DEPARTMENT of HEALTH and HUMAN SERVICES

Fiscal Year 2011

Substance Abuse and Mental Health Services Administration

Justification of Estimates for Appropriations Committees

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Letter from the Administrator

I am pleased to present the Substance Abuse and Mental Health Services Administration's (SAMHSA) FY 2011 Congressional Justification. SAMHSA's FY 2011 budget totals $3.7 billion, a 3.1 percent increase above the FY 2010 Enacted level. This budget request continues support for the President's and Secretary's priority initiatives and reflects the goals and objectives of the Department.

Behavioral health is essential to the physical, social, and fiscal health of all Americans. Yet, people with mental and substance use disorders, because of their illnesses, have been excluded from mainstream health care and often rely on public "safety net" programs. Last year alone, approximately 20 million people who needed substance abuse treatment did not receive it and an estimated 10.6 million adults reported an unmet need for mental health care. As a result, unnecessary costs to society ripple across families, schools, businesses, shelters, jails, and hospitals. SAMHSA's work focuses on reducing the impact of substance abuse and mental illness on America's communities.

Over the years, SAMHSA has demonstrated that prevention works, treatment is effective, and people recover from mental and substance use disorders. This FY 2011 budget request includes investments in prevention, investments in health systems reform, investments in support services like housing that can affect behavioral health outcomes, and investments in applied services research to help implement integrated care models.

This justification and accompanying Online Performance Appendix include a direct link between the budget discussion and program performance. Performance measurement and reporting at SAMHSA present a comprehensive set of outcomes in 31 major areas enabling SAMHSA to share with stakeholders its progress:

- In making a measurable difference in people's lives
- In increasing service availability in America's communities
- In improving service quality for individuals and families

SAMHSA, with its partners, has a shared vision for what needs to be accomplished. We have a performance framework for linking agency-wide goals with program priorities and targeting resources to meet documented needs. Through ongoing performance management, SAMHSA monitors its progress and strives for continued improvement.

Our FY 2011 budget request represents an effort to sustain the agency's valuable programs, capitalize on recent improvements, and chart a course for the future.

Pamela S. Hyde, J.D.
Administrator

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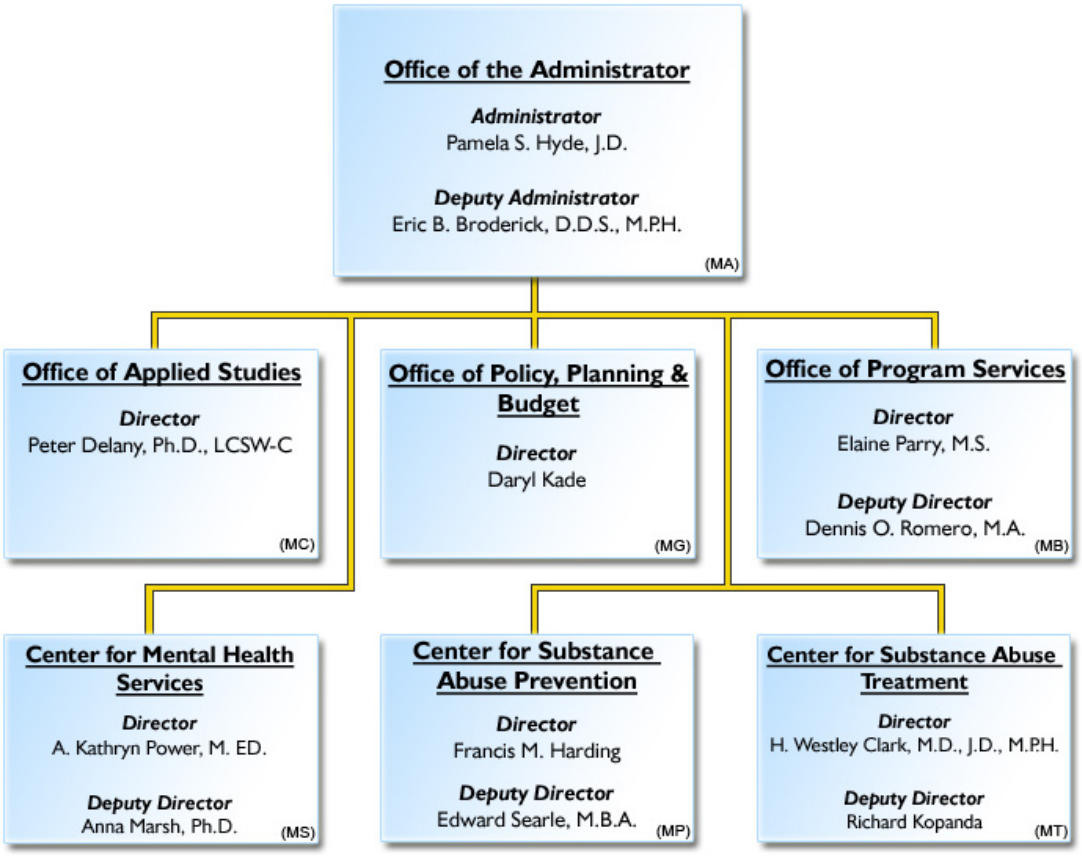
Organizational Chart



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Agency Overview

The Substance Abuse and Mental Health Services Administration (SAMHSA), an Agency of the U.S. Department of Health and Human Services, is the principal Federal Agency charged with increasing access to substance abuse and mental health services. 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).

Behavioral health plays a crucial role in the health and well-being of individuals and their communities. Treatment, prevention, and recovery work. SAMHSA is committed to making sure that those who need these services get them through our programs as well as through the health care delivery system and other social, economic and support systems that are run and financed by the Federal, state, and local governments and the private sector.

SAMHSA's resources enable service capacity expansion and the implementation of evidence-based practices. The agency seeks to engage and prepare all communities to provide effective services by facilitating access to the latest information on prevention, evidence-based practices and accountability standards.

Vision

The Substance Abuse and Mental Health Services Administration (SAMHSA) established a clear vision for its work—a life in the community for everyone. To realize this vision, the Agency has sharply focused its mission on building resilience and facilitating recovery for people with or at risk for mental or substance use disorders and supporting the communities where they live. SAMHSA gears all of its resources—programs, policies, and grants—toward that outcome.

Mission

SAMHSA works to achieve the Agency vision by preventing and reducing the impact of substance abuse and mental illness in America's communities. We do so through an action-oriented, measurable mission of "Building Resilience and Facilitating Recovery."

The 2008 National Survey on Drug Use and Health revealed that in the past year approximately 21 million Americans aged 12 and older were classified with substance abuse as dependence with approximately 10 percent reporting that they received specialty treatment in the past year. Just over 23 million adults, aged 18 or older, in the United States met the criteria for serious psychological distress. A little over 5 million also suffered from a co-occurring substance use disorder. Only 13.4 percent of Americans 18 years or older report receiving some form of mental health services in the past year. The costs of untreated and under-treated substance use and mental illness are staggering. The National Mental Health Association estimates the costs to the U.S. economy to be more than $113 billion in 2001.

FY 2011 Budget Overview

The FY 2011 President's Budget request for SAMHSA is $3.7 billion, an increase of $110 million or 3.1 percent above the FY 2010 Appropriation. With the recent passage of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, millions of Americans with mental illness and substance abuse disorders will get the care they need. SAMHSA's investments in prevention, health care delivery reform, support services like housing that can affect behavioral health outcomes, and treatment and service system research help to implement parity.

The budget continues support for the Community Mental Health Services Block Grant, the Substance Abuse Prevention and Treatment Block Grant, and the Protection and Advocacy Program. The budget includes funding increases for the homeless programs; Screening, Brief Intervention and Referral to Treatment (SBIRT); and a new program named "Prevention Prepared Communities". All of these programs are funded across the Agency's Centers.

FY 2011 SAMHSA Initiatives Funding Summary

(Dollars in Thousands)

Program Activities	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget	+/- FY 2010
Homeless:				
Mental Health PRNS	$34,556	$34,556	$42,002	+$7,446
Substance Abuse Treatment PRNS	42,879	42,750	47,360	+4,610
PATH Homeless Formula Grant	59,687	65,047	70,000	+4,953
Total, Homeless	**137,122**	**142,353**	**159,362**	**+17,009**
SBIRT:				
Mental Health PRNS	0	0	4,000	+4,000
Substance Abuse Treatment PRNS	28,972	29,106	37,106	+8,000
Total, SBIRT	**28,972**	**29,106**	**41,106**	**+12,000**
Prevention Prepared Communities:				
Substance Abuse Prevention PRNS	0	0	22,600	+22,600
Total, Prevention Prepared Communities	**0**	**0**	**22,600**	**+22,600**
Project LAUNCH:				
Mental Health PRNS	20,000	25,000	27,000	+2,000
Substance Abuse Prevention PRNS	0	0	9,683	+9,683
Total, Project LAUNCH	**20,000**	**25,000**	**36,683**	**+11,683**
Data Collection:				
Program Management	0	0	32,600	+32,600
PHS Evaluation Funds	0	0	649	+649
Total, Data Collection	**$0**	**$0**	**$33,249**	**+$33,249**

Homeless: $159.4 million, an increase of $17.0 million for all homeless service activities to be coordinated within SAMHSA and with the Department of Housing and Urban Development's efforts, including $15.8 million for the new CMHS and CSAT Homeless Initiative Program, and a $4.9 million increase for PATH.

SBIRT: $41.1 million, an increase of $12.0 million for the expansion of SBIRT to include mental health in addition to substance abuse, and SBIRT code adoption and implementation activities.

Prevention Prepared Communities: $22.6 million to support the new Prevention Prepared Communities program, which includes $15 million for Prevention Prepared Community Grants for 9 to 25 years old, $5.6 million to enhance State capacity to support communities and $2 million for evaluation activities.

Project LAUNCH: $36.7 million for Project LAUNCH, including an $11.7 million expansion called Project LAUNCH Plus to include substance abuse prevention which encompasses behavioral health and wellness for ages 0 to 8.

Data Collection: $33.2 million for increased data collection activities, including increases for DAWN and NSDUH, a new Community Early Warning and Monitoring System, and increases for the Restricted-Use Data Archive.

Program Increases:

Mental Health Programs of Regional and National Significance: (+$12.663 million)
The net budget increase supports a new Homeless Initiative Program with CSAT, expansion of SBIRT to include mental health, Project LAUNCH expansion to include substance abuse prevention, and increase to the Co-occurring State Incentive Grant Program and the American Indian/Alaskan Native Suicide Prevention Initiative. Savings were created due to reductions in contract costs reflecting efficiencies and process improvements.

Children's Mental Health Services: (+$4.898 million):
The budget request is $126.2 million. This increase will serve a total of 13,578 clients. Forty-nine grant continuations and 18 new grants will be funded.

Programs for Assistance in Transition from Homelessness: (+$4.953 million):
The budget request is $70.0 million. This increase will serve a total of 195,850 clients.

Substance Abuse Prevention Programs of Regional and National Significance: (+ $20.9 million)
The net budget increase includes increases for the new Prevention Prepared Communities, the Project LAUNCH expansion with CMHS, and STOP Act Community Coalition Grants. Savings were created due to reductions in contract costs reflecting efficiencies and process improvements.

Substance Abuse Treatment Programs of Regional and National Significance: (+ $34.1 million)
The net budget increase supports increases to SBIRT, Pregnant and Postpartum Women, a new joint Homeless Initiative with CMHS, Access to Recovery and a new Performance Contracting Program within the Targeted Capacity Expansion General program. Savings were created due to reductions in contract costs reflecting efficiencies and process improvements, and grants coming to a natural end.

Program Management: (+ $33.749 million)
The budget increase provides $33.249 million for Office of Applied Studies data collection activities and $0.5 million for four additional FTEs. Of the increase, $19 million supports the national data systems, primarily the Drug Abuse Warning Network (DAWN), and $13.6 million supports a new Community Early Warning and Monitoring System (C-EMS) to design, develop and field test a community-level, early warning system to detect the emergence of new drug threats and to assist in the identification of public health and safety consequences of drug abuse. $0.649 million will support the Restricted-Use Data Archive.

Program Decreases:

St. Elizabeths Hospital Buildings & Facilities: (- $0.795 million)
GSA has indicated that additional funding will not be needed from SAMHSA in FY 2011.

Discretionary All-Purpose Table
FY 2011 Budget Submission
(Dollars in Thousands)

Program Activities	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget	+/- FY 2010
Mental Health:				
Programs of Regional and National Significance.....	$344,438	$361,521	$374,184	+$12,663
Children's Mental Health Services.....	108,373	121,316	126,214	+4,898
Protection & Advocacy.....	35,880	36,380	36,380	0
PATH Homeless Formula Grant.....	59,687	65,047	70,000	+4,953
Mental Health Block Grant.....	399,735	399,735	399,735	0
PHS Evaluation Funds.....	21,039	21,039	21,039	0
Subtotal, Mental Health Block Grant.....	420,774	420,774	420,774	0
Subtotal, Mental Health.....	**969,152**	**1,005,038**	**1,027,552**	**+22,514**
Substance Abuse Prevention:				
Programs of Regional and National Significance.....	201,003	202,209	223,075	+20,866
Subtotal, Substance Abuse Prevention.....	**201,003**	**202,209**	**223,075**	**+20,866**
Substance Abuse Treatment:				
Programs of Regional and National Significance.....	403,746	444,033	478,086	+34,053
PHS Evaluation Funds.....	8,596	8,596	8,596	0
Subtotal.....	**412,342**	**452,629**	**486,682**	**+34,053**
Prescription Drug Monitoring (NASPER).....	**2,000**	**2,000**	**2,000**	**0**
Substance Abuse Block Grant.....	1,699,391	1,719,391	1,719,391	0
PHS Evaluation Funds.....	79,200	79,200	79,200	0
Subtotal, Substance Abuse Block Grant.....	1,778,591	1,798,591	1,798,591	0
Subtotal, Substance Abuse Treatment.....	**2,192,933**	**2,253,220**	**2,287,273**	**+34,053**
TOTAL, SUBSTANCE ABUSE.....	**2,393,936**	**2,455,429**	**2,510,348**	**+54,919**
Program Management.....	77,381	79,197	112,297	+33,100
PHS Evaluation Funds.....	22,750	22,750	23,399	+649
Subtotal, Program Management.....	**100,131**	**101,947**	**135,696**	**+33,749**
St. Elizabeths Hospital B&F.....	**772**	**795**	**0**	**-795**
Data Evaluation.....	**2,500**	**0**	**0**	**0**
TOTAL, SAMHSA Discretionary PL.....	**3,466,491**	**3,563,209**	**3,673,596**	**+110,387**
Less PHS Evaluation Funds.....	*131,585*	*131,585*	*132,234*	*+649*
TOTAL, SAMHSA Budget Authority.....	**$3,334,906**	**$3,431,624**	**$3,541,362**	**+$109,738**
FTEs	**528**	**549**	**553**	**+4**

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Appropriation Language
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

For carrying out titles III, V, and XIX of the Public Health Service Act (''PHS Act'') with respect to substance abuse and mental health services and the Protection and Advocacy for Individuals with Mental Illness Act, **[**$3,431,624,000, of which $14,518,000 shall be used for the projects, and in the amounts, specified under the heading ''Substance Abuse and Mental Health Services'' in the statement of the managers on the conference report accompanying this Act**]** *$3,541,362,000: 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 $795,000 shall be available until expended for reimbursing the General Services Administration for environmental testing and remediation on the federally owned facilities at St. Elizabeths Hospital, including but not limited to testing and remediation conducted prior to fiscal year 2010:**]** *Provided further*, That in addition to amounts provided herein, the following amounts shall be available under section 241 of the PHS Act: (1) $79,200,000 to carry out subpart II of part B of title XIX of the PHS Act to fund section 1935(b) technical assistance, national data, data collection and evaluation activities, and further that the total available under this Act for section 1935(b) activities shall not exceed 5 percent of the amounts appropriated for subpart II of part B of title XIX; (2) $21,039,000 to carry out subpart I of part B of title XIX of the PHS Act to fund section 1920(b) technical assistance, national data, data collection and evaluation activities, and further that the total available under this Act for section 1920(b) activities shall not exceed 5 percent of the amounts appropriated for subpart I of part B of title XIX; (3) **[**$22,750,000**]** *$23,399,000* to carry out national surveys on drug abuse and mental health; and (4) $8,596,000 to collect and analyze data and evaluate substance abuse treatment programs: *Provided further,* That section 520E(b)(2) of the PHS Act shall not apply to funds appropriated under this Act for fiscal year **[**2010**]** *2011*.

Appropriation Language Analysis

Language Provision	Explanation
Provided, That notwithstanding section 520A(f)(2) of the PHS Act, no funds appropriated for carrying out section 520A are available for carrying out section 1971 of the PHS Act: Provided further)	No funds from the CMHS PRNS can be used to fund data infrastructure support.
Provided further, That section 520E(b)(2) of the PHS Act shall not apply to funds appropriated under this Act for fiscal year [2010] *2011*.	Allows States to receive more than one grant under the Garrett Lee Smith Youth Suicide State-sponsored statewide program.

Amounts Available for Obligation

	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget
Appropriation:			
Labor/HHS/Ed-Annual Appropriation	$3,334,906,000	$3,431,624,000	$3,541,362,000
Subtotal, adjusted appropriation	3,334,906,000	3,431,624,000	3,541,362,000
Subtotal, adjusted budget authority	3,334,906,000	3,431,624,000	3,541,362,000
Offsetting Collections from:			
Federal Sources	131,585,000	131,585,000	131,585,000
ARRA	44,731	0	0
Unobligated balance start of year	227,580	424,000	234,180
Unobligated balance end of year	-424,000	-234,180	-241,669
Unobligated balance expiring	-1,321,855	0	0
Total obligations	$3,465,017,456	$3,563,398,820	$3,672,939,511

Summary of Changes

2010	
Total estimated budget authority	$ 3,431,624,000
(Obligation)	3,431,624,000
2011	
Total estimated budget authority	3,541,362,000
(Obligation)	3,541,362,000
Net Change	**+$109,738,000**

	FY 2010 Enacted		Change from base	
	FTE	Budget Authority	FTE	Budget Authority
Increases:				
A. Built-in:				
1. Annualization of 2009 civilian pay costs 2.0%.....	---	$ 66,963,000	---	+$305,000
2. Annualization of 2009 Commissioned Corps pay costs 3.4%...	---	66,963,000	---	+55,000
3. Increase for January 2011 pay raise 1.4%.....	---	66,963,000	---	+709,000
4. Increase in rental payments to GSA…….....	---	6,865,000	---	+150,000
5. Additional FTE (4)…….....	---	---	+4	+533,000
Subtotal, Built-in Increases……	---	---	+4	+1,752,000
B. Program:				
1. Mental Health Programs:				
a. Children's Mental Health Services…….....	---	121,316,000	---	+4,898,000
b. Projects for Assistance in Transition from Homelessness…	---	65,047,000	---	+4,953,000
c. Programs of Regional and National Significance..……..	---	361,521,000	---	+12,663,000
2. Substance Abuse Prevention:				
a. Programs of Regional and National Significance…….....	---	202,209,000	---	+20,866,000
3. Substance Abuse Treatment:				
a. Programs of Regional and National Significance…….....	---	444,033,000	---	+34,053,000
4. Program Management:				
a. OAS Data Evaluation Activities…….....	---	79,197,000	---	+32,600,000
b. Service and Supply Fund Activities…….....	---	79,197,000	---	+614,000
c. Joint Funding Arrangement…….....	---	79,197,000	---	+300,000
d. Overseas Rightsizing.…….....	---	79,197,000	---	+30,000
e. SAMHSA Restricted-Use Data Archive…….....	---	79,197,000	---	+649,000
Subtotal, Program Increases……	---	---	---	+110,977,000
Total Increases……	---	---	**+4**	**+112,729,000**
Decreases:				
A. Built-in:				
Subtotal, Built-in Decreases……	---	---	---	---
B. Program:				
1. Program Management:				
a. Cost Shift of Operating costs…….....	---	79,197,000	---	-2,196,000
2. St. Elizabeths Hospital:	---	795,000	---	-795,000
Subtotal, Program Decreases……	---	---	---	-2,991,000
Total Decreases……	---	---	---	**-2,991,000**
Net Change, Discretionary Budget Authority……	---	---	**+4**	**+$109,738,000**

Budget Authority by Activity

(Dollars in Thousands)

Program Activities	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget
Mental Health:			
Programs of Regional and National Significance	$344,438	$361,521	$374,184
Children's Mental Health Services	108,373	121,316	126,214
Protection & Advocacy	35,880	36,380	36,380
PATH Homeless Formula Grant	59,687	65,047	70,000
Mental Health Block Grant	420,774	420,774	420,774
PHS Evaluation Funds (non-add)	(21,039)	(21,039)	(21,039)
Subtotal, Mental Health	**969,152**	**1,005,038**	**1,027,552**
Substance Abuse Prevention:			
Programs of Regional and National Significance	201,003	202,209	223,075
Subtotal, Substance Abuse Prevention	**201,003**	**202,209**	**223,075**
Substance Abuse Treatment:			
Programs of Regional and National Significance	412,342	452,629	486,682
PHS Evaluation Funds (non-add)	(8,596)	(8,596)	(8,596)
Prescription Drug Monitoring (NASPER)	**2,000**	**2,000**	**2,000**
Substance Abuse Block Grant	1,778,591	1,798,591	1,798,591
PHS Evaluation Funds (non-add)	(79,200)	(79,200)	(79,200)
Subtotal, Substance Abuse Treatment	**2,192,933**	**2,253,220**	**2,287,273**
TOTAL, SUBSTANCE ABUSE	**2,393,936**	**2,455,429**	**2,510,348**
Program Management	**100,131**	**101,947**	**135,696**
PHS Evaluation Funds (non-add)	(22,750)	(22,750)	(23,399)
St. Elizabeths Hospital B&F	**772**	**795**	**0**
Data Evaluation	**2,500**	**0**	**0**
TOTAL, SAMHSA Discretionary PL	**3,466,491**	**3,563,209**	**3,673,596**
Less PHS Evaluation Funds	*131,585*	*131,585*	*132,234*
TOTAL, SAMHSA Budget Authority	**$3,334,906**	**$3,431,624**	**$3,541,362**
Total, FTE	**549**	**549**	**553**

Authorizing Legislation

Program Description/PHS Act:	FY 2010 Amount Authorized	FY 2010 Appropriations	FY 2011 Amount Authorized	FY 2011 President's Budget
NASPER				
Sec. 399O……	$10,000,000	$2,000,000	Expired	$2,000,000
Emergency Response				
Sec. 501……	0	0	0	0
Grants for the Benefit of Homeless Individuals				
Sec. 506……	Expired	$42,750,000	Expired	$39,000,000
Alcohol and Drug Prevention or Treatment Services for Indians and Native Alaskans				
Sec. 506A*……	0	0	0	0
Grants for Ecstasy and Other Club Drugs Abuse Prevention				
Sec. 506B*……	0	0	0	0
Residential Treatment Programs for Pregnant and Postpartum Women				
Sec. 508……	Expired	$16,000,000	Expired	$17,350,000
Priority Substance Abuse Treatment Needs of Regional and National Significance				
Sec. 509*……	Expired	$354,605,000	Expired	$391,248,000
Substance Abuse Treatment Services for Children and Adolescents				
Sec. 514*……	Expired	$30,678,000	Expired	$30,488,000
Early Intervention Services for Children and Adolescents				
Sec. 514A*……	0	0	0	0
Methamphetamine and Amphetamine Treatment Initiative				
Sec. 514(d)*……	0	0	0	0
Priority Substance Abuse Prevention Needs of Regional and National Significance				
Sec. 516*……	Expired	$185,388,000	Expired	$205,254,000
Prevention, Treatment and Rehabilitation Model Projects for High Risk Youth				
Sec. 517……	0	0	0	0
Services for Children of Substance Abusers				
Sec. 519*……	0	0	0	0
Grants for Strengthening Families				
Sec. 519A*……	0	0	0	0
Programs to Reduce Underage Drinking				
Sec. 519B*……	$ 8,000,000	$7,000,000	Expired	$ 8,000,000

SSAN = Such Sums as Necessary

Authorizing Legislation

Program Description/PHS Act:	FY 2010 Amount Authorized	FY 2010 Appropriations	FY 2011 Amount Authorized	FY 2011 President's Budget
Services for Individuals with Fetal Alcohol Syndrome (FAS)				
Sec. 519C*.....	0	0	0	0
Centers of Excellence on Services for Individuals with FAS and Alcohol-related Birth Defects and Treatment for Individuals with Such Conditions and Their Families				
Sec. 519D*.....	Expired	$9,821,000	Expired	$9,821,000
Prevention of Methamphetamine and Inhalant Abuse and Addiction				
Sec. 519E*.....	Expired	0	Expired	0
Priority Mental Health Needs of Regional and National Significance				
Sec. 520A*.....	Expired	$179,865,000	Expired	$191,403,000
Youth Interagency Research, Training, and Technical Assistance Centers				
Sec. 520C*.....	Expired	$4,957,000	Expired	$4,957,000
Services for Youth Offenders				
Sec. 520D*.....	0	0	0	0
Suicide Prevention for Children and Youth				
Sec. 520E1*.....	Expired	$29,738,000	Expired	$30,438,000
Sec. 520E2*.....	Expired	$4,975,000	Expired	$5,400,000
Grants for Emergency Mental Health Centers				
Sec. 520F*.....	0	0	0	0
Grants for Jail Diversion Programs				
Sec. 520G*.....	Expired	$6,684,000	Expired	$6,684,000
Improving Outcomes for Children and Adolescents through Services Integration between Child Welfare and MH Services				
Sec. 520H*.....	0	0	0	0
Grants for Integrated Treatment of Serious Mental Illness and Co-occurring Substance Abuse				
Sec. 520I*.....	0	0	0	0
Mental Health Training Grants				
Sec. 520J*.....	0	0	0	0
PATH Grants to States				
Sec. 535(a).....	Expired	$65,047,000	Expired	$70,000,000

SSAN = Such Sums as Necessary

Authorizing Legislation

Program Description/PHS Act:	FY 2010 Amount Authorized	FY 2010 Appropriations	FY 2011 Amount Authorized	FY 2011 President's Budget
Community Mental Health Services for Children with Serious Emotional Disturbances Sec. 565 (f)……	Expired	$121,316,000	Expired	$126,214,000
Children and Violence Program Sec. 581*……	Expired	$94,502,000	Expired	$94,502,000
Grants for Persons who Experience Violence Related Stress Sec. 582 **……	Expired	$40,800,000	Expired	$40,800,000
Community Mental Health Services Block Grants Sec. 1920(a)……	Expired	$399,735,000	Expired	$399,735,000
Substance Abuse Prevention and Treatment Block Grants Sec. 1935(a)……	Expired	$1,719,391,000	Expired	$1,719,391,000
Data Infrastructure Development Sec. 1971*……	Expired	0	Expired	0
Other Legislation/Program Description				
Protection and Advocacy for Individuals with Mental Illness Act P.L. 99-319, Sec. 117……	Expired	$36,380,000	Expired	$36,380,000
Program Management:				
Program Management, Sec. 501……	Indefinite	$77,842,000	Indefinite	$110,942,000
SEH Workers' Compensation Fund P.L. 98-621……	Indefinite	$1,355,000	Indefinite	$1,355,000
Total, Program Management……	0	$79,197,000	0	$112,297,000
St. Elizabeths Hospital Building & Facilities Sec. 501……..	0	$795,000	0	0
Data Evaluation Sec. 505……..	0	0	0	0
TOTAL, SAMHSA Budget Authority……	$18,000,000	$3,431,624,000	0	$3,541,362,000

* 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.

Appropriation History Table

	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation	
2001	$2,823,016,000	$2,727,626,000	$2,730,757,000	$2,958,001,000	
2001 P.L. 106-554	0	0	0	-$645,000	1/
2001 P.L. 107-20	0	0	0	$6,500,000	2/
2002	$3,058,456,000	$3,131,558,000	$3,073,456,000	$3,138,279,000	3/
2002 Res. H.R. 3061	0	0	0	-$589,000	4/
2002 Res. P.L. 107-216	0	0	0	-$1,681,000	5/
2003 P.L. 108-5	$3,193,086,000	$3,167,897,000	$3,129,717,000	$3,158,068,000	
2003 P.L. 108-7	0	0	0	-$20,521,235	6/
2004 P.L. 108-84	$3,393,315,000	$3,329,000,000	$3,157,540,000	$3,253,763,000	
2004 P.L. 108-199	0	0	0	-$19,856,290	7/
2005 P.L. 108-447 & P.L. 108-309 as mended	$3,428,939,000	$3,270,360,000	$3,361,426,000	$3,295,361,000	8/
2005 H.R. 4818	0	0	0	-$26,895,592	
2006 P.L. 109-149	$3,336,023,000	$3,352,047,000	$3,398,086,000	$3,237,813,000	
2006 Res. P.L. 109-359	0	0	0	-$1,681,000	9/
2006 Section 202	0	0	0	-$2,201,000	
2007 P.L. 109-383	$3,260,001,000	$3,326,341,772	$3,326,341,772	$1,211,654,381	10/
2007 Continuing Resolution	0	0	0	$3,326,341,772	11/
2008 H.R. 2764/P.L. 110-161	$3,167,589,000	$3,393,841,000	$3,404,798,000	$3,291,543,000	
2008 Res. P.L. 110-161	0	0	0	-$57,503,000	12/
2009 H.R. 1105/P.L. 111-8	$3,024,967,000	$3,303,265,000	$3,257,647,000	$3,334,906,000	
2010 H.R. 3288/P.L. 111-117	$ 3,393,882,000	$ 3,429,782,000	$3,419,438,000	$3,431,624,000	
2011	$ 3,541,362,000				

[1/] Reflects a Rescission mandated by Section 520 of P.L. 106-554.

[2/] Reflects a Supplemental appropriation for Building and Facilities (SEH) P.L. 107-20.

[3/] Reflects Administrative reduction in Section 516 of the Appropriations Bill (H.R. 3061).

[4/] Reflects Administrative reduction in P.L. 107-216.

[5/] Reflects a Rescission mandated by P.L.108-7.

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

[7/] Reflects SAMHSA's share of the Division F, section 519(a) reduction on administrative and related expenses and the Division J, section 122(a) rescission of H.R. 4818.

[8/] Reflects SAMHSA's share of the rescission mandated by P.L. 109-359.

[9/] Reflects Section 202 transfer to CMS.

[10/] Reflects Continuing Resolution through February 15, 2007.

[11/] Reflects the whole year appropriation

[12/] Reflects a 1.7 percent across-the-board Rescission from the H.R. 2764/P.L. 110-161.

Appropriations Not Authorized by Law

Program	Last Year of Authorization	Authorization Level	Appropriations in Last Year of Authorization	Appropriations in FY 2010
Emergency Response Sec. 501O…….……..	2003	$ 25,000,000	2.5% all disc grants	$0
Grants for the Benefit of Homeless Individuals Sec. 506…….……..	2003	$ 50,000,000	$ 16,700,000	$ 42,750,000
Alcohol and Drug Prevention or Treatment Services for Indians and Native Alaskans Sec. 506A*……..……..	2003	$ 15,000,000	$0	$0
Grants for Ecstasy and Other Club Drugs Abuse Prevention Sec. 506B*……..	2001	$ 10,000,000	$0	$0
Residential Treatment Programs for Pregnant and Postpartum Women Sec. 508……..…….	2003	SSAN	$0	$ 16,000,000
Priority Substance Abuse Treatment Needs of Regional and National Significance Sec. 509*……...…….	2003	$ 300,000,000	$ 322,994,000	$ 354,605,000
Substance Abuse Treatment Services for Children and Adolescents Sec. 514*……	2003	$ 40,000,000	$ 20,000,000	$ 30,678,000
Early Intervention Services for Children and Adolescents Sec. 514A*……	2003	$ 20,000,000	$0	$0
Methamphetamine and Amphetamine Treatment Initiative Sec. 514**…….	2003	$ 10,000,000	$0	$0
Priority Substance Abuse Prevention Needs of Regional and National Significance Sec. 516*……	2003	$ 300,000,000	$ 138,399,000	$ 185,388,000
Prevention, Treatment and Rehabilitation Model Projects for High Risk Youth Sec. 517……	2003	SSAN	$ 7,000,000	$0
Services for Children of Substance Abusers Sec. 519*……..……	2003	$ 50,000,000	$0	$0
Grants for Strengthening Families Sec. 519A*…….	2003	$ 3,000,000	$0	$0
Services for Individuals with Fetal Alcohol Syndrome (FAS) Sec. 519C*……	2003	$ 25,000,000	$0	$0
Centers of Excellence on Services for Individuals with FAS and Alcohol-related Birth Defects and Treatment for Individuals with Such Conditions and Their Families Sec. 519D*……	2003	$ 5,000,000	$ 2,416,000	$ 9,821,000

Appropriations Not Authorized by Law

Program	Last Year of Authorization	Authorization Level	Appropriations in Last Year of Authorization	Appropriations in FY 2010
Prevention of Methamphetamine and Inhalant Abuse and Addiction				
Sec. 519E*……	2003	$ 10,000,000	$ 5,000,000	$0
Priority Mental Health Needs of Regional and National Significance				
Sec. 520A*……	2003	$ 300,000,000	$ 94,289,000	$ 179,865,000
Youth Interagency Research, Training, and Technical Assistance Centers				
Sec. 520C*……	2007	$ 5,000,000	$ 3,960,000	$ 4,957,000
Services for Youth Offenders				
Sec. 520D*……	2003	$ 40,000,000	$0	$0
Suicide Prevention for Children and Youth				
Sec. 520E (GLS - State Grants)……	2007	$ 30,000,000	$ 17,829,000	$ 29,738,000
Sec. 520E1 (Suicide Prevention for Youth)……	2003	$ 75,000,000	$0	$0
Sec. 520E2 (GLS-Campus Grants)……	2007	$ 5,000,000	$ 4,950,000	$ 4,975,000
Grants for Emergency Mental Health Centers				
Sec. 520F*……	2003	$ 25,000,000	$0	$0
Grants for Jail Diversion Programs				
Sec. 520G*……	2003	$ 10,000,000	$ 6,043,000	$ 6,684,000
Improving Outcomes for Children and Adolescents through Services Integration between Child Welfare and MH Services				
Sec. 520H*……	2003	$ 10,000,000	$0	$0
Grants for Integrated Treatment of Serious Mental Illness and Co-occurring Substance Abuse				
Sec. 520I*……..	2003	$ 40,000,000	$0	$0
Mental Health Training Grants				
Sec. 520J*……	2003	$ 25,000,000	$0	$0
PATH Grants to States				
Sec. 535(a)……	2003	$ 75,000,000	$ 46,855,000	$ 65,047,000
Community Mental Health Services for Children with Serious Emotional Disturbances				
Sec. 565 (f)……	2003	$ 100,000,000	$ 96,694,000	$ 121,316,000
Children and Violence Program				
Sec. 581*……..	2003	$ 100,000,000	$ 83,035,000	$ 94,502,000
Grants for Persons who Experience Violence Related Stress				
Sec. 582 *…….	2003	$ 50,000,000	$ 20,000,000	$ 40,800,000
Community Mental Health Services Block Grants				
Sec. 1920(a)……..	2003	$ 450,000,000	$ 433,000,000	$ 399,735,000
Substance Abuse Prevention and Treatment Block Grants				
Sec. 1935(a)……	2003	$ 2,000,000,000	$ 1,785,000,000	$ 1,719,391,000
Data Infrastructure Development				
Sec. 1971*……	2003	SSAN	$ 6,000,000	$0
Other Legislation/Program Description				
Protection and Advocacy for Individuals with Mental Illness Act				
P.L. 99-319, Sec. 117……	2003	$ 19,500,000	$ 32,500,000	$ 36,380,000
TOTAL, SAMHSA Budget Authority……		$ 4,222,500,000	$ 3,142,664,000	$ 3,342,632,000

*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.

**Congress authorized two provisions as section 514.

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

Programs of Regional & National Significance	FY 2009 Appropriation No.	FY 2009 Appropriation Amount	FY 2010 Appropriation No.	FY 2010 Appropriation Amount	FY 2011 President's Budget No.	FY 2011 President's Budget Amount	FY 2011 +/- FY 2010 No.	FY 2011 +/- FY 2010 Amount
CAPACITY:								
Grants/Cooperative Agreements:								
Continuations	236	$102,242	314	$140,242	325	$138,606	+11	-$1,636
New/Competing	205	76,969	145	45,806	127	54,933	-18	+9,127
Supplements	0	0	(1)	1,478	0	0	(-1)	-1,478
Subtotal	**441**	**179,211**	**459**	**187,526**	**452**	**193,539**	**-7**	**+6,013**
Contracts:								
Continuations	18	117,438	23	128,176	29	138,132	+6	+9,956
New/Competing	6	21,336	13	18,104	13	15,500	0	-2,604
Supplements	0	0	0	0	0	0	0	0
Subtotal	**24**	**138,774**	**36**	**146,280**	**42**	**153,632**	**+6**	**+7,352**
Technical Assistance	0	0	0	0	0	0	0	0
Review Cost	0	0	0	0	0	0	0	0
Subtotal	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Subtotal, Capacity	**465**	**317,985**	**495**	**333,806**	**494**	**347,171**	**-1**	**+13,365**
Science and Service:								
Grants/Cooperative Agreements:								
Continuations	17	9,355	6	3,697	7	6,498	+1	+2,801
New/Competing	0	0	11	6,498	10	3,705	-1	-2,793
Supplements	(1)	972	0	0	0	0	0	0
Subtotal	**17**	**10,327**	**17**	**10,195**	**17**	**10,203**	**0**	**+8**
Contracts:								
Continuations	7	8,901	19	14,893	16	12,368	-3	-2,525
New/Competing	9	7,225	0	1,874	2	4,442	+2	+2,568
Supplements	0	0	0	753	0	0	0	-753
Subtotal	**16**	**16,126**	**19**	**17,520**	**18**	**16,810**	**-1**	**-710**
Technical Assistance	0	0	0	0	0	0	0	0
Review Cost	0	0	0	0	0	0	0	0
Subtotal	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Subtotal, Science and Service	**33**	**26,453**	**36**	**27,715**	**35**	**27,013**	**-1**	**-702**
Total, PRNS	**498**	**$344,438**	**531**	**$361,521**	**529**	**$374,184**	**-2**	**+$12,663**

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

	FY 2009 Appropriation		FY 2010 Appropriation		FY 2011 President's Budget		FY 2011 +/- FY 2010	
	No.	**Amount**	**No.**	**Amount**	**No.**	**Amount**	**No.**	**Amount**
CHILDREN'S MENTAL HEALTH								
Grants/Cooperative Agreements:								
Continuations	51	$65,211	67	$89,942	49	$82,223	-18	-$7,719
New/Competing	20	19,019	6	6,000	18	18,000	+12	+12,000
Supplements	0	0	0	0	0	0	0	0
Subtotal	**71**	**84,230**	**73**	**95,942**	**67**	**100,223**	**-6**	**+4,281**
Contracts:								
Continuations	2	12,651	1	8,895	3	11,118	+2	+2,223
New/Competing	0	220	1	3,920	1	2,260	0	-1,660
Supplements	0	0	0	0	0	0	0	0
Subtotal	**2**	**12,871**	**2**	**12,815**	**4**	**13,378**	**+2**	**+563**
Technical Assistance	0	10,836	4	12,131	2	12,177	-2	+46
Report to Congress	0	436	0	428	0	436	0	+8
Subtotal	**0**	**11,272**	**4**	**12,559**	**2**	**12,613**	**-2**	**+54**
Total, Children's Mental Health	**73**	**108,373**	**79**	**121,316**	**73**	**126,214**	**-6**	**+4,898**
PROTECTION AND ADVOCACY	**57**	**35,880**	**57**	**36,380**	**57**	**36,380**	**0**	**0**
PATH	**57**	**59,687**	**57**	**65,047**	**57**	**70,000**	**0**	**+4,953**
MENTAL HEALTH BLOCK GRANT	**120**	**420,774**	**125**	**420,774**	**121**	**420,774**	**-4**	**0**
(PHS Evaluation Funds: Non-Add)		*21,039*		*21,039*		*21,039*	*0*	*0*
TOTAL, CMHS	**805**	**$969,152**	**849**	**$1,005,038**	**837**	**$1,027,552**	**-12**	**+$22,514**

SAMHSA/Center for Mental Health Services

Programs of Regional and National Significance

Summary of Programs

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

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

The FY 2011 President's Budget request for SAMHSA Mental Health PRNS is $374.2 million, an increase of $12.7 million from the FY 2010 Appropriation. The request includes:

- $54.2 million for Suicide Prevention to improve public and professional awareness of suicide and promote prevention through Garrett Lee Smith Suicide Prevention Activities in States/Tribes and Colleges, along with supporting the National Suicide Prevention Lifeline and Crisis Center Network, AI/AN Suicide Prevention Initiative, and the Garrett Lee Smith Suicide Prevention Resource Center;

- $94.5 million for Youth Violence Prevention activities including the Safe Schools/Healthy Students collaborative program with U.S. Departments of Education and Justice, and the College Emergency Preparedness initiative that provides students, schools, and communities with funds to implement an enhanced, coordinated, comprehensive plan of activities and services focused on promoting healthy childhood development and preventing violence and alcohol and other drug abuse;

- $40.8 million for National Traumatic Stress Network to improve treatment and services intervention for children and adolescents exposed to traumatic events;

- $42.0 million for Homelessness Prevention to reduce the prevalence of mental disorders in the homeless and improve the transition from homelessness including a new joint initiative with the Center for Substance Abuse Treatment and the Department of Housing and Urban Development;

- $122.9 million for remaining Capacity activities including Co-Occurring State Incentive Grants ($3.6 million), Seclusion & Restraint ($2.4 million), Children and Family Programs ($9.2 million), Performance Management and Coordination Activities ($3.5 million), Consumer and Family Network Grants ($6.4 million), Mental Health System Transformation and Health Reform, including $4.0 million for the Mental Health/Substance Abuse SBIRT Initiative ($30.9 million), Project LAUNCH ($27.0

million), Primary and Behavioral Health Care Integration ($14.0 million), Community Resilience and Recovery Initiative ($5.0 million), Minority AIDS ($9.3 million), Criminal Justice ($6.7 million), and Older Adult Programs ($4.8 million);

- $19.8 million for Science and Service activities, including the SAMHSA Health Information Network ($2.6 million), National Registry of Evidence-based Programs and Practices ($0.5 million), and HIV/AIDS Education ($0.9 million).

The Mental Health PRNS underwent a performance assessment in 2005. The assessment cited clear purpose, strong financial management, and effective targeting as strong attributes. The assessment also reported the program lacked a clear design linking all projects to performance goals and did not collect performance data from all grantees or use performance data to hold grantees accountable for improving outcomes. As a result of the performance assessment, the program has implemented an automated web-based performance system, the Transformation Accountability System, for all of its services programs and is working to expand use of the system to the remaining PRNS programs. SAMHSA is also working on the development and implementation of common performance measures for its technical assistance, infrastructure development, and prevention programs.

Changes to Summary Listing of Activities Table

SAMHSA proposes to change three Mental Health PRNS Summary Listing of Activities names to better reflect the program activity goals and objectives: 1) Mental Health Transformation Activities (Capacity) is renamed Performance Management and Coordination Activities; 2) Mental Health Transformation State Incentive Grants (MHT SIGs) is renamed Mental Health System Transformation and Health Reform (includes the MHT SIGs as well as other activities); and 3) Mental Health Systems Transformation Activities (Science and Service) is renamed Information Dissemination and Training.

Additionally, SAMHSA proposes to realign two Mental Health PRNS programs to better reflect the activity of the programs: 1) Transformation Transfer Initiative from Performance Management and Coordination Activities to Mental Health System Transformation and Health Reform as the Transfer Initiative provides funding to States, DC, and the Territories not participating in the MHT SIG and identifies and adopts transformation initiatives and activities that can be implemented in the States that do not receive MHT SIG funding; and 2) Peer Review from Information Dissemination and Training to Performance Management and Coordination Activities as Peer Review provides grant review support to Capacity programs, therefore it is better aligned in Performance Management and Coordination Activities.

SAMHSA/Center for Mental Health Services
Summary of Activities

(Dollars in Thousands)

Programs of Regional & National Significance	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget	FY 2011 +/- FY 2010
CAPACITY:				
Co-Occurring State Incentive Grant	$3,069	$2,168	$3,611	+$1,443
Seclusion & Restraint	2,449	2,449	2,449	0
Youth Violence Prevention	94,502	94,502	94,502	0
Safe Schools/Healthy Students (non-add)	*84,320*	*84,320*	*84,320*	0
College Emergency Preparedness (non-add)	*2,237*	*2,237*	*2,237*	0
National Traumatic Stress Network	38,000	40,800	40,800	0
Children and Family Programs	9,194	9,194	9,194	0
Performance Management and Coordination Activities 1/	3,692	3,166	3,530	+364
Consumer and Family Network Grants	6,236	6,236	6,436	+200
Statewide Consumer Network (non-add)	*2,531*	*2,531*	*2,731*	*+200*
MH System Transformation and Health Reform 2/	29,001	29,106	30,924	+1,818
MHT SIG (non-add)	*25,912*	*26,012*	*23,821*	-2,191
Mental Health/Substance Abuse SBIRT (non-add)	*0*	*0*	*4,000*	*+4,000*
Project LAUNCH	20,000	25,000	27,000	+2,000
Primary and Behavioral Health Care Integration	6,998	14,000	14,000	0
Community Resilience and Recovery Initiative	0	5,000	5,000	0
Suicide Lifeline	5,522	5,522	7,522	+2,000
GLS - Youth Suicide Prevention - States	29,738	29,738	30,438	+700
GLS - Youth Suicide Prevention - Campus	4,975	4,975	5,400	+425
AI/AN Suicide Prevention Initiative	2,944	2,944	5,888	+2,944
Homelessness Prevention Programs	32,250	32,250	39,696	+7,446
Older Adult Programs	4,814	4,814	4,814	0
Minority AIDS	9,282	9,283	9,283	0
Criminal and Juvenile Justice Programs	6,683	6,684	6,684	0
Congressional Projects	8,636	5,975	0	-5,975
Subtotal, Capacity	**317,985**	**333,806**	**347,171**	**+13,365**
SCIENCE AND SERVICE:				
GLS - Suicide Prevention Resource Center	4,957	4,957	4,957	0
Information Dissemination and Training 3/	8,689	9,001	8,528	-473
National Registry of Evidence-based Programs and Practices	544	544	544	0
SAMHSA Health Information Network	1,920	2,673	2,644	-29
Consumer and Consumer Support Technical Assistance Centers	1,927	1,927	1,927	0
Minority Fellowship Program	4,083	4,279	4,279	0
Disaster Response	1,054	1,054	1,054	0
Homelessness	2,306	2,306	2,306	0
HIV/AIDS Education	973	974	774	-200
Subtotal, Science and Service	**26,453**	**27,715**	**27,013**	**-702**
TOTAL, PRNS	**$344,438**	**$361,521**	**$374,184**	**+$12,663**

1/ Formerly Mental Health Transformation Activities; comparability adjustment made for Peer Review in FY 2009 & FY 2010

2/ Formerly Mental Health Transformation State Incentive Grants; comparability adjustment made for Transformation Transfer Initiative in FY 2009 & FY 2010

3/ Formerly Mental Health Systems Transformation Activities

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SAMHSA/Center for Mental Health Services
Mechanism Table by Summary of Activities

(Dollars in Thousands)

Programs of Regional & National Significance	FY 2009 Appropriation No.	FY 2009 Appropriation Amount	FY 2010 Appropriation No.	FY 2010 Appropriation Amount	FY 2011 President's Budget No.	FY 2011 President's Budget Amount	FY 2011 +/- FY 2010 No.	FY 2011 +/- FY 2010 Amount
CAPACITY:								
Co-Occurring SIG								
Grants								
Continuations	4	$392	0	$0	0	$0	0	0
New/Competing	0	0	0	0	0	0	0	0
Subtotal	4	392	0	0	0	0	0	0
Contracts								
Continuations	0	6	1	1,947	1	2,190	0	+243
New/Competing	1	2,671	0	221	0	1,421	0	+1,200
Subtotal	1	2,677	1	2,168	1	3,611	0	+1,443
Total, Co-Occurring SIG	5	3,069	1	2,168	1	3,611	0	+1,443
Seclusion & Restraint								
Grants								
Continuations	8	1,669	0	0	0	0	0	0
New/Competing	0	0	0	0	0	0	0	0
Subtotal	8	1,669	0	0	0	0	0	0
Contracts								
Continuations	1	353	0	0	1	2,449	+1	+2,449
New/Competing	0	427	1	2,449	0	0	-1	-2,449
Subtotal	1	780	1	2,449	1	2,449	0	0
Total, Seclusion & Restraint	9	2,449	1	2,449	1	2,449	0	0
Youth Violence Prevention								
Grants								
Continuations	1	6,000	1	6,000	1	6,000	0	0
New/Competing	0	0	0	0	0	0	0	0
Subtotal	1	6,000	1	6,000	1	6,000	0	0
Contracts								
Continuations	6	88,502	4	83,246	5	88,502	+1	+5,256
New/Competing	0	0	1	5,256	0	0	-1	-5,256
Subtotal	6	88,502	5	88,502	5	88,502	0	0
Total, Youth Violence Prevention	7	94,502	6	94,502	6	94,502	0	0
National Traumatic Stress Network								
Grants								
Continuations	23	10,050	59	30,749	47	26,595	-12	-4,154
New/Competing	36	20,623	3	2,800	15	7,000	+12	+4,200
Subtotal	59	30,673	62	33,549	62	33,595	0	+46
Contracts								
Continuations	3	2,676	3	6,914	1	5,403	-2	-1,511
New/Competing	0	4,651	0	337	1	1,802	+1	+1,465
Subtotal	3	7,327	3	7,251	2	7,205	-1	-46
Total, National Traumatic Stress Network	62	38,000	65	40,800	64	40,800	-1	0
Children and Family Programs								
Grants								
Continuations	15	6,806	15	5,538	8	4,107	-7	-1,431
New/Competing	0	0	1	747	8	2,178	+7	+1,431
Subtotal	15	6,806	16	6,285	16	6,285	0	0
Contracts								
Continuations	2	2,388	0	670	2	2,215	+2	+1,545
New/Competing	0	0	2	2,239	1	694	-1	-1,545
Subtotal	2	2,388	2	2,909	3	2,909	+1	0
Total, Children and Family Programs	**17**	**$9,194**	**18**	**$9,194**	**19**	**$9,194**	**+1**	**0**

SAMHSA/Center for Mental Health Services
Mechanism Table by Summary of Activities

(Dollars in Thousands)

Programs of Regional & National Significance	FY 2009 Appropriation No.	FY 2009 Appropriation Amount	FY 2010 Appropriation No.	FY 2010 Appropriation Amount	FY 2011 President's Budget No.	FY 2011 President's Budget Amount	FY 2011 +/- FY 2010 No.	FY 2011 +/- FY 2010 Amount
Performance Management and Coordination Activities								
Grants								
Continuations	0	$0	0	$0	0	$0	0	0
New/Competing	0	0	0	0	0	0	0	0
Subtotal	0	0	0	0	0	0	0	0
Contracts								
Continuations	2	3,677	2	3,166	2	3,530	0	+364
New/Competing	0	15	0	0	0	0	0	0
Subtotal	2	3,692	2	3,166	2	3,530	0	+364
Total, Perf. Mgmt and Coordination Activities	2	3,692	2	3,166	2	3,530	0	+364
Consumer and Family Network Grants								
Grants								
Continuations	61	4,025	18	1,260	79	5,260	+61	+4,000
New/Competing	18	1,250	61	4,000	3	210	-58	-3,790
Subtotal	79	5,275	79	5,260	82	5,470	+3	+210
Contracts								
Continuations	0	442	1	976	1	966	0	-10
New/Competing	1	519	0	0	0	0	0	0
Subtotal	1	961	1	976	1	966	0	-10
Total, Consumer and Family Network Grants	80	6,236	80	6,236	83	6,436	+3	+200
MH System Transformation and Health Reform								
Grants								
Continuations	9	22,950	2	4,381	22	16,500	+20	+12,119
New/Competing	0	0	22	16,500	7	5,350	-15	-11,150
Subtotal	9	22,950	24	20,881	29	21,850	+5	+969
Contracts								
Continuations	1	6,051	2	6,175	2	7,025	0	+850
New/Competing	0	0	3	2,050	3	2,049	0	-1
Subtotal	1	6,051	5	8,225	5	9,074	0	+849
Total, MH Sys. Trans. and Health Reform	10	29,001	29	29,106	34	30,924	+5	+1,818
Project LAUNCH Wellness Initiative								
Grants								
Continuations	6	6,079	18	16,780	26	21,180	+8	+4,400
New/Competing	12	10,700	7	4,550	3	1,500	-4	-3,050
Subtotal	18	16,779	25	21,330	29	22,680	+4	+1,350
Contracts								
Continuations	0	1,220	1	3,220	1	3,820	0	+600
New/Competing	0	2,001	1	450	1	500	0	+50
Subtotal	0	3,221	2	3,670	2	4,320	0	+650
Total, Project LAUNCH Wellness Initiative	18	20,000	27	25,000	31	27,000	+4	+2,000
Primary and Behavioral Health Care Integration								
Grants								
Continuations	0	$0	13	$6,449	23	$12,370	+10	+$5,921
New/Competing	13	6,496	10	5,900	0	0	-10	-5,900
Subtotal	13	6,496	23	12,349	23	12,370	0	+21
Contracts								
Continuations	0	0	0	486	1	1,630	+1	+1,144
New/Competing	0	502	1	1,165	0	0	-1	-1,165
Subtotal	0	502	1	1,651	1	1,630	0	-21
Total, PBHCI	**13**	**$6,998**	**24**	**$14,000**	**24**	**$14,000**	**0**	**0**

SAMHSA/Center for Mental Health Services
Mechanism Table by Summary of Activities

(Dollars in Thousands)

Programs of Regional & National Significance	FY 2009 Appropriation No.	FY 2009 Appropriation Amount	FY 2010 Appropriation No.	FY 2010 Appropriation Amount	FY 2011 President's Budget No.	FY 2011 President's Budget Amount	FY 2011 +/- FY 2010 No.	FY 2011 +/- FY 2010 Amount
Community Resilience and Recovery Initiative								
Grants								
Continuations	0	0	0	0	5	4,000	+5	+4,000
New/Competing	0	0	5	4,000	0	0	-5	-4,000
Subtotal	0	0	5	4,000	5	4,000	0	0
Contracts								
Continuations	0	0	0	0	2	1,000	+2	+1,000
New/Competing	0	0	2	1,000	0	0	-2	-1,000
Subtotal	0	0	2	1,000	2	1,000	0	0
Total, CRRI	0	0	7	5,000	7	5,000	0	0
Suicide Lifeline								
Grants								
Continuations	7	4,285	7	3,247	1	3,358	-6	+111
New/Competing	0	0	6	838	1	2,425	-5	+1,587
Subtotal	7	4,285	13	4,085	2	5,783	-11	+1,698
Contracts								
Continuations	0	742	1	1,437	1	1,235	0	-202
New/Competing	0	495	0	0	1	504	+1	+504
Subtotal	0	1,237	1	1,437	2	1,739	+1	+302
Total, Suicide Lifeline	7	5,522	14	5,522	4	7,522	-10	+2,000
GLS - Youth Suicide Prevention - States								
Grants								
Continuations	32	15,115	48	23,328	18	8,896	-30	-14,432
New/Competing	18	8,761	0	0	32	15,368	+32	+15,368
Subtotal	50	23,876	48	23,328	50	24,264	+2	+936
Contracts								
Continuations	0	3,032	1	5,950	2	3,755	+1	-2,195
New/Competing	1	2,830	1	460	1	2,419	0	+1,959
Subtotal	1	5,862	2	6,410	3	6,174	+1	-236
Total, GLS-Youth Suicide Prevention-	51	29,738	50	29,738	53	30,438	+3	+700
GLS - Youth Suicide Prevention - Campus								
Grants								
Continuations	16	1,492	38	3,648	22	2,162	-16	-1,486
New/Competing	22	2,166	0	0	18	1,837	+18	+1,837
Subtotal	38	3,658	38	3,648	40	3,999	+2	+351
Contracts								
Continuations	0	768	1	1,327	1	959	0	-368
New/Competing	1	549	0	0	1	442	+1	+442
Subtotal	1	1,317	1	1,327	2	1,401	+1	+74
Total, GLS-Youth Suicide Prevention-Campus	39	4,975	39	4,975	42	5,400	+3	+425
AI/AN Suicide Prevention Initiative								
Grants								
Continuations	0	$0	0	$0	0	$0	0	0
New/Competing	0	0	0	0	0	0	0	0
Subtotal	0	0	0	0	0	0	0	0
Contracts								
Continuations	1	2,944	1	2,944	1	2,944	0	0
New/Competing	0	0	0	0	1	2,944	+1	+2,944
Subtotal	1	2,944	1	2,944	2	5,888	+1	+2,944
Total, AI/AN Suicide Prevention Initiative	**1**	**$2,944**	**1**	**$2,944**	**2**	**$5,888**	**+1**	**+$2,944**

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

Programs of Regional & National Significance	FY 2009 Appropriation No.	FY 2009 Appropriation Amount	FY 2010 Appropriation No.	FY 2010 Appropriation Amount	FY 2011 President's Budget No.	FY 2011 President's Budget Amount	FY 2011 +/- FY 2010 No.	FY 2011 +/- FY 2010 Amount
Homelessness Prevention Programs								
Grants								
Continuations	20	7,846	57	21,723	60	22,959	+3	+1,236
New/Competing	43	16,271	4	1,580	14	6,650	+10	+5,070
Subtotal	63	24,117	61	23,303	74	29,609	+13	+6,306
Contracts								
Continuations	0	1,495	2	6,928	3	8,325	+1	+1,397
New/Competing	2	6,638	1	2,019	2	1,762	+1	-257
Subtotal	2	8,133	3	8,947	5	10,087	+2	+1,140
Total, Homelessness Prevention Programs	65	32,250	64	32,250	79	39,696	+15	+7,446
Older Adult Programs								
Grants								
Continuations	10	4,095	10	4,095	0	0	-10	-$4,095
New/Competing	0	0	0	0	10	4,095	+10	+4,095
Subtotal	10	4,095	10	4,095	10	4,095	0	0
Contracts								
Continuations	1	719	1	719	1	719	0	0
New/Competing	0	0	0	0	0	0	0	0
Subtotal	1	719	1	719	1	719	0	0
Total, Older Adult Programs	11	4,814	11	4,814	11	4,814	0	0
Minority AIDS								
Grants								
Continuations	16	8,293	16	8,297	0	0	-16	-8,297
New/Competing	0	0	0	0	16	8,320	+16	+8,320
Subtotal	16	8,293	16	8,297	16	8,320	0	+23
Contracts								
Continuations	1	989	1	986	0	0	-1	-986
New/Competing	0	0	0	0	1	963	+1	+963
Subtotal	1	989	1	986	1	963	0	-23
Total, Minority AIDS	17	9,282	17	9,283	17	9,283	0	0
Criminal/Juvenile Justice Programs								
Grants								
Continuations	8	3,145	12	4,747	13	5,219	+1	+472
New/Competing	6	2,066	1	394	0	0	-1	-394
Subtotal	14	5,211	13	5,141	13	5,219	0	+78
Contracts								
Continuations	0	1,434	1	1,085	1	1,465	0	+380
New/Competing	0	38	0	458	0	0	0	-458
Subtotal	0	1,472	1	1,543	1	1,465	0	-78
Total, Criminal/Juvenile Justice Programs	14	6,683	14	6,684	14	6,684	0	0
Total, Congressional Projects	37	8,636	25	5,975	0	0	-25	-5,975
Subtotal, Capacity	**465**	**$317,985**	**495**	**$333,806**	**494**	**$347,171**	**-1**	**+$13,365**

SAMHSA/Center for Mental Health Services
Mechanism Table by Summary of Activities

(Dollars in Thousands)

Programs of Regional & National Significance	FY 2009 Appropriation No.	FY 2009 Appropriation Amount	FY 2010 Appropriation No.	FY 2010 Appropriation Amount	FY 2011 President's Budget No.	FY 2011 President's Budget Amount	FY 2011 +/- FY 2010 No.	FY 2011 +/- FY 2010 Amount
SCIENCE AND SERVICE:								
GLS - Suicide Prevention Resource Center								
Grants								
Continuations	1	$3,596	0	$0	1	$4,471	+1	+$4,471
New/Competing	0	972	1	4,471	0	0	-1	-4,471
Subtotal	1	4,568	1	4,471	1	4,471	0	0
Contracts								
Continuations	0	389	0	0	0	486	0	+486
New/Competing	0	0	0	486	0	0	0	-486
Subtotal	0	389	0	486	0	486	0	0
Total, GLS - Suicide Prev. Resource Center	1	4,957	1	4,957	1	4,957	0	0
Information Dissemination and Training								
Grants								
Continuations	7	513	1	243	1	250	0	+7
New/Competing	0	0	5	250	5	250	0	0
Subtotal	7	513	6	493	6	500	0	+7
Contracts								
Continuations	3	2,492	11	7,466	10	8,028	-1	+562
New/Competing	5	5,684	0	1,042	0	0	0	-1,042
Subtotal	8	8,176	11	8,508	10	8,028	-1	-480
Total, Information Dissemination & Training	15	8,689	17	9,001	16	8,528	-1	-473
National Registry of Evidence-based Programs and Practices								
Grants								
Continuations	0	0	0	0	0	0	0	0
New/Competing	0	0	0	0	0	0	0	0
Subtotal	0	0	0	0	0	0	0	0
Contracts								
Continuations	0	544	0	544	0	544	0	0
New/Competing	0	0	0	0	0	0	0	0
Subtotal	0	544	0	544	0	544	0	0
Total, NREPP	0	544	0	544	0	544	0	0
SAMHSA Health Information Network								
Grants								
Continuations	0	0	0	0	0	0	0	0
New/Competing	0	0	0	0	0	0	0	0
Subtotal	0	0	0	0	0	0	0	0
Contracts								
Continuations	0	1,920	0	1,920	0	0	0	-1,920
New/Competing	0	0	0	753	0	2,644	0	+1,891
Subtotal	0	1,920	0	2,673	0	2,644	0	-29
Total, SAMHSA Health Information Network	0	1,920	0	2,673	0	2,644	0	-29
Consumer and Consumer Support Technical Assistance Centers								
Grants								
Continuations	4	1,791	0	0	5	1,777	+5	+1,777
New/Competing	0	0	5	1,777	0	0	-5	-1,777
Subtotal	4	1,791	5	1,777	5	1,777	0	0
Contracts								
Continuations	0	136	0	0	0	150	0	+150
New/Competing	0	0	0	150	0	0	0	-150
Subtotal	0	136	0	150	0	150	0	0
Total, Consumer/Cons. Support TA Ctrs	**4**	**$1,927**	**5**	**$1,927**	**5**	**$1,927**	**0**	**0**

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

Programs of Regional & National Significance	FY 2009 Appropriation No.	FY 2009 Appropriation Amount	FY 2010 Appropriation No.	FY 2010 Appropriation Amount	FY 2011 President's Budget No.	FY 2011 President's Budget Amount	FY 2011 +/- FY 2010 No.	FY 2011 +/- FY 2010 Amount
Minority Fellowship Program								
Grants								
Continuations	5	$3,455	5	$3,454	0	$0	-5	-$3,454
New/Competing	0	0	0	0	5	3,455	+5	+3,455
Subtotal	5	3,455	5	3,454	5	3,455	0	+1
Contracts								
Continuations	1	628	1	629	1	519	0	-110
New/Competing	0	0	0	196	0	305	0	+109
Subtotal	1	628	1	825	1	824	0	-1
Total, Minority Fellowship Program	6	4,083	6	4,279	6	4,279	0	0
Disaster Response								
Grants								
Continuations	0	0	0	0	0	0	0	0
New/Competing	0	0	0	0	0	0	0	0
Subtotal	0	0	0	0	0	0	0	0
Contracts								
Continuations	0	150	1	1,054	1	1,054	0	0
New/Competing	1	904	0	0	0	0	0	0
Subtotal	1	1,054	1	1,054	1	1,054	0	0
Total, Disaster Response	1	1,054	1	1,054	1	1,054	0	0
Homelessness								
Grants								
Continuations	0	0	0	0	0	0	0	0
New/Competing	0	0	0	0	0	0	0	0
Subtotal	0	0	0	0	0	0	0	0
Contracts								
Continuations	2	2,142	2	2,306	1	1,100	-1	-1,206
New/Competing	0	164	0	0	1	1,206	+1	+1,206
Subtotal	2	2,306	2	2,306	2	2,306	0	0
Total, Homelessness	2	2,306	2	2,306	2	2,306	0	0
HIV/AIDS Education								
Grants								
Continuations	0	0	0	0	0	0	0	0
New/Competing	0	0	0	0	0	0	0	0
Subtotal	0	0	0	0	0	0	0	0
Contracts								
Continuations	1	500	4	974	3	487	-1	-487
New/Competing	3	473	0	0	1	287	+1	+287
Subtotal	4	973	4	974	4	774	0	-200
Total, HIV/AIDS Education	4	973	4	974	4	774	0	-200
Subtotal, Science and Service	**33**	**26,453**	**36**	**27,715**	**35**	**27,013**	**-1**	**-702**
Total, PRNS	**498**	**$344,438**	**531**	**$361,521**	**529**	**$374,184**	**-2**	**+$12,663**

Suicide Prevention

(Dollars in thousands)

	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget	FY 2011 +/- FY 2010
Suicide Lifeline	$5,522	$5,522	$7,522	+$2,000
GLS-Youth Suicide Prevention-States	29,738	29,738	30,438	+700
GLS-Youth Suicide Prevention-Campus	4,975	4,975	5,400	+425
AI/AN Suicide Prevention Initiative	2,944	2,944	5,888	+2,944
GLS-Suicide Prevention Resource Center	4,957	4,957	4,957	0
Budget Authority	$48,136	$48,136	$54,205	+$6,069

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

FY 2011 Authorization .....Expired

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

Program Description and Accomplishments

The Garrett Lee Smith (GLS) Memorial Act authorizes SAMHSA to manage two significant youth suicide prevention programs and a resource center. The GLS State/Tribal Youth Suicide Prevention and Early Intervention Grant Program supports 42 states, 18 tribes or tribal organizations, and one Territory in developing and implementing youth suicide prevention and early intervention strategies involving public-private collaborations among youth serving institutions. The GLS Campus Suicide Prevention program provides funding to institutions of higher education to prevent suicide and suicide attempts. The GLS Suicide Prevention Resource Center develops effective strategies and best practices to ensure the field has access to the most crucial information. Since October 2005, the Garrett Lee Smith Memorial Suicide Prevention programs have trained 423,680 teachers, mental health professionals, social service providers, police officers, advocates, coaches, and other individuals who frequently interact with youth in suicide prevention. The number of individuals trained is an important indicator of program penetration as well as evidence of increased suicidal awareness; since the baseline was set in 2007, the target has been significantly exceeded each year. Additionally, SAMHSA supports an innovative training and technical assistance project that helps tribal communities mobilize existing social and educational resources by facilitating the development and implementation of comprehensive and collaborative community based prevention plans to reduce violence, bullying, and suicide among American Indian /Alaska Native youth.

The importance of suicide prevention measures during this difficult economic time cannot be overstated. Researchers have shown a relationship between sustained high rates of unemployment and increased risk as well as incidence of suicide. In 2009, SAMHSA moved to provide urgent supplemental funding to suicide prevention centers around the nation which are responding to people in dire situations. Calls into suicide crisis centers have substantially increased during the past year – 54,054 calls in the last recorded month alone -- with between 20

to 30 percent of calls being specifically linked to economic distress. At the same time these centers are threatened with significant cutbacks in funding from state and local governments and other sources of support. The National Suicide Prevention Lifeline: 1-800-273-TALK, funded by SAMHSA, coordinates the network of 140 crisis centers across the United States providing suicide prevention and crisis intervention services to individuals seeking help at any time, day or night.

SAMHSA supports an array of initiatives designed to improve public and professional awareness of suicide as a preventable public health problem and to enhance the ability of systems that promote prevention, intervention, and recovery. Each of the five major grant programs in SAMHSA's suicide prevention portfolio advances the National Strategy for Suicide Prevention. The National Suicide Prevention Lifeline routes calls from anywhere in the United States to a network of certified local crisis centers that can link callers to local emergency, mental health, and social services resources, averaging nearly 52,000 calls per month answered through the National Suicide Prevention Lifeline. In July 2007, SAMHSA partnered with the Department of Veterans Affairs to provide and ensure 24/7 access to a veterans suicide prevention hotline. This hotline has answered an average of 4,000 calls from veterans per month. In September 2008, SAMHSA awarded six grants to the National Suicide Prevention Lifeline crisis centers to provide follow up to suicidal callers. Evaluation and research findings indicate that the immediate aftermath of suicidal crises is a time of heightened risk for suicide but has great potential for suicide prevention. While quantitative data from this program is not yet available, SAMHSA has already received anecdotal reports of a number of instances where the program appears to have prevented suicide attempts.

In addition to programs that build suicide prevention capacity, SAMHSA also supports the Suicide Prevention Resource Center. This initiative promotes the implementation of the National Strategy for Suicide Prevention and enhances the nation's mental health infrastructure by providing states, government agencies, private organizations, colleges and universities, and suicide survivor and mental health consumer groups with access to the science and experience that can support their efforts to develop programs, implement interventions, and promote policies to prevent suicide. The Suicide Prevention Resource Center works with and supports prevention networks to reduce suicides, community by community. Prevention networks are coalitions of organizations and individuals working together to promote suicide prevention including statewide or tribal coalitions, community task forces, regional alliances, and professional groups.

Funding History

FY	Amount
2006	$31,675,000
2007	$36,190,000
2008	$49,228,000
2009	$48,136,000
2010	$48,136,000

Budget Request

The FY 2011 President's Budget request is $54.2 million, an increase of $6.1 million from the FY 2010 Appropriation. The increase will improve the Suicide Prevention services to the States, Campuses and the Lifeline. Increased support to the Lifeline will provide additional support for Crisis Center follow up grants, technical assistance to the network of Crisis Centers, and added support for the Lifeline operational and technical needs. Additionally, the funding for the AI/AN Suicide Prevention Initiative will be doubled, increasing the level of service to Tribes. This additional funding will allow us to increase the number of Tribes served by 50%. In an effort to maximize resources and avoid risk of duplication of services, SAMHSA will be working with IHS to ensure a comprehensive and collaborative approach to suicide prevention services delivery to Tribal communities.

Outcomes and Outputs

Table 1: Key Performance Indicators for Suicide Prevention

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2012 Target[1]	FY 2012 +/- FY 2011
2.3.57: Reduce the number of suicide deaths *(Outcome)*	N/A	30,684	30,684	30,584	-100
2.3.58: Increase the number of students exposed to mental health and suicide awareness campaigns on college campuses *(Outcome)*	FY 2009: 1,037,974 (Target Exceeded)	681,425	681,425	739,615	+58,190
2.3.59: Increase the total number individuals trained in youth suicide prevention[2] *(Outcome)*	FY 2009: 83,724 (Target Exceeded)	35,371	35,371	36,202	+801
2.3.60: Increase the total number of youth screened[3] *(Output)*	FY 2009: 27,132 (Target Exceeded)	3,360	3,360	3,360	Maintain

[1] Since SAMHSA's grant awards are made late in the fiscal year, performance targets and results for any given fiscal year primarily reflect the outputs and outcomes associated with activities supported by funding from the prior fiscal year. Therefore, FY 2011 appropriated funding will be reflected in the targets set for FY 2012.

[2] This measure has been revised for the FY 2011 President's Budget. Previously the measure was cumulative. It has been revised to report its data incrementally. As a result, targets for FY 2009 and FY 2010 were adjusted and data provided here may appear to differ from those previously published in the FY 2010 President's Budget.

[3] This measure has been revised for the FY 2011 President's Budget. Previously the measure was cumulative. It has been revised to report its data incrementally. As a result, targets for FY 2009 and FY 2010 were adjusted and data provided here may appear to differ from those previously published in the FY 2010 President's Budget.

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2012 Target[1]	FY 2012 +/- FY 2011
2.3.61: Increase the number of calls answered by the suicide hotline *(Output)*	FY 2009: 619,813 (Target Exceeded)	555,132	555,132	756,201	+201,069

Grant Award Table

(Whole Dollars)	FY 2009	FY 2010	FY 2011
Number of Awards	96	94	93
Average Award	$379,031	$378,000	$414,161
Range of Awards	$15,000-$3,546,000	$15,000-$3,546,000	$15,000-$3,546,000

Youth Violence Prevention

(Dollars in thousands)

	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget	FY 2011 +/- FY 2010
Budget Authority	$94,502	$94,502	$94,502	---

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

FY 2011 Authorization ..... Expired

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

Program Description and Accomplishments

The Safe Schools/Healthy Students program supports the implementation and enhancement of integrated, comprehensive community-wide plans that create safe and drug-free schools and promote healthy childhood development. In 2009, SAMHSA reported school districts participating in the Safe Schools/Healthy Students Initiative reported a 15 percent decrease in violent incidents. Eighty-four percent of staff at grantee schools said the Initiative had improved school safety, 77 percent said it had reduced violence on campus, and 75 percent said it had reduced violence in the community.

Since 1999, the U.S. Departments of Education, Health and Human Services, and Justice have collaborated on the Safe Schools/Healthy Students Initiative. The Safe Schools/Healthy Students Initiative is a discretionary grant program that provides students, schools, and communities with federal funding to implement an enhanced, coordinated, comprehensive plan of activities, programs, and services that focus on promoting healthy childhood development and preventing violence and alcohol and other drug abuse. Eligible local educational agencies or a consortium of local educational agencies, in partnership with their community's local public mental health authority, local law enforcement agency, and local juvenile justice entity, are able to submit a single application for federal funds to support a variety of activities, curriculums, programs, and services. This grant program supports 146 school districts across the country, spanning rural, tribal, suburban and urban areas as well as diverse racial, ethnic and economic sectors. Each local strategic plan addresses five required elements across the three sectors: 1) safe school environments and violence prevention activities; 2) alcohol, tobacco, and other drug prevention activities; 3) student behavioral, social, and emotional supports; 4) mental health services; and, 5) early childhood social and emotional learning programs. Grantees have developed organizational, informational, and programmatic systems that bring together many diverse sectors of the community, creating the capacity for comprehensive system reform so that all agencies concerned with the welfare of children and families could collaborate on an ongoing basis. The national cross-site evaluation has found a 15% decrease in the number of students involved in violent incidents; a 12% decrease in the number of students reporting that they had experienced or witnessed violence from year one of the grant period to year three; and that most staff at grantee schools reported that the Initiative had made their schools safer.

In FY 2009, 3,154,305 children were served by the Safe Schools/Healthy Students program. Since baseline was set in 2006, the number served has nearly tripled and the target has been exceeded each year. Seventy-four percent of students received services following a mental health referral, exceeding the target for the second year in a row. Additionally, the program instituted two new output measures in FY 2007 to monitor intra-agency collaboration and a measure to track the percentage of grantees training school personnel on mental health topics. In FY 2009, 73.9% of grantees provided screening and/or assessments that were coordinated among two or more agencies exceeding the target of 68.1% and 73.9% of grantees trained school personnel on mental health topics exceeding the target of 66.4%.

The Safe Schools/Healthy Students program is expected to serve 116 communities and over 2.3 million children in FY 2011. SAMHSA anticipates the percentage of children showing improvement in substance abuse, violent incidents, and mental health referrals to remain constant in FY 2011.

Following the tragic shooting events at Virginia Polytechnic Institute and State University, better known as, Virginia Tech, in 2007, SAMHSA and the Department of Education instituted a joint initiative called the College Emergency Preparedness program. These competitive grants provide funding to institutions of higher education to develop and implement emergency management plans and protocols for preventing campus violence that include mental health and other needs of individuals as well as developing written plans for assessing and addressing the mental health needs of students who may be at risk of causing campus violence.

Funding History

FY	Amount
2006	$93,156,000
2007	$93,156,000
2008	$93,002,000
2009	$94,502,000
2010	$94,502,000

Budget Request

The FY 2011 President's Budget request is $94.5 million, the same level of funding as the FY 2010 Appropriation. Of this amount, $84.3 million will support the Safe Schools/Healthy Students program, the same level of funding as the FY 2010 Appropriation. The number of students served will be 2,328,500. The remainder supports a prevention communication contract, support contracts, and evaluation contracts that facilitate the Safe Schools/Healthy Students activities.

Outcomes and Outputs

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

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2012 Target[4]	FY 2012 +/- FY 2011
3.2.04: Increase the number of children served *(Outcome)*	FY 2009: 3,154,305 (Target Exceeded)	2,328,500	2,328,500	2,328,500	Maintain
3.2.05: Decrease the percentage of **middle school** students who have been in a physical fight on school property[5] *(Outcome)*	FY 2009: 23.8% (Target Exceeded)	34%	34%	34%	Maintain
3.2.06: Decrease the percentage of **high school** students who have been in a physical fight on school property[6] *(Outcome)*	FY 2009: 16.1% (Target Exceeded)	23%	23%	23%	Maintain
3.2.07: Decrease the percentage of **middle school** students who report current substance use[7] *(Outcome)*	FY 2009: 13.3% (Target Exceeded)	13%	13%	13%	Maintain
3.2.08: Decrease the percentage of **high school** students who report current substance use[8] *(Outcome)*	FY 2009: 31.1% (Target Exceeded)	33%	33%	33%	Maintain
3.2.09: Increase the percentage of students attending school[9] *(Outcome)*	FY 2009: 94.5% (Target Exceeded)	N/A	N/A	N/A	N/A

[4] Since SAMHSA's grant awards are made late in the fiscal year, performance targets and results for any given fiscal year primarily reflect the outputs and outcomes associated with activities supported by funding from the prior fiscal year. Therefore, FY 2011 appropriated funding will be reflected in the targets set for FY 2012.

[5] Successful result is below target.

[6] Successful result is below target.

[7] Successful result is below target.

[8] Successful result is below target.

[9] Measure 3.2.09 will be retired from public reporting in FY 2010.

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2012 Target[4]	FY 2012 +/- FY 2011
3.2.10: Increase the percentage of students who receive mental health services *(Outcome)*	FY 2009: 74.4% (Target Exceeded)	66%	66%	66%	Maintain
3.2.21: Percentage of grantees that provided screening and/or assessments that is coordinated among two or more agencies or shared across agencies. *(Output)*	FY 2009: 73.9% (Target Exceeded)	69%	69%	69%	Maintain
3.2.22: Percentage of grantees that provide training of school personnel on mental health topics *(Output)*	FY 2009: 73.9% (Target Exceeded)	67%	67%	67%	Maintain

Grant Awards Table

(Whole Dollars)	FY 2009	FY 2010	FY 2011
Number of Awards	1	1	1
Average Award	$6,000,000	$6,000,000	$6,000,000
Range of Awards	$6,000,000	$6,000,000	$6,000,000

National Child Traumatic Stress Network

(Dollars in thousands)

	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget	FY 2011 +/- FY 2010
Budget Authority	$38,000	$40,800	$40,800	---

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

FY 2011 Authorization .....Expired

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

Program Description and Accomplishments

In FY 2001, Congress authorized the National Child Traumatic Stress Initiative (NCTSI) which is designed to improve treatment, services and interventions for children and adolescents exposed to traumatic events. The NCTSI funds a national network of grantees that collaborate to develop and promote effective community practices for children and adolescents exposed to a wide array of traumatic events. Domestic public and private nonprofit entities are eligible to apply for grants. Since its inception, the National Child Traumatic Stress Network (NCTSN) has expanded its reach across the country, with current grantees in twenty-nine States. Centers are located in or associated with a diverse group of organizations, such as universities, community mental health centers, children's hospitals, children's advocacy centers, State government agencies, schools, and refugee programs. NCTSI experts provide training and technical support on intervention approaches to reduce the traumatic effects of disasters on children/adolescents and their families in the immediate and longer term phases of disaster response. Since its inception, the NCTSN has provided training or education on child trauma to over 900,000 individuals; more than 95,000 people were trained in 2009 in nearly 3,000 annual training/education events. In FY 2009, 76 percent of children receiving services had improved outcomes (percent showing clinically significant improvement).

This program provided direct service to 25,143 children in FY 2009. NCTSI continues to impact the care of thousands of children in systems such as child welfare, schools, and juvenile justice through the training and consultation provided to these systems. Data on these children is not included in the number served. The program has implemented new output measures to track numbers trained as well as number of screenings and assessments for better overall management.

Funding History

FY	Amount
2006	$29,418,000
2007	$29,418,000
2008	$33,092,000
2009	$38,000,000
2010	$40,800,000

Budget Request

The FY 2011 President's Budget request is $40.8 million, the same level of funding as the FY 2010 Appropriation. The request will support 47 grant and one contract continuations and 15 new grants. With this level of funding, the percentage of children showing clinically significant improvement is expected to be 69 percent.

Outcomes and Outputs

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

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2012 Target[10]	FY 2012 +/- FY 2011
3.2.01: Increase the estimated number of children and adolescents receiving trauma-informed services[11] *(Outcome)*	FY 2009: 25,143 (Target Exceeded)	29,000	N/A	N/A	N/A
3.2.02: Improve children's outcomes (percent showing clinically significant improvement) *(Outcome)*	FY 2009: 76% (Target Exceeded)	69%	69%	69%	Maintain

[10] Since SAMHSA's grant awards are made late in the fiscal year, performance targets and results for any given fiscal year primarily reflect the outputs and outcomes associated with activities supported by funding from the prior fiscal year. Therefore, FY 2011 appropriated funding will be reflected in the targets set for FY 2012.

[11] Measure 3.2.01 will be retired from public reporting in FY 2010.

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2012 Target[10]	FY 2012 +/- FY 2011
3.2.03: Dollars spent per person served[12] [13] *(Efficiency)*	FY 2009: $1511 (Target Not Met)	$718	N/A	N/A	N/A
3.2.23: Increase the unduplicated count of the number of children and adolescents receiving trauma-informed services *(Outcome)*	FY 2009: 1,922 (Target Not Met but Improved)	3,217	3,217	3,217	Maintain
3.2.24: Increase the number of child-serving professionals trained in providing trauma-informed services. *(Outcome)*	FY 2009: 95,186 (Target Not Met but Improved)	100,800	100,800	100,800	Maintain

Grant Awards Table

(Whole Dollars)	FY 2009	FY 2010	FY 2011
Number of Awards	59	62	62
Average Award	$519,881	$541,113	$541,855
Range of Awards	$300,723-$5,000,000	$300,723-$5,000,000	$300,723-$5,000,000

[12] Successful result is below target.

[13] Measure 3.2.03 will be retired from public reporting in FY 2010.

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Homelessness Prevention Programs

(Dollars in thousands)

	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget	FY 2011 +/- FY 2010
Capacity	32,250	32,250	39,696	+7,446
Science And Service	2,306	2,306	2,306	0
Budget Authority	$34,556	$34,556	$42,002	+$7,446

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

FY 2011 Authorization ..... Expired

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

Program Description and Accomplishments

Nearly every homeless person with serious mental illness has been involved with local mental health care. By current estimates, as many as 700,000 Americans are homeless on any given night (National Law Center on Homelessness and Poverty, 1999). An estimated one-fourth of these people have serious mental illnesses, and more than one-half have an alcohol and/or drug problem (National Resource Center on Homelessness and Mental Illness, 2001). People who are homeless and have mental illnesses need a broad range of services. For many people in need of these services, the complexities of the "system," such as figuring out which agencies to contact, filling out numerous and complicated forms, making appointments, and arranging transportation, can prevent them from getting the help they need.

SAMHSA's Services in Supportive Housing program helps to prevent or reduce chronic homelessness by funding wrap-around services for individuals and families experiencing chronic homelessness in coordination with existing permanent supportive housing programs and resources. This innovative approach provides intensive individualized support services to people with serious psychiatric conditions and those with co-occurring mental and substance use disorders and linkages to housing resources. Research indicates that this combination of long-term housing and wrap-around services leads to improved residential stability and reductions in psychiatric symptoms (Shern, et al., 1994). This program provides individuals and families who experience chronic homelessness the appropriate services and treatment needed to stay housed in a permanent setting.

As of December 2009, the Services in Supportive Housing grantees have provided over 1000 persons with comprehensive and coordinated mental health and related services. More than half (54.8 percent) of the individuals served demonstrated improvement in behavioral functioning and represent an 65-85 percent reduction in the usage of high cost services such as hospitalizations and emergency room use. With the expansion of the Services in Supportive Housing Program in FY 2010, SAMHSA expects to triple the number of individuals provided supportive housing services and provide needed supports to their family members. Services in Supportive Housing

are comprehensive, seamless and focus on outreach and engagement, intensive case management, mental health and substance abuse treatment, as well as assistance in obtaining benefits.

Funding History

FY	Amount
2006	$12,094,000
2007	$11,097,000
2008	$13,405,000
2009	$34,556,000
2010	$34,556,000

Budget Request

The FY 2011 President's Budget request is $42.0 million, an increase of $7.4 million over the FY 2010 Appropriation. Additionally, SAMHSA will begin a new Homelessness Initiative program for a total of $15.8 million ($7.4 million in CMHS and $8.4 million in CSAT). These activities involve working with state and local jurisdictions and service providers to creatively direct appropriate services and supports to homeless individuals and families with the aim of preventing and reducing homelessness. Included in these activities is a robust collaboration with the Department of Housing and Urban Development. This collaboration will combine health, behavioral health and other support services to move and maintain chronically homeless individuals with mental and substance use disorders into permanent supportive housing.

Outcomes and Outputs

Table 4: Mental Health Services – Homelessness Programs[14]

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2012 Target[15]	FY 2012 +/- FY 2011
3.4.01: Increase the number of clients served *(Output)*	FY 2009: 878 (Target Not Met)	2,223	2,262	2,784	+522
3.4.02: Increase the percentage of adults receiving services who report improved functioning *(Outcome)*	FY 2009: 54.8 (Target Not Met)	68.4	68.4	68.4	Maintain

[14] Prior to FY 2010 President's Budget, Homelessness data was reported in the CMHS Other Capacity table

[15] Since SAMHSA's grant awards are made late in the fiscal year, performance targets and results for any given fiscal year primarily reflect the outputs and outcomes associated with activities supported by funding from the prior fiscal year. Therefore, FY 2011 appropriated funding will be reflected in the targets set for FY 2012.

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2012 Target[15]	FY 2012 +/- FY 2011
3.4.03: Increase the percentage of adults receiving services who were currently employed *(Outcome)*	FY 2009: 9.1 (Target Not Met)	15.6	15.6	15.6	Maintain
3.4.04: Increase the percentage of adults receiving services who had no/reduced involvement with the criminal justice system *(Outcome)*	FY 2009: 97.5 (Target Not Met)	98.2	98.2	98.2	Maintain
3.4.05: Increase the percentage of adults receiving services who had a permanent place to live in the community *(Outcome)*	FY 2009: 74.2 (Target Exceeded)	60.6	60.6	60.6	Maintain
3.4.06: Increase the percentage of adults receiving services who had improved social support *(Outcome)*	FY 2009: 70 (Target Not Met)	78	78	78	Maintain
3.4.07: Increase the percentage of adults receiving services who report positively about perception of care *(Outcome)*	FY 2009: 94.5 (Target Not Met)	96.1	96.1	96.1	Maintain

Grant Awards Table

(Whole Dollars)	FY 2009	FY 2010	FY 2011
Number of Awards	63	61	74
Average Award	$382,810	$382,016	$400,122
Range of Awards	$126,720-$434,200	$126,720-$434,200	$126,720-$434,200

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Other Capacity Activities

(Dollars in thousands)

	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget	FY 2011 +/- FY 2010
Co-Occurring State Incentive Grant	$3,069	$2,168	$3,611	+$1,443
Seclusion & Restraint	2,449	2,449	2,449	0
Children and Family Programs	9,194	9,194	9,194	0
Perf. Mgmt & Coordination Activities	3,692	3,166	3,530	+364
Consumer and Family Network Grants	6,236	6,236	6,436	+200
Statewide Consumer Network (non-add)	*2,531*	*2,531*	*2,731*	*+200*
MH System Trans. & Health Reform	29,001	29,106	30,924	+1,818
Project LAUNCH	20,000	25,000	27,000	+2,000
PBHCI	6,998	14,000	14,000	0
CRRI	0	5,000	5,000	0
Older Adult Programs	4,814	4,814	4,814	0
Minority AIDS	9,282	9,283	9,283	0
Criminal and Juvenile Justice Programs	6,683	6,684	6,684	0
Congressional Projects	8,636	5,975	0	-5,975
Budget Authority	$110,054	$123,075	$122,925	-$150

Authorizing Legislation .....Sections 516, 520A and 520G of the Public Health Service Act

FY 2011 Authorization .....Expired

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

Program Description and Accomplishments

SAMHSA's Center for Mental Health Services provides national leadership to ensure the application of scientifically established findings and practice-based knowledge in the prevention and treatment of mental disorders; to improve access, reduce barriers, and promote high-quality effective programs and services for people with, or at risk for these disorders, as well as for their families and communities; and to promote an improved state of mental health within the Nation, as well as the recovery of people with mental disorders. SAMHSA pursues its mission by helping States and communities improve and increase the quality and range of their treatment, rehabilitation, and support services for people with mental illness, their families, and communities.

The Mental Health Programs of Regional and National Significance (PRNS) Capacity activities discussed in this section include Primary Care and Behavioral Health Care Integration, Project LAUNCH, Consumer and Family Network Grants, Performance Management and Coordination, Minority AIDS, Mental Health System Transformation and Health Reform, and Criminal Justice. The new Mental Health and Substance Abuse SBIRT Initiative in FY 2011 are also discussed.

Project LAUNCH Wellness Initiative

According to the Institute of Medicine's (IOM) 2009 Study, "Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Program and Possibilities," our nation's approach to substance abuse and mental health disorders had largely been to "wait to act until a disorder is well-established and had already done considerable harm" in spite of the fact that there are many prevention strategies that have been shown to be effective. The result is a patchwork that does not perform as an integrated system and fails to serve the needs of many young people and their families.

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

In FY 2011 SAMHSA proposes Project LAUNCH Plus, a new grant program to be jointly managed by the Center for Substance Abuse Prevention (CSAP) and the Center for Mental Health Services (CMHS). The purpose of this initiative is to assist communities in developing and implementing effective mental illness and substance abuse prevention and behavioral health promotion practices, strategies, and policies that will promote the wellness of individuals aged 0-8 and the communities in which they live. The program builds on and expands SAMHSA's original Project LAUNCH program by combining both mental illness and substance abuse prevention services into one program. Scientific evidence demonstrates that a common set of risk and protective factors contributes to a range of mental, physical, and behavioral problems, including substance abuse and other unhealthy behaviors. Thus, comprehensive individual and community based interventions targeting early risk factors and promoting protective factors can prevent substance abuse and some mental illnesses as well as other negative outcomes. The goals of the initiative are to improve community and individual level wellness, and health promotion outcomes. Performance measures will be collected at both the community and individual level. Measures will include population-based indicators of community wellness, and at an individual level will include measures of positive mental health, absence from substance abuse, and improved academic achievement.

Under this program, grantee communities will utilize epidemiologically-based needs assessment approaches to identify their predominant substance abuse prevention and mental health issue(s), and will select and implement evidence-based strategies to target the identified risk and protective factors contributing to these issues. Evidence-based strategies may include individual-

and family-focused prevention programs and practices, environmental strategies, community-wide public education campaigns, school-based curricula, and parenting, social, and life skills training. Grantees will collaborate with appropriate service providers for ages 0-8 to ensure the utilization of best practices for universal, selective, and indicated populations.

This Initiative is creative in four significant ways. First, building on the SAMHSA Project LAUNCH model, it requires communities to address substance abuse and mental health issues concurrently rather than separately. Second, it is based on a public health model that focuses on health promotion for the general population, disease prevention, and the related delivery of evidence-based prevention services. Third, it actively addresses the needs of children and will support their involvement in evidence-based prevention. Finally, a rigorous evaluation will be conducted, in coordination with the National Institute of Drug Abuse.

Primary and Behavioral Health Care Integration

In 2009 SAMHSA initiated the Primary and Behavioral Health Care Integration (PBHCI) Program and funded 13 Primary and Behavioral Health Care Integration grants. PBHCI grantees are expected to begin providing primary care services to their consumers with serious mental illness in February 2010, and are currently engaged in a variety of activities including hiring staff, developing electronic health record systems, developing data collection systems, and training staff on various issues related to PBHCI. Physical health problems among people with mental illnesses impacts quality of life and contributes to premature deaths – people with mental illnesses live 25 years less than average Americans. This grant program will provide people in need with better access to screening, and care management – including wellness programs encouraging more physical activity (exercise), better nutrition, smoking cessation, and help with medications. By building the necessary partnerships grantees will expand their offerings of primary healthcare services for people with mental illnesses, resulting in improved health status.

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

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

issues including chronic diseases; enhanced capacity to holistically serve those with mental and/or substance use disorders; and better overall health status of clients.

SAMHSA is collaborating with the Assistant Secretary for Planning and Evaluation (ASPE) at HHS on an evaluation for this program. The initial grantee meeting for Year 1 is expected to occur in late April 2010. All grant and contract continuations for the PBHCI program will be fully funded in FY 2011.

Community Resilience and Recovery Initiative

In 2010 SAMHSA will initiate the Community Resilience and Recovery Initiative (CRRI) grant program and plans to award up to five grants (total of $5 million per year) over the next four years to support this initiative. This place-based initiative seeks to support evidence-based early interventions to address behavioral health problems, such as increased substance and alcohol use, family violence and increased incidence of mental health problems for individuals and communities experiencing heightened levels of stress, anxiety, and grief related to the economic downturn. This initiative will place a special focus on communities facing significant increases in unemployment.

Consumer and Family Network Grants

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

The Statewide Consumer Network program focuses on the needs of adult mental health consumers ages 18 and older by strengthening the capabilities of statewide consumer-run organizations to be catalysts for transforming the mental health and related systems in their State; thereby ensuring a focus on consumer recovery and resilience. It establishes sustainable mechanisms for integrating the consumer voice in state mental health and allied systems to expand service system capacity and support policy and program development. The program promotes skill development with an emphasis on leadership and business management, as well as coalition/ partnership building and economic empowerment as part of the recovery process for consumers.

During FY 2004-2007, grantees improved community services, developed tele-health education and other on-line supports, conducted leadership academies for over 500 consumers and sustained involvement in policy, planning and service delivery decision-making roles. SAMHSA anticipates funding 19 additional Statewide Consumer Network grants in FY 2010. The new funding opportunity seeks to address the needs of underserved and under-represented consumers; of consumers with histories of trauma, veterans, or those who have been involved in the criminal justice system; and/or to promote activities related to partnership development, coalition building, legacy planning, and economic empowerment as part of the recovery process for consumers.

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

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

Co-Occurring State Incentive Grant

The Co-Occurring State Incentive Grant program, jointly administered with CSAT, develops and enhances the infrastructure and increases grantee capacity to provide comprehensive, coordinated/integrated, and evidence-based treatment services to persons with co-occurring mental health and substance abuse disorders. It is estimated that 5.4 million adults in the U.S. are affected by co-occurring mental and substance abuse disorders (2007 National Survey on Drug Use and Health). All contract continuations will be fully funded in FY 2011.

Performance Management and Coordination Activities (formerly Mental Health System Transformation)

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

Mental Health System Transformation and Health Reform (formerly Mental Health Transformation State Incentive Grants)

SAMHSA supports the President's efforts to reform health care by engaging in activities that support the transformation of the mental health system. These include the Mental Health System

Transformation Grants, the Transformation Transfer Initiative and the Mental Health/Substance Abuse Screening, Brief Intervention and Referral to Treatment program.

The FY 2010 Mental Health System Transformation Grant (formerly Mental Health State Incentive Grants) awards will promote the adoption and implementation of permanent transformative changes in how communities manage and deliver mental health services. In an effort to reach a larger number of communities, the FY 2010 the Mental Health Systems Transformation grant awards will be smaller than the earlier grant awards and leverage existing infrastructures to accelerate capacities to address critical system and capacity reform needs in their respective communities. The new grants will allow counties and local communities flexibility to expand their treatment capacity and identify emerging treatment needs, especially those emerging in the context of the economic downturn. Necessary changes to policies and organizational structures to support improved mental health services will also be supported along with workforce training, implementation of evidence-based practices, and improving access to quality mental health services.

The Transformation Transfer Initiative supports efforts to improve the capacity and effectiveness of mental health systems that foster recovery and meet the multiple needs of consumers. It explores new ways of getting mental health care services to everyone in need - a critical public health challenge. For example, according to the latest National Survey on Drug Use and Health, in 2008 there were 10.6 million adults aged 18 or older who reported an unmet need for mental health care in the past year. This included 5.1 million adults who did not receive any mental health services in the past year. The Transformation Transfer Initiative implements a number of innovative approaches to meeting these mental health challenges, including comprehensive peer support services for adults and youth, enhancing juvenile forensic mental health services and developing strategic plans to address the continuing needs of individuals with mental illnesses and co-occurring substance abuse disorders.

Minority AIDS

The purpose of the Minority AIDS program is to enhance and expand the provision of effective, culturally competent HIV/AIDS-related mental health services in minority communities for persons living with HIV/AIDS and having a mental health need. The Centers for Disease Control and Prevention (CDC) reports significantly higher rates of HIV/AIDS among people of color. Blacks accounted for 51 percent and Hispanics accounted for 18 percent of all HIV/AIDS cases diagnosed in 2007 in the 34 states with name-based reporting (CDC, 2009). Psychiatric and psychosocial complications frequently are not diagnosed or addressed either at the time of diagnosis or through the course of the HIV/AIDS disease process. When untreated, these complications are associated with increased morbidity and mortality, impaired quality of life, and numerous medical and/or behavioral challenges, such as non-adherence with the treatment regimen. Eligible applicants are domestic public and private nonprofit entities. All grant and contract continuations will be fully funded in FY 2011.

Criminal and Juvenile Justice Programs

Since 2002, SAMHSA has administered the Jail Diversion Program for Adults involved in the Criminal Justice System and has awarded grants to 40 States and communities. The purpose of this Initiative is to divert individuals with mental illness from the criminal justice system to more appropriate, community-based treatment and recovery support related services including primary health care, housing, and job counseling/placement. In 2008, the jail diversion program expanded focus to include individuals with trauma related mental disorders in an effort to reach the growing number of individuals with post-traumatic stress disorder in the criminal justice system, with a specific priority for veterans. The program also limited eligibility to states to pilot local diversion programs and replicate them statewide.

Grantees have conducted over 79,000 screenings and diverted over 3,300 persons with mental illness from jail to community services. Data from the 2008 National Survey on Drug Use and Health show that there were 10.6 million adults aged 18 or older who reported an unmet need for mental health care in the past year. This included 5.1 million adults who did not receive any mental health services in the past year. In addition, 2008 NSDUH data show that of the 2.5 million Americans with co-occurring Serious Mental Illness and substance abuse disorder, over one third (39.5%) of these adults received no treatment at all. Nineteen of the 24 earliest grantees continue their programs after SAMHSA funding ends. All grant and contract continuations for Criminal and Juvenile Justice Programs will be fully funded in FY 2011.

Funding History

FY	Amount
2006	$75,765,000
2007	$72,992,000
2008	$90,157,000
2009	$110,054,000
2010	$123,075,000

Budget Request

The FY 2011 President's Budget request is $122.9 million, a decrease of $0.2 million from the FY 2010 Appropriation. The budget includes reductions in contract costs for efficiencies and process improvements as well as eliminates congressional projects. The request will support the expansion of the CSAT Screening, Brief Intervention and Referral to Treatment to include mental health in the amount of $4.0 million. The combined Mental Health/Substance Abuse SBIRT program with CSAT will serve approximately 58,456 clients.

The proposed Mental Health/Substance Abuse SBIRT will reach individuals not likely to seek, but are in need of substance abuse and mental health services in communities. Data from the 2008 National Survey on Drug Use and Health (NSDUH) show that the prevalence of past 30-day serious psychological distress among adults aged 18 and older was 10.2 million, representing 4.5 percent of all U.S. adults. In addition, the NSDUH found that there were 10.6 million adults aged 18 and older who reported an unmet need for mental health care in the past year. In 2008,

approximately 40 percent of adults with co-occurring substance use and mental health disorders received no treatment at all.

The 2011 President's Budget request will also support $36.683 million for Project LAUNCH, an increase of $11.683 million above FY 2010 Appropriation (+$2 million in CMHS and +$9.683 million in CSAP). The new joint initiative ($11.683 million) between CMHS and CSAP will support approximately 20 new Project LAUNCH Plus grants to communities, approximately $0.7 million contract for evaluation, and a $1.183 million contract for technical assistance. The Initiative will support cooperative agreements of approximately $500,000 per year.

Outcomes and Outputs

Table 5: Key Performance Indicators for Co-Occurring State incentive Grant

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2012 Target[16]	FY 2012 +/- FY 2011
1.2.17: Increase the number of persons with co-occurring disorders served *(Output)*	FY 2009: 94,034 (Target Not Met)	103,679	103,679	124,524	+20,845
1.2.18: Increase the percentage of treatment programs that **screen** for co-occurring disorders *(Outcome)*	FY 2009: 29% (Target Not Met)	68%	68%	68%	Maintain
1.2.19: Increase the percentage of treatment programs that **assess** for co-occurring disorders *(Outcome)*	FY 2009: 17% (Target Not Met)	32%	32%	32%	Maintain
1.2.20: Increase the percentage of treatment programs that **treat** co-occurring disorders through collaborative, consultative, and integrated models of care *(Outcome)*	FY 2009: 6% (Target Not Met)	53%	53%	53%	Maintain

[16] Since SAMHSA's grant awards are made late in the fiscal year, performance targets and results for any given fiscal year primarily reflect the outputs and outcomes associated with activities supported by funding from the prior fiscal year. Therefore, FY 2011 appropriated funding will be reflected in the targets set for FY 2012.

Table 6: Mental Health System Transformation Grants (formerly MHT SIG)[17]

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2012 Target[18]	FY 2012 +/- FY 2011
1.2.10: Increase the number of policy changes completed as a consequence of the Comprehensive Mental Health Plan (CMHP) *(Output)*	FY 2009: 191 (Target Exceeded)	29	2	103	+101
1.2.11: Number of persons in the mental health care and related workforce who have been trained in service improvements recommended by the CMHP *(Outcome)*	FY 2009: 52,748 (Target Exceeded)	16,557	746	4,095	+3,349
1.2.12: Increase the number of financing policy changes completed as a consequence of the CMHP *(Output)*	FY 2009: 47 (Target Exceeded)	19	0	54	+54
1.2.13: Increase the number of organizational changes completed as a consequence of the CMHP *(Output)*	FY 2009: 148 (Target Not Met but Improved)	64	0	159	+159
1.2.14: Increase the number of organizations that regularly obtain and analyze data relevant to the goals of the CMHP *(Output)*	FY 2009: 6841 (Target Exceeded)	794	0	46	+46
1.2.15: Increase the number of consumers and family members that are members of Statewide consumer- and family-run networks *(Outcome)*	FY 2009: 82,113 (Target Exceeded)	3,510	0	5,784	+5,784
1.2.16: Increase the number of programs implementing practices consistent with the CMHP *(Outcome)*	FY 2009: 1,256 (Target Exceeded)	1,227	0	219	+219

[17] FY 2011 targets drop off due to grants coming to a natural end.

[18] Since SAMHSA's grant awards are made late in the fiscal year, performance targets and results for any given fiscal year primarily reflect the outputs and outcomes associated with activities supported by funding from the prior fiscal year. Therefore, FY 2011 appropriated funding will be reflected in the targets set for FY 2012.

Table 7: Performance Indicators for Mental Health Programs of Regional and National Significance - Other Mental Health Capacity Activities[19]

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2012 Target[20]	FY 2012 +/- FY 2011
1.2.03: Rate of consumers reporting positively about perception of care (program participants)[21] *(Outcome)*	FY 2009: 95.2% (Target Not Met but Improved)	98%	98%	98%	Maintain
1.2.05: Increase the percentage of clients receiving services who report improved functioning *(Outcome)*	FY 2009: 52.8% (Target Not Met but Improved)	54%	54%	54%	Maintain
1.2.06: Number of evidence based practices (EBPs) implemented *(Output)*	FY 2008: 4.2 per State (Target Exceeded)	4.1 per State	4.2 per State	4.2 per State	Maintain
1.2.08: Number of Adults: percentage of population coverage for each (reported as percentage of service population receiving any evidence based practice) *(Output)*	FY 2008: 8% (Target Not Met)	10.5%	10.5%	10.5%	Maintain
1.2.09: Number of Children: percentage of population coverage for each (reported as percentage of service population receiving any evidence based practice) *(Output)*	FY 2008: 3% (Target Not Met)	3.5%	3.5%	3.5%	Maintain

[19] Prior to 2008, includes Jail Diversion, Older Adults, HIV/AIDS, and Services in Supportive Housing programs. Beginning in 2009, data from Services in Supportive Housing will be reported under Homelessness Activities

[20] Since SAMHSA's grant awards are made late in the fiscal year, performance targets and results for any given fiscal year primarily reflect the outputs and outcomes associated with activities supported by funding from the prior fiscal year. Therefore, FY 2011 appropriated funding will be reflected in the targets set for FY 2012.

[21] Measure has been changed with OMB approval from Rate of consumers/family members reporting positively about outcomes (program participants). CMHS dropped measure 1.2.04 and change measure 1.2.03 to "Rate of consumers reporting positively about perception of care."

Table 8: Mental Health/Substance Abuse Screening, Brief Intervention, and Referral to Treatment

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2012 Target[22]	FY 2012 +/- FY 2011
Increase the number of individuals screened for mental disorders (including PTSD) and substance use disorders	N/A	N/A	N/A	58,456	+58,456
Increase the number of individuals receiving a brief intervention for MH and/or SUD	N/A	N/A	N/A	9,998	+9,998
Increase number of individuals assessed and referred for specialty MH and/or SA treatment	N/A	N/A	N/A	2,449	+2,449
Increase the percentage of individuals receiving mental health and/or substance abuse treatment services who report improved functioning	N/A	N/A	N/A	47%	+47%

Grant Awards Table

(Whole Dollars)	FY 2009	FY 2010	FY 2011
Number of Awards	223	236	223
Average Award	$388,350	$396,665	$404,883
Range of Awards	$60,000-$2,730,000	$60,000-$2,730,000	$60,000-$2,730,000

[22] Since SAMHSA's grant awards are made late in the fiscal year, performance targets and results for any given fiscal year primarily reflect the outputs and outcomes associated with activities supported by funding from the prior fiscal year. Therefore, FY 2011 appropriated funding will be reflected in the targets set for FY 2012.

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Science and Service Activities

(Dollars in thousands)

	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget	FY 2011 +/- FY 2010
Information Dissemination and Training	$8,689	$9,001	$8,528	-$473
NREPP	544	544	544	0
SAMHSA Health Information Network	1,920	2,673	2,644	-29
Consumer & Cons. Support TA Centers……..	1,927	1,927	1,927	0
Minority Fellowship Program	4,083	4,279	4,279	0
Disaster Response	1,054	1,054	1,054	0
HIV/AIDS Education	973	974	774	-200
Budget Authority	$19,190	$20,452	$19,750	-$702

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

FY 2011 Authorization……..Expired

Allocation Method……Competitive Grants/Contracts/Cooperative Agreements

Program Description and Accomplishments

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

Information Dissemination and Training (formerly Mental Health System Transformation Activities)

SAMHSA addresses the need for disseminating key information such as best-practices and evidence base to the mental health delivery system and achieving health care reform by engaging in activities that support the mental health system transformation and reform. These activities include the new Health Information Technology program, Anti-Stigma Campaign, the Elimination of Mental Health Disparities Program, and the Mental Health System Transformation and Reform Web Portal.

National Registry of Evidence-based Programs and Practices

The National Registry of Evidence-based Programs and Practices (NREPP) is a searchable online registry of mental health and substance abuse interventions that have been reviewed and

rated by independent reviewers. The purpose of this registry is to assist the public in identifying approaches to preventing and treating mental and/or substance use disorders that have been scientifically tested and that can be readily disseminated to the field. NREPP is one way that SAMHSA is working to improve access to information on tested interventions and thereby reduce the lag time between the creation of scientific knowledge and its practical application in the field. SAMHSA has developed this resource to help people, agencies, and organizations implement programs and practices in their communities.

After an extensive period of redesign, the new NREPP system and Web site was launched in March 2007. Information on over 150 interventions is currently available, and new intervention summaries (approximately three to five per month) are continually being added as reviews are completed. The registry is expected to grow to a large number of interventions over the coming months and years. Moreover, additional interventions to address service needs are submitted for review each year in response to an annual Federal Register notice.

SAMHSA Health Information Network

SAMHSA's Health Information Network (SHIN), initiated in 2005, combines the National Clearinghouse for Alcohol and Drug Information (NCADI) and the National Mental Health Information Center (NMHIC) to provide a one-stop, quick access point that connects the behavioral health workforce and the general public to the latest information on the prevention and treatment of mental and substance abuse disorders. SHIN leverages knowledge management technology to create an integrated, customer-centric health information network that provides a suite of information services to help SAMHSA discern and meet the needs of its customers. This knowledge management project has allowed SAMHSA to merge the NCADI and NMHIC back-end infrastructures, contact centers, and warehouses; reengineer the Contact Center communications architecture to serve customers faster and with fewer staff; streamline and unify data collection; and establish dashboard reporting on inventory and customer inquiries. The current contract will end in FY 2010, and a new contract will begin in FY 2011. SAMHSA is currently reviewing options for that contract, including potential use of emerging technologies to gain efficiencies and redirect resources into product development and other priority programmatic needs.

SHIN provides critical knowledge dissemination support for SAMHSA, including hard copy and electronic dissemination of materials on suicide prevention, stigma reduction and women's mental health. In particular, information about SAMHSA's Suicide Prevention Lifeline (such as the wallet card, magnet, and brochure) is disseminated in multiple languages through SHIN. SAMHSA's evidence-based practice tool kits on mental health services are also disseminated through SHIN. The majority of mental health-related inquiries are received from individuals seeking help for themselves, a family member or a friend, or from treatment professionals or facilities. SHIN also supports exhibits at several major mental health conferences.

SAMHSA has established two new performance measures for the SHIN to reflect the substantial and increasing role in knowledge product dissemination of the SHIN. SAMHSA will continue to refine and update its performance measures over the coming year, as it moves forward with developing the necessary taxonomy and IT infrastructure to support these measures. In 2009, the

most recent year for which data are available, SHIN disseminated 16,360,389 knowledge products to the field.

HIV/AIDS Education

The Mental Health Care Provider Education in HIV/AIDS Program disseminates knowledge and training on the treatment of the neuropsychiatric and psychological sequelae of HIV/AIDS. Untreated and unidentified neuropsychiatric and mental health complications related to HIV/AIDS lead to more serious problems, delayed care, non-adherence to care, impaired quality of life and increased morbidity and mortality. In FY 2009 approximately 3,322 front line providers were trained (face-to-face) with the Mental Health Care Provider Education in HIV/AIDS Program, including psychiatrists, psychologists, social workers, care managers, nurses, primary care practitioners, and medical students, as well as clergy, and other workers in the mental health arena. Over 17,000 Web-Ed trainings were accessed since July 2006 as internet applications expand the work. The evolution of treatment and prevention strategies requires the increasingly professionally informed participation of HIV-related mental health providers.

Funding History

FY	Amount
2006	$20,972,000
2007	$19,410,000
2008	$20,395,000
2009	$19,190,000
2010	$20,452,000

Budget Request

The FY 2011 President's Budget request is $19.8 million, a decrease of $0.7 million from the FY 2010 Appropriation. The budget includes reductions in contract costs for efficiencies and process improvements. The request will fully support all grant and contract continuations.

Outcomes and Outputs

Table 9: Key Performance Indicators for Mental Health Programs of Regional and National Significance - Science and Service Activities[23,24]

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2012 Target[25]	FY 2012 +/- FY 2011
1.4.06: Number of people trained by CMHS Science and Service Programs *(Output)*	FY 2009: 3,534 (Target Not Met)	4,237	4,237	4,237	Maintain
1.4.07: Percentage of those trained by the program who report they were very satisfied with training *(Output)*	FY 2009: 81.4% (Target Exceeded)	80%	80%	80%	Maintain

Grant Awards Table

(Whole Dollars)	FY 2009	FY 2010	FY 2011
Number of Awards	16	16	16
Average Award	$359,938	$357,750	$358,250
Range of Awards	$34,900-$659,334	$34,900-$659,334	$34,900-$659,334

[23] Prior to 2008, includes HIV/AIDS education and Historically Black Colleges and Universities National Resource Center for Substance Abuse and Mental Health. Beginning in 2009, data from Services in Supportive Housing will be reported under Homelessness Activities.

[24] In the FY 2010 President's Budget it was erroneously noted that Statewide Family/Consumer TA Center contributed to the Science and Services measures. This is not the case and thus has been removed from the list of participating programs.

[25] Since SAMHSA's grant awards are made late in the fiscal year, performance targets and results for any given fiscal year primarily reflect the outputs and outcomes associated with activities supported by funding from the prior fiscal year. Therefore, FY 2011 appropriated funding will be reflected in the targets set for FY 2012.

Children's Mental Health Services Program

(Dollars in thousands)

	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget	FY 2011 +/- FY 2010
Budget Authority	$108,373	$121,316	$126,214	+$4,898

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

FY 2011 Authorization .....Expired

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

Program Description and Accomplishments

The Children's Mental Health Services Program was first authorized in 1992. The program supports the development of comprehensive, community-based systems of care for children and adolescents with serious emotional disorders and their families. Systems of Care is an approach to the delivery of services that recognizes the importance of family, school and community, and seeks to promote the full potential of every child and youth by addressing their physical, emotional, intellectual, cultural and social needs. Accordingly, a system of care is a coordinated network of community-based services and supports that are organized to meet the challenges of children and youth with serious mental health needs and their families.

Since 1993, the program has funded 164 grantees across the country; serving 95,884 children, and adolescents and their families. Grants are funded for a total of six years, with an increasing non-Federal match requirement over the term of the award. The match requirement is intended to promote sustainability of the local systems of care beyond the grant period. Sixty-four percent of system of care communities sustained five years post-Federal funding.

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

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

A hallmark of this program is that youth and families partner with providers and policy makers in service delivery and system reform planning and decision-making. In addition to the substantial roles children, youth, and families play in the care they receive, services are delivered

in the least restrictive environment with evidence-based treatments and interventions. Care management ensures that planned services and supports are delivered appropriately and effectively.

Funding History

FY	Amount
2006	$104,006,000
2007	$104,078,000
2008	$102,260,000
2009	$108,373,000
2010	$121,316,000

Budget Request

The FY 2011 President's Budget request is $126.2 million, an increase of $4.9 million over the FY 2010 Appropriation. The budget will serve an additional 527 children, a four percent increase. In 2010, a new cohort of approximately six grants will be awarded.

Outcomes and Outputs

Table 10: Key Performance Indicators for Children's Mental Health Services

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2012 Target[26]	FY 2012 +/- FY 2011
3.2.12: Increase percentage of children attending school 80% or more of time after 12 months[27] *(Outcome)*	FY 2009: 89.2% (Target Exceeded)	86.3%	86.3%	86.3%	Maintain
3.2.13: Increase percentage with no law enforcement contacts at 6 months *(Outcome)*	FY 2009: 68.9% (Target Not Met)	71.7%	71.7%	71.7%	Maintain

[26] Since SAMHSA's grant awards are made late in the fiscal year, performance targets and results for any given fiscal year primarily reflect the outputs and outcomes associated with activities supported by funding from the prior fiscal year. Therefore, adjustments to FY 2011 funding will be reflected in the targets set for FY 2012.

[27] This measure has been slightly revised. It was previously reported as "75% or more of the time." However, the measure has been calculated using an 80% threshold since 2004. Therefore, this revision brings the measure text in line with the calculation.

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2012 Target[26]	FY 2012 +/- FY 2011
3.2.14: Decrease average days of inpatient facilities among children served in systems of care at 6 months[28] *(Outcome)*	FY 2009: -0.12 (Target Not Met)	-2	-2	-2	Maintain
3.2.16: Increase number of children receiving services *(Output)*	FY 2009: 10,762 (Target Not Met)	13,051	13,051	13,578	+527
3.2.17: Increase total savings for in-hospital patient care costs per 1,000 children served [29] *(Efficiency)*	FY 2009: $160,000 (Target Not Met)	$2,376,000	$2,376,000	$2,376,000	Maintain

Grant Awards Table

(Whole Dollars)	FY 2009	FY 2010	FY 2011
Number of Awards	71	73	67
Average Award	$1,186,338	$1,314,274	$1,495,866
Range of Awards	$330,000-$2,000,000	$330,000-$2,000,000	$330,000-$2,000,000

[28] Successful result is below target. For example, FY 2007 the target was -2. To have achieved the target, the program would need a smaller number (i.e. -2.5 or -3).

[29] Wording for this measure has changed slightly to make the measure more clear.

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Protection and Advocacy for Individuals with Mental Illness (PAIMI)

(Dollars in thousands)

	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget	FY 2011 +/- FY 2010
Budget Authority	$35,880	$36,380	$36,380	---

Authorizing Legislation……...…….…….Section 102 of the PAIMI Act

FY 2011 Authorization……..……Expired

Allocation Method…….…….Formula Grant

Program Description and Accomplishments

The Protection and Advocacy for Individuals with Mental Illness Program (PAIMI) provides formula grant awards to support protection and advocacy systems designated by the governor of each State and the Territories, and the Mayor of the District of Columbia. State protection and advocacy systems monitor facility compliance with respect to the rights of individuals through activities that ensure the enforcement of the Constitution and Federal and State laws. State protection and advocacy systems monitor public and private residential care and treatment facilities and non-medical community-based facilities for children and youth. The President's Budget will support 57 grants to States and Territories. An independent evaluation of the program was completed in FY 2009 which confirmed that PAIMI programs provide those with psychiatric disability a voice in the exercise of their rights and are highly successful in achieving client and system goals and objectives.

In 2008, the PAIMI program:

- Provided casework to 4,425 children and adolescents and 13,043 adults and elderly individuals with mental illness;
- Closed 14,772 cases, of which 4,271 were related to abuse, 2,860 to neglect, and 7,641 to a violation of individual rights;
- Resolved 87 percent of alleged abuse cases, 84 percent of alleged neglect cases, and 89 percent of alleged rights violations cases that resulted in positive change for the client in her/his environment, community, or facility.

The FY 2011 funding will serve over 22,000 persons in FY 2012, drawing upon a marginal cost analysis conducted for this program (which estimated an average cost per complaint resolved successfully in FY 2009 of $3,164). For complaints of alleged abuse that resulted in positive change for the client in her or his environment, community, or facility as a result of PAIMI involvement, the outcome has improved each year from 78% in FY 2005 to 87% in FY 2008.

The PAIMI program underwent a performance assessment in 2005. The assessment cited the fact that the program serves a clear need and is reporting positive outcomes as strong attributes

of the program. As a result of the performance assessment, the program has provided grantees with guidelines as to how to calculate the number of PAIMI-eligible individuals impacted; has provided technical assistance on the right to access facilities, consumers, and information through the National Disability Rights Network; and is conducting an evaluation of the program. This program is one of eight protection and advocacy (P&A) programs housed in three Federal departments. The different reporting and evaluation requirements translate into a significant paperwork burden for recipients. To help remedy this problem, HHS, along with the Department of Education and the Social Security Administration, is committed to improving federal program coordination related to the monitoring and evaluating of these programs.

Funding History

FY	Amount
2006	$34,000,000
2007	$34,000,000
2008	$34,880,000
2009	$35,880,000
2010	$36,380,000

Data Elements Used to Calculate FY 2011 Allotments

Population: July 1, 2008 Population Estimates (all ages combined) from U.S. Census Bureau.

Income: 2008 Per Capita Income from Department of Commerce/Bureau of Economic Analysis.

Budget Request

The FY 2011 President's Budget request is $36.4 million, the same level as the FY 2010 Appropriation. The request will support 57 grants to States and Territories. State allotments reflect changes in the population estimates and per capita income over the prior year.

Outcomes and Outputs

Table 11: Key Performance Indicators for Protection and Advocacy

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2012 Target[30]	FY 2012 +/- FY 2011
3.4.08: Increase percentage of complaints of alleged **abuse** not withdrawn by the client that resulted in positive change for the client in her/his environment, community, or facility, as result of PAIMI involvement *(Outcome)*	FY 2008: 87% (Target Exceeded)	84%	84%	84%	Maintain
3.4.09: Increase percentage of complaints of alleged **neglect** substantiated not withdrawn by the client that resulted in positive change for the client in her/his environment, community, or facility, as a result of PAIMI involvement *(Outcome)*	FY 2008: 84% (Target Not Met)	88%	88%	88%	Maintain
3.4.10: Increase percentage of complaints of alleged **rights violations** substantiated and not withdrawn by the client that resulted in positive change through the restoration of client rights, expansion or maintenance of personal decision-making, or elimination of other barriers to personal decision-making, as a result of PAIMI involvement *(Outcome)*	FY 2008: 89% (Target Not Met but Improved)	90%	90%	90%	Maintain
3.4.11: Percent of interventions on behalf of groups of PAIMI-eligible individuals that were concluded successfully *(Outcome)*	FY 2008: 97% (Target Exceeded)	97%	97%	97%	Maintain
3.4.12: Increase in the number of people served by the PAIMI program *(Outcome)*	FY 2008: 17,468 (Target Not Met)	22,325	22,325	22,325	Maintain

[30] Since SAMHSA's grant awards are made late in the fiscal year, performance targets and results for any given fiscal year primarily reflect the outputs and outcomes associated with activities supported by funding from the prior fiscal year. Therefore, adjustments to FY 2011 funding will be reflected in the targets set for FY 2012.

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2012 Target[30]	FY 2012 +/- FY 2011
3.4.13: Ratio of persons served/impacted per activity/intervention *(Outcome)*	FY 2008: 1177 (Target Exceeded)	430	430	430	Maintain
3.4.14: Cost per 1,000 individuals served/impacted [31] *(Efficiency)*	FY 2008: $1,886 (Target Exceeded)	$1,950	$1,950	$1,950	Maintain
3.4.19: The number attending public education/constituency training and public awareness activities *(Output)*	FY 2008: 83,070 (Target Not Met)	120,000	120,000	120,000	Maintain

[31] Successful result is below target.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
FY 2011 DISCRETIONARY STATE/FORMULA GRANTS
Protection and Advocacy for Individuals with Mental Illness (PAIMI)
CFDA # 93.138

STATE/TERRITORY	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 Pres. Budget	+/- FY 2010
Alabama	$447,513	$453,033	$451,210	-$1,823
Alaska	424,900	430,800	430,800	0
Arizona	588,922	615,499	636,135	+20,636
Arkansas	424,900	430,800	430,800	0
California	3,138,129	3,157,066	3,156,541	-525
Colorado	424,900	430,800	430,800	0
Connecticut	424,900	430,800	430,800	0
Delaware	424,900	430,800	430,800	0
District Of Columbia	424,900	430,800	430,800	0
Florida	1,611,140	1,639,586	1,642,945	+3,359
Georgia	893,202	919,227	932,582	+13,355
Hawaii	424,900	430,800	430,800	0
Idaho	424,900	430,800	430,800	0
Illinois	1,118,985	1,118,508	1,111,634	-6,874
Indiana	600,262	613,654	612,763	-891
Iowa	424,900	430,800	430,800	0
Kansas	424,900	430,800	430,800	0
Kentucky	424,900	430,800	430,800	0
Louisiana	424,900	430,800	430,800	0
Maine	424,900	430,800	430,800	0
Maryland	460,344	460,430	458,172	-2,258
Massachusetts	515,059	516,687	516,280	-407
Michigan	936,728	956,242	944,052	-12,190
Minnesota	448,056	452,067	447,934	-4,133
Mississippi	424,900	430,800	430,800	0
Missouri	550,483	561,160	558,480	-2,680
Montana	424,900	430,800	430,800	0
Nebraska	424,900	430,800	430,800	0
Nevada	424,900	430,800	430,800	0
New Hampshire	424,900	430,800	430,800	0
New Jersey	697,603	695,242	688,789	-6,453
New Mexico	424,900	430,800	430,800	0
New York	1,579,588	1,581,203	1,585,334	+4,131
North Carolina	840,515	869,277	881,640	+12,363
North Dakota	$424,900	430,800	430,800	$0

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
FY 2011 DISCRETIONARY STATE/FORMULA GRANTS
Protection and Advocacy for Individuals with Mental Illness (PAIMI)
CFDA # 93.138

STATE/TERRITORY	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 Pres. Budget	+/- FY 2010
Ohio	$1,074,273	$1,085,963	$1,080,596	-$5,367
Oklahoma	424,900	430,800	430,800	0
Oregon	424,900	430,800	430,800	0
Pennsylvania	1,107,644	1,110,883	1,099,490	-11,393
Rhode Island	424,900	430,800	430,800	0
South Carolina	429,192	441,509	446,302	+4,793
South Dakota	424,900	430,800	430,800	0
Tennessee	573,410	593,337	595,120	+1,783
Texas	2,140,710	2,184,785	2,194,491	+9,706
Utah	424,900	430,800	430,800	0
Vermont	424,900	430,800	430,800	0
Virginia	656,253	666,229	665,862	-367
Washington	559,347	561,991	564,558	+2,567
West Virginia	424,900	430,800	430,800	0
Wisconsin	510,279	517,377	516,223	-1,154
Wyoming	424,900	430,800	430,800	0
State Sub-total	**33,374,837**	**33,833,355**	**33,849,533**	**+16,178**
American Samoa	227,600	230,800	230,800	0
Guam	227,600	230,800	230,800	0
Northern Marianas	227,600	230,800	230,800	0
Puerto Rico	649,563	665,045	648,867	-16,178
Virgin Islands	227,600	230,800	230,800	0
Territory Sub-Total	**1,559,963**	**1,588,245**	**1,572,067**	**-16,178**
American Indian Consortium	227,600	230,800	230,800	0
Total States/Territories	**35,162,400**	**35,652,400**	**35,652,400**	**0**
Technical Assistance	**717,600**	**727,600**	**727,600**	**0**
TOTAL PAIMI	**$35,880,000**	**$36,380,000**	**$36,380,000**	**$0**

Projects for Assistance in Transition from Homelessness

(Dollars in thousands)

	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget	FY 2011 +/- FY 2010
Budget Authority	$59,687	$65,047	$70,000	+$4,953

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

FY 2011 Authorization .....Expired

Allocation Method .....Formula grant

Program Description and Accomplishments

In 1990, the Stewart B. McKinney Homeless Assistance Amendments Act authorized the Projects for Assistance in Transition from Homelessness (PATH) program. PATH is unique in that it alone is authorized to address the needs of individuals with serious mental illness (SMI) and/or SMI with a co-occurring substance use disorder who are experiencing homelessness or are at risk of homelessness. PATH connects this largely un-served population to critical services and resources to assist them on the road of recovery. PATH funds community-based outreach, mental health, substance abuse, case management and other supportive services, and a limited set of housing services in 483 communities from all 50 states, the District of Columbia, Puerto Rico, Guam, American Samoa, the U.S. Virgin Islands, and the Northern Mariana Islands.

The PATH formula calculates State allotments based on the population living in urbanized areas. These population data are updated after each census. This program requires matching funds of $1 to every $3 of Federal funds. In the past several years, State and local matching funds exceeded the required amount. The PATH program has been highly successful in targeting assistance to individuals with SMI who are homelessness or are at risk of homelessness or experiencing a co-occurring SMI and substance use disorder. The PATH budget supports 56 grants to States and Territories, as well as centralized activities like technical assistance and evaluation.

In 2008, the PATH program contacted 134,932 homeless persons, ten percent short of the target of 150,000. The program has begun to implement several activities to increase its performance on all the National Outcome Measures. Regarding the required match of $1 for every $3 of Federal funds, previously PATH grantees reported on the number of persons served by federal PATH funds only. Grantees will now report on all persons served using Federal and matching funds and on optional outcome measures for the first time.

PATH implemented other activities to assure greater consistency of data collection and reporting to improve performance. In 2009, PATH developed national definitions for outreach, enrollment and engagement. Online training on these definitions was provided for all 56 State grantees and 483 local providers. In addition, a partnership has been established with the Department of Housing and Urban Development (HUD) to determine the feasibility of having all PATH

grantees collect and report PATH data in the Homeless Management Information System (HMIS).

In December 2009, PATH began a process to prepare grantees to report in HMIS. This will involve a series of exposure trainings, intensive technical assistance activities, regional trainings, early adopter, pilot and peer-to peer activities and online trainings etc. These activities will be implemented in partnership with HUD and the Department of Veterans Affairs. PATH anticipates that by 2011, the early adopter, pilot testers will begin reporting in HMIS.

Involving consumers in the PATH program is essential. The program established a PATH consumer-provider network that developed a consumer involvement curriculum to assist in the planning, design, and delivery of PATH at the local, State, and national levels. Located at http://pathprogram.samhsa.gov, the recently re-designed PATH website provides tools and information for consumers, PATH providers, other homeless service providers, policy makers and the general public. It also presents opportunities for providers working with individuals who are homeless to connect with each other.

Funding History

FY	Amount
2006	$54,223,000
2007	$54,261,000
2008	$53,313,000
2009	$59,687,000
2010	$65,047,000

Data Elements Used to Calculate FY 2011 Allotments

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

Budget Request

The FY 2011 President's Budget request is $70.0 million, an increase of $4.9 million over the FY 2010 Appropriation. The request will support 56 grants to States and Territories. State allotments reflect an increase of funding. The same population data was used in the prior year.

Outcomes and Outputs

Table 12: Key Performance Indicators for Projects to Assist in the Transition from Homelessness

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2012 Target[32]	FY 2012 +/- FY 2011
3.4.15: Increase the percentage of enrolled homeless persons who receive community mental health services *(Outcome)*	FY 2008: 47% (Target Exceeded)	47%	47%	47%	Maintain
3.4.16: Increase number of homeless persons contacted *(Outcome)*	FY 2008: 134,932 (Target Not Met)	160,000	182,000	195,850	+13,850
3.4.17: Increase percentage of contacted homeless persons with serious mental illness who become enrolled in services *(Outcome)*	FY 2008: 54% (Target Not Met)	55%	55%	55%	Maintain
3.4.18: Average Federal cost of enrolling a homeless person with serious mental illness in services[33] *(Efficiency)*	FY 2008: $669 (Target Not Met but Improved)	$668	$668	$668	Maintain
3.4.20: Provide training for PATH providers on SSI/SSDI Outreach, Access, Recovery (SOAR) to ensure eligible homeless clients are receiving benefits. *(Output)*	FY 2009: 5,104 (Target Exceeded)	4,927	5,420	5,832	+412

[32] Since SAMHSA's grant awards are made late in the fiscal year, performance targets and results for any given fiscal year primarily reflect the outputs and outcomes associated with activities supported by funding from the prior fiscal year. Therefore, FY 2011 appropriated funding will be reflected in the targets set for FY 2012.

[33] Successful result is below target.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
FY 2011 DISCRETIONARY STATE/FORMULA GRANTS
Projects for Assistance in Transition from Homelessness (PATH)
CFDA # 93.150

STATE/TERRITORY	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 Pres. Budget	+/- FY 2010
Alabama	$535,000	$588,000	$635,000	+$47,000
Alaska	300,000	300,000	300,000	0
Arizona	1,078,000	1,184,000	1,278,000	+94,000
Arkansas	300,000	300,000	300,000	0
California	8,261,000	9,073,000	9,792,000	+719,000
Colorado	886,000	973,000	1,050,000	+77,000
Connecticut	786,000	863,000	931,000	+68,000
Delaware	300,000	300,000	300,000	0
District Of Columbia	300,000	300,000	300,000	0
Florida	3,715,000	4,081,000	4,404,000	+323,000
Georgia	1,382,000	1,518,000	1,638,000	+120,000
Hawaii	300,000	300,000	300,000	0
Idaho	300,000	300,000	300,000	0
Illinois	2,686,000	2,950,000	3,183,000	+233,000
Indiana	941,000	1,033,000	1,115,000	+82,000
Iowa	307,000	338,000	364,000	+26,000
Kansas	333,000	366,000	395,000	+29,000
Kentucky	432,000	475,000	512,000	+37,000
Louisiana	699,000	768,000	829,000	+61,000
Maine	300,000	300,000	300,000	0
Maryland	1,172,000	1,287,000	1,389,000	+102,000
Massachusetts	1,554,000	1,707,000	1,842,000	+135,000
Michigan	1,814,000	1,993,000	2,151,000	+158,000
Minnesota	748,000	821,000	887,000	+66,000
Mississippi	300,000	300,000	300,000	0
Missouri	852,000	936,000	1,010,000	+74,000
Montana	300,000	300,000	300,000	0
Nebraska	300,000	300,000	300,000	0
Nevada	462,000	508,000	548,000	+40,000
New Hampshire	300,000	300,000	300,000	0
New Jersey	2,139,000	2,349,000	2,535,000	+186,000
New Mexico	300,000	300,000	300,000	0
New York	4,276,000	4,697,000	5,069,000	+372,000
North Carolina	1,037,000	1,139,000	1,229,000	+90,000
North Dakota	$300,000	$300,000	$300,000	$0

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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FY 2011 DISCRETIONARY STATE/FORMULA GRANTS
Projects for Assistance in Transition from Homelessness (PATH)
CFDA # 93.150

STATE/TERRITORY	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 Pres. Budget	+/- FY 2010
Ohio	$2,017,000	$2,215,000	$2,390,000	+$175,000
Oklahoma	409,000	449,000	485,000	+36,000
Oregon	545,000	599,000	646,000	+47,000
Pennsylvania	2,265,000	2,487,000	2,684,000	+197,000
Rhode Island	300,000	300,000	303,000	+3,000
South Carolina	517,000	568,000	613,000	+45,000
South Dakota	300,000	300,000	300,000	0
Tennessee	818,000	898,000	969,000	+71,000
Texas	4,081,000	4,482,000	4,837,000	+355,000
Utah	482,000	530,000	571,000	+41,000
Vermont	300,000	300,000	300,000	0
Virginia	1,300,000	1,428,000	1,541,000	+113,000
Washington	1,187,000	1,304,000	1,407,000	+103,000
West Virginia	300,000	300,000	300,000	0
Wisconsin	784,000	861,000	929,000	+68,000
Wyoming	300,000	300,000	300,000	0
State Sub-total	**55,900,000**	**60,868,000**	**65,261,000**	**+4,393,000**
American Samoa	50,000	50,000	50,000	0
Guam	50,000	50,000	50,000	0
Northern Marianas	50,000	50,000	50,000	0
Puerto Rico	959,000	1,053,000	1,137,000	+84,000
Virgin Islands	50,000	50,000	50,000	0
Territory Sub-Total	**1,159,000**	**1,253,000**	**1,337,000**	**+84,000**
Total States/Territories	**57,059,000**	**62,121,000**	**66,598,000**	**+4,477,000**
Set Aside	**2,628,000**	**2,926,000**	**3,402,000**	**+476,000**
TOTAL PATH	**$59,687,000**	**$65,047,000**	**$70,000,000**	**+$4,953,000**

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Community Mental Health Services Block Grant

(Dollars in thousands)

	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget	FY 2011 +/- FY 2010
Program Level	$420,774	$420,774	$420,774	---
PHS Evaluation Funds (non-add)	*(21,039)*	*(21,039)*	*(21,039)*	---

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

FY 2011 Authorization .....Expired

Allocation Method .....Formula grant

Program Description and Accomplishments

Since 1992, the Community Mental Health Services Block Grant (CMHSBG) distributes funds to 59 eligible States and Territories through a formula based upon specified economic and demographic factors. Applications for FY 2010 grants were due September 1, 2009. Applications must include an annual plan for providing comprehensive community mental health services to adults with a serious mental illness and children with a serious emotional disturbance. A major provision of the current law includes a Maintenance of Effort (MOE) requirement of the CMHSBG wherein States are required to maintain expenditures for authorized activities at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period proceeding the year for which the State is applying for a grant. In FY 2010, due to significant fiscal reductions among many State budgets, approximately one third of States and territories are expected to have CMHSBG expenditure shortfall. The CMHSBG continues to represent a significant "safety net" source of funding for mental health services for some of the most vulnerable populations across the county. Funding for the CMHSBG has been flat for the past three years following a reduction from FY 2007 funding. During this time, the number of people served by the State mental health authorities across the country has increased from approximately six million in FY 2006 to 6.3 million in FY 2008. Additionally, in part due to the current economic downturn, State mental health authorities are expecting increasing demand for mental health services.

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

The legislation provides a five percent set-aside, which is retained by SAMHSA, to assist the States and Territories in the development of their mental health systems through the support of

technical assistance, data collection and evaluation activities. A breakout of the Mental Health Block Grant set-aside funding is provided in a table following the ten-year funding table display.

The Mental Health State Data Infrastructure Grants are funded under the Block Grant Set-aside. This grant program meets the goal of developing state capacity to collect and report data on 21 Uniform Reporting System measures, which include the National Outcome Measures (NOMS). With support of the Data Infrastructure Grants and through the Uniform Reporting System, State Mental Health Agencies provide annual State mental health system data reports to the Mental Health Block Grant program to assure efficiency and effectiveness and to report on program performance. Over the past six years, 59 States and Territories have consistently increased in their ability to provide data, focusing on use of common measures across states. The Data Infrastructure Grant also supports mental health data system development and use of data for policy and program decision making. States must match grant awards at a 100 percent level. SAMHSA is working to initiate client-level data collection through the Uniform Reporting System.

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

State level outcome data for mental health are currently reported by State Mental Health Agencies through the Uniform Reporting System. The following outcomes for services provided during 2008 show that:

- For the 55 States that reported data in the Employment Domain, 21 percent of the mental health consumers were in competitive employment;
- For the 55 States that reported data in the Housing Domain, 79 percent of the mental health consumers were living in private residences;
- For the District of Columbia and 50 States that reported data in the Access/Capacity Domain, State mental health agencies provided mental health services for 21 people per 1,000 population. All States and the District of Colombia report this measure;
- For the 48 States that reported data in the Retention Domain, only nine percent of the mental health patients returned to a State hospital within 30 days of State hospital discharge;
- For the 53 States that reported data in the Perception of Care Domain, 71 percent of adult mental health consumers improved functioning as a direct result of the mental health services they received;
- In addition to Uniform Reporting System, the final stage of a pilot test of collection of client level outcome data is currently in process in nine States.

The independent evaluation study of the program has been completed and a draft report is under review for tentative publication in first half of 2010. A pilot on the collection of client level data across all states for National Outcome Measures is also being conducted. A standardized data protocol for use in test data submission has been developed and a test data submission has been

received by all states. Additionally, the pilot was designed to collect estimates of the costs of modifying the state IT systems to report all the requested data files and a final project report that summarizes the steps in the process of implementing the pilot and challenges faced. All of this information will be useful as SAMHSA extends Client Level Data reporting to all states. A draft report will be completed in late October which will be reviewed by CMHS and the Advisory Panel in December. A final report on the pilot will be completed by the end of the year which will summarize the extent to which client level outcome data could be reported as well as what resources would be needed to roll out client level data collection and reporting to all states.

Funding History

FY	Amount
2001	$420,000,000
2002	$433,000,000
2003	$437,140,000
2004 a/	$434,690,000
2005 a/	$432,756,000
2006 a/	$427,974,000
2007 a/	$428,256,000
2008 a/	$420,774,000
2009 a/	$420,774,000
2010 a/	$420,774,000

a/ Includes PHS Evaluation funds of $21.8 million in FY 2004 and FY 2005, $21.4 million in FY 2006 and FY 2007, $21.0 million in FY 2008, FY 2009 and FY 2010.

Data Elements Used to Calculate FY 2011 Allotments

Population: States and the District of Columbia July 1, 2008 Population Estimates from U.S. Census Bureau; Territory population estimates as of July 1, 2009 from U.S. Census Bureau.

Total Taxable Resources: 2005, 2006 and 2007 data from U.S. Department of Treasury.

Income: 2006, 2007, and 2008 Total Personal Income for States and District of Columbia from Department of Commerce/Bureau of Economic Analysis.

Cost of Services Index: This index is determined triennially (i.e., it is revised every third fiscal year rather than annually). The most current index is being used for the determination of allotments for FY 2010, FY 2011, and FY 2012. The base wage rate was calculated using wages paid and hours worked from the 2000 Decennial Census for specific occupation-industry categories. The update factor was determined using wages paid and hours worked for base year (FY 1999 for FY 2003 Final Rule), and recent year (FY 2005 for FY 2009 Final Rule), as reported to the Centers for Medicare and Medicaid by hospitals participating in the Medicare program. FY 2009 Median Fair Market Rent Estimates from Department of Housing and Urban Development; July 1, 2007 Population Estimates by County/Subcounty from U.S. Census Bureau.

Budget Request

The FY 2011 President's Budget request is $420.8 million, the same level as the FY 2010 Appropriation. This will support 59 grants to States and Territories. Of the total, five percent will be set aside for data collection, evaluation and technical assistance activities. Changes in State allotments are as a result of updated population estimates and total taxable resources. The Cost of Services index remained unchanged from the prior year.

SAMHSA/Center for Mental Health Services
Set-Aside Activities
(Dollars in thousands)

	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget
Funding Sources			
Budget Authority			
Program Management	$2,000	$2,000	$2,000
National Health Interview Survey (non-add)	*2,000*	*2,000*	*2,000*
PHS Evaluation Funds			
Mental Health Block Grant Set-Aside	21,039	21,039	21,039
Program Management	1,000	1,000	1,000
NSDUH Mental Health Surveillance (non-add)	*1,000*	*1,000*	*1,000*
Total Program Level	$24,039	$24,039	$24,039

Mental Health Block Grant Set-Aside Activities	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget
State Data Systems			
State Data Infrastructure Grants	$7,158	$7,260	$7,260
State Data Infrastructure Contracts	432	435	434
Subtotal, State Data Systems	**7,590**	**7,695**	**7,694**
National Data Collection			
National MH Data Contracts	2,822	2,060	2,059
Subtotal - National Data Collection	**2,822**	**2,060**	**2,059**
Technical Assistance (TA)			
TA to States	10,254	10,855	10,858
Subtotal, Technical Assistance	**10,254**	**10,855**	**10,858**
Program Evaluation			
Development of Spending Estimates for MH/SAT	373	429	428
Subtotal, Program Evaluation	**373**	**429**	**428**
TOTAL, MH Block Grant Set-Aside	**$21,039**	**$21,039**	**$21,039**

Outcomes and Outputs

Table 13: Key Performance Indicators for Mental Health Block Grant

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2012 Target[34]	FY 2012 +/- FY 2011
2.3.07: Reduce rate of adult readmissions to State psychiatric hospitals within 30 days[35] *(Outcome)*	FY 2008: 9.4% (Target Not Met but Improved)	9.3%	9.8%	9.8%	Maintain
2.3.08: Reduce rate of adult readmissions to State psychiatric hospitals within 180 days[36] *(Outcome)*	FY 2008: 21.8% (Target Not Met)	20%	20%	20%	Maintain
2.3.09: Reduce rate of Child/adolescent readmissions to State psychiatric hospitals within 30 days[37] *(Outcome)*	FY 2008: 8.2% (Target Not Met)	6.5%	6.5%	6.5%	Maintain
2.3.10: Reduce rate of Child/adolescent readmissions to State psychiatric hospitals within 180 days[38] *(Outcome)*	FY 2008: 17.1% (Target Not Met)	14.5%	15.3%	15.3%	Maintain
2.3.11: Number of evidence based practices (EBPs) implemented[39] *(Output)*	FY 2008: 4.2 per State (Target Exceeded)	4.1 per State	4.2 per State	4.2 per State	Maintain

[34] Since SAMHSA's grant awards are made late in the fiscal year, performance targets and results for any given fiscal year primarily reflect the outputs and outcomes associated with activities supported by funding from the prior fiscal year. Therefore, FY 2011 appropriated funding will be reflected in the targets set for FY 2012.

[35] Successful result is below target.

[36] Successful result is below target.

[37] Successful result is below target.

[38] Successful result is below target.

[39] 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

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2012 Target[34]	FY 2012 +/- FY 2011
2.3.12: Adult: Percentage of adult population coverage for each (reported as percentage of service population receiving any evidence based practice) [40] *(Output)*	FY 2008: 8% (Target Not Met)	10.5%	10.5%	10.5%	Maintain
2.3.13: Children: Percentage of population coverage for each (reported as percentage of service population receiving any evidence based practice) [41] *(Output)*	FY 2008: 3% (Target Not Met)	3.5%	3.5%	3.5%	Maintain
2.3.15: Increase rate of consumers (adults) reporting positively about outcomes *(Outcome)*	FY 2008: 72% (Target Met)	72%	72%	72%	Maintain
2.3.16: Increase rate of family members (children/adolescents) reporting positively about outcomes *(Outcome)*	FY 2008: 64% (Target Not Met)	73%	73%	73%	Maintain
2.3.17: Number of persons receiving evidence-based practices per $10,000 of mental health block grant dollars spent *(Efficiency)*	FY 2008: 6.7 (Target Exceeded)	7.0	7.0	7.0	Maintain
2.3.14: Increase number of people served by the public mental health system[42] *(Output)*	FY 2008: 6,332,983 (Target Exceeded)	6,300,000	6,300,000	6,300,000	Maintain

[40] 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

[41] 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.

[42] The FY 2010, FY 2011 and FY 2012 targets have been set at 6.3 million persons served (slightly lower than the most recent actual) based on the expectation that the current recession will impact the service delivery systems of the State Mental Health Authorities and may result in fewer persons receiving mental health care nationally.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
FY 2011 DISCRETIONARY STATE/FORMULA GRANTS
Community Mental Health Services Block Grant Program
CFDA # 93.958

STATE/TERRITORY	FY 2009	FY 2010	FY 2011	+/- FY 2010
Alabama	$6,013,207	$6,030,049	$6,043,224	+$13,175
Alaska	728,540	710,941	699,955	-10,986
Arizona	8,956,296	9,383,677	9,524,857	+141,180
Arkansas	3,634,304	3,687,284	3,684,620	-2,664
California	53,996,249	53,676,045	53,470,793	-205,252
Colorado	6,347,251	6,560,592	6,618,166	+57,574
Connecticut	4,323,899	4,233,212	4,172,385	-60,827
Delaware	733,354	730,894	736,297	+5,403
District Of Columbia	766,324	772,964	763,690	-9,274
Florida	26,953,073	26,711,963	26,381,061	-330,902
Georgia	12,892,617	13,141,697	13,303,932	+162,235
Hawaii	1,885,108	1,991,184	1,967,992	-23,192
Idaho	1,816,862	1,806,946	1,815,091	+8,145
Illinois	16,103,252	15,774,494	15,721,669	-52,825
Indiana	7,702,238	7,887,788	7,944,223	+56,435
Iowa	3,368,868	3,370,840	3,374,230	+3,390
Kansas	3,080,605	3,116,308	3,122,152	+5,844
Kentucky	5,358,519	5,420,187	5,412,148	-8,039
Louisiana	5,435,135	5,293,123	5,424,261	+131,138
Maine	1,659,600	1,649,042	1,643,710	-5,332
Maryland	7,558,544	7,281,807	7,308,278	+26,471
Massachusetts	7,904,060	8,050,963	8,073,592	+22,629
Michigan	13,164,191	12,810,013	12,798,172	-11,841
Minnesota	6,703,938	6,831,525	6,850,165	+18,640
Mississippi	3,930,816	3,942,229	3,961,974	+19,745
Missouri	6,842,569	6,959,268	7,007,039	+47,771
Montana	1,178,481	1,191,479	1,187,436	-4,043
Nebraska	1,925,411	1,943,546	1,937,291	-6,255
Nevada	3,698,333	3,678,154	3,668,825	-9,329
New Hampshire	1,603,631	1,510,763	1,503,859	-6,904
New Jersey	11,642,070	11,561,060	11,481,491	-79,569
New Mexico	2,326,829	2,365,487	2,360,459	-5,028
New York	24,217,281	23,725,265	23,484,085	-241,180
North Carolina	11,136,055	11,162,694	11,316,517	+153,823
North Dakota	$729,870	746,161	737,998	-$8,163

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
FY 2011 DISCRETIONARY STATE/FORMULA GRANTS
Community Mental Health Services Block Grant Program
CFDA # 93.958

STATE/TERRITORY	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 Pres. Budget	+/- FY 2010
Ohio	$13,790,311	$13,695,234	$13,792,762	+$97,528
Oklahoma	4,375,251	4,390,515	4,348,099	-42,416
Oregon	4,768,537	4,963,996	4,979,213	+15,217
Pennsylvania	14,812,107	14,485,712	14,409,512	-76,200
Rhode Island	1,469,007	1,387,146	1,375,754	-11,392
South Carolina	5,665,574	5,726,309	5,808,930	+82,621
South Dakota	838,929	863,186	865,047	+1,861
Tennessee	7,708,555	7,723,117	7,759,542	+36,425
Texas	31,567,780	32,209,069	32,256,069	+47,000
Utah	2,936,131	3,048,064	3,109,620	+61,556
Vermont	747,755	743,593	739,208	-4,385
Virginia	10,150,102	9,999,072	10,009,499	+10,427
Washington	8,343,715	8,463,723	8,485,053	+21,330
West Virginia	2,426,831	2,411,707	2,399,115	-12,592
Wisconsin	7,349,062	7,463,832	7,462,992	-840
Wyoming	471,948	455,056	436,923	-18,133
State Sub-total	**393,738,975**	**393,738,975**	**393,738,975**	**0**
American Samoa	78,196	84,418	85,886	+1,468
Guam	211,293	229,028	233,507	+4,479
Marshall Islands	69,391	82,265	84,439	+2,174
Micronesia	146,055	140,202	140,596	+394
Northern Marianas	94,480	112,792	67,376	-45,416
Puerto Rico	5,198,366	5,154,286	5,190,495	+36,209
Palau	50,000	50,000	50,000	0
Virgin Islands	148,244	143,034	143,726	+692
Territory Sub-Total	**5,996,025**	**5,996,025**	**5,996,025**	**0**
Total States/Territories	**399,735,000**	**399,735,000**	**399,735,000**	**0**
SAMHSA Set-Aside	**21,039,000**	**21,039,000**	**21,039,000**	**0**
TOTAL, MHBG	**$420,774,000**	**$420,774,000**	**$420,774,000**	**$0**

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

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SAMHSA/Substance Abuse Prevention
Mechanism Table

(Dollars in Thousands)

	FY 2009 Appropriation		FY 2010 Appropriation		FY 2011 President's Budget Request		FY 2011 +/- FY 2010	
Programs of Regional & National Significance	**No.**	**Amount**	**No.**	**Amount**	**No.**	**Amount**	**No.**	**Amount**
CAPACITY								
Grants/Cooperative Agreements:								
Continuations	236	$83,915	207	$102,079	265	$103,170	+58	+$1,091
New/Competing	67	53,360	86	35,858	77	46,663	-9	+10,805
Supplements	(12)	1,186	0	0	0	0	0	0
Subtotal	**303**	**138,461**	**293**	**137,937**	**342**	**149,833**	**+49**	**+11,896**
Contracts:								
Continuations	16	31,747	17	33,511	21	37,410	+4	+3,899
New	5	4,188	4	3,388	3	8,783	-1	+5,395
Supplements	0	0	0	0	0	0	0	0
Subtotal	21	35,935	21	36,899	24	46,193	+3	+9,294
Technical Assistance	0	0	0	0	0	0	0	0
Review Cost	1	607	1	782	1	659	0	-123
Subtotal	**22**	**36,542**	**22**	**37,681**	**25**	**46,852**	**+3**	**+9,171**
Subtotal, Capacity	**325**	**175,003**	**315**	**175,618**	**367**	**196,685**	**+52**	**+21,067**
SCIENCE AND SERVICE								
Grants/Cooperative Agreements:								
Continuations	0	71	0	71	0	71	0	0
New/Competing	4	200	8	200	8	200	0	0
Supplements	0	0	0	0	0	0	0	0
Subtotal	**4**	**271**	**8**	**271**	**8**	**271**	**0**	**0**
Contracts:								
Continuations	9	22,036	9	25,320	9	23,571	0	-1,749
New	3	3,693	1	1,000	1	2,548	0	+1,548
Supplements	0	0	0	0	0	0	0	0
Subtotal, Contracts	**12**	**25,729**	**10**	**26,320**	**10**	**26,119**	**0**	**-201**
Technical Assistance	0	0	0	0	0	0	0	0
Review Cost	0	0	0	0	0	0	0	0
Subtotal	**12**	**25,729**	**10**	**26,320**	**10**	**26,119**	**0**	**-201**
Subtotal, Science and Service	**16**	**26,000**	**18**	**26,591**	**18**	**26,390**	**0**	**-201**
TOTAL, PRNS	**341**	**$201,003**	**333**	**$202,209**	**385**	**$223,075**	**+52**	**+$20,866**

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SAMHSA/Substance Abuse Prevention
Programs of Regional and National Significance

Summary of Programs

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

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

The FY 2011 President's Budget request for SAMHSA Substance Abuse Prevention PRNS is $223.1 million, an increase of $20.9 million from the FY 2010 Appropriation level. The request includes:

- $103.5 million for the Strategic Prevention Framework Program to support grants to States, Territories and Tribal organizations to implement the Strategic Prevention Framework and to expand the Partnerships for Success grants to encourage better State performance on prevention activities;

- $9.7 million for a new Initiative Project LAUNCH Plus, an expansion of the Center for Mental Health Services's Project LAUNCH program;

- $22.6 million for the new Prevention Prepared Communities program, to assist communities in developing and implementing effective mental illness and substance abuse prevention practices for children and young adults aged 9-25;

- $8.0 million for Sober Truth on Preventing Underage Drinking (STOP Act) to continue addressing underage drinking issues;

- $52.9 million for the remaining Capacity activities including Mandatory Drug Testing, Minority AIDS, and Performance Management (formerly named Program Coordination/Data Coordination and Consolidation Center); and

- $26.4 million for Science and Service activities, including Fetal Alcohol Spectrum Disorder, Center for the Application of Prevention Technologies, Science and Service Program Coordination, National Registry of Evidence-based Programs and Practices, the SAMHSA Health Information Network, and Minority Fellowship programs.

The Substance Abuse Prevention PRNS underwent a program assessment in 2004. The assessment cited strong purpose and design, ambitious targets, and strong program management as strong attributes of the program. Since the program assessment, the program has implemented

the Strategic Prevention Framework, has refined its outcome measures, and is improving data collection and reporting.

Changes to Summary Listing of Activities Table

In FY 2011, Center for Substance Abuse Prevention proposes to change some of its PRNS Summary Listing of Activities (SLoA) names to better reflect the program activity goals and objectives: 1) Strategic Prevention Framework State Incentive Grants (SPF SIG) is renamed Strategic Prevention Framework (SPF); 2) Program Coordination/Data Coordination and Consolidation Center is renamed Performance Management; and 3) Best Practices Program Coordination is renamed Science and Service Program Coordination.

SAMHSA/Center for Substance Abuse Prevention
Programs of Regional and National Significance
Summary Listing of Activities
(Dollars in Thousands)

Programs of Regional & National Significance	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget Request	FY 2011 +/- FY 2010
CAPACITY:				
Strategic Prevention Framework 1/	$110,374	$111,777	$103,511	-$8,266
Partnerships for Success (non-add)	*9,211*	*11,666*	*33,829*	*+22,163*
Mandatory Drug Testing	5,233	5,206	5,206	0
Minority AIDS	41,385	41,385	41,385	0
Methamphetamine	1,774	0	0	0
Performance Management 2/	6,317	6,300	6,300	0
Sober Truth on Preventing Underage Drinking (STOP Act)	7,176	7,000	8,000	+1,000
National Adult-Oriented Media Public Service Campaign (non-add)	*1,099*	*1,000*	*1,000*	*0*
Community-based Coalition Enhancement Grants (non-add)	*5,000*	*5,000*	*6,000*	*+1,000*
Intergovernmental Coordinating Committee on the Prevention of Underage Drinking-ICCPUD (non-add)	*1,000*	*1,000*	*1,000*	*0*
Project LAUNCH	0	0	9,683	+9,683
Prevention Prepared Communities	0	0	22,600	+22,600
Congressional Projects	2,744	3,950	0	-3,950
Subtotal, Capacity	**175,003**	**175,618**	**196,685**	**21,067**
SCIENCE AND SERVICE:				
Fetal Alcohol Spectrum Disorder	9,800	9,821	9,821	0
Center for the Application of Prevention Technologies	8,041	8,511	8,511	0
Science and Service Program Coordination 3/	4,693	4,789	4,789	0
National Registry of Evidence-based Programs and Practices	646	650	650	0
SAMHSA Health Information Network	2,749	2,749	2,548	-201
Minority Fellowship Program	71	71	71	0
Subtotal, Science and Service	**26,000**	**26,591**	**26,390**	**-201**
TOTAL, PRNS	**$201,003**	**$202,209**	**$223,075**	**+$20,866**

1/ This was previously named Strategic Prevention Framework State Incentive Grants.
2/ This was previously named Program Coordination/Data Coordination and Consolidation Center.
3/ This was previously named Best Practice Program Coordination.

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SAMHSA/Center for Substance Abuse Prevention
Mechanism Table by Summary Listing of Activities

(Dollars in Thousands)

	FY 2009 Appropriation		FY 2010 Appropriation		FY 2011 President's Budget Request		FY 2011 +/- FY 2010	
Programs of Regional & National Significance	**No.**	**Amount**	**No.**	**Amount**	**No.**	**Amount**	**No.**	**Amount**
CAPACITY:								
Strategic Prevention Framework								
Grants								
Continuations	21	$40,703	46	$77,031	41	$59,322	-5	-$17,709
New/Competing	30	47,855	11	13,108	10	22,163	-1	+9,055
Subtotal	51	88,558	57	90,139	51	81,485	-6	-8,654
Contracts								
Continuations	6	19,397	9	21,638	9	22,026	0	+388
New	3	2,419	0	0	0	0	0	0
Subtotal	9	21,816	9	21,638	9	22,026	0	+388
Total, Strategic Prevention Framework	**60**	**110,374**	**66**	**111,777**	**60**	**103,511**	**-6**	**-8,266**
Mandatory Drug Testing								
Grants								
Continuations	0	0	0	0	0	0	0	0
New/Competing	0	0	0	0	0	0	0	0
Subtotal	0	0	0	0	0	0	0	0
Contracts								
Continuations	6	4,563	4	4,355	7	5,206	+3	+851
New	1	670	3	851	0	0	-3	-851
Subtotal	7	5,233	7	5,206	7	5,206	0	0
Total, Mandatory Drug Testing	**7**	**5,233**	**7**	**5,206**	**7**	**5,206**	**0**	**0**
Minority AIDS								
Grants								
Continuations	135	38,737	60	20,048	123	38,848	+63	+18,800
New/Competing	5	1,648	63	18,800	0	0	-63	-18,800
Subtotal	140	40,385	123	38,848	123	38,848	0	0
Contracts								
Continuations	1	1,000	0	0	1	2,537	+1	+2,537
New	0	0	1	2,537	0	0	-1	-2,537
Subtotal	1	1,000	1	2,537	1	2,537	0	0
Total, Minority AIDS	**141**	**41,385**	**124**	**41,385**	**124**	**41,385**	**0**	**0**
Methamphetamine								
Grants								
Continuations	2	588	0	0	0	0	0	0
New/Competing	0	0	0	0	0	0	0	0
Supplements	(12)	1,186	0	0	0	0	0	0
Subtotal	2	1,774	0	0	0	0	0	0
Contracts								
Continuations	0	0	0	0	0	0	0	0
New	0	0	0	0	0	0	0	0
Subtotal	0	0	0	0	0	0	0	0
Total, Methamphetamine	**2**	**1,774**	**0**	**0**	**0**	**0**	**0**	**0**
Performance Management								
Grants								
Continuations	0	0	0	0	0	0	0	0
New/Competing	0	0	0	0	0	0	0	0
Supplements	0	0	0	0	0	0	0	0
Subtotal	0	0	0	0	0	0	0	0
Contracts								
Continuations	3	6,317	3	6,300	3	6,300	0	0
New	0	0	0	0	0	0	0	0
Subtotal	3	6,317	3	6,300	3	6,300	0	0
Total, Performance Management	**3**	**$6,317**	**3**	**$6,300**	**3**	**$6,300**	**0**	**0**

SAMHSA/Center for Substance Abuse Prevention
Mechanism Table by Summary Listing of Activities

(Dollars in Thousands)

	FY 2009 Appropriation		FY 2010 Appropriation		FY 2011 President's Budget Request		FY 2011 +/- FY 2010	
Programs of Regional & National Significance	**No.**	**Amount**	**No.**	**Amount**	**No.**	**Amount**	**No.**	**Amount**
Sober Truth on Preventing Underage Drinking (STOP Act)								
Grants								
Continuations	78	$3,887	101	$5,000	101	$5,000	0	0
New/Competing	23	1,113	0	0	20	1,000	+20	+1,000
Subtotal	101	5,000	101	5,000	121	6,000	+20	+1,000
Contracts								
Continuations	1	1,077	2	2,000	2	2,000	0	0
New	1	1,099	0	0	0	0	0	0
Subtotal	2	2,176	2	2,000	2	2,000	0	0
Total, Sober Truth on Preventing Underage Drinking (STOP Act)	**103**	**7,176**	**103**	**7,000**	**123**	**8,000**	**+20**	**+1,000**
Project LAUNCH								
Grants								
Continuations	0	0	0	0	0	0	0	0
New/Competing	0	0	0	0	17	8,500	+17	+8,500
Subtotal	0	0	0	0	17	8,500	+17	+8,500
Contracts								
Continuations	0	0	0	0	0	0	0	0
New	0	0	0	0	1	1,183	+1	+1,183
Subtotal	0	0	0	0	1	1,183	+1	+1,183
Total, Project LAUNCH	**0**	**0**	**0**	**0**	**18**	**9,683**	**+18**	**+9,683**
Prevention Prepared Communities								
Grants								
Continuations	0	0	0	0	0	0	0	0
New/Competing	0	0	0	0	30	15,000	+30	+15,000
Subtotal	0	0	0	0	30	15,000	+30	+15,000
Contracts								
Continuations	0	0	0	0	0	0	0	0
New	0	0	0	0	2	7,600	+2	+7,600
Subtotal	0	0	0	0	2	7,600	+2	+7,600
Total, Prevention Prepared Communities	**0**	**0**	**0**	**0**	**32**	**22,600**	**+32**	**+22,600**
Congressional Projects								
Grants								
Continuations	0	0	0	0	0	0	0	0
New/Competing	9	2,744	12	3,950	0	0	-12	-3,950
Subtotal	9	2,744	12	3,950	0	0	-12	-3,950
Contracts								
Continuations	0	0	0	0	0	0	0	0
New	0	0	0	0	0	0	0	0
Subtotal	0	0	0	0	0	0	0	0
Total, Congressional Projects	**9**	**2,744**	**12**	**3,950**	**0**	**0**	**-12**	**-3,950**
Subtotal, Capacity	**325**	**175,003**	**315**	**175,618**	**367**	**196,685**	**+52**	**21,067**
SCIENCE AND SERVICE:								
Fetal Alcohol Spectrum Disorder								
Grants								
Continuations	0	0	0	0	0	0	0	0
New/Competing	0	0	0	0	0	0	0	0
Subtotal	0	0	0	0	0	0	0	0
Contracts								
Continuations	1	9,800	1	9,821	1	9,821	0	0
New	0	0	0	0	0	0	0	0
Subtotal	1	9,800	1	9,821	1	9,821	0	0
Total, Fetal Alcohol Spectrum Disorder	**1**	**9,800**	**1**	**9,821**	**1**	**9,821**	**0**	**0**

SAMHSA/Center for Substance Abuse Prevention
Mechanism Table by Summary Listing of Activities

(Dollars in Thousands)

	FY 2009 Appropriation		FY 2010 Appropriation		FY 2011 President's Budget		FY 2011 +/- FY 2010	
Programs of Regional & National Significance	**No.**	**Amount**	**No.**	**Amount**	**No.**	**Amount**	**No.**	**Amount**
Center for the Application of Prevention Technologies								
Continuations	0	0	0	0	0	0	0	0
New/Competing	4	200	8	200	8	200	0	0
Supplements	0	0	0	0	0	0	0	0
New	0	0	0	0	0	0	0	0
Supplements	0	0	0	0	0	0	0	0
Subtotal	3	7,841	2	8,311	2	8,311	0	0
Total, Centers for the Application of Prevention Technologies	**7**	**$8,041**	**10**	**$8,511**	**10**	**$8,511**	**0**	**0**
Science and Service Program Coordination								
Grants								
Continuations	0	$0	0	$0	0	$0	0	$0
New/Competing	0	0	0	0	0	0	0	0
Subtotal	0	0	0	0	0	0	0	0
Contracts								
Continuations	4	1,646	4	3,789	5	4,789	+1	+1,000
New	2	3,047	1	1,000	0	0	-1	-1,000
Subtotal	6	4,693	5	4,789	5	4,789	0	0
Total, Science and Service Program Coordination	**6**	**4,693**	**5**	**4,789**	**5**	**4,789**	**0**	**0**
National Registry of Evidence-based Programs and Practices								
Grants								
Continuations	0	0	0	0	0	0	0	0
New/Competing	0	0	0	0	0	0	0	0
Subtotal	0	0	0	0	0	0	0	0
Contracts								
Continuations	0	0	1	650	1	650	0	0
New	1	646	0	0	0	0	0	0
Subtotal	1	646	1	650	1	650	0	0
Total, National Registry of Evidence-based Programs and	**1**	**646**	**1**	**650**	**1**	**650**	**0**	**0**
SAMHSA Health Information Network								
Grants								
Continuations	0	0	0	0	0	0	0	0
New/Competing	0	0	0	0	0	0	0	0
Subtotal	0	0	0	0	0	0	0	0
Contracts								
Continuations	1	2,749	1	2,749	0	0	-1	-2,749
New	0	0	0	0	1	2,548	+1	+2,548
Subtotal	1	2,749	1	2,749	1	2,548	0	-201
Total, SAMHSA Health Information Network	**1**	**2,749**	**1**	**2,749**	**1**	**2,548**	**0**	**-201**
Minority Fellowship Program								
Grants								
Continuations 1/	0	71	0	71	0	71	0	0
New/Competing	0	0	0	0	0	0	0	0
Subtotal	0	71	0	71	0	71	0	0
Contracts								
Continuations	0	0	0	0	0	0	0	0
New	0	0	0	0	0	0	0	0
Subtotal	0	0	0	0	0	0	0	0
Total, Minority Fellowship Program	**0**	**71**	**0**	**71**	**0**	**71**	**0**	**0**
Subtotal, Science and Service	**16**	**26,000**	**18**	**26,591**	**18**	**26,390**	**0**	**-201**
TOTAL, PRNS	**341**	**$201,003**	**333**	**$202,209**	**385**	**$223,075**	**+52**	**+$20,866**

1/ These are cross-center grants with CMHS & CSAT.

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Strategic Prevention Framework
(Dollars in Thousands)

	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget	FY 2011 +/- FY 2010
Budget Authority	$110,374	$111,777	$103,511	-$8,266

Authorizing Legislation ..... Section 516 of the PHS Act

FY 2011 Authorization .....Expired

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

Program Description and Accomplishments

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

The Institute of Medicine report, *Preventing Mental, Emotional, and Behavioral Disorders Among Young People*, defined "public health" as what society must do to keep people healthy and further defined it as involving the collection of data, assessment of problems, and assurance of health protection. The Strategic Prevention Framework (SPF) process embodies this public health approach to the prevention of substance use in communities across our Nation. As the Nation prepares for health reform that includes a renewed commitment to prevention, the SPF also positions those communities to integrate the prevention of substance use disorders with the prevention of other chronic diseases that challenge so many Americans.

By the end of FY 2010, a total of 67 awards will have been granted to implement the Strategic Prevention Framework State Incentive Grant (SIG) program. Since this program aims to change systems and outcomes at the State level, outcome data reflect the percentage of States that achieve increases or reductions on each indicator at the State level. Most indicators use State estimates from the National Survey on Drug Use and Health (NSDUH) as a data source. Baseline data have been reported for these measures and ambitious targets set.

The ability of States and communities to collect consistent and representative process and outcome measures has improved, and the information has served as the catalyst for data-driven assessment and decision making at all levels. Results from analyses of latest data available in FY 2008 indicate that the program met its target for percent of grantee States that have performed needs assessments and have submitted State plans, and the percent of grantee States

with approved State plans, reflecting progress in implementing the Strategic Prevention Framework. When these results are broken out by cohort, the earlier cohorts have met or exceeded all targets, and cohort three is progressing very well.

Early analyses of State-level outcomes show promising results. Cohort 1 Strategic Prevention Framework State Incentive Grant States did better than comparison States in reducing the prevalence of past-30-day drinking and heavy drinking among underage youth and in reducing the frequency of past-30-day alcohol use and of binge drinking among adult alcohol users.
The impact of this program is already being felt throughout the States and Territories. For example, 51 States/Territories now use SPF or the equivalent in their Block Grant program for conducting needs assessments, 53 for building State capacity; 53 for planning; 43 for program implementation; and 29 use SPF or the equivalent for evaluation efforts.

Partnerships for Success

In FY 2009, SAMHSA funded a new five-year grant program under the Strategic Prevention Framework that builds on the success of the Strategic Prevention Framework State Incentive Grant program. The Partnerships for Success Program is designed to provide eligible States, Tribes and U.S. Territories with grants to achieve a quantifiable decline in State-wide substance use disorders rates, incorporating an incentive award to grantees that have reached or exceeded their prevention performance targets. Eligible applicants are the immediate Office of the Chief Executive (e.g., Governor) in those States and U.S. Territories that have previously received a cohort one or cohort two Strategic Prevention Framework State Incentive Grant from SAMHSA. Applicants are strongly encouraged to leverage and coordinate other Federal and State-generated funding to ensure sufficient impact to meet their performance targets. Grant awards were made to Connecticut, Colorado, Tennessee, and Illinois, who demonstrated that their State has the infrastructure and capacity to reduce substance abuse problems in a three-year period. At the end of year three, SAMHSA will assess these grantees through evaluation reports to determine their program outcomes, and will offer performance incentives to qualified grantees during year four. SAMHSA plans to award one more award in FY 2010 and 10 more in FY 2011.

Funding History

FY	Amount
2006	$105,844,000
2007	$105,324,000
2008	$103,271,000
2009	$110,374,000
2010	$111,777,000

Budget Request

The FY 2011 President's Budget request is $103.5 million, a decrease of $8.3 million from the FY 2010 Appropriation level. Sixteen Strategic Prevention Framework grants are coming to a natural end in FY 2011 and the funds have been realigned to support the Prevention Prepared Community program.

Outcomes and Outputs

Table 14: Key Performance Indicators for Strategic Prevention Framework State Incentive Grants[43]

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2012 Target[44]	FY 2012 +/- FY 2011
2.3.21: Percent of SPF SIG States showing a decrease in state level estimate of percent of survey respondents (age 12-20) who report 30-day use of alcohol *(Outcome)*	FY 2008: 55.9% (Target Exceeded)	50.4%	50.4%[45]	55.9%	+5.5%
2.3.22: Percent of SPF SIG States showing a decrease in state level estimate of percent of survey respondents (age 21 and up) who report 30-day use of alcohol *(Outcome)*	FY 2008: 47.1% (Target Exceeded)	31.4%	31.4%[46]	47.1%	+15.7%
2.3.23: Percent of SPF SIG states showing a decrease in state level estimates of survey respondents (age 12-17) who report 30-day use of other illicit drugs *(Outcome)*	FY 2008: 67.6% (Target Exceeded)	59.8%	59.8%[47]	67.6%	+7.8%
2.3.24: Percent of SPF SIG states showing a decrease in state level estimates of survey respondents (age 18 and up) who report 30-day use of other illicit drugs *(Outcome)*	FY 2008: 38.2% (Target Not Met but Improved)	47.2%	38.2%[48]	40%	+1.8%

[43] Data have been revised from previously reported. Previously, data collected in a given year were reported as a result for the following year: for example, results reported for 2008 reflected data collected in 2007. In order to achieve consistency throughout SAMHSA, reporting has been revised so that results reported for a given year reflect data actually collected in that year, so that results for 2008 reflect data collected in 2008.

[44] Since SAMHSA's grant awards are made late in the fiscal year, performance targets and results for any given fiscal year primarily reflect the outputs and outcomes associated with activities supported by funding from the prior fiscal year. Therefore, FY 2011 appropriated funding will be reflected in the targets set for FY 2012.

[45] Includes Cohorts 3 & 4. Cohort 4 began the SPF process in July 2009.

[46] Includes Cohorts 3 & 4. Cohort 4 began the SPF process in July 2009.

[47] Includes Cohorts 3 & 4. Cohort 4 began the SPF process in July 2009.

[48] Includes Cohorts 3 & 4. Cohort 4 began the SPF process in July 2009.

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2012 Target[44]	FY 2012 +/- FY 2011
2.3.25: Percent of SPF SIG states showing an increase in state level estimates of survey respondents (age 12-17) who rate the risk of substance abuse as moderate or great *(Outcome)*	FY 2008: 47.1% (Target Not Met)	78.7%	47.1%[49]	50%	+2.9%
2.3.26: Percent of SPF SIG states showing an increase in state level estimates of survey respondents (age 18 and up) who rate the risk of substance abuse as moderate or great *(Outcome)*	FY 2008: 44.1% (Target Not Met but Improved)	50.4%	44.1%[50]	48%	+3.9%
2.3.27: Percent of SPF SIG states showing an increase in state level estimates of survey respondents (age 12-17) who somewhat disapprove or strongly disapprove of substance use. *(Outcome)*	FY 2008: 76.5% (Target Not Met but Improved)	84.9%	76.5%[51]	80%	+3.5%
2.3.28: Number of evidence-based policies, practices, and strategies implemented[52] *(Output)*	FY 2008: 731 (Target Exceeded)	234	397[53]	274	-123
2.3.29: Percent of grantee states that have performed needs assessments *(Output)*	FY 2009: 100% (Target Met)	97%[54]	100%	100%	Maintain
2.3.30: Percent of grantee States that have submitted State plans *(Output)*	FY 2009: 100% (Target Exceeded)	60%[55]	100%	100%	Maintain

[49] Includes Cohorts 3 & 4. Cohort 4 began the SPF process in July 2009.

[50] Includes Cohorts 3 & 4. Cohort 4 began the SPF process in July 2009.

[51] Includes Cohorts 3 & 4. Cohort 4 began the SPF process in July 2009.

[52] This measure has been revised for the FY 2011 President's Budget. Previously the measure was cumulative. It has been revised to report its data incrementally. As a result, targets and data provided here may appear to differ from those previously published in the FY 2010 President's Budget.

[53] Includes Cohorts 3 & 4. Cohort 4 began the SPF process in July 2009.

[54] Cohort 1: 100%; Cohort 2: 100%; Cohort 3: 94%

[55] Cohort 1: 100%; Cohort 2: 100%;Cohort 3: 63%

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2012 Target[44]	FY 2012 +/- FY 2011
2.3.31: Percent of grantee States with approved plans *(Output)*	FY 2009: 100% (Target Exceeded)	54%[56]	80%	80%	Maintain

Table 15: Key Performance Indicators for Partnerships for Success

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2012 Target[57]	FY 2012 +/- FY 2011
2.3.77: Increase the number of sub-recipient communities funded through the Partnerships for Success grants (Output)	N/A	Baseline	48	150	+102
2.3.78: Increase the number of communities who report an increase in prevention activities that are supported by collaboration and leveraging of funding streams (Output)	N/A	Baseline	24	75	+51
2.3.79: Increase the number of EBPs implemented by sub-recipient communities (Output)	N/A	Baseline	96	300	+204
2.3.80: Increase the number of sub-recipient communities that improved on one or more targeted NOMs indicators (Outcome)	N/A	Baseline	24	30	+6

Size of Awards

(whole dollars)	FY 2009	FY 2010	FY 2011
Number of Awards	51	57	51
Average Award	$1,700,000	$1,700,000	$1,700,000
Range of Awards	$500,000 - $2,400,000	$500,000 - $2,400,000	$500,000 - $2,400,000

[56] Cohort 1: 100%; Cohort 2: 100%; Cohort 3: 63%

[57] Since SAMHSA's grant awards are made late in the fiscal year, performance targets and results for any given fiscal year primarily reflect the outputs and outcomes associated with activities supported by funding from the prior fiscal year. Therefore, FY 2011 appropriated funding will be reflected in the targets set for FY 2012.

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Sober Truth on Preventing Underage Drinking Act (STOP Act)
(Dollars in Thousands)

	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget	FY 2011 +/- FY 2010
Budget Authority	$7,176	$7,000	$8,000	+$1,000

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

FY 2011 Authorization .....Expired

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

Program Description and Accomplishments

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

This program provides grants to organizations that are currently receiving or have received grant funds under the Office of National Drug Control Policy's Drug-free Communities Act of 1997 to either enhance an existing focus or to add a focus on preventing underage drinking. This program will strengthen the collaborative efforts and increase participation among all stakeholders (e.g. community organizations, coalitions, local and State governments). The initial program, funded in FY 2008, provided 79 four year grants to local communities with up to $50,000 per community per year. In FY 2009, 23 more grants were awarded to strengthen these important efforts.

Another component of the STOP Act is the National Adult-Oriented Media Public Services Campaign, with funding of $1 million in FY 2010. The Underage Drinking Prevention campaign urges parents to speak with their children, age 11-15, about underage drinking in order to delay the onset of and ultimately reduce underage drinking. Nationwide, more than 37 percent of the estimated 10.1 million underage drinkers were provided free alcohol by adults 21 or older (2008 NSDUH). Research shows that parents of teens generally underestimate the extent of alcohol used by youth and its negative consequences, with the vast majority viewing underage drinking as "inevitable." Many parents also find it difficult to know how or when to start a conversation with their children about underage drinking. Through TV, radio, print and outdoor activities, SAMHSA's multicultural campaign seeks to overcome parents' misperceptions about underage drinking by creating a greater urgency around the issue and encourages them to communicate with their children about alcohol at an early age. Parents and viewers are encouraged to visit http://www.stopalcoholabuse.gov, funded through the media campaign, to get information about teens and alcohol, as well as tips on how to initiate conversations with their children about underage drinking.

The third important component of the STOP Act is the Federal Interagency Coordinating Committee on the Prevention of Underage Drinking, with funding of $1 million in FY 2010. The Committee will support planning for the Annual Report on State Underage Drinking Prevention and Enforcement Activities, the development of a report that will include some of the information required in the STOP Act, as well as starting work on the development of a plan to improve the collection, measurement, and consistency of reporting Federal underage alcohol data. In FY 2008, 40 percent of coalitions reported at least a five percent improvement in past 30-day alcohol use in at least two grades.

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

Funding History

FY	Amount
2006	$0
2007	$840,000
2008	$5,404,000
2009	$7,176,000
2010	$7,000,000

Budget Request

The FY 2011 President's Budget request is $8.0 million, an increase of $1 million from the FY 2010 Appropriation level, to support $1.0 million for the National Adult-Oriented Media Public Service Campaign, $6.0 million for grants to community-based coalition enhancement, and $1.0 million for the Intergovernmental Coordinating Committee on the Preventing of Underage Drinking-ICCPUD. The increase will support 20 more communities to enhance and expand the capacity of community coalitions.

Outcomes and Outputs

Table 16: Key Performance Indicators for Sober Truth on Preventing Underage Drinking

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2012 Target[58]	FY 2012 +/- FY 2011
3.3.01: Percentage of coalitions that report at least 5% improvement in the past 30-day use of alcohol in at least two grades *(Outcome)*	FY 2008: 40% (Baseline)	41%	41%	41%	Maintain
3.3.02: Percentage of coalitions that report improvement in youth perception of risk from alcohol in at least two grades *(Outcome)*	FY 2008: 60.9% (Baseline)	63.4%	63.4%	63.4%	Maintain
3.3.03: Percentage of coalitions that report improvement in youth perception of parental disapproval on the use of alcohol in at least two grades *(Outcome)*	FY 2008: 54.5% (Baseline)	56.7%	56.7%	56.7%	Maintain

Size of Awards

(whole dollars)	FY 2009	FY 2010	FY 2011
Number of Awards	101	101	121
Average Award	$50,000	$50,000	$50,000
Range of Awards	$40,000 - $50,000	$40,000 - $50,000	$40,000 - $50,000

[58] Since SAMHSA's grant awards are made late in the fiscal year, performance targets and results for any given fiscal year primarily reflect the outputs and outcomes associated with activities supported by funding from the prior fiscal year. Therefore, FY 2011 appropriated funding will be reflected in the targets set for FY 2012.

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Project LAUNCH

(Dollars in Thousands)

	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget	FY 2011 +/- FY 2010
Budget Authority	$0	$0	$9,683	+$9,683

Authorizing Legislation……..…..... Sections 516 and 520A of the PHS Act

FY 2011 Authorization .....Expired

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

Program Description and Accomplishments

According to the Institute of Medicine's (IOM) 2009 Study, "Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Program and Possibilities," our nation's approach to substance abuse and mental health disorders had largely been to "wait to act until a disorder is well-established and had already done considerable harm" in spite of the fact that there are many prevention strategies that have been shown to be effective. The result is a patchwork that does not perform as an integrated system and fails to serve the needs of many young people and their families.

The Linking Actions for Unmet Needs in Children's Health (Project LAUNCH) Wellness Initiative was initiated in FY 2008 in CMHS to promote and enhance the wellness of young children by increasing grantees capacity to develop infrastructure and implement prevention/promotion strategies necessary to promote wellness for young children aged zero to eight. Project LAUNCH defines wellness as optimal functioning across all developmental domains, including physical, social, emotional, cognitive and behavioral health. For this program behavioral health includes mental health and positive development free from substance abuse and other negative behavior. The goal of Project LAUNCH is to create a shared vision for the wellness of young children that drives the development of Federal, State, Territorial, Tribal and locally-based networks for the coordination of key child-serving systems and the integration of behavioral and physical health services. The expected result is for children to be thriving in safe, supportive environments and entering school ready to learn and able to succeed.

Funding History

FY	Amount
2006	$0
2007	$0
2008	$0
2009	$0
2010	$0

Budget Request

The 2011 President's Budget request will also support $36.683 million for Project LAUNCH, an increase of $11.683 million above FY 2010 Appropriation (+$2 million in CMHS and +$9.683 million in CSAP). The new joint initiative ($11.683 million) between CMHS and CSAP will support approximately 20 new Project LAUNCH Plus grants to communities, an approximately $.7 million contract for evaluation, and a $1.183 million contract for technical assistance. The Initiative will support cooperative agreements of approximately $500,000 per year.

In FY 2011 SAMHSA proposes Project LAUNCH Plus, a new grant program to be jointly managed by the Center for Substance Abuse Prevention (CSAP) and the Center for Mental Health Services (CMHS). The purpose of this initiative is to assist communities in developing and implementing effective mental illness and substance abuse prevention and behavioral health promotion practices, strategies, and policies that will promote the wellness of individuals aged 0-8. The program builds on and expands SAMHSA's original Project LAUNCH program by combining both mental illness and substance abuse prevention services into one program. Scientific evidence demonstrates that a common set of risk and protective factors contributes to a range of mental, physical, and behavioral problems, including substance abuse and other unhealthy behaviors. Thus, comprehensive individual and community based interventions targeting early risk factors and promoting protective factors can prevent substance abuse and some mental illnesses as well as other negative outcomes. The goals of the initiative are to improve community and individual level wellness, and health promotion outcomes. Performance measures will be collected at both the community and individual level. Measures will include population-based indicators of community wellness, and at an individual level will include measures of positive mental health, absence from substance abuse, and improved academic achievement.

Under this program, grantee communities will utilize epidemiologically-based needs assessment approaches to identify their predominant substance abuse prevention and mental health issue(s), and will select and implement evidence-based strategies to target the identified risk and protective factors contributing to these issues. Evidence-based strategies may include individual- and family-focused prevention programs and practices, environmental strategies, community-wide public education campaigns, school-based curricula, and parenting, social, and life skills training. Grantees will collaborate with appropriate service providers for ages 0-8 to ensure the utilization of best practices for universal, selective, and indicated populations.

This Initiative is creative in four significant ways. First, building on the SAMHSA Project LAUNCH model, it requires communities to address substance abuse and mental health issues concurrently rather than separately. Second, it is based on a public health model that focuses on health promotion for the general population, disease prevention, and the related delivery of evidence-based prevention services. Third, it actively addresses the needs of children and will support their involvement in evidence-based prevention. Finally, a rigorous evaluation will be conducted, in coordination with the National Institute of Drug Abuse.

Outcomes and Outputs
SAMHSA is in the process of identifying appropriate measures for this program.

Size of Awards

(whole dollars)	**FY 2009**	**FY 2010**	**FY 2011**
Number of Awards	0	0	20
Average Award	$0	$0	$500,000
Range of Awards	$0	$0	$500,000

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Prevention Prepared Communities
(Dollars in Thousands)

	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget	FY 2011 +/- FY 2010
Budget Authority	$0	$0	$22,600	+$22,600

Authorizing Legislation ..... Sections 516 and 520A of the PHS Act

FY 2011 Authorization .....Expired

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

Program Description and Accomplishments

The Prevention Prepared Communities program will assist communities in developing and implementing effective mental illness and substance abuse prevention practices, strategies, and policies that will promote the wellness of individuals aged 9-25 and the communities in which they live. The program builds on scientific evidence that a common set of risk and protective factors contributes to a range of mental, physical, and behavioral problems, including substance abuse and other unhealthy behaviors. Thus, targeting early risk factors and promoting protective factors can prevent substance abuse as well as other negative outcomes. The goal of Prevention Prepared Communities is to improve community and individual level wellness, and health promotion outcomes. Performance measures will be collected at both the community and individual level. Measures will include population-based indicators of community wellness and at an individual level will include measures of positive mental health, absence from substance abuse, and improved academic achievement.

Under this program, grantee communities will use the Strategic Prevention Framework to utilize epidemiologically-based needs assessment approaches to identify their predominant substance abuse and related mental health issue(s), and will select and implement evidence-based strategies to target the identified risk and protective factors contributing to these issues. Evidence-based strategies may include individual- and family-focused prevention programs and practices, environmental strategies, community-wide public education campaigns, school-based curricula, and parenting, social, and life skills training Grantees will collaborate with appropriate service providers for ages 9-25 to ensure the utilization of best practices for universal, selected, and indicated populations.

Funding History

FY	Amount
2006	$0
2007	$0
2008	$0
2009	$0
2010	$0

Budget Request

The FY 2011 President's Budget request is $22.6 million. The budget request will support approximately 30 grants to communities for total of $15.0 million to offer a continuous system of evidence-based prevention intervention. The FY 2011 request includes $5.6 million to fund community prevention specialists within States to facilitate development of prevention-prepared communities and increase collaboration among State agencies in achieving these goals. Specific activities include establishing and maintaining a State-level drug abuse surveillance monitoring system, providing intensive technical assistance, and developing a state-wide support network to promote coaching and mentoring. In addition, a $2 million contract will be used to evaluate this new Initiative.

Outcomes and Outputs

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

Size of Awards

(whole dollars)	**FY 2009**	**FY 2010**	**FY 2011**
Number of Awards	0	0	30
Average Award	$0	$0	$500,000
Range of Awards	$0	$0	$500,000

Other Capacity Activities
(Dollars in Thousands)

	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget	FY 2011 +/- FY 2010
Mandatory Drug Testing	$5,233	$5,206	$5,206	0
Minority AIDS	41,385	41,385	41,385	0
Methamphetamine	1,774	0	0	0
Performance Management	6,317	6,300	6,300	0
Congressional Projects	2,744	3,950	0	- 3,950
Budget Authority	$57,453	$56,841	$52,891	-$3,950

Authorizing Legislation……Sections 516, 519B, 519E of the PHS Act and E.O. 12564

FY 2011 Authorization .....Expired

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

Program Description and Accomplishments

SAMHSA/CSAP's Other Capacity activities include Minority AIDS, Mandatory Drug Testing, and Performance Management (formerly Program Coordination/Data Coordination and Consolidated Center). These activities are critical to the balanced public health approach in that they are designed to enhance the role of prevention in helping prevent, delay and/or reduce disability from substance use disorders, which takes a toll on health, education, workplace productivity, community involvement, and overall quality of life.

Mandatory Drug Testing

The Federal Drug-Free Workplace Mandatory Drug Testing program, initiated in 1986 by Executive Order #12564 and the Public Law 100-71 in 1987, provides funding for accreditation and ongoing quality assurance of laboratories that perform mandatory drug testing for Federal and non-Federal employees across the nation. The Lab Certification program is a core and crucial component that impacts all Executive Branch agencies related to public safety and national security clearance, including pre-hire and periodic testing for over 400,000 of the approximately 2.2 million non-uniformed service Federal employees, such as the Federal Bureau of Investigation, the Drug Enforcement Administration, and many others in the Department of Defense and the intelligence agencies. The contract is also critical to support employee drug testing federally mandated by the Department of Transportation and the Nuclear Regulatory Commission, in total approximately 6.8 million drug tests per year.

Minority AIDS Program

SAMHSA/CSAP's Minority AIDS Program, implemented in FY 1999, supports efforts to reduce health disparities in minority communities by delivering and sustaining high quality and accessible substance abuse and HIV prevention services. The program strategies include

implementing evidence-based prevention practices targeting subpopulations, conducting HIV testing and referral for treatment, preventing/reducing the risk of substance use disorders and/or HIV. Grantees are required to target one or more high-risk populations such as African American women, adolescents, or individuals who have been released from prisons and jails within the past two years.

The Minority AIDS Program has funded seven cohorts of grants, with currently 140 active grants funded from cohorts six and seven, including five awarded in FY 2009. All grantees are required to use SAMHSA's Strategic Prevention Framework as the model on which they develop their long-range and annual strategic plans for delivering prevention services. Program results show an increase of participants' awareness of the risk of substance use and HIV, increased numbers of people undergoing HIV tests, and a decrease in participants' use of alcohol or illicit drugs. In FY 2010, SAMHSA will focus on two grant programs (the *Capacity Building Initiative* and the *Ready To Respond Initiative*). Within each sub-program, grantees select an at-risk population to target:

- The *Capacity Building Initiative* will target 18-24 year old at-risk populations, including minority students on college campuses;
- The *Ready To Respond Initiative* allows experienced grantees that have successfully provided evidence-based substance abuse and HIV prevention services through the Strategic Prevention Framework to expand those services to a different at-risk subpopulation.

Performance Management (formerly Program Coordination/ Data Coordination and Consolidation Center)

SAMHSA uses multiple systems for performance monitoring and measurement. Each SAMHSA Center uses a Web-based data entry and reporting system for its program (except the Community Mental Health Services and Substance Abuse Prevention and Treatment Block Grant Programs).

SAMHSA uses two contracts to manage performance monitoring and measurement for its programs. The Data Information Technology Infrastructure Contract (DITIC) maintains an online data entry and analysis functions, and data archives, and performs other critical initiatives such as maintaining training library and producing various analytic reports. Programs utilizing this online system include major prevention programs include the Minority AIDS Initiative, Strategic Prevention Framework State Incentive Grants, and Drug Free Communities. Since CY 2009, the contract has added a monitoring and reporting tool for each of those programs to meet progress report and compliance requirements.

The Data Analysis, Coordination, and Consolidation Center (DACCC) provides data cleaning, analysis, and reporting support for SAMHSA/CSAP and its programs. It cleans the data collected by DITIC, and analyzes it to produce program and SAMHSA/CSAP-wide findings to meet Government Performance and Result Act (GPRA) requirements and NOMS needs, as well as Reports to Congress and other ad hoc queries. It also generates presentations and publications, such as "Substance Abuse Prevention Dollars and Cents: A Cost Benefit Analysis." (available at http://ncadistore.samhsa.gov/catalog/productDetails.aspx?ProductID=18137). The DACCC will also support more in-depth cross-site evaluations of SAMHSA/CSAP's largest programs in the

future. With those tools, SAMHSA can use the data to monitor program progress and provide needed technical assistance for grantees and contractors.

Funding History

FY	Amount
2006	$53,274,000
2007	$55,165,000
2008	$58,254,000
2009	$57,453,000
2010	$56,841,000

Budget Request

The FY 2011 President's Budget request is $52.9 million, a decrease of $4.0 million from the FY 2010 Appropriation level. This includes $5.2 million for Mandatory Drug Testing, $41.4 million for Minority AIDS, and $6.3 million for Performance Management. This decrease reflects the elimination of funding for congressional projects and maintains funding at FY 2010 level for all other activities.

Outcomes and Outputs

Table 17: Key Performance Indicators for Minority AIDS Initiative: Substance Abuse Prevention, HIV Prevention and Hepatitis Prevention for Minorities and Minorities Re-entering Communities Post-Incarceration (HIV)[59,60,61]

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2012 Target[62]	FY 2012 +/- FY 2011
2.3.35: Percent of program participants (age 12-17) that rate the risk of substance abuse as moderate or great *(Outcome)*	FY 2008: 90.1% (Target Exceeded)	87%	87%	87%	Maintain
2.3.38: Percent of program participants (age 18 and up) that rate the risk of substance abuse as moderate or great *(Outcome)*	FY 2008: 96.5% (Target Exceeded)	93%	93%	93%	Maintain
2.3.39: Percent of participants (age 12-20) who used alcohol at pre-test who report a decrease in use of alcohol at post-test (user decrease) *(Outcome)*	FY 2008: 58.1% (Target Not Met)	76.6%	76.6%	76.6%	Maintain
2.3.40: Percent of participants (age 21 and up) who used alcohol at pre-test who report a decrease in use of alcohol at post-test (user decrease) *(Outcome)*	FY 2008: 60.4% (Target Exceeded)	60.8%	60.8%	60.8%	Maintain
2.3.41: Percent of participants (age 12-20) who report no alcohol use at pre-test who remain non-users at post-test (non-user stability) *(Outcome)*	FY 2008: 93.7% (Target Exceeded)	95.3%	95.3%	95.3%	Maintain

[59] Data have been revised from previously reported. Previously, data collected in a given year were reported as a result for the following year: for example, results reported for 2008 reflected data collected in 2007. In order to achieve consistency throughout SAMHSA, reporting has been revised so that results reported for a given year reflect data actually collected in that year, so that results for 2008 reflect data collected in 2008.

[60] HIV Cohort 7 serves different population groups so baseline data from this cohort will be established and entered in FY 2010.

[61] The out years of this program are under development and performance measures will be added once the program is finalized. In the interim, targets for FY 2011 and FY 2012 have been included and are subject to change.

[62] Since SAMHSA's grant awards are made late in the fiscal year, performance targets and results for any given fiscal year primarily reflect the outputs and outcomes associated with activities supported by funding from the prior fiscal year. Therefore, FY 2011 appropriated funding will be reflected in the targets set for FY 2012.

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2012 Target[62]	FY 2012 +/- FY 2011
2.3.42: Percent of participants (age 21 and up) who report no alcohol use at pre-test who remain non-users at post-test (non-user stability) *(Outcome)*	FY 2008: 90.3% (Target Exceeded)	92%	92%	92%	Maintain
2.3.43: Percent of participants (age 12-17) who used illicit drugs at pre-test who report a decrease in 30-day use at post-test (user decrease) *(Outcome)*	FY 2008: 67.3% (Target Not Met)	92.3%	92.3%	92.3%	Maintain
2.3.44: Percent of participants (age 18 and up) who used illicit drugs at pre-test who report a decrease in 30-day use at post-test (user decrease) *(Outcome)*	FY 2008: 59.1% (Target Not Met)	70.6%	70.6%	70.6%	Maintain
2.3.45: Percent of participants (age 12-17) who report no illicit drug use at pre-test who remain non-users at post-test (non-user stability) *(Outcome)*	FY 2008: 96% (Target Exceeded)	94.9%	94.9%	94.9%	Maintain
2.3.46: Percent of participants (age 18 and up) who report no illicit drug use at pre-test who remain non-users at post-test (non-user stability) *(Outcome)*	FY 2008: 93.4% (Target Exceeded)	94.6%	94.6%	94.6%	Maintain
2.3.47: Percent of program participants (age 12-17) who somewhat disapprove or strongly disapprove of substance use *(Outcome)*	FY 2008: 72.9% (Target Not Met but Improved)	82.8%	82.8%	82.8%	Maintain
2.3.48: Number of evidence-based policies, practices, and strategies implemented by HIV program grantees[63] *(Output)*	FY 2008: 509 (Target Exceeded)	270	110[64]	110	Maintain

[63] This measure has been revised for the FY 2011 President's Budget. Previously the measure was cumulative. It has been revised to report its data annually. As a result, targets and data provided here may appear to differ from those previously published in the FY 2010 President's Budget.

[64] This measure is expected to decline in FY 2011 following the close-out of Cohort 6 grants and newer Cohorts not yet functioning at optimum levels.

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2012 Target[62]	FY 2012 +/- FY 2011
2.3.56: Number of individuals exposed to substance abuse/hepatitis education services *(Output)*	FY 2008: 3,298 (Target Exceeded)	2,327	1,535[65]	1,535	Maintain
2.3.70: Cost per participant improved on one or more measures between pre-test and post-test[66] *(Efficiency)*	FY 2008: $10,890 (Target Exceeded)[67]	$20,167	$10,890	$10,890	Maintain

[65] This measure is expected to decline in FY 2011 following the close-out of Cohort 6 grants and newer Cohorts not yet functioning at optimum levels.

[66] Successful result is performance *below* target.

[67] Calculations have been adjusted somewhat from earlier years.

Science and Service Activities

(Dollars in Thousands)

	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget	FY 2011 +/- FY 2010
Fetal Alcohol Spectrum Disorder	$9,800	$9,821	$9,821	0
Center for the Application of Prevention Technologies	8,041	8,511	8,511	0
Science and Service Program Coordination	4,693	4,789	4,789	0
National Registry of Evidence-based Programs and Practices	646	650	650	0
SAMHSA Health Information Network	2,749	2,749	2,548	-201
Minority Fellowship Program	71	71	71	0
Budget Authority	$26,000	$26,591	$26,390	-$201

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

FY 2011 Authorization .....Expired

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

Program Description and Accomplishments

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

Fetal Alcohol Spectrum Disorder Center for Excellence

The Fetal Alcohol Spectrum Disorder Center (FASD) for Excellence, initiated in 2001, is the largest alcohol prevention initiative within SAMHSA. The Center for Excellence identifies and disseminates information about innovative techniques and effective strategies for preventing Fetal Alcohol Spectrum Disorder and increases functioning and quality of life for individuals and their families impacted by these disorders. The Center for Excellence identifies gaps and trends in the field, synthesizes findings, and develops appropriate materials about FASD for health and social service professionals, communities, States, and tribal organizations. The Center has

provided more than 500 trainings, technical assistance events, and consultations to approximately 23,000 individuals in the U.S., its Territories, and internationally. One of the Center's key early activities was to establish a database of FASD materials. This database is now searchable and contains nearly 10,000 resources, including FASD literature, publications, posters, and public service announcements (PSAs).

At the heart of the Center's dissemination efforts is its website: http://www.fasdcenter.samhsa.gov. This site is the premier source of FASD information and a top result on all major search engines when researching FASD. The number of unique visitors, number of total visitors, and length of average visit to the site are all up significantly in 2008, compared to 2007. In addition, preliminary 2009 data are also strongly positive, for instance, more than 20,000 products were downloaded from the site, and its Spanish language section has been greatly expanded. Complementing the website is the FASD Information Resource Center hotline (1-866-STOPFAS), through which the Center fields inquiries and contacts from individuals around the world. In 2009, the Call Center fielded more than 400 queries, from across the country and around the world.

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

Working closely with the FASD Prevention, Diagnosis, and Intervention Learning Community, the Center has identified the following trends from the initial subcontractor data:

- Women should be screened for prenatal alcohol use to prevent alcohol-exposed pregnancies (AEP);
- Brief interventions using motivational interviewing are low-cost and effective in reducing the risk of AEP;
- Pregnant women receiving brief interventions may be less likely to drink if their partners are involved;
- Non-medical professionals serving pregnant, low-income, minority women can incorporate brief interventions with their other services;
- Primary care physicians have great potential to reduce drinking among childbearing women;
- Comprehensive services involving case management can produce long-lasting benefits for low-income women and their children.

The Center for the Application of Prevention Technologies

In existence for more than a decade, the Center for the Application of Prevention Technologies (CAPT) promotes state-of-the-art prevention technologies through three core strategies: 1) establishment of technical assistance networks using local experts from each of their five regions; 2) development of training activities; and 3) innovative use of communication media

such as teleconference and video conferencing, online events, and Web-based support. These training and technical assistance activities are designed to build the capacity of SAMHSA grantees and develop the skills, knowledge, and expertise of their prevention workforce. These activities will help support successful implementation of the Strategic Prevention Framework, the delivery of effective prevention programs and practices, and the development of accountability systems for performance measurement and management. Through interagency agreements, the CAPT also provides training and technical assistance to additional client groups such as the U.S. Department of Education's Grants to Reduce Alcohol Abuse Program.

The CAPT promotes a 3-tiered strategic approach to effective prevention throughout the provision of their skill-building training and capacity-building technical assistance: 1) build capacity at the State or grantee level to implement the Strategic Prevention Framework process, 2) prepare States to roll out the Strategic Prevention Framework process at the local level, and 3) work directly with States and their communities to select and implement effective prevention programs and practices, integrate prevention efforts across State systems, and sustain these efforts.

During FY 2008, the CAPT devoted 18,880 hours to provide 1,456 capacity-building technical assistance services to 5,113 individuals representing 373 organizations, resulting in the delivery of 102,517 hours of client service (a measure taking into account both the number of CAPT staff hours devoted to delivery of each TA service and the number of individual recipients of those services). In addition, it delivered 552 on-site and web-based events to advance SAMHSA Strategic Prevention Framework priorities, the majority of which were skill development trainings and training-of-trainers. Collectively, the CAPT provided 3,745 hours of training to 14,664 individuals from all 60 States, territories, and jurisdictions – a total of 115,968 client service hours (a measure of service delivery taking into account the number of training hours delivered to individual training participants). Ninety-six percent of CAPT training and technical assistance service recipients reported satisfaction with the service provided. At follow-up, ninety-eight percent of recipients of substantive CAPT services reported that the service had been useful to them in their work, and ninety-four percent reported that the service substantively enhanced their ability to provide effective prevention services, which is 14 percent higher than the FY 2008 program target of 80 percent.

Critical CAPT activities continued during in FY 2009 despite a contract protest. At this time, the protest has been resolved and all technical assistance and training tasks and activities are continuing to support SAMHSA/CSAP grantees delivering substance abuse prevention services.

National Registry of Evidence-based Programs and Practices

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

application in the field. SAMHSA has developed this resource to help people, agencies, and organizations implement programs and practices in their communities.

After an extensive period of redesign, the new NREPP system and Web site was launched in March 2007. Information on over 150 interventions is currently available, and new intervention summaries (approximately three to five per month) are continually being added as reviews are completed. The registry is expected to grow to a large number of interventions over the coming months and years. Moreover, additional interventions to address service needs are submitted for review each year in response to an annual Federal Register notice.

SAMHSA Health Information Network

SAMHSA's Health Information Network (SHIN), initiated in 2005, combines the National Clearinghouse for Alcohol and Drug Information (NCADI) and the National Mental Health Information Center (NMHIC) to provide a one-stop, quick access point that connects the behavioral health workforce and the general public to the latest information on the prevention and treatment of mental and substance abuse disorders. SHIN leverages knowledge management technology to create an integrated, customer-centric health information network that provides a suite of information services to help SAMHSA discern and meet the needs of its customers. This knowledge management project has allowed SAMHSA to merge the NCADI and NMHIC back-end infrastructures, contact centers, and warehouses; reengineer the Contact Center communications architecture to serve customers faster and with fewer staff; streamline and unify data collection; and establish dashboard reporting on inventory and customer inquiries. The current contract will end in FY 2010, and a new contract will begin in FY 2011. SAMHSA is currently reviewing options for that contract. By providing centralized, state-of-the-art information network, SHIN can create efficiencies that allow the program to redirect resources into product development and other priority programmatic needs. SHIN will continue to provide information dissemination and related core services based not only on legacy needs and approaches (e.g., warehousing print publications, inventory management, order fulfillment, call center services), but also based on new evolving health communications approaches.

SHIN provides critical knowledge dissemination and education support for SAMHSA, including hard copy and electronic dissemination of such publications as the "Tips for Teens" series (which provides substance use disorders prevention information targeted to teens on an array of topics), materials supported by SAMHSA's Underage Drinking Initiative, and information about culturally competent and evidence-based substance use disorders prevention practices. The majority of substance use disorders prevention materials disseminated by SHIN are used for general distribution, personal use and patient education in a treatment setting. SHIN also supports exhibits at several major substance use disorders prevention conferences.

SAMHSA has established two new performance measures for the SHIN to reflect the substantial and increasing role in knowledge product dissemination of the SHIN. SAMHSA will continue to refine and update its performance measures over the coming year, as it moves forward with developing the necessary taxonomy and IT infrastructure to support these measures.

In 2009, the most recent year for which data are available, SHIN disseminated 16,360,389 knowledge products to the field.

Funding History

FY	Amount
2006	$33,649,000
2007	$32,413,000
2008	$27,191,000
2009	$26,000,000
2010	$26,591,000

Budget Request

The FY 2011 President's Budget request is $26.4 million, a decrease of $0.2 million from the FY 2010 Appropriation level. This includes $9.8 million for FASD, $8.5 million for Center for the Application of Prevention Technologies, $4.8 million for Science and Service Program Coordination, $0.65 million for NREPP, $2.5 million for SHIN, and $0.071 million for Minority Fellowship Program. The reduction is for the SAMHSA Health Information Network which is part of the overall contract cost efficiencies and process improvements. Funding for all other activities is maintained at the FY 2010 level.

Outcomes and Outputs

Table 18: Key Performance Indicators for Prevention PRNS - Science and Service Activities

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2012 Target[68]	FY 2012 +/- FY 2011
2.3.71: Number of people provided technical assistance (TA) Services[69] *(Output)*	FY 2008: 22,889 (Baseline)[70]	21,117	21,420	21,420	Maintain

[68] Since SAMHSA's grant awards are made late in the fiscal year, performance targets and results for any given fiscal year primarily reflect the outputs and outcomes associated with activities supported by funding from the prior fiscal year. Therefore, FY 2011 appropriated funding will be reflected in the targets set for FY 2012.

[69] Updated to include Centers for the Application of Prevention Technologies, Native American Center for Excellence, Fetal Alcohol Spectrum Disorder, MEI, and Prevention Fellowships.

[70] Actual has been updated from previously reported and now contains data from the additional science and service activities.

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2012 Target[68]	FY 2012 +/- FY 2011
2.3.72: Percentage of TA recipients who reported that they are very satisfied with the TA received[71] *(Outcome)*	FY 2008: 69.6% (Baseline)[72]	69.1%	69.1%	69.1%	Maintain
2.3.73: Percentage of TA recipients who reported that their ability to provide effective services improved a great deal[73] *(Outcome)*	FY 2008: 65.4% (Baseline)[74]	53.4%	53.4%	53.4%	Maintain
2.3.74: Percentage of TA recipients who reported that the TA recommendations have been fully implemented[75] *(Outcome)*	FY 2008: 55.4% (Baseline)[76]	54%	54%	54%	Maintain
2.3.75: Number of persons receiving prevention information directly[77] *(Output)*	FY 2008: 122,992 (Baseline)[78]	120,223	120,223	120,223	Maintain
2.3.76: Number of persons receiving prevention information indirectly from advertising, broadcast, or website[79] *(Output)*	FY 2008: 1,211,382 (Baseline)[80]	906,707	906,707	906,707	Maintain

[71] Includes Centers for the Application of Prevention Technologies, Native American Center for Excellence, and Prevention fellowships.

[72] Actual has been updated from previously reported and now contains data from the additional science and service activities.

[73] Includes Centers for the Application of Prevention Technologies, and Prevention Fellowships.

[74] Actual has been updated from previously reported and now contains data from the additional science and service activities.

[75] Includes only the Centers for the Application of Prevention Technologies.

[76] Actual has been updated from previously reported and now contains data from the additional science and service activities.

[77] Includes Town Hall Meetings and Fetal Alcohol Spectrum Disorder.

[78] Actual has been updated from previously reported and now contains data from the additional science and service activities.

[79] Includes Town Hall Meetings, Fetal Alcohol Spectrum Disorder, and MEI (Community Outreach).

[80] Actual has been updated from previously reported and now contains data from the additional science and service activities.

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

	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget	FY 2011 +/- FY 2010
Budget Authority	$355,718	$359,718	$359,718	$0

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

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

FY 2011 Authorization ..... Expired

Allocation Method ..... Block Grants

Program Description and Accomplishments

SAMHSA/CSAP is responsible for managing $360 million, the 20 percent Primary Prevention Set-Aside of the SAPT Block Grant. States expend these funds on the six primary prevention strategies: information dissemination, education, alternatives, problem identification and referral, community-based processes, and environmental strategies. States are heavily dependent upon SAPT Block Grant funding for urgently needed substance use prevention services. Prevention service funding varies significantly from State to State. Some States rely solely on the Block Grant's 20 percent set-aside to fund their prevention systems; others use the funds to target gaps and enhance existing program efforts.

In support of SAMHSA's goal to promote increased State accountability, the Block Grant reporting system collects data on the National Outcome Measures (NOMs). Beginning in FY 2008, States were required to submit NOMs as part of their application for the Substance Abuse Prevention and Treatment Block Grant.

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

This transition to a data-driven Block Grant is supported by the States data infrastructure to implement needed data collection and performance measures. One of the permissible uses for the Strategic Prevention Framework grants (within the PRNS budget line) is data infrastructure support. States are being encouraged to utilize the SAMHSA Strategic Prevention Framework or similar planning tool for their Block Grant which will help States to build comprehensive state systems that will lead to better outcomes. In addition, data for a new OMB-approved efficiency measure, "Percent of Program Costs Spent on Evidence-based Programs, Policies, and/or Practices (EBPs)" have been reported by the States in the FY 2010 Block Grant application.

This OMB-approved efficiency measure calculates as total prevention dollars used for EBPs divided by total prevention program dollars.

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

Synar

A measurable outcome resulting from the Block Grant is the success demonstrated by States in reducing the rate at which retailers sell tobacco products to minors, as required under the Block Grant's Synar Amendment. Enacted in 1992, the Amendment requires that States enact and enforce laws that prohibit the sale or distribution of tobacco products to minors. Because it plays a lead Federal role in substance use disorders prevention, SAMHSA was charged with implementing the Synar Amendment. In January 1996, SAMHSA issued the Synar Regulation to provide guidance to the States. The regulation requires that States: 1) have in effect a law prohibiting any manufacturer, retailer, or distributor of tobacco products from selling or distributing such products to any individual younger than age 18; 2) enforce this law; 3) conduct annual, unannounced inspections in a way that provide a valid probability sample of tobacco sales outlets accessible to minors; 4) negotiate interim targets and a date to achieve a noncompliance rate of no more than 20 percent (SAMHSA required that each State reduce its retailer violation rate to 20 percent or less by FY 2003); and 5) submit an annual report detailing State activities to enforce its law. Performance has steadily improved, and for the last three years, for which data are available, (FY 2006, 2007, and 2008), all States and the District of Columbia have met or exceeded the retailer violation rate goal. The Synar program has been successful in reducing youth access to tobacco through retail sources. While the national weighted average retailer violation rate for the 50 States, Puerto Rico and the District of Columbia (weighted by State population) was 40.1 percent in FY 1996, the rate steadily fell to 9.9 percent in FY 2007. However, the national weighted average retailer violation rate is the amount and reach of a State's youth tobacco access enforcement effort. Further, in a worsening economy and as State budgets decrease, these funds are at risk. As a result, some States are reducing the number of enforcement inspections they conduct, which has the potential to result in higher retailer violation rates. At the same time, States have been cutting back funds spent on anti-smoking campaigns that had been funded by nationwide 1998 settlement of a class-action lawsuit against the tobacco industry (Master Settlement Agreement).

The SAPT Block Grant's Synar regulation specifically forbids States from spending SAPT Block Grant money to fund the enforcement of State access law. SAMHSA is working with States to address this issue, including planning sessions at the upcoming 10th National Synar Workshop on topics such as the impact of the recession on Synar: what States are doing to maintain outcomes with less money and how to use local tobacco licensing to help fund enforcement.

National Outcome Measures

The National Outcome Measures for SAMHSA/CSAP use State-level estimates from the NSDUH. Combined NSDUH samples for 2006 and 2007 showed the following improvements over the combined samples for 2005 and 2006:

- Twenty-seven States (52.9 percent) showed a decrease in past-30-day alcohol use in the 12-17 age group. Twenty-eight States (54.9 percent) showed an increase in the perception of risk of harm from having five or more drinks of an alcoholic beverage once or twice a week among the same age group;
- Twenty-five States (49.0 percent) showed a decrease in past-30-day marijuana use among persons aged 12-17. Twenty-one States (41.2 percent) showed an increase in perception of risk of harm from smoking marijuana once or twice per week among the same age group;
- Twenty-nine States (56.9 percent) witnessed increases in the age of first marijuana use, while 31 States (60.8 percent) had increases in the age of first alcohol use;
- Thirty-two States (62.7 percent) witnessed an increase in percentages of persons aged 12-17 reporting that they somewhat or strongly disapproved of their peers having one or two drinks of an alcoholic beverage nearly every day;
- Thirty-four States (66.7 percent) showed increased percentages of persons aged 12-17 reporting that their close friends would somewhat or strongly disapprove of their smoking one or more packs of cigarettes a day;
- Fifteen States showed higher percentages of employed persons aged 15-17 reporting that they would be more likely to work for an employer who randomly tests for drugs and alcohol. This constitutes 57.7 percent of the 26 States for which valid comparisons of this measure were possible across the two combined samples;
- Twenty-five States (49.0 percent) showed increased percentages of persons aged 12-17 reporting a conversation with a parent/guardian about the dangers of alcohol, tobacco, or other drugs during the past 12 months;
- Twelve States showed increased percentages of persons aged 12-17 who reported having been exposed to substance use disorders prevention messages during the past 12 months.

Funding History

FY	Amount
2006	$351,485,000
2007	$351,718,000
2008	$351,745,000
2009	$355,718,000
2010	$359,718,000

Budget Request

The FY 2011 President's Budget request is $359.7 million, same level of funding as the FY 2010 Appropriation. This funding level will maintain the same number of States whose retail tobacco sales violations is at or below 20 percent.

Outcomes and Outputs

Table 19: Key Performance Indicators for SAPTBG - Prevention Set-Aside: Synar Amendment

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2012 Target[81]	FY 2012 +/- FY 2011
2.3.49: Increase number of States (including Puerto Rico) whose retail sales violations is at or below 20%[82] *(Outcome)*	FY 2008: 52 (Target Met)	52	52	52	Maintain
2.3.62: Number of States (excluding Puerto Rico) reporting retail tobacco sales violation rates below 10% *(Outcome)*	FY 2008: 22 (Target Not Met)	25	26	28	+2

Table 20: Key Performance Indicators for SAPTBG - Prevention Set-Aside: Other Activities

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2012 Target[83]	FY 2012 +/- FY 2011
2.3.53: Number of evidence-based policies, practices, and strategies implemented[84] *(Output)*	FY 2008: 10,393 (Target Exceeded)	7,000	10,393	10,393	Maintain

[81] Since SAMHSA's grant awards are made late in the fiscal year, performance targets and results for any given fiscal year primarily reflect the outputs and outcomes associated with activities supported by funding from the prior fiscal year. Therefore, FY 2011 appropriated funding will be reflected in the targets set for FY 2012.

[82] The 20% retail sales violation data apply to the 50 states, D.C., and Puerto Rico.

[83] Since SAMHSA's grant awards are made late in the fiscal year, performance targets and results for any given fiscal year primarily reflect the outputs and outcomes associated with activities supported by funding from the prior fiscal year. Therefore, FY 2011 appropriated funding will be reflected in the targets set for FY 2012.

[84] This measure has been revised for the FY 2011 President's Budget. Previously the measure was cumulative. It has been revised to report its data incrementally. As a result, targets and data provided here may appear to differ from those previously published in the FY 2010 President's Budget.

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2012 Target[83]	FY 2012 +/- FY 2011
2.3.69: Percent of program costs spent on evidence-based practices (EBP) *(Outcome)*	FY 2008: 75% (Target Exceeded)	71%	75%	75%	Maintain
2.3.54: Number of participants served in prevention programs *(Outcome)*	FY 2008: 70,647,674 (Target Exceeded)	17,482,060	70,647,674	70,647,674	Maintain
2.3.63: Percent of states showing an increase in state level estimates of survey respondents who rate the risk of substance abuse as moderate or great (age 12-17) *(Outcome)*	FY 2008: 47.1% (Target Exceeded)	45.1%	47.1%	47.1%	Maintain
2.3.64: Percent of states showing an increase in state level estimates of survey respondents who rate the risk of substance abuse as moderate or great (age 18+) *(Outcome)*	FY 2008: 37.3% (Target Exceeded)	27.5%	37.3%	37.3%	Maintain
2.3.65: Percent of states showing a decrease in state level estimates of percent of survey respondents who report 30 day use of alcohol (age 12-20) *(Outcome)*	FY 2008: 52.9% (Target Exceeded)	51%	52.9%	52.9%	Maintain
2.3.66: Percent of states showing a decrease in state level estimates of percent of survey respondents who report 30 day use of alcohol (age 21+) *(Outcome)*	FY 2008: 47.1% (Target Exceeded)	37.3%	47.1%	47.1%	Maintain
2.3.67: Percent of states showing a decrease in state level estimates of percent of survey respondents who report 30 day use of other illicit drugs (age 12-17) *(Outcome)*	FY 2008: 64.7% (Target Exceeded)	52.9%	64.7%	64.7%	Maintain
2.3.68: Percent of states showing a decrease in state level estimates of percent of survey respondents who report 30 day use of other illicit drugs (age 18+) *(Outcome)*	FY 2008: 37.3% (Target Exceeded)	33.3%	37.3%	37.3%	Maintain

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

Programs of Regional & National Significance	FY 2009 Appropriation		FY 2010 Appropriation		FY 2011 President's Budget		FY 2011 +/- FY 2010	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount
Capacity								
Grants/Cooperative Agreements:								
Continuations	364	$249,492	416	$179,139	491	$279,774	+ 75	+$100,635
New/Competing	176	59,335	203	158,433	184	88,903	- 19	- 69,530
Supplements	24	3,523	0	0	0	0	0	0
Subtotal	**540**	**312,350**	**619**	**337,572**	**675**	**368,677**	**+ 56**	**+ 31,105**
Contracts:								
Continuations	25	52,156	29	78,029	37	88,771	+ 8	+ 10,742
New/Competing	19	20,324	9	10,085	3	3,113	- 6	- 6,972
Supplements	(1)	238	0	0	0	0	0	0
Subtotal	**44**	**72,718**	**38**	**88,114**	**40**	**91,884**	**+ 2**	**+ 3,770**
Technical Assistance	0	0	0	0	0	0	0	0
Review Cost	0	402	0	0	0	0	0	0
Subtotal	**44**	**73,120**	**38**	**88,114**	**40**	**91,884**	**+ 2**	**+ 3,770**
Subtotal, Capacity	**584**	**385,470**	**657**	**425,686**	**715**	**460,561**	**+ 58**	**+ 34,875**
Science and Service								
Grants/Cooperative Agreements:								
Continuations	16	8,647	16	8,579	16	9,678	0	+ 1,099
New/Competing	0	0	0	0	0	0	0	0
Supplements	0	0	(10)	1,099	0	0	- 10	- 1,099
Subtotal	**16**	**8,647**	**16**	**9,678**	**16**	**9,678**	**0**	**0**
Contracts:								
Continuations	8	6,540	11	11,830	11	11,861	0	+ 31
New/Competing	22	10,917	14	4,635	0	3,782	- 14	- 853
Supplements	0	0	0	0	0	0	0	0
Subtotal	**30**	**17,457**	**25**	**16,465**	**11**	**15,643**	- 14	- 822
Technical Assistance	1	768	1	800	1	800	0	0
Review Cost	0	0	0	0	0	0	0	0
Subtotal	**31**	**18,225**	**26**	**17,265**	**12**	**16,443**	- 14	- 822
Subtotal, Science and Service	**47**	**26,872**	**42**	**26,943**	**28**	**26,121**	- 14	- 822
PHS Evauation Funds:(Non-add)	0	*(8,596)*	0	*(8,596)*	0	*(8,596)*	0	*(0)*
Total, PRNS	**631**	**412,342**	**699**	**452,629**	**743**	**486,682**	**+ 44**	**+ 34,053**
Prescription Drug Monitoring (NASPER)	**13**	**2,000**	**51**	**2,000**	**51**	**2,000**	**0**	**0**
SAPT BG	60	1,778,591	60	1,798,591	60	1,798,591	0	0
SAPT BG Set-aside:(Non-add)	0	*(88,930)*	0	*(89,930)*	0	*(89,930)*	0	*(0)*
PHS Evauation Funds:(Non-add)	0	*(79,200)*	0	*(79,200)*	0	*(79,200)*	0	*(0)*
TOTAL, CSAT	**691**	**$2,192,933**	**759**	**$2,253,220**	**803**	**$2,287,273**	**+ 44**	**+$34,053**

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SAMHSA/Substance Abuse Treatment
Programs of Regional and National Significance

Summary of Programs

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

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

The FY 2011 President's Budget request for SAMHSA Substance Abuse Treatment PRNS is $486.7 million, an increase of $34.0 million from the FY 2010 Appropriation level. The request includes:

- $108.9 million for the Access to Recovery Program (ATR) to support grant awards to States and Tribal organization through a recovery-oriented system of care approach to service delivery utilzing electronic vouchers and client choice ;

- $37.1 million for Screening, Brief Intervention, and Referral to Treatment (SBIRT) for continuation grants/cooperative agreements to add screening and brief intervention/referral services within States, campuses and general medical settings, an evaluation of the program, and includes $15.0 million for a new Mental Health/ Substance Abuse SBIRT Initiative, a joint initiative with the Center for Mental Health Services, $3.0 million for the development of new pilot project based on the Physician Clinical Support System, $0.5 million to monitor and encourage State-wide SBIRT code adoption and implementation, and $0.7 million to enhance and expand SAMHSA/CSAT's state financing academies;

- $84.2 million for Criminal Justice activities; $56.4 million for Treatment Drug Courts to provide treatment, housing, vocational, and employment services of which $5.0 million is for Family Dependency/Treatment Drug Courts; $23.2 million for Ex-Offender Reentry programs to provide screening, assessment and comprehensive treatment, and recovery services to offenders reentering the community, and $4.6 million for Adult Criminal Justice Treatment grants;

- $47.4 million for Treatment Systems for Homeless which includes $8.4 million for the new Homeless Initiative Program joint with Center for Mental Health Services'

- $183.1 million for Other Capacity activities, including Minority AIDS ($65.9 million); Targeted Capacity Expansion – General ($28.5 million) which includes $6.0 million for a

- $26.1 million for Science and Service activities, including Addiction Technology Transfer Centers ($9.1 million), the SAMHSA Health Information Network ($3.8 million), and the National Registry of Evidence-Based Programs and Practices ($0.9 million).

The Substance Abuse Treatment PRNS program underwent a program assessment in 2002. The assessment cited strong design and positive impact as strong attributes of the program. As a result of the assessment, the program is providing benchmark data to allow grantees to gauge how they perform compared to other grantees in their program area; including language in new program announcements (as appropriate) around incentives and disincentives based on grantee performance; and to improve the integration of the monthly tracking system of performance that supports monitoring of grantees by team leaders and project officers.

Changes to Summary Listing of Activities Table

The Seclusion and Restraint (S&R) Summary Listing of Activities (SLoA) line has been eliminated and those functions realigned within the Special Initiatives and Outreach line. Adding the Seclusion and Restraint functions to the Special Initiatives and Outreach line serves to streamline the SLoA structure while preserving functionality of all Seclusion and Restraint activities.

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

(Dollars in Thousands)

Programs of Regional & National Significance	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget	FY 2011 +/- FY 2010
CAPACITY:				
Co-occurring State Incentive Grants (SIGs)	$4,263	$4,263	$4,113	-$150
Opioid Treatment Programs/Regulatory Activities	8,886	8,903	8,903	0
Screening, Brief Intervention and Referral to Treatment a/	28,972	29,106	37,106	+8,000
Mental Health/Substance Abuse SBIRT (non-add)	*0*	*0*	*15,000*	*+15,000*
TCE - General	28,634	28,989	28,481	-508
Performance Contracting Program	*0*	*0*	*6,000*	*+6,000*
Pregnant & Postpartum Women	15,662	16,000	17,350	+1,350
Strengthening Treatment Access and Retention	1,638	1,775	1,775	0
Recovery Community Services Program	5,237	5,236	5,236	0
Access to Recovery b/	98,954	98,954	108,854	+9,900
Children and Families	20,468	30,678	30,488	-190
Treatment Systems for Homeless	42,879	42,750	47,360	+4,610
Minority AIDS	66,421	65,988	65,888	-100
Criminal Justice Activities	38,130	67,635	84,191	+16,556
Treatment Drug Courts (non-add)	*23,925*	*43,882*	*56,438*	*+12,556*
Family Dependency/Treatment Drug Courts (non-add within Drug Courts)	*0*	*5,000*	*5,000*	*0*
Ex-Offender Re-Entry (non-add)	*10,092*	*18,200*	*23,200*	*+5,000*
Services Accountability c/	21,040	20,816	20,816	0
Congressional Projects	4,286	4,593	*0*	-4,593
Subtotal, Capacity	**385,470**	**425,686**	**460,561**	**+34,875**
SCIENCE AND SERVICE:				
Addiction Technology Transfer Centers	9,150	9,081	9,081	0
Minority Fellowship Program	547	547	547	0
Special Initiatives/Outreach d/	2,232	2,400	2,420	+20
Information Dissemination	4,586	4,553	4,353	-200
National Registry of Evidence-Based Programs & Practices	893	893	893	0
SAMHSA Health Information Network	4,255	4,255	3,782	-473
Program Coordination and Evaluation e/	5,209	5,214	5,045	-169
Subtotal, Science and Service	**26,872**	**26,943**	**26,121**	**-822**
TOTAL, PRNS	**$412,342**	**$452,629**	**$486,682**	**+$34,053**

a/ Includes PHS evaluation funds for SBIRT evaluation in the amount of $2.0 million in FY 2009, FY 2010 and FY 2011.
b/ Includes PHS evaluation funds for ATR in the amount of $1.4 million in FY 2009.
c/ Includes PHS evaluation funds for the SAIS contract which supports CSAT's data collection activities, in the amount of $5.2 million in FY 2009 and $6.6 million in FY 2010 and FY 2011.
d/ Includes funding for Seclusion and Restraint activities.
e/ Includes Partners for Recovery activities which address issues of national significance and are field/consumer -driven.

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SAMHSA/Center for Substance Abuse Treatment
Mechanism Table by Summary of Activities

(Dollars in Thousands)

Programs of Regional & National Significance	FY 2009 Appropriation No.	FY 2009 Appropriation Amount	FY 2010 Appropriation No.	FY 2010 Appropriation Amount	FY 2011 President's Budget No.	FY 2011 President's Budget Amount	FY 2011 +/- FY 2010 No.	FY 2011 +/- FY 2010 Amount
CAPACITY:								
Co-occurring State Incentive Grants (SIGs)								
Grants								
Continuations	4	$1,695	4	$1,298	2	$1,100	- 2	-$198
New/Competing	0	0	0	0	0	0	0	0
Subtotal	4	1,695	4	1,298	2	1,100	-2	-198
Contracts								
Continuations	1	820	1	2,965	1	3,013	0	+48
New/Competing	1	1,748	0	0	0	0	0	0
Subtotal	2	2,568	1	2,965	1	3,013	0	+48
Total, Co-occurring State Incentive Grants (SIGs)	**6**	**4,263**	**5**	**4,263**	**3**	**4,113**	**-2**	**-150**
Opioid Treatment Programs/Regulatory Activities								
Grants								
Continuations	5	1,955	4	1,435	1	500	-3	-935
New/Competing	0	0	1	500	4	1,435	+3	+935
Subtotal	5	1,955	5	1,935	5	1,935	0	0
Contracts								
Continuations	8	6,585	6	5,208	10	6,968	+4	+1,760
New/Competing	2	108	4	1,760	0	0	- 4	- 1,760
Supplements	(1)	238	0	0	0	0	0	0
Subtotal	10	6,931	10	6,968	10	6,968	0	0
Total, Opioid Treatment Programs/Regulatory Activities	**15**	**8,886**	**15**	**8,903**	**15**	**8,903**	**0**	**0**
Screening, Brief Intervention and Referral to Treatment a/								
Grants								
Continuations	19	24,558	19	23,988	15	13,377	- 4	- 10,611
New/Competing	6	2,247	0	0	26	18,000	+26	+18,000
Subtotal	25	26,805	19	23,988	41	31,377	+22	+7,389
Contracts								
Continuations	1	67	1	5,118	1	5,729	0	+611
New/Competing	2	2,100	0	0	0	0	0	0
Subtotal	3	2,167	1	5,118	1	5,729	0	+611
Total, Screening, Brief Intervention and Referral to Treatment	**28**	**28,972**	**20**	**29,106**	**42**	**37,106**	**+22**	**+8,000**
TCE - General								
Grants								
Continuations	39	14,829	36	11,991	32	12,039	- 4	+48
New/Competing	13	5,069	19	6,969	24	6,000	+5	- 969
Supplements	0	0	0	0	0	0	0	0
Subtotal	52	19,898	55	18,960	56	18,039	+1	- 921
Contracts								
Continuations	4	7,294	5	10,029	4	9,829	- 1	- 200
New/Competing	1	1,442	0	0	1	613	+1	+613
Supplements	0	0	0	0	0	0	0	0
Subtotal	5	8,736	5	10,029	5	10,442	0	+413
Total,TCE - General	**57**	**28,634**	**60**	**28,989**	**61**	**28,481**	**+1**	**- 508**
Pregnant & Postpartum Women								
Grants								
Continuations	15	7,201	26	12,634	10	4,933	- 16	- 7,701
New/Competing	12	5,400	0	0	19	9,201	+19	+9,201
Subtotal	27	12,601	26	12,634	29	14,134	+3	+1,500
Contracts								
Continuations	0	900	1	3,366	1	3,216	0	- 150
New/Competing	1	2,161	0	0	0	0	0	0
Subtotal	1	3,061	1	3,366	1	3,216	0	- 150
Total, Pregnant & Postpartum Women	**28**	**$15,662**	**27**	**$16,000**	**30**	**$17,350**	**+3**	**+$1,350**

a/ Includes PHS evaluation funds for SBIRT evaluation in the amount of $2.0 million in FY 2009, FY 2010 and FY 2011.

SAMHSA/Center for Substance Abuse Treatment
Mechanism Table by Summary of Activities

(Dollars in Thousands)

Programs of Regional & National	FY 2009 Appropriation No.	FY 2009 Appropriation Amount	FY 2010 Appropriation No.	FY 2010 Appropriation Amount	FY 2011 President's Budget No.	FY 2011 President's Budget Amount	FY 2011 +/- FY 2010 No.	FY 2011 +/- FY 2010 Amount
Strengthening Treatment Access and Retention								
Grants								
Continuations	0	$0	0	$0	0	$0	0	$0
New/Competing	0	0	0	0	0	0	0	0
Subtotal	0	0	0	0	0	0	0	0
Contracts								
Continuations	0	1,050	1	1,775	1	1,775	0	0
New/Competing	3	588	0	0	0	0	0	0
Subtotal	3	1,638	1	1,775	1	1,775	0	0
Total, Strengthening Treatment Access and Recovery Community Services Program	**3**	**1,638**	**1**	**1,775**	**1**	**1,775**	**0**	**0**
Grants								
Continuations	15	5,137	8	2,686	6	2,150	- 2	- 536
New/Competing	0	0	6	2,150	8	2,686	+2	+536
Subtotal	15	5,137	14	4,836	14	4,836	0	0
Contracts								
Continuations	0	100	0	0	1	400	+1	+400
New/Competing	0	0	1	400	0	0	-1	-400
Subtotal	0	100	1	400	1	400	0	0
Total, Recovery Community Services Program	**15**	**5,237**	**15**	**5,236**	**15**	**5,236**	**0**	**0**
Access to Recovery b/								
Grants								
Continuations	24	94,026	0	0	30	96,954	+ 30	$96,954
New/Competing	0	0	30	96,954	4	9900	-26	-87,054
Supplements	(24)	3,523	0	0	0	0	0	0
Subtotal	24	97,549	30	96,954	34	106,854	4	9900
Contracts								
Continuations	1	1,405	0	0	1	2,000	+ 1	+2,000
New/Competing	0	0	1	2,000	0	0	-1	-2,000
Subtotal	1	1,405	1	2,000	1	2,000	0	0
Total, Access to Recovery	**25**	**98,954**	**31**	**98,954**	**35**	**108,854**	**4**	**9,900**
Children and Families								
Grants								
Continuations	16	4,795	13	3,897	48	14,376	+ 35	+10,479
New/Competing	14	4,098	35	10,575	0	0	-35	-10,575
Subtotal	30	8,893	48	14,472	48	14,376	0	- 96
Contracts								
Continuations	5	11,206	5	10,956	5	16,112	0	+5,156
New/Competing	1	369	0	5,250	0	0	0	-5,250
Subtotal	6	11,575	5	16,206	5	16,112	0	- 94
Total, Children and Families	**36**	**20,468**	**53**	**30,678**	**53**	**30,488**	**0**	**-190**
Treatment Systems for Homeless								
Grants								
Continuations	71	27,945	72	28,122	70	27,460	- 2	- 662
New/Competing	25	8,683	20	8,092	24	10,864	+ 4	+2,772
Subtotal	96	36,628	92	36,214	94	38,324	+2	+2,110
Contracts								
Continuations	1	3,724	2	6,536	2	6,536	0	0
New/Competing	1	2,527	0	0	2	2,500	+ 2	+2,500
Subtotal	2	6,251	2	6,536	4	9,036	+ 2	+2,500
Total, Treatment Systems for Homeless	**98**	**$42,879**	**94**	**$42,750**	**98**	**$47,360**	**+4**	**+$4,610**

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

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

Programs of Regional & National	FY 2009 Appropriation No.	FY 2009 Appropriation Amount	FY 2010 Appropriation No.	FY 2010 Appropriation Amount	FY 2011 President's Budget No.	FY 2011 President's Budget Amount	FY 2011 +/- FY 2010 No.	FY 2011 +/- FY 2010 Amount
Minority AIDS								
Grants								
Continuations	126	$57,563	133	$60,697	123	$55,715	- 10	-$4,982
New/Competing	16	6,610	0	0	10	4,982	+ 10	+4,982
Subtotal	142	64,173	133	60,697	133	60,697	0	0
Contracts								
Continuations	1	2,248	1	5,291	1	5,191	0	- 100
New/Competing	0	0	0	0	0	0	0	0
Subtotal	1	2,248	1	5,291	1	5,191	0	- 100
Total, Minority AIDS	**143**	**66,421**	**134**	**65,988**	**134**	**65,888**	**0**	**-100**
Criminal Justice Activities								
Grants								
Continuations	30	9,788	101	32,391	154	51,170	+ 53	+18,779
New/Competing	71	22,942	83	28,600	65	25,835	-18	-2,765
Subtotal	101	32,730	184	60,991	219	77,005	+ 35	+16,014
Contracts								
Continuations	3	4,926	5	5,969	8	7,186	+ 3	+1,217
New/Competing	6	474	3	675	0	0	-3	-675
Subtotal	9	5,400	8	6,644	8	7,186	---	+542
Total, Criminal Justice Activities	**110**	**38,130**	**192**	**67,635**	**227**	**84,191**	**+ 35**	**+16,556**
Services Accountability c/								
Contracts								
Continuations	0	12,233	1	20,816	1	20,816	0	0
New/Competing	1	8,807	0	0	0	0	0	0
Subtotal	1	21,040	1	20,816	1	20,816	0	0
Total, Services Accountability	**1**	**21,040**	**1**	**20,816**	**1**	**20,816**	**0**	**0**
Congressional Projects								
Grants								
Continuations	0	0	0	0	0	0	0	0
New/Competing	19	4,286	9	4,593	0	0	-9	-4593
Subtotal	19	4,286	9	4,593	0	0	- 9	- 4,593
Total, Congressional Projects	**19**	**4,286**	**9**	**4,593**	**0**	**0**	**-9**	**- 4,593**
Subtotal, Capacity	**584**	**$385,470**	**657**	**$425,686**	**715**	**$460,561**	**+ 58**	**+$34,875**

c/ Includes PHS evaluation funds for the SAIS contract which supports CSAT's data collection activities, in the amount of $5.2 million in FY 2009 and $6.6 million in FY 2010 and FY 2011.

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

Programs of Regional & National Significance	FY 2009 Appropriation No.	FY 2009 Appropriation Amount	FY 2010 Appropriation No.	FY 2010 Appropriation Amount	FY 2011 President's Budget No.	FY 2011 President's Budget Amount	FY 2011 +/- FY 2010 No.	FY 2011 +/- FY 2010 Amount
SCIENCE AND SERVICE:								
Addiction Technology Transfer Centers								
Grants								
Continuations	15	$7,800	15	$7,732	15	$8,831	0	+$1,099
New/Competing	0	0	0	0	0	0	0	0
Supplements	0	0	(10)	1,099	0	0	-10	-1,099
Subtotal	15	7,800	15	8,831	15	8,831	0	0
Contracts								
Continuations	2	1,350	1	250	1	250	0	0
New/Competing	0	0	0	0	0	0	0	0
Subtotal	2	1,350	1	250	1	250	0	0
Total, Addiction Technology Transfer Centers	**17**	**9,150**	**16**	**9,081**	**16**	**9,081**	**0**	**0**
Minority Fellowship Program								
Grants								
Continuations	0	547	0	547	0	547	0	0
New/Competing	0	0	0	0	0	0	0	0
Subtotal	0	547	0	547	0	547	0	0
Total, Minority Fellowship Program	**0**	**547**	**0**	**547**	**0**	**547**	**0**	**0**
Special Initiatives/Outreach d/								
Grants								
Continuations	1	300	1	300	1	300	0	0
New/Competing	0	0	0	0	0	0	0	0
Subtotal	1	300	1	300	1	300	0	0
Contracts								
Continuations	3	770	5	2,100	5	2,120	0	+20
New/Competing	5	1,162	0	0	0	0	0	0
Subtotal	8	1,932	5	2,100	5	2,120	0	20
Total, Special Initiatives/Outreach	**9**	**2,232**	**6**	**2,400**	**6**	**2,420**	**0**	**+20**
Information Dissemination								
Contracts								
Continuations	0	490	2	4,553	2	4,353	0	-200
New/Competing	2	4,096	0	0	0	0	0	0
Subtotal	2	4,586	2	4,553	2	4,353	0	-200
Total, Information Dissemination	**2**	**$4,586**	**2**	**$4,553**	**2**	**$4,353**	**0**	**-$200**

d/ Includes funding for Seclusion and Restraint activities.

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

Programs of Regional & National Significance	FY 2009 Appropriation No.	FY 2009 Appropriation Amount	FY 2010 Appropriation No.	FY 2010 Appropriation Amount	FY 2011 President's Budget No.	FY 2011 President's Budget Amount	FY 2011 +/- FY 2010 No.	FY 2011 +/- FY 2010 Amount
National Registry of Evidence-Based Programs & Practices								
Contracts								
Continuations	0	$0	0	$893	0	$893	0	$0
New/Competing	0	893	0	0	0	0	0	0
Subtotal	0	893	0	893	0	893	0	0
Total, National Registry of Evidence-Based Programs & Practices	**0**	**893**	**0**	**893**	**0**	**893**	**0**	**0**
SAMHSA Health Information Network								
Contracts								
Continuations	0	4,255	0	4,255	0	0	0	-4,255
New/Competing	0	0	0	0	0	3,782	0	3,782
Subtotal	0	4,255	0	4,255	0	3,782	0	-473
Total, SAMHSA Health Information Network	**0**	**4,255**	**0**	**4,255**	**0**	**3,782**	**0**	**-473**
Program Coordination and Evaluation								
Contracts								
Continuations	3	4,420	4	4,834	4	5,045	0	+211
New/Competing	16	789	14	380	0	0	-14	-380
Supplements	0	0	0	0	0	0	0	0
Subtotal	19	5,209	18	5,214	4	5,045	-14	-169
Total, Program Coordination and Evaluation e/	**19**	**5,209**	**18**	**5,214**	**4**	**5,045**	**-14**	**-169**
Subtotal , Science and Service	**47**	**26,872**	**42**	**26,943**	**28**	**26,121**	**-14**	**- 822**
Total, PRNS	**631**	**$412,342**	**699**	**$452,629**	**743**	**$486,682**	**+ 44**	**+$34,053**

e/ Includes Partners for Recovery activities which address issues of national significance and are field/consumer -driven.

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Access to Recovery
(Dollars in Thousands)

	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget	FY 2011 +/- FY 2010
Program Level	$98,954	$98,954	$108,854	+ $9,900
PHS Evaluation Funds (non-add)	*(1,405)*	*(0)*	*(0)*	*(0)*

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

2011 Authorization…….…...…Expired

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

Program Description and Accomplishments

Access to Recovery (ATR) provides grants to States, Tribes, and Tribal organizations to carry out voucher programs that expand substance abuse treatment capacity and promote choice among clinical treatment and recovery support providers in order to facilitate client recovery from substance abuse. The objectives of the program are to expand substance abuse treatment capacity by increasing the number and types of providers (including faith-based and grass-roots providers), to allow clients to play a more significant role in the development of their treatment plans through the use of electronic vouchers, and to link clinical treatment with critical recovery support services such as childcare, transportation, and mentoring. The populations served through ATR include the following: youth, methamphetamine users, individuals involved with the criminal justice system, and women with dependent children. Individuals that abuse methamphetamine were included as a priority population in the Request for Applications for the FY 2010 ATR cohort. ATR enhances accountability by measuring outcomes and monitoring data to deter fraud and abuse.

ATR was launched in 2004 when 15 3-year grants were awarded, which provided services to almost 200,000 clients. A second cohort of 24 3-year ATR grants was awarded in September 2007. The second ATR cohort was projected to serve a target number of 30,000 clients in its first year; however, the actual number served was more than 50,000 for FY 2008. The number served in 2009 was approximately 89,600 which exceeded the target of 65,000 clients. SAMHSA recommends a target of 225,000 clients for the third cohort (4-year grants) which will begin in FY 2010, with approximately 33,000 to be served in the first year, 70,750 clients to be served in the two subsequent years, and 50,000 to be served in the final year. FY 2009 outcome data show that 81 percent of the clients had success achieving and maintaining abstinence from substance use. In addition, by six month follow-up, 47 percent reported being housed; 96 percent had no involvement in the criminal justice system; and 91 percent reported being socially connected.

ATR underwent a program assessment in 2007. The assessment cited a clearly defined purpose with specific goals and objectives, ambitious targets, and considerable success in meeting program goals and objectives as strong attributes of the program.

As ATR grant awards are made late in the fiscal year, performance targets and results for each fiscal year primarily reflect the outputs and outcomes associated with activities supported by funding from the prior fiscal year.

Funding History

FY	Amount
2006	$98,208,000
2007	$98,703,000
2008	$96,777,000
2009	$98,954,000
2010	$98,954,000

Budget Request

The FY 2011 President's Budget request is $108.9, an increase of $9.9 million above the FY 2010 Appropriation level. The increase will fund up to four new ATR grants, expanding this recovery-oriented system of care approach to service delivery utilizing electronic vouchers and client choice.

Outcomes and Outputs

Table 21: Key Performance Indicators for Access to Recovery

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2012 Target[85]	FY 2012 +/- FY 2011
1.2.32: Increase the number of clients gaining access to treatment[86] *(Output)*	FY 2009: 89,595 (Target Exceeded)	65,000	33,500	70,750[87]	+37,250
1.2.33: Increase the percentage of adults receiving services who had no past month substance use *(Outcome)*	FY 2009: 81% (Target Met)	82%	82%	83%	+1%
1.2.34: Increase the percentage of adults receiving services who had improved family and living conditions *(Outcome)*	FY 2009: 47% (Target Not Met)	53%	53%	54%	+1%
1.2.35: Increase the percentage of adults receiving services who had no/reduced involvement with the criminal justice system *(Outcome)*	FY 2009: 96% (Target Met)	96%	96%	96%	Maintain
1.2.36: Increase the percentage of adults receiving services who had improved social support *(Outcome)*	FY 2009: 91% (Target Exceeded)	91%	91%	91%	Maintain
1.2.37: Increase the percentage of adults receiving services who were currently employed or engaged in productive activities *(Outcome)*	FY 2009: 49% (Target Not Met)	54%	54%	55%	+1%
1.2.39: Cost per client served[88] *(Efficiency)*	FY 2009: $1,071 (Target Exceeded)	$1,572	$2,985	$1,413	-$1,572

[85] Since SAMHSA's grant awards are made late in the fiscal year, performance targets and results for any given fiscal year primarily reflect the outputs and outcomes associated with activities supported by funding from the prior fiscal year. Therefore, FY 2011 appropriated funding will be reflected in the targets set for FY 2012.

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

[87] The targets for numbers served for ATR were determined based on previous funding information for the third cohort of this Program. They have been published in the most recent RFA. As a result, FY 2012 targets have remained as published and not been adjusted based on funding levels in FY 2011.

[88] Successful result is below target.

Size of Awards

(whole dollars)	**FY 2009**	**FY 2010**	**FY 2011**
Number of Awards	24	30	34
Average Award	$3,917,750	$3,231,800	$3,142,765
Range of Awards	$1,650,000-$4,830,000	$1,600,000 - $4,000,000	$1,600,000 - $4,000,000

Screening, Brief Intervention and Referral to Treatment
(Dollars in Thousands)

	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget	FY 2011 +/- FY 2010
Program Level	$28,972	$29,106	$37,106	+ $8,000
PHS Evaluation Funds (non-add)	*(2,000)*	*- 2,000*	*- 2,000*	*(0)*

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

2011 Authorization…….……...Expired

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

Program Description and Accomplishments

Screening, Brief Intervention and Referral to Treatment (SBIRT) was initiated in the Center for Substance Abuse Treatment (CSAT) in FY 2003, using cooperative agreements to expand and enhance the State or tribal organization continuum of care. The purpose of the program is to integrate screening, brief intervention, referral, and treatment services within general medical and primary care settings. According to SAMHSA's National Survey on Drug Use and Health (NSDUH), in 2008 approximately 21 million people needed treatment for a substance use disorder but did not receive it. Of those, 95 percent did not even recognize they had a problem. Therefore, most people with or at risk for a substance use disorder are unlikely to seek help from the specialty treatment system. They are far more likely to present in some other medical setting.

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

The first cohort of SBIRT cooperative agreements was awarded in 2003 to six States and one Tribal entity. Cooperative agreements were awarded to four more States in 2006 and four in 2008. In 2005, 12 Treatment Capacity Expansion (TCE), Screening and Brief Intervention (SBI) grants were awarded to colleges and universities to address campus drinking and drug use. In 2008, in an effort to institutionalize SBIRT into general health care practice, 11 grants were awarded to embed SBIRT training and practice in medical residency programs. SBIRT has greatly expanded capacity by screening more than 185,000 persons in FY 2009, significantly exceeding the target of 139,650.

The SBIRT cooperative agreements and grants require grant recipients to effect practice change throughout the spectrum of medical practice. This is achieved through implementation of SBIRT

programs in all levels of primary care, including hospitals, trauma centers, health clinics, nursing homes and school systems. Practice change is also envisioned as altering the educational structure of medical schools by developing and implementing SBIRT curriculum as standard and permanent practice.

SBIRT is helping to identify individuals with emerging or undiagnosed substance abuse problems in trauma centers/emergency rooms, community clinics, federally qualified health centers, and school clinics. As of September 30, 2009, approximately 925,000 individuals have been screened through the SBIRT programs funded by SAMHSA. Of those screened, 23 percent required a brief intervention, brief treatment, or referral to a specialty treatment. At 6-month post intake, abstinence increased by nearly 50 percent for those individuals receiving a brief intervention, brief treatment, or referral to treatment.

SBIRT has great future potential for promoting changes to the entire primary care medical service delivery system. Continued expansion of the SBIRT program would be expected to include dentistry, pediatrics and adolescent care organizations, community health and mental health agencies, and other locations where primary care services are offered. New diagnostic codes have been adopted by ten U.S. States, making it easier for doctors to get reimbursed for screening Medicaid patients.

Funding History

FY	Amount
2006	$29,624,000
2007	$29,624,000
2008	$29,106,000
2009	$28,972,000
2010	$29,106,000

Budget Request

The FY 2011 President's Budget request is $37.1 million, an increase of $8.0 million from the FY 2010 Appropriation level. Of the total, $15.0 million will fund new grants for the Mental Health/ Substance Abuse SBIRT program, $3.0 million will fund the development of new pilot project based on the Physician Clinical Support System, $0.5 million to monitor and encourage State-wide SBIRT code adoption and implementation in collaboration with the Centers for Medicare & Medicaid Services on the design, collection, and reporting of data for this initiative., and $0.7 million to enhance and expand SAMHSA/CSAT's state financing academies, to promote state-wide adoption of SBIRT via code adoption, and secure inclusion of SBIRT into health care credentialing policies.

The proposed Mental Health/Substance Abuse SBIRT will reach individuals not likely to seek, but are in need of substance abuse and mental health services in communities. Data from the 2008 National Survey on Drug Use and Health (NSDUH) show that the prevalence of past 30-

day serious psychological distress among adults aged 18 and older was 10.2 million, representing 4.5 percent of all U.S. adults. In addition, the NSDUH found that there were 10.6 million adults aged 18 and older who reported an unmet need for mental health care in the past year. In 2008, approximately 40 percent of adults with co-occurring substance use and mental health disorders received no treatment at all.

SAMHSA is proposing to build upon the existing SBIRT program and adopt critical aspects of the SBIRT program to include not only the provision of appropriate substance abuse treatment services but also to expand behavioral health system capacity for mental health disorder prevention/promotion and screening; facilitate access to quality, integrated, individualized care; and provide treatment that fosters recovery from both mental health and substance use disorders. Additionally, the new initiative includes efforts to expand the service settings of SBIRT to incorporate non-traditional settings such as "one stop" social service centers and employment centers.

In addition, $3.0 million will be used for the development of a pilot project, Physician Clinical Support System- SBIRT, to extend SBIRT training and general substance abuse treatment information and clinical decision making support to physicians and other healthcare professionals. The goal of this effort is to increase healthcare providers' knowledge about addiction and the evidence-based treatments for substance dependence to better equip primary care physicians and other healthcare providers to screen for, diagnose, and treat a broad range of substance use disorders. The program will fund six new grants.

Outcomes and Outputs

Table 22: Key Performance Indicators for Screening, Brief Intervention and Referral to Treatment

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2012 Target[89]	FY 2012 +/- FY 2011
1.2.40: Increase the number of clients served *(Output)*	FY 2009: 185,648 (Target Exceeded)	139,650	139,650	47,500[90]	-92,150
1.2.41: Increase the percentage of clients receiving services who had no past month substance use *(Outcome)*	FY 2009: 34% (Target Not Met)	50%	50%	50%	Maintain

[89] Since SAMHSA's grant awards are made late in the fiscal year, performance targets and results for any given fiscal year primarily reflect the outputs and outcomes associated with activities supported by funding from the prior fiscal year. Therefore, FY 2011 appropriated funding will be reflected in the targets set for FY 2012.

[90] Target lower than last year's actual due to grants coming to a natural end and new SBIRT dollars being spent on grants to the Mental Health SBIRT program.

Table 23: Mental Health/Substance Abuse Screening, Brief Intervention and Referral to Treatment

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2012 Target[91]	FY 2012 +/- FY 2011
Increase the number of individuals screened for mental disorders (including PTSD) and substance use disorders	N/A	N/A	N/A	58,456	+58,456
Increase the number of individuals receiving a brief intervention for MH and/or SUD	N/A	N/A	N/A	9,998	+9,998
Increase number of individuals assessed and referred for specialty MH and/or SA treatment	N/A	N/A	N/A	2,449	+2,449
Increase the percentage of individuals receiving mental health and/or substance abuse treatment services who report improved functioning	N/A	N/A	N/A	47%	+47%

Size of Awards

(whole dollars)	FY 2009	FY 2010	FY 2011
Number of Awards	25	19	41
Average Award	$1,072,200	$1,262,526	$765,293
Range of Awards	$281,000 - $2,800,000	$281,000 - $2,800,000	$275,000 - $2,800,000

[91] Since SAMHSA's grant awards are made late in the fiscal year, performance targets and results for any given fiscal year primarily reflect the outputs and outcomes associated with activities supported by funding from the prior fiscal year. Therefore, FY 2011 appropriated funding will be reflected in the targets set for FY 2012.

Criminal Justice

(Dollars in Thousands)

	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget	FY 2011 +/- FY 2010
Budget Authority	$38,130	$67,635	$84,191	+$16,556
Treatment Drug Courts (non-add)	*23,925*	*43,882*	*56,438*	*+12,556*
Family Dependency/Treatment Drug Courts (non-add within Drug Courts)	*0*	*5,000*	*5,000*	*0*
Ex-Offender Re-Entry (non-add)	*10,092*	*18,200*	*23,200*	*+5,000*
Adult Criminal Justice Treatment	*4,113*	*5,553*	*4,553*	*-1,000*

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

2011 Authorization……Expired

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

Program Description and Accomplishments

Criminal justice activities include grant programs which focus on diversion and re-entry for adolescents, teens, and adults with substance use disorders, and/or co-occurring substance use and mental disorders. Criminal justice program grantees are tasked with providing a coordinated and comprehensive continuum of supervision, programs and services to help members of the target population become productive, responsible and law abiding citizens. In addition, the program assists States to break the pattern of incarceration and reduce recidivism.

Treatment Drug Courts

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

The number of Treatment Drug Courts in the nation has increased, from 1,200 in 2005 to over 2,100 in 2008. Even with the increase in the availability of these courts, there is a limited amount of treatment, mental health, and recovery support services available. Approximately 10 percent of individuals in need of substance abuse treatment within the criminal justice system actually receive treatment as part of their justice system supervision. Recognizing the need to enhance or expand treatment services for people who were involved in the criminal justice system, Treatment Drug Court funding began in 2002 as combined adult, juvenile, and family drug courts and treatment providers. In 2009, $19 million was awarded to fund 66 grants for Adult and Juvenile Drug Courts.

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

In FY 2009, the majority of the Treatment Drug Court Program consisted of Adult Treatment Courts. Data from the programs show that 1,183 clients received services, which exceeded the target of 960. In addition, targets were met or exceeded for no criminal justice involvement (95 percent) and abstinence from substance use (89 percent).

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

As the grant awards are made late in the fiscal year, performance targets and results for any given fiscal year primarily reflect the outputs and outcomes associated with activities supported by funding from the prior fiscal year. Therefore, FY 2011 funding will be reflected in the targets set for FY 2012. With the increase in funds in the Criminal Justice portfolio, a target of approximately 8,651 clients served has been set, including Juvenile and Adult Drug Courts.

In FY 2010, SAMHSA and the Office of Justice Programs /Bureau of Justice Affairs developed a joint program to enhance court services, coordination, and substance abuse treatment capacity of adult drug courts. The purpose of this joint initiative was to invite applicants to submit for consideration one comprehensive strategy for enhancing drug court capacity, allowing applicants to compete for access to both criminal justice and substance abuse treatment funds with one application. Successful applicants will be awarded two separate grants from each agency, representing an innovative braided funding opportunity. This collaboration was modeled after a successful collaborative grant program initiated in FY 2009 between SAMHSA and the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to support juvenile drug courts.

The Treatment Drug Courts program underwent a program assessment in 2008. The assessment cited ambitious targets, progress towards achieving its long-term targets, and success in meeting program goals and objectives as strong attributes of the program. As a result of the assessment, a contract has been awarded to initiate a cross-site evaluation of SAMHSA's current Treatment Drug Court programs. In addition, in response to one of the program assessment

recommendations, SAMHSA has strengthened and expanded its collaboration with the Department of Justice.

Ex-offender Re-entry Program

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

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

SAMHSA recognizes the need to continue efforts to return and reintegrate offenders back into the community by providing substance abuse treatment and other related re-entry services while also ensuring public safety for the community and family. The Ex-Offender Re-entry grants provide screening, assessment and comprehensive treatment and recovery support services to offenders reentering the community, as well as offenders who are currently on or being released from probation or parole.

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

Adult Criminal Justice Treatment

SAMHSA/CSAT established a new criminal justice program in FY 2008, Substance Abuse Treatment in Adult Criminal Justice Populations (Short title: Adult Criminal Justice Treatment). This 3-year grant program targeted individuals that were under some form of judicial or community justice supervision and who were: screened and assessed as substance-involved; and/or had been diagnosed with a substance abuse disorder or co-occurring disorder of substance abuse and mental health. Program clients had to be under the supervision of the judiciary or community justice/corrections agencies (such as probation, parole, community corrections). Since SAMHSA/CSAT funding supports treatment and recovery services for individuals in the community, this program could not be used for providing services to incarcerated populations (defined as those persons in jail, prison, detention facilities or in custody where they are not free to move about in the community), nor could drug courts apply for these funds because SAMHSA/CSAT offered a separate funding stream for grants specific to drug courts. Applicants were further encouraged to give priority to expanding and/or enhancing substance abuse treatment and recovery services for returning veterans and chronic inebriates who were part of the targeted criminal justice population. The current group of ten Adult Criminal Justice Treatment (ACJT) grants will end in FY 2010 and a new announcement is planned for FY 2011.

Funding History

FY	Amount
2006	$24,114,000
2007	$23,243,000
2008	$23,693,000
2009	$38,130,000
2010	$67,635,000

Budget Request

The FY 2011 President's Budget request is $84.2 million, an increase of $16.6 million from the FY 2010 Appropriation level which is offset by several grants that are coming to a natural end in FY 2010. Of the total, $17.9 million will support new Drug Court grants, $4.8 million to support new Ex-Offender Re-entry Grants and approximately $4.6 million to support new Adult Criminal Justice Treatment grants. For the FY 2011 Drug Court program, a target of approximately 8,651 clients served has been set, including Juvenile and Adult Drug Courts. Approximately 3,712 clients will be served by the Ex-Offender Re-entry Grants.

Outcomes and Outputs

Table 24: Key Performance Indicators for Criminal Justice - Juvenile and Adult Drug Courts

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2012 Target[92]	FY 2012 +/- FY 2011
1.2.62: Juvenile: Percentage of clients that complete treatment *(Outcome)*	FY 2008: 75.1%[93] (Target Exceeded)	N/A	76%	76%	Maintain
1.2.63: Juvenile: Increase percentage of clients receiving services who were currently employed or engaged in productive activities *(Outcome)*	FY 2009: 89% (Target Exceeded)	N/A	88%	88%	Maintain
1.2.64: Juvenile: Increase percentage of clients receiving services who had a permanent place to live in the community *(Outcome)*	FY 2009: 79% (Target Not Met)	N/A	82%	82%	Maintain
1.2.65: Juvenile: Increase percentage of clients receiving services who had no involvement with the criminal justice system *(Outcome)*	FY 2009: 92% (Target Not Met)	N/A	95%	95%	Maintain
1.2.66: Juvenile: Increase percentage of clients receiving services who experienced no/reduced alcohol or illegal drug related health, behavioral or social consequences *(Outcome)*	FY 2009: 99% (Target Exceeded)	N/A	93%	93%	Maintain
1.2.67: Juvenile: Increase percentage of clients receiving services who had no past month substance use *(Outcome)*	FY 2009: 73% (Target Met)	N/A	73%	73%	Maintain
1.2.69: Juvenile: Reduce cost-per-client served[94] *(Outcome)*	FY 2009: $5,215 (Target Exceeded)	N/A	$5,610	$5,610	Maintain
1.2.70: Juvenile: Increase number of clients served *(Output)*	FY 2009: 376 (Target Not Met)	N/A	1463[95]	1881	+418

[92] Since SAMHSA's grant awards are made late in the fiscal year, performance targets and results for any given fiscal year primarily reflect the outputs and outcomes associated with activities supported by funding from the prior fiscal year. Therefore, FY 2011 appropriated funding will be reflected in the targets set for FY 2012.

[93] The treatment completion measure for juveniles is collected upon discharge from treatment. Due to the small number of grantees during FY 2009, this measure could not be calculated with any reliability and therefore is not reported. Next reported actual will be for FY 2010.

[94] Successful result is below target.

[95] This target has been revised from the FY 2010 President's Budget based on the FY 2010 Conference report.

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2012 Target[92]	FY 2012 +/- FY 2011
1.2.71: Adult: Percentage of clients that complete treatment[96] *(Outcome)*	FY 2009: 51% (Target Not Met)	53%	53%	54%	+1%
1.2.72: Adult: Increase percentage of clients receiving services who were currently employed or engaged in productive activities[97] *(Outcome)*	FY 2009: 63% (Target Not Met)	64%	64%	65%	+1%
1.2.73: Adult: Increase percentage of clients receiving services who had a permanent place to live in the community[98] *(Outcome)*	FY 2009: 41% (Target Not Met)	42%	42%	43%	+1%
1.2.74: Adult: Increase percentage of clients receiving services who had no involvement with the criminal justice system *(Outcome)*	FY 2009: 95% (Target Exceeded)	93%	93%	93%	Maintain
1.2.75: Adult: Increase percentage of clients receiving services who experienced no/reduced alcohol or illegal drug related health, behavioral or social, consequences *(Outcome)*	FY 2009: 89% (Target Not Met)	93%	93%	93%	Maintain
1.2.76: Adult: Increase percentage of clients receiving services who had no past month substance use *(Outcome)*	FY 2009: 89% (Target Exceeded)	73%	73%	73%	Maintain
1.2.78: Adult: Reduce cost-per-client served[99] *(Outcome)*	FY 2009: $4,320 (Target Exceeded)	$5,554	$5,554	$6,000	+$446
1.2.79: Adult: Increase number of clients served *(Output)*	FY 2009: 1183 (Target Exceeded)	2832	5265[100]	6770	+1505

[96] Targets set for this measure in the FY 2010 President's Budget were based on Juvenile Drug Court data. Data for Adult Drug Courts clients is now available. As a result, the targets for FY 2010, 2011 and 2012 have been revised to be more appropriate to the population of this program.

[97] Targets set for this measure in the FY 2010 President's Budget were based on Juvenile Drug Court data. Data for Adult Drug Courts clients is now available. As a result, the targets for FY 2010, 2011 and 2012 have been revised to be more appropriate to the population of this program.

[98] Targets set for this measure in the FY 2010 President's Budget were based on Juvenile Drug Court data. Data for Adult Drug Courts clients is now available. As a result, the targets for FY 2010, 2011 and 2012 have been revised to be more appropriate to the population of this program.

[99] Successful result is below target.

[100] The FY 2011 target has been revised based on the assumption that SAMHSA will fund primarily Adult Drug Courts with FY 2010 funds. This target may be revised if this does not occur. This target has been revised from the FY 2010 President's Budget based on the FY 2010 Conference report.

Table 25: Key Performance Indicators for Criminal Justice - Ex-Offender Re-Entry Program

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2012 Target[101]	FY 2012 +/- FY 2011
1.2.80: Number of clients served *(Outcome)*	N/A	1312	2912[102]	3712	+800
1.2.81: Percentage of clients who had no past month substance use *(Outcome)*	N/A	68.9%	70%	69%	-1%

Size of Awards

(whole dollars)	FY 2009	FY 2010	FY 2011
Number of Awards	101	184	219
Average Award	$324,059	$331,473	$351,621
Range of Awards	$76,000 - $450,000	$236,000 - $400,000	$289,000 - $400,000

[101] Since SAMHSA's grant awards are made late in the fiscal year, performance targets and results for any given fiscal year primarily reflect the outputs and outcomes associated with activities supported by funding from the prior fiscal year. Therefore, FY 2011 appropriated funding will be reflected in the targets set for FY 2012.

[102] This target has been revised from the FY 2010 President's Budget based on the FY 2010 Conference report.

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Treatment Systems for Homelessness

(Dollars in thousands)

	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget	FY 2011 +/- FY 2010
Budget Authority	$42,879	$42,750	$47,360	+ $4,610

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

2011 Authorization .....Expired

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

Program Description and Accomplishments

SAMHSA/CSAT manages two grant portfolios under its Grants for the Benefit of Homeless Individuals (GBHI) program, both of which provide focused services to individuals with a substance use disorder or who have co-occurring disorders. Through a recovery and public health oriented system of care, grantees are encouraged to address gender, age, race, ethnicity, sexual orientation, disability status, veteran's status, and criminal justice status as these issues relate to both co-occurring disorder services and to substance use disorder services for homeless individuals.

The purpose of the GBHI program is to enable communities to expand and strengthen their substance abuse treatment services for homeless (including chronically homeless) individuals with substance abuse disorders, or with co-occurring substance abuse disorders and mental illness. SAMHSA/CSAT funds programs that demonstrate treatment effectiveness in serving runaways, homeless, and street youth, and homeless veterans. In addition, SAMHSA/CSAT provides funds for expansion and strengthening substance abuse treatment services for homeless, alcohol-dependent persons who have histories of public inebriation, frequent emergency room visits, arrests, mental disorders, or co-occurring substance use disorders and mental disorders. The term "chronic public inebriates" has been used to define this population; one of several target populations served which require substance use disorder treatment oriented service modalities.

Through this grant program, grantees link substance abuse treatment services with housing programs and other services (e.g., primary care). Funds support direct services, including the following types of activities: conducting outreach and pre-service strategies to expand access to treatment services to underserved populations; purchasing or providing direct treatment (including screening, assessment, and care management) services for populations at risk; purchasing or providing "wrap-around" services; and collecting data using specified tools and standards to measure and monitor substance abuse treatment services and costs. In particular, programs are encouraged to implement evidence-based practices that result in treatment outcomes such as abstinence from alcohol and substance use, reduced criminal justice system involvement, employment, and stable housing.

One such program that has been recognized by the Boston Globe for its exceptional work is SAMHSA/CSAT grantee, the *Institute for Health And Recovery (IHR)* in Cambridge, MA. IHR provides innovative, home, and community-based services to: families struggling to address their addictions and keep their children; adolescents hoping to build lives free of substance use; parents devastated by the recognition that their children may have serious substance use issues; and to pregnant women hoping to beat back addiction in order to give birth to drug-free babies. IHR is engaged at multiple levels with state agencies, providing advice regarding gender-specific treatment services for substance use, as a liaison to community-based service providers, and as a provider of services, as well. Their trauma integration work develops and supports an integrated trauma-informed service system for women, men, children, and families affected by substance use, co-occurring disorders, and violence/trauma. Their curriculum for parents of adolescents in substance abuse treatment was piloted at several sites throughout the State of Massachusetts. This grant program works directly in family shelters providing individual and group services, and care coordination aimed at engaging mothers and their children in substance abuse services. Currently, they are treating 114% of their target goal and following up on 90% of their clients. Their outcomes demonstrate an increase in abstinence, a decrease in criminal justice activity and significant increases in education/employment, social connectedness, and housing stability.

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

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

In FY 2009, SAMHSA/CSAT allocated $5.5 million to fund 16 new GBHI General grants, and $3.1 million to fund nine new SSH grants. In FY 2010, SAMHSA/CSAT plans to allocate $8.0 million to fund up to 20 new GBHI grants. The FY 2011 Request will support all grant and contract continuations and provide funds to implement a new Homeless Initiative jointly with the SAMHSA/Center for Mental Health Services.

Since the inception of the GBHI program, SAMHSA/CSAT homeless grants have served 37,893 individuals. The currently active portfolio has served over 18,800 individuals. Each grantee collects information on the clients that are served through the grant funds. The information is entered into a Web-based data system that allows for tracking and accountability of grantee performance on the goals outlined in the grant proposal. Outcomes data available for a subset of clients served by the program through the active GBHI grantees show that individuals demonstrate:

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

Funding History

FY	Amount
2006	$34,517,000
2007	$34,841,000
2008	$42,500,000
2009	$42,879,000
2010	$42,750,000

Budget Request

The FY 2011 President's Budget request is $47.4 million, an increase of $4.6 million from the FY 2010 Appropriation. Additionally, SAMHSA will begin a new Homelessness Initiative program for a total of $15.8 million ($7.4 million in CMHS and $8.4 million in CSAT). Several GBHI grants are coming to a natural end in FY 2010 and the funds have been realigned to support the Homeless Initiative Program. These activities involve working with state and local jurisdictions and service providers to creatively direct appropriate services and supports to homeless individuals and families with the aim of preventing and reducing homelessness. Included in these activities is a robust collaboration with the Department of Housing and Urban Development. This collaboration will combine health, behavioral health and other support services to move and maintain chronically homeless individuals with mental and substance use disorders into permanent supportive housing.

Outcomes and Outputs

Table 26: Key Performance Indicators for Treatment Systems for Homeless

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2012 Target[103]	FY 2012 +/- FY 2011
Increase the percentage of adults receiving services who had no past month substance use (Outcome)	FY 2009: 66.4% (Target Not Met)	67.4%	67.4%	67.4%	Maintain
Increase the number of clients served (Output)	FY 2009: 6,935 (Target Exceeded)	7,005	7,005	7,005	Maintain
Increase percentage of adults receiving services who were currently employed or engaged in productive activities (Outcome)	FY 2009: 31.7% (Target Not Met)	32.7%	32.7%	32.7%	Maintain
Increase percentage of adults receiving services who had a permanent place to live in the community (Outcome)	FY 2009: 24.6% (Target Exceeded)	25.6%	25.6%	25.6%	Maintain
Increase percentage of adults receiving services who had no involvement with the criminal justice system (Outcome)	FY 2009: 95.8% (Target Not Met)	96.8%	96.8%	96.8%	Maintain
Increase percentage of adults receiving services who had improved social support (Outcome)	FY 2009: 88.3% (Target Exceeded)	89.3%	89.3%	89.3%	Maintain

Size of Awards

(whole dollars)	FY 2009	FY 2010	FY 2011
Number of Awards	96	92	94
Average Award	$381,542	$393,630	$407,702
Range of Awards	$300,000 - $550,000	$300,000 - $580,000	$300,000 -$580,000

[103] Since SAMHSA's grant awards are made late in the fiscal year, performance targets and results for any given fiscal year primarily reflect the outputs and outcomes associated with activities supported by funding from the prior fiscal year. Therefore, FY 2011 appropriated funding will be reflected in the targets set for FY 2012.

Other Capacity Activities

(Dollars in Thousands)

	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget	FY 2011 +/- FY 2010
Co-occurring State Incentive Grants (SIGs)	$4,263	$4,263	$4,113	-$150
Opioid Treatment Programs/Regulatory Activities	8,886	8,903	8,903	0
TCE - General	28,634	28,989	28,481	-508
Performance Contracting Program (non-add)	*0*	*0*	*6,000*	*+6,000*
Children and Families	20,468	30,678	30,488	-190
Pregnant & Postpartum Women	15,662	16,000	17,350	+1,350
Strengthening Treatment Access and Retention	1,638	1,775	1,775	0
Recovery Community Services Program	5,237	5,236	5,236	0
Minority AIDS	66,421	65,988	65,888	-100
Services Accountability	21,040	20,816	20,816	0
Congressional Projects	4,286	4,593	0	-4,593
Program Level	**$176,535**	**$187,241**	**$183,050**	**-$4,191**
PHS Evaluation Funds (non-add)	***(5,191)***	***(6,596)***	***(6,596)***	***(0)***

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

2011 Authorization .....Expired

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

Program Description and Accomplishments

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

Performance results for all capacity programs except Access to Recovery and Screening, Brief Intervention and Referral to Treatment, and Criminal Justice programs are reported in aggregate. The targets were met or exceeded for the following measures: number of clients served; percentage of adults receiving services who had no past month substance use; percentage with no involvement in the criminal justice system; and for percentage with no social/health consequences. The target for reducing substance use was missed, declining slightly from the previous year. Performance for programs funded with 2009 funds will be reflected in FY 2010 performance data.

Data for SAMHSA/CSAT's Other Capacity Programs show that, collectively, the Programs have been successful in achieving program goals. In FY 2009, 32,939 clients were served. Positive outcomes were seen for these clients from intake to six months, including the rate for abstinence

from substance use of 66 percent (an improvement over the previous year) and the rate for no involvement in the criminal justice system of 96 percent. Performance is not reported individually for each Capacity activity.

Opioid Treatment Programs/Regulatory Activities

The SAMHSA's Opioid Treatment Program (OTP) accreditation support program was introduced in October 2001 to assist OTPs in transitioning to the new accreditation requirement established in March 2001. OTPs are required to attain accreditation every three years as part of the process for SAMHSA certification. The goal of the program has been to reduce the cost of basic accreditation education and the required accreditation surveys. The OTP accreditation support program will be phased out in FY 2011.

In addition to OTP program accreditation, SAMHSA has established a national mentoring network offering support (clinical updates, evidence-based outcomes and training) to physicians and other medical professionals in the appropriate use of methadone for the treatment of chronic pain and opioid addiction. This initiative addresses the nation's rise in methadone-associated deaths that has been spurred by misuse/abuse, and fatal drug interactions involving methadone and other prescription medications, over the counter medications, and illicit drugs. Finally, in accordance with the Drug Addiction Treatment Act of 2000, SAMHSA provides a *Physician Clinical Support System* designed to assist practicing physicians to incorporate into their practices the treatment of prescription opioid and heroin dependent patients using buprenorphine. The goal of this program is to expand access to office-based buprenorphine treatment by providing expert education and training to physicians on the appropriate use of buprenorphine.

The FY 2011 President's Budget request will support all grant and contract continuations as well as four new grants.

Minority AIDS

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

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

In FY 2009, SAMHSA/CSAT's TCE/HIV program served approximately 13,800 individuals. Of these individuals, approximately 70 percent were between the ages of 25 and 54 years. Approximately 31 percent identified themselves as Hispanic/Latino in ethnicity; 45 percent as

African American; 20 percent white; 2 percent Asian, Native Hawaiian or Pacific Islander; and 4 percent as American Indian/Alaska Native.

The FY 2011 President's Budget request provides funding to maintain all activities at the FY 2010 Appropriation level.

Services Accountability and Improvement System (SAIS)

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

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

The FY 2011 President's Budget request provides funding to maintain all activities at the FY 2010 Appropriation level.

Targeted Capacity Expansion-General

Targeted Capacity Expansion (TCE) General was initiated in FY 1998 to help communities bridge gaps in treatment services. TCE funding supports grants to units of State and local governments and tribal entities to expand or enhance a community's ability to provide rapid, strategic, comprehensive, integrated, community-based responses to a specific, well-documented substance abuse capacity problem. TCE projects use grant funding to expand and/or enhance treatment capacity using evidence-based treatment practices, report on performance measurements, and address cultural relevance in their treatment and recovery services. Since FY 1998, grants have been awarded to address the following targeted populations or urgent, unmet and emerging treatment needs: American Indian and Alaska Natives, Asian Americans, Pacific Islanders, rural areas, methamphetamine abuse, e-therapy, grassroots partnerships, and other populations.

The FY 2011 request provides funding to maintain all activities at the FY 2010 Appropriation level.

Funding History

FY	Amount
2006	$217,439,000
2007	$217,770,000
2008	$221,582,000
2009	$176,535,000
2010	$187,241,000

Budget Request

The FY 2011 President's Budget request is $183.1 million, a decrease of $4.2 million from the FY 2010 Appropriation level. For more detailed budget for specific programs please see the header table at the beginning of this section. The decrease is attributed to the elimination of funding for congressional projects and includes reductions in contract costs for efficiencies and process improvements. Of the total, $6.0 million will fund new grants under the new Performance Contracting Program, funded under the TCE-General Program line.

The new Performance Contracting Program are grants to State and Tribal authorities which will be used to enhance overall drug treatment quality by incentivizing treatment providers to achieve specific performance targets. Examples could include supplements to existing grantees for treatment providers who are able to connect higher proportions of detoxified patients continuing recovery-oriented treatment or outpatient providers who are able to successfully retain greater proportions of patients in active treatment participation for longer periods of time.

Outcomes and Outputs

Table 27: Key Performance Indicators for Treatment Programs of Regional and National Significance – All Other Capacity[104]

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2012 Target[105]	FY 2012 +/- FY 2011
1.2.25: Increase percentage of adults receiving services who had no past month substance use *(Outcome)*	FY 2009: 66% (Target Exceeded)	62%	62%	62%	Maintain
1.2.26: Increase the number of clients served *(Output)*	FY 2009: 32,939 (Target Exceeded)	34,784	34,784	34,784	Maintain
1.2.27: Increase percentage of adults receiving services who were currently employed or engaged in productive activities *(Outcome)*	FY 2009: 44% (Target Not Met)	51%	51%	51%	Maintain
1.2.28: Increase percentage of adults receiving services who had a permanent place to live in the community *(Outcome)*	FY 2009: 44% (Target Not Met)	49%	49%	49%	Maintain
1.2.29: Increase percentage of adults receiving services who had no involvement with the criminal justice system *(Outcome)*	FY 2009: 96% (Target Exceeded)	95%	95%	95%	Maintain
1.2.30: Increase percentage of adults receiving services who experienced no/reduced alcohol or illegal drug related health, behavioral or social, consequences *(Outcome)*	FY 2009: 86% (Target Exceeded)	66%	66%	66%	Maintain
1.2.31: Increase the percentage of grantees in appropriate cost bands *(Outcome)*[106]	FY 2009: 79% (Target Exceeded)	79%	79%	79%	Maintain

Size of Awards

(whole dollars)	FY 2009	FY 2010	FY 2011
Number of Awards	294	294	297
Average Award	$403,531	$406,207	$405,276
Range of Awards	$188,000 - $550,000	$188,000 - $550,000	$200,000 - $550,000

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

[105] Since SAMHSA's grant awards are made late in the fiscal year, performance targets and results for any given fiscal year primarily reflect the outputs and outcomes associated with activities supported by funding from the prior fiscal year. Therefore, FY 2011 appropriated funding will be reflected in the targets set for FY 2012.

[106] Percentage of grantees that provide drug treatment services within approved cost per person bands is measured by the type of treatment including outpatient non-methadone, outpatient methadone, and residential treatment services. The cost ranges are for outpatient non-methadone $1,000-$5,000, outpatient methadone $1,500-$8,000, and residential $3,000-$10,000.

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Science and Service Activities
(Dollars in Thousands)

	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget	FY 2011 +/- FY 2010
Addiction Technology Transfer Centers	$9,150	$9,081	$9,081	$ ---
Minority Fellowship Program	547	547	547	0
Special Initiatives/Outreach	2,232	2,400	2,420	+20
Information Dissemination	4,586	4,553	4,353	-200
Health Information Technology	---	---	---	0
National Registry of Evidence-Based Programs & Practices	893	893	893	0
SAMHSA Health Information Network	4,255	4,255	3,782	-473
Program Coordination and Evaluation	5,209	5,214	5,045	-169
Budget Authority	**$26,872**	**$26,943**	**$26,121**	**-$822**

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

2011 Authorization…….……Expired

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

Program Description and Accomplishments

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

Addiction Technology Transfer Centers

The ATTC Network is comprised of one national coordinating center and fourteen geographically dispersed regional ATTCs covering all States, the District of Columbia, Puerto Rico, the Virgin Islands, and U.S. Territories in the Pacific. The Regional Centers support national activities and implement programs and initiatives in response to regional needs, decreasing the gap in time between the release of new scientific findings and evidence-based practices and the implementation of these interventions by front-line clinicians. ATTCs disseminate evidence-based and promising practices to addictions treatment/recovery professionals, public health/mental health personnel, institutional and community corrections professionals, and other related disciplines. The ATTC program dissemination models include technical assistance; training events; a growing catalog of educational and training materials; and an extensive array of Web-based resources created to translate the latest science for adoption into

practice by the substance use disorders treatment workforce. The ATTCs are highly responsive to emerging challenges in the field.

Data show that over 22,900 people were trained in 2009, exceeding the target of 20,516. Approximately 82 percent of participants report implementing improvements in treatment methods based on the information they received from the training they attended.

Information Dissemination

The main activity within this program line is CSAT's Knowledge Application Program (KAP). The KAP provides substance abuse treatment professionals with publications, online education, and other resources that contain information on best treatment practices. KAP takes knowledge about best treatment practices in substance abuse treatment and packages and promotes it in a way that ensures widespread application in the field. KAP staff produces, markets, and distributes publications and products; strives for cultural competency; gathers, analyzes, and uses market research; and enlists the assistance of national experts to ensure that KAP is responsive to the needs of multiple audiences and that the products are representative of the many areas of substance abuse treatment.

National Registry of Evidence-based Programs and Practices

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

After an extensive period of redesign, the new NREPP system and Web site was launched in March 2007. Information on over 150 interventions is currently available, and new intervention summaries (approximately three to six per month) are continually being added as reviews are completed. The registry is expected to grow to a large number of interventions over the coming months and years. Moreover, additional interventions to address service needs are submitted for review each year in response to an annual Federal Register notice.

SAMHSA Health Information Network

SAMHSA’s Health Information Network (SHIN), initiated in 2005, combines the National Clearinghouse for Alcohol and Drug Information (NCADI) and the National Mental Health Information Center (NMHIC) to provide a one-stop, quick access point that connects the behavioral health workforce and the general public to the latest information on the prevention and treatment of mental and substance abuse disorders. SHIN leverages knowledge management technology to create an integrated, customer-centric health information network that provides a

suite of information services to help SAMHSA discern and meet the needs of its customers. This knowledge management project has allowed SAMHSA to merge the NCADI and NMHIC back-end infrastructures, contact centers, and warehouses; reengineer the Contact Center communications architecture to serve customers faster and with fewer staff; streamline and unify data collection; and establish dashboard reporting on inventory and customer inquiries. The current contract will end in FY 2010, and a new contract will begin in FY 2011. SAMHSA is currently reviewing options for that contract. By providing a centralized, state-of-the-art information network, SHIN can create efficiencies that allow the program to redirect resources into product development and other priority programmatic needs. SHIN will continue to provide information dissemination and related core services based not only on legacy needs and approaches (e.g., warehousing print publications, inventory management, order fulfillment, call center services), but also based on new evolving health communications approaches.

A significant majority of telephone inquiries to SHIN concern topics related to substance abuse treatment. These include inquiries from people seeking help and searching for treatment/support options, either for themselves, a family member or a friend. SHIN provides a critical link to SAMHSA's Treatment Locator, which helps people to locate substance abuse treatment services in their local area. SHIN also provides essential knowledge dissemination support for CSAT, including hard copy and electronic dissemination of such critical publications as CSAT's Treatment Improvement Protocols (TIPs) and Recovery Month materials. SHIN also supports exhibits at several major substance abuse treatment conferences.

SAMHSA has established two new performance measures for the SHIN to reflect the substantial and increasing role in knowledge product dissemination of the SHIN. SAMHSA will continue to refine and update its performance measures over the coming year, as it moves forward with developing the necessary taxonomy and IT infrastructure to support these measures.

In 2009, the most recent year for which data are available, SHIN disseminated 16,360,389 knowledge products to the field.

Program Coordination and Evaluation

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

Funding History

FY	Amount
2006	$29,290,000
2007	$29,609,000
2008	$28,686,000
2009	$26,872,000
2010	$26,943,000

Budget Request

The FY 2011 President's Budget request is $26.1 million, a decrease of $0.8 million from the FY 2010 Appropriation. The reduction is part of the overall contract cost efficiencies and process improvements. Sufficient funding maintains all other activities at the FY 2010 Appropriation level.

Outcomes and Outputs

Table 28: Key Performance Indicators for Treatment Programs of Regional and National Significance – Science and Service[107]

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2012 Target[108]	FY 2012 +/- FY 2011
1.4.01: Report implementing improvements in treatment methods on the basis of information and training provided by the program *(Outcome)*	FY 2009: 82% (Target Not Met)	90%	90%	90%	Maintain
1.4.02: Increase the number of individuals trained per year *(Output)*	FY 2009: 22,943 (Target Exceeded)	20,516	20,516	20,516	Maintain
1.4.03: Increase the percentage of drug treatment professionals trained by the program who would rate the quality of the events as good, very good, or excellent *(Outcome)*	FY 2009: 95% (Target Not Met)	96%	96%	96%	Maintain

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

[108] Since SAMHSA's grant awards are made late in the fiscal year, performance targets and results for any given fiscal year primarily reflect the outputs and outcomes associated with activities supported by funding from the prior fiscal year. Therefore, FY 2011 appropriated funding will be reflected in the targets set for FY 2012.

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2012 Target[108]	FY 2012 +/- FY 2011
1.4.04: Increase the percentage of drug treatment professionals trained by the program who shared any of the information from the events with others *(Outcome)*	FY 2009: 85% (Target Not Met)	92%	92%	92%	Maintain
1.4.05: Increase the percentage of grantees in appropriate cost bands *(Outcome)*[109]	FY 2009: 100% (Target Met)	100%	100%	100%	Maintain

Size of Awards

(whole dollars)	FY 2009	FY 2010	FY 2011
Number of Awards	16	16	16
Average Award	$540,437	$570,688	$570,688
Range of Awards	$300,000 - $550,000	$300,000 - $580,000	$300,000 -$580,000

[109] Percentage of grantees that provide drug treatment services within approved cost per person bands is measured by the type of treatment including outpatient non-methadone, outpatient methadone, and residential treatment services. The cost ranges are for outpatient non-methadone $1,000-$5,000, outpatient methadone $1,500-$8,000, and residential $3,000-$10,000.

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Prescription Drug Monitoring
National All Schedules Prescription Electronic Reporting (NASPER)
(Dollars in Thousands)

	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget	FY 2011 +/- FY 2010
Budget Authority	$2,000	$2,000	$2,000	$0

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

2011 Authorization…….……...Expired

Allocation Method……....Formula Grants

Program Description and Accomplishments

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

By requiring standards for security, privacy, confidentiality and interoperability, NASPER will expand the utility of prescription monitoring programs (PMPs), allowing more States to share information internally and regionally with neighboring States, a key shortcoming of the existing system. In addition, the expansion and establishment of prescription monitoring systems has the potential for assisting in the early identification of patients at risk for addiction. Early identification of individuals in need of treatment is a key public health concern and will lead to enhanced substance abuse treatment interventions.

Approximately 40 States have an operational PMP or current legislation authorizing establishment of PMPs in 2009. Although current State PMPs vary, they essentially require that pharmacies, physicians, or both, submit information on prescriptions dispensed for certain controlled substances as mandated by state law. Prescriber and patient information relating to prescriptions issued for controlled stimulants, sedatives/depressants, anxiolytics, narcotics and other covered drugs is transmitted to a central office within each State.

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

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

To implement NASPER and the 2009 appropriation, the Department was required to solicit Federal Register Notice (FRN) comments on proposed minimum standards. Before developing proposed minimum standards, and issuing the FRN, SAMHSA sought input from and consulted with the field and also obtained the Secretary's delegation of authority to implement NASPER. Several States and pharmacy entities subsequently commented on the proposed minimum standards. SAMHSA carefully considered the comments and incorporated revised minimum standards into a request for applications (RFA) that was published in July 2009. A total of thirteen States submitted applications for grants, and each applicant subsequently received an award of FY 2009 funds. A new RFA will be published for the FY 2010 appropriation.

In 2009, SAMHSA reported that the misuse of prescription drugs decreased significantly between 2007 and 2008 among those aged 12 and older, including among adolescents, according to the 2008 National Survey on Drug Use and Health (NSDUH). The report also indicated that progress has been made in curbing other types of illicit drug use. For example, past month methamphetamine use among those aged 12 and older dropped sharply from approximately 529,000 people in 2007 to 314,000 in 2008. Similarly, the level of current cocaine use among the population aged 12 and older has decreased from 1.0 percent in 2006 to 0.7 percent in 2008. Promising results from the latest survey also were also found for the most part among youth (12 to 17 year olds). Among youth there was a significant decline in overall past month illicit drug use, from 11.6 percent in 2002 to 9.3 percent in 2008. Although the rate of current marijuana use among youth has remained level at about 6.7 percent over the past few years there have been significant decreases in the current use of alcohol, cigarettes and non-medical use of prescription drugs since 2007. Non-medical use of prescription drugs dropped from 3.3 percent in 2007 to 2.9 percent in 2008.

Funding History

FY	Amount
2006	0
2007	0
2008	0
2009	$2,000,000
2010	$2,000,000

Data Elements Used to Calculate State Allotments

The State Allotment calculation assumes that all 50 States and the District of Columbia will apply and are approved. The count of pharmacies in each State is based on the most recent data provided on the Drug Enforcement Administration's (DEA) website (November, 2009). FY 2010 and FY 2011 calculations assume no change to the most recent data provided by the DEA and assumes that all 50 States and the District of Columbia will apply and be approved. Currently, only 13 States have applied for and been approved for funding.

Budget Request

The FY 2011 President's Budget request is $2.0 million, the same level of funding as the FY 2010 Appropriation level. Grants will be awarded to all States with approved applications.

To be eligible to receive a grant under NASPER, the State must demonstrate that the State has enacted legislation or regulations to permit the implementation of the State controlled substance monitoring program and the imposition of appropriate penalties for the unauthorized use and disclosure of information maintained in such program. Additional requirements for applications are set forth under 42 U.S.C. section 399(O)(c), and include budget cost estimates, interoperability standards, uniform electronic formats, access to information, penalties for unauthorized disclosures and other issues.

Outputs and Outcomes

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
FY 2011 DISCRETIONARY STATE/FORMULA GRANTS
National All Schedules Prescription Electronic Reporting (NASPER)
CFDA #93.975

STATE/TERRITORY	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 Pres. Budget	+/- FY 2010
Alabama	$115,396	$40,190	$40,190	$0
Alaska	0	21,539	21,539	0
Arizona	0	36,594	36,594	0
Arkansas	0	31,581	31,581	0
California	454,587	112,540	112,540	0
Colorado	0	32,175	32,175	0
Connecticut	65,976	29,813	29,813	0
Delaware	0	22,971	22,971	0
District Of Columbia	0	21,935	21,935	0
Florida	0	88,525	88,525	0
Georgia	0	54,544	54,544	0
Hawaii	0	23,139	23,139	0
Idaho	0	24,541	24,541	0
Illinois	188,843	56,114	56,114	0
Indiana	108,079	38,545	38,545	0
Iowa	0	31,779	31,779	0
Kansas	66,407	29,920	29,920	0
Kentucky	101,409	37,493	37,493	0
Louisiana	0	37,737	37,737	0
Maine	40,514	24,373	24,373	0
Maryland	0	37,752	37,752	0
Massachusetts	0	37,554	37,554	0
Michigan	193,362	57,196	57,196	0
Minnesota	0	37,508	37,508	0
Mississippi	79,246	32,632	32,632	0
Missouri	0	39,657	39,657	0
Montana	0	23,855	23,855	0
Nebraska	0	27,253	27,253	0
Nevada	52,922	27,025	27,025	0
New Hampshire	$0	$23,855	$23,855	$0

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
FY 2011 DISCRETIONARY STATE/FORMULA GRANTS
National All Schedules Prescription Electronic Reporting (NASPER)
CFDA #93.975

STATE	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 Pres. Budget	+/- FY 2010
New Jersey	$0	$50,522	$50,522	$0
New Mexico	0	24,693	24,693	0
New York	342,264	89,135	89,135	0
North Carolina	0	50,964	50,964	0
North Dakota	0	22,682	22,682	0
Ohio	190,995	56,282	56,282	0
Oklahoma	0	33,516	33,516	0
Oregon	0	30,728	30,728	0
Pennsylvania	0	64,998	64,998	0
Rhode Island	0	23,139	23,139	0
South Carolina	0	36,777	36,777	0
South Dakota	0	23,078	23,078	0
Tennessee	0	44,518	44,518	0
Texas	0	89,272	89,272	0
Utah	0	27,649	27,649	0
Vermont	0	22,149	22,149	0
Virginia	0	43,101	43,101	0
Washington	0	39,078	39,078	0
West Virginia	0	28,305	28,305	0
Wisconsin	0	37,127	37,127	0
Wyoming	0	21,950	21,950	0
Total NASPER	**$2,000,000**	**$2,000,000**	**$2,000,000**	**$0**

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Substance Abuse Prevention and Treatment (SAPT) Block Grant
(Dollars in Thousands)

	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget	FY 2011 +/- FY 2010
Program Level	$1,778,591	$1,798,591	$1,798,591	$0
PHS Evaluation Funds (non-add)	*(79,200)*	*(79,200)*	*(79,200)*	*(0)*

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

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

2011 Authorization……...…….……Expired

Allocation Method……..…….……..……...Formula Grants

Program Description and Accomplishments

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

The program's overall goal is to support and expand substance abuse prevention and treatment services while providing maximum flexibility to the States. States and territories may expend Block Grant funds only for the purpose of planning, carrying out, and evaluating activities related to these services. Targeted technical assistance is available to the States and Territories through CSAT's State Systems Technical Assistance Project. The Substance Abuse Prevention and Treatment Block Grant requires States to maintain expenditures for authorized activities at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the year for which the State is applying for a grant. Given the current economic situation, SAMHSA is aware that a number of States may experience challenges

meeting the maintenance of effort requirement in the Federal FY 2010 grant cycle, and is monitoring the situation closely.

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

As seen in the following table, the Block Grant Program has been successful in expanding treatment capacity in the latest year for which recipients that have reported actual data are available (FY 2008) by supporting almost 2.3 million admissions to treatment programs receiving public funding. Outcomes data for the Block Grant Program also show positive results. At discharge, clients have demonstrated high abstinence rates from both illegal drug (73.7 percent) and alcohol (78.2 percent) use.

The Substance Abuse Prevention and Treatment Block Grant program underwent a program assessment in 2003. The assessment cited clear purpose and collaboration with other agencies as strong attributes of the program. As a result of the program assessment, the program has included performance measures in the block grant application and is conducting an independent and comprehensive evaluation of the national program.

State Substance Abuse Agencies reported the following outcomes for services provided during 2007, the most recent available data:

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

Funding History

FY	Funding	FTEs
2001	$1,665,000,000	
2002	$1,725,000,000	
2003	$1,753,932,000	
2004 a/	$1,779,146,000	
2005 a/	$1,775,555,000	
2006 a/	$1,757,425,000	40
2007 a/	$1,758,591,000	40
2008 a/	$1,758,728,000	40
2009 a/	$1,778,591,000	40
2010 a/	$1,798,591,000	40

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

Data Elements Used to Calculate State Allotments

Population Data: States and the District of Columbia July 1, 2008 Population Estimates) from U.S. Census Bureau; Territory population estimates as of July 1, 2009 from U.S. Department of Commerce.

Total Taxable Resources: 2005, 2006 and 2007 data from U.S. Department of Treasury.

Income: 2006, 2007, and 2008 Total Personal Income for States and District of Columbia from Department of Commerce/Bureau of Economic Analysis.

Cost of Services Index: This index is determined triennially (i.e., it is revised every third fiscal year rather than annually). The most current index is being used for the determination of allotments for FY 2010, FY 2011, and FY 2012. The base wage rate was calculated using wages paid and hours worked from the 2000 Decennial Census for specific occupation-industry categories. The update factor was determined using wages paid and hours worked for base year (FY 1999 for FY 2003 Final Rule), and recent year (FY 2005 for FY 2009 Final Rule), as reported to the Centers for Medicare and Medicaid by hospitals participating in the Medicare program. FY 2009 Median Fair Market Rent Estimates from Department of Housing and Urban Development; July 1, 2007 Population Estimates by County/Subcounty from U.S. Census Bureau.

Budget Request

The FY 2011 President's Budget request is $1,798.6 million, the same level of funding as the FY 2010 Appropriation level. Of the total, five percent will be set aside for data collection, evaluation, and technical assistance activities. We are currently monitoring the state budget situation and requests for Maintenance of Effort waivers in 2010 and 2011. Increased funding for the set-aside is provided to OAS to cover the costs of the National Survey on Drug Use and Health (NSDUH). Additional detail is provided in the SAPT BG set-aside chapter.

There are no changes in State allotments as a result of hold harmless provision of the Public Health Service Act. Even though the data elements have been updated, as long as the appropriation remains the same as the prior year, the State allotments remain the same.

Outcomes and Outputs

Table 29: Key Performance Indicators for Substance Abuse Prevention and Treatment Block Grant – Treatment Activities

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2012 Target[110]	FY 2012 +/- FY 2011
1.2.43: Number of admissions to substance abuse treatment programs receiving public funding[111] *(Output)*	FY 2008: 2,272,250 (Target Exceeded)	1,881,515	1,881,515	2,372,302	+490,787
1.2.47: Increase the percentage of States in appropriate cost bands *(Outcome)*[112]	FY 2007: 65% (Target Not Met)	68%	70%	71%	+1%
1.2.48: Percentage of clients reporting abstinence from drug use at discharge *(Outcome)*	FY 2008: 73.7% (Target Exceeded)	70.3%	70.3%	70%	-0.3%
1.2.49: Percentage of clients reporting abstinence from alcohol at discharge *(Outcome)*	FY 2008: 78.2% (Target Exceeded)	74.7%	74.7%	75%	+0.3%
1.2.50: Percentage of clients reporting being employed/in school at discharge *(Outcome)*	FY 2008: 37.2% (Target Not Met)	43.9%	43.9%	43%	-0.9%
1.2.51: Percentage of clients reporting no involvement with the Criminal Justice System *(Outcome)*	FY 2008: 92% (Target Exceeded)	88.9%	88.9%	89%	+0.1%

[110] Since SAMHSA's grant awards are made late in the fiscal year, performance targets and results for any given fiscal year primarily reflect the outputs and outcomes associated with activities supported by funding from the prior fiscal year. Therefore, adjustments to FY 2011 funding will be reflected in the targets set for FY 2012.

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

[112] Percentage of grantees that provide drug treatment services within approved cost per person bands is measured by the type of treatment including outpatient non-methadone, outpatient methadone, and residential treatment services. The cost ranges are for outpatient non-methadone $1,000-$5,000, outpatient methadone $1,500-$8,000, and residential $3,000-$10,000.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
FY 2011 DISCRETIONARY STATE/FORMULA GRANTS
Substance Abuse Prevention and Treatment Block Grant
CFDA #93.959

STATE/TERRITORY	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 Pres. Budget	+/- FY 2010
Alabama	$23,850,008	$23,932,208	$23,932,208	$0
Alaska	4,796,474	4,958,281	4,958,281	0
Arizona	34,764,203	37,421,345	37,421,345	0
Arkansas	13,335,211	13,381,171	13,381,171	0
California	250,794,726	251,659,105	251,659,105	0
Colorado	24,858,461	26,393,425	26,393,425	0
Connecticut	16,808,904	17,071,088	17,071,088	0
Delaware	6,669,716	6,744,716	6,744,716	0
District Of Columbia	6,669,716	6,744,716	6,744,716	0
Florida	98,102,522	100,688,583	100,688,583	0
Georgia	50,524,018	50,698,151	50,698,151	0
Hawaii	7,171,197	7,660,446	7,660,446	0
Idaho	6,907,466	6,931,273	6,931,273	0
Illinois	69,873,891	70,114,715	70,114,715	0
Indiana	33,308,207	33,423,005	33,423,005	0
Iowa	13,524,616	13,571,229	13,571,229	0
Kansas	12,291,614	12,333,978	12,333,978	0
Kentucky	20,665,068	20,736,291	20,736,291	0
Louisiana	25,850,751	25,939,847	25,939,847	0
Maine	6,669,716	6,744,716	6,744,716	0
Maryland	31,980,001	32,090,222	32,090,222	0
Massachusetts	34,030,730	34,451,972	34,451,972	0
Michigan	57,899,122	58,098,674	58,098,674	0
Minnesota	23,968,851	24,981,718	24,981,718	0
Red Lake Indians	590,744	615,708	615,708	0
Mississippi	14,258,225	14,307,367	14,307,367	0
Missouri	26,158,458	26,248,614	26,248,614	0
Montana	6,669,716	6,744,716	6,744,716	0
Nebraska	7,892,928	7,920,131	7,920,131	0
Nevada	13,751,877	13,897,818	13,897,818	0
New Hampshire	6,669,716	6,744,716	6,744,716	0
New Jersey	46,941,463	47,103,249	47,103,249	0
New Mexico	8,714,908	9,009,024	9,009,024	0
New York	115,513,516	115,911,639	115,911,639	0
North Carolina	$38,620,261	$40,041,719	$40,041,719	$0

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
FY 2011 DISCRETIONARY STATE/FORMULA GRANTS
Substance Abuse Prevention and Treatment Block Grant
CFDA #93.959

STATE/TERRITORY	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 Pres. Budget	+/- FY 2010
North Dakota	$5,321,380	$5,500,894	$5,500,894	$0
Ohio	66,661,413	66,891,165	66,891,165	0
Oklahoma	17,714,206	17,775,259	17,775,259	0
Oregon	16,861,926	17,998,935	17,998,935	0
Pennsylvania	59,087,858	59,291,507	59,291,507	0
Rhode Island	6,669,716	6,744,716	6,744,716	0
South Carolina	20,574,947	20,685,249	20,685,249	0
South Dakota	4,920,793	5,086,794	5,086,794	0
Tennessee	29,748,417	29,850,946	29,850,946	0
Texas	135,987,493	136,456,180	136,456,180	0
Utah	17,134,976	17,194,033	17,194,033	0
Vermont	5,261,374	5,438,864	5,438,864	0
Virginia	43,088,812	43,237,320	43,237,320	0
Washington	34,978,304	35,098,858	35,098,858	0
West Virginia	8,710,435	8,740,456	8,740,456	0
Wisconsin	27,078,689	28,190,657	28,190,657	0
Wyoming	3,418,788	3,534,119	3,534,119	0
State Sub-Total	**1,664,316,528**	**1,683,031,528**	**1,683,031,528**	**0**
American Samoa	331,855	362,204	368,518	+6,314
Guam	896,699	982,668	1,001,931	+19,263
Northern Marianas	400,959	483,945	289,096	-194,849
Puerto Rico	22,061,150	22,115,030	22,271,328	+156,298
Palau	110,804	117,852	116,775	-1,077
Marshall Islands	294,488	352,969	362,308	+9,339
Micronesia	619,838	601,551	603,270	+1,719
Virgin Islands	629,129	613,703	616,696	+2,993
Territory Sub-Total	**25,344,922**	**25,629,922**	**25,629,922**	**0**
Total States/Territories	**1,689,661,450**	**1,708,661,450**	**1,708,661,450**	**0**
SAMHSA Set-Aside	**88,929,550**	**89,929,550**	**89,929,550**	
TOTAL SAPTBG	**$1,778,591,000**	**$1,798,591,000**	**$1,798,591,000**	**$0**

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Substance Abuse Prevention and Treatment Block Grant (Set-aside) and Program Management Data Collection/National Surveys

(Dollars in Thousands)

	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget
Funding Sources			
Budget Authority:			
SAPT Block Grant 5% Set-aside	$9,730	$10,730	$10,730
Program Management	0	0	32,600
PHS Evaluation Funds:			
SAPT Block Grant	79,200	79,200	79,200
Program Management	21,750	21,750	22,399
Total Program Level	**$110,680**	**$111,680**	**$144,929**
SAMHSA Component			
Office of Applied Studies	81,699	82,699	115,948
Budget Authority (non-add)	*(4,343)*	*(5,343)*	*(37,699)*
PHS Evaluation SAPTBG (non-add)	*(55,606)*	*(55,606)*	*(55,850)*
PHS Evaluation Program Mgmt (non-add)	*(21,750)*	*(21,750)*	*(22,399)*
Center for Substance Abuse Prevention	12,193	12,193	12,193
Budget Authority (non-add)	*(1,967)*	*(1,967)*	*(2,028)*
PHS Evaluation SAPTBG (non-add)	*(10,226)*	*(10,226)*	*(10,165)*
PHS Evaluation Program Mgmt (non-add)	*(0)*	*(0)*	*(0)*
Center for Substance Abuse Treatment	16,788	16,788	16,788
Budget Authority (non-add)	*(3,420)*	*(3,420)*	*(3,603)*
PHS Evaluation SAPTBG (non-add)	*(13,368)*	*(13,368)*	*(13,185)*
PHS Evaluation Program Mgmt (non-add)	*(0)*	*(0)*	*(0)*
Total, SAMHSA	**$110,680**	**$111,680**	**$144,929**

Center for Substance Abuse Treatment

(Dollars in thousands)

CSAT Set-Aside Activities	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget
State Data Systems			
Block Grant Management Information	$ 925	$ 925	$ 1,267
NASADAD	500	500	500
State Outcomes Measurement and Management System (SOMMS)[1/]	1,500	0	0
Subtotal, State Data Systems	2,925	1,425	1,767
Technical Assistance			
TA to States	3,118	4,218	4,218
Health Information Technology (HIT)	3,200	2,400	4,000
Treatment Improvement Exchange	0	1,200	1,000
Analyses Medicaid/Medicare/CMS	1,252	1,252	250
TA to States -Recovery/Faith-based Programs	2,500	2,500	1,500
FTE Support	3,420	3,420	3,603
Subtotal, Technical Assistance	13,490	14,990	14,571
Program Evaluation			
Dev. of Spending Estimates for MH/SAT	373	373	450
Subtotal, Program Evaluation	373	373	450
TOTAL CSAT	**$16,788**	**$16,788**	**$ 16,788**

Center for Substance Abuse Prevention

(Dollars in thousands)

CSAP Set-Aside Activities	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget
State Data Systems			
BGAS	$ 100	$ 100	$ 100
Data Collection Coordinating Center	1,192	1,192	1,192
Subtotal, State Data Systems	1,292	1,292	1,292
Technical Assistance			
SPFAS/ Synar	3,318	3,318	3,318
NASADAD	362	362	362
CAPTs	3,180	3,180	3,180
Materials Development Media Support	496	496	435
Health Communications and Marketing	1,080	1,080	1,080
UAD	498	498	498
FTE Support	1,967	1,967	2,028
Subtotal, Technical Assistance	10,901	10,901	10,901
TOTAL CSAP	**$ 12,193**	**$ 12,193**	**$ 12,193**

Office of Applied Studies

(Dollars in thousands)

OAS Set-Aside Activities	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget
National Data Collection			
DAWN	$ 19,000	$ 17,000	$ 29,788
NSDUH	45,000	47,000	52,830
National Analytic Center	2,500	2,500	2,500
DASIS	11,743	12,094	12,670
C-EMS	0	0	13,600
Data Archive	851	1,500	2,149
FTE/Operations	2,605	2,605	2,411
TOTAL OAS	**$ 81,699**	**$ 82,699**	**$ 115,948**

Program Description and Accomplishments

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

Center for Substance Abuse Treatment (CSAT)

CSAT manages several major state data system contracts, including the Block Grant Management Information System which is used to manage the block grant application cycle and the State Outcomes Measurement and Management System which subcontracts with the States to collect National Outcome Measures data through the Drug Abuse Service Information System contract.

The State Outcomes Measurement and Management System payment to States will be completed in FY 2009 as 48 States are now reporting Treatment Episode Data Set data. OAS will continue to work with the states to improve reporting on Treatment Episode Data Set data and will continue to work with CSAT to generate performance reports based on data reported by the states through the Block Grant Management Information System. These funds will be shifted to other state technical assistance programs designed to improve performance.

The 2009 planned amounts have changed since the FY 2009 President's Budget as a result of fallout funds from the Treatment Improvement Exchange contract protest ($1.2 million) and reduced need for State Outcomes Measurement and Management System ($2.0 million).

In 2009, Health Information Technology is being funded at $3.2 million. This contract, Integration Using Electronic Health Records is designed to provide technical assistance (TA) for States' to collaboratively integrate electronic record systems. For CSAT, integration starts by consolidating the same client information, over time, across all substance abuse treatment providers. TA will help States and counties to re-use "open source," Web-based, Electronic Health Record systems (EHRs). Second, TA will help States consolidate substance abuse service histories with personal history from mental health and other treatment settings. Consistent with emerging National interoperability strategy [making Personal Health Record systems (PHRs) the crossroads], TA will focus on Personal Health and Human Service Record systems (PHHSRs).

Center for Substance Abuse Prevention (CSAP)

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

Office of Applied Studies (OAS)

OAS manages several major national data collection contracts focusing on substance use and mental disorders, the impact and treatment of these disorders, and the recovery process. The largest contract is for the National Survey on Drug Use and Health which serves as the primary source of information on the incidence and prevalence of substance use and related conditions, including co-occurring mental illness, among civilian, non-institutionalized population 12 and older. Some recent accomplishments of National Survey on Drug Use and Health include establishing Restricted Use Data Access Program for SAMHSA staff and contractors; initiation of National Survey on Drug Use and Health redesign activities; and the publication of several reports including the Analytic Report on Underage Drinking, the 2005-6 State Report, the 2004-6 Sub-state Report, and the 2007 National Findings Report (September 2008).

OAS is currently conducting an array of activities which will result in a comprehensive redesign of the 2013 National Survey on Drug Use and Health. The redesign will continue the current sample size and maintain unbroken data trends through the 2017 survey. In FY 2011, the increase of $5.8 million for NSDUH will enhance methodological and analytical work to ensure the final redesign is in place in a timely fashion and to increase our ability to provide accurate, timely, and useful data to support the President's Health Care Reform agenda. The NSDUH contract will be restructured in FY 2010 to conform with the revised department guidance on the HHS Acquisition Regulations.

The Drug Abuse Warning Network (DAWN) survey is another important data collection effort managed by SAMHSA/OAS. DAWN is a national public health surveillance system that monitors drug-related visits to hospital emergency departments (EDs) and drug-related deaths recorded by medical examiners and coroners (ME/Cs). An important feature of DAWN is that it provides information on the immediate consequence as well as related physical and behavioral health outcomes and case disposition. Some of the key accomplishments in the past year have

been the completion of estimation error correction, implementation of the new DAWN Operations and Analytic contracts, and revision of the DAWN ME and ED reports.

Given the current challenges to the DAWN survey, SAMHSA has been exploring several options regarding this program. As part of this process, OAS undertook a focused survey of key Federal and non-Federal informants who use DAWN data to determine the impact of changes in the scope of the DAWN system. This study found clear support for DAWN as a unique and valuable resource and that its termination would create a real gap in the national behavioral health data information system. The information from this study will be incorporated into a larger review of current substance abuse data collection efforts within the Department of Health and Human Services (DHHS). This larger study is designed to identify potential overlap and gaps across DHHS substance abuse data collection efforts.

Over the next several months SAMHSA will continue to engage partners in DHHS, OMB, and ONDCP in a broader discussion regarding DAWN and other data activities. Results from the broader data evaluation of this study are expected to be available in one to two years and will be shared with our partners and Congress to inform a dialogue within the Administration and with Congress on funding options for DAWN, future survey efforts, and related data activities to ensure that critical data is available to address emerging challenges including health care reform, the increased role of prevention, the needs of Veterans, and creating true parity. In addition, DAWN contracts will be restructured in FY 2010 to conform with the revised department guidance on the HHS Acquisition Regulations.

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

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

The National Analytic Center provides support for additional analyses and report writing on policy and practice specific topics. These reports include the National Survey on Drug Use and Health and Drug Abuse Service Information System Short Reports, lengthier Data Analytic

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

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

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

Funding History

FY	Amount
2006	$103,930,000
2007	$103,930,000
2008	$105,686,000
2009	$110,680,000
2010	$111,680,000

Budget Request

The FY 2011 President's Budget request is $144.9 million, an increase of $33.2 million above the FY 2010 Appropriation level. Of this amount, $32.6 million will support OAS data collection activities and approximately $0.6 million will expand access to the OAS restricted-use data access.

The FY 2011 President's Budget request includes a $19 million increase to the Office of Applied Studies to support national data systems. SAMHSA will apply the majority of the increase to DAWN, which provides national and local-area estimates of drug-related emergency department visits and drug-related mortalities. The cost of fielding this survey has increased over the years due to real increases in labor and management costs. Further, there have been significant increases in analytic requests by other Federal, State and Local partners. Some of these costs are defrayed through Inter-agency Agreements, but these agreements do not fully recover the resources expended for these analytic studies. An increase in funding is requested to provide funds to continue the current contract.

In addition, the request includes $13.6 million for a new Initiative called Community Early Warning and Monitoring System (C-EMS), for the design, development, and field testing of a

community-level, early warning system to detect the emergence of new drug threats and to assist in the identification of public health and safety consequences of drug abuse. In addition, this initiative will explore how community level indicators can be used for planning and the measurement of progress towards improved outcomes within and across communities. The proposed system does not currently exist and will require substantial scientific combined with practical considerations to achieve the system's intended purpose. SAMHSA will work closely and collaboratively with NIDA, NIAAA, and ONDCP as well State and Community representatives on all aspects of systems development and deployment.

Output and Outcomes

Measure	Most Recent Result	FY 2010 Target	FY 2011 Target	FY 2012 Target[1]	FY 2012 +/- FY 2011
4.4.01: Availability and timeliness of data for the National Survey on Drug Use and Health (NSDUH) *(Output)*	FY 2009: 8 months (Target Met)	8 months	8 months	N/A	N/A
4.4.02: Availability and timeliness of data for the Drug Abuse Warning Network (DAWN) *(Output)*	FY 2008: 13 months (Target Not Met but Improved)[2]	10 months	10 months	N/A	N/A
4.4.03: Availability and timeliness of data for the Drug and Alcohol Services Information System (DASIS) *(Output)*	FY 2009: 10 months (Target Met)	10 months	10 months	N/A	N/A

[1] Since SAMHSA's grant awards are made late in the fiscal year, performance targets and results for any given fiscal year primarily reflect the outputs and outcomes associated with activities supported by funding from the prior fiscal year. Therefore, FY 2011 appropriated funding will be reflected in the targets set for FY 2012.

[2] This was erroneously reported as 22 months in the FY 2010 President's Budget.

Program Management

(Dollars in thousands)

	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget	+/- FY 2010
Program Level	**$100,131**	**$101,947**	**$135,696**	**+$33,749**
PHS Evaluation Funds (non-add)	*22,750*	*22,750*	*23,399*	*+649*
(Program Management)	471	492	496	+4
(Block Grant Set-aside)	57	57	57	0
Total, FTE	**528**	**549**	**553**	**+4**

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

FY 2011 Authorization .....Indefinite

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

Program Description and Accomplishments

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

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

National Surveys

(Dollars in Thousands)

PHS Evaluation Funds	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget
OAS Data Collection Activities	$21,750	$21,750	$21,750
NSDUH Mental Health	1,000	1,000	1,000
Data Archive - Restricted Use	0	0	649
Total, PHS Evaluation Funds	**$22,750**	**$22,750**	**$23,399**
Budget Authority			
OAS Data Collection Activities	0	0	32,600
CDC National Health Interview Survey	2,000	2,000	2,000
Total, Budget Authority	$2,000	$2,000	$34,600

Funding History

FY	Amount	FTEs
2006	$75,989,000	524
2007	$76,714,000	528
2008	$75,381,000	544
2009	$77,381,000	528
2010	$79,197,000	549

Budget Request

The FY 2011 President's Budget request is $135.7 million, an increase of $33.7 million above the FY 2010 Appropriation level. Of the increase, $0.5 million is for four additional FTEs to support SAMHSA's new initiatives, $32.6 million is for OAS National Survey Activities, and $0.6 million is for the SAMHSA Restricted-Use Data Archive.

The FY 2011 President's Budget request includes a $19 million increase to the Office of Applied Studies to support national data systems. SAMHSA will apply the majority of the increase to DAWN. The cost of fielding this survey has increased over the years due to real increases in labor and management costs. Further, there have been significant increases in analytic requests by other Federal, State and Local partners. Some of these costs are defrayed through Inter-agency Agreements, but these agreements do not fully recover the resources expended for these analytic studies. An increase in funding is requested to provide funds to continue the current contract.

In addition, the request includes $13.6 million for a new Initiative called Community Early Warning and Monitoring System (C-EMS), for the design, development and field testing of a

community-level, early warning system to detect the emergence of new drug threats and to assist in the identification of public health and safety consequences of drug abuse. In addition, this initiative will explore how community level indicators can be used for planning and the measurement of progress towards improved outcomes within and across communities. The proposed system does not currently exist and will require substantial scientific combined with practical considerations to achieve the system's intended purpose. SAMHSA will work closely and collaboratively with NIDA, NIAAA, and ONDCP as well State and Community representatives on all aspects of systems development and deployment.

Summary of Changes
(Dollars in Thousands)

Increases:	
Built-in:	
Annualization of the 2010 civilian pay raise (2.0%)	+$305
Annualization of the 2010 Commissioned Corps pay raise (3.4%)	+55
Increase for January 2011 pay raise (1.4%)	+709
Increase in rental payments to GSA	+150
Additional FTEs (+4)	+533
Subtotal, Built-in	+1,752
Program:	
OAS Data Evaluation Activities	+32,600
Service and Supply Fund Activities	+614
Joint Funding Arrangement	+300
Overseas Rightsizing	+30
SAMHSA Restricted-Use Data Archive	+649
Subtotal, Program	+34,193
Total, Increases	**+35,945**
Decreases:	
Built-in:	0
Subtotal, Built-in	0
Program:	
Cost Shift of Operating Expenses	-2,196
Subtotal, Program	-2,196
Total, Decreases	**-2,196**
Net Change	**+$33,749**

Saint Elizabeths Hospital
Building and Facilities
(Dollars in thousands)

	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget	+/- FY 2010
Budget Authority	**$772**	**$795**	**$0**	**-$795**

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

FY 2011 Authorization .....Indefinite

Allocation Method ..... Other

Program Description and Accomplishments

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

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

Budget Request

The FY 2011 President's Budget does not include additional funding to support the Department's environmental remediation activities at St. Elizabeths Hospital. In consultation with GSA, the Assistant Secretary for Administration has determined that funding through FY 2010 is sufficient to address current remediation activities

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Data Evaluation

(Dollars in thousands)

	FY 2009 Appropriation	FY 2010 Appropriation	FY 2011 President's Budget	+/- FY 2010
Budget Authority	**$2,500**	**$0**	**$0**	**$0**

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

FY 2011 Authorization .....Indefinite

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

Program Description and Accomplishments

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

- Drug Abuse Warning Network (DAWN)
- Health Behavior in School-Aged Children (HBSC)
- Monitoring the Future (MTF)
- National Co-morbidity Survey (NCS)
- National Survey on Drug Use and Health (NSDUH)
- National Survey of Substance Abuse Treatment Services (N-SSATS)
- Treatment Episode Data Set (TEDS)
- Inventory of Substance Abuse Treatment Services (I-SATS)
- National Center for Health Statistics (NCHS)

SAMHSA has developed a report focusing on the impact of the importance of the Drug Abuse Warning Network. This report indicated that DAWN provides a unique set of data that fills a significant gap in the DHHS drug abuse data collection system. SAMHSA will be exercising an option to continue data collection through 2011 allowing SAMHSA, DHHS/ASPE, ONDCP, and OMB to determine the next steps for the collection of data currently collected under DAWN. SAMHSA has also moved ahead with the design for the evaluation of other DHHS drug abuse data collection efforts. Additional tasks completed so far include the development of outlines for three white papers summarizing previous reviews, methodologies and current data systems. Initial drafts are expected by mid-February. Finally, a panel of experts has been selected to provide input and the first meeting will be held in late March or early April depending on the

participants' availability. The final design and timeline are expected to be completed late February.

Budget Request

The FY 2011 President's Budget request does not include funding for the evaluation of substance abuse data collection activities. The Data Evaluation project was fully funded in FY 2009 as a one year activity and funding was not requested in the FY 2010 President's Budget. SAMHSA will submit its report on Data Evaluation projects to Congress in FY 2011.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

1. RESOURCE SUMMARY

(Budget Authority in Millions)

Drug Resources by Decision Unit and Function: [1]	FY 2009 Final	FY 2010 Enacted	FY 2011 Request
Programs of Regional and National Significance			
Prevention	$201.003	$202.209	$225.075
SPF-SIG (non-add)	*(110.374)*	*(111.777)*	*(103.511)*
Prevention Prepared Communities (non-add)	*(0.000)*	*(0.000)*	*(22.600)*
Treatment	412.342	452.629	501.878
ATR (non-add) [2]	*(98.954)*	*(98.954)*	*(108.854)*
SBIRT (non-add)	*(28.972)*	*(29.106)*	*(41.106)*
Treatment Drug Courts (non-add)	*(23.925)*	*(43.882)*	*(56.438)*
Ex-Offender Re-Entry (non-add)	*(10.092)*	*(18.200)*	*(23.200)*
Treatment Systems for Homeless (non-add)	*(42.879)*	*(42.750)*	*(58.556)*
Total, Programs of Regional and National Significance	**$613.345**	**$654.838**	**$726.953**
Prescription Drug Monitoring Program (NASPER)			
Treatment	2.000	2.000	2.000
Total, Prescription Drug Monitoring Program (NASPER)	**$2.000**	**$2.000**	**$2.000**
HRSA Behavioral Health Grants/Federal Health Care Systems [3]			
Treatment	0.000	0.000	25.000
Total, HRSA Behavioral Health Grants/Federal Health Care Systems	**$0.000**	**$0.000**	**$25.000**
Substance Abuse Prevention and Treatment Block Grant [4]			
Prevention	355.718	359.718	359.718
Treatment	1,422.873	1,438.873	1,438.873
Total, Substance Abuse Prevention and Treatment Block Grant	**$1,778.591**	**$1,798.591**	**$1,798.591**
Program Management [5]			
Prevention	20.026	20.389	27.139
Treatment	80.105	81.558	108.557
Total, Program Management	**$100.131**	**$101.947**	**$135.696**
Total Funding	**$2,494.067**	**$2,557.376**	**$2,688.240**
Drug Resources Personnel Summary			
Total FTEs (direct only)	**528**	**549**	**553**
Drug Resources as a Percent of Budget			
Total Agency Budget	**$3,466.491**	**$3,563.209**	**$3,673.596**
Drug Resources Percentage	**71.9%**	**71.8%**	**73.2%**

Footnotes

[1] Includes both Budget Authority and PHS Evaluation funds. PHS Evaluation Fund levels are as follows: $110.5

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

[3] The $25 million in HRSA funding is included in the SAMHSA table because HRSA is not presently designated as

[4] Consistent with ONDCP guidance, the entire Substance Abuse Block Grant, including funds expended for

[5] Consistent with ONDCP guidance, all SAMHSA Program Management funding is included. Program Management

II. MISSION

The Substance Abuse and Mental Health Services Administration's (SAMHSA) mission is to build resilience and facilitate recovery for people with, or at risk for, substance abuse and mental illness. SAMHSA supports the *President's National Drug Control Strategy* through a broad range of programs focusing on prevention and treatment of drug use. Major programs include the Substance Abuse Prevention and Treatment (SAPT) Block Grant, competitive grant Programs of Regional and National Significance (PRNS), and a Prescription Drug Monitoring program (NASPER). These programs are administered through SAMHSA's Center's for Substance Abuse Prevention (CSAP), Substance Abuse Treatment (CSAT).

III. METHODOLOGY

SAMHSA distributes drug control funding into two functions, prevention and treatment. Included in prevention are SAMHSA/CSAP funds supporting Programs of Regional and National Significance (PRNS), 20% of the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) funds, and 20% of SAMHSA Program Management funds. Included in treatment are SAMHSA/CSAT funds supporting Programs of Regional and National Significance (PRNS), 80% of the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) funds, 80% of SAMHSA Program Management funds, and all funding that supports the Prescription Drug Monitoring Program (NASPER). In addition, in FY 2011, $25 million in Health Resources and Services Administration (HRSA) funding has been included in the SAMHSA Drug Budget display because HRSA is not presently designated as a national drug control agency.

IV. BUDGET SUMMARY

In FY 2011, SAMHSA requests a total of $2,688.240 million for drug control activities, which is an increase of $130.9 million over the FY 2010 level. The Budget directs resources to activities that have demonstrated improved health outcomes and that increase service capacity. SAMHSA has five major drug-related decision units: Substance Abuse Prevention PRNS, Substance Abuse Treatment PRNS, Prescription Drug Monitoring, the Substance Abuse Prevention and Treatment Block Grant, and Program Management. Each decision unit is discussed below:

Programs of Regional and National Significance – Prevention

Total FY 2011 Request: $225.1 million
(Reflects $22.9 million increase from 2010)

CSAP PRNS programs are organized into two categories: 1) Capacity, and 2) Science and Service. Several important drug-related programs within these categories are detailed below.

Prevention Capacity Activities

Capacity activities include service programs, which provide funding to implement service improvement using proven evidence-based approaches, and infrastructure programs, that identify and implement needed systems changes. A major drug-related program included in this category is the Strategic Prevention Framework (formerly named Strategic Prevention Framework State Incentive Grants).

Strategic Prevention Framework (SPF)

FY 2011 Request: $103.5 million

(Reflects $8.3 million decrease from 2010)

The FY 2010 resources of $111.8 million for SPF will support 51 Strategic Prevention Framework-State Incentive Grants (SPF SIG) to states, tribes, and territories; 5 Partnerships for Success grants (State and Community Performance Initiative); 1 CADCA Leadership grant; and several contracts. CSAP's SPF SIG uses a public health approach that supports the delivery of effective programs, policies and practices to prevent substance use disorders. It is an approach that can be embraced by multiple agencies and levels of government that share common goals. It emphasizes developing community coalitions; assessing problems, resources, risk and protective factors; developing capacity in states and communities; implementing evidenced-based programs with fidelity; and monitoring, evaluating, and sustaining those programs. The Partnerships for Success program builds on the success of the SPF SIG program and adds an incentive for grantees that meet state-wide substance abuse prevention targets. The decreased funding in the FY 2011 Budget will still allow continued funding of 35 SPF SIGs (16 will come to a natural end) as well as 5 continuation and 10 new Partnership for Success grants.

Prevention Prepared Communities

FY 2011 Request: $22.6 million

(Reflects $22.6 million increase from 2010)

The Prevention Prepared Communities program will assist communities in developing community prevention systems offering evidence-based prevention of substance abuse and mental illness across the course of childhood and adolescence in multiple community venues. The program builds on scientific evidence that a) a common set of risk factors is predictive of a range of negative outcomes, such as academic failure (including school dropout), aggression, violence, delinquency, and substance use; b) mental, emotional, and behavioral problems tend to co-occur; c) some experiences early in development are highly predictive of later positive and negative outcomes; d) intervening early and throughout childhood and adolescence can reduce risk factors and change children's trajectories in a positive fashion; and e) shared community environments can play an influential role in supporting healthy behaviors. The FY 2011 President's Budget request is $22.6 million, all of which is new for FY 2011. Of the total amount, $15 million will support approximately 30 grants to communities, $5.6 million will support a contract to enhance State capacity to develop and support communities through community prevention specialists, and $2 million will support a contract for evaluation.

Other Prevention Capacity Programs

FY 2011 Request: $60.9 million

(Reflects $2.9 million decrease from 2010)

The FY 2010 Budget includes resources of $63.8 million for existing Mandatory Drug Testing programs, the Center for Substance Abuse Prevention/Minority AIDS grants (SAP/MAI), STOP Act, Performance Management (formerly named Data Coordination and Consolidation Center), and Congressional projects. The FY 2011 level would maintain current contracts, supports 123 HIV/AIDS prevention grants as well as 101 continuation and 20 new STOP Act grants. The reduced funding level reflects discontinuation of one-time Congressional projects.

Prevention Science and Service Activities

Science and Service Activities promote the identification and increase the availability of

practices thought to have the potential for broad service improvement. A major drug-related program included in this category is the National Registry of Evidence-based Programs and Practices.

National Registry of Evidence-based Programs and Practices

FY 2011 Request: $0.65 million
(Reflects no change from 2010)

The FY 2010 resources of $0.65 million will support the National Registry of Evidence-based Programs and Practices (NREPP). This includes both prevention and treatment. NREPP is a system designed to support informed decision making and to disseminate timely and reliable information about interventions that prevent and/or treat mental and substance use disorders. The NREPP system allows users to access descriptive information about interventions, as well as peer-reviewed ratings of outcome-specific evidence across several dimensions. NREPP provides information to a range of audiences, including service providers, policy makers, program planners, purchasers, consumers, and researchers. The NREPP website provides an array of descriptive information on all reviewed interventions, as well as quantitative ratings (on zero to four scales) for two important dimensions -strength of evidence, and readiness for dissemination. In addition, the website also has the capacity to generate customized searches on one or multiple factors including specific types of outcomes, types of research designs, intervention costs, populations and/or settings, as well as the two quantitative dimensions (strength of evidence and readiness for dissemination).

Other Prevention Science and Service Programs

FY 2011 Request: $25.7 million
(Reflects $0.2 million decrease from 2010)

The FY 2010 Budget provides resources of $25.9 million in support of the Fetal Alcohol Spectrum Disorder program; the Center for the Application of Prevention Technologies; the SAMHSA Health Information Network; Science and Service Program Coordination (formerly named Best Practices Program Coordination); and Minority Fellowship program. The FY 2011 budget continues all of these programs.

Programs of Regional and National Significance – Treatment

Total FY 2011 Request: $501.878 million
(Reflects $49.2 million increase from 2010)

CSAT PRNS programs are also organized into two categories: 1) Capacity, and 2) Science and Service. Several important drug-related programs within these categories are detailed below.

Treatment Capacity Activities

As stated above, capacity activities include services programs, which provide funding to implement service improvement using proven evidence-based approaches, and infrastructure programs, which identify and implement needed systems changes. Key activities included in this category are: Access to Recovery (ATR); Screening, Brief Intervention, Referral, and Treatment (SBIRT) activities; Treatment Drug Courts; Ex-Offender Re-Entry program; and Treatment Systems for Homeless.

Access to Recovery

FY 2011 Request: $108.9 million
(Reflects $9.9 million increase from 2010)

FY 2010 resources for ATR reflect $99.0 million to support a new Request for Applications (RFA) for a third cohort (approximately 30 new grants). The new RFA expanded ATR to a 4-year program. ATR is designed to: (1) allow recovery to be pursued through personal choice and many pathways; (2) require grantees to manage performance based outcomes that demonstrate client successes; and, (3) expand capacity by increasing the number and types of providers who deliver clinical treatment and/or recovery support services. The program is administered through State Governor's Offices, recognized Tribal Organizations, or through the Single State Authority overseeing substance abuse activities. ATR uses vouchers, coupled with state flexibility and executive discretion, to offer an opportunity to create positive change in substance abuse treatment and recovery service delivery across the Nation. FY 2011 funding will fully support the second year of the third cohort of grantees and will provide funding to support the award of 4 new ATR grants.

Screening, Brief Intervention and Referral to Treatment Activities

FY 2011 Request: $41.1 million
(Reflects $12.0 million increase from 2010)

Substance abuse is one of our Nation's most significant public health challenges, and the SBIRT approach can intervene early in the disease process before individuals become dependent and/or addicted, and can motivate the addicted to pursue a referral to treatment. Since the beginning of this program, almost one million individuals have been screened, and of those screened, 23% required a brief intervention, brief treatment, or referral to a specialty substance abuse treatment program. The FY 2010 resources of $29.1 million, supported continuation of eight State SBIRT grants, and continuation of eleven grants supporting SBIRT training in selected Medical Residency programs. The FY 2011 Budget will fully fund continuation of four State grants (four State grants end in FY 2010) and the eleven Medical Residency programs. In addition, in FY 2011, CSAT will fund a new $15.0 million initiative that adds a mental health screening component to a new cohort of SBIRT grantees. Also in FY 2011, $3.0 million will be used to develop a pilot project based on the Physician Clinical Support System model to extend SBIRT training and general substance abuse treatment information and clinical decision making support to physicians and other healthcare professionals.

Treatment Drug Courts

FY 2011 Request: $56.4 million
(Reflects $12.6 million increase from 2010)

Drug courts are problem-solving courts which help reduce recidivism and substance abuse among offenders and increase an offender's likelihood of successful rehabilitation through early, continuous, and intense judicially supervised treatment, mandatory periodic drug testing, community supervision, and appropriate sanctions and other habilitation services. FY 2010 resources of $43.9 million will provide continuation funding for 64 adult drug courts and 3 juvenile drug courts, and funding for new awards that are anticipated in FY 2010 for 8 adult treatment drug courts, 8 juvenile treatment drug courts, and 13 family dependency treatment drug courts which will focus on children who are victims of substance abuse/methamphetamine use in families that may also have concurrent involvement in the criminal justice system. In addition, a new collaborative effort in FY 2010 between SAMHSA/CSAT and the Department of Justice will result in funding approximately 31 new adult treatment drug court grants jointly with

the DOJ/Office of Justice Programs/Bureau of Justice Assistance (OJP/BJA), and 3 new juvenile treatment drug court grants jointly with DOJ/Office of Juvenile Justice and Delinquency Prevention. The FY 2011 Budget will provide continuation funding for 44 adult treatment drug courts (20 adult drug courts end in FY 2010), 3 juvenile treatment drug courts, and will support continuation of all the new treatment drug courts jointly funded with DOJ elements in FY 2010. Also, the FY 2011 Budget will provide sufficient increased funding for award of approximately 45 new treatment drug courts; however, the split among adult/juvenile/family courts has not yet been determined.

Ex-Offender Re-Entry Program

FY 2011 Request: $23.2 million
(Reflects $5.0 million increase from 2010)

SAMHSA recognizes the need to continue efforts to return and reintegrate offenders back into the community by providing substance abuse treatment and other related re-entry services while also ensuring public safety for the community and family. The ex-offender re-entry grants provide screening, assessment and comprehensive treatment and recovery support services to offenders reentering the community, as well as offenders who are currently on or being released from probation or parole. The FY 2010 Budget of $18.2 million supports continuation of 24 grants and award of approximately 20 grants for a new ex-offender re-entry cohort. To further address this population in FY 2011, an increase of $5.0 million will support a new (third) cohort of ex-offender reentry grants that will provide substance abuse treatment and recovery support services to adult and juvenile offenders returning to society from incarceration. Approximately 12 new grants are expected to be awarded.

Treatment Systems for Homeless Programs

FY 2011 Request: $58.6 million
(Reflects $15.8 million increase from 2010)

SAMHSA/CSAT manages two grant portfolios under its Grants for the Benefit of Homeless Individuals (GBHI) program, both of which provide focused services to individuals with a substance use disorder or who have co-occurring disorders. Through a recovery and public health oriented system of care, grantees are encouraged to address gender, age, race, ethnicity, sexual orientation, disability status, veteran's status, and criminal justice status as these issues relate to both substance use disorder services and co-occurring disorder services for homeless individuals. The FY 2010 Budget reflects resources of $42.8 million to support continuation of 72 grants and for a new cohort of approximately 23 new grants. The FY 2010 GBHI portfolio includes services in supportive housing (SSH) grants that seek to expand and strengthen treatment services for clients already in housing that is permanent, affordable, and linked to health, employment, and other support services. This approach combines long-term, community-based housing assistance with intensive individualized treatment and recovery support services. In FY 2011, in addition to continuing a robust portfolio of GBHI/SSH grants, a new $8.4 million Homeless Initiative Program will be announced. The Homeless Initiative Program is a robust collaboration with the Department of Housing and Urban Development. This collaboration will combine health, behavioral health and other support services to move and maintain chronically homeless individuals with mental and substance use disorders into permanent housing.

Other Treatment Capacity Programs

FY 2011 Request: $187.6 million

(Reflects $5.2 million decrease from 2010)

The FY 2010 Budget includes resources of $192.8 million for several other Treatment Capacity programs including: the Minority AIDS Initiative; Opioid Treatment Programs and Regulatory Activities; Children and Families; Pregnant and Post-Partum Women; Services Accountability; and TCE-General, as well as others. The FY 2011 Budget includes funds for continuing grants and contracts in the various programs, reflects discontinuation of one-time Congressional projects, and includes $6.0 million in funds for a new Performance Contracting Program, funded within the TCE-General program line, which will enable SAMHSA to offer competitive grants to State or Tribal authorities. Grant funding will be used to enhance overall drug treatment quality by incentivizing treatment providers to achieve specific performance targets. Examples of grant awards could include supplements for treatment providers who are able to connect higher proportions of detoxified patients with continuing recovery-oriented treatment; or for outpatient providers who are able to successfully retain greater proportions of patients in active treatment participation for longer time periods.

Treatment Science and Service Activities

As stated in the Prevention section above, Science and Service Activities promote the identification and increase the availability of practices thought to have the potential for broad service improvement. A major drug-related program included in this category is the Addiction Technology Transfer Centers (ATTCs).

Treatment Science and Service

FY 2011 Request: $26.1 million

(Reflects $0.9 decrease from 2010)

The FY 2010 Budget includes resources of $27.0 million for Treatment Science and Service programs including: the National Registry of Evidence-Based Programs and Practices (as described in the Prevention section); the SAMHSA Health Information Network (a jointly-funded effort by all SAMHSA Centers); and the Addiction Technology Transfer Center (ATTC) initiative (a network of fourteen regional activities and a National ATTC Office that support training and technology transfer activities and promotion of workforce development in the addiction treatment field), among others. The FY 2011 budget continues all of these programs at the same funding level as FY 2010.

Prescription Drug Monitoring Program

FY 2011 Request: $2.0 million

(Reflects no change from 2010)

Although the latest SAMHSA survey reported a reduction in prescription drug abuse, it continues to be a significant public health problem, with 6.2 million people over the age of 12 indicating current non-medical use of pain relievers, tranquilizers, sedatives, and stimulants (National Survey on Drug Use and Health, 2008). Under provisions of the National All Schedules Prescription Electronic Reporting Act of 2005 ("NASPER" P.L. 109-60), SAMHSA/CSAT was provided $2.0 million in FY 2010 to award formula grants to eligible States to foster establishment or enhancement of State-administered controlled substance monitoring systems, ensuring that health care providers and law enforcement officials have access to accurate, timely prescription history information. (In FY 2009, the first year funding was appropriated for this program, the thirteen States that applied were all awarded NASPER

grants.) The expansion and establishment of prescription monitoring systems has the potential for assisting in early identification of patients at risk for addiction, and early identification will lead to enhanced substance abuse treatment interventions. The FY 2011 Budget continues NASPER at the same level as FY 2010.

Enhancing Substance Abuse Care in Federal Health Care Systems

FY 2011 Request: $25.0 million
(Reflects $25.0 million increase from 2010)

The FY 2011 request includes $25 million to expand the integration of behavioral health into existing primary health care systems, which will enhance the availability and quality of addiction care provided by Health Centers. This will be accomplished by adding qualified and trained behavioral health counselors and other addiction specialists in HRSA-supported Health Centers. HRSA will collaborate with the Department of Veterans Affairs and the Substance Abuse Mental Health Services Administration by utilizing each respective agency's technical assistance expertise. This initiative will include training on performing Screening, Brief Intervention and Referral to Treatment (SBIRT) to the health counselors and other addiction specialists.

Substance Abuse Prevention and Treatment (SAPT) Block Grant

FY 2011 Request: $1.799 billion
(Reflects no change from 2010)

The overall goal of the SAPT Block Grant is to support and expand substance abuse prevention and treatment services, while providing maximum flexibility to states. States and territories may expend their funds only for the purpose of planning, carrying out, and evaluating activities related to these services. States may provide SAPT Block Grant funds to community and faith-based organizations to provide services. Of the amounts appropriated for the SAPT Block Grant, 95 percent are distributed to states through a formula prescribed by the authorizing legislation. Factors used to calculate the allotments include total personal income; state population data by age groups (total population data for territories); total taxable resources; and a cost of services index factor. Remaining funds are used for data collection, technical assistance, and program evaluation, which are retained by SAMHSA for these purposes. The set-aside is distributed among CSAP, CSAT, and the SAMHSA Office of Applied Studies for purposes of carrying out the functions prescribed by the SAPT Block Grant legislation. The FY 2010 resources of $1.799 billion will provide grant awards to 60 jurisdictions: states, territories, the District of Columbia, and the Red Lake Band of Chippewa Indians in Minnesota. These resources will support approximately 2 million treatment episodes. The SAPT Block Grant program in FY 2011 is funded at the same level as FY 2010, and will provide support to the current 60 jurisdictions for a similar level of prevention and treatment services.

Program Management

FY 2011 Request: $135.7 million
(Reflects $33.7 million increase from 2010)

The FY 2010 resources of $102.0 million support staffing and activities to administer SAMHSA programs. Program Management 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. In addition, Program Management includes funding for a portion of the survey activities conducted by the SAMHSA Office of Applied Studies (OAS). Agency staffing represents a critical component of the budget. There are currently 57 members of the SAMHSA staff who provide direct state technical assistance and are funded through the 5% Block Grant set-asides. Program Management also includes: contracts for block grant investigations (monitoring); support for the Unified Financial Management System (UFMS); administrative activities such as Human Resources, Information Technology, and centralized services provided by the Program Support Center and the Department of Health and Human Services. The FY 2011 Budget reflects increased funding for current OAS National Surveys and for a new OAS initiative to design, develop, and field-test a community-level early warning system to detect emergence of new drug threats and to assist in identifying the public health and public safety consequences of drug abuse. SAMHSA/OAS will be working closely and collaboratively with NIDA, NIAAA, and ONDCP on all development and deployment aspects of this system.

V. PERFORMANCE SUMMARY

Introduction

This section on the FY 2009 performance of SAMHSA programs is based on agency GPRA documents and performance assessments. The tables include performance measures, targets, and achievements for the latest year for which data are available.

The Substance Abuse Treatment Programs of Regional and National Significance (PRNS) were reviewed in 2002 with a rating of "Adequate." In 2003, the Substance Abuse Prevention and Treatment Block Grant was given a rating of "Ineffective." The Substance Abuse Prevention PRNS was rated "Moderately Effective" in 2004 as was the Access to Recovery Program in 2007 and Adult and Juvenile Drug Courts in 2008.

Over the past several years, SAMHSA, in collaboration with the states, has identified a set of standardized National Outcome Measures (NOMs) that are monitored across all SAMHSA programs. The NOMs have been identified for both treatment and prevention programs, as well as common methodologies for data collection and analysis.

SAMHSA has implemented on-line data collection and reporting systems for mental health, substance abuse prevention and treatment programs, and has assisted states in developing their data infrastructures. Efficiency measures have also been implemented for all programs.

Substance Abuse Prevention and Treatment Block Grant (SAPTBG)

SAPT Block Grant – Treatment Activities

SAPTBG – Treatment Activities

Selected Measures of Performance	FY 2009 Target	FY 2009 Achieved
Percent clients reporting abstinence from drug use at discharge	69.3%	TBR November 2010
Number of admissions to substance abuse treatment programs receiving public funding[1]	1,881,515	TBR November 2011

Discussion

SAMHSA has established a data-driven block grant mechanism which monitors the National Outcome Measures (NOMs) and improves data collection, analysis, and utilization. Data for the treatment NOMs are drawn from a combination of sources, including the Web Block Grant Application System (WEBBGAS). A major milestone was reached when the reporting of NOMs was made mandatory in the FY 2008 SAPT Block Grant Application**.**

In 2005, the Center for Substance Abuse Treatment (CSAT) and the Center for Substance Abuse Prevention (CSAP) of the Substance Abuse and Mental Health Services Administration (SAMHSA) funded an Independent Evaluation of the Substance Abuse Prevention and Treatment Block Grant (SAPT BG) Program which was completed in December of 2008. The

[1] Data source since FY 2007 is SAMHSA's Web Block Grant Application System.

purpose of the evaluation was to assess the extent to which the SAPT BG Program is effective, functioning as intended, and achieving desired outcomes. The evaluation resulted in a number of key findings which includes: a demonstrated positive effect on the health and lives of substance abuse treatment clients; the SAPTBG as a major impetus for improving State prevention and treatment systems' infrastructure and capacity; States ability to leverage SAPTBG requirements, resources and Federal guidance to sustain and improve their systems; demonstration of effective federal and state management of the program; and, a contribution to the development and maintenance of successful State collaborations with other agencies and stakeholders concerned with preventing and treating substance abuse.

Data on FY 2009 achievements are not yet available. For FY 2008, the Block Grant program exceeded the target (1,881,515) for the number of clients served; a total of 2,272,250 clients. At discharge, 78.2% of clients had abstained from alcohol, 73.7% had abstained from drug use, 37.2% were employed, and 92% reported having no involvement with the criminal justice system.

SAPT Block Grant – 20% Prevention Set-Aside

SAPTBG - 20% Prevention Set-Aside

Selected Measures of Performance	FY 2009 Target	FY 2009 Achieved
Percent of States showing an increase in State-level estimates of survey respondents who rate the risk of substance abuse as moderate or great (age 12-17)	45.1%	TBR August 2010
Percent of States showing a decrease in State-level estimates of survey respondents who report 30-day use of alcohol (age 12-20)[2]	51%	TBR August 2010
Percent of States showing a decrease in State-level estimates of survey respondents who report 30-day use of other illicit drugs (age 12-17)[3]	52.9%	TBR August 2010
Number of participants served in prevention programs	17,482,060	TBR August 2010

Note: In 2009, the latest state estimates were found in the 2007 State estimates report. These data represent change from 2005/2006 and 2006/2007. Additionally, SAMHSA has changed its data reporting time periods. Previously, data were reported as a result for the following year. For example, results for 2008 reflected data collected in 2007. In order to achieve consistency across SAMHSA, reporting has been revised so that results reflect data actually collected in that year.

Note: SAPT state applications vary in years these data are collected.

Discussion

In previous years, population-based measures taken from the National Survey on Drug Use and Health (NSDUH) have been used as proxy measures for the 20% set-aside. Since they do not reflect change at a grantee level, they have been retired and replaced with separate measures reflecting the percentage of States improving, based on State-level estimates from the NSDUH. Baseline data for FY 2007 have been identified for these new measures and targets set for FY 2008-2012. The data used to determine the percent of States improving on each measure come from the NSDUH state estimates.

[2] Percent, ages 12-20, who report they have used alcohol in the last 30 days.

[3] Percent, ages 12-17, who report they have used illicit drugs in the last 30 days.

States are placing an increased emphasis on applying the strategic prevention framework (SPF) to the use of SAPT funds. For example, 51 States and Territories now use SPF or the equivalent for conducting needs assessments, 53 for building State capacity, 53 for planning, 43 for program implementation, and 29 States for evaluation efforts.

States are providing details about how SPF implementations are enhancing their infrastructure. In Illinois, the Illinois Commission on Children and Youth is working to develop a 5-year strategic plan for providing services to children, youth, and young adults. This will enhance coordination of existing State programs and services and develop strategies related to preventive health, education completion, workforce development, social and emotional development, and civic engagement. California's Statewide Needs Assessment and Planning (SNAP) project will implement a systematic, recurring process to support ongoing State and county needs assessment and planning. The SNAP project will be consistent with ADP's Strategic Plan and is guided in part by SAMHSA's SPF. Michigan's Office of Drug Control Policy (ODCP) contracts with regional coordinating agencies which have revised local-level prevention program planning—funded by the Block Grant—by adopting the SPF-SIG five-step planning model.

Data on FY 2009 achievements are not yet available. For FY 2008, the 20% Prevention Set-Aside program exceeded the target (17,482,060) for the number of participants reached/served by prevention programs, practices and strategies for a total of 70,647,674. It is important to note that many prevention approaches are population- rather than individual-based and include duplicate counts. The percent of States showing an increase in State-level estimates of survey respondents who rate the risk of substance abuse as moderate or great (age 12-17) was 47.1%; the percentage of states that reported a decrease in 30-day use of alcohol (age 12-20) was 52.9%; and 64.7% of states reported a decrease in 30-day use of other illicit drugs (age 12-17).

Programs of Regional and National Significance (PRNS)

Treatment PRNS

Selected Measures of Performance	FY 2009 Target	FY 2009 Achieved
Percent of adult clients currently employed/engaged in productive activities	50%	44%
Percent of adult clients with permanent place to live	49%	44%
Percent of adult clients with no involvement with the criminal justice system	94%	96%
Percent of adult clients with no/reduced alcohol or illegal drug-related health, behavioral, or social consequences	65%	86%
Percent adult clients with no past-month substance abuse	61%	66%
Number of clients served[4]	31,659	32,939

Discussion

The Treatment PRNS provides funding to implement service improvements, using proven evidence-based approaches, system changes, and programs to promote identification and increase the availability of practices with potential for broad service improvement. The PRNS enables SAMHSA's CSAT to address emerging issues in the field. CSAT integrates data and

[4] Total of all SAMHSA's CSAT Capacity programs excluding Access to Recovery and the Screening, Brief Intervention, Referral, and Treatment program.

performance into program and management decisions via, a real-time data reporting system. Staff routinely monitors grantees' progress to ensure that program goals and objectives are being met**.**

In 2009, the PRNS programs exceeded their target (31,659) for the number of clients served – total number served was 32,939. The programs achieved an abstinence level of 66%, an employment level of 44%, a housing level of 44%, and a level of 96% for clients having no involvement with the criminal justice system at six-month follow-up.

Among the PRNS programs is the Screening, Brief Intervention, Referral, and Treatment program (SBIRT), implemented in 2003. In FY 2009, SBIRT provided over 180,000 substance abuse screenings in primary care and generalist settings.

The Access to Recovery program, implemented in 2005, is described below.

Access to Recovery

Selected Measures of Performance	FY 2009 Target	FY 2009 Achieved
Percentage of individuals receiving services who had no past month substance use	81%	81%
Percentage of individuals receiving services who had improved family and living conditions	52%	47%
Percentage of individuals receiving services who had no involvement with the criminal justice system	96%	96%
Percentage of adults receiving services who had improved social support	90%	91%
Percentage of individuals receiving services who are currently employed or engaged in productive activities	53%	49%
Average cost per client through ATR	$1,588	$1,071
Number of clients gaining access to treatment	65,000	89,595

Discussion

The Access to Recovery (ATR) program provides grants to States, Tribes, and Tribal organizations to undertake voucher programs that expand substance abuse treatment capacity and promote choice among clinical treatment and recovery support providers.

In 2009, the ATR program substantially exceeded its target for the number of clients served; 89,595 clients as compared to the target of 65,000. In total, over 316,000 clients have been served since inception. Moreover, the program's achievements include a number of positive developments measured at the time of discharge: an abstinence level of 81%, an employment level of 49%, an improved social support level of 91%, and a level of 96% of clients having no involvement with the criminal justice system.

Substance Abuse Drug Courts

Selected Measures of Performance	FY 2009 Target	FY 2009 Achieved
Percentage of juvenile clients receiving services who had a permanent place to live in the community	82%	79%
Percentage of juvenile clients that complete treatment	75%	N/A[5]
Percentage of juvenile clients receiving services who had no involvement with the criminal justice system	93%	92%

Discussion

The Treatment Drug Court program provides funding to address the treatment needs of substance using individuals involved in a Drug Court. The Program is designed to provide holistic treatment and wrap-around services to criminally-involved substance-using individuals in order to assist them in achieving and maintaining abstinence from substance use along with improving their overall quality of life.

The Juvenile Drug Court Program demonstrated successful results in 2009, meeting or exceeding targets related to substance use, health and social consequences, employment, and criminal justice involvement.

The Adult Drug Court Program is discussed in the Department of Justice – Office of Justice Programs section of the FY 2010 Budget Summary.

Prevention PRNS

Selected Measures of Performance	FY 2009 Target	FY 2009 Achieved
Percent SPF SIG states with decrease in 30-day use of illicit drugs (age 12-17)[6]	59.8%	TBR August 2010
Percent SPF SIG states with increase in perception of risk from substance abuse (age 12-17)	78.7%	TBR August 2010
HIV: Percent of participants who rate the risk of substance abuse as moderate or great (age 12-17)	76.6%	TBR August 2010
HIV: Percent of participants who used illicit drugs at pre-test who report a decrease in 30-day use at post-test (age 18 and up)	70.6%	TBR August 2010

Note: SAMHSA has changed its data reporting time periods. Previously, data were reported as a result for the following year. For example, results for 2008 reflected data collected in 2007. In order to achieve consistency across SAMHSA, reporting has been revised so that results reflect data actually collected in that year.

Discussion

The Prevention PRNS programs primarily focus on the Strategic Prevention Framework State Incentive Grants (SPF SIG) and the Minority Substance Abuse/HIV Prevention Initiative. The SPF SIG takes a public health approach for the prevention of substance abuse by requiring a systematic, comprehensive, prevention process, first at the State and then at the community level.

[5] The treatment completion measure for juveniles is collected upon discharge from treatment. Due to the small number of grantees during FY 2009, this measure could not be calculated with any reliability.

[6] SPF SIGs are Strategic Prevention Framework State Incentive Grants.

This State and community infrastructure and capacity building is expected to have stronger and longer lasting effects over time SPF SIG grantees are required to go through multiple stages of the SPF process before they begin implementing services. These initial steps lead to a lag between the time the grants are awarded and community change is observable. State-level percentages of use and non-use are also affected by numerous factors external to prevention programs, such as state-level demographic and socioeconomic changes.

Additionally, as in the SAPT, there is lag time in the availability of NSDUH data used to populate these measures. The data used to determine the percent of States improving on each measure come from the NSDUH state estimates. In 2009, the latest state estimates were found in the 2007 State estimates report. These data represent change from 2005/2006 and 2006/2007.

The goal of the HIV cohort 6 program is to increase the capacity of communities serving the target populations to deliver evidence-based substance abuse prevention, HIV and hepatitis prevention services. This program was redesigned in FY 2007 to incorporate the Strategic Prevention Framework model. Given these substantial program changes, we have established baselines for new measures including pre/post 30 day use data on participants who have participated in prevention interventions lasting at least 30 days. Each participant is followed up from program entry to program exit and to 3 to 6 months thereafter. FY 2009 actuals will be reported in August 2010 following the complete online submission of grantee data and review, correction, and analysis of data.

Data on FY 2009 achievements are not yet available. For FY 2008, the percent of SPF SIG states with a decrease in 30-day use of illicit drugs (age 12-17) was 67.6%, while 47.1% of States had an increase in the perception of risk from substance abuse (age 12-17). In the HIV program, 90.1% of participants rated the risk of substance abuse as moderate or great (age 12-17), whilst 59.1% of the participants who used illicit drugs at pre-test reported a decrease in 30-day use at post-test (age 18 and up).

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Substance Abuse and Mental Health Services Administration
Object Classification Tables – Direct
(Dollars in Thousands)

Object Class - Direct Budget Authority	FY 2010 Estimate	FY 2011 Estimate	FY 2011 +/- FY 2010
Direct Obligations:			
Personnel Compensation:			
Full Time Permanent (11.1)	$45,434	$46,449	+$1,015
Other than Full-Time Permanent (11.3)	2,184	2,233	+49
Other Personnel Compensation (11.5)	927	948	+21
Military Personnel Compensation (11.7)	4,203	4,368	+165
Special personal services payments (11.8)	224	227	+3
Subtotal Personnel Compensation:	**52,972**	**54,225**	**+1,253**
Civilian Personnel Benefits (12.1)	11,836	12,100	+264
Military Personnel Benefits (12.2)	2,155	2,240	+85
Benefits for Former Personnel (13.1)	0	0	---
Subtotal Pay Costs:	**66,963**	**68,565**	**+1,602**
Travel (21.0)	1,685	1,757	+72
Transportation of Things (22.0)	113	116	+3
Rental Payments to GSA (23.1)	6,865	7,023	+158
Rental Payments to Others (23.2)	1	1	---
Communications, Utilities and Misc. Charges (23.3)	662	673	+11
Printing and Reproduction (24.0)	4,571	4,644	+73
Other Contractual Services:			---
Advisory and Assistance Services (25.1)	27,840	31,485	+3,645
Other Services (25.2)	217,526	256,829	+39,303
Other Purchases of Goods & Svc from Govt Accts (25.3)	105,218	112,543	+7,325
Operation & Maintenance of Facilities (25.4)	707	718	+11
Medical Care (25.6)	0	0	---
Operation and Maintenance of Equipment (25.7)	428	435	+7
Subtotal Other Contractual Services:	**351,719**	**402,010**	**+50,291**
Supplies and Materials (26.0)	441	448	+7
Equipment (31.0)	163	166	+3
Grants, Subsidies, and Contributions (41.0)	2,997,086	3,054,604	+57,518
Insurance Claims & Indemnities (42.0)	1,355	1,355	---
Interest & Dividends (43.0)	0	0	---
Advance to Others (61.0)	0	0	---
Subtotal Non-Pay Costs	**3,364,661**	**3,472,797**	**+108,136**
Total Direct Obligations:	**$3,431,624**	**$3,541,362**	**+$109,738**

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

Salary and Expenses	FY 2010 Estimate	FY 2011 Estimate	FY 2011 +/- FY 2010
Personnel Compensation:			
Full Time Permanent (11.1)	$45,434	$46,449	+$1,015
Other than Full-Time Permanent (11.3)	2,184	2,233	+49
Other Personnel Compensation (11.5)	927	948	+21
Military Personnel Comprensation (11.7)	4,203	4,368	+165
Special personal services payments (11.8)	224	227	+3
Subtotal Personnel Compensation:	**52,972**	**54,225**	**+1,253**
Civilian Personnel Benefits (12.1)	11,836	12,100	+264
Military Personnel Benefits (12.2)	2,155	2,240	+85
Benefits for Former Personnel (13.1)	0	0	---
Subtotal Pay Costs:	**66,963**	**68,565**	**+1,602**
Travel (21.0)	1,685	1,757	+72
Transportation of Things (22.0)	113	116	+3
Rental Payments to Others (23.2)	1	1	---
Communications, Utilities and Misc. Charges (23.3)	662	673	+11
Printing and Reproduction (24.0)	4,571	4,644	+73
Other Contractual Services:			---
Advisory and Assistance Services (25.1)	16,175	18,293	+2,118
Other Services (25.2)	213,611	252,206	+38,596
Other Purchases of Goods & Svc from Govt Accts (25.3)	26,571	28,420	+1,850
Operation & Maintenance of Facilities (25.4)	707	718	+11
Medical Care (25.6)	0	0	---
Operation and Maintenance of Equipment (25.7)	428	435	+7
Subtotal Other Contractual Services:	**257,491**	**300,072**	**+42,581**
Supplies and Materials (26.0)	441	448	+7
Subtotal Non-Pay Costs	**264,964**	**307,711**	**+42,747**
Total, Salaries and Expenses	**$331,927**	**$376,276**	**+$42,912**
Direct FTE	**494**	**498**	**+4**

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

	2009 Actual Civilian	2009 Actual Military	2009 Actual Total	2010 Est. Civilian	2010 Est. Military	2010 Est. Total	2011 Est. Civilian	2011 Est. Military	2011 Est. Total
CMHS									
Direct:	73	16	89	79	16	95	80	16	96
Reimbursable:	14	6	20	14	6	20	14	6	20
Total:	87	22	109	93	22	115	94	22	116
CSAP									
Direct:	76	14	90	75	14	89	76	14	90
Reimbursable:	12	---	12	12	---	12	12	---	12
Total:	88	14	102	87	14	101	88	14	102
CSAT									
Direct:	91	12	103	94	12	106	94	13	107
Reimbursable:	---	---	---	---	---	---	---	---	---
Total:	91	12	103	94	12	106	94	13	107
OA									
Direct:	33	1	34	36	1	37	36	1	37
Reimbursable:	2	--	2	2	---	2	2	---	2
Total:	35	1	36	38	1	39	38	1	39
OAS									
Direct:	25	3	28	25	3	28	25	3	28
Reimbursable:	---	1	1	---	1	1	---	1	1
Total:	25	4	29	25	4	29	25	4	29
OPPB									
Direct:	34	2	36	41	2	43	41	2	43
Reimbursable:	1	---	1	1	---	1	1	---	1
Total:	35	2	37	42	2	44	42	2	44
OPS									
Direct:	92	2	94	94	2	96	95	2	97
Reimbursable:	9	1	10	9	1	10	9	1	10
Total:	101	3	104	103	3	106	104	3	107
St. Elizabeths									
Direct:	---	---	---	---	---	---	---	---	---
Reimbursable:	---	8	8	---	9	9	---	9	9
Total:	---	8	8	---	9	9	---	9	9
SAMHSA FTE Total:	**462**	**66**	**528**	**482**	**67**	**549**	**485**	**68**	**553**

Average GS Grade	
FY 2006	12.5
FY 2007	12.6
FY 2008	12.4
FY 2009	12.4
FY 2010	12.4

Substance Abuse and Mental Health Services Administration
Detail of Positions

	2009 Actual	2010 Estimate	2011 Estimate
Executive Level I	0	0	0
Executive Level II	0	0	0
Executive Level III	0	0	0
Executive Level IV	1	1	1
Executive Level V	0	0	0
Subtotal	1	1	1
Total - Exec Level Salaries	**$153,321**	**$156,387**	**$158,577**
SES	15	15	15
Subtotal	15	15	15
Total, SES salaries	**$2,522,353**	**$2,572,800**	**$2,608,819**
GM/GS-15	65	70	70
GM/GS-14	125	127	127
GM/GS-13	126	129	132
GS-12	38	39	39
GS-11	17	21	21
GS-10	3	3	3
GS-09	16	18	18
GS-08	17	17	17
GS-07	16	18	18
GS-06	11	10	10
GS-05	9	9	9
GS-04	3	3	3
GS-03	0	1	1
GS-02	0	1	1
GS-01	0	0	0
Subtotal	446	466	469
Total, GS salaries	**$46,767,124**	**$49,841,591**	**$50,539,373**
CC-08/09	1	1	1
CC-07	1	1	1
CC-06	16	14	14
CC-05	17	15	15
CC-04	17	18	19
CC-03	12	14	14
CC-02	2	4	4
CC-01	0	0	0
Subtotal	66	67	68
Total, CC salaries	**$6,947,253**	**$7,292,300**	**$7,394,392**
Total Positions	**528**	**549**	**553**
Average ES level	**ES**	**ES**	**ES**
Average ES salary	**$153,321**	**$156,387**	**$158,577**
Average SES level	**SES**	**SES**	**SES**
Average SES salary	**$168,157**	**$171,520**	**$173,921**
Average GS grade	**12.4**	**12.4**	**12.4**
Average GS salary	**$104,859**	**$106,956**	**$107,760**
Average CC level	**4.6**	**4.4**	**4.4**
Average CC salaries	**$105,261**	**$107,216**	**$107,118**

Programs Proposed for Elimination
Substance Abuse and Mental Health Services Administration
Programs Proposed for Reduction

The following table shows the programs proposed for elimination in the President's 2011 Budget request. Following the table is a brief summary of each program and the rationale for its reduction.

(Dollars in Millions)

Program *(FY 2011 in millions)*			
St. Elizabeths Hospital - Environmental Remediation	0.795	---	-0.795

St. Elizabeths Hospital – Environmental Remediation (-$0.795 million)
As GSA has indicated that they will not need funding from SAMHSA in FY 2011, there is no request for this activity.

FY 2011 HHS Enterprise Information Technology and Government-Wide E-Gov Initiatives

Allocation Statement:

SAMHSA will use $403,188 of the FY 2011 budget request to support Department-wide enterprise information technology and government-wide E-Government initiatives. Operating Divisions help to finance specific HHS enterprise information technology programs and initiatives, identified through the HHS Information Technology Capital Planning and Investment Control process, and the government-wide E-Government initiatives. The HHS enterprise initiatives meet cross-functional criteria and are approved by the HHS IT Investment Review Board based on funding availability and business case benefits. Development is collaborative in nature and achieves HHS enterprise-wide goals that produce common technology, promote common standards, and enable data and system interoperability.

Of the amount specified above, $66,673.57 is allocated to developmental government-wide E-Government initiatives for FY 2011. This amount supports these government-wide E-Government initiatives as follows:

FY 2011 Developmental E-Gov Initiatives*	
Line of Business - Human Resources	$1,061.41
Line of Business - Grants Management	$5,591.11
Line of Business - Financial	$6,021.05
Line of Business - Budget Formulation and Execution	$4,000.00
Disaster Assistance Improvement Plan	$50,000.00
FY 2011 Developmental E-Gov Initiatives Total	**$66,673.57**

* Specific levels presented here are subject to change, as redistributions to meet changes in resource demands are assessed.

Prospective benefits from these initiatives are:

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

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

of grants processes, thus reducing overall HHS costs for grants management systems and processes.

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

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

Disaster Assistance Improvement Plan (DAIP): The DAIP, managed by Department of Homeland Security, assists agencies with active disaster assistance programs such as HHS to reduce the burden on other federal agencies which routinely provide logistical help and other critical management or organizational support during disasters.

In addition, $220,438.15 is allocated to ongoing government-wide E-Government initiatives for FY 2011. This amount supports these government-wide E-Government initiatives as follows:

FY 2011 Ongoing E-Gov Initiatives*	
Grants.Gov	$160,135.00
Integrated Acquisition Environment	$39,579.88
GovBenefits	$20,723.28
FY 2011 Ongoing E-Gov Initiatives Total	**$220,438.15**

* Specific levels presented here are subject to change, as redistributions to meet changes in resource demands are assessed.

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

FY 2010 Omnibus Appropriation Act Report Language – H.R. 3288/P.L.111-117

Item

Child Traumatic Stress - The conference agreement includes $1,000,000 above the fiscal year 2009 funding level to the National Center for Child Traumatic Stress for data analysis and reporting activities that improve evidence-based practices and raise the standard of trauma care. The conferees expect that any data collected using funds provided under this program shall be submitted to SAMHSA. The Senate proposed similar language. (p. 1032)

Action taken or to be taken

The National Center for Child Traumatic Stress Network (NCTSN) is funded through SAMHSA to improve access to care, treatment, and services for traumatized children and adolescents exposed to traumatic events. The NCTSN funds a national network of grantees that collaborate to develop and promote effective community practices for children and adolescents exposed to a wide array of traumatic events. The program provided direct services to 28,878 children in FY 2008 and provided training or education on child trauma to over 800,000 individuals. In FY 2010, SAMHSA will make this funding available through a supplemental grant announcement to the National Center for Child Traumatic Stress to provide support for data analysis and reporting activities.

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

Issues Addressed by Both House and Senate
H.R.111-220 and S.R. 111-66

Item

Minority Fellowships - The Committee notes that the demographics of our society are changing dramatically. Minorities represent 30 percent of the population and are projected to increase to 40 percent by 2025. Yet only 23 percent of recent doctorates in psychology, social work and nursing were awarded to minorities. The Committee encourages SAMHSA to increase funding for the minority fellowship program in order to train an increasing number of culturally competent mental health professionals. Increased funding is also needed given the recent expansion of eligibility for this program to include additional professions. (House-p. 141 & Senate-p. 125)

Action taken or to be taken

Since the start of the fellowship program in 1973, SAMHSA's Minority Fellowship Program has helped to support doctoral-level training over 1,000 ethnic minority psychiatrists, psychologists, psychiatric nurses, social workers and marriage counselors. The purpose of the fellowship is to provide stipends to doctoral level minority students to increase the number of culturally competent behavioral health professionals who teach, administer, conduct services research, and provide direct mental health/substance abuse services to underserved minority populations, especially within the public and private non-profit sectors. SAMHSA agrees with the Committee that given the changing demographics of our society with minorities representing 30 percent of the population, SAMHSA needs to continue its ongoing support of the Minority Fellowship Program. Historically, the MFP program supported four grantees annually (American Psychological Association, American Nurses Association, American Psychiatric Association, Council on Social Work Education) and more recently a fifth grantee was added, the American Association of Marriage and Family Therapy.

Item

Persons with Co-occurring or Multiple Disabilities - The Committee urges SAMHSA to expand and improve its commitment to support services for persons with co-occurring or multiple disabilities. In addition, SAMHSA should enhance its monitoring of compliance with the Americans with Disabilities Act within agencies and departments served by its block grants in order to ensure meaningful access to services and treatments by all individuals, including persons with co-occurring or multiple disabilities. (House-p.141 & Senate-p. 125)

Action taken or to be taken

SAMHSA has a long history of providing services for persons with co-occurring or multiple disabilities. Although SAMHSA does not have the authority in statute to monitor Mental Health Block Grants and other SAMHSA Block grants on their compliance with Americans with Disabilities Act (ADA), SAMHSA is working with other HHS agencies on the Department's "Year of Community Living" initiative. This is a cross-disability focus on promoting community

integration for Americans with disabilities. The agency has staff working on issues of services, housing, workforce, data, and communications as part of this effort. SAMHSA also participates on the Interagency Committee on Disability Research which is a cross-government effort – including Departments of Education, Housing, and HHS – to coordinate cross-disability related research and data collection. In addition, SAMHSA is developing educational materials for individuals with multiple disabilities and/or co-occurring physical health conditions. This includes a guide on developing self-help approaches for Americans experiencing such conditions. SAMHSA has launched the "10x10 Wellness Campaign" designed to reduce early mortality experienced by individuals with psychiatric disabilities who also experience high rates of co-morbid health conditions. Its goal is to reduce early mortality by 10 years over the next 10 year time period. SAMHSA is developing informational materials based on a review of the mental health and related needs of individuals who are Deaf or hard of hearing and have trauma histories. The analysis – including a literature review as well as key informant interviews – will also include recommendations for further efforts in this area.

Item

Substance Abuse Prevention and Treatment Block Grant and NOMs **-** The Committee remains aware of the collaborative work by SAMHSA and State substance abuse directors to implement outcomes data collection and reporting through the National Outcome Measures (NOMs) initiative. The Committee is pleased that States continue to make progress in reporting NOMs data through the SAPT block grant.

According to SAMHSA, all States voluntarily report substance abuse outcome data. State substance abuse agencies reported significant results in a number of areas—including abstinence from alcohol and illegal drug use; criminal justice involvement; employment; and stable housing. The Committee encourages SAMHSA to continue working with State substance abuse agencies in order to continue to help States address technical issues and promote State-to-State problem-solving solutions. (House-p. 148 & Senate-p. 129)

Action taken or to be taken

SAMHSA has continued to support the State substance abuse directors' collaborative activities regarding the implementation of NOMs, as well as other critical program priorities, such as: women's services issues, human immunodeficiency virus (HIV) disease issues, and opiate replacement therapies through the Collaborative Support Initiative Grant to the National Association of State Alcohol and Drug Abuse Directors (NASADAD). This grant enables NASADAD to convene bi-annual face to face meetings of the Performance Data Workgroup and bi-annual conference calls to facilitate the Association's and individual States' comment and input as States continue to implement and utilize NOMs in their performance management activities. The grant also provides resources for analytic studies and teleconferencing for the NASADAD National Treatment Network of States' Clinical Program Directors, HIV Coordinators, and Methadone Treatment Authorities. Recently, NASADAD has used grant resources to finalize recommendations for operationalizing the remaining developmental measures for treatment. SAMHSA has also undertaken regional meetings with the State

directors to address a number of ongoing program issues including measurement of performance and utilization of performance data in program management. Under the SAMHSA technical review process, SAMHSA monitors and assesses individual States' data collection and performance processes on a periodic basis. Technical assistance is provided to the States based on the technical review reports and individual State requests. Technical assistance has taken the form of information products, webinars, and off-site as well as on-site consultation. A data quality assurance technical review process has been piloted and is being implemented on a voluntary basis.

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

FY 2010 House Appropriation Committee Report Language (H.R.111-220)

Item

Traumatic Brain Injury - The Committee urges HRSA to better align the administrative requirements including for reporting, monitoring and the application process of the TBI protection and advocacy program with the administrative requirements of the Protection and Advocacy for Individuals with Mental Illness (PAIMI) program operated by the Substance Abuse and Mental Health Services Administration. The Committee also encourages HRSA to provide technical assistance through a granted with established legal expertise to provide assistance to protection and advocacy systems on legal matters. Such assistance could address the complex legal matters that arise in the protection and advocacy program. (p.58)

Action taken or to be taken

The PAIMI program is one of eight protection and advocacy (P&A) programs housed in three Federal departments. The different reporting and evaluation requirements translate into a significant paperwork burden for recipients. To help remedy this problem, HHS, along with the Department of Education and the Social Security Administration, is committed to improving federal program coordination related to the monitoring and evaluation of these programs.

SAMHSA is aware that HRSA has enacted significant changes to the reporting, monitoring and application process in FY 2009, and these new procedures align well with the administrative requirement of the PAIMI Program. HRSA has also entered into a contract to provide technical assistance around TBI, and the new contractor has subcontracted with the well-known and experienced National Disability Rights Network (NDRN) to provide technical assistance specific to the needs of the Protection and Advocacy for Traumatic Brain Injury grantees.

Item

SAPT Block Grant Set-Aside for Prevention — The Committee recognizes the important role played by the 20 percent prevention services set-aside within the SAPT Block Grant. According to SAMHSA, SAPT Block Grant funding represents 64 percent of primary prevention funding in States. This effective substance abuse prevention program helped contribute to a 25 percent decrease in illicit drug use by 8th, 10th and 12th graders combined between 2001 and 2008. The Committee urges SAMHSA to promote maximum flexibility in the use of prevention set-aside funds in order to allow each State to employ prevention strategies that match State and local circumstances (p.148)

Action taken or to be taken

SAMHSA will continue to promote maximum flexibility in the use of prevention set-aside funds. Each state, jurisdiction, and the Red Lake Tribe that receive the SAPT Block Grant are provided maximum flexibility in the implementation of their respective 20% set aside for primary prevention efforts. The legislation provides guidance with the six strategies (Information Dissemination, Education, Alternatives, Problem Identification and Referral, Community based

process, and Environmental) but within the six strategies States are encouraged to employ strategies that match and can adequately address State and local circumstances. States, jurisdictions, and the Red Lake Tribe are encouraged to adopt the Strategic Prevention Framework which provides a five step planning process which includes a needs assessment, capacity building, planning, implementation and evaluation. This framework allows for maximum flexibility but it also assists States, jurisdictions and tribal organizations to make data driven decisions. Decisions concerning the substances used in various locales, by which groups and at what times allows States, jurisdictions and tribes to use the 20% set aside of the Block grant in the most efficient and effective manner possible while allowing maximum flexibility.

Item

State Activities on Underage Drinking Prevention — The Committee encourages SAMHSA to prioritize the collection of data regarding the enforcement of underage drinking laws, including the development, testing, and provision of incentives for States to adopt a uniform data system for reporting State enforcement data. This should include data regarding State laws and regulations that raise the cost of underage alcohol use, as described in the Surgeon General's 2007 Call to Action to Prevent and Reduce Underage Drinking, including alcohol tax rates, restrictions on low-price, high-volume drink specials, and wholesaler pricing provisions. (p.149)

Action taken or to be taken

As required by the STOP Act, SAMHSA, in collaboration with the Interagency Coordinating Committee on the Prevention of Underage drinking (ICCPUD) and interested parties, developed a survey instrument that is designed to collect information on a voluntary basis from the States on the enforcement of underage drinking laws in a uniform manner. In 2010, SAMHSA will again consult with the ICCPUD and interested parties before updating the survey, and will make the development, testing, and provision of incentives for States to adopt a uniform data system for reporting State enforcement data a part of this discussion. In addition, SAMHSA will prioritize the collection of information regarding State laws and regulations that raise the cost of underage alcohol use when identifying additional topics for legal research in 2010.

Item

Underage Drinking Survey Results — The Committee commends SAMHSA for its support of town hall meetings on underage drinking. The Committee reiterates its request that underage drinking findings from Federal surveys be separately and prominently highlighted, and continues to request that examples of how the Committee's directives are being accomplished be submitted in the fiscal year 2011 Congressional budget justification. (p.149)

Action taken or to be taken

With the STOP Act funding and in collaboration with the Interagency Committee on the Prevention of Underage Drinking, over 1800 communities in all 50 States held town hall meetings on underage drinking prevention during 2009. Communities participating in this

national effort were encouraged to use the Surgeon General's *Call to Action Guide to Action for Communities*. SAMHSA will again support Town Hall meetings in 2010.

In addition, SAMHSA has featured underage drinking in its annual National Survey on Drug Use and Health (NSDUH) report, in its report on substance abuse and mental health patterns in each State, and in special NSDUH Short Reports focusing on underage drinking issues, all of which can be found on SAMHSA website http://www.oas.samhsa.gov/underage.cfm. In 2008, SAMHSA also release the special report based on NSDUH data: *Underage Alcohol Use: findings from the 2002-2006 National Surveys on Drug Use and Health*, and has issued NSDUH Short Reports on specific issues related to underage drinking.

Item

Preventing Steroid Use — Within the funds available, the Committee urges CSAP to develop and implement appropriate prevention programs focused on preventing the use of steroids and other performance enhancing drugs by young people. In addition, the Committee urges SAMHSA to work with NIDA and CDC to examine the relationship between youth steroid and other performance enhancing drug use and suicides within this population and to develop evidence-based treatment protocols for helping young people abusing steroids and other performance enhancing drugs to safely stop using these drugs. (p.149/150)

Action taken or to be taken

Through SAMHSA's Strategic Prevention Framework (SPF), grantees are directed to use data to determine problems within their communities by conducting an in-depth needs assessment of their respective communities. There may be communities in which steroids or other performance enhancing drugs are the main issue and in those communities or pockets of a specific community, the epidemiological data will indicate the need. In those cases, the SPF grant funs will be used to implement evidence-based practices that address that issue. In addition, a number of practices in SAMHSA's National Registry of Evidence-based Programs and Practices address steroid use that could be helpful to States and communities when they address the issue.

SAMHSA collaborates and coordinates prevention efforts with CDC, NIDA and the Department of Education on a number of efforts. Steroid use will be addressed through these collaborations.

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

FY 2010 Senate Appropriation Committee Report Language (S.R.111-66)

Item

SSI/SSDI Outreach, Access and Recovery — The Committee notes that the SSI/SSDI Outreach, Access and Recovery [SOAR] program has been successful in connecting people with disabilities experiencing homelessness with Federal disability benefits and appropriate supportive services, such as housing, medical benefits, and vocational training. SAMHSA is encouraged to continue funding the SOAR program within the programs of regional and national significance, to apply this approach nationally with adequate technical assistance and to share lessons learned to assist other disadvantaged populations. (p. 125)

Action taken or to be taken

SAMHSA has a contract to increase access to Social Security disability benefits by supporting a technical assistance center that will provide training to trainers. Supplemental Security Income and Social Security Disability Insurance are disability income benefits that generally also provide either Medicaid or Medicare health insurance. Accessing these benefits is often critical to recovery for people who are homeless with mental health problems. SAMHSA continues to support the SOAR Program to apply this approach nationally to provide technical assistance to disadvantaged populations.

Item

HIV Testing - The Committee understands that SAMHSA has established a goal of providing HIV tests to 80 percent of clients accessing the services of its HIV/AIDS grantees. The Committee requests that SAMHSA provide an update on its progress toward meeting this goal in its fiscal year 2011 budget justification. (p. 128)

Action taken or to be taken

SAMHSA is committed to provide HIV tests to its clients through various activities. The purpose of the Targeted Capacity Expansion for Substance Abuse Treatment and HIV/AIDS Services (TCE/HIV) grants is to enhance and expand substance abuse treatment and/or outreach and pre-treatment services in conjunction with HIV/AIDS services. The current HIV Rapid Testing Program, funded by SAMHSA's Center for Substance Abuse Treatment (CSAT), is based on the experience gained in 2005 - 2007 when CSAT was tasked with distributing HIV rapid test kits to public and private agencies licensed and trained to conduct on-site rapid testing focusing on minority and ethnic populations at risk for contracting HIV. Populations known to be injecting drug users and/or using alcohol and other non-injecting illicit drugs were specifically targeted. Over 350,000 HIV rapid test kits were distributed during this initial testing period. CSAT built upon the experiences gained during the previous initiative to develop and issue a new TCE/HIV Request for Applications (RFA) in FY 2008 with Minority AIDS Initiative funding, which included the requirements of offer HIV rapid testing.

To ensure that grantees will conduct HIV testing according to Federal and State law, all grantees were required to have a Clinical Laboratory Improvement Amendments (CLIA) waiver, State licensure as required, and a training certificate approved by CDC, SAMHSA, and/or a State. SAMHSA provided States with over 90 fully funded training opportunities during which over 1,800 clinical or substance abuse treatment front-line staff acquired the knowledge and skills to perform HIV rapid testing.

Those grantees are encouraged by SAMHSA to educate their clients about the risk factors associated with HIV infection to ensure their clients are making an informed decision when asked if they want to be tested for HIV. To date, representatives from all 48 TCE/HIV participating grantees were trained on how to accurately complete the test form for their clients. SAMHSA began receiving their first completed test forms during the week of November 16, 2009. It is expected that approximately 3,000 TCE/HIV clients will be tested for HIV annually. However, with the understanding that being tested for HIV is a personal choice which each individual must freely consent to, SAMHSA recognizes that some clients may not elect to be tested for HIV for a variety of reasons, including prior confirmed positive testing of HIV, prior recent negative HIV test, or refusal. The results of the testing initiative with the FY 2008 grantees will be closely monitored by SAMHSA to develop additional testing opportunities for clients receiving substance abuse treatment interventions under both the discretionary and Substance Abuse Prevention and Treatment Block Grant programs.

In addition, the Center for Substance Abuse Prevention's Minority Education Initiative (MEI) continues to increase the number of minority students tested for HIV for the first time, as well as increase awareness of students who receive substance abuse and HIV prevention education. During the FY 2008-2009 funding period, Historically Black Colleges (HBCUs), Hispanic Serving Institutions (HIS) and Tribal Colleges and Universities (TCU) continue to test minority students at risk for HIV. The number of HIV Rapid Oral Tests conducted among all grantees funded in the first two quarters of FY 2009 was 3,053 while the number of Conventional Blood Tests was 831. If this trend continues, the total number of HIV tests will be higher than in FY 2008.

Item

Substance Abuse Testing - The Committee commends SAMHSA for its effort to revise its drug testing policies and update its alternative testing matrix. Advances in science may offer an alternative to testers including sweat, hair and oral fluid testing. The Committee requests that SAMHSA provide an update on the status of these policy deliberations in its fiscal year 2011 budget justification. (p.129)

Action taken or to be taken

The past and future administrative and technical revisions to the HHS Mandatory Guidelines are based on sound forensic science, standards development, ongoing quality assurance or testing proficiency, and accurate, reliable interpretation of the drug test results. To extend the current

and soon to be revised Mandatory Guidelines beyond laboratory-based urine specimen testing, SAMHSA has established the next priority as oral fluid testing. With FY10 funding in place, SAMHSA is now able to evaluate the science and performance of a private sector oral fluid performance testing (PT) program, based on earlier proposed Federal standards that have been deployed in non-federally regulated drug testing laboratories for the last 2 years. Performance from that PT program will provide an updated knowledge of the state of the science to guide a full evaluation of the testing technology currently used in the oral fluid testing industry. Advances in oral fluid collection devices to determine the volume of oral fluid collected and the stability and recovery of drugs from those devices will be evaluated. Based on advances in the science, SAMHSA plans to re-establish its pilot oral fluid PT program during FY10, with plans to publish a Federal Register notice requesting public scientific input and related comments on the accuracy, reliability, and correct interpretation of results in forensic workplace oral fluid drug testing.

SAMHSA plans to re-establish the sweat patch PT program by obtaining data from laboratories currently testing sweat patches for the criminal justice system, specifically to determine the recovery of drugs from the patches and performance as a drug testing tool as used in its current venue.
SAMHSA is currently exploring opportunities to partner with other public and private sector entities conducting basic research on hair testing, such as evaluating the impact of hair color, structure, and surface contamination on interpretation of hair test results and investigating the effect of hair structure on permeability to and absorption of drug analysts.

Item

Substance Use and Mental Disorders of Persons with HIV —According to the nationally representative HIV Cost and Services Utilization Study, almost half of persons with HIV/AIDS screened positive for illicit drug use or a mental disorder, including depression and anxiety disorder. Unfortunately, health care providers fail to notice mental disorder and substance use problems in almost half of patients with HIV/AIDS, and mental health and substance use screening is not common practice in primary care settings. Several diagnostic mental health and substance use screening tools are currently available for use by non-mental health staff. The Committee encourages SAMHSA to collaborate with HRSA to train health care providers to screen HIV/AIDS patients for mental health and substance use problems. (p. 129)

Action taken or to be taken

SAMHSA has a long history of collaborating with HRSA on training for mental health and substance abuse treatment provision and screening in primary care settings. More recently, SAMHSA has worked with HRSA training medical staff and screening for mental health and substance abuse for individuals with HIV/AIDS. HRSA and SAMHSA continue to collaborate and HRSA includes information about SAMHSA-sponsored mental health resources within its AIDS Education and Training Centers materials. At the community level, grantees in the CMHS Mental Health HIV Services Collaborative Program commonly engage in outreach and

coordination with local HRSA-funded testing and treatment projects to foster linkages between mental health treatment and specialty care services for persons with HIV/AIDS.

Strengthening SAMHSA's partnership with HRSA is a key strategy for sustaining prevention and treatment capacity and supporting mental health recovery. HRSA is one of our federal partners on "Linking Actions for Unmet Needs in Children's Health (Project LAUNCH)" which is an initiative to promote the wellness of young children, birth to 8 years old to fund activities in planning, policy reform, systems-building, and coordination among child serving agencies at State/Tribal and local levels. Additionally, HRSA is one of its federal partners on our wellness campaign to address recent research that found Americans with mental illness tend to die 25 years earlier than the general population. The goal of this program is to reduce early mortality by 10 years over the next 10 years by providing education and awareness to treatment providers, consumers, administrators and researchers on how to achieve this goal. Also since 2003 SAMHSA has collaborated with HRSA on "Residential Treatment for Pregnant and Postpartum Women and Residential Treatment for Women and their Children" with the goal of improving outcomes for children with substance use, mental health and other co-existing disorders, improving outcomes for their children, and increasing family involvement, reunification and preservation. Finally, SAMHSA has collaborated with HRSA on the "Screening, Brief Intervention and Referral to Treatment (SBIRT)", to provide effective early detection and intervention in primary care and general medical settings.

At SAMHSA's Center for Substance Abuse Treatment, the TCE HIV/AIDS program has a long history of collaboration with other Federal agencies on a number of programs that serve individuals at risk for or living with HIV/AIDS who have substance use and mental health disorders. For example, in response to the HIV/AIDS crisis, SAMHSA, in partnership with HRSA and CDC, has been participating in an initiative since 2003 that focuses on the intersection of substance abuse, mental health, and infectious disease entitled, "Cross-Training for Collaborative Systems of Prevention, Treatment, and Care." This activity has provided training and technical assistance to State and local public health entities, as well as mental health, criminal justice, and substance abuse health care delivery systems through multi-agency training that encourages the provision of more effective services for individuals with concurrent substance use and mental health disorders and/or infectious diseases.

SAMHSA has also been involved in other federal collaborations, such as the Integrated Case Management Project, which is a multi-agency effort involving SAMHSA, HRSA, CDC, the Department of Justice, and the Department of Housing and Urban Development (HUD) that examines integrated case management models for serving the multiple needs of individuals living with HIV and AIDS. In addition, SAMHSA has participated in a HRSA-sponsored forum along with CDC and NIH entitled "Engaging People in Care," which was designed to address challenges and opportunities for linking and retaining people with HIV into care.

Moreover, SAMHSA has long standing relationships with other federal agencies through the Federal Training Centers Collaboration. This initiative involves various federal training centers with overlapping or related missions. Four biennial national meetings have been held (2002, 2004, 2006, and 2008) with the primary goals of: (1) increasing training collaboration for overlapping focus areas of STD/HIV prevention and treatment, family planning/reproductive health, and prevention of substance use and mental health disorders; and (2) maximizing the use of available training resources. The participating training networks include:

- AIDS Education and Training Centers (AETCs) –HRSA
- STD/HIV Prevention Training Centers (PTCs) –CDC
- Regional Training Centers for Family Planning (RTCs) –Office of Population Affairs
- Addiction Technology Transfer Centers (ATTCs) – SAMHSA
- TB Regional Training and Consultation Centers (RTMCCs) - CDC
- Viral Hepatitis Education and Training Projects (VHNET) – CDC

Item

Programs of Regional and National Significance - The Committee recognizes the importance of the 20 percent prevention set-aside within the SAPT block grant. The Committee urges SAMHSA to promote maximum flexibility in the use of prevention set-aside funds in order to allow each State to employ prevention strategies that match State and local circumstances. The Committee expects CSAP to focus its prevention efforts on stopping substance use before it starts, with a major focus on environmental and population-based strategies, due to the cost effectiveness of these approaches. The Committee also encourages CSAP to utilize the community coalition enhancement grant model, pioneered in the Sober Truth on Preventing Underage Drinking [STOP] Act, as a guide for its prevention programs. This model builds on the existing, effective and data-driven community-based coalition infrastructure. It is also a cost-effective way of investing Federal funds in efforts to deal with substance use prevention issues at the community level in order to get maximum results (p.130/31)

Action taken or to be taken

SAMHSA supports State-level efforts that encourage communities to implement appropriate environmental strategies with both Block Grant and Strategic Prevention Framework State Incentive Grant (SPF SIG) program funds. Additionally, SAMHSA provides training and technical assistance to States and communities to enhance their prevention infrastructure and system.

SAMHSA works with States and communities through its technical assistance providers to increase systemic capacity. States and communities conduct a data-driven process to identify specific evidence-based environmental strategies. Examples of these activities include "train-the-trainer" sessions on incorporating environmental strategies into prevention planning and a learning community series on evidence-based interventions.

SAMHSA continues to utilize the community coalition enhancement grant model, exemplified in the Sober Truth on Preventing Underage Drinking Act (STOP Act) Program to prevent and reduce alcohol use among youth in communities throughout the United States. The coalition model is particularly useful when addressing public health issues that require community culture change, such as underage drinking. The culture around underage drinking is especially difficult to change because alcohol use is embedded in American society. Research and practice has shown that addressing the public health problem of underage drinking requires cooperation, coordination and collaboration among various community sectors including local government, criminal justice, education, business, religious or fraternal organizations, civic or volunteer organizations, healthcare professionals, media, and parents. Prevention research indicates that community coalitions are best suited to implement environmental-level strategies which address the broader culture and context within which decisions are made about underage drinking, and to create wide-scale community change, rather than implementing strategies that are designed to effect individual level change. Therefore, SAMHSA will continue to focus community grants on using coalitions to implement effective strategies for preventing and reducing underage drinking as well as other substance use and abuse issues.

Item

Performance Enhancing Drugs - The Committee is aware of the use and abuse of steroids and other performance enhancing drugs by young people. The Committee encourages CSAP to focus attention on this problem and highlight prevention programs that prevent the use of these drugs. (p. 131)

Action taken or to be taken

Through SAMHSA's Strategic Prevention Framework (SPF), grantees are directed to use data to determine problems within their communities by conducting an in-depth needs assessment of their respective communities. There may be communities in which steroids or other performance enhancing drugs are the main issue and in those communities or pockets of a specific community, the epidemiological data will indicate the need. In those cases, the SPF grant funs will be used to implement evidence-based practices that address that issue. In addition, a number of practices in SAMHSA's National Registry of Evidence-based Programs and Practices address steroid use that could be helpful to States and communities when they address the issue.

SAMHSA collaborates and coordinates prevention efforts with CDC, NIDA and the Department of Education on a number of efforts. Steroid use will be addressed through these collaborations.

Item

Borderline Personality Disorder - The Committee encourages SAMHSA to convene a panel of experts to make recommendations for expanding early detection, evidence-based treatment, and family education to promote resiliency and recovery for borderline personality disorder (BPD). The Committee again requests that SAMHSA submit a report to the Committees on

Appropriations of the House of Representatives and the Senate detailing SAMHSA's plans to expand its programs for BPD by April 1, 2010. (p.141)

Action taken or to be taken

SAMHSA agrees with the importance of early detection, development of evidence-based treatment, and education of families to increase resiliency and recovery for those affected by Borderline Personality Disorder (BPD). Although SAMHSA does not have specific programs that focus primarily on Borderline Personality Disorder, many of SAMHSA's mental health programs support a broad array of mental health disorders and most likely provide assistance and treatment for persons with Borderline Personality Disorder. SAMHSA intends to convene a panel of experts to make recommendations and prepare a report detailing our plan to address Borderline Personality Disorder in our programs and submit it to the Committees on Appropriations of the House of Representatives and the Senate.