review Cost	---	---	---	---	---	---
Subtotal	8	21,839	10	18,714	9	18,052
Subtotal, Capacity	**257**	**154,212**	**304**	**158,234**	**321**	**149,693**
Science to Service						
Grants/Cooperative Agreements:						
Continuations	3	564	1	62	---	---
New/Competing	18	445	9	1,242	1	62
Supplements	---	---	---	---	---	---
Subtotal	21	1,009	10	1,304	1	62
Contracts:						
Continuations	19	38,399	22	30,535	14	19,736
New	27	4,475	11	1,828	8	10,316
Supplements	---	---	---	---	---	---
Subtotal	46	42,874	33	32,363	22	30,052
Technical Assistance	---	---	---	---	---	---
Review Cost	---	630	---	1,000	---	791
Subtotal	46	43,504	33	33,363	22	30,843
Subtotal, Science to Service	**67**	**44,513**	**43**	**34,667**	**23**	**30,905**
Total, PRNS	**324**	**$198,725**	**347**	**$192,901**	**344**	**$180,598**

Center for Substance Abuse Prevention
Programs of Regional and National Significance

Authorizing Legislation - Sections 516, 519, and 1971 of the PHS Act

	FY 2005 Actual	FY 2006 Appropriation	FY 2007 Estimate	+/- FY 2006 Appropriation
Programs of Regional & National Significance				
Capacity	$154,212,000	$158,234,000	$149,693,000	-$8,541,000
Science to Service	44,513,000	34,667,000	30,905,000	-3,762,000
Total	**$198,725,000**	**$192,901,000**	**$180,598,000**	**-$12,303,000**

2007 Authorization ..... Expired

Statement of the Budget – The Programs of Regional and National Significance supports a variety of prevention programs and provides the means to implement the Strategic Prevention Framework. The FY 2007 President's Budget of $180,598,000 is a decrease of $12,303,000 from the FY 2006 Appropriation.

Program Description In SAMHSA, there are two program categories within PRNS: Capacity and Science to Service (formerly Targeted Capacity Expansion and Best Practices). The first category supports SAMHSA's Capacity goal, and includes services programs, which provide funding to implement a service improvement using proven evidence based approaches, and infrastructure programs, which identify and implement needed systems changes. For services programs, performance measures generally are client outcome measures. For infrastructure programs, measures generally are short term measures of service improvements coupled with positive long term client outcomes. The second category supports SAMHSA's Effectiveness goal, and includes programs that promote the identification and increase the availability of practices that have been demonstrated through research to be effective. Science to Service provides the link between activities of agencies such as the National Institutes of Health and the needs of service systems and providers for information and assistance in implementing improvements. Performance measures generally are process measures - for example, changes made as a result of technical assistance; persons trained; or responses to inquiries for information.

This budget level will support 344 grants and contracts, consisting of 335 continuations and 9 new/competing.

The budget display reflects SAMHSA's reclassification of PRNS activities to ensure that programs are included in the appropriate category, Capacity or Science to Service, to be consistent with SAMHSA's strategic goals.

SAMHSA utilizes its Strategic Prevention Framework State Incentive Grant program to carry out many of its services, infrastructure, and local best practices efforts. The Strategic Prevention Framework State Incentive Grants program support States to implement the Strategic Prevention

Framework. In FY 2007, $95,389,000 will support the continuation of grants and contracts. No new grants will be awarded.

The HIV Prevention in Minority Communities Services Grant program proposes level funding of $39,385,000 which will support 149 grants. This program is designed to increase prevention services capacity in minority communities, which are disproportionately impacted by HIV disease.

Performance Analysis - The CSAP PRNS program was reviewed by OMB in 2004 for the FY 2006 PART process. The PRNS program consists of multiple individual activities. By far the largest programs within PRNS are the State Incentive Grant program (the Strategic Prevention Framework State Incentive Grant had not been awarded at the time of the OMB PART review) and the Substance Abuse Prevention and HIV Prevention program. The program was found to be "Moderately Effective."

As a result of the PART review, long-term and annual measures were established for all PRNS programs. Data for most measures are available. Program-level data are reported for service programs, while state-level data are reported for the Strategic Prevention Framework State Incentive Grant. Reporting for CSAP PRNS programs has been consolidated. Results for larger individual PRNS activities are also shown separately. Overall, 95.3% of participants in CSAP PRNS service programs rated the risk of substance abuse as moderate or great, and 96.4% rated substance abuse as wrong or very wrong; both targets were exceeded. The program received OMB approval for its efficiency measure, and reported baseline data for FY 2005.

The Centers for the Application of Prevention Technologies fund five regional technical assistance centers and serves CSAP grantees as well as certain Department of Education and Department of Justice grantees. The Centers for the Application of Prevention Technologies promote state-of-the-art prevention technologies. The Centers for the Application of Prevention Technologies exceeded the 2005 target for increasing the number of person provided technical assistance services by employing more efficient technologically sophisticated technical assistance delivery methods.

Highlighted Performance Measures

CSAP PRNS		
Performance Goal	Results	Context
Percent of program participants age 12-17 that rate the risk of substance abuse as moderate or great	FY 2005 Performance was 95.3%, exceeding target of 90%	High perception of risk is associated with low levels of substance use.

Funding levels for the PRNS program over the past five years were as follows:

	Funding	FTE
2002	$197,479,000	—
2003	197,111,000	—
2004	198,458,000	—
2005	198,725,000	—
2006	192,901,000	—

Rationale for the Budget Request

The FY 2007 President's Budget of $180,598,000 is a reduction of $12,303,000 from the FY 2006 Appropriation. The Capacity category will be decreased by $8,541,000 and the Science to Service category will be reduced by $3,762,000. This budget will support full funding of all grant and contract continuations.

The Strategic Prevention Framework State Incentive Grant program will be funded at $95,389,000 in FY 2007, a reduction of $11,261,000 from the FY 2006 Appropriation. SAMHSA will continue to support efforts to enhance implementation of effective programs at the state and community levels, with an emphasis on the prevention of underage drinking. The remaining reduction is taken from activities coming to a natural end in Evidence-based Practices, Underage Drinking Ad Council, Dissemination/Training and Best Practices Program Coordination. The PRNS program supports HHS Strategic Objective 1.4, Reduce Substance Abuse.

Center for Substance Abuse Prevention
Summary Listing of Activities
(Dollars in thousands)

Programs of Regional & National Significance a/	FY 2005 Actual	FY 2006 Appropriation	FY 2007 Estimate	+/- FY 2006 Appropriation
CAPACITY:				
Strategic Prevention Framework State Incentive Grant	$88,032	$106,650	$95,389	-$11,261
Congressional Projects	3,383	---	---	---
Workplace	6,097	5,239	5,459	+220
Minority AIDS Initiative	39,783	39,385	39,385	---
Methamphetamine	5,127	3,960	3,960	---
Ecstasy	4,385	---	---	---
Program Coordination	7,405	3,000	5,500	+2,500
Subtotal, Capacity	**154,212**	**158,234**	**149,693**	**(8,541)**
SCIENCE TO SERVICE:				
Evidence Based Practices	3,410	1,210	---	-1,210
Fetal Alcohol Spectrum Disorder	10,000	9,821	9,821	---
Center for the Advancement of Prevention Technology	11,458	9,430	9,430	---
UAD Ad Council	---	842	---	-842
Dissemination/Training	5,115	2,292	1,656	-636
Best Practices Program Coordination	6,028	7,081	6,007	-1,074
National Registry of Evidence-based Programs and Practices	600	350	350	---
SAMHSA Health Information Network	7,842	3,579	3,579	---
Minority Fellowship Program	60	62	62	---
Subtotal, Science to Service	**44,513**	**34,667**	**30,905**	**-3,762**
TOTAL PRNS	**$198,725**	**$192,901**	**$180,598**	**-$12,303**

a/ This table reflects a realignment of activities between Capacity (formerly Targeted Capacity Expansion) and Science to Service (formerly Best Practices). Comparable adjustments were made to FY 2005 and FY 2006 to reflect these changes.

Center for Substance Abuse Prevention
PRNS Program Priority by Type

(Dollars in thousands)

Programs of Regional & National Sig.	FY 2005 Actual No.	FY 2005 Actual Amount	FY 2006 Appropriation No.	FY 2006 Appropriation Amount	FY 2007 Estimate No.	FY 2007 Estimate Amount
Capacity						
Co-Occurring Disorders						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Substance Abuse Treatment Capacity						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Seclusion & Restraint						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Strategic Prevention Framework						
Grants						
Continuations	60	68,858	34	63,444	163	92,256
New/Competing	40	23,893	111	36,691	---	---
Contracts						
Continuations	4	5,119	9	16,514	9	18,052
New/Competing	3	16,559	1	2,200	---	---
Subtotal	107	114,429	155	118,849	172	110,308
Children & Families						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Mental Health System Transformation						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---

Center for Substance Abuse Prevention
PRNS Program Priority by Type
(Dollars in thousands)

Programs of Regional & National Sig.	FY 2005 Actual No.	FY 2005 Actual Amount	FY 2006 Appropriation No.	FY 2006 Appropriation Amount	FY 2007 Estimate No.	FY 2007 Estimate Amount
Capacity						
Disaster Readiness & Response						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Homelessness						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Older Adults						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
HIV/AIDS & Hepatitis						
Grants						
Continuations	68	19,062	149	39,385	149	39,385
New/Competing	81	20,560	---	---	---	---
Contracts						
Continuations	1	161	---	---	---	---
New/Competing	---	---	---	---	---	---
Subtotal	150	39,783	149	39,385	149	39,385
Criminal & Juvenile Justice						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Grants						
Continuations, Subtotal	***128***	***87,920***	***183***	***102,829***	***312***	***131,641***
New/Competing, Subtotal	***121***	***44,453***	***111***	***36,691***	***---***	***----***
Total, Grants	***249***	***132,373***	***294***	***139,520***	***312***	***131,641***
Contracts						
Continuations, Subtotal	***5***	***5,280***	***9***	***16,514***	***9***	***18,052***
New/Competing, Subtotal	***3***	***16,559***	***1***	***2,200***	***---***	***----***
Total, Contracts	***8***	***21,839***	***10***	***18,714***	***9***	***18,052***
Technical Assistance		***---***		***---***		***---***
Review		***---***		***---***		***---***
Total, Capacity	**257**	**154,212**	**304**	**158,234**	**321**	**149,693**

Center for Substance Abuse Prevention
PRNS Program Priority by Type
(Dollars in thousands)

Programs of Regional & National Sig.	FY 2005 Actual No.	FY 2005 Actual Amount	FY 2006 Appropriation No.	FY 2006 Appropriation Amount	FY 2007 Estimate No.	FY 2007 Estimate Amount
Science to Service						
Co-Occurring Disorders						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Substance Abuse Treatment Capacity						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Seclusion & Restraint						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Strategic Prevention Framework						
Grants						
Continuations	1	504	---	---	---	---
New/Competing	18	445	9	1,242	---	---
Contracts						
Continuations	19	38,399	22	30,535	14	19,736
New/Competing	27	5,105	11	1,828	8	10,316
Subtotal	65	44,453	42	33,605	22	30,052
Children & Families						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Mental Health System Transformation						
Grants						
Continuations	2	60	1	62	---	---
New/Competing	---	---	---	---	1	62
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Subtotal	2	60	1	62	1	62

Center for Substance Abuse Prevention
PRNS Program Priority by Type
(Dollars in thousands)

Programs of Regional & National Sig.	FY 2005 Actual No.	FY 2005 Actual Amount	FY 2006 Appropriation No.	FY 2006 Appropriation Amount	FY 2007 Estimate No.	FY 2007 Estimate Amount
Science to Service						
Disaster Readiness & Response						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Homelessness						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Older Adults						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
HIV/AIDS & Hepatitis						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Criminal & Juvenile Justice						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Grants						
Continuations, Subtotal	***3***	***564***	***1***	***62***	***---***	***---***
New/Competing, Subtotal	***18***	***445***	***9***	***1,242***	***1***	***62***
Total, Grants	***21***	***1,009***	***10***	***1,304***	***1***	***62***
Contracts						
Continuations, Subtotal	***19***	***38,399***	***22***	***30,535***	***14***	***19,736***
New/Competing, Subtotal	***27***	***5,105***	***11***	***1,828***	***8***	***10,316***
Total, Contracts	***46***	***43,504***	***33***	***32,363***	***22***	***30,052***
Technical Assistance	***---***	***---***	***---***	***---***	***---***	***---***
Review	***---***	***---***	***---***	***1,000***	***---***	***791***
Total, Science to Service	**67**	**44,513**	**43**	**34,667**	**23**	**30,905**
TOTAL, PRNS	**324**	**$198,725**	**347**	**$192,901**	**344**	**$180,598**

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

	FY 2005 Actual	FY 2006 Appropriation	FY 2007 Estimate	+/- FY 2006 Appropriation
20% SAPTBG (non-add).....	**$355,111,000**	**$351,718,200**	**$351,718,200**	**$ ---**

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

Statement of the Budget – The FY 2007 President's Budget of $351,718,200 or 20% Prevention set-aside of the SAPT Block Grant, is the same level as the FY 2006 Appropriation. The 20% Prevention set-aside supports and expands substance abuse prevention and treatment services.

Program Description - CSAP administers the primary prevention component of the SAPT Block Grant. As required by legislation, 20% of Block Grant funds allocated to States through the Block Grant formula must be spent on substance abuse primary prevention services. Prevention service funding varies significantly from State to State. Some States rely solely on the Block Grant's 20% set-aside to fund their entire prevention system; others use the funds to target gaps and enhance existing program efforts.

CSAP requires under regulation that the States use their Block Grant funds to support a range of prevention services and activities in six key areas to ensure that each State offers a comprehensive system for preventing substance abuse. The six areas are information dissemination, community-based process, environmental strategies, alternative activities, education, and problem identification and referral.

States are reporting on National Outcome Measures. These activities are supported by the State Outcomes Measurement and Management System including the new consolidated Data Collection and Coordination Center. These activities are identified in the Substance Abuse Prevention and Treatment Set-Aside section of the budget. The first compilation of State data was submitted to Congress this spring and can be found at the SAMHSA website. CSAP is working on a three year implementation plan to ensure that all States are collecting all National Outcome Measures by the end of FY 2007.

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

The 5% set-aside of the Block Grant provides funding to support State data systems, technical assistance, and program evaluation. A detailed listing of those activities and funding levels is provided in the Substance Abuse Prevention and Treatment Set-Aside section of the budget.

SAMHSA is allocating $10,277,000 in FY 2007, the same level as the FY 2006 Appropriation, for CSAP activities.

Performance Analysis - The SAPT Block Grant, including the 20% Prevention Set-aside, was reviewed in 2003 through the OMB PART process for the FY 2005 budget. The PART review assessed strengths and identified a number of areas needing improvement. Although the overall rating was "Ineffective," the main area identified as requiring improvement related to performance measures that were not finalized until late in FY 2003.

In response to a PART finding, the program is expediting the posting of disaggregated State specific descriptive data on the Internet so that the data are fully accessible and transparent to the public. Also, the assessment found that SAMHSA faces continuing challenges in collecting performance data. SAMHSA's National Outcome Measures will implement standard definitions, and improve data collection, analysis, and utilization. The assessment developed new performance measures that will be used for making future budget decisions. In addition, SAMHSA has initiated funding for a national evaluation of the Block Grant in response to an OMB finding.

SAMHSA's National Survey on Drug Use and Health collects data among members of U.S. households aged 12 or older, including substance use in the past 30 days, perceived risk of use, and age at first use—all information that provides benchmarks for the Abstinence Domain of the National Outcome Measures. The 2004 survey showed that among persons aged 12-17

- 11.1 percent reported binge alcohol use in the past 30 days; however, 38.1 percent perceived a great risk of harm from having five or more drinks of an alcoholic beverage once or twice a week.
- 7.9 percent reported marijuana use in the past 30 days; however, 35 percent perceived a great risk of harm from smoking marijuana once a month.
- 5 percent used marijuana for the first time in the preceding year.

A measurable outcome resulting from the Block Grant is the success demonstrated by States in reducing the rate at which retailers sell tobacco products to minors, as required under the Block Grant's Synar Amendment. Enacted in 1992, the Amendment requires that States enact and enforce laws that prohibit the sale or distribution of tobacco products to minors. Each State has negotiated annual targets for reducing illegal retail sales, and the law specifies penalties for failure to reach these targets. In FY 2005, 50 States achieved a retail sales violation rate of 20% or less. Forty-two states/territories reported sales violation rates of 15% or less. These numbers reflect not only a substantial change in retailers' sales patterns but also a swift and dramatic change in tobacco enforcement programs, which in most States and jurisdictions were nonexistent prior to the Synar program.

Highlighted Performance Measure

Performance Goal	Results	Context
Increase satisfaction with technical assistance	Program exceeded targets for 2003 – 2005 2003 target 90%, result 94% 2004 target 90%, result 92% 2005 target 90%, result 94%	Measure reflects satisfaction with technical assistance

Rationale for the Budget - The FY 2007 President's Budget of $351,718,200 is the same level as the FY 2006 Appropriation. A detailed listing of the activities and funding levels for the CSAP portion of the 5% set-aside is provided in the Substance Abuse Set-aside section. The program supports HHS Strategic Objective 1.4, Reduce Substance Abuse.

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Center for Substance Abuse Treatment
Overview

	FY 2005 Actual	FY 2006 Appropriation	FY 2007 Estimate	+/- FY 2006 Appropriation
Programs of Regional & National Significance a/	$422,365,000	$398,949,000	$375,379,000	-$23,570,000
SAPT Block Grant b/….	1,775,555,000	1,758,591,000	1,758,591,000	---
TOTAL …….	**$2,197,920,000**	**$2,157,540,000**	**$2,133,970,000**	**-$23,570,000**

a/ Includes PHS evaluation funds of $4.3 million in FY 2005, FY 2006, and FY 2007
b/ Includes PHS Evaluation Funds of $79.2 million in FY 2005, FY 2006, and FY 2007

The mission of the Center for Substance Abuse Treatment (CSAT) is to improve the health of the nation by bringing effective alcohol and drug treatment to every community. CSAT's primary objectives are to increase the availability of clinical treatment and recovery support services; to improve and strengthen substance abuse clinical treatment and recovery support organizations and systems; to transfer knowledge gained from research into evidence-based practices; and to provide regulatory monitoring and oversight of SAMHSA-certified Opioid Treatment Programs and physician training on the use of pharmacologic therapies.

The effects of substance use disorders are seen in permanent damage to our children, the transmission of HIV/AIDS and other communicable diseases, criminal involvement, premature and preventable deaths, and economic and social consequences estimated to cost the nation more than $328,000,000,000 each year (National Estimates for Mental Health Services and Substance Abuse Treatment, 1991-2001, SAMHSA, 2005).

Results from the National Treatment Improvement Evaluation Study and other studies have demonstrated that treatment is effective (CSAT, 1997). In addition to showing that the average cost benefits of treatment greatly exceeded the average costs, the National Treatment Improvement Evaluation Study results showed that substance abuse treatment:

- Reduced illicit drug use by half (48%).
- Improved physical and mental health. Alcohol/drug related medical visits declined by 53% after treatment. Inpatient mental health visits declined by 28%.
- Reduced criminal activity by as much as 80%.

The FY 2007 budget totals $2,133,970,000 for substance abuse treatment programs. CSAT administers two major programs. Programs of Regional and National Significance (PRNS) total $375,379,000, a decrease of $23,570,000 from the FY 2006 Appropriation. The Substance Abuse Prevention and Treatment Block Grant totals $1,758,591,000, the same level of funding as the FY 2006 President's Budget. The Access to Recovery (ATR) program is $98,208,000 and includes $70,488,000 for a Voucher Incentive Program, $24,750,000 for a stand-alone ATR-Methamphetamine voucher program**,** and funds for an evaluation of ATR. This budget is consistent with the Office of National Drug Control Policy strategy and the Secretary's 500-Day plan.

Center for Substance Abuse Treatment
CSAT Program Priority Areas
(Dollars in thousands)

Program Priority Area	FY 2005 Actual	FY 2006 Appropriation	FY 2007 Estimate
Co-Occurring Disorders			
PRNS	$6,077	$6,016	$7,979
Substance Abuse Treatmt Cap.			
PRNS	255,957	240,397	224,681
Block Grant	1,420,444	1,406,873	1,406,873
Seclusion & Restraint			
PRNS	---	---	---
Strategic Prev. Framework a/			
Block Grant	355,111	351,718	351,718
Children & Families			
PRNS	33,957	29,597	20,959
Mental Health System Transformation			
PRNS	535	531	531
Disaster Read. and Response			
PRNS	1,070	315	---
Homelessness			
PRNS	34,703	34,355	34,077
Older Adults			
PRNS	---	---	---
HIV/AIDS & Hepatitis b/			
PRNS	63,766	63,129	63,129
Criminal & Juvenile Justice			
PRNS	26,300	24,609	24,023
TOTAL	$2,197,920	$2,157,540	$2,133,970

a/ Includes 20% prevention set-aside from SAPTBG.

b/ Excludes HIV/AIDS Set-aside from SAPTBG

c/ This table reflects a realignment of activities between Capacity (formerly Targeted Capacity Expansion) and Science to Service (formerly Best Practices). Comparable adjustments were made to FY 2005 and FY 2006 to reflect these changes.

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

Total Programs of Regional & National Significance	FY 2005 Actual No.	FY 2005 Actual Amount	FY 2006 Appropriation No.	FY 2006 Appropriation Amount	FY 2007 Estimate No.	FY 2007 Estimate Amount
Capacity						
Grants/Coop. Agree.:						
Continuations	409	281,532	384	277,412	339	161,704
New/Competing	134	52,393	97	44,100	101	134,278
Supplements	---	---	0	0	---	---
Subtotal	543	333,925	481	321,512	440	295,982
Contracts:						
Continuations	19	47,593	26	46,837	25	45,608
New	22	4,137	12	3,431	1	2,970
Subtotal	41	51,730	38	50,268	26	48,578
Technical Assistance	---	---	---	---	---	---
Review Cost	---	---	---	---	1	50
Subtotal	**41**	**51,730**	**38**	**50,268**	**27**	**48,628**
Subtotal, Capacity	**584**	**385,655**	**519**	**371,780**	**467**	**344,610**
Science to Service						
Grants/Coop. Agree.:						
Continuations	20	9,173	13	5,679	---	---
New/Competing	5	992	2	74	19	8,591
Supplements	---	---	7	3,786	---	---
Subtotal	25	10,165	22	9,539	19	8,591
Contracts:						
Continuations	41	23,936	22	16,412	12	20,495
New	27	1,788	19	921	---	---
Supplements	---	---	---	---	---	---
Subtotal, Contracts	68	25,724	41	17,333	12	20,495
Technical Assistance	---	821	---	297	1	1,188
Review Cost	---	---	---	---	---	495
Subtotal	**68**	**26,545**	**41**	**17,630**	**13**	**22,178**
Subtotal, Science to Service	**93**	**36,710**	**63**	**27,169**	**32**	**30,769**
(PHS Eval.:Non-add)	*1*	*(4,300)*	*1*	*(4,300)*	*1*	*(4,300)*
Total Programs of Regional & National Significance	**677**	**422,365**	**582**	**398,949**	**499**	**375,379**
SAPT BG	60	1,775,555	60	1,758,591	60	1,758,591
(SAPT BG SA:Non-add)	---	*(88,778)*	---	*(87,930)*	---	*(87,930)*
(PHS funds:Non-add)	---	*(79,200)*	---	*(79,200)*	---	*(79,200)*
TOTAL, CSAT	**737**	**$2,197,920**	**642**	**$2,157,540**	**559**	**$2,133,970**

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Center for Substance Abuse Treatment
Programs of Regional and National Significance

Authorizing Legislation - Sections 506, 508, 509, 514 and 1971 of the Public Health Service Act

	FY 2005 Actual	FY 2006 Appropriation	FY 2007 Estimate	+/- FY 2006 Appropriation
Programs of Regional & National Significance				
Capacity ……	$385,655,000	$371,780,000	$344,610,000	-$27,170,000
Science to Service……	36,710,000	27,169,000	30,769,000	$3,600,000
PHS Eval.(non-add)…….	*(4,300,000)*	*(4,300,000)*	*(4,300,000)*	---
Total, CSAT	**$422,365,000**	**$398,949,000**	**$375,379,000**	**-$23,570,000**

2007 Authorization .....Expired

Statement of the Budget Request – Programs of Regional and National Significance support States and communities to carry out an array of activities for service improvements and priority needs. The FY 2007 budget of $375,379,000 is a decrease of $23,570,000 from the FY 2006 Approriation.

Program Description - In SAMHSA, there are two program categories within PRNS: Capacity and Science to Service (formerly Targeted Capacity Expansion and Best Practices). The first category supports SAMHSA's Capacity goal, and include services programs, which provide funding to implement a service improvement using proven evidence based approaches, and infrastructure programs, which identify and implement needed systems changes. For services programs, performance measures generally are client outcome measures. For infrastructure programs, measures generally are short term measures of service improvements coupled with positive long term client outcomes. The second category supports SAMHSA's Effectiveness goal, and include programs that promote the identification and increase the availability of practices that have been demonstrated through research to be effective. Science to Service provides the link between activities of agencies such as the National Institutes of Health and the needs of service systems and providers for information and assistance in implementing improvements. Performance measures are generally process measures - for example, changes made as a result of technical assistance; persons trained; or responses to inquiries for information.

This budget level will support 499 grants and contracts, consisting of 378 continuations and 121 new/competing.

The budget display reflects SAMHSA's reclassification of PRNS activities to ensure that programs are included in the appropriate category, Capacity or Science to Service, to be consistent with SAMHSA's strategic goals.

In FY 2005, CSAT's Capacity programs served approximately 34,000 clients (not including ATR and SBIRT; see page PD-26 for a list of programs included in the total). Outcome data show positive results: for example, between FY 2003 and FY 2005, the percentage of adults receiving services who were currently employed or engaged in productive activities rose from 42.9% to 48.9%; the percentage that had no or reduced involvement with the criminal justice system rose from 94.6% to 96%; and the percentage with no past month substance use rose from 61.1% to 64.1%.

While many activities contribute to CSAT's accomplishments, several major programs account for the majority of funding:

Access to Recovery: The FY 2007 ATR budget of $98,208,000 includes $70,488,000 for a Voucher Incentive Program, $24,750,000 for a stand-alone ATR-Methamphetamine voucher program and funds for an evaluation of ATR. The Voucher Incentive Program would provide up to 25 grant awards of $1,000,000 to $5,000,000 to applicant States and tribal organizations to expand choice through vouchers. The ATR vouchers promote innovative drug and alcohol treatment and recovery, provide a wider array of treatment provider options, and introduce into the drug treatment system greater accountability and flexibility. Grant competitions for the Voucher Incentive Program will give priority to States that voluntarily commit to using a portion of their Substance Abuse Prevention and Treatment Block Grant funds to deliver substance abuse prevention and treatment services through vouchers. Grant award recipients may use a defined portion of their award for technical support to convert their treatment systems to vouchers. The ATR-Methamphetamine voucher program will fund approximately 10 grants at $2,475,000 each. The program will focus on applicants from those States whose epidemiological data and treatment data indicate high methamphetamine prevalence and treatment prevalence. That information will be derived from data sources such as, but not limited to, the Community Epidemiology Work Group data, the National Survey of Substance Abuse Treatment Services, and State data. In addition to supporting treatment, the voucher funds will be used to support recovery support services such as child care, transportation, sober housing, and other services that support increased retention in treatment by clients. Research has shown that treatment of methamphetamine disorders requires longer lengths of stay in outpatient treatment than does treatment of other drugs.

In FY 2004, the first year of the ATR program, state interest in the Access to Recovery treatment voucher program was overwhelming: 66 states, territories, and tribal organizations applied for $99,400,000 in grants. In August 2004, CSAT awarded grants to 14 states and one tribal organization. With this cohort, an estimated 125,000 persons will be served over the three-year life of the grants. The purpose of this funding is to expand consumer choice and access to effective substance abuse treatment and recovery support services, including from faith- and community-based providers consistent with the Secretary's 500-Day plan.

Screening, Brief Intervention, Referral, and Treatment Program: The budget of $31,151,000 is an increase of $642,000 over the FY 2006 Appropriation. This level of funding for the Screening, Brief Intervention, Referral, and Treatment program will support 9 continuation grants and also provide funds for technical assistance and evaluation.

Addiction Technology Transfer Centers: In FY 2007, SAMHSA proposes $8,060,000 to support a new cohort of Addiction Technology Transfer Centers. This program disseminates research-based addiction knowledge to addictions treatment and public health/mental health personnel, institutional and community corrections professionals, and other related disciplines.

Performance Analysis – Performance measures for CSAT PRNS are reported under Capacity and Science to Service. Annual targets for the PRNS program generally have been met or exceeded. The collection of a standard set of performance measures across PRNS programs has been a key improvement to performance measurement and reporting. The CSAT PRNS program was reviewed in FY 2002 for the FY 2004 OMB PART. The program was found to be "Adequate".

Responses to the PART recommendations focus on the elements within each section of the PART review which received low scores, and include a PRNS management plan using Government Performance and Results Act data, with an emphasis on setting long-term goals, improving data collection and evaluation, and increasing program monitoring to ensure that PRNS grantee targets are being met.

Several changes have been implemented consistent with the recommendations. Web-based data systems have been implemented to improve data collection, analysis, and reporting. To support new data systems and implement cost band measures (i.e., the percentage of grantees providing services within approved cost ranges for various types of treatment), technical assistance has been provided to grantees. The milestone of evaluating the PRNS set of programs has been addressed in part by initiating evaluations of the major Access to Recovery and Screening, Brief Intervention, Referral, and Treatment Programs.

OMB recommended that incentive and disincentive procedures for grantees be developed to improve efficiency and cost effectiveness. Guidelines have been developed and implemented. Performance expectations on cost will be raised incrementally to improve efficiency. New milestones have been identified in this effort to improve program effectiveness and efficiency.

Highlighted Performance Measures

Capacity		
Performance Goal	Results	Context
Increase the number of clients served who were currently employed or engaged in productive activities	FY 2005 target of 47% was exceeded (result 48.9%)	Measure is an important outcome of substance abuse treatment

Science to Service		
Performance Goal	Results	Context
Increase the percentage of drug treatment professionals trained by the program who report implementing improvements in treatment methods on the basis of information and training provided by the program.	FY 2005 target of 85% was exceeded (result 87%)	Measure reflects the success of CSAT's technical assistance and training efforts

Funding for CSAT PRNS during the past five years has been as follows:

	Funding	FTE
2002	$290,567,000	—
2003	317,278,000	—
2004	419,219,000	—
2005a/	422,365,000	—
2006a/	398,949,000	—

a/ Includes $4.3 million from the PHS evaluation funds.

Rationale for the Budget Request

The FY 2007 President's Budget of $375,379,000 is a decrease of $23,570,000 from the FY 2006 Appropriation for Programs of Regional and National Significance. The Capacity category will be reduced by $27,170,000 and the Science to Service category will be increased by $3,600,000. This budget will support full funding of all grant and contract continuations.

The Capacity reductions of $27,170,000 are associated with grants and contracts coming to a natural end in the TCE General, Pregnant and Postpartum Women, and Children and Adolescent programs.

The Science to Service increases are reflected in the SAMHSA Health Information Network and Program Coordination activities.

The Treatment PRNS program received a PART rating of "Adequate". The PRNS program supports HHS Strategic Objective 1.4, Reduce Substance Abuse.

Center for Substance Abuse Treatment
Summary Listing of Activities
(Dollars in thousands)

Programs of Regional and National Significance a/	FY 2005 Actual	FY 2006 Appropriaton	FY 2007 Estimate	+/- FY 2006 Appropriation
CAPACITY:				
Co-occurring State Incentive Grants (SIGs)	$6,077	$6,016	$7,979	$1,963
Opioid Treatment Programs/Regulatory Activities	8,660	8,273	7,496	-777
Screening, Brief Intervention & Treatment (SBIRT) b/	25,909	30,509	31,151	642
TCE - General c/	33,374	31,049	20,939	-10,110
Congressional Projects	8,156	---	---	---
Pregnant & Postpartum Women	9,852	10,890	3,932	-6,958
Strengthening Treatment Access And Retention	3,969	3,590	3,977	387
Recovery Community Services Program	9,169	9,408	9,400	-8
Access to Recovery	99,200	98,208	98,208	---
Children/Adolescent/Family Programs	33,957	29,597	20,959	-8,638
Treatment Systems for Homeless	30,343	34,355	34,077	-278
Joint NOFA - End Chronic Homelessness	4,360	---	---	---
Minority AIDS Initiative (MAI)	63,274	63,129	63,129	---
Criminal Justice Activities	26,300	24,609	24,023	-586
Disaster Technical Assistance Center	1,070	315	---	-315
Program Coordination And Evaluation	18,864	18,232	16,195	-2,037
Clinical Technical Assistance	3,121	3,600	3,145	-455
Subtotal, Capacity	**385,655**	**371,780**	**344,610**	**-27,170**
SCIENCE TO SERVICE:				
Addiction Technology Transfer Centers	8,223	8,142	8,060	-82
HIV/AIDS (Knowledge Application)	492	---	---	---
Minority Fellowship Program	535	531	531	---
Special Initiatives/Outreach	6,577	4,575	3,243	-1,332
State Service Improvement	4,337	3,908	3,294	-614
Information Dissemination	4,057	3,616	3,471	-145
National Registry of Evidence-Based Programs & Practices	650	743	743	---
SAMHSA Health Information Network	2,232	1,485	4,255	2,770
Program Coordination And Evaluation	8,786	3,872	5,984	2,112
Technical Assistance	821	297	1,188	891
Subtotal, Science to Service	**36,710**	**27,169**	**30,769**	**3,600**
Total, Substance Abuse Treatment	**$422,365**	**$398,949**	**$375,379**	**-$23,570**

a/ This table reflects a realignment of activities between Capacity (formerly Targeted Capacity Expansion) and Science to Service (formerly Best Practices). Comparable adjustments were made to FY 2005 and FY 2006 to reflect these changes.
b/ FY 2005, FY 2006 and FY 2007 (all) include $2.0 million from PHS evaluation funds for the SBIRT contract.
c/ FY 2005, FY 2006 and FY 2007 (all) include $2.3 million from PHS evaluation funds for the SAIS IT contract.

Center for Substance Abuse Treatment
PRNS Program Priority by Type
(Dollars in thousands)

Programs of Regional & National Sig.	FY 2005 Actual No.	FY 2005 Actual Amount	FY 2006 Appropriaton No.	FY 2006 Appropriaton Amount	FY 2007 Estimate No.	FY 2007 Estimate Amount
Capacity						
Co-Occurring Disorders						
Grants						
Continuations	7	4,011	4	1,282	9	2,357
New/Competing	---	---	2	2,057	3	3,253
Contracts						
Continuations	1	1,749	2	2,677	1	2,369
New/Competing	1	317	---	---	---	---
Subtotal	9	6,077	8	6,016	13	7,979
Substance Abuse Treatment Capacity						
Grants						
Continuations	120	160,527	118	162,586	93	62,732
New/Competing	67	25,855	33	17,859	28	98,101
Contracts						
Continuations	13	31,370	16	30,591	24	30,640
New/Competing	17	2,522	11	2,723	1	2,970
Subtotal a/	217	220,274	178	213,759	146	194,443
Seclusion & Restraint						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Strategic Prevention Framework						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Children & Families						
Grants						
Continuations	59	21,850	54	20,002	48	15,118
New/Competing	16	6,351	17	5,140	1	874
Contracts						
Continuations	2	5,756	1	4,455	1	4,967
New/Competing	---	---	---	---	---	---
Subtotal	77	33,957	72	29,597	50	20,959
Mental Health System Transformation						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	4	531
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	---	4	531

Center for Substance Abuse Treatment
PRNS Program Priority by Type
(Dollars in thousands)

Programs of Regional & National Sig.	FY 2005 Actual No.	FY 2005 Actual Amount	FY 2006 Appropriaton No.	FY 2006 Appropriaton Amount	FY 2007 Estimate No.	FY 2007 Estimate Amount
Capacity						
Disaster Readiness and Response						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Homelessness						
Grants						
Continuations	52	21,618	55	20,899	79	31,091
New/Competing	24	9,555	25	9,793	---	---
Contracts						
Continuations	2	3,530	1	2,955	---	2,986
New/Competing	---	---	1	708	---	---
Subtotal	78	34,703	82	34,355	79	34,077
Older Adults						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
HIV/AIDS & Hepatitis						
Grants						
Continuations	143	61,048	111	54,866	62	29,098
New/Competing	---	---	9	5,291	65	32,050
Contracts						
Continuations	---	---	2	2,972	---	1,981
New/Competing	---	---	---	---	---	---
Subtotal	143	61,048	122	63,129	127	63,129
Criminal & Juvenile Justice						
Grants						
Continuations	28	12,478	42	17,777	48	21,308
New/Competing	27	10,632	10	3,960	---	---
Contracts						
Continuations	1	3,040	3	2,872	---	2,715
New/Competing	2	150	---	---	---	---
Subtotal	58	26,300	55	24,609	48	24,023
Grants						
Continuations, Subtotal	***409***	***281,532***	***384***	***277,412***	***339***	***161,704***
New/Competing, Subtotal	***134***	***52,393***	***97***	***44,100***	***101***	***134,278***
Total, Grants	***543***	***333,925***	***481***	***321,512***	***440***	***295,982***
Contracts						
Continuations, Subtotal	***19***	***47,593***	***26***	***46,837***	***25***	***45,608***
New/Competing, Subtotal	***22***	***4,137***	**12**	**3,431**	***1***	***2,970***
Total, Contracts	***41***	***51,730***	***38***	***50,268***	***26***	***48,578***
Technical Assistance	***---***	***---***	---	---	---	---
Review	***---***	---	---	---	***1***	***50***
Total, Capacity	**584**	**385,655**	**519**	**371,780**	**467**	**344,610**

a/ Includes PHS evaluation funds of $4.3 million for FY 2005, FY 2006 and FY 2007.

Center for Substance Abuse Treatment
PRNS Program Priority by Type
(Dollars in thousands)

Programs of Regional & National Sig.	FY 2005 Actual No.	FY 2005 Actual Amount	FY 2006 Appropriaton No.	FY 2006 Appropriaton Amount	FY 2007 Estimate No.	FY 2007 Estimate Amount
Science to Service						
Co-Occurring Disorders						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Substance Abuse Treatment Capacity						
Grants						
Continuations	16	8,638	9	5,148	---	---
New/Competing	5	992	9	3,860	15	8,060
Contracts						
Continuations	40	23,444	22	16,709	12	20,495
New/Competing	27	1,788	19	921	---	---
Subtotal	88	34,862	59	26,638	27	28,555
Seclusion & Restraint						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Strategic Prevention Framework						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Children & Families						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Mental Health System Transformation						
Grants						
Continuations	4	535	4	531	---	---
New/Competing	---	---	---	---	4	531
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Subtotal	4	535	4	531	4	531

Center for Substance Abuse Treatment
PRNS Program Priority by Type
(Dollars in thousands)

Programs of Regional & National Sig.	FY 2005 Actual No.	FY 2005 Actual Amount	FY 2006 Appropriaton No.	FY 2006 Appropriaton Amount	FY 2007 Estimate No.	FY 2007 Estimate Amount
Science to Service						
Disaster Readiness and Response						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Homelessness						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Older Adults						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
HIV/AIDS & Hepatitis						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Contracts						
Continuations	1	492	---	---	---	---
New/Competing	---	---	---	---	---	---
Subtotal	1	492	---	---	---	---
Criminal & Juvenile Justice						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Grants						
Continuations, Subtotal	***20***	***9,173***	***13***	***5,679***	***---***	***---***
New/Competing, Subtotal	***5***	***992***	***9***	***3,860***	***19***	***8,591***
Total, Grants	***25***	***10,165***	***22***	***9,539***	***19***	***8,591***
Contracts						
Continuations, Subtotal	***41***	***23,936***	***22***	***16,412***	***12***	***20,495***
New/Competing, Subtotal	***27***	***1,788***	***19***	***921***	***---***	***---***
Total, Contracts	***68***	***25,724***	***41***	***17,333***	***12***	***20,495***
Technical Assistance	---	***821***	---	297	1	1,188
Review	---	---	---	---	---	***495***
Total, Science to Service	***93***	***36,710***	***63***	***27,169***	***32***	***30,769***
TOTAL, PRNS	***677***	***$422,365***	***582***	***$398,949***	***499***	***$375,379***

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Center for Substance Abuse Treatment
Substance Abuse Prevention and Treatment (SAPT) Block Grant

Authorizing Legislation - Section 1921 of the Public Health Services Act

	FY 2005 Actual	FY 2006 Appropriation	FY 2007 Estimate	+/- FY 2006 Appropriation
SAPT Block Grant……	$1,696,355,000	$1,679,391,000	$1,679,391,000	---
PHS Evaluation……	79,200,000	79,200,000	79,200,000	---
Subtotal	**$1,775,555,000**	**$1,758,591,000**	**$1,758,591,000**	---

2007 Authorization……Expired

Statement of Budget Request – The FY 2007 President's Budget proposes $1,758,591,000, the same as the FY 2006 Appropriation, which supports and expands substance abuse prevention and treatment services through block grants to States and Territories.

Program Description - The Substance Abuse Prevention and Treatment Block Grant Program distributes funds to 60 eligible States, Territories, the District of Columbia and the Red Lake Indian Tribe of Minnesota through a formula, based upon specified economic and demographic factors. Applications for FY 2007 grants are due October 1, 2006. 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% 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 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 Development Program and State Systems Technical Assistance Project.

Of the amounts appropriated for the Block Grant program, 95% 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.

In 2002, the Block Grant accounted for approximately 42% of public funds expended by States for prevention and treatment. Twenty three states and territories reported that greater than 50%

of their substance abuse prevention and treatment programs came from the Federal Block Grant. Thirteen States and Territories reported Block Grant funding at greater than 60% of the total spent, while eleven States and Territories reported over 70%. Over 10,500 community-based organizations receive Block Grant funding from the States. In FY 2003, approximately 1.8 million were served (treatment admissions proxy data).

For information on the 20% Prevention Set-aside, please refer to the separate Substance Abuse Prevention section of this budget document.

States are reporting on National Outcome Measures. These data activities are supported by the State Outcomes Measurement and Management System including subcontracts to the States to report on National Outcome Measures through the Treatment Episode Data Set contract and the new State Outcomes Measurement and Management System Central Services contract to collect and analyze this data. These activities are identified in the Substance Abuse Prevention and Treatment Set-Aside section of the budget. The first compilation of state National Outcome Measures data was submitted to Congress this spring and can be found at the SAMHSA web site. CSAT is working on a three year implementation plan to ensure that all states are collecting data on all National Outcome Measures by the end of FY 2007.

The legislation provides a 5% set-aside for data collection, technical assistance, and evaluation which is retained by SAMHSA for these purposes. The 5% Set-aside provides funding to support State data systems, national data collection, technical assistance and program evaluation. A detailed listing of those activities and funding levels is provided in the Substance Abuse Set-aside section. SAMHSA is allocating a total of $18,172,000 for CSAT activities.

Performance Analysis – The FY 2003 target for numbers served was missed slightly. FY 2003 is the most recent year for which data are currently available, because of the time required for states to report data on the number of admissions in any given year. Data from SAMHSA's Treatment Episode Data Set is a proxy for this measure, representing treatment admissions rather than the total number served. This measure is one of SAMHSA's National Outcome Measures, which, when fully implemented by the end of FY 2007, will provide more direct and accurate data on number of clients served by reporting an unduplicated count of clients.

The SAPT Block Grant was reviewed by OMB in 2003 for the FY 2005 PART review. The review assessed strengths and identified a number of areas needing improvement. Although the overall rating was "Ineffective," the main area identified as requiring improvement related to performance measures. Certain key measures were finalized later in FY 2003 and data is being collected. States are heavily dependent upon SAPT Block Grant funding for substance abuse services that are urgently needed.

In response to a PART finding, the program is expediting the posting of disaggregated State specific descriptive data on the Internet so that the data are fully accessible and transparent to the public. Also, the PART assessment found that SAMHSA faces continuing challenges in collecting performance data. SAMHSA will address this problem over time by implementing new measures, and improving data collection, analysis, and utilization. The assessment developed new performance measures that will be used for making future budget decisions.

SAMHSA also has initiated funding for a national evaluation of the Block Grant in response to an OMB finding.

The 2005 compilation of State data provides State profiles as well as a compilation of State National Outcome Measures to provide a national picture. State Substance Abuse Agencies reported the following outcomes for services provided during 2002:

- For the 11 States that reported data in the Abstinence Domain, all identified improvements in client abstinence from alcohol and other substances.
- For the 16 States that reported data in the Employment Domain, all identified improvements in client employment.
- For the 8 States that reported in the Criminal Justice Domain, all reported a reduction in arrests.
- For the 13 States that reported data in the Housing Domain, 12 of 13 identified improvements in stable housing for clients.

Highlighted Performance Goal

Performance Goal	Results	Context
Number of Clients served	Target of 1,884,654 was missed slightly (result 1,840,275)	Baseline, targets, and proxy performance data currently provided by Treatment Episode Data Set, which reports treatment admissions data.

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

	Funding	FTE
2002	$1,725,000,000	40
2003 a/	1,753,932,000	40
2004 b/	1,779,146,000	40
2005 b/	1,775,555,000	40
2006 b/	1,758,591,000	40

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

Rationale for the Budget Request - The FY 2007 President's Budget of $1,758,591,000 is the same as the FY 2006 Appropriation. A detailed listing of the activities and funding levels for the CSAT portion of the 5% set-aside is provided in the Substance Abuse Set-aside section. The program supports HHS Strategic Objective 1.4, Reduce Substance Abuse.

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

STATE/TERRITORY	FY 2005 Actual	FY 2006 Appropriation	FY 2007 Estimate	Difference +/- 2006
Alabama	$24,007,464	$23,778,096	$23,778,096	---
Alaska	4,676,744	4,632,062	4,632,062	---
Arizona	31,857,026	31,552,663	31,552,663	---
Arkansas	13,423,249	13,295,003	13,295,003	---
California	252,450,447	250,038,523	250,038,523	---
Colorado	23,975,890	23,746,823	23,746,823	---
Connecticut	16,919,875	16,758,222	16,758,222	---
Delaware	6,658,331	6,594,717	6,594,717	---
District Of Columbia	6,658,331	6,594,717	6,594,717	---
Florida	95,290,319	94,379,912	94,379,912	---
Georgia	50,857,572	50,371,677	50,371,677	---
Hawaii	7,218,541	7,149,575	7,149,575	---
Idaho	6,953,069	6,886,639	6,886,639	---
Illinois	70,335,192	69,663,207	69,663,207	---
Indiana	33,528,105	33,207,776	33,207,776	---
Iowa	13,613,905	13,483,837	13,483,837	---
Kansas	12,372,763	12,254,553	12,254,553	---
Kentucky	20,801,497	20,602,759	20,602,759	---
Louisiana	26,021,415	25,772,805	25,772,805	---
Maine	6,658,331	6,594,717	6,594,717	---
Maryland	32,191,130	31,883,575	31,883,575	---
Massachusetts	34,255,398	33,928,121	33,928,121	---
Michigan	58,281,367	57,724,545	57,724,545	---
Minnesota	21,835,524	21,626,907	21,626,907	---
Red Lake Indians	538,165	533,023	533,023	---
Mississippi	14,352,357	14,215,234	14,215,234	---
Missouri	26,331,154	26,079,585	26,079,585	---
Montana	6,658,331	6,594,717	6,594,717	---
Nebraska	7,945,036	7,869,129	7,869,129	---
Nevada	12,996,380	12,872,212	12,872,212	---
New Hampshire	6,658,331	6,594,717	6,594,717	---
New Jersey	47,251,367	46,799,926	46,799,926	---
New Mexico	8,772,443	8,688,631	8,688,631	---
New York	116,276,127	115,165,220	115,165,220	---
North Carolina	38,875,228	38,503,813	38,503,813	---

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

STATE/TERRITORY	FY 2005 Actual	FY 2006 Appropriation	FY 2007 Estimate	Difference +/- 2006
North Dakota	5,188,548	5,138,976	5,138,976	---
Ohio	67,101,506	66,460,416	66,460,416	---
Oklahoma	17,831,154	17,660,794	17,660,794	---
Oregon	16,381,672	16,225,161	16,225,161	---
Pennsylvania	59,477,952	58,909,697	58,909,697	---
Rhode Island	6,658,331	6,594,717	6,594,717	---
South Carolina	20,710,781	20,512,909	20,512,909	---
South Dakota	4,797,959	4,752,119	4,752,119	---
Tennessee	29,944,813	29,658,719	29,658,719	---
Texas	136,885,271	135,577,464	135,577,464	---
Utah	17,248,099	17,083,310	17,083,310	---
Vermont	5,130,038	5,081,025	5,081,025	---
Virginia	43,373,280	42,958,890	42,958,890	---
Washington	35,209,227	34,872,837	34,872,837	---
West Virginia	8,767,941	8,684,172	8,684,172	---
Wisconsin	25,938,905	25,691,084	25,691,084	---
Wyoming	3,333,448	3,301,600	3,301,600	---
State Sub-total	**$1,661,475,329**	**$1,645,601,528**	**$1,645,601,528**	**---**
American Samoa	331,288	328,123	328,123	---
Guam	895,168	886,616	886,616	---
Marshall Islands	293,985	291,176	291,176	---
Micronesia	618,779	612,868	612,868	---
Northern Marianas	400,274	396,450	396,450	---
Puerto Rico	22,023,492	21,813,077	21,813,077	---
Palau	110,614	109,558	109,558	---
Virgin Islands	628,055	622,054	622,054	---
Territory Sub-Total	**$25,301,655**	**$25,059,922**	**$25,059,922**	**---**
Total States/Territories	**$1,686,776,984**	**$1,670,661,450**	**$1,670,661,450**	**---**
SAMHSA Set-Aside	**88,777,736**	**87,929,550**	**87,929,550**	**---**
TOTAL SAPTBG	**$1,775,554,720**	**$1,758,591,000**	**$1,758,591,000**	**---**

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

(Dollars in thousands)

Authorizing Legislation - Section 1935 of the Public Health Service Act

	FY 2005 Actual	FY 2006 Appropriation	FY 2007 Estimate
Funding Sources			
Budget Authority:			
SAPT Block Grant 5% Setaside	$9,578	$8,730	$8,730
PHS Evalution Funds:			
SAPT Block Grant	79,200	79,200	79,200
Program Management	16,000	16,000	21,000
Total Program Level	$104,778	$103,930	$108,930
SAMHSA Component			
Office of Applied Studies	$83,172	$77,890	$80,481
Budget Authority (non-add)	*(679)*	*(2,946)*	*(2,946)*
PHS Evaluation SAPTBG (non-add)	*(66,493)*	*(58,944)*	*(56,535)*
PHS Evalution Program Mgmt (non-add)	*(16,000)*	*(16,000)*	*(21,000)*
Center for Substance Abuse Treatment	10,987	15,763	18,172
Budget Authority (non-add)	*(2,862)*	*(2,334)*	*(2,334)*
PHS Evaluation SAPTBG (non-add)	*(7,986)*	*(13,429)*	*(15,838)*
PHS Evalution Program Mgmt (non-add)	*(---)*	*(---)*	*(---)*
Center for Substance Abuse Prevention	10,619	10,277	10,277
Budget Authority (non-add)	*(3,644)*	*(3,450)*	*(3,450)*
PHS Evaluation SAPTBG (non-add)	*(6,975)*	*(6,827)*	*(6,827)*
PHS Evalution Program Mgmt (non-add)	*(---)*	*(---)*	*(---)*
Total, SAMHSA	**$104,778**	**$103,930**	**$108,930**
Budget Authority (non-add)	*(7,324)*	*(8,730)*	*(8,730)*
PHS Evaluation SAPTBG (non-add)	*(81,454)*	*(79,200)*	*(79,200)*
PHS Evalution Program Mgmt (non-add)	*(16,000)*	*(16,000)*	*(21,000)*

Center for Substance Abuse Treatment

(Dollars in thousands)

Set-Aside Activities	FY 2005 Actual	FY 2006 Appropriation	FY 2007 Estimate
State Data Systems			
State Data Infra. Grants (FY 2002-2004)	---	$ ---	$ ---
Block Grant Management Information	769	790	---
NASADAD State/PPG Infras. Planning Grants	85	---	---
Subtotal, State Data Systems	854	790	---
National Data Collection			
State Outcomes Measurement and Management System (SOMMS)	5,221	7,523	9,000
Subtotal - National Data Collection	5,221	7,523	9,000
Technical Assistance			
TA to States for SOMMS	---	3,650	5,768
FTE Support	3,604	2,700	3,054
Subtotal, Technical Assistance	3,604	6,350	8,822
Program Evaluation			
Financing, Access and Cost Study	291	---	---
SAPTBG Program Evaluation Assessment	750	750	---
Dev. of Spending Estimates for MH/SAT	267	350	350
Subtotal, Program Evaluation	1,308	1,100	350
TOTAL CSAT	**$10,987**	**$15,763**	**$18,172**

Center for Substance Abuse Prevention

(Dollars in thousands)

Set-Aside Activities	FY 2005 Actual	FY 2006 Appropriation	FY 2007 Estimate
State Data Systems			
SOMMS/Data Collection Coordinating Center	$500	---	---
Subtotal, State Data Systems	500	---	---
Technical Assistance			
State TA and Analytic Support	4,165	5,712	5,712
Synar Program Analysis	740	740	740
Knowledge Dissemination	3,636	2,025	2,025
FTE Support	1,578	1,800	1,800
Subtotal, Technical Assistance	10,119	10,277	10,277
TOTAL CSAP	**$10,619**	**$10,277**	**$10,277**

Office of Applied Studies

(Dollars in thousands)

Set-Aside Activities	FY 2005 Actual	FY 2006 Appropriation	FY 2007 Estimate
Program Totals			
DAWN	$17,000	$17,000	$22,000
NSDUH (Household Survey)	58,146	46,474	41,495
DASIS	---	6,295	9,296
SOMMS - Central Services	5,101	4,262	4,804
Data Archive	800	825	851
Other FTE/Operations	2,125	3,034	2,035
TOTAL OAS	**$83,172**	**$77,890**	**$80,481**

Purpose and Method of Operation

Funding for set-aside activities totals $108,930,000 including $8,730,000 from direct funding for the Substance Abuse Prevention and Treatment Block Grant and $100,200,000 from PHS evaluation funds. The 5% set-aside of the Substance Abuse Prevention and Treatment Block Grant supports data collection, technical assistance, and program evaluation activities in CSAT, CSAP, and OAS.

Rationale for the Budget

The FY 2007 President's Budget of $108,930,000 is an increase of $5,000,000 over the FY 2006 Appropriation. With this budget, SAMHSA will be able to maintain continuity of the National Survey on Drug Use and Health and the Drug and Alcohol Services Information System. The current sample, measures, data elements and frequency of data collection will be maintained. A total of $22,000,000 is proposed for the Drug Abuse Warning Network to ensure the viability of this data set and to bring recently lost cities back on line. In addition, SAMHSA will expand the State Outcome Measurement and Management System to provide payment to all States for reporting of the National Outcome Measures.

Program Management

Authorizing Legislation - Section 301 of the Public Health Service Act

	FY 2005 Actual	FY 2006 Appropriation	FY 2007 Estimate	+/- FY 2006 Appropriation
Current Law B.A……..	$75,806,000	$76,049,000	$75,521,000	-$528,000
PHS Evaluation Funds……	18,000,000	16,000,000	21,000,000	+5,000,000
Total, Program Level……	**$93,806,000**	**$92,049,000**	**$96,521,000**	**+$4,472,000**
FTE (Total)	**535**	**558**	**558**	**---**
(Program Management)……..	(478)	(501)	(501)	---
(Block Grant Set-aside)……..	(57)	(57)	(57)	---

2007 Authorization…….Indefinite

Statement of the Budget Request – The FY 2007 President's Budget of $96,521,000 is an increase of $4,472,000 over the FY 2006 Appropriation. This increase will fund the Drug Abuse Warning Network survey for a total of $22,000,000.

Program Description - 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 both block grant investigations (monitoring) and State reviews of their application. In addition, this budget supports UFMS, administrative activities such as Human Resources, Information Technology and, the centralized services provided by Program Support Center and the Department.

Performance Analysis - Program management is not subject to a separate PART review; however, it is addressed in the reviews of SAMHSA programs. In the Program Management section of the PART, SAMHSA has earned an average of 82% of the available points in the SAMHSA PARTs. The reviews have consistently noted that funds are obligated efficiently, strong management practices are used, the programs collaborate effectively with related programs, and strong accountability procedures are in place both within SAMHSA and between SAMHSA and its partners. Several reviews have noted that disaggregated performance information should be made more accessible to the public; SAMHSA is expediting the posting of this information on the Internet.

Funding and staffing levels for Program Management for the past five fiscal years were as follows:

	Funding[1]	FTEs[2]
FY 2002	$70,342,000	526
FY 2003	73,983,000	504
FY 2004	75,915,000	492
FY 2005	75,806,000	511
FY 2006	76,049,000	528

[1]Excludes the following amounts for data collection activities which are shown elsewhere in the budget: 2002, $21.0 million; 2003, $12.0 million; 2004, $16.0 million; 2005, $18.0 million; 2006, $13.4 million.
[2]Includes direct FTEs supported by the two Block Grant set-asides, and excludes FTEs at St. Elizabeth's Hospital. Includes 21 additional FTEs for Drug Free Communities Program starting in FY 2005.

Rationale for the Budget

The FY 2007 President's Budget of $96,521,000 is an increase of $4,472,000 over the FY 2006 Appropriation. This increase will fund the Drug Abuse Warning Network survey for a total of $22,000,000, an increase of $5,000,000 over the FY 2006 Appropriation. SAMHSA's staffing remains level at 528 FTEs in FY 2007, excluding St. Elizabeth Hospital. The SAMHSA budget contains funding to provide for reasonable accommodation of disabled employees.

SAMHSA's request includes funding to support the President's Management Agenda Expanding E-Government and Departmental enterprise information technology initiatives. Operating Division funds will be combined to create an Enterprise Information Technology Fund to finance specific information technology initiatives identified through the HHS strategic planning process and approved by the HHS IT Investment Review Board. These enterprise information technology initiatives promote collaboration in planning and project management and achieve common HHS-wide goals. Examples of HHS enterprise initiatives funded by the Enterprise Information Technology Fund are Enterprise Architecture, Capital Planning and Investment Control, Enterprise E-mail, Grants Management Consolidation, and Public Key Infrastructure.

Summary of Changes

Increases:	
Built-in:	
Annualization of the 2006 pay raise (2.3%)……	+$441,000
Within Grade Increase……	+1,027,710
Increase for January 2007 pay raise (2.2%)……	+939,000
Increase for January 2007 Commissioned Corps pay raise (2.2%)……	+43,000
Increase in rental payments to GSA……	+72,000
**Subtotal, Built-in……	**+2,522,710**
Program:	
Drug Abuse Warning Network……	+5,000,000
**Subtotal, Program……	**+5,000,000**
Total, Increases	**+7,522,710**
Decreases:	
Program:	
Worker's Compensation……..	-78,000
UFMS Implementation Costs……	-493,983
CMHS Surveillance…….	-990,000
Cost Shift of operating costs……	-1,488,727
**Total, Decreases……..	**-3,050,710**
**Net Change……..	**+$4,472,000**

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SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

I. RESOURCE SUMMARY

(Budget Authority in Millions)

	2005 Final	2006 Enacted	2007 Request
Drug Resources by Function [1]			
Prevention	$572.597	$563.029	$551.620
Treatment	1,917.854	1,879.461	1,859.469
Total	$2,490.451	$2,442.490	$2,411.089
Drug Resources by Decision Unit [1]			
Programs of Regional & National Significance			
Prevention	$198.725	$192.901	$180.598
Treatment	422.365	398.949	375.379
Access to Recovery (non-add)	*99.200*	*98.208*	*98.208*
Substance Abuse Block Grant [2]	1,775.555	1,758.591	1,758.591
Program Management [3]	93.806	92.049	96.521
Total	$2,490.451	$2,442.490	$2,411.089
Drug Resources Personnel Summary			
Total FTEs (direct only)	486	486	486
Information			
Total Agency Budget	$3,391.8	$3,326.7	$3,260.0
Drug Percentage	73.4%	73.4%	74.0%

[1] Includes both Budget Authority and PHS Evaluation funds. PHS Evaluation Fund levels are as follows: $101.5 million in FY 2005, $99.5 million in FY 2006, and $104.5 million in FY 2007.

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

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

II. PROGRAM SUMMARY

- The Substance Abuse and Mental Health Services Administration (SAMHSA) supports the *Strategy* through a broad range of programs focusing on prevention and treatment of the abuse of illicit drugs. These programs, which include Substance Abuse Prevention and Treatment (SAPT) Block Grant funding as well as funding from the competitive Programs of

Regional and National Significance, are administered through the Center for Substance Abuse Prevention (CSAP) and the Center for Substance Abuse Treatment (CSAT).

Center for Substance Abuse Prevention

- CSAP's mission is to build resiliency and facilitate recovery in states and communities in order to reduce substance abuse. That mission will be accomplished through the Strategic Prevention Framework, which incorporates SAMHSA's strategic goals of Accountability, Capacity, and Effectiveness. The Strategic Prevention Framework incorporates a five step model: 1) organize the community to profile needs, including community readiness; 2) mobilize the community and build the capacity to address needs and plan for sustainability; 3) develop the prevention action (evidence-based activities, programs, strategies, and policies); 4) implement the prevention plan; and 5) conduct ongoing evaluation for quality improvement and outcomes. CSAP is in the process of realigning its programs to support the Strategic Prevention Framework.

  - Capacity: In addition to funds provided from the 20 percent Block Grant set-aside, CSAP has implemented several program efforts targeted to increasing the capacity of states and communities to provide effective substance abuse prevention services. The Strategic Prevention Framework State Incentive Grants are designed to address the specific and immediate prevention service capacity needs within states and communities identified by reviewing state and community data. State Incentive Grants represent a comprehensive effort to improve the quality and availability of effective evidence-based prevention services and to assist states and communities to address and close gaps in prevention services.

  - Effectiveness: CSAP prevention activities support the identification and promotion of model and promising prevention programs, primarily through the National Registry of Evidence-based Programs and Practices. CSAP's objective is to significantly increase the number of identified model programs and the number of communities implementing evidence-based prevention programs. Many of the programs identified as models have been adapted to meet the specific needs of diverse target populations.

  - Accountability: CSAP promotes accountability throughout all of its activities by requiring the ongoing monitoring and evaluation of prevention programs. The SAPT Block Grant set-aside supports direct technical assistance to the states to implement their Block Grant funds, supports the development of state data infrastructures, and supports oversight of Synar Amendment implementation. In FY 2005, SAMHSA initiated the State Outcome Measurement and Management System which supports expansion of current state data collection efforts to meet the requirements of the agreed-upon National Outcomes Measures.

Center for Substance Abuse Treatment

- In partnership with other federal agencies, national organizations, state and local governments, and faith-based and community-based providers, CSAT's goals are to: 1) increase the availability of clinical treatment and recovery support services commensurate

with need; 2) improve and strengthen substance abuse clinical treatment and recovery support organizations and systems; 3) promote and sustain evidence-based practices, and; 4) provide regulatory monitoring and oversight of SAMHSA-certified Opioid Treatment Programs and physician training on the use of pharmacologic therapies.

- Capacity: The SAPT Block Grant is CSAT's primary program to support state alcohol and drug abuse treatment activities. Funding is allocated by formula to the states, and approximately 80 percent is used in support of treatment services (including up to 5 percent for state administration). CSAT also provides additional discretionary funding through Programs of Regional and National Significance (PRNS), including Science to Service programs that assist the field to increase effectiveness, and Capacity programs that focus on reducing substance abuse treatment need by supporting strategic responses to demands for substance abuse treatment services. Response to treatment capacity problems may include communities with serious, emerging drug problems or communities struggling with an unmet need.

- Effectiveness: CSAT promotes effectiveness through evidence-based practice programs, which help communities and providers to identify, adapt, implement, and evaluate evidence-based practices. Programs include activities to bridge the gap between knowledge and practice by promoting the adoption of evidence-based practices, and by ensuring that services availability meets targeted needs. These programs also are used to disseminate information about systems and practices shown to be most effective.

- Accountability: CSAT continues to align outcome measurement in treatment programs across the National Outcome Measures. The goal is to enhance SAMHSA's accountability while simultaneously reducing reporting requirements for states and community-based organizations. The established domains of the National Outcome Measures for both prevention and treatment programs are: Drug/Alcohol Use, Employment/Education, Crime and Criminal Justice, Family and Living Conditions, Social Connectedness, Access/Capacity, Retention in Treatment, Cost Effectiveness, Use of Evidence-Based Practices, and Client Perception of Care. The final three domains were added as a result of the 2003 OMB PART review of SAMHSA's block grants. During FY 2004, collection of data for these domains was initiated within CSAT's *Access to Recovery* program and CSAP's *Strategic Prevention Framework State Incentive Grant* program. States and Territories will remain partners and will serve as focal points for both data compilation from direct service providers and as the source of administrative data sets. As state data capabilities improve, the corresponding federal data reporting programs will adjust to the common measures, improved reporting timelines, streamlining reporting requirements, and enhancing data infrastructure capabilities. In FY 2005, SAMHSA initiated the State Outcome Measurement and Management System which supports expansion of current state data collection efforts to meet the requirements of the agreed-upon National Outcomes Measures.

III. BUDGET SUMMARY

2006 Program

- The total drug control budget supported by the FY 2006 enacted level is $2.44 billion.

Prevention

- The FY 2006 budget for Prevention PRNS is $192.9 million, reflecting a program reduction of $5.8 million compared to FY 2005. At this level, SAMHSA proposes to:

  - Expand the *Strategic Prevention Framework State Incentive Grant* program, with the proposed award of approximately fourteen new SPF SIG grants ($30 million). The funds will be used to implement the five-step process known to promote youth development, reduce risk-taking behaviors, build on assets, and prevent problem behaviors that are built on a community-based risk and protective factors approach to prevention.

  - SAPT Block Grant: A total of $1.759 billion is available for the SAPT Block Grant, of which 20% will support primary prevention activities.

Treatment

- A total of $398.9 million is available for treatment PRNS activities, a reduction of $23.4 million compared to FY 2005. The SAPT Block Grant in FY 2006 is $1.759 billion, a reduction of $17.0 million below the FY 2005 level.

  - Within the PRNS total, *Screening, Brief Intervention, Referral, and Treatment (SBIRT)* will receive a $4.6 million increase over the FY 2005 enacted level for a total of $30.5 million. This increase will support two additional grants in FY 2006 for a total of nine program grantees.

  - SAPT Block Grant: A total of $1.759 billion is available for the SAPT Block Grant, of which 80% will support treatment activities, including up to 5% for state administration.

Program Management

- The FY 2006 enacted budget provides a total of $92.0 million for program management activities, a reduction of $1.8 million compared to FY 2005. This decrease will be in the area of non-substance abuse data collection.

2007 Request

- A total of $2.41 billion is requested for the drug control budget in FY 2007, including $556.0 million for Prevention and Treatment PRNS funding, $1.759 billion for the Substance Abuse Prevention and Treatment Block Grant (SAPT) Block Grant, and $96.5 million for Program Management. The request reflects a net decrease of $31.4 million compared to FY 2006.

Prevention

- The FY 2007 request for Prevention PRNS is $180.6 million, reflecting a program decrease of $12.3 million compared to the FY 2006 enacted amount. At this level, SAMHSA will:

  - Continue implementation of the *Strategic Prevention Framework State Incentive Grant* program.

  - Maintain the *Fetal Alcohol Spectrum Disorder Center for Excellence* program at the FY 2006 funding level.

Treatment

- The FY 2007 request for Treatment PRNS funds of $375.4 million reflects a decrease of $23.6 million compared to the FY 2006 enacted level.

  - Within the total for PRNS, $98.2 million is for the *Access to Recovery (ATR)* program. Included is $70.5 million for a Voucher Incentive Program, $24.8 million for a stand-alone ATR-Methamphetamine voucher program and funds for an evaluation of ATR. The Voucher Incentive Program would provide up to 25 grant awards of $1,000,000 to $5,000,000 to applicant States and Tribal organizations that voluntarily commit to use a portion of their Substance Abuse Prevention and Treatment Block Grant funds to deliver substance abuse prevention and treatment services through vouchers, to allow for more independent client choice. States may use a defined portion of their award for technical support to convert their treatment system to a voucher system. The ATR-Methamphetamine voucher program will fund approximately 10 grants at $2.5 million each. The program will limit eligible applicants to those States whose epidemiological data and treatment data indicate high methamphetamine prevalence and treatment prevalence.

  - The SAPT Block Grant request in FY 2007 is $1.759 billion, the same as the FY 2006 enacted level. It will continue to fund substance abuse prevention activities and treatment services through direct allocations to states, territories, the District of Columbia, and one tribal organization.

Program Management

- A Program Management funding level of $96.5 million is requested for FY 2007. This includes an increase of $5.0 million from the PHS Evaluation Fund to supplement funding for the Drug Abuse Warning Network, a public health surveillance system that monitors drug-related hospital emergency department (ED) visits and drug-related deaths to track the impact of drug use, misuse, and abuse in the U.S.

Drug Data Initiative

- Relevant, accurate, and timely data serve as a foundation for sound policy decisions and informing research priorities. Policy officials have a critical need for key data on the scope of drug use and its consequences in determining the Federal response to the problem. SAMHSA will continue to support the consistency and comparability for key data systems, as scientifically appropriate, that support the Nation's policy and research interests consistent with the funding levels requested in the FY 2007 President's Budget.

- Valid and reliable data are central to assessing the impact of drug control programs. The 2007 Budget strengthens data collection efforts critical to support drug policy and further reduce drug use. SAMHSA will continue to work with the HHS Data Council, the Domestic Policy Council, the Office of Management and Budget, the Office of National Drug Control Policy and other government agencies on the Drug Data Initiative on drug-related data collection, analysis, and dissemination to support drug control policies at the National level, as scientifically appropriate, consistent with the funding levels requested in the FY 2007 President's Budget. This includes support for legacy data sets such as the National Survey on Drug Use and Health and the Drug Abuse Warning Network.

IV. PERFORMANCE

Summary

- This section is drawn from the FY 2007 Justification of Estimates for Appropriations Committees, the FY 2005 Performance and Accountability Report, and PART reviews conducted during the FYs 2004, 2005, and 2006 budget cycles. The chart below includes conclusions from the PART assessment: scores on program purpose, strategic planning, management, and results achieved are synthesized into an overall rating of the program's effectiveness. Also included is a comparison of targets and achievements from the GPRA documents listed above, for the latest year for which data are available. The outcome-oriented measures and selected output measures presented indicate how program performance is being monitored.

- The PART reviews noted the key contributions of SAMHSA's substance abuse programs in supporting prevention and treatment services in states, territories, and communities. The primary criticism from the reviews was the lack of outcome measures, targets, and/or data, without which programs could not demonstrate effectiveness. SAMHSA has made progress in working with the states to identify a set of National Outcome Measures that will be monitored across all SAMHSA programs. The National Outcome Measures have been identified for both treatment and prevention programs as well as common methodologies for data collection and analysis.

- SAMHSA continues to assist states in developing their data infrastructures. SAMHSA is also working with the states to improve state accountability for the SAPT Block Grant program by monitoring the National Outcome Measures through the block grant application.

- SAMHSA has made progress in improving data collection and reporting for prevention and treatment programs. Cost bands have been established for treatment programs and for discretionary prevention programs. CSAT's web-based performance measurement system

for its discretionary programs enables them to demonstrate considerable success in achieving desired treatment outcomes. Other programs are exploring similar web-based systems.

CSAP Program Accomplishments

- The major programs are the 20 percent prevention set-aside from the SAPT Block Grant and PRNS. These programs are highlighted in the following sections.

SAPT Block Grant 20 Percent Prevention Set-aside

Selected Measures of Performance				
PART Review				
Purpose	80	FY 2005 Rating: *Ineffective.* Without uniformly-defined and collected outome information from each state, the program (including prevention and treatment) could not demonstrate its effectiveness.		
Planning	50			
Management	89			
Results	8			
Outcome-Oriented Measures			**FY 2005**	
			Target	**Actual**
a. Improvements in non-use and in use*			Baseline	Nonuse 54.2%; Use 7.9%
b. Perception of harm of drug use*			Baseline	26.2%-57.4%
Selected Output Measures			**FY 2005**	
			Target	**Actual**
a. Satisfaction with technical assistance			90%	94%

* Data from National Survey of Drug Use and Health. Perception of harm represents the range of values for individual substances. Long-term targets (FY 2008): Nonuse 57%, use 6.4%

Discussion

- The PART review recognized that the SAPT Block Grant is the only federal program that provides funds to every state to support statewide substance abuse treatment and prevention services. The PART review concluded that the program's primary shortcoming was the lack of outcome measures and long-term targets, making it difficult to demonstrate results. It also noted that the program was developing new outcome measures.

- SAMHSA is moving toward a data-driven block grant mechanism which will monitor the new National Outcome Measures as well as improve data collection, analysis, and utilization. SAMHSA has established the goal of all states reporting on all National Outcome Measures by the end of FY 2007.

- SAMHSA has initiated funding for a national evaluation of the Block Grant, and an evaluability assessment has been completed. Results from the full evaluation are expected in late 2006. It is also expediting the posting of disaggregated state-specific data on the Internet.

- The program is also developing an efficiency measure—services provided within identified cost bands. Targets and baselines have been reported.

CSAP PRNS

Selected Measures of Performance *		
PART Review of a group of programs funded under PRNS		
Purpose	100	FY 2006 Rating: *Moderately Effective.* The program makes a unique contribution by focusing on regional, emerging problems. The program is developing two primary long-term outcome measures, which are already being used at the national level in the ONDCP National Drug Control Strategy and in Healthy People 2010 and directly measure the program's purpose to reduce and prevent substance use.
Planning	88	
Management	90	
Results	47	

Outcome-Oriented Measures	**FY 2005**	
	Target	**Actual**
a. 30-day use of alcohol among youth age 12-17**	Baseline	18.6%
b. 30-day use of other illicit drugs age 12 and up**	Baseline	8.6%
c. Percent of program participants age 12-17 that rate the risk of substance abuse as moderate or great	90%	95%
d. Percent of program participants age 12-17 that rate substance abuse as wrong or very wrong	92%	96%

Selected Output Measures	**FY 2005**	
	Target	**Actual**
a. Number of evidence-based policies, practices, and strategies implemented by communities	1,600	1,726
b. Number of practices reviewed and approved through the National Registry of Evidence-based Programs and Practices***	161	158

* Data are based on various CSAP PRNS services programs excluding the SPF SIG, which has not yet funded services.
**Long-term targets: alcohol use: 15% by FY 2010; other illicit drugs 5% by FY 2010
*** The National Registry of Evidence-based Programs and Practices is undergoing revision and expansion. Reviews are suspended until program revisions are finalized. Since this measure will no longer reflect the performance of the CSAP PRNS program, it will no longer be reported after 2005. A revised SAMHSA-wide measure is being considered.

Discussion

- The PART review of the group of programs funded under CSAP PRNS found that the program makes a unique contribution, has an effective design, and compares favorably to other substance abuse prevention programs.

- CSAP awarded 21 Strategic Prevention Framework State Incentive Grants (SPF SIGs) in FY 2004, and an additional five in FY 2005. The funds will be used to implement a five-step process known to promote youth development, reduce risk-taking behaviors, build on assets, and prevent problem behaviors. The success of the SPF will be measured by specific national outcomes, including abstinence from drug use and alcohol abuse, reduction in

substance abuse-related crimes, attainment of employment or enrollment in school, increased stability in family and living conditions, increased access to services, and increased social connectedness. A comprehensive evaluation also will be performed.

- The program continues to make progress in achieving annual performance output goals, such as the large increase in state adoption of evidence-based policies, practices, and strategies. The number of science-based programs implemented by local sub-recipients in original SIG states for FY 2005 was 1,726, exceeding the target of 1,600.

- A fundamental goal of prevention activities is to promote abstinence from substance use and delay the age of onset of use. CSAP's original State Incentive Grants achieve great success in accomplishing this objective. Original SIG program participants continued to abstain from use at high rates, ranging from 98.6% for both methamphetamine and prescription drugs, to 89.3% for alcohol.

- Program participants who rate the risk of substance abuse as moderate or great, and those who rate substance abuse as wrong or very wrong, remain at very high levels: 95% and 96% respectively.

- The program completed a year-long study to develop a cost band efficiency measure. The measure has been approved and is being implemented.

CSAT Program Accomplishments

The major programs are the SAPT Block Grant and the PRNS. These programs are highlighted in the following sections.

The SAPT Block Grant – Treatment

Selected Measures of Performance			
PART Review			
Purpose	80		
Planning	50	FY 2005 Rating: *Ineffective.* Without uniformly-defined and	
Management	89	collected outome information from each state, the program (including	
Results	8	prevention and treatment) could not demonstrate its effectiveness.	
Outcome-Oriented Measures		**FY 2004***	
		Target	**Actual**
a. Percent of technical assistance events that result in systems, program, or practice change (FY 2004)		95%	82%
Selected Output Measures		**FY 2003***	
		Target	**Actual**
a. Number of clients served **		1,884,654	1,840,275

* FY 2003 is the most recent year for which data are currently available, because of the time required for states to report data in any given year. FY 2004 data will be available in October 2006, and FY 2005 data will be available in October 2007. Long-term target: 46% by FY 2008.
** SAMHSA's Treatment Episode Data Set is a proxy for this measure, representing treatment admissions rather than the total number served. This measure is one of SAMHSA's National Outcome Measures, which, when fully implemented by the end of FY 2007, will provide more direct and accurate data on number of clients served by reporting an unduplicated count of clients.

Discussion

- The PART review stated that the Block Grant is the only federal program that provides funds to every state to support statewide substance abuse treatment and prevention services. It also noted that the program was developing new outcome measures. Since then, SAMHSA and the states have finalized the National Outcome Measures for treatment. At present, states vary considerably in their ability to provide outcome information; however, SAMHSA will continue to work with the states to improve data collection, analysis, and utilization. All states are expected to report on the National Outcome Measures by the end of FY 2007.

- An efficiency measure—percent of states that provide treatment services within approved cost-per-person bands according to the type of treatment—has been developed to monitor and improve cost-effectiveness. Targets and baselines are available.

- Satisfaction with technical assistance continues to be high. State utilization of CSAT's technical assistance has continued to be high, with 82% percent reporting change in systems, programs, or practice as a result of the assistance provided.

- SAMHSA developed and implemented a plan for collecting the agreed upon substance abuse treatment National Outcome Measures from the states through an expansion of the Treatment Episode Data Set, and obtained OMB approval to collect the required new variables. The

Drug and Alcohol Services Information System (DASIS) contract was modified to allow the DASIS contractor to award State Outcomes Measurement and Management System State subcontracts to states capable of reporting National Outcome Measures. A Request for Proposals (RFP) was released in November to which 45 states responded. Up to 32 states will be selected for 1 year subcontracts of $150,000 each for calendar year 2006. States will receive payments when National Outcome Measures data are received according to specific timeliness and quality criteria.

- The State Outcomes Measurement and Management System State Subcontract RFP also asked states to describe their needs for technical assistance to enable National Outcome Measures reporting. This information will be used by the State Outcomes Measurement and Management System Central Services Contract in making decisions about which states will receive technical assistance. The contractor provides funds for up to 15 states to receive an average of $150,000 per year in technical assistance, focusing on information technology. A review protocol has been created and requests are currently under review. Twenty states have requested TA.

- Other State Outcomes Measurement and Management System Central Services Contract accomplishments include:

    - Completing a roster of experts to serve on Technical Consultation Groups. The purpose of these groups is to provide input to SAMHSA on the developmental National Outcome Measures and on analyses to be performed under the Central Services Contract.

    - Commencing literature reviews to inform the development of the Social Connectedness and Perception of Care National Outcome Measures, and on methods for benchmarking National Outcome Measures.

    - Establishing a work group of State technical assistance government project officers to coordinate SAMHSA's State TA activities.

CSAT PRNS

Selected Measures of Performance			
PART Review of a group of programs funded under PRNS			
*	Purpose	80	FY 2005 Rating: *Adequate*. While a 1997 study documented the effectiveness of the national program, PART recommended funding incentives and reductions based on grantee performance
	Planning	86	
	Management	64	
	Results	33	

Outcome-Oriented Measures		**FY 2005**	
		Target	**Actual**
	Percent of adult clients who:		
a.	Were currently employed/engaged in productive activities	47%	49%
b.	Had a permanent place to live *	New baseline	49%
c.	Had no/reduced involvement with criminal justice system	98%	96%
d.	Experienced no/reduced alcohol or illegal drug related health, behavioral, or social consequences	85%	65%
e.	Had no past month substance use	65%	64%

Selected Output Measures		**FY 2005**	
		Target	**Actual**
a.	Number of clients served (capacity)	30,751	34,014

CSAT has tightened the definition of having a permanent place to live in the community to include only those who own/rent a home, thus a new baseline was established for FY 2005.

Discussion

- The FY 2004 PART review found that PRNS makes a unique contribution since its service grants are designed specifically to fill gaps. While state and local governments support drug treatment, neither focus on regional, emerging problems. PRNS also include unique training, communications, and certification efforts.

- The 1997 *National Treatment Improvement Evaluation Study* indicated that the program's demonstration grants were effective. No overall evaluation has been undertaken since. However, evaluations of other major programs, such as the Screening, Brief Intervention, Referral, and Treatment program, are being initiated. Funding for an evaluation of the Access to Recovery program has been requested for FY 2007.

- The program continues to achieve notable results; for example:

  - About 49% of clients served in FY 2005 reported being employed six months post admission to treatment.

  - About 60% of clients served in FY 2005 reported having no past month substance use six months post admission to treatment.

- Forty-nine percent of clients served in FY 2005 reported being housed six months post admission to treatment.

- The PART review did not include the new ATR program initiated in FY 2004. The ATR program seeks to provide services to individuals through a voucher system so they may better access the care they require. Awards were made in August 2004 to 14 states and one Tribal organization. No awards were made in FY 2005. Baseline data will be reported in 2006. Accountability is a key component of this program—the program will further strengthen the link between performance and the budget.

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Summary of Measures and Results Table

	Measures[1]	Total Reported		Total Met	Total Not Met		
FY	Total in Plan	Results Reported	% Reported	Met	Improved	Total Not Met	% Met[2]
2002	30	30	100%	13	0	3	81%
2003	45	45	100%	18	1	9	69%
2004	55	51	94%	29	4	4	70%
2005	75	41	55%	16	4	11	59%
2006	88	NA	NA	NA	NA	NA	NA
2007	93	NA	NA	NA	NA	NA	NA

The "met" and "not met" columns above do not equal the "Total in Plan" column in the table above because a considerable number of measures have baseline-only data. Nearly all new measures report a baseline the first year they are reported. No target is set for the baseline year. Thus, although these measures have reported results, they cannot be counted as either met or not met. The total number of measures with baseline-only data reported is 13 in 2002, 16 in 2003, 9 in 2004, and 13 in 2005.[3]

The number of measures shown in the table above does not necessarily represent an increase in the number of measures or an increased reporting burden:

- For PRNS programs, SAMHSA reports overall performance as well as performance for significant individual activities
- Performance measures, including efficiency measures, have been added as a result of the PART reviews
- Many SAMHSA measures contain multiple indicators. For the purpose of computing the percentage of measures that were met, each indicator must be counted as a separate measure. For example, "Reduce rate of readmission to State psychiatric hospitals a) within 30 days, and b) within 180 days" has four indicators: adults-30 days, adults-180 days, children-30 days, and children-180 days. Since each indicator has a separate target, this measure counts as four measures for the above table.

SAMHSA's National Outcome Measures, which SAMHSA expects to implement by the end of FY 2007, are expected to streamline performance reporting.

[1] Each indicator/target is counted as a separate measure. Many measures have multiple indicators.
[2] Percent met reflects the percentage of measures for which is possible to compute whether or not they were met. This includes only measures *with targets and actual data*. Measures for which only baseline data is reported; measures with no data yet reported, and measures with no target set are excluded from this calculation
[3] A small number of measures have no targets set for a particular year, and also cannot be considered to be met or not met. The number of measures falling into this category is 1 in 2002, 3 in 2003, 1 in 2004, and 1 in 2005.

Substance Abuse and Mental Health Services Administration
Detail of Performance Analysis

Mental Health Services – Programs of Regional and National Significance
(Mental Health Systems Transformation Priority Area; Capacity and Effectiveness)

Long Term Goal: Rate of consumers/family members reporting positively about outcomes (75/68 by FY 2008; 2002 baseline 70/63) (State mental health system)

Measure	FY	Target	Result
Rate of consumers/family members reporting positively about outcomes (State mental health system) *(outcome)*	*2008*	75/68	Sept-09
	2007	74/67	Sept-08
	2006	73.5/66	Sept-07
	2005	73/65	Sept-06
	2004	71/64	71/65
	2003	70.5/63.5	72/60
	2002	Baseline	70/63
Rate of consumers/family members reporting positively about outcomes (program participants) *(outcome)*	*2007*	Baseline	*
Data Source: Data for the long-term measure come from the Uniform Reporting System (see http://www.mentalhealth.samhsa.gov/cmhs/MentalHealthStatistics). Data for the annual measure will come from CMHS's web based performance measurement system.			
Data Validation: Common data definitions will be used for the long-term and the annual measure. See http://www.mentalhealth.samhsa.gov/cmhs/MentalHealthStatistics/about_urs2002.asp			
Cross Reference: HHS #3.5			

* Reporting dates for program participants will be established when the CMHS web-based performance measurement system is implemented.

The long-term measure reflects the results for the *nationwide public mental health* system, as reflected in data from the Uniform Reporting System. Although this is a long-term measure, data will also be reported annually. The FY 2004 targets were met for both consumers and family members.

An additional annual measure, although worded identically to the long-term measure, reflects results for *participants in CMHS PRNS service programs*. Baseline data will be reported for FY 2007 after implementation of the National Outcome Measures.

Long Term Goal: Client functioning (developmental) (baseline, long-term target, and reporting date for long term target to be determined Dec-06)			
Measure	**FY**	**Target**	**Result**
Client functioning (developmental) *(outcome)*	**	**	**
	2006	Baseline	Dec-06
Data Source: Data for this long-term developmental measure will come from the Uniform Reporting System (see http://www.mentalhealth.samhsa.gov/cmhs/MentalHealthStatistics).			
Data Validation: Common data definitions will be used			
Cross Reference: HHS #3.5			

**Long-term target and reporting date to be determined Dec-06

This is a developmental long-term measure, reflecting results from the nationwide public mental health system. It is expected that the measure will be finalized and a baseline reported by December 2006.

The program expects to collect corresponding data from program participants once the web-based performance measurement system is in place.

Long Term Goal: Percentage of people in the United States with serious mental illnesses in need of services from the public mental health system, who receive services from the public mental health system. (2005 baseline 44%; 2015 target 50%)*			
Measure	**FY**	**Target**	**Result**
Number of a) evidence based practices (EBPs) implemented and b) percentage of population coverage for each (reported as percentage of service population receiving any EBP) *(output)*	*2007*	a) 3.8% b) 10.8%/2.6%	Sept-08
	2006	a) 3.3% b) 10.3%/2.3%	Sept-07
	2005	a) 2.8% b) 9.8%/2%	Sept-06
	2004	Baseline	a)Average 2.3 per state** b) Adults 9.3%*** Children 1.7%%
Data Source: For the first measure, the numerator is the number of people receiving services through the state public mental health system, as reported by the Uniform Reporting System (http://www.mentalhealth.samhsa.gov/cmhs/MentalHealthStatistics) The denominator is derived from the National Co-morbidity Study Replication (http://archpsych.ama-assn.org/cgi/content/full/62/6/593), census data, and the 1997 CMHS Client-Patient Sample Survey, as reported in Mental Health 2000 and Mental Health 2002 (see http://www.mentalhealth.samhsa.gov/cmhs/MentalHealthStatistics/) The second measure will use URS data until program-level data become available through CMHS's			

web-based reporting system.
Data Validation: Common data definitions are used for the Uniform Reporting System. Data validation for the Co-Morbidity Study is available at http://archpsych.ama-assn.org/cgi/content/full/62/6/593
Cross Reference: HHS #3.5

*Date of reporting depends on publication of next National Co-morbidity Study Replication, expected in 2015.
**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

The long-term measure is intended to capture access to the public mental health system and includes people receiving services in state psychiatric hospitals as well as those receiving services through community mental health programs.

The evidence-based practices measure reflects the program's efforts to improve the efficiency and effectiveness of mental health services. Data from the Uniform Reporting System, which reflect the state public mental health system, are used as a proxy for this measure until program-level data become available through CMHS's web-based reporting system, which is expected to be implemented in FY 2007.

The program expects to commission a study to recommend a cost efficiency measure in FY 2006. It is expected that baseline data will be available by December 2007. This measure is expected to be applied to all program activities.

1. **Mental Health State Incentive Grants for Transformation** (Mental Health System Transformation Priority Area; Capacity)

This new program awarded grants for the first time at the end FY 2005. A description of the program and funding may be found in the justification of estimates. Performance measures currently are under development, and a performance table will be included in the FY 2008 Congressional Justification.

2. **Co-occurring State Incentive Grants** (Mental Health Systems Transformation and Substance Abuse Treatment Capacity Priority Areas; Capacity)

Long Term Goal: See Mental Health Programs of Regional and National Significance

Measures	FY	Target	Result
Increase the number of persons with co-occurring disorders served. *(output)*	*2007*	Dec-06	Dec-07
	2006	Baseline	Dec-06
Increase the percentage of treatment programs that (a) Screen for co-occurring disorders (b) Assess for co-occurring disorders (c) Treat co-occurring disorders through collaborative, consultative, and integrated models of care.	*2007*	Dec-06	Dec-07
	2006	Baseline	Dec-06

(outcome)			
Increase percentage of clients who experience reduced impairment from their co-occurring disorders following treatment *(outcome)*	*2007*	Baseline	Oct-08
Data Source: Data will be reported by grantees.			
Data Validation: Grantees must describe their data collection processes in their grant applications. Data are subject to project officer review.			
Cross Reference: HHS #1.4, 3.5			

This program is jointly administered by CMHS and CSAT. For a brief description of the program and its funding, see the CMHS section.

The first three years of these grants focus on infrastructure development and enhancements. After this period, grantees may implement service pilot programs, which will generate data for the above outcome measures. Baseline data on the first two measures is expected by December 2006. Data on the reduced impairment measures will be available after the National Outcome Measures are fully implemented after the end of FY 2007.

3. **National Child Traumatic Stress Initiative** (Children and Families Priority Area; Capacity)

Long Term Goal: See Mental Health Programs of Regional and National Significance			
Measures	**FY**	**Target**	**Result**
Increase the number of children and adolescents reached by improved services. *(output)*	*2007*	40,800	Dec-07
	2006	39,600	Dec-06
	2005	53,860	38,601*
	2004	42,225	51,296
	2003	Baseline	40,000
Improve children's outcomes *(outcome)*	*2007*	37%	Dec-07
	2006	37%	Dec-06
	2005	Baseline	36.8%* Preliminary
Data Source: The data are reported by grantees. Grantees must utilize standard NCTSI-wide instruments to report on these indicators. Data on numbers served is not unduplicated. "Improved children'soutcomes" is defined as the percentage of children demonstrating a statistically significant improvement on one or more behavioral/symptomology measures from baseline to followup (cumulative data)			
Data Validation: Data are subject to project officer review. Data are also validated by data and evaluation coordinators at the National Center for Child Traumatic Stress.			
Cross Reference: HHS #2.1, 3. 5			

*Data includes only quarters one through three for FY 2005. Quarter 4 data will not be available until February 2006

All data reported for FY 2005 is partial data. Performance reporting for this program was delayed due to disaster activity in 2005. Data and targets may be modified after full year data becomes available in February 2006.

The purpose of the program is to provide services for children and adolescents who have experienced trauma and to adapt and disseminate trauma-informed service approaches for children and youth in a wide variety of service settings. The number of clients who directly and indirectly receive improved services is an important measure of program success. The annual number is based upon quarterly counts that are not unduplicated, so the annual figure is an estimate. During FY 2005, 37 grantees, representing 69% of the grant portfolio, were in their last year of funding, with a number of grants ending in the early summer. During the last year of a grant cycle, service numbers typically decline as grantees shift from program activities to sustainability planning. This issue was not considered when the target for FY 2005 was set. The targets for FY 2006 and 2007 have been adjusted to account for the grant cycle.

For the outcome measure, baseline data has been collected to date on 1,330 youth, and follow-up data has been collected on 457 of them. Results based on this partial data demonstrated an improvement in 37%, exceeding the expected 30% based on a literature review and trend analysis of another CMHS children's program. The program is implementing more rigorous follow-up standards; thus, based on a broader follow-up sample, the percent showing

improvement may decrease slightly. Targets have been kept at 37% and may be reconsidered as additional years of data become available.

4. **School Violence: Safe Schools/Healthy Students** (Children and Families Priority Area; Capacity)

Long Term Goal: See Mental Health Programs of Regional and National Significance			
Measures	**FY**	**Target**	**Result**
Increase the number of children served *(output)*	*2007*	Oct-06	Oct-07
	2006	Baseline	Oct-06
Improve student outcomes and systems outcomes: *(outcome)* (a) Decrease the number of violent incidents at schools	*2007*	Oct-06	Oct-07
	2006	Baseline	Oct-06
(b) Decrease students' substance use	*2007*	Oct-06	Oct-07
	2006	Baseline	Oct-06
(c) Improve students' school attendance	*2007*	Oct-06	Oct-07
	2006	Baseline	Oct-06
(d) Increase mental health services to students and families	*2007*	Oct-06	Oct-07
	2006	Baseline	Oct-06
Data Source: Data will be reported by grantees..			
Data Validation: Data are subject to project officer review			
Cross Reference: HHS # 1.4, 2.1			

Data collection for this program is just beginning; baselines data are expected to be reported in October 2006. Data from an earlier evaluation (for 2001-2003) show that the program has positive results in reducing substance abuse and improving school attendance.

Mental Health Services - Comprehensive Community Mental Health Services for Children and Their Families (Children and Families Priority Area; Capacity)

Long Term Goal: Increase the percent of funded sites that will exceed a 30 percent improvement in behavioral and emotional symptoms among children receiving services for six months (60% by FY 2010)			
Measures	**FY**	**Target**	**Result**
Improve children's outcomes and systems outcomes *(outcome)* (a) Increase percentage attending school 75% or more of time after 12 months	*2007*	84%	Dec-07
	2006	84%	Dec-06
	2005	83%	80.2%
	2004	80%	90.9%
	2003	82.6%	86.5%
	2002	82.6%	83.5%
(b) Increase percentage with no law enforcement contacts at 6 months	*2007*	53%	Dec-07
	2006	53%	Dec-06
	2005	53%	68.3%
	2004	50%	67.6%
	2003	47%	50.5%
	2002	Baseline	46.5%

(c) Decrease average days of inpatient facilities among children served in systems of care (at 6 months)	*2007*	Dec-06	Dec-07
	2006	-3.65	Dec-06
	2005	-3.65	-1.75
	2004	-3.65	-2.03
	2003	-3.00	-3.48
	2002	Baseline	-2.95
Data Source: The number of children served is obtained from grantees. The scale used to assess inpatient-residential treatment was an adapted version of the Restrictive of Living Environments Scale and Placement Stability Scale (ROLES) developed by Hawkins and colleagues (1992). Data on children's outcomes are collected from a multi-site outcome study. Delinquency is reported using a self-report survey. Data on clinical outcomes were derived from Reliable Change Index scores (Jacobson & Truax, 1991), calculated from entry into services to six months for the Total Problem scores of the Child Behavior Checklist (CBCL, Achenbach, 1991).			
Data Validation: An analysis showed that the percentage of agreement between data from the Restrictive of Living Environments Scale and Placement Stability Scale and data from a management information system in one grantee community was 76%. Validity analyses were conducted for school attendance and law enforcement contacts. School attendance was found to have a positive relationship with school performance. Children who attended school frequently also had some tendency to receive good grades. The correlation between the two was .313 (p			
Cross Reference: HHS #3.5; HP 18-07, 18-10			

Although the FY 2005 target for no law enforcement contact within six months was met, this is not believed to represent a trend. Grantees vary in the populations they target, and those that target high-risk and/or older children are less able to achieve reductions in law enforcement contacts; thus targets have been kept at a moderate level.

The FY 2005 targets for school attendance and days of inpatient care were not met. As reported last year, the higher performance for the school attendance measure in 2004 was not believed to represent a steep upward trend, thus the FY 2005 performance is in line with expectations. Further, the 90.9% figure reported for FY 2004 used a different methodology (only including individuals who had 12 months of school attendance within the same fiscal year), resulting in a much smaller sample than in other years. When 2004 performance is computed the same way as other years (using all students with 12 months of school attendance), performance was 82%; thus the 2005 performance is roughly equal. The targets for this measure (80% and above) are extremely ambitious given that the national average for school attendance is 75%, and this program deals with a population that generally has greater difficulty attending school than children as a whole do. Performance for this measure will vary somewhat depending on the mix of grantees and individuals served in any given year.

The variation among grantees also accounts for the missed target in number of inpatient days. Further, sites with zero inpatient days at intake are not considered in this calculation.

Long Term Goal: Percent of systems of care that are sustained 5 years post Federal funding (80% by FY 2008)

Measures	FY	Target	Result
Increase number of children receiving services *(output)*	*2007*	9,120	Dec-07
	2006	9,120	Dec-06
	2005	9,120	9,200
	2004	8,000	10,521
	2003	Baseline	7,032
Percent of systems of care that are sustained 5 years post Federal funding (same as long-term measure) *(outcome)*	*2007*	*	*
	2006	*	*
	2005	*	*
	2004	Baseline	100%

Data Source: Grantees provide monthly reports on the number of children newly enrolled in services during the previous month. Former grantee communities are surveyed 5 years after funding ends.

Data Validation: Data are validated by the contractor and subject to project office review

Cross Reference: HHS #3.5; HP 18-07, 18-10

*See narrative below

The number of individuals served is a key measure for all SAMHSA programs that fund services. The FY 2005 target was exceeded. Twenty two grants ended in FY 2005. Although 25 additional awards were made in FY 2005, newly funded grant sites do not generate large numbers of children served until their third or fourth years of funding, after the sites have had time to develop new systems and services.

The sustainability measure reported baseline data for 2004. Although the baseline was 100%, the data were based on only four grants initially funded in 1993, and thus the long-term target has not been raised. A new baseline was set in FY 2004 because that was the first year that data were available on grants five years after the end of Federal funding (grants initially funded in 1993). Although this is an annual measure, no additional data will become available until December 2009. A five-year follow-up is not planned for the grantees funded in FY 1994, and no grants were awarded in FY 1995 and 1996. The next cohort, funded in FY 1997, was funded for six years; thus assessment at five years post funding for these grantees will occur in FY 2008 and will be reported in FY 2009.

Efficiency Measures			
Measures	**FY**	**Target**	**Result**
Percent of grantees that decrease inpatient care costs by 10% or more (80% by FY 2010)*	*2007*	78%	Dec-07
	2006	76%%	Dec-06
	2005	No target set	87.5%
	2004	Baseline	74%
Decrease inpatient care costs	*2007*	Dec-06	Dec-07
	2006	-$6,642,402	Dec-06
	2005	-$6,642,402	-$5,016,930
	2004	-$6,326,097	-$6,923,310
	2003	Baseline	-$6,024,855
Data Source: Data are reported by grantees			
Data Validation: Data are subject to contractor validation and project officer review			
Cross Reference:			

*OMB has designated this measure as "not approved". SAMHSA expects to have further discussions with the Department and OMB regarding this measure.

The PART review contains the following measure: "Decrease in average costs of use of inpatient or residential facilities among children served in systems of care (draft measure)." It was indicated that the measure and the target would be established by March 1 [2003]. This was designated as a long-term measure in the original PART review. Since this review took place in the first PART year (2002 for the FY 2004 budget), there was no specific requirement to designate any measures as efficiency measures.

In the intervening years, the program operationalized this measure as "Percent of grantees that decrease inpatient care costs by 10% or more," as a long-term measure with the FY 2010 target of 50%. Because this was a long-term measure, no annual data was reported and no annual targets were set. However, in order to better manage the program, the program has begun to report data and set annual targets for this measure. The annual data reported here are the first annual data reported for this measure, and the first annual target is set for FY 2006. Since initial data shows performance above the long-term target of 50%, the long-term target has been raised to 80%. Targets may be adjusted as additional years of data become available.

The second measure, "Decrease in inpatient care costs," was implemented as an annual cost measure, since the other cost measure was originally long-term. As with other measures, performance is affected by the mix of grantees. These two cost measures, along with the other program measures, will enable the program to assure that the grantees are continuing to provide quality care while achieving cost savings.

Mental Health Services - Protection and Advocacy for Individuals with Mental Illness
(Mental Health Systems Transformation Priority Area; Capacity)

Long Term Goal: Increase percentage of complaints of alleged abuse and neglect, substantiated and not withdrawn by the client that resulted in positive change for the client in her/his environment, community, or facility, as a result of PAIMI involvement (88% Abuse/94% Neglect by FY 2012)

Measures	FY	Target	Result
Increase percentage of complaints of alleged abuse and neglect substantiated and not withdrawn by the client that resulted in positive change for the client in her/his environment, community, or facility, as a result of PAIMI involvement (same as long-term measure) *(outcome)*	*2007*	85/90	Jul-08
	2006	84/89	Jul-07
	2005	83/88	Jul-06
	2004	79/87	82/82
	2003	Baseline	78/86

Data Source: Annual Program Performance Reports (PPRs)

Data Validation: The information provided in the annual reports is checked for reliability during on-site PAIMI Program visits, annual reviews, and budget application reviews

Cross Reference: HHS #3.5

This is a new measure established through the PART review. This measure addresses key outcomes of the program. For FY 2004, the target for abuse was exceeded; the target for neglect was missed. Since this is a new measure, it is too early to determine trends.

Note: This is one of two measures established through the PART review to replace the measure, "Increase the percentage of substantiated incidents of abuse, neglect, or rights violations that are favorably resolved." The earlier measure will no longer be reported.

Long Term Goal: Increased 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 (97% by FY 2012)

Measures	FY	Target	Result
Increase percentage of complaints of alleged rights violations substantiated and not withdrawn by the client that resulted in positive change through the restoration of client rights, expansion or maintenance of personal decision-making, or elimination of other barriers to personal decision-making, as a result of PAIMI involvement (same as long-term measure) *(outcome)*	*2007*	95	Jul-08
	2006	95	Jul-07
	2005	95	Jul-06
	2004	79	95
	2003	Baseline	78

Data Source: Annual Program Performance Reports (PPRs)

Data Validation: The information provided in the annual reports is checked for reliability during on-site PAIMI Program visits, annual reviews, and budget application reviews

Cross Reference: HHS #3.5

This is a new measure established through the PART review. This measure addresses key outcomes of the program. The FY 2004 target was exceeded and future targets were established at a very high level.

Note: This is one of two measures established through the PART review to replace the measure, "Increase the percentage of substantiated incidents of abuse, neglect, or rights violations that are favorably resolved." The earlier measure will no longer be reported.

Long Term Goal: Percent of interventions on behalf of groups of PAIMI-eligible individuals that were concluded successfully (developmental)			
Measures	**FY**	**Target**	**Result**
Percent of interventions on behalf of groups of PAIMI-eligible individuals that were concluded successfully (developmental; same as long-term measure) *(outcome)*	*2007*	Jul-07	Jul-08
	2006	Baseline	Jul-07
Increase in the number of people served by the PAIMI program *(output)*	*2007*	23,500	Jul-08
	2006	23,500	Jul-07
	2005	23,100	Jul-06
	2004	22,050	22,120
	2003	20,000	21,747
	2002	19,000	18,566
Data Source: Annual Program Performance Reports (PPRs)			
Data Validation: The information provided in the annual reports is checked for reliability during on-site PAIMI Program visits, annual reviews, and budget application reviews			
Cross Reference: HHS #3.5			

The long-term measure and corresponding annual measure are under development and are intended to capture the more systemic impacts of the program. The program is working with grantees to develop a list of outcomes to be included in the annual Program Performance Reports that would reflect progress on this measure.

The number of people served by the PAIMI program has increased steadily and exceeded the 2004 target. Providing services to individuals is only one activity in the mission of the PAIMI program. The program also provides information and referral services, and systemic activities on behalf of groups. With level funding for FY 2007, the target has been kept at the FY 2006 level.

Efficiency Measures			
Measures	**FY**	**Target**	**Result**
Ratio of persons served/impacted per activity/intervention (OMB approved)	*2007*	420	Jul-08
	2006	410	Jul-07
	2005	390	Jul-06
	2004	Baseline	354
Cost per 1,000 individuals served/impacted (OMB approved)	*2007*	2,000	Jul-08
	2006	2,100	Jul-07
	2005	2,200	Jul-06
	2004	Baseline	2,431
Data Source: Data are derived from standardized annual Program Performance Reports in which grantees estimate the potential number of individuals impacted through a pre-defined list of 7 possible interventions (e.g., group advocacy non-litigation, facility monitoring services, class litigation). The ratio measure is calculated by using the total number of persons served and impacted as the numerator and the total number of complaints addressed and intervention strategies conducted as the denominator. The cost measure is calculated by using the total PAIMI allotment as the numerator and the total number of persons served/impacted as the denominator. The program has committed to providing grantees with a definition of how to calculate number of PAIMI-eligible individuals impacted so that reporting on this measure across States will be more consistent in the future.			
Data Validation: The information provided in the annual reports is checked for reliability during on-site PAIMI Program visits, annual reviews, and budget application reviews			
Cross Reference: HHS #3.5			

The two efficiency measures were established through the PART review. Although targets are being set for the first time for FY 2005, the PART review noted that (historically) "the program has demonstrated improved efficiencies in its two efficiency measures over time."

Mental Health Services - Projects for Assistance in Transition from Homelessness (PATH)
(Homelessness Priority Area; Capacity)

Long Term Goal: Increase the percentage of enrolled homeless persons who receive community mental health services (65% by FY 2005)

Measures	FY	Target	Result
Increase number of homeless persons contacted *(output)*	*2007*	157,500	Jul-09
	2006	157,000	Jul-08
	2005	154,500	Jul-07
	2004	147,000	Jul-06
	2003	137,000	156,458
	2002	132,500	133,657

Data Source: Data are submitted annually to CMHS by States, which obtain the information from local human service agencies that provide services.

Data Validation: CMHS has developed additional error checks to screen data and contacts States and local providers concerning accuracy when data is reported outside expected ranges. CMHS has also issued guidance to all States and localities on data collection and monitors compliance with data collection through increased site visits to local Projects for Assistance in Transition from Homelessness -funded agencies.

Cross Reference: HHS # 3.5

Most States award their annual Projects for Assistance in Transition from Homelessness funds late in the fiscal year. Accordingly, there is an unavoidable data lag as States collect and compile data prior to submitting the data to SAMHSA. It is also important to note that this data lag also delays the apparent impact of any budget increase or decrease on performance data

The number of individuals served is a key measure for all SAMHSA programs that fund services. For the PATH program, outreach to homeless individuals creates the opportunity for appropriate services. The target for this measure was exceeded for FY 2003, the most recent year available. The FY 2006 target, although equal to the FY 2005 target, is still set well above performance levels. As data reporting methods improve, the reported number of persons contacted has become more accurate. The program will continue to monitor performance to assure that targets are reasonable and ambitious.

Long Term Goal: Increase percentage of contacted homeless persons with serious mental illness who become enrolled in services (47% by FY 2005)

Measures	FY	Target	Result
Increase percentage of contacted homeless persons with serious mental illness who become enrolled in services (same as long-term measure) *(outcome)*	*2007*	Jul-06	Jul-09
	2006	45%	Jul-08
	2005	47%	Jul-07
	2004	46%	Jul-06
	2003	45%	40%
	2002	44%	42%

Data Source: Data are submitted annually to CMHS by States, which obtain the information from local human service agencies that provide services.

Data Validation: CMHS has developed additional error checks to screen data and contacts

States and local providers concerning accuracy when data is reported outside expected ranges. CMHS has also issued guidance to all States and localities on data collection and monitors compliance with data collection through increased site visits to local Projects for Assistance in Transition from Homelessness -funded agencies.
Cross Reference: HHS #3.5, HP 18-3

This measure reflects the PATH program's legislative intent that the program will provide a link to, and depend upon, community-based services, particularly mental health services, funded primarily by States. Performance decreased slightly, from 43% in FY 2001 to 40% in FY 2003, missing the FY 2003 target of 45%. This drop appears to be related to significant cuts in State funding for mental health and related homelessness services. FY 2003 results still demonstrate that PATH funded outreach workers are extremely effective in enrolling homeless persons in such services despite the general decline in the availability of community-based services and the enormous difficulties encountered when attempting to engage this population in services. Targets have remained at ambitious levels. However, program staff will provide additional technical assistance to help States and localities refine strategies (e.g., assisting with applications for Supplemental Security Income and Medicaid) that will help people gain access to available services.

It appears that the targets for this measure, set several years ago during the PART review, were too ambitious given the fiscal crisis in the States. The FY 2006 target has therefore been revised down slightly. Should performance on this measure improve, targets will be raised. The program will set a new long-term target after FY 2005 data become available in July 2007.

Efficiency Measure			
Measures	**FY**	**Target**	**Result**
Maintain the average Federal cost of enrolling a homeless person with serious mental illness in services($668 by FY 2005) (OMB approved)	*2007*	Dec-08	Dec-09
	2006	Dec-07	Dec-08
	2005	$668	Dec-07
	2004	$668	Dec-06
	2003	$668	$688
	2002	No target	$736
	2001	No target	$797
	2000	Baseline	$668
Data Source: Data are reported by grantees			
Data Validation: Data are subject to project officer review			
Cross Reference: HHS #3.5			

This measure was originally designated as a long-term measure in the PART review; however, data are also being reported annually. The data have been corrected to show the correct baseline year. Although the target was missed for FY 2003, when the data are adjusted for inflation, the PATH per enrollee cost of $688 is the equivalent of $644 in FY 2000 dollars. Therefore, the PATH program has been able to not only maintain, but actually increase efficiency, by decreasing per enrollee cost below the $668 target level.

Another factor expected to affect performance in all PATH measures is that beginning in FY 2004, supporting a federal strategy to end chronic homelessness, CMHS has recommended that states target PATH outreach to persons who are actually homeless, rather than those at risk of homelessness. This population is harder to engage in services; thus, the number served, rates of enrollment, and costs may go up.

Mental Health Services – Community Mental Health Services Block Grant (Mental Health Systems Transformation Priority Area; Capacity)

Long Term Goal:
Reduce* rate of readmissions to State psychiatric hospitals (a) within 30 days; and, (b) within 180 days. (By FY 2008: Adults 5% within 30 days; 15.1% within 180 days. Children/adolescents: 6.1% within 30 days; 12.2% within 180 days)

Measures	FY	Target	Result
Reduce rate of readmissions to State psychiatric hospitals (a) within 30 days; and, (b) within 180 days (same as long-term measure) *(outcome)*	*2007*	8%	Sept-08
	2006	8.3%	Sept-07
	2005	7.6%	Sept-06
	2004	7.8%	9%
Adults: 30 days	*2003*	8%	8.7%
	2002	--	8.2%
Adults: 180 days	*2007*	18.5%	Sept-08
	2006	19.2%	Sept-07
	2005	17%	Sept-06
	2004	17%	20.3%
	2003	18%	19.8%
	2002	--	18.1%
Children/adolescents: 30 days	*2007*	5.6%	Sept-08
	2006	6%	Sept-07
	2005	6.4%	Sept-06
	2004	6.4%	6.5
	2003	Baseline	6.4%
Children/adolescents: 180 days	*2007*	13%	Sept-08
	2006	13.6%	Sept-07
	2005	12.9%	Sept-06
	2004	13%	14.7%
	2003	Baseline	13%

Data Source: Uniform Reporting System. See http://www.mentalhealth.org/cmhs/MentalHealthStatistics/about_urs2002.asp**

Data Validation: Common data definitions are used. See http://www.mentalhealth.org/cmhs/MentalHealthStatistics/about_urs2002.asp

Cross Reference: HHS #3.5

* Successful result is performance *below* target
**Data is collected through URS, but table is not displayed on website

One of the desired outcomes of a successful community-based system of care is a low readmission rate following discharge from inpatient psychiatric facilities. Low readmission rates demonstrate the effectiveness of the inpatient stay, the development of a workable discharge

plan, and the availability of community support services. The FY 2004 targets were not met. Readmission rates were slightly above target levels.

Long Term Goal: Increase rate of consumers/family members reporting positively about outcomes : (a) Adults, (b) Children/adolescents (Adults: 75% by FY 2008; Children/adolescents: 68% by FY 2008)

Measures	FY	Target	Result
Increase number of people served by the public mental health system *(output)*	*2007*	5,753,633	Sept-08
	2006	5,725,008	Sept-07
	2005	5,227,437	Sept-06
	2004	5,175,681	5,696,526
	2003	4,318,584	5,125,229
	2002	Baseline	4,728,316
Increase rate of consumers/family members reporting positively about outcomes (same as long-term measures) *(outcome)*	*2007*	75%	Sept-08
	2006	74%	Sept-07
	2005	73%	Sept-06
	2004	71%	71%
Adults	*2003*	70.5%	72%
	2002	Baseline	70%
Children/adolescents	*2007*	68%	Sept-08
	2006	67%	Sept-07
	2005	65%	Sept-06
	2004	64%	65%
	2003	63.5%	60%
	2002	Baseline	63%
Data Source: Uniform Reporting System. See http://www.mentalhealth.org/cmhs/MentalHealthStatistics/about_urs2002.asp			
Data Validation: Common data definitions are used. See http://www.mentalhealth.org/cmhs/MentalHealthStatistics/about_urs2002.asp			
Cross Reference: HHS #3.5			

The number of individuals served is a key measure for all SAMHSA programs that fund services. The FY 2004 target was exceeded. Because many States are experiencing funding constraints as the result of budget deficits, and because States as a whole also are increasingly required to prioritize service delivery to those most in need, it is very possible that the number of persons served will actually decline over the next several years. However, future targets remain high based upon the data to date.

Although there are various clinical instruments to measure the outcomes of mental health services and supports, one of the most important success measures is the reported perception of those who have received services. For FY 2004, the targets for adults and children were met.

Efficiency Measure			
Measures	**FY**	**Target**	**Result**
Number of a) evidence based practices (EBPs) implemented and b) percentage of population coverage for each (reported as percentage of service population receiving any EBP)* *(output)*	*2007*	a) 3.8% b) 8%/2.6%	Sept-08
	2006	a) 3.3% b) 10.3%/2.3%	Sept-07
	2005	a) 2.8% b) 9.8%/2%	Sept-06
	2004	Baseline	Average 2.3 per state** b) Adults 9.3%***/ Chidren 1.7%
Data Source: Uniform Reporting System. See http://www.mentalhealth.org/cmhs/MentalHealthStatistics/about_urs2002.asp			
Data Validation: Common data definitions are used. See http://www.mentalhealth.org/cmhs/MentalHealthStatistics/about_urs2002.asp			
Cross Reference: HHS #3.5			

*OMB has designated this measure as "not approved". SAMHSA expects to have further discussions with the Department and OMB regarding this measure.
**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

One of the goals of the Report of the President's Commission on Mental Health is to encourage timely implementation in the field of proven mental health practices. This measure is designed to determine progress toward that goal. The increased use of evidence-based practices will enhance the quality of services and result in more cost effective service delivery systems since resources will be directed to those services that have been demonstrated to be effective. Baseline data were reported for FY 2004.

A related effort is the study of the relationship between evidence-based practices and cost. A pilot study was conducted in FY 2005 to examine the cost effectiveness of systems of care that utilize evidence-based practices.

Substance Abuse Prevention – Programs of Regional and National Significance

Substance Abuse Prevention: CSAP PRNS (Strategic Prevention Framework Priority Area; Capacity and Effectiveness)

Long Term Goals: 30-day use of alcohol among youth age 12-17 (15% by FY 2010; FY 2005 baseline 18.6%); 30-day use of other illicit drugs age 12 and up (5% by FY 2010; FY 2005 baseline 8.6%)*

Measures	FY	Target	Result
Percent of program participants age 12-17 that rate the risk of substance abuse as moderate or great** *(outcome)*	*2007*	95%	Dec-07
	2006	95%	Dec-06
	2005	90%	95.3%
	2004	Baseline	90%
Percent of program participants age 12-17 that rate substance abuse as wrong or very wrong*** *(outcome)*	*2007*	92%	Dec-07
	2006	92%	Dec-06
	2005	92%	96.4%
	2004	--	89%
	2003	--	91%
	2002	Baseline	81%
Increase number of evidence-based policies, practices, and strategies implemented by communities *(output)*	*2007*	1,800	Dec-07
	2006	1,700	Dec-06
	2005	1,600	1,726
	2004	1,300	1,450
	2003	--	1,301
	2002	Baseline	977
Number of practices reviewed and approved through the NREPP process *(output, retiring)*	*2007*	Retiring	
	2006	Retiring	
	2005	161	158
	2004	Baseline	153

Data Source: Data shown are aggregated from several PRNS programs, excluding the Strategic Prevention Framework State Incentive Grants.. Data are collected through several mechanisms: State grantees, local (local community or provider project level) and school and community-based surveys. Data are sent to a CSAP data retrieval system for entry and analysis. Outcome data are collected from client tools which include items from other validated instruments such as Monitoring the Future and the National Survey on Drug Use and Health.

Data Validation: Data are carefully collected, cleaned, analyzed and reported through a data coordinating center. Data on evidence-based practices are collected from reports from grantees.

Cross Reference: HHS #1.4

*Annual measures support both long-term goals

** Data from CSAP Community Initiated Prevention Programs, HIV, Mentoring/Family Strengthening, and original State Incentive Grant program. Targets have been revised upward from PART figure based on additional information from grantees.

*** Data from CSAP Community Initiated Prevention Programs, HIV, and original State Incentive Grant program

****Original State Incentive Grant program only

These long-term and annual measures represent overall goals for the PRNS program, and the data are aggregated from individual grant programs within PRNS (excluding the Strategic Prevention Framework State Incentive Grant program, which is discussed separately below).

Two long-term measures have been established: 30-day use of alcohol among youth age 12-17 and 30-day use of other illicit drugs age 12 and up. Data from for program participants show:

- 87.9% non-user stability rate for underage alcohol use
- 51.8% decrease in underage alcohol use among users,
- 95% nonuser stability rate for ages 12 and older for any illicit drug (including marijuana)
- 48.9% reduction in illicit drug use (including marijuana) for participants ages 12 and older.

Perception of harm from substance abuse and percent of program participants age 12-17 who rate substance abuse as wrong or very wrong measure attitudes about substance abuse; high values on these measures are associated with low levels of use.

This program exceeded all 2005 targets except for the number of practices reviewed and approved through the NREPP process. As reported earlier, NREPP is undergoing a review and expansion (see http://modelprograms.samhsa.gov), and reviews have been suspended during the interim period. Further, the revamped NREPP will cover substance abuse treatment and mental health programs and practices as well as prevention. Since this measure will no longer reflect the performance of the Substance Abuse Prevention PRNS programs, it is being retired and data will no longer be reported after 2005.

The data reported for PRNS represents an aggregation of different grant programs, which are at different phases of implementation. As the mix of grants changes, baselines and targets for this program may also change.

Efficiency Measure			
Measure	**FY**	**Target**	**Result**
Percent of services within cost bands for universal, selected, and indicated interventions (OMB approved)	*2007*	Dec-06	Dec-07
	2006	50%	Dec-06
	2005	Baseline	50%
Data Source: A literature review and archival grantee files were used to establish the baselines. Ongoing data will be collected from grantees			
Data Validation: CSAP's Data Coordination Center (DCC) used a number outside experts in prevention and economics to review existing materials and develop the prevention cost bands. Now that OMB approval for their use has been received, cost data gathered over the coming year from grantees will be used to verify, validate and refine them.			
Cross Reference: HHS #1.4			

This measure was approved by OMB in December 2005. The measure will enable the program to monitor costs for different types of prevention interventions. A baseline of 50% has been reported for 2005.

1. Strategic Prevention Framework State Incentive Grants

Long Term Goal: 30-day use of alcohol among youth age 12-17[1]; 30-day use of other illicit drugs age 12 and up[2]

Measure	FY	Target	Result
Percent of SPF-SIG states showing an increase in the perceived risk of substance abuse [3] *(outcome)*	*2007*	35%	Oct-07
	2006	30%	Oct-06
	2005	Baseline	State baselines from NSDUH 2002-2003
Percent of SPF-SIG states showing an increase in disapproval of substance abuse *(outcome)*[4]	*2007*	Baseline	Oct-08
Number of evidence-based policies, practices, and strategies implemented by communities *(output)*	*2007*	Baseline	Oct-08
Percent of grantee states that have performed needs assessments *(output)*	*2007*	100%	Oct-07
	2006	100%	Oct-06
	2005	Baseline	100%
Percent of grantee states that have submitted state plans *(output)*	*2007*	Oct-06	Oct-07
	2006	50%	Oct-06
	2005	Baseline	28%
Percent of grantee states with approved plans *(output)*	*2007*	Oct-06	Oct-07
	2006	25%	Oct-06
	2005	Baseline	9%

Data Source: For outcome measures, baselines for each state from the National Survey on Drug Use and Health, State Estimates Based on 2002 and 2003 NSDUHs at http://www.oas.samhsa.gov/2k3State/appB.htm
[1]Table B.8, *Alcohol Use in Past Month, by Age Group and State*
[2]Table B1, *Any Illicit Drug Use in Past Month, by Age Group and State*
[3]Tabel B.4, *Perceptions of Great Risk of Smoking Marijuana Once a Month; Table B10, Perceptions of Great Risk of Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week;Table B13, Perceptions of Great Risk of Smoking One or More Packs of Cigarettes Per Day*
[4]State estimates for perception of risk have not yet been calculated for the NSDUH
For output measures, data are reported by grantees and subject to project officer review

Data Validation: Information on methodology and data verification for the NSDUH is available at http://www.oas.samhsa.gov/nhsda/methods.cfm

Cross Reference: HHS #1.4

The Strategic Prevention Framework State Incentive Grants (SPF SIG) program is a combination of SAMHSA's Infrastructure and Capacity programs. The SPF SIGs provide funding to States to implement SAMHSA's Strategic Prevention Framework in order to: (1) prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking, (2) reduce substance abuse-related problems in communities, and (3) build prevention capacity and infrastructure at the State and community levels.

The SPF SIG uses the same long-term and annual measures established for all PRNS programs; however, since this program aims to change systems and outcomes at the state level, *performance data for the SPF SIG outcome measures will be the percentage of states that achieve increases or reductions in each indicator at the State level: using state estimates from the National Survey on Drug Use and Health*. The SPF SIG program intends to collect data on the SAMHSA National Outcome Measures for prevention. Further, the National Outcome Measures will be reported at the community level and, where appropriate, at the program level when direct service interventions have been implemented.

Cohort One (21 states) was funded the end of FY 2004 and has not yet begun implementing subrecipient services. Cohort Two (5 states) was just recently funded and are only at the beginning stages of the SPF process. In order to measure progress until outcomes are available, the program has developed a set of interim output measures that assess progress through the SPF process. Baseline data have been reported.

Efficiency Measure			
Measure	**FY**	**Target**	**Result**
Percent of services within cost bands for universal, selected, and indicated interventions (OMB approved)	*2007*	Baseline	Oct-08
Data Source: A literature review and archival grantee files were used to establish the baselines. Ongoing data will be collected from grantees			
Data Validation: CSAP's Data Coordination Center (DCC) used a number outside experts in prevention and economics to review existing materials and develop the prevention cost bands. Now that OMB approval for their use has been received, cost data gathered over the coming year from grantees will be used to verify, validate and refine them.			
Cross Reference: HHS #1.4			

Data for the efficiency measure will be reported after the National Outcome Measures are fully implemented.

2. Centers for the Application of Prevention Technologies (Strategic Prevention Framework Priority Area; Effectiveness)

Long Term Goal: None*			
Measures	**FY**	**Target**	**Result**
Increase the number of persons provided TA services *(output)*	*2007*	32,000	Dec-07
	2006	31,000	Dec-06
	2005	21,900	28,160
	2004	12,000	19,911
	2003	--	20,275
	2002	Baseline	18,207
Increase the percent of clients reporting that CAPT services substantively enhanced their ability to carry out their prevention work (outcome*)*	*2007*	75%	Oct-07
	2006	Baseline	Oct-06
Data Source: The national CAPT data collection system reflects a number of critical decisions about the most accurate and effective way to assess the work of the CAPTs. For example, the Technical Assistance data base now focuses on overall TA services provided, and includes selected client ratings (satisfaction with and utility of CAPT services provided.) The Event data base also allows examination of participant ratings. The new Systemic Outcomes data base captures information on substantive changes that are related to the work of the CAPTs.			
Data Validation: Each CAPT follows a quality control protocol prior to collecting and submitting data, and			

CSAP has established an external quality control system through a support contractor overseen by CSAP staff.
Cross Reference: HHS #1.4

*Although long-term goals were established for the PRNS program as a whole, they relate to participant outcomes and not to the technical assistance and training activities provided by the CAPTs.

The Centers for the Application of Prevention Technologies promote state-of-the-art prevention technologies through three core strategies: 1) Establishment of a technical assistance network using local experts for each region, 2) Development of training activities, and 3) Innovative use of communication media (e.g., teleconferencing, online events, video conferencing, and Web-based support).

In FY 2005 the target for number of persons provided technical assistance services was exceeded. The 2006 and 2007 targets are ambitious given the Centers for the Application of Prevention Technologies continued emphasis on infrastructure development and capacity-building.

Centers for the Application of Prevention Technologies have been delayed in reporting on the outcome measure due to implementation of a new data collection and follow-up system. Baseline data for this measure will be reported in October 2006.

3. **Substance Abuse Prevention and HIV Prevention in Minority Communities** (HIV/AIDS and Hepatitis C Priority Area; Capacity)

Long Term Goal: See CSAP Programs of Regional and National Significance

Measures	FY	Target	Result
30-day use of other illicit drugs age 12 and up	*2007*	Nov-06	Nov-07
	2006	Baseline	Nov-06
Percent of program participants age 12-17 that rate the risk of substance abuse as moderate or great	*2007*	Nov-06	Nov-07
	2006	Baseline	Nov-06
Data Source: Data will be provided by grantees			
Data Validation: Procedures are being established			
Cross Reference: HHS #1.4, 3.5; HP 26-10, 26-11d, 26-14, 26-15			

The goal of this program is to increase the capacity of communities serving the target populations to deliver evidence-based substance abuse prevention and HIV prevention services. This program has been redesigned for FY 2005 to incorporate the Strategic Prevention Framework model. Measures will reflect SAMHSA's National Outcome Measures and the PART measures for CSAP PRNS.

Data collection efforts for the first cohorts of this program were problematic due to unforeseen changes in funding for a contractor to assist the program with these activities, and the high level of need for local evaluation technical assistance. Thus, no current data are available for the

program. Despite the issues with data collection, there are indications that the program has resulted in the implementation of local strategies for integrating substance abuse prevention and HIV prevention services with minority populations. For example, FY 2002 data show decreased 30-day use and increased perceived risk among participants.

Substance Abuse Prevention - 20% Prevention Set-aside, Substance Abuse Prevention and Treatment (SAPT) Block Grant (Strategic Prevention Framework Priority Area; Capacity)

Synar Amendment Implementation Activities (Section 1926)

Long Term Goal: None*

Measures	FY	Target	Result
Increase number of States* * whose retail sales violations is at or below 20% *(outcome)*	*2007*	52	Jul-07
	2006	52	Jul-06
	2005	52	50
	2004	50	49
	2003	50	49
	2002	35	42
	2001	26	30
	2000	26	25
	1999	--	21
	1998	--	12
	1997	Baseline	4

Data Source: The data source is the Synar report, part of the SAPT Block Grant application submitted annually by each State.

Data Validation: States must certify that Block Grant data are accurate. The validity and reliability of the data are ensured through technical assistance, conducting random unannounced checks, and the confirmation of the data by scientific experts, site visits and other similar steps. CSAP is able to provide leadership and guidance to States on appropriate sample designs and other technical requirements, based on scientific literature and demonstrated best practices for effective implementation of Synar. Data sources for the baseline and measures are derived from State project officers' logs and from organizations that were awarded State technical assistance contracts. The analysis is based upon the actual requests/responses received, therefore providing a high degree of reliability and validity.

Cross Reference: HHS #1.5

*Synar activities are not a grant program, but are authorized under the 20% Prevention Set-aside. The program does not have a separate long-term goal.
**States include the 50 States, the District of Columbia, and Puerto Rico

Performance has steadily improved, although the FY 2005 target was slightly missed. In addition to the reported results, one additional State with a violation rate slightly above the 20% target was found in compliance with the law by SAMHSA because their reported rates were within the required 95% confidence level of +/- 3 percentage points. With the addition of this State, the target was missed by only one State. Further, 42 States/Territories reported sales violation rates of 15% or under, showing that those States achieved significantly better results than those required by law. States that did not achieve the Synar goal of 20% or below reported that they

experienced problems in implementing Synar due in part to limited resources for other program support activities, and several changes in key personnel directly related to agency reorganization efforts.

20% Prevention Set-aside

Long Term Goal: Improvements in non-use (percent ages 12 and older who report that they have never used illicit substances) and in use (30-day use) (FY 2005 baseline: non-use: 54.2%; use: 7.9%, 2008 target: non-use: 57%; use 6.4%. See narrative for discussion)

Measures	FY	Target	Result
Increase satisfaction with technical assistance *(output)*	*2007*	95%	Nov-07
	2006	94.5%	Nov-06
	2005	90%	94%
	2004	90%	92%
	2003	90%	94%
	2002	Baseline	90%
Increase perception of harm of drug use *(outcome)*	*2007*	50%	Dec-07
	2006	40%	Dec-06
	2005	Baseline	26.2%-57.4%*
Improvements in non-use (percent ages 12 and older who report that they have never used illicit substances) and in use (30-day use) (same as long-term measure) *(outcome)*	*2007*	56%/6.9%	Dec-07
	2006	55%/7.4%	Dec-06
	2005	Baseline	54.2%/7.9%

Data Source: Technical assistance data are collected through surveys of technical assistance recipients. Interim outcome data are from the National Survey on Drug Use and Health.

Data Validation: Information on methodology and data verification for the NSDUH is available at http://www.oas.samhsa.gov/nhsda/methods.cfm. Technical assistance data are carefully collected, cleaned, analyzed and reported through a data coordinating center.

Cross Reference: HHS #1.4

The two annual outcome measures, as well as the long-term measure, represent key outcomes for this program. Prevention activities often include those who have not yet used substances, as well as those who have begun using. Thus, programs aim not only to reduce use, but also to prevent or delay use among those who have not yet started.

Since the Block Grant aims to change systems and outcomes on a statewide level, SAMHSA and the States have agreed that performance for these measures will be assessed by data from the National Survey on Drug Abuse and Health. For the non-use/use measure, "use" represents 30-day use, and "non-use" represents individuals who have never used an illicit substance over their lifetime.

Currently, the National Survey on Drug Use and Health reports on perception of harm only for youth and by particular substance. SAMHSA expects to develop a composite of the National Survey on Drug Use and Health data; FY 2006 and FY 2007 targets for perception of harm are tentative until the composite is developed.

The wording of all the outcome measures has been slightly modified to remove "program participants," and baselines and targets have been set

The technical assistance target was exceeded for FY 2005. Targets have been set at a very ambitious level.

Efficiency Measure			
Measure	**FY**	**Target**	**Result**
Percent of services within cost bands for universal, selected, and indicated interventions (OMB approved)	*2007*	Dec-06	Dec-07
Data Source: Data will be reported by States			
Data Validation: Data are subject to project officer review			
Cross Reference: HHS #1.4			

CSAP has developed an efficiency measure based on cost bands for prevention services. This is the same measure used for CSAP's PRNS programs, and parallels the measure used for the treatment portion of the SAPT Block Grant. Baseline data will be reported after the SAMHSA National Outcome Measures are fully implemented in 2007.

Substance Abuse Treatment – Programs of Regional and National Significance (Treatment Capacity Priority Area; Capacity and Effectiveness)

Within the Capacity portion of the budget line are the following activities:

Capacity Programs Included in this Budget Line

TCE/General Population	Drug Courts	Rehabilitation and Restitution
HIV/AIDS/Outreach	Pregnant and Post-partum Women	Strengthening Minority Communities
Addiction Treatment for Homeless Persons	Adolescent Residential Treatment/Youth	Recovery Community Service Program
Strengthening Communities/ Youth	Effective Adolescent Treatment	Youth Offender Re-entry Program

As several major new PRNS substance abuse treatment programs are implemented, CSAT plans each year to select programs of special interest for additional descriptive reporting. The Access to Recovery and Screening, Brief Intervention, Referral and Treatment programs appear in this submission.

Capacity (Treatment Capacity Priority Area; Capacity) See table above for programs included in the Capacity performance tables.

Long Term Goal: Increase the percentage of people who report no past month substance use (65% by FY 2006)

Measures	FY	Target	Result
Increase the number of clients served *(output)*	*2007*	34,354	Oct-07
	2006	34,300	Oct-06
	2005	30,761	34,014
	2004	29,567	30,217
	2003	21,000	28,988
	2002	21,000	7,792
Increase percentage of adults receiving services who: *(outcome)*	*2007*	53%	Oct-07
	2006	49%	Oct-06
	2005	47%	48.9%
a) Were currently employed or engaged in productive activities	*2004*	45%	45%
	2003	New baseline	42.9%
b) Had a permanent place to live in the community	*2007*	53%	Oct-07
	2006	51%	Oct-06
	2005	New baseline	49.2%*
c) Had no/reduced involvement with the criminal justice system	*2007*	98%	Oct-07
	2006	98%	Oct-06
	2005	98%	96%
	2004	96%	95%
	2003	New baseline	94.6%
d) Experienced no/reduced alcohol or illegal drug related health, behavioral or social, consequences	*2007*	69%	Oct-07
	2006	67%	Oct-06
	2005	85%	65%
	2004	83%	82%
	2003	New baseline	81.5%
e) Had no past month substance use (same as long term measure)	*2007*	69%	Oct-07
	2006	67%	Oct-06
	2005	65%	64.1%
	2004	63%	63%
	2003	New baseline	61.1%
Data Source: Data are collected through standard instruments and submitted through an online reporting system			
Data Validation: Data are subject to project officer review.			
Cross Reference: HHS #1.4, HP 26-10c			

*CSAT has tightened the definition of having a permanent place to live in the community to include only those who own or rent a home, to more accurately reflect those who have a permanent place to live in the community. Data before 2005 are not comparable.

The number of people served reflects the extent to which CSAT funding has supported the provision of substance abuse treatment services. The program has exceeded the target for this measure for the past four years.

The outcome measures directly reflect the results of the program. The target for the employment measure was exceeded. The targets for reduced criminal justice involvement and for no past month substance use were slightly missed (the latter by less than one percentage point); performance on both still improved from 2004. The measure of housing stability set a new baseline for 2005 because the program strengthened the definition of "permanent place to live," thus setting more ambitious goals for the program.

The targets for no/reduced alcohol or illegal drug related health, behavioral, social, consequences was the only measure that significantly missed the target. The program is investigating the reason for the decline.

Efficiency Measure			
Measure	**FY**	**Target**	**Result**
Increase the percentage of grantees in appropriate cost bands (80% by FY 2006) (OMB approved)	*2007*	80%	Oct-08
	2006	80%	Oct-07
	2005	80%	Oct-06
	2004	80%	80%
	2003	Baseline	79%
Data Source: Data are reported by grantees			
Data Validation: Data are subject to project officer review			
Cross Reference: HHS #1.4			

The target of 80% for FY 2005 was met. Note that although this measure is used for both Targeted Capacity Expansion and Best Practices, the actual cost bands are different, and thus the data and targets vary.

Access to Recovery* (Treatment Capacity Priority Area; Capacity)

Long Term Goal: See CSAT/Capacity			
Measure	**FY**	**Target**	**Result**
Increase the number of clients gaining access to treatment	*2007*	Dec-06	Dec-07
	2006	Feb-06	Dec-06
	2005	Baseline	Feb-06
Increase the percentage of adults receiving services who:	*2007*	Dec-06	Dec-07
	2006	May-06	Dec-06
a) had no past month substance use	*2005*	Baseline	May-06
	2007	Dec-06	Dec-07
	2006	May-06	Dec-06
b) had improved family and living conditions	*2005*	Baseline	May-06
	2007	Dec-06	Dec-07
	2006	May-06	Dec-06
c) had no/reduced involvement with the criminal justice system	*2005*	Baseline	May-06
	2007	Dec-06	Dec-07
	2006	May-06	Dec-06
d) had improved social support	*2005*	Baseline	May-06
	2007	Dec-06	Dec-07
	2006	May-06	Dec-06
e) were currently employed or engaged in productive activities	*2005*	Baseline	May-06
	2007	Dec-06	Dec-07
	2006	May-06	Dec-06
f) had improved retention in treatment	*2005*	Baseline	May-06
Data Source: CSAT's Automated Services Accountability Improvement System (SAIS)			
Data Validation: Standard data definitions are used. Data are subject to project officer review.			
Cross Reference: HHS #1.4			

* Initial Access to Recovery grants were made in August 2004, close to the end of FY 2004. Services are not necessarily provided in the same year Federal funds are obligated. Thus, although the baseline to be reported for FY 2005 will represent people served in FY 2005, most of the funding will consist of FY 2004 dollars. With the FY 2004 grants, an estimated 125,000 clients will be served over the three year grant period.

Access to Recovery grants provide people seeking drug and alcohol treatment with vouchers for a range of appropriate community- and faith-based services. Through FY 2005 and the first quarter of FY 2006, grantees have begun to report data through the Services Accountability Improvement System. All grantees are expected to be fully reporting to the Services Accountability Improvement System by the end of January 2006. Baseline data on clients served will be reported in February 2006.

Because the outcome measures require data on clients discharged from treatment, and very few clients of this program have been discharged, preliminary data for the outcome measures will not be available until May 2006.

Only one cohort of original Access to Recovery grants has been awarded. See below for the new Access to Recovery-Methamphetamine Voucher Program and the Voucher Incentive Program, both to be implemented in FY 2007.

Access to Recovery-Methamphetamine Voucher Program (Treatment Capacity Priority Area; Capacity)
The Access to Recovery-Methamphetamine Voucher program is expected to award grants for the first time in FY 2007. A description of the program appears in the CSAT section of this Justification of Estimates. Performance will be reported in a future Congressional Justification

Voucher Incentive Program (Treatment Capacity Priority Area; Capacity)
The Voucher Incentive program is expected to award grants for the first time in FY 2007. A description of the program appears in the CSAT section of this Justification of Estimates. Performance will be reported in a future Congressional Justification.

Screening, Brief Intervention, Referral and Treatment (Treatment Capacity Priority Area; Capacity)

Long Term Goal: See CSAT PRNS/Capacity

Measures	FY	Target	Result
Increase the number of clients served *(output)*	*2007*	158,388	Oct-07
	2006	156,820	Oct-06
	2005	70,544	155,267
	2004	Baseline	69,161
Increase the percentage of clients receiving services who had no past month substance use *(outcome)*	*2007*	43.8%	Oct-07
	2006	41.8%	Oct-06
	2005	Baseline	39.8%
Data Source: Quarterly reports from grantees			
Data Validation: Data are subject to project officer review			
Cross Reference: HHS #1.4			

Screening, Brief Intervention, Referral and Treatment awarded its first grants at the end of FY 2003. Full implementation of the program began on April 1, 2004. The FY 2005 target for numbers served was exceeded by a considerable amount, partially because the baseline was set with less than a full year's worth of data. Future targets have been adjusted upward.

The second measure assesses the outcome of the program. A baseline for FY 2005 was set at 39.8%.

Science to Service **(Treatment Capacity Priority Area; Effectiveness)**

Science to Service Programs Included in this Budget Line

Knowledge Application Program	Addiction Technology Transfer Centers
Community Action Grants	Faith Based Initiatives
Strengthening Treatment Access and Retention	

Long Term Goal: Increase the percentage of drug treatment professionals trained by the program that report implementing improvements in treatment methods on the basis of information and training provided by the program (87% by FY 2006)

Measures	FY	Target	Result
Increase the number of individuals trained per year	*2007*	29,205	Oct-07
	2006	28,916	Oct-06
	2005	36,077	28,630
	2004	21,714	35,370
	2003	Baseline	21,289
Increase the percentage of drug treatment professionals trained by the program who	*2007*	96%	Oct-07
	2006	96%	Oct-06
	2005	93%	95%
a)Would rate the quality of the events as good, very good, or excellent	*2004*	83.4%	93.2%
	2003	80%	81.4%
	2002	70%	86.3%
b) Shared any of the information from the events with others	*2007*	90%	Oct-07
	2006	88%	Oct-06
	2005	86%	86%
	2004	20.98%*	84%
	2003	80%	84%
	2002	70%	86.3%
c) Report implementing improvements in treatment methods on the basis of information and training provided by the program (same as long-term measure)	*2007*	91%	Oct-07
	2006	89%	Oct-06
	2005	85%	87%
	2004	18.7%*	83%
	2003	80%	84%
	2002	70%	86.3%
Data Source: Data are colleted through technical assistance/training data collection instruments			
Data Validation: Data are subject to project officer review			
Cross Reference: HHS #1.4			

* Due to a data error in FY 2003, FY 2004 targets for some measures were set at low levels. The 2003 actual data have been corrected and future targets adjusted upward; however, since the error was detected after the end of FY 2004, the FY 2004 targets could not be corrected.

The number of individuals trained declined because several programs previously in the number of programs in the PRNS Science-to-Service portfolio either ended or were changed to the Capacity portfolio. Targets have been adjusted to reflect this change. All other targets were met or exceeded.

Efficiency Measure			
Measure	**FY**	**Target**	**Result**
Increase the percentage of grantees in appropriate cost bands	*2007*	100%	Oct-08
	2006	100%	Oct-07
	2005	100%	Oct-06
	2004	100%	100%
	2003	Baseline	100%
Data Source: Data are reported by grantees			
Data Validation: Data are subject to project officer review			
Cross Reference: HHS #1.4			

Baseline data show that 100% of grantees are in appropriate cost bands. Note that although this measure is used for both Capacity and Science to Service, the actual cost bands are different, and thus the data and targets vary.

Substance Abuse Treatment - Substance Abuse Prevention and Treatment Block Grant

Long Term Goal: Percentage of clients reporting change in abstinence at discharge (FY 2005 baseline 43%; FY 2008 target 46%)

Measures	FY	Target	Result
Number of Clients served*	*2007*	2,003,324	Oct-09
	2006	1,983,490	Oct-08
	2005	1,963,851	Oct-07
	2004	1,925,345	Oct-06
	2003	1,884,654	1,840,275
	2002	1,751,537	1,882,584
	2001	1,635,422	1,739,796
	2000	1,525,688	1,599,701
	1999	--	1,587,510
	1998	--	1,564,156
	1997	--	1,537,143
Increase the number of States and Territories voluntarily reporting performance measures in their SAPT Block Grant application.	*2007*	42	Oct-08
	2006	40	Oct-07
	2005	36	Oct-06
	2004	30	36
	2003	30	21
	2002	25	26
	2001	25	25
	2000	Baseline	24
	1999	--	0
Increase the percentage of States and Territories that express satisfaction with Technical Assistance (TA) provided	*2007*	97%	Oct-08
	2006	97%	Oct-07
	2005	97%	Oct-06
	2004	97%	88%
	2003	97%	87%
	2002	97%	92%
	2001	97%	97%
	2000	97%	97%
	1999	Baseline	96%
Increase the percentage of TA events that result in systems, program or practice change	*2007*	95%	Oct-08
	2006	95%	Oct-07
	2005	95%	Oct-06
	2004	95%	82%
	2003	95%	91%
	2002	95%	97%
	2001	85%	96%
	2000	70%	84%
	1999	Baseline	66%

Data Source: Treatment Episode Data Set admissions data have been used as proxy data to set targets and track results. However, the Treatment Episode Data Set data represent admissions to treatment, not the total number of individual clients served. A person who presents for treatment twice during the data collection cycle will be included twice in the Treatment Episode Data Set. Treatment Episode Data Set admissions data do not capture either the total national demand for substance abuse treatment or the prevalence of substance use in the general population; data only represents admissions to treatment at facilities within the scope of Treatment Episode Data Set collection.
Voluntary performance measures are collected through the SAPT Block Grant Application.

Technical assistance data are collected through an annual customer satisfaction survey with the States/Territories on the block grant activities. The survey supports service improvements and helps the Block Grant program to be more responsive to customer needs. Reliability and validity were assessed as part of survey development, and implementation, and were determined to be high.
Data Validation: SAMHSA has been working intensively with the Office of National Drug Control Policy to improve estimation methodology for the number of clients served, while efforts with States focus on improving their ability to collect unduplicated client counts. While still developmental, data for the planned outcome measures will be collected by community-based providers using standard instruments, which will be administered to clients by trained interviewers. Data will be forwarded to the States for analysis and subsequent reporting to CSAT, using the Annual Block Grant Application as a reporting vehicle. Selected measures have been included in a tracking system used with those receiving CSAT technical assistance. The validity and quality of data were assessed in the survey design and development process and found to be high.
Cross Reference: HHS #1.4

* Baseline, targets, and proxy performance data currently provided by Treatment Episode Data Set (see text), which reports admissions data.

The FY 2003 target for numbers served was missed slightly. Treatment Episode Data Set is a proxy for this measure, representing treatment admissions rather than the total number served. FY 2003 is the most recent year for which data are currently available, because of the time required for states to report data on the number of admissions in any given year. This measure is one of SAMHSA's National Outcome Measures, which, when fully implemented by the end of FY 2007, will provide more direct and accurate data on number of clients served by reporting an unduplicated count of clients. The unduplicated reporting will be phased in among the States. As States begin to report unduplicated counts, Treatment Episode Data Set might show that that the number of admissions has gone down, since readmissions of the same individual in the reporting period would be counted as a single client served. Targets may be adjusted to reflect this change.

The number of States and territories voluntarily reporting performance measures in their SAPT Block Grant application enables SAMHSA and the States to determine performance. The FY 2004 target was exceeded.

The technical assistance measures assess the responsiveness, utility, and outcomes of the program's technical assistance activities. The FY 2004 targets were missed. CSAT is committed to providing the States and Territories with technical assistance that is responsive to their needs, and will conduct a series of interviews to explain the results and to identify areas for improvement.

The number of TA events that resulted in systems, program, or process change reflects a longer-term process. While TA evens were focused on such change, not all events have yet had demonstrated results.

Efficiency Measure			
Measure	**FY**	**Target**	**Result**
Increase the percentage of States in appropriate cost bands (OMB approved)	*2007*	100%	Oct-08
	2006	100%	Oct-07
	2005	Baseline	100%
Data Source: Data are reported by States in the SAPT Block Grant application			
Data Validation: Data are subject to project officer review			
Cross Reference: HHS #8.6			

Baseline data have been reported. Although this measure was designated as a long-term measure in the PART review, data will also be collected and reported annually.

SAPT Block Grant Set-aside: National Surveys (Accountability)

Long Term Goal: None			
Measures	**FY**	**Target**	**Result**
Availability and timeliness of data for the:	*2007*	8 mos.	Sept-07
	2006	8 mos.	Sept-06
a) National Survey on Drug Use and Health (NSDUH)	*2005*	8 mos.	8 mos.
	2004	8 mos.	8 mos.
	2003	8 mos.	8 mos.
	2002	8 mos.	8 mos.
b) Drug Abuse Warning Network (DAWN)	*2007*	12 mos.	Dec-06
	2006	15 mos.	Mar-06
	2005	9 mos.	12 mos.
	2004	9 mos.	8 mos.
	2003	9 mos.	8 mos.
	2002	9 mos.	8 mos.
c) Drug and Alcohol Services Information System (DASIS)	*2007*	15 mos.	Sept-07
	2006	15 mos.	Sept.-06
	2005	16 mos.	13 mos.
	2004	16 mos.	11 mos.
	2003	16 mos.	11 mos.
	2002	16 mos.	13 mos.
Data Source: Program reports on the number of months between the end of data collection and the release of data. DAWN data represent the survey of emergency departments; DAIS data represent the data report of the National Survey of Substance Abuse Treatment Services.			
Data Validation: Not applicable			
Cross Reference: HHS #1.4; HP 26-multiple objectives			

The 2005 targets for the National Survey on Drug Use and Health and Drug and Alcohol Services Information System were met. The Drug Abuse Warning Network data collection was redesigned in 2003 and a new contract awarded, resulting in a delay in the release of data in 2005. Data are expected to be release in 12 months or less beginning in 2007.

To maintain consistency with previous reporting, the Drug and Alcohol Services Information System data represent publication of the full Drug and Alcohol Services Information System report. However, some data are made available on the Internet as early as 6 months after the end of data collection.

Substance Abuse and Mental Health Services Administration
Changes and Improvements over Previous Years

Program	Change from 2006 Congressional Justification
Mental Health Programs of Regional and National Significance	Performance table added
Comprehensive Community Mental Health Services for Children and their Families	Annual data reported for efficiency measure
Protection and Advocacy for Individuals with Mental Illnesses	Measures revised per PART
CSAP Programs of Regional and National Significance	OMB-approved efficiency measure added; National Registry of Evidence-based Programs and Practices measure to be retired
20% Prevention Set-Aside	Wording of outcome measures slightly modified
Substance Abuse Prevention Programs of Regional and National Significance	Revised measures included
Strategic Prevention Framework State Incentive Grants	Performance table added

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Substance Abuse and Mental Health Services Administration
Detail of Full-Time Equivalent Employment

	Total Full-Time Equivalents (Workyears)		
	FY 2005 Actual	FY 2006 Estimate	FY 2007 Estimate
1. Ceiling FTE			
Direct: Program Management			
a. CMHS	91	94	94
b. CSAP	59	63	63
c. CSAT	85	84	84
d. OA	30	29	29
e. OPPB	40	40	40
f. OAS	27	26	26
g. OPS	97	101	101
Direct: Block Grant Set-Aside	34	40	40
Direct: Drug Free Communities	9	9	9
Total, Direct Ceiling FTE	472	486	486
Reimbursable:			
a. Program Management - CMHS	2	4	4
b. Mental Health Block Grant (PHS Eval. Fund	16	17	17
c. Drug Free Communities (DFC)	21	21	21
Total, Reimbursable Ceiling FTE	39	42	42
Total, Ceiling FTE	511	528	528
2. Statutory Exempt FTE			
Direct	---	---	---
Reimbursable:			
a. St. Elizabeth's Hospital (DC Gov't)	24	30	30
Total Reimb. Stat Exempt FTE	24	30	30
Total, Statutory Exempt FTE	24	30	30
Total Direct FTE	472	486	486
Total Reimbursable FTE	63	72	72
Total FTE	535	558	558

Average GS Grade	
2002	12.1
2003	12.5
2004	12.5
2005	12.5
2006	12.5

Substance Abuse and Mental Health Services Administration
Detail of Positions

	FY 2005 Actual	FY 2006 Estimate	FY 2007 Estimate
Executive Level I	---	---	---
Executive Level II	---	---	---
Executive Level III	---	---	---
Executive Level IV	1	1	1
Executive Level V	---	---	---
Subtotal	1	1	1
Total - Exec Level Salaries	$143,838	$149,616	$158,592.00
SES	13	13	15
Subtotal	13	*13	15
Total, SES salaries	$1,747,624	$1,817,826	$2,248,789.00
GM/GS-15	72	72	74
GM/GS-14	117	117	122
GM/GS-13	154	154	148
GS-12	34	34	36
GS-11	20	20	20
GS-10	2	2	2
GS-09	18	18	20
GS-08	17	17	21
GS-07	33	33	28
GS-06	12	12	11
GS-05	3	3	4
GS-04	2	2	2
GS-03	---	---	---
GS-02	1	1	1
GS-01	---	---	---
Subtotal	485	485	489
Total, GS salaries	$47,392,088	$49,303,614	$49,474,589.00
CC-08/09			
CC-07	---	---	
CC-06	20	20	15
CC-05	5	5	5
CC-04	2	2	3
CC-03	1	1	2
CC-02	1	1	---
CC-01	---	---	---
Subtotal	29	29	25
Total, CC salaries	$3,584,449	$3,749,943	$3,918,690.00
Average ES level	ES IV	ES IV	ES
Average ES salary	$143,838	$149,616	$158,592.00
Average SES level	ES -3	ES -3	SES
Average SES salary	$145,635	$151,485	$1,632,087.00
Average GS grade	12.5	12.5	12.4
Average GS salary	$89,704	$93,307	$96,574
Average CC level	5.1	5.1	5.4
Average CC salaries	$77,922	$81,520	$85,188

*** NOTE: SES allocation for FY 06 was increased to 15**

Substance Abuse and Mental Health Services Administration
Performance Budget Crosswalk
(Dollars in Thousands)

Performance Program Area (PPA)	Page Number	FY 2005 Actual	FY 2006 Approp.	FY 2007 Estimate
MENTAL HEALTH SERVICES				
Programs of Regional & National Significance				
MENTAL HEALTH SIGs for TRANSFORMATION	PD-2	19,840	25,740	19,796
CO-OCCURRING SIGs	PD-4	13,715	12,049	7,633
CHILD TRAUMATIC STRESS INITIATIVE	PD-6	29,726	29,462	29,462
SAFE SCHOOLS/HEALTHY STUDENTS	PD-7	78,738	82,202	65,546
SUB-TOTAL		142,019	149,453	122,437
Children's Mental Health Services				
COMPREHENSIVE COMMUNITY MENTAL HEALTH SERVICES FOR CHILDREN & THEIR FAMILIES	PD-7	105,112	104,078	104,078
Mental Health Services Protection & Advocacy				
PROTECTION & ADVOCACY FOR INDIVIDUALS WITH MENTAL ILLNESS	PD-11	34,343	34,000	34,000
PATH				
PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)	PD-14	54,809	54,261	54,261
Mental Health Services Block Grant				
COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT	PD-16	432,756	428,646	428,472

Substance Abuse and Mental Health Services Administration
Performance Budget Crosswalk
(Dollars in Thousands)

Performance Program Area (PPA)	Page Number	FY 2005 Actual	FY 2006 Approp.	FY 2007 Estimate
SUBSTANCE ABUSE PREVENTION				
Programs of Regional & National Significance				
STATE INCENTIVE GRANTS (SIGs) [1/]	**PD-21**	**-1,433**	**106,650**	**95,389**
CENTERS FOR APPLICATION OF PREVENTION TECHNOLOGIES (CAPTs)	**PD-22**	**---**	**---**	**---**
SUBSTANCE ABUSE PREVENTION and HIV PREVENTION IN MINORITY COMMUNITIES	**PD-23**	**21,839**	**18,714**	**39,385**
SUBTOTAL		**20,406**	**125,364**	**134,774**
SUBSTANCE ABUSE TREATMENT				
Programs of Regional & National Significance				
CSAT CAPACITY (Less ATR & SBIRT)	**PD-27**	**260,546**	**243,063**	**215,251**
SUBTOTAL				
ACCESS TO RECOVERY	**PD-29**	**99,200**	**98,208**	**98,208**
SCREENING, BRIEF INTERVENTION, REFERRAL & TREATMENT	**PD-30**	**25,909**	**30,509**	**31,151**
SUBTOTAL, CSAT CAPACITY		**385,655**	**371,780**	**344,610**
CSAT SCIENCE TO SERVICE PROGRAMS	**PD-30**	**821**	**27,169**	**30,769**
SUBTOTAL		**386,476**	**398,949**	**375,379**

Substance Abuse and Mental Health Services Administration
Performance Budget Crosswalk
(Dollars in Thousands)

Performance Program Area (PPA)	Page Number	FY 2005 Actual	FY 2006 Approp.	FY 2007 Estimate
Substance Abuse Prevention & Treatment Block Grant				
SYNAR AMENDMENT		---	---	---
1. Increase satisfaction with technical assistance				
20% PREVENTION	PD-24	355,111	351,718	351,718
80% TREATMENT	PD-33	1,420,444	1,406,873	1,406,873
SUBTOTAL		1,775,555	1,758,591	1,758,591
NATIONAL SURVEYS	PD-36	83,172	77,890	80,481
SUBTOTAL				
SAMHSA TOTAL REQUEST		2,951,476	3,053,342	3,011,992

1/ State Incentive programs are being replaced by the Strategic Prevention Framework State Incencentive Grant program.

SUMMARY OF FULL COST

(Dollars in thousands)

Performance Program Area	FY 2005	FY 2006	FY 2007
MENTAL HEALTH SIGs [1/]	**$20,990**	**$27,266**	**$21,216**
CO-OCCURRING SIGs [1/]	**19,792**	**18,065**	**15,612**
CHILD TRAUMATIC STRESS INITIATIVE	**31,450**	**31,209**	**31,576**
Increase the number of children and adolescents reached by improved services.	*31,450*	*31,209*	*31,576*
SAFE SCHOOLS/HEALTHY STUDENTS [1/]	**83,304**	**87,075**	**70,249**
COMPREHENSIVE COMMUNITY MENTAL HEALTH SERVICES FOR CHILDREN & THEIR FAMILIES [1/]	**107,603**	**106,522**	**106,641**
Increase the number of children served	*64,562*	*63,913*	*63,984*
Improve children's outcomes and systems outcomes	*43,041*	*42,609*	*42,656*
PROTECTION & ADVOCACY FOR INDIVIDUALS WITH MENTAL ILLNESS (PAIMI)	**35,190**	**34,831**	**34,871**
Increase percentage of complaints of alleged abuse and neglect, substantiated and not withdrawn by the client, that resulted in positive change for the client in his/her environment, community, or facility, as a result of PIAMI involvement	*10,557*	*10,449*	*10,461*
Increase percentage of complaints of alleged rights violations, substantiated and not withdrawn by the client, that resulted in positive change for the client in his/her environment, community, or facility, as a result of PIAMI involvement	*10,557*	*10,449*	*10,461*
Increase in the number of people served by the PAIMI program	*10,557*	*10,449*	*10,461*
Ratio of persons served/impacted per activity/intervention	*1,759*	*1,742*	*1,744*
Cost per 1,000 individuals served/impacted	*1,759*	*1,742*	*1,744*
PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS	**55,981**	**55,411**	**55,467**
Increase number of homeless persons contacted	*27,991*	*27,706*	*27,734*
Increase percentage of homeless persons contacted who become enrolled in services	*27,991*	*27,706*	*27,734*
COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT [1/]	**442,980**	**438,678**	**438,992**
Increase number of people served by the public mental health system	*265,788*	*263,207*	*263,395*
Reduce rate of readmissions to State psychiatric hosp	*88,596*	*87,736*	*87,798*
Increase rate of consumers/family members reporting positively about outcomes	*88,596*	*87,736*	*87,798*

SUMMARY OF FULL COST

(Dollars in thousands)

Performance Program Area	FY 2005	FY 2006	FY 2007
SUBSTANCE ABUSE PREVENTION PRNS [2/]	**198,186**	**191,580**	**51,605**
great	*49,547*	*47,895*	*12,901*
Percent of program participants that rate substance abuse as wrong or very wrong	*49,547*	*47,895*	*12,901*
Increase number of evidence-based policies, practices, and strategies implemented by communities	*49,547*	*47,895*	*12,901*
Number of practices reviewed and approved through the NREPP process	*49,547*	*47,895*	*12,901*
STRATEGIC PREVENTION FRAMEWORK STATE INCENTIVE GRANTS	**-1,593**	**2,225**	**107,422**
CENTERS FOR APPLICATION OF PREVENTION TECHNOLOGIES (CAPTs) [1/]	**0**	**0**	**0**
Increase the number of persons provided TA services	*0*	*0*	*0*
Increase the percent of clients reporting that CAPT srvices substantively enhanced their ability to carry out their prevention work.	*0*	*0*	*0*
SUBSTANCE ABUSE PREVENTION and HIV PREVENTION IN MINORITY COMMUNITIES [1/]	**24,272**	**20,822**	**44,353**
CSAT CAPACITY	**273,802**	**255,911**	**227,930**
Increase the number of clients served.	*219,042*	*204,728*	*182,344*
Improve adult outcomes	*54,760*	*51,182*	*45,586*
ACCESS TO RECOVERY [1/]	**104,247**	**103,399**	**103,993**
SCREENING, BRIEF INTERVENTION, REFERRAL & TREATMENT [1/]	**27,227**	**32,122**	**32,986**
CSAT SCIENCE TO SERVICE PROGRAMS	**863**	**313**	**1,258**
Increase the number of individuals trained per year.	*345*	*125*	*503*
Increase the percentage of participants who rate the quality of the events as high; share or use information	*345*	*125*	*503*
Increase the percentage of grantees in appropriate cost bands.	*173*	*63*	*252*
Substance Abuse Prevention & Treatment Block Grant	**1,795,091**	**1,777,761**	**1,778,693**
SYNAR AMENDMENT [3/]	---	---	---
20% PREVENTION [1/]	**359,018**	**355,552**	**355,739**
Increase satisfaction with technical assistance	*359,018*	*355,552*	*355,739*
80% TREATMENT	**1,436,073**	**1,422,209**	**1,422,954**
Number of Clients served:	*1,005,251*	*995,546*	*996,068*
Increase the number of States and Territories voluntarily reporting performance measures	*143,607*	*142,221*	*142,295*
Assistance (TA) provided	*143,607*	*142,221*	*142,295*
change.	*143,607*	*142,221*	*142,295*
BG SETASIDE NATIONAL SURVEYS [4/] ***NON-ADD***	**73**	**74**	**80**
Availability and timeliness of data	*73*	*74*	***80***
FULL COST TOTAL	**$3,220,979**	**$3,180,965**	**$3,015,441**

1. The amount shown represents the total full cost of the program. Full cost will be allocated to the individual measures as measures are developed and/or as data become available.
2. Displays the original State Incentive Grant (SIG) for CSAP. Full cost will be allocated as data become available.
3. Full costs are included within the 20% set-aside table
4. This program is funded out of the 5% set-aside of the SAPTBG, therefore full costs are assigned to the block grant program
5. The measures shown under each PPA are displayed as "*non-adds*"

Unified Financial Management System (UFMS). UFMS is being implemented to replace five legacy accounting systems currently used across the Operating Divisions (Agencies). The UFMS will integrate the Department's financial management structure and provide HHS leaders with a more timely and coordinated view of critical financial management information. The system will also facilitate shared services among the Agencies and thereby, help management reduce substantially the cost of providing accounting service throughout HHS. Similarly, UFMS, by generating timely, reliable and consistent financial information, will enable the component agencies and program administrators to make more timely and informed decisions regarding their operations. UFMS has reached a major milestone in April 2005 with the move to production for the Center for Disease Control and the Food and Drug Administration. SAMHSA's FY 2007 budget includes $530,000 for this purpose.

Accounting Operations. Operations and Maintenance (O & M) activities for UFMS commenced in FY 2005. The Program Support Center will provide the O & M activities needed to support UFMS. The scope of O & M services includes post deployment support and ongoing business and technical operations services. Post-deployment services include supplemental functional support, training, change management and technical help-desk services. On-going business operation services involve core functional support, training and communications, and help desk services. On-going technical services include the operations and maintenance of the UFMS production and development environments, on-going development support, and backup and disaster recovery services. SAMHSA's FY 2007 budget includes $452,054 for this purpose.

Automating Administrative Activities. HHS agencies have been working to implement automated solutions for a wide range of administrative activities. As UFMS development and implementation move toward completion, there are added opportunities to improve efficiency through automating the transfer of information from administrative systems to the accounting system. SAMHSA's FY 2007 budget includes $142,247 to support coordinated development of these improved automated linkages and administrative systems.